Health Insurance (General Medical Services Table) Regulations 2005[1]

Select Legislative Instrument 2005 No. 238

I, JOHN LANDY, Administrator of the Commonwealth of Australia, acting with the advice of the Federal Executive Council, make the following Regulations under the *Health Insurance Act 1973*.

Dated 20 October 2005

JOHN LANDY
Administrator

By the Administrator's Command

TONY ABBOTT
Minister for Health and Ageing

Page

Contents

1 Name of Regulations

These Regulations are the *Health Insurance (General Medical Services Table) Regulations 2005*.

2 Commencement

These Regulations commence on 1 November 2005.

3 Repeal

The *Health Insurance (General Medical Services Table) Regulations 2004* are repealed.

4 Definitions

In these Regulations:

Act means the *Health Insurance Act 1973*.

this table means the table of general medical services set out in Schedule 1.

5 General medical services table

The table of medical services (other than diagnostic imaging services and pathology services) set out in Schedule 1 is prescribed for subsection 4 (1) of the Act.

Schedule 1 Table of general medical services

(regulation 5)

Part 1 Prescription of table

1 Prescription of table

For section 4 of the Act, these Regulations prescribe a table of general medical services that sets out:

(a) in Part 2 — rules for interpretation of the table; and

(b) in Part 3:

(i) items of general medical services; and

(ii) the amount of fees applicable for each item; and

(c) in Part 4 — additional supporting information.

Part 2 Rules of interpretation

2 Application of table

An item in Part 3 does not apply to a service provided in contravention of a law of the Commonwealth or of a State or Territory.

3 General

(1) In this table, unless the contrary intention appears:

2004 General Medical Services Table (or ***2004 GMST***) means the table prescribed for subsection 4 (1) of the Act by the *Health Insurance (General Medical Services Table) Regulations 2004* as in force immediately before 1 November 2005.

ACRRM means the Australian College of Rural and Remote Medicine.

approved day hospital facility means a day hospital facility within the meaning of the *National Health Act 1953*.

attendance of a minor nature or ***minor attendance***, for an attendance on a patient by a consultant physician, means an attendance that:

(a) is a second or subsequent attendance on the patient, in the course of a single course of treatment by the consultant physician, during which it is not necessary for the consultant physician to carry out a physical examination of the patient; and

(b) does not result in a substantial alteration to the treatment of the patient.

closed reduction:

(a) means treatment of a dislocation or fracture by non-operative reduction; and

(b) includes the use of percutaneous fixation, or external splintage by cast or splints.

comprehensive hyperbaric medicine facility means a separate hospital area that, on a 24-hour basis:

(a) is equipped and staffed so that it is capable of providing to a patient:

(i) hyperbaric oxygen therapy at a treatment pressure of at least 2.8 atmospheric pressure absolute (180 kilopascal gauge pressure); and

(ii) mechanical ventilation and invasive cardiovascular monitoring within a monoplace or multiplace chamber for the duration of the hyperbaric treatment; and

(b) is under the direction of at least 1 practitioner who is rostered, and immediately available, to the facility during normal working hours and who:

(i) is a specialist with training in diving and hyperbaric medicine; or

(ii) holds a Diploma of Diving and Hyperbaric Medicine of the South Pacific Underwater Medicine Society; and

(c) is staffed by:

(i) at least 1 medical practitioner with training in diving and hyperbaric medicine who is present in the facility and immediately available at all times when patients are being treated at the facility; and

(ii) at least 1 registered nurse with specific training in hyperbaric patient care to the published standards of the Hyperbaric Technicians and Nurses Association, who is present during hyperbaric oxygen therapy; and

(d) has admission and discharge policies in operation.

general intensive care unit means a separate hospital area that:

(a) is equipped and staffed so that it is capable of providing to a patient:

(i) mechanical ventilation for a period of several days; and

(ii) invasive cardiovascular monitoring; and

(b) is supported by:

(i) during normal working hours — at least 1 specialist, or consultant physician, in the specialty of intensive care, who is immediately available, and exclusively rostered, to that area; and

(ii) at all times — at least 1 registered medical practitioner who is present in the hospital and immediately available to that area; and

(iii) at least 18 hours each day — at least 1 registered nurse; and

(c) has admission and discharge policies in operation.

general practitioner means:

(a) a practitioner who is vocationally registered under section 3F of the Act; or

(b) a practitioner who:

(i) is a Fellow of the RACGP; and

(ii) participates in the quality assurance and continuing medical education program of the RACGP; and

(iii) meets the RACGP requirements for quality assurance and continuing education; or

(c) a practitioner who is undertaking a placement in general practice that is approved by the RACGP:

(i) as part of a training program for general practice leading to the award of Fellowship of the RACGP; or

(ii) as part of another training program recognised by the RACGP as being of an equivalent standard; or

(iii) as part of the Rural and Remote Area Placement Program administered by the Australian College of Rural and Remote Medicine; or

(d) an eligible non-vocationally recognised medical practitioner; or

(e) a practitioner who is undertaking a placement in general practice as part of the Pre-vocational General Practice Placements Program administered by the ACRRM, RACGP or GPET.

GPET means the body registered under the *Corporations Act 2001* as General Practice Education and Training Limited (ACN 095 433 140).

institution means a place (other than a hospital or residential aged care facility) at which residential accommodation or day care is, or both residential accommodation and day care are, made available to:

(a) disadvantaged children; or

(b) juvenile offenders; or

(c) aged persons; or

(d) chronically ill psychiatric patients; or

(e) homeless persons; or

(f) unemployed persons; or

(g) persons suffering from alcoholism; or

(h) persons addicted to drugs; or

(i) physically or intellectually disabled persons.

intensive care unit means a general intensive care unit or a neo-natal intensive care unit.

item means:

(a) an item mentioned, by number, in column 1 of:

(i) Part 3; or

(ii) Part 3 of the diagnostic imaging services table; or

(iii) Part 3 of the pathology services table; and

(b) in a reference immediately followed by a number — the item so numbered.

Example

A reference (if any) by number to item 55028 is a reference to the item so numbered in the diagnostic imaging services table.

neo-natal intensive care unit means a separate hospital area that:

(a) is equipped and staffed so that it is capable of providing to a patient who is a newly born child:

(i) mechanical ventilation for a period of several days; and

(ii) invasive cardiovascular monitoring; and

(b) is supported by:

(i) during normal working hours — at least 1 consultant physician in paediatric medicine who is immediately available, and exclusively rostered, to that area; and

(ii) at all times — at least 1 registered medical practitioner who is present in the hospital and immediately available to that area; and

(iii) at least 18 hours each day — at least 1 registered nurse; and

(c) has admission and discharge policies in operation.

open reduction means treatment of a dislocation or fracture by either:

(a) operative exposure, including the use of any internal or external fixation; or

(b) non-operative (closed) reduction using intra-medullary fixation or external fixation.

RACGP means the Royal Australian College of General Practitioners.

referring practitioner, for the referral of a patient, means:

(a) in the case of all referrals — a medical practitioner; and

(b) for a referral made to a specialist who is an ophthalmologist — an optometrist; and

(c) for a referral that arises out of a dental service provided by a dental practitioner and that is made to a specialist (but not a consultant physician) — a dental practitioner; and

(d) for a referral that arises out of a dental service provided by a dental practitioner who is approved by the Minister for the purposes of paragraph (b) of the definition of ***professional service*** in subsection 3 (1) of the Act and that is made to a consultant physician — a dental practitioner.

residential aged care facility means a facility where residential care (within the meaning given by section 41-3 of the *Aged Care Act 1997*) is provided.

Rural, Remote and Metropolitan Areas Classification means the document so titled, as in force on 1 January 2001, setting out certain categories of areas in Australia that have been determined by the Department by reference to population size and remoteness of locality on the basis of 1991 census data published by the Australian Bureau of Statistics in 1994.

(2) A reference to a ***Group*** in the table includes every item in the Group, and a reference to a ***Subgroup*** in the table includes every item in the Subgroup.

(3) A reference in the table to an ***eligible non-vocationally recognised medical practitioner*** is a reference to:

(a) a medical practitioner (including an overseas trained practitioner or a temporary resident medical practitioner) who:

(i) is registered as a medical practitioner under the Rural Other Medical Practitioners' Program; and

(ii) is providing general medical services in accordance with that Program; or

(b) a medical practitioner who:

(i) is registered as a medical practitioner under the Outer Metropolitan (Other Medical Practitioners) Relocation Incentive Program; and

(ii) is providing general medical services in accordance with that Program; and

(iii) is not vocationally registered under section 3F of the Act, but is required under that Program to undertake additional training or other activities:

(A) that could enable vocational registration within 4 years or, on written application, 5 years, after commencing the training or other activities; and

(B) of which the Medicare Australia CEO has written notice; or

(c) a medical practitioner who:

(i) is registered as a medical practitioner under the MedicarePlus for Other Medical Practitioners Program; and

(ii) is providing general medical services in accordance with that Program; and

(iii) is not vocationally registered under section 3F of the Act; or

(d) a medical practitioner who:

(i) is registered as a medical practitioner under the After Hours Other Medical Practitioners Program; and

(ii) is providing general medical services in accordance with that Program; and

(iii) is not vocationally registered under section 3F of the Act.

(4) For subrule (3):

(a) the ***Rural Other Medical Practitioners' Program*** is a program administered by the Medicare Australia CEO that, in relation to medical services provided in accordance with the Program, provides a particular level of medicare benefits; and

(b) the ***Outer Metropolitan (Other Medical Practitioners) Relocation Incentive Program*** is a program administered by the Department that, in relation to medical services provided in accordance with the Program, provides a particular level of medicare benefits; and

(c) the ***MedicarePlus for Other Medical Practitioners Program*** is a program administered by the Medicare Australia CEO that, in relation to medical services provided in accordance with the Program, provides a particular level of medicare benefits; and

(d) the ***After Hours Other Medical Practitioners Program*** is a program administered by the Medicare Australia CEO that, in relation to medical services provided in accordance with the Program, provides a particular level of medicare benefits.

4 Meaning of symbols *(S)* and *(G)*

(1) An item including the symbol ***(S)*** applies only to a service performed by a specialist (and not to a service performed by a consultant physician) in the practice of his or her specialty, being:

(a) a service that:

(i) is provided to a patient who has been referred to the specialist; and

(ii) is the first service performed by the specialist in accordance with the referral; or

(b) a service that:

(i) is provided to a patient who has been referred to the specialist; and

(ii) is part of a single course of treatment given for the condition identified in the referral or, if no condition was identified in the referral, part of a single course of treatment for the condition identified by the specialist; and

(iii) is provided within the period of validity of the referral that is applicable under regulation 31 of the *Health Insurance Regulations 1975*; or

(c) a service that:

(i) is provided to a patient who has declared that a written referral completed by a named referring practitioner has been lost, stolen or destroyed before the service was provided; and

(ii) is the first service performed by the specialist in accordance with the referral; or

(d) a service that:

(i) is provided to a patient who has not been referred to the specialist; and

(ii) is a service that, in an emergency within the meaning of subregulation 30 (5) of the *Health Insurance Regulations 1975*, the specialist decides is necessary in the patient's interests to be provided as soon as practicable without a referral.

(2) An item including the symbol ***(G)*** applies only to a service provided otherwise than by a specialist in accordance with subrule (1).

5 Meaning of symbol *(H)*

An item including the symbol ***(H)*** applies only to a service performed or provided in a hospital or approved day hospital facility.

6 Meaning of *single course of treatment* in certain circumstances

(1) In subrules 3 (1), 4 (1) and 8 (1) and items 104, 105, 106, 107, 108, 110, 116, 119, 122, 128, 131, 385, 386, 387 and 388, ***single course of treatment***, in relation to a patient, includes:

(a) the initial attendance on the patient by a specialist or consultant physician; and

(b) the continuing management or treatment up to and including the stage when the patient is referred back to the care of the referring practitioner; and

(c) any subsequent review of the patient's condition by the specialist or consultant physician that may be necessary, whether the review is initiated by the referring practitioner or by the specialist or consultant physician.

(2) For subrule (1), ***single course of treatment*** does not include treatment of an unrelated illness that requires referral of the patient to the specialist's or consultant physician's care.

(3) For subrule (1), an attendance (the ***later attendance***) on the patient by the specialist or consultant physician, after the end of the period of validity of the last referral to have application under regulation 31 of the *Health Insurance Regulations 1975*, initiates a new course of treatment if:

(a) the referring practitioner considers the later attendance necessary for the patient's condition to be reviewed; and

(b) the patient was most recently attended by the specialist or consultant physician more than 9 months before the later attendance.

7 Meaning of *professional attendance* in certain items

(1) In items 1 to 338, 348 to 388, 410 to 417, 501 to 536, 601, 602, 697, 698, 2501 to 2727, 5000 to 5267 and 10900 to 10929, professional attendance includes (but is not limited to) the provision, in relation to a patient, of any of the following services:

(a) the evaluation of the patient's condition or conditions including, if applicable, evaluation using a health screening service mentioned in subsection 19 (5) of the Act;

(b) the formulation of a plan for the management and, if applicable, for the treatment of the patient's condition or conditions;

(c) the provision of advice to the patient about the patient's condition or conditions and, if applicable, about treatment;

(d) if authorised by the patient, the provision of advice to another person, or other persons, about the patient's condition or conditions and, if applicable, about treatment;

(e) the recording of the clinical details of the service or services provided to the patient.

(2) If:

(a) in connection with a professional attendance mentioned in any of items 3 to 96 and 5000 to 5267, vaccine is supplied to a patient; and

(b) the cost of the vaccine is not subsidised by the Commonwealth or a State;

the professional attendance is taken not to include that supply.

8 Interpretation of items 104 to 131 and 291 to 388

(1) In items 104 to 131 and 291 to 388, a reference to an attendance on a patient by a specialist, or consultant physician, in the practice of his or her specialty following referral of the patient to him or her:

(a) includes such an attendance on a patient who:

(i) has declared that a written referral of the patient was completed by a medical practitioner; or

(ii) in an emergency (within the meaning of subregulation 30 (5) of the *Health Insurance Regulations 1975*) has not been referred to the specialist, or consultant physician, if the specialist or consultant physician decides that it is necessary in the patient's interests to provide the service mentioned in the item as soon as practicable without a referral; but

(b) does not include such an attendance if:

(i) the attendance forms part of a single course of treatment in which the first service was provided more than 12 months (or such other period, if any, set by the referring practitioner in, or in connection with, the referral) before the attendance; and

(ii) a later referral has not been made.

(2) For this rule, ***referral*** means referral by a referring practitioner.

9 Meaning of *amount under rule 9* in certain items

(1) In items 4, 13, 19 and 20, ***amount under rule 9*** means an amount equal to the sum of:

(a) the fee for item 3; and

(b) either:

(i) if not more than 6 patients are attended at a single attendance — $22.00 divided by the number of patients attended; or

(ii) if more than 6 patients are attended at a single attendance — $1.60.

(2) In items 24, 25, 33 and 35, ***amount under rule 9*** means an amount equal to the sum of:

(a) the fee for item 23; and

(b) either:

(i) if not more than 6 patients are attended at a single attendance — $22.00 divided by the number of patients attended; or

(ii) if more than 6 patients are attended at a single attendance — $1.60.

(3) In items 37, 38, 40 and 43, ***amount under rule 9*** means an amount equal to the sum of:

(a) the fee for item 36; and

(b) either:

(i) if not more than 6 patients are attended at a single attendance — $22.00 divided by the number of patients attended; or

(ii) if more than 6 patients are attended at a single attendance — $1.60.

(4) In items 47, 48, 50 and 51, ***amount under rule 9*** means an amount equal to the sum of:

(a) the fee for item 44; and

(b) either:

(i) if not more than 6 patients are attended at a single attendance — $22.00 divided by the number of patients attended; or

(ii) if more than 6 patients are attended at a single attendance — $1.60.

(5) In items 58, 81, 87 and 92, ***amount under rule 9*** means an amount equal to the sum of:

(a) $8.50; and

(b) either:

(i) if not more than 6 patients are attended at a single attendance — $15.50 divided by the number of patients attended; or

(ii) if more than 6 patients are attended at a single attendance — 70 cents.

(6) In items 59, 83, 89, 93, 2610, 2631 and 2673, ***amount under rule 9*** means an amount equal to the sum of:

(a) $16.00; and

(b) either:

(i) if not more than 6 patients are attended at a single attendance — $17.50 divided by the number of patients attended; or

(ii) if more than 6 patients are attended at a single attendance — 70 cents.

(7) In items 60, 84, 90, 95, 2613, 2633, 2675 and 2707, ***amount under rule 9*** means an amount equal to the sum of:

(a) $35.50; and

(b) either:

(i) if not more than 6 patients are attended at a single attendance — $15.50 divided by the number of patients attended; or

(ii) if more than 6 patients are attended at a single attendance — 70 cents.

(8) In items 65, 86, 91, 96, 2616, 2635, 2677 and 2708, ***amount under rule 9*** means an amount equal to the sum of:

(a) $57.50; and

(b) either:

(i) if not more than 6 patients are attended at a single attendance — $15.50 divided by the number of patients attended; or

(ii) if more than 6 patients are attended at a single attendance — 70 cents.

(9) In item 195, ***amount under rule 9*** means an amount equal to the sum of:

(a) the fee for item 193; and

(b) either:

(i) if not more than 6 patients are attended at a single attendance — $22.00 divided by the number of patients attended; or

(ii) if more than 6 patients are attended at a single attendance — $1.60.

(10) In item 414, ***amount under rule 9*** means an amount equal to the sum of:

(a) the fee for item 410; and

(b) either:

(i) if not more than 6 patients are attended at a single attendance — $22.00 divided by the number of patients attended; or

(ii) if more than 6 patients are attended at a single attendance — $1.60.

(11) In item 415, ***amount under rule 9*** means an amount equal to the sum of:

(a) the fee for item 411; and

(b) either:

(i) if not more than 6 patients are attended at a single attendance — $22.00 divided by the number of patients attended; or

(ii) if more than 6 patients are attended at a single attendance — $1.60.

(12) In item 416, ***amount under rule 9*** means an amount equal to the sum of:

(a) the fee for item 412; and

(b) either:

(i) if not more than 6 patients are attended at a single attendance — $22.00 divided by the number of patients attended; or

(ii) if more than 6 patients are attended at a single attendance — $1.60.

(13) In item 417, ***amount under rule 9*** means an amount equal to the sum of:

(a) the fee for item 413; and

(b) either:

(i) if not more than 6 patients are attended at a single attendance — $22.00 divided by the number of patients attended; or

(ii) if more than 6 patients are attended at a single attendance — $1.60.

(14) In items 5003, 5007 and 5010, ***amount under rule 9*** means an amount equal to the sum of:

(a) the fee for item 5000; and

(b) either:

(i) if not more than 6 patients are attended at a single attendance — $22.00 divided by the number of patients attended; or

(ii) if more than 6 patients are attended at a single attendance — $1.60.

(15) In items 5023, 5026 and 5028, ***amount under rule 9*** means an amount equal to the sum of:

(a) the fee for item 5020; and

(b) either:

(i) if not more than 6 patients are attended at a single attendance — $22.00 divided by the number of patients attended; or

(ii) if more than 6 patients are attended at a single attendance — $1.60.

(16) In items 5043, 5046 and 5049, ***amount under rule 9*** means an amount equal to the sum of:

(a) the fee for item 5040; and

(b) either:

(i) if not more than 6 patients are attended at a single attendance — $22.00 divided by the number of patients attended; or

(ii) if more than 6 patients are attended at a single attendance — $1.60.

(17) In items 5063, 5064 and 5067, ***amount under rule 9*** means an amount equal to the sum of:

(a) the fee for item 5060; and

(b) either:

(i) if not more than 6 patients are attended at a single attendance — $22.00 divided by the number of patients attended; or

(ii) if more than 6 patients are attended at a single attendance — $1.60.

(18) In items 5220, 5240 and 5260, ***amount under rule 9*** means an amount equal to the sum of:

(a) $18.50; and

(b) either:

(i) if not more than 6 patients are attended at a single attendance — $15.50 divided by the number of patients attended; or

(ii) if more than 6 patients are attended at a single attendance — 70 cents.

(19) In items 5223, 5243 and 5263, ***amount under rule 9*** means an amount equal to the sum of:

(a) $26.00; and

(b) either:

(i) if not more than 6 patients are attended at a single attendance — $17.50 divided by the number of patients attended; or

(ii) if more than 6 patients are attended at a single attendance — 70 cents.

(20) In items 5227, 5247 and 5265, ***amount under rule 9*** means an amount equal to the sum of:

(a) $45.50; and

(b) either:

(i) if not more than 6 patients are attended at a single attendance — $15.50 divided by the number of patients attended; or

(ii) if more than 6 patients are attended at a single attendance — 70 cents.

(21) In items 5228, 5248 and 5267, ***amount under rule 9*** means an amount equal to the sum of:

(a) $67.50; and

(b) either:

(i) if not more than 6 patients are attended at a single attendance — $15.50 divided by the number of patients attended; or

(ii) if more than 6 patients are attended at a single attendance — 70 cents.

10 Items 10809 and 10929 not to apply in certain circumstances

Items 10809 and 10929 do not apply if the patient's requirement for contact lenses is only for any of the following reasons:

(a) because the patient does not want to wear spectacles for reasons of appearance;

(b) because the patient wants contact lenses for work or sporting purposes;

(c) because the patient has difficulty in using, or cannot use, spectacles for psychological reasons.

11 Personal attendance by medical practitioners generally

(1) The items mentioned in subrule (2) apply only to a service provided in the course of a personal attendance by a single medical practitioner on a single patient on a single occasion.

(2) The items are items 1 to 164, 173 to 338, 348 to 698, 2497 to 10816, 11012, 11015, 11018, 11021, 11212, 11304, 11500, 11600, 11627, 11701, 11712, 11724, 11921, 12000, 12003, 12201, 13030, 13100, 13103, 13104, 13106, 13109, 13110, 13112, 13209, 13290, 13292, 13300, 13303, 13306, 13309, 13312, 13318, 13319, 13400, 13500, 13503, 13506, 13700, 13815, 13818, 13830, 13839, 13842, 13847, 13848, 13851, 13854, 13857, 13870, 13873, 13876, 13881, 13882, 13885, 13888, 14100, 14106, 14109, 14112, 14115, 14118, 14124, 14200, 14203, 14206, 14209, 14212, 14215, 14224, 15600, 16003 to 16512 and 16515 to 51318.

(3) Items 170, 171, 172, 342, 344 and 346 apply only to a service provided in the course of a personal attendance by a single medical practitioner.

(4) Items 700 to 727, 900 and 903 apply only to a service provided in the course of personal attendance by a single medical practitioner on a single patient.

(5) For this rule, each of the following is taken to be personal attendance by the medical practitioner on a patient:

(a) an attendance by a medical practitioner on a patient by way of a telepsychiatry consultation to which any of items 353 to 358 applies;

(b) an attendance by a medical practitioner on a patient in relation to the planning, management and supervision of the patient on home dialysis to which item 13104 applies.

12 Personal attendance by certain medical practitioners

(1) The items mentioned in subrule (3) apply only to a service provided in the course of a personal attendance by:

(a) a medical practitioner (other than a medical practitioner employed by the proprietor of a hospital that is not a private hospital); or

(b) a medical practitioner who:

(i) is employed by the proprietor of a hospital that is not a private hospital; and

(ii) provides the service otherwise than in the course of employment by that proprietor.

(2) Paragraph (1) (b) applies whether or not another person provides essential assistance to the medical practitioner in accordance with accepted medical practice.

(3) The items are items 1 to 727, 900 to 10816, 11012, 11015, 11018, 11021, 11212, 11304, 11500, 11600, 11627, 11701, 11712, 11722, 11724, 11820, 11921, 12000, 12003, 12201, 13030, 13100, 13103, 13104, 13106, 13109, 13110, 13112, 13209, 13290, 13292, 13300, 13303, 13306, 13309, 13312, 13318, 13319, 13400, 13500, 13503, 13506, 13700, 13815, 13818, 13830, 13839, 13842, 13847, 13848, 13851, 13854, 13857, 13870, 13873, 13876, 13881, 13882, 13885, 13888, 14100, 14106, 14109, 14112, 14115, 14118, 14124, 14200, 14203, 14206, 14209, 14212, 14215, 14224, 15600, 16003 to 16512, 16515 to 16573 and 16600 to 51318.

(4) For this rule, each of the following is taken to be personal attendance by the medical practitioner on a patient:

(a) an attendance by a medical practitioner on a patient by way of a telepsychiatry consultation to which any of items 353 to 358 applies;

(b) an attendance by a medical practitioner on a patient in relation to the planning, management and supervision of the patient on home dialysis to which item 13104 applies.

12A Service by certain medical practitioners — items 729 to 866

(1) Items 729 to 866 apply only to a service provided by:

(a) a medical practitioner (other than a medical practitioner employed by the proprietor of a hospital that is not a private hospital); or

(b) a medical practitioner who:

(i) is employed by the proprietor of a hospital that is not a private hospital; and

(ii) provides the service otherwise than in the course of employment by that proprietor.

(2) Paragraph (1) (b) applies whether or not another person provides essential assistance to the medical practitioner in accordance with accepted medical practice.

13 Certain services may be provided by persons other than medical practitioners

(1) The items mentioned in subrule (2) apply whether the medical service is given by:

(a) a medical practitioner; or

(b) a person, other than a medical practitioner, who:

(i) is employed by a medical practitioner; or

(ii) in accordance with accepted medical practice, acts under the supervision of a medical practitioner.

(2) The items are items 11000, 11003, 11004, 11005, 11006, 11009, 11024, 11027, 11200, 11203, 11204, 11205, 11210, 11211, 11215, 11218, 11221, 11222, 11224, 11225, 11235, 11237, 11240, 11241, 11242, 11243, 11300, 11303, 11306, 11309, 11312, 11315, 11318, 11321, 11324, 11327, 11330, 11332, 11333, 11336, 11339, 11503, 11506, 11509, 11512, 11602, 11604, 11605, 11610, 11611, 11612, 11614, 11615, 11700, 11702, 11708, 11709, 11710, 11711, 11713, 11715, 11718, 11721, 11800, 11810, 11830, 11833, 11900, 11903, 11906, 11909, 11912, 11915, 11919, 12012, 12015, 12018, 12021, 12200, 12203, 12207, 12210, 12213, 12215, 12217, 12500 to 12533, 13020, 13025, 13200, 13203, 13206, 13212, 13215, 13218, 13221, 13703, 13706, 13709, 13750, 13755, 13757, 13760, 13915 to 13948, 14050, 14053, 14218, 14221, 15000 to 15336, 15339 to 15357, 15500 to 15539 and 16514.

14 Conditions under which certain services to be provided

Items 11309, 11312, 11315, 11318 and 11321 apply only to a service provided:

(a) in conditions that allow the establishment of determinate thresholds; and

(b) in a sound-attenuated environment with background noise conditions that comply with Australian Standard AS1269-1983 of the Standards Association of Australia, as in force on 1 August 1987; and

(c) using calibrated equipment that complies with Australian Standard AS2586-1983 of the Standards Association of Australia, as in force on 1 August 1987.

15 Application of items 1 to 10943

An item in the range 1 to 10943 does not apply to the service described in that item if the service is provided at the same time as, or in connection with, any of the services specified in Part 4 of this table.

15A Application of items 5000 to 5267

An item in the range 5000 to 5267 applies only to a professional attendance that is initiated:

(a) on a public holiday; or

(b) on a Sunday; or

(c) before 8 am, or after 1 pm, on a Saturday; or

(d) before 8 am, or after 8 pm, on any day other than a Saturday, Sunday or public holiday.

16 Application of items 51700 to 53706

Items 51700 to 53706 apply only to a service provided in the course of dental practice by a dental practitioner approved by the Minister before 1 November 2004 for the purposes of the definition of ***professional service*** in subsection 3 (1) of the Act.

17 Meaning of *amount under rule 17* in certain items

(1) In item 15003, ***amount under rule 17*** means an amount equal to the sum of:

(a) the fee for item 15000; and

(b) $14.80 for each field separately treated in excess of 1.

(2) In item 15009, ***amount under rule 17*** means an amount equal to the sum of:

(a) the fee for item 15006; and

(b) $16.05 for each field separately treated in excess of 1.

(3) In item 15103, ***amount under rule 17*** means an amount equal to the sum of:

(a) the fee for item 15100; and

(b) $16.30 for each field separately treated in excess of 1.

(4) In item 15109, ***amount under rule 17*** means an amount equal to the sum of:

(a) the fee for item 15106; and

(b) $19.65 for each field separately treated in excess of 1.

(5) In item 15115, ***amount under rule 17*** means an amount equal to the sum of:

(a) the fee for item 15112; and

(b) $40.95 for each field separately treated in excess of 1.

(6) In item 15214, ***amount under rule 17*** means an amount equal to the sum of:

(a) the fee for item 15211; and

(b) $27.60 for each field separately treated in excess of 1.

(7) In items 15230, 15233, 15236, 15239, 15242, 15260, 15263, 15266, 15269 and 15272, ***amount under rule 17*** means an amount equal to the sum of:

(a) $51.65; and

(b) $32.80 for each field separately treated in excess of 1.

18 Meaning of *amount under rule 18* in certain items

In item 44376 (reamputation), ***amount under rule 18*** means an amount equal to 75% of the fee specified for the item relating to an original amputation (any of items 44325 to 44373) of the body part for which the reamputation is performed.

19 Cleft lip and cleft palate services

An item in Group C1, C2 or C3 applies only to a service provided to a prescribed dental patient.

Note For the meaning of ***prescribed dental patient***, see section 3BA of the Act.

20 Meaning of *(AD)* in Group C2 — Oral and maxillofacial surgical services and Group C3 — General and prosthodontic services

An item in the range 75200 to 75206 and 75800 to 75854 that includes the symbol ***(AD)*** applies only to a service provided by a dental practitioner.

21 Orthodontic services

(1) An item in the range 75001 to 75006 or 75024 to 75051 that includes the symbol ***(AO)*** applies only to a service provided by an accredited orthodontist.

(2) An item in the range 75009 to 75023 that includes the symbol ***(AO)*** and the symbol ***(AOS)*** applies only to a service provided by:

(a) an accredited orthodontist; or

(b) a dental practitioner who is:

(i) registered or licensed as an oral and maxillofacial surgeon under a law of the State or Territory in which the service is rendered that provides for the registration or licensing of oral and maxillofacial surgeons; and

(ii) a dental practitioner approved by the Minister for the purposes of the definition of ***professional service*** in subsection 3 (1) of the Act.

(3) In this rule:

accredited orthodontist means:

(a) a dental practitioner who is:

(i) registered or licensed as an orthodontist under the relevant law; and

(ii) accredited by the Minister for the purposes of this rule; or

(b) a dental practitioner:

(i) who is not registered or licensed under the relevant law as an orthodontist or who practises in a State or Territory in which there is no provision for the registration or licensing of orthodontists; and

(ii) whose qualifications or experience demonstrate to the Committee his or her competence in the field of orthodontics that is applicable to the giving of the services specified in items 75001 to 75051; and

(iii) who is accredited by the Minister for the purposes of this rule.

Committee means the Medical Benefits (Dental Practitioners) Advisory Committee established under section 136 of the *National Health Act 1953*.

relevant law, in relation to a service provided to a patient, means a law of the State or Territory in which the service is provided that provides for the registration or licensing of orthodontists.

22 Oral surgery services

An item in the range 75150 to 75621 that includes the symbol ***(AOS)*** applies only to a service provided by a dental practitioner who is:

(a) registered as an oral and maxillofacial surgeon under a law of the State or Territory in which the service is rendered that provides for the registration or licensing of oral and maxillofacial surgeons; and

(b) a dental practitioner approved by the Minister for the purposes of the definition of ***professional service*** in subsection 3 (1) of the Act.

23 Meaning of *report* in Group D1 — Miscellaneous diagnostic procedures and investigations

In items 11000 to 12217, ***report*** means a report prepared by a medical practitioner.

24 Meaning of *treatment cycle* of a patient

In rule 25 and items 13200 to 13221, ***treatment cycle***, of a patient, means a series of treatments of the patient that:

(a) begins:

(i) if treatment with superovulatory drugs is given — on the day on which that treatment begins; or

(ii) if treatment with superovulatory drugs is not given — on the first day of a menstrual cycle of the patient; and

(b) ends not more than 30 days after that day.

25 Items provided as part of treatment cycle relating to assisted reproductive services not to apply

(1) Subrule (2) applies to a service mentioned in:

(a) an item in Subgroup 3 of Group T1 (assisted reproductive services); and

(b) any other item (the ***associated item***) associated with an item in Subgroup 3 of Group T1.

(2) A service provided as part of a treatment cycle to which an item in paragraph (1) (a) applies, is not a medical service for the purposes of the associated item.

26 Items relating to assisted reproductive services not to apply in certain pregnancy-related circumstances

Items 13200 to 13221 do not apply to a service provided in relation to a patient's pregnancy, or intended pregnancy, that is, at the time of the service, the subject of an agreement, or arrangement, under which the patient makes provision for transfer to another person of the guardianship of, or custodial rights to, a child born as a result of the pregnancy.

27 Meaning of *embryology laboratory services* in items 13200 and 13206

In items 13200 and 13206, ***embryology laboratory services*** does not include semen preparation but includes:

(a) egg recovery from aspirated follicular fluid; and

(b) insemination; and

(c) monitoring of fertilisation and embryo development; and

(d) preparation of gametes or embryos for transfer or freezing.

28 Meaning of *delivery* in certain items

In items 16515, 16519 and 16522, ***delivery*** includes:

(a) induction of labour by surgical or intravenous infusion methods; and

(b) forceps or vacuum extraction; and

(c) breech delivery; and

(d) management of multiple deliveries; and
(e) episiotomy; and
(f) repair of tears; and
(g) evacuation of the products of conception by manual removal.

29 Meaning of *maxilla* in certain items

In items 45720 to 45752 and 52342 to 52375, ***maxilla*** includes the zygoma.

30 Items 46300 to 46534 apply only in certain circumstances

Items 46300 to 46534 apply only to a service provided in the course of an operation on a hand or hands.

31 Assistance at operations

(1) Items 51300 to 51318 apply only to assistance rendered by a medical practitioner other than:
(a) the practitioner performing the operation; or
(b) the anaesthetist administering the anaesthetic in connection with the operation, if any; or
(c) the assistant anaesthetist, if any.

(2) Items 51800 and 51803 apply only to assistance rendered by an approved dental practitioner other than:
(a) the practitioner performing the operation; or
(b) the anaesthetist administering the anaesthetic in connection with the operation, if any; or
(c) the assistant anaesthetist, if any.

32 Meaning of *amount under rule 32* in items 51303 and 51803

In items 51303 and 51803, ***amount under rule 32***, in relation to assistance at an operation or series of operations, means an amount equal to 20% of the sum of the fees payable under the Act for the services provided at that operation, or series of operations, by the practitioner to whom the assistance was given.

33 Meaning of *amount under rule 33* in item 51309

(1) In item 51309, ***amount under rule 33***, in relation to assistance at a series or combination of operations, means an amount equal to 20% of the sum of the fees payable under the Act for the services provided at those operations by the practitioner to whom the assistance was given.

(2) For subrule (1), the fee for the caesarean section component of the operations is the fee applicable to item 16520.

34 Meaning of *amount under rule 34* in items 18219 and 18227

(1) In item 18219, ***amount under rule 34*** means an amount equal to the sum of:

(a) the fee for item 18216; and

(b) $16.50 for each additional period of 15 minutes, and part of a period of 15 minutes, of continuous attendance beyond the first hour of attendance.

(2) In item 18227, ***amount under rule 34*** means an amount equal to the sum of:

(a) the fee for item 18226; and

(b) $24.75 for each additional period of 15 minutes, and part of a period of 15 minutes, of continuous attendance beyond the first hour of attendance.

35 Histopathological proof of malignancy in certain cases for purposes of certain items relating to surgical procedures

For items 30196 to 30205, the requirement for histopathological proof of malignancy is satisfied in a case where multiple lesions are to be removed from a single anatomical region if a single lesion from that region is histologically tested and proven positive for malignancy.

36 Meaning of *amount under rule 36* in items 16633 and 16636

(1) In item 16633, ***amount under rule 36*** means, for a second or subsequent foetus, the amount that is equal to 50% of the amount of the fee specified in items 16606, 16609, 16612, 16615 and 16627 for services provided in relation to the multiple pregnancy.

(2) In item 16636, ***amount under rule 36*** means, for a second or subsequent foetus, the amount that is equal to 50% of the amount of the fee specified in items 16600, 16603, 16618, 16621 and 16624 for services provided in relation to the multiple pregnancy.

37 Meaning of *amount under rule 37* in item 51312

In item 51312, ***amount under rule 37***, in relation to assistance at a procedure, means an amount equal to 20% of the sum of the fees payable under the Act for the services provided at that procedure by the practitioner to whom the assistance was given.

38 Meaning of *amount under rule 38* in item 31340

In item 31340, ***amount under rule 38***, in relation to the excision of muscle, bone or cartilage in association with the excision of a malignant tumour of skin under another item, means an amount equal to 75% of the fee payable under that other item.

39 Meaning of *previous significant surgical complication* in item 51318

In item 51318, ***previous significant surgical complication*** means:

(a) vitreous loss; or

(b) rupture of posterior capsule; or

(c) loss of nuclear material into the vitreous; or

(d) intraocular haemorrhage; or

(e) intraocular infection (endophthalmitis); or

(f) cystoid macular oedema; or

(g) corneal decompensation; or

(h) retinal detachment.

40 Meaning of *amount under rule 40* in item 30001

In item 30001, ***amount under rule 40*** means 50% of the specified fee that would normally apply for a surgical procedure if the surgical procedure had not been discontinued before completion.

41 Consultant occupational physicians

A fee specified for an attendance by a consultant occupational physician only applies if the attendance relates to 1 or more of the following matters:

(a) evaluation and assessment of a patient's rehabilitation requirements where, in the consultant's opinion, the patient has an accepted medical condition that:

(i) may be affected by the patient's working environment; or

(ii) affects the patient's capacity to be employed;

(b) management of an accepted medical condition that, in the consultant's opinion, may affect a patient's capacity for continued employment, or return to employment, following a non-compensable accident, injury or ill-health;

(c) evaluation and forming an opinion, including management as the case requires, of a patient's medical condition where causation may be related to acute or chronic exposure to scientifically acknowledged environmental hazards or toxins.

42 Meaning of *qualified sleep medicine practitioner*

(1) For items 12203 to 12217, ***qualified sleep medicine practitioner*** means a qualified adult sleep medicine practitioner or a qualified paediatric sleep medicine practitioner.

(2) A person is a qualified adult sleep medicine practitioner or a qualified paediatric sleep medicine practitioner if:

(a) the person has been assessed by the Credentialling Subcommittee or the Appeal Committee as having had, before 1 March 1999, sufficient training and experience in the relevant field of sleep medicine to be competent in independent clinical assessment and management of patients with respiratory sleep disorders and in reporting sleep studies; or

(b) the person has been assessed by the Credentialling Subcommittee or the Appeal Committee as having had, before 1 March 1999, substantial training or experience in adult sleep medicine, but requiring further specified training or experience in the relevant field of sleep medicine to be competent in independent clinical assessment and management of patients with respiratory sleep disorders and in reporting sleep studies, and either:

(i) the period of 2 years immediately following that assessment has not expired; or

(ii) the person has been assessed by the Credentialling Subcommittee as having satisfactorily finished the further training or gained the further experience specified for that person; or

(c) the person has attained Level I or Level II of the relevant Advanced Training Program of the Thoracic Society of Australia and New Zealand and the Australasian Sleep Association, after having completed at least 12 months core training, including clinical practice in the relevant field of sleep medicine and in reporting sleep studies; or

(d) the Advisory Committee has recognised the person, in writing, as having training equivalent to the training mentioned in paragraph (c).

(3) In this rule:

Advisory Committee means the Specialist Advisory Committee in Thoracic and Sleep Medicine of the Royal Australasian College of Physicians.

Appeal Committee means the Appeal Committee of the Royal Australasian College of Physicians.

Credentialling Subcommittee means the Credentialling Subcommittee of the Advisory Committee.

relevant Advanced Training Program means:

(a) in relation to an assessment for qualification as a qualified adult sleep medicine practitioner — the Advanced Training Program in Adult Sleep Medicine; and

(b) in relation to an assessment for qualification as a qualified paediatric sleep medicine practitioner — the Advanced Training Program in Paediatric Sleep Medicine.

relevant field of sleep medicine means:

(a) in relation to an assessment for qualification as a qualified adult sleep medicine practitioner — adult sleep medicine; and

(b) in relation to an assessment for qualification as a qualified paediatric sleep medicine practitioner — paediatric sleep medicine.

43 Public health physicians

Items 410 to 417 apply to an attendance on a patient by a public health physician only if the attendance relates to 1 or more of the following matters:

(a) management of a patient's vaccination requirements for immunisation programs;

(b) prevention or management of sexually transmitted disease;

(c) prevention or management of disease caused by scientifically accepted environmental hazards or toxins;

(d) prevention or management of infection arising from an outbreak of an infectious disease;

(e) prevention or management of an exotic disease.

Note An exotic disease is medically accepted as a disease that is of foreign origin.

44 Application of items in Group A14 to certain patients only

(1) Items 700, 702, 704 and 706 apply only to a service in relation to a patient who:

(a) is either:

(i) at least 75 years old; or

(ii) at least 55 years old and of Aboriginal or Torres Strait Islander descent; and

(b) is not an in-patient of a hospital or approved day hospital facility, or a care recipient in a residential aged care facility.

(2) Item 710 applies only to a service in relation to a patient who is:

(a) of Aboriginal or Torres Strait Islander descent; and

(b) at least 15 years old and less than 55 years old; and

(c) not an in-patient of a hospital or approved day hospital facility, or a care recipient in a residential aged care facility.

(3) For this rule, a person is of ***Aboriginal or Torres Strait Islander descent*** if the person identifies himself or herself as being of that descent.

45 Application of items in Group A15 to certain patients only

(1) Items 740, 742, 744, 759, 762 and 765 apply only to a service in relation to a patient who:

(a) suffers from at least 1 medical condition that:

(i) has been (or is likely to be) present for at least 6 months; or

(ii) is terminal; and

(b) is not an in-patient of a hospital or approved day hospital facility, or a care recipient in a residential aged care facility.

(1A) Items 721 and 725 apply only to a service in relation to a patient who:

(a) suffers from at least 1 medical condition that:

(i) has been (or is likely to be) present for at least 6 months; or

(ii) is terminal; and

(b) is a person who:

(i) is not:

(A) an in-patient of a hospital or approved day hospital facility; or

(B) a care recipient in a residential aged care facility; or

(ii) being an in-patient of a hospital or approved day hospital facility, is a private patient of that hospital or facility.

(2) Items 746, 749, 757, 768, 771 and 773 apply only to a service in relation to a patient who:

(a) suffers from at least 1 medical condition that:

(i) has been (or is likely to be) present for at least 6 months; or

(ii) is terminal; and

(b) is an in-patient of a hospital or approved day hospital facility; and

(c) is not a care recipient in a residential aged care facility.

(2A) Items 723 and 727 apply only to a service in relation to a patient who:

(a) suffers from at least 1 medical condition that:

(i) has been (or is likely to be) present for at least 6 months; or

(ii) is terminal; and

(b) requires ongoing care from at least 3 collaborating providers, each of whom provides a different kind of treatment or service to the patient, and at least 1 of whom is a medical practitioner; and

(c) is a person who:

(i) is not:

(A) an in-patient of a hospital or approved day hospital facility; or

(B) a care recipient in a residential aged care facility; or

(ii) being an in-patient of a hospital or approved day hospital facility, is a private patient of that hospital or facility.

(2B) Item 729 applies only to a service in relation to a patient who:

(a) suffers from at least 1 medical condition that:

(i) has been (or is likely to be) present for at least 6 months; or

(ii) is terminal; and

(b) requires ongoing care from at least 3 collaborating providers, each of whom provides a different kind of treatment or service to the patient, and at least 1 of whom is a medical practitioner; and

(c) is not a care recipient in a residential aged care facility.

(3) Items 734, 736, 738, 775, 778 and 779 apply only to a service in relation to a patient who:

(a) suffers from at least 1 medical condition that:

(i) has been (or is likely to be) present for at least 6 months; or

(ii) is terminal; and

(b) is a care recipient in a residential aged care facility; and

(c) is not an in-patient of a hospital or approved day hospital facility.

(4) Item 731 applies only to a service in relation to a patient who:

(a) suffers from at least 1 medical condition that:

(i) has been (or is likely to be) present for at least 6 months; or

(ii) is terminal; and

(b) requires ongoing care from at least 3 collaborating providers, each of whom provides a different kind of treatment or service to the patient, and at least 1 of whom is a medical practitioner; and

(c) is a care recipient in a residential aged care facility.

(5) In this rule:

collaborating provider is a person who:

(a) provides treatment or a service to a patient; and

(b) is not a family carer of the patient.

family carer includes a person who:

(a) is a relative or friend of the patient; and

(b) is providing care to the patient other than as a paid service.

45A Limitation on items 721, 723, 725, 727, 729 and 731

(1) For any particular patient, unless exceptional circumstances exist in relation to the patient, item 721:

(a) is not applicable if:

(i) in the 3 months preceding the performance of the service, a service has been performed in respect of which a payment has been made under item 725, 727, 729 or 731 in respect of the patient; or

(ii) in the 12 months preceding the performance of the service, a service has been performed in respect of which a payment was made under item 720 of the 2004 General Medical Services Table in respect of the patient; and

(b) is applicable not more than once in a 12 month period.

(2) For any particular patient, unless exceptional circumstances exist in relation to the patient, item 723:

(a) is not applicable if:

(i) in the 3 months preceding the performance of the service, a service has been performed in respect of which a payment has been made under item 727 in respect of the patient; or

(ii) in the 12 months preceding the performance of the service, a service has been performed in respect of which a payment was made under item 720 of the 2004 General Medical Services Table in respect of the patient; and

(b) is applicable not more than once in a 12 month period.

(3) For any particular patient, unless exceptional circumstances exist in relation to the patient, item 725:

(a) is not applicable if, in the 3 months preceding the performance of the service, a service has been performed in respect of which a payment has been made under item 721 in respect of the patient; and

(b) is applicable not more than once in a 3 month period.

(4) For any particular patient, unless exceptional circumstances exist in relation to the patient, item 727:

(a) is not applicable if, in the 3 months preceding the performance of the service, a service has been performed in respect of which a payment has been made under item 723 in respect of the patient; and

(b) is applicable not more than once in a 3 month period.

(5) For any particular patient, unless exceptional circumstances exist in relation to the patient, item 729:

(a) is not applicable if:

(i) in the 3 months preceding the performance of the service, a service has been performed in respect of which a payment has been made under item 725, 727 or 731 in respect of the patient; or

(ii) in the 3 months preceding the performance of the service, a service has been performed in respect of which a payment was made under item 726 or 728 of the 2004 General Medical Services Table in respect of the patient; or

(iii) in the 12 months preceding the performance of the service, a service has been performed in respect of the patient:

(A) by the medical practitioner who performs the service to which item 729 would, but for this subrule, apply; and

(B) in respect of which a payment has been made under item 721 or 723; and

(b) is applicable not more than once in a 3 month period.

(6) For any particular patient, unless exceptional circumstances exist in relation to the patient, item 731:

(a) is not applicable if:

(i) in the 3 months preceding the performance of the service, a service has been performed in respect of which a payment has been made under item 721, 723, 725, 727 or 729 in respect of the patient; or

(ii) in the 3 months preceding the performance of the service, a service has been performed in respect of which a payment was made under item 730 of the 2004 General Medical Services Table in respect of the patient; and

(b) is applicable not more than once in a 3 month period.

(7) For this rule, ***exceptional circumstances*** exist in relation to a patient if there has been a significant change in the patient's clinical condition or care circumstances that necessitates the performance of the service in respect of the patient.

46 Meaning of *health assessment*

(1) For items 700, 702, 704 and 706, ***health assessment*** means the assessment of:

(a) a patient's health and physical, psychological and social function; and

(b) whether preventative health care and education should be offered to the patient, to improve the patient's health and physical, psychological or social function.

(2) A health assessment involves all of the following:

(a) a personal attendance by the medical practitioner;

(b) measurement of the patient's blood pressure, pulse rate and rhythm;

(c) an assessment of the patient's medication;

(d) an assessment of the patient's continence;

(e) an assessment of the patient's immunisation status for influenza, tetanus and pneumococcus;

(f) an assessment of the patient's physical functions, including the patient's activities of daily living and whether or not the patient has had a fall in the last 3 months;

(g) an assessment of the patient's psychological function, including the patient's cognition and mood;

(h) an assessment of the patient's social function, including:

(i) the availability and adequacy of paid, and unpaid, help; and

(ii) whether the patient is responsible for caring for another person.

(3) A health assessment also includes:

(a) keeping a record of the health assessment; and

(b) offering the patient a written report about the health assessment, with recommendations about matters covered by the health assessment; and

(c) offering the patient's carer (if any, and if the practitioner considers it appropriate and the patient agrees) a copy of the report or extracts of the report relevant to the carer.

47 Meaning of *adult health check* in item 710

(1) For item 710, an ***adult health check*** means the assessment of:

(a) a patient's health and physical, psychological and social function; and

(b) whether preventative health care, education and other assistance should be offered to that patient, to improve the patient's health and physical, psychological or social function.

(2) An adult health check of a patient involves all of the following:

(a) a personal attendance by a medical practitioner;

(b) taking the patient's medical history, including the following:

(i) current health problems and risk factors;

(ii) relevant family medical history;

(iii) medication usage (including medication obtained without prescription or from other doctors);

(iv) immunisation status, by reference to the appropriate current age and sex immunisation schedule;

(v) sexual and reproductive health;

(vi) physical activity, nutrition and alcohol, tobacco or other substance use;

(vii) hearing loss;

(viii) mood (including incidence of depression and risk of self-harm);

(ix) family relationships and whether the patient is a carer, or is cared for by another person;

(c) examination of the patient, including the following:

(i) measurement of the patient's blood pressure, pulse rate and rhythm;

(ii) measurement of height and weight to calculate body mass index and, if indicated, measurement of waist circumference for central obesity;

(iii) oral examination (including gums and dentition);

(iv) ear and hearing examination (including otoscopy and, if indicated, a whisper test);

(v) urinalysis (by dipstick) for proteinurea;

(d) undertaking or arranging any required investigation, considering the need for the following tests, in particular, (in accordance with national or regional guidelines or specific regional needs):

(i) fasting blood sugar and lipids (by laboratory based test on venous sample) or, if necessary, random blood glucose levels;

(ii) pap smear;

(iii) examination for sexually transmitted infection (by urine or endocervical swab for chlamydia and gonorrhoea, especially for those aged from 15 to 35 years);

(iv) mammography, where eligible (by scheduling appointments with visiting services or facilitating direct referral);

(e) assessing the patient using the information gained in the adult health check;

(f) making or arranging any necessary interventions and referrals, and documenting a simple strategy for the good health of the patient.

(3) An adult health check also includes:

(a) keeping a record of the adult health check; and

(b) offering the patient a written report about the health check, with recommendations about matters covered by the health check (including a simple strategy for the good health of the patient).

48 Meaning of *comprehensive medical assessment* in item 712

(1) For item 712, a ***comprehensive medical assessment*** of a resident of a residential aged care facility is a full systems review of the resident, including an assessment of the resident's health and physical and psychological function.

(2) A comprehensive medical assessment involves all of the following:

(a) a personal attendance by a medical practitioner;

(b) taking a detailed relevant medical history;

(c) conducting a comprehensive medical examination of the resident;

(d) developing a list of diagnoses and medical problems based on the medical history and examination;

(e) providing, for the resident's records, a written summary of the outcomes of the assessment to inform the provision of care for the resident and to assist in the provision of medication management review services for the resident.

(3) A comprehensive medical assessment also includes:

(a) making a written summary of the comprehensive medical assessment; and

(b) providing a copy of the summary to the residential aged care facility; and

(c) offering the resident a copy of the summary or relevant parts of the summary.

49A Meaning of *GP management plan*

(1) For item 721, preparation of a ***GP management plan*** means the preparation of a comprehensive written plan describing all of the following matters:

(a) the patient's health care needs, health problems and relevant conditions;

(b) management goals with which the patient agrees;

(c) actions to be taken by the patient;

(d) treatment and services the patient is likely to need;

(e) arrangements for providing the treatment and services referred to in paragraph (d);

(f) arrangements to review the plan by a day specified in the plan.

(2) Preparation of the plan also includes:

(a) explaining to the patient and the patient's carer (if any, and if the practitioner considers it appropriate and the patient agrees) the steps involved in preparing the plan; and

(b) recording the plan; and

(c) recording the patient's agreement to the preparation of the plan; and

(d) offering a copy of the plan to the patient and the patient's carer (if any, and if the practitioner considers it appropriate and the patient agrees); and

(e) adding a copy of the plan to the patient's medical records.

51 Meaning of *multidisciplinary discharge care plan*

For items 725 and 727, a ***multidisciplinary discharge care plan*** is a multidisciplinary care plan that is prepared for a patient before the patient is discharged from a hospital.

51A Meaning of *team care arrangements*

(1) For item 723, co-ordinating the development of ***team care arrangements*** means a process by which the medical practitioner:

(a) in consultation with at least 2 collaborating providers, each of whom provides a different kind of treatment or service, and 1 of whom may be another medical practitioner — makes arrangements for the multidisciplinary care of the patient; and

(b) prepares a document that describes all of the matters specified in subrule (2); and

(c) undertakes all of the activities specified in subrule (3).

(2) The matters to be described for paragraph (1) (b) are:

(a) treatment and service goals for the patient; and

(b) treatment and services that collaborating providers will provide to the patient; and

(c) actions to be taken by the patient; and

(d) arrangements to review the matters mentioned in paragraphs (a), (b) and (c) by a day specified in the document.

(3) The activities to be undertaken for paragraph (1) (c) are:

(a) explaining the steps involved in the development of the arrangements to the patient and the patient's carer (if any, and if the practitioner considers it appropriate and the patient agrees); and

(b) discussing with the patient the collaborating providers who will contribute to the development of the team care arrangements, and provide treatment and services to the patient under those arrangements; and

(c) recording the patient's agreement to the development of team care arrangements; and

(d) giving copies of the relevant parts of the document to the collaborating providers; and

(e) offering a copy of the document to the patient and the patient's carer (if any, and if the practitioner considers it appropriate and the patient agrees); and

(f) adding a copy of the document to the patient's medical records.

(4) In this rule:

collaborating provider is a person who:

(a) provides treatment or a service to a patient; and

(b) is not a family carer of the patient.

family carer includes a person who:

(a) is a relative or friend of the patient; and

(b) is providing care to the patient other than as a paid service.

51B Meaning of *associated medical practitioner*

(1) For item 725 and item 727, an ***associated medical practitioner*** is a medical practitioner (including a general practitioner, but not including a specialist or consultant physician) who, if not engaged in same general practice as the medical practitioner mentioned in that item, performs the service mentioned in the item at the request of the patient (or the patient's guardian).

(2) In subrule (1):

general practice means a business, consisting of one or more medical practitioners, that provides a general practice of medical services.

52A Meaning of *review* of plans

(1) For item 725, ***review*** of a GP management plan, a multidisciplinary community care plan, or a multidisciplinary discharge care plan, means a process by which the medical practitioner:

(a) reviews the matters mentioned in subrule 49 (1) of the 2004 General Medical Services Table or subrule 49A (1), as applicable; and

(b) if different arrangements need to be made, makes amendments to the plan that:

(i) state those new arrangements; and

(ii) provide for further review of the amended plan by a date specified in the plan.

(2) Review of the plan also includes:

(a) explaining to the patient and the patient's carer (if any, and if the practitioner considers it appropriate and the patient agrees) the steps involved in the review; and

(b) recording the patient's agreement to the review of the plan; and

(c) if amendments are made to the plan:

(i) offering a copy of the amended plan to the patient and the patient's carer (if any, and if the practitioner considers it appropriate and the patient agrees); and

(ii) adding a copy of the amended plan to the patient's medical records.

53A Meaning of *co-ordinate a review* of team care arrangements or of a multidisciplinary care plan

(1) For item 727, to ***co-ordinate a review*** of team care arrangements, a multidisciplinary community care plan, or a multidisciplinary discharge care plan, means a process by which the medical practitioner:

(a) in consultation with at least 2 collaborating providers, each of whom provides a different kind of treatment or service, and 1 of whom may be another medical practitioner, reviews the matters mentioned in subrule 49 (1) of the 2004 General Medical Services Table or subrule 51A (2), as applicable; and

(b) if different arrangements need to be made, makes amendments to the document mentioned in paragraph 51A (1) (b), or to the plan, that:

(i) state those new arrangements; and

(ii) provide for the review of the amended document or plan by a date specified in the document or plan.

(2) Co-ordinating a review of team care arrangements or of a multidisciplinary care plan also includes:

(a) explaining the steps involved in the review to the patient and the patient's carer (if any, and if the practitioner considers it appropriate and the patient agrees); and

(b) recording the patient's agreement to the review of the team care arrangements or the plan; and

(c) giving copies of the relevant parts of the amended document mentioned in paragraph (1) (b), or the amended plan, to the collaborating providers; and

(d) offering a copy of the amended document or plan to the patient and the patient's carer (if any, and if the practitioner considers it appropriate and the patient agrees); and

(e) adding a copy of the amended document or plan to the patient's medical records.

(3) In this rule:

collaborating provider is a person who:

(a) provides treatment or a service to a patient; and

(b) is not a family carer of the patient.

family carer includes a person who:

(a) is a relative or friend of the patient; and

(b) is providing care to the patient other than as a paid service.

53B Meaning of *contribute* to a multidisciplinary care plan for items 729 and 731

(1) For items 729 and 731, to ***contribute*** to a multidisciplinary care plan or to the review of a plan includes:

(a) preparing part of the plan or amendments to the plan, and adding a copy of that part or those amendments to the patient's medical records; or

(b) giving advice to a person who prepares or reviews the plan, and recording in writing, on the patient's medical records, any advice provided to such a person.

(2) In subrule (1):

multidisciplinary care plan means a written plan that:

(a) is prepared for a patient by:

(i) a medical practitioner, in consultation with 2 other collaborating providers, each of whom provides a different kind of treatment or service to the patient, and 1 of whom may be another medical practitioner; or

(ii) a collaborating provider (other than a medical practitioner), in consultation with at least 2 other collaborating providers, each of whom provides a different kind of treatment or service to the patient; and

(b) describes, at least, treatment and services to be provided to the patient by the collaborating providers.

(3) In this rule:

collaborating provider:

(a) is a person who:

(i) provides treatment or a service to a patient; and

(ii) is not a ***family carer*** of the patient; and

(b) includes a medical practitioner.

family carer includes a person who:

(a) is a relative or friend of the patient; and

(b) is providing care to the patient other than as a paid service.

54 Meaning of *multidisciplinary case conference*

For the items mentioned in Subgroup 2 of Group A15, a ***multidisciplinary case conference*** is a process by which a multidisciplinary case conference team (see rule 57) carries out all of the following activities:

(a) discussing a patient's history;

(b) identifying the patient's multidisciplinary care needs;

(c) identifying outcomes to be achieved by members of the case conference team giving care and service to the patient;

(d) identifying tasks that need to be undertaken to achieve these outcomes, and allocating those tasks to members of the case conference team;

(e) assessing whether previously identified outcomes (if any) have been achieved.

55 Meaning of *multidisciplinary discharge case conference*

For items 746, 749, 757, 768, 771 and 773, a ***multidisciplinary discharge case conference*** is a multidisciplinary case conference carried out in relation to a patient before the patient is discharged from a hospital or approved day hospital facility.

56 Meaning of *multidisciplinary case conference in a residential aged care facility*

For items 734, 736, 738, 775, 778 and 779, a ***multidisciplinary case conference in a residential aged care facility*** is a multidisciplinary case conference carried out in relation to a care recipient in a residential aged care facility.

57 Meaning of *multidisciplinary case conference team*

(1) For this table, a ***multidisciplinary case conference team***:

(a) includes a medical practitioner; and

(b) includes at least 2 other members, each of whom provides a different kind of care or service to the patient and is not a family carer of the patient, and 1 of whom may be another medical practitioner; and

(c) may additionally include a family carer of the patient.

Example

Examples of persons who, for paragraph (b), may be included in a team are:

(a) allied health professionals such as:

- Aboriginal health care workers
- asthma educators
- audiologists
- dental therapists
- dentists
- diabetes educators
- dieticians
- mental health workers
- occupational therapists
- optometrists
- orthoptists
- orthotists or prosthetists
- pharmacists
- physiotherapists
- podiatrists
- psychologists
- registered nurses
- social workers
- speech pathologists; and

(b) home and community service providers, or care organisers, such as:

- education providers
- 'meals on wheels' providers
- personal care workers
- probation officers.

(2) In subrule (1):

family carer includes a person who:

(a) is a relative or friend of the patient; and

(b) is providing care to the patient other than as a paid service.

58 Meaning of *organise and co-ordinate* in a multidisciplinary case conference and *participation* in a multidisciplinary case conference

(1) For items 734, 736, 738, 740, 742, 744, 746, 749 and 757, ***organise and co-ordinate*** a multidisciplinary case conference means undertaking all of the following activities in relation to a case conference:

(a) explaining to the patient the nature of a multidisciplinary case conference, and asking the patient whether the patient agrees to the conference taking place;

(b) recording the patient's agreement to the conference;

(c) recording the day on which the conference was held, and the times at which the conference started and ended;

(d) recording the names of the participants;

(e) recording the matters mentioned in rule 54, and putting a copy of that record in the patient's medical records;

(f) offering the patient and the patient's carer (if any and if the practitioner considers appropriate and the patient agrees), and giving each other member of the team, a summary of the conference;

(g) discussing the outcomes of the conference with the patient and the patient's carer (if any and if the practitioner considers appropriate and the patient agrees).

(2) For items 759, 762, 765, 768, 771, 773, 775, 778 and 779 ***participation*** in a multidisciplinary case conference must be at the request of the person who organises and co-ordinates the conference, and involves undertaking all of the following activities in relation to a case conference:

(a) explaining to the patient the nature of a multidisciplinary case conference, and asking the patient whether the patient agrees to the practitioner's participation in the conference;

(b) recording the patient's agreement to the practitioner's participation;

(c) recording the day on which the conference was held, and the times at which the conference started and ended;

(d) recording the names of the participants;

(e) recording the matters mentioned in rule 54, and putting a copy of that record in the patient's medical records.

(3) ***Participation*** in a multidisciplinary case conference does not include organising and co-ordinating a multidisciplinary case conference.

59 Meaning of *living in a community setting* in item 900

For item 900, a patient is ***living in a community setting*** if the patient:

(a) is not an in-patient of a hospital or approved day hospital facility; and

(b) is not a care recipient in a residential aged care facility.

60 Meaning of *residential medication management review* in item 903

(1) For item 903, a ***residential medication management review*** is a collaborative service provided by a medical practitioner and a pharmacist to review the medication management needs of a permanent resident of a residential aged care facility.

(2) A medical practitioner's involvement in a residential medication management review includes all of the following:

(a) discussing the proposed review with the resident and seeking the resident's consent to the review;

(b) collaborating with the reviewing pharmacist about the pharmacist's involvement in the review;

(c) providing input from the resident's most recent comprehensive medical assessment or, if such an assessment has not been undertaken, providing relevant clinical information for the review and for the resident's records;

(d) subject to subrule (4), participating in a post-review discussion (either face-to-face or by telephone) with the pharmacist to discuss the outcomes of the review including:

(i) the findings of the review; and

(ii) medication management strategies; and

(iii) means to ensure that the strategies are implemented and reviewed, including any issues for implementation and follow-up;

(e) developing or revising the resident's medication management plan after discussion with the reviewing pharmacist, and finalising the plan after discussion with the resident.

(3) A medical practitioner's involvement in a residential medication management review also includes:

(a) offering a copy of the medication management plan to the resident (or the resident's carer or representative if appropriate); and

(b) providing copies of the plan for the resident's records and for the nursing staff of the residential aged care facility; and

(c) discussing the plan with nursing staff if necessary.

(4) A post-review discussion is not required if:

(a) there are no recommended changes to the resident's medication management arising out of the review; or

(b) any changes are minor in nature and do not require immediate discussion; or

(c) the pharmacist and medical practitioner agree that issues arising out of the review should be considered in an enhanced primary care case conference.

61 Meaning of *amount under rule 61* in certain items

(1) In item 2503, ***amount under rule 61*** means an amount equal to the sum of:

(a) the fee for item 2501; and

(b) either:

(i) if not more than 6 patients are attended at a single attendance — $22.00 divided by the number of patients attended; or

(ii) if more than 6 patients are attended at a single attendance — $1.60.

(2) In item 2506, ***amount under rule 61*** means an amount equal to the sum of:

(a) the fee for item 2504; and

(b) either:

(i) if not more than 6 patients are attended at a single attendance — $22.00 divided by the number of patients attended; or

(ii) if more than 6 patients are attended at a single attendance — $1.60.

(3) In item 2509, ***amount under rule 61*** means an amount equal to the sum of:

(a) the fee for item 2507; and

(b) either:

(i) if not more than 6 patients are attended at a single attendance — $22.00 divided by the number of patients attended; or

(ii) if more than 6 patients are attended at a single attendance — $1.60.

(4) In item 2518, ***amount under rule 61*** means an amount equal to the sum of:

(a) the fee for item 2517; and

(b) either:

(i) if not more than 6 patients are attended at a single attendance — $22.00 divided by the number of patients attended; or

(ii) if more than 6 patients are attended at a single attendance — $1.60.

(5) In item 2522, ***amount under rule 61*** means an amount equal to the sum of:

(a) the fee for item 2521; and

(b) either:

(i) if not more than 6 patients are attended at a single attendance — $22.00 divided by the number of patients attended; or

(ii) if more than 6 patients are attended at a single attendance — $1.60.

(6) In item 2526, ***amount under rule 61*** means an amount equal to the sum of:

(a) the fee for item 2525; and

(b) either:

(i) if not more than 6 patients are attended at a single attendance — $22.00 divided by the number of patients attended; or

(ii) if more than 6 patients are attended at a single attendance — $1.60.

(7) In item 2547, ***amount under rule 61*** means an amount equal to the sum of:

(a) the fee for item 2546; and

(b) either:

(i) if not more than 6 patients are attended at a single attendance — $22.00 divided by the number of patients attended; or

(ii) if more than 6 patients are attended at a single attendance — $1.60.

(8) In item 2553, ***amount under rule 61*** means an amount equal to the sum of:

(a) the fee for item 2552; and

(b) either:

(i) if not more than 6 patients are attended at a single attendance — $22.00 divided by the number of patients attended; or

(ii) if more than 6 patients are attended at a single attendance — $1.60.

(9) In item 2559, ***amount under rule 61*** means an amount equal to the sum of:

(a) the fee for item 2558; and

(b) either:

(i) if not more than 6 patients are attended at a single attendance — $22.00 divided by the number of patients attended; or

(ii) if more than 6 patients are attended at a single attendance — $1.60.

(10) In item 2575, ***amount under rule 61*** means an amount equal to the sum of:

(a) the fee for item 2574; and

(b) either:

(i) if not more than 6 patients are attended at a single attendance — $22.00 divided by the number of patients attended; or

(ii) if more than 6 patients are attended at a single attendance — $1.60.

(11) In item 2578, ***amount under rule 61*** means an amount equal to the sum of:

(a) the fee for item 2577; and

(b) either:

(i) if not more than 6 patients are attended at a single attendance — $22.00 divided by the number of patients attended; or

(ii) if more than 6 patients are attended at a single attendance — $1.60.

(12) In item 2723, ***amount under rule 61*** means an amount equal to the sum of:

(a) the fee for item 2721; and

(b) either:

(i) if not more than 6 patients are attended at a single attendance — $22.00 divided by the number of patients attended; or

(ii) if more than 6 patients are attended at a single attendance — $1.60.

(13) In item 2727, ***amount under rule 61*** means an amount equal to the sum of:

(a) the fee for item 2725; and

(b) either:

(i) if not more than 6 patients are attended at a single attendance — $22.00 divided by the number of patients attended; or

(ii) if more than 6 patients are attended at a single attendance — $1.60.

62 Application of Subgroup 2 of Group A18 and Subgroup 2 of Group A19

(1) An item in Subgroup 2 of Group A18 or Subgroup 2 of Group A19 does not apply to a service that is provided to a patient who has already been provided, in the previous 11 months, with another service to which an item in either of those Subgroups applies.

(2) For an item in Subgroup 2 of Group A18 or Subgroup 2 of Group A19, a professional attendance ***completes the minimum requirements for a cycle of care of a patient with established diabetes mellitus*** if the attendance completes a series of attendances that involve, over a period of at least 11 months and up to 13 months, (the ***current cycle***), the following:

(a) at least 1 assessment of the patient's diabetes control, by measuring the patient's HbA_{1c};

(b) if the patient has not had a comprehensive eye examination in the cycle of care ending immediately before the current cycle — at least 1 comprehensive eye examination;

(c) measurement of the patient's weight and height, and calculation of the patient's BMI;

(d) 2 further measurements of the patient's weight with each measurement being taken at least 5 months after the previous measurement;

(e) 2 measurements of the patient's blood pressure, taken at least 5 months but not more than 7 months apart;

(f) 2 examinations of the patient's feet, carried out at least 5 months but not more than 7 months apart;

(g) at least 1 measurement of the patient's total cholesterol, triglycerides and HDL cholesterol;

(h) at least 1 test of the patient's microalbuminuria;

(i) provision to the patient of self-management education regarding diabetes;

(j) a review of the patient's diet, and provision to the patient of information about appropriate dietary choices;

(k) a review of the patient's level of physical activity, and provision to the patient of information about the appropriate level of physical activity;

(l) checking the patient's tobacco smoking activity, and, if relevant, encouraging the patient to stop smoking;

(m) a review of the patient's medication.

63 Application of Subgroup 3 of Group A18 and Subgroup 3 of Group A19

(1) An item in Subgroup 3 of Group A18 or Subgroup 3 of Group A19 does not apply to a service that:

(a) is provided to a patient who has already been provided, in the previous 12 months, with another service to which an item in either of those Subgroups applies; and

(b) is not clinically indicated.

(2) For an item in Subgroup 3 of Group A18 or Subgroup 3 of Group A19, a professional attendance ***completes the minimum requirements of the Asthma 3+ Visit Plan*** if the attendance completes a series of attendances that involve:

(a) documented diagnosis and documented assessment of severity; and

(b) at least 3 asthma-related consultations (at least 2 of which are consultations that have been planned at any of the earlier asthma-related consultations), over a period of not less than 4 weeks and not more than 4 months, that involve the following, for a patient with moderate to severe asthma:

(i) a review of the patient's use of asthma-related medication;

(ii) either:

(A) provision to the patient of a written asthma action plan; or

(B) if the patient is unable to use a written asthma action plan — discussion with the patient about an alternative method of providing an asthma action plan, and documentation of the discussion in the patient's medical records;

(iii) provision to the patient of self-management education regarding asthma;

(iv) a review of the patient's asthma action plan.

64 Meaning of *approved site* in items 15338 and 37220

For items 15338 and 37220, ***approved site***, in relation to radiation oncology, means a site at which radiation oncology may be performed lawfully under the law of the State or Territory in which the site is located.

65 Group T10 applies only in connection with certain services

(1) Each of items 20100 to 21990 (other than item 21965), 22060, 23010 to 24136, 25200 and 25205 applies to a service only if the service is provided in connection with a service that:

(a) is a professional service within the meaning of subsection 3 (1) of the Act; and

(b) is specified in an item that includes, in its description, '(Anaes.)'.

(2) Each of items 22900 and 22905 applies to a service only if the service is provided in connection with a dental service (other than a dental service that is a prescribed medical service under paragraph (b) of the definition of ***professional service*** in subsection 3 (1) of the Act).

66 Services specified in Subgroups 21 to 25 of Group T10

In Subgroups 21 to 25 of Group T10:

(a) a reference to ***anaesthesia*** is a reference to administration of anaesthesia performed in association with a service to which any of items 20100 to 21997, 22900 and 22905 applies; and

(b) a reference to ***perfusion*** is a reference to perfusion to which item 22060 applies; and

(c) a reference to ***assistance*** is a reference to assistance:

(i) in the administration of anaesthesia; and

(ii) to which item 25200 or 25205 applies.

67 Meaning of *service time* in Subgroups 21, 24, 25 and 26 of Group T10

In Subgroups 21, 24, 25 and 26 of Group T10:

service time means:

(a) in relation to administration of anaesthesia on a patient by an anaesthetist — the period that:

(i) begins when the anaesthetist commences exclusive and continuous care of the patient for anaesthesia; and

(ii) ends when the anaesthetist places the patient safely under the supervision of other personnel; and

(b) in relation to perfusion performed on a patient under anaesthesia — the period that:

(i) begins when the anaesthetic commences; and

(ii) ends with the closure of the chest of the patient; and

(c) in relation to assistance given by an assistant anaesthetist in the administration of anaesthesia performed on a patient — the period when the assistant anaesthetist is actively attending on the patient.

68 Application of Subgroup 21 of Group T10

(1) An item in the range 23010 to 24136 applies to perfusion in addition to any other item that applies to the perfusion.

(2) An item in the range 23010 to 24136 applies to assistance only as a component of item 25200 or 25205 and for the purpose of calculating the amount of fee for that item.

69 Application of Subgroups 22 and 23 of Group T10

(1) An item in the range 25000 to 25020 applies to anaesthesia in addition to any other item that applies to the anaesthesia.

(2) An item in the range 25000 to 25020 applies to perfusion in addition to any other item that applies to the perfusion.

(3) An item in the range 25000 to 25020 applies to assistance only as a component of item 25200 or 25205 and for the purpose of calculating the amount of fee for that item.

70 Meaning of *amount under rule 70* in items 25025, 25030 and 25050

(1) For item 25025, ***amount under rule 70*** means the amount that is equal to 50% of the sum of:

(a) the fee specified in any of items 20100 to 21997 and 22900 for the initiation of management of anaesthesia in association with which the anaesthesia is performed; and

(b) the fee specified in the item in the range 23010 to 24136 that applies to the anaesthesia; and

(c) if any of items 25000 to 25015 applies to the anaesthesia — the fee specified in that item; and

(d) if a service specified in an item in the range 22001 to 22050 is performed in association with the anaesthesia — the fee specified in that item.

(2) For item 25030, ***amount under rule 70*** means the amount that is equal to 50% of the sum of:

(a) the fee specified in the item in the range 23010 to 24136 that applies to the assistance; and

(b) if any of items 25000 to 25015 or 25200 to 25205 applies to the assistance — the fee specified in that item; and

(c) if a service specified in an item in the range 22001 to 22050 is performed in association with the assistance — the fee specified in that item.

(3) For item 25050, ***amount under rule 70*** means the amount that is equal to 50% of the sum of:

(a) $343.00; and

(b) the fee specified in the item in the range 23010 to 24136 that applies to the perfusion; and

(c) if any of items 25000 to 25015 applies to the perfusion — the fee specified in that item; and

(d) if a service specified in an item in the range 22001 to 22050 or 22065 to 22075 is performed in association with the perfusion — the fee specified in that item.

71 Application of Subgroups 24 and 25 of Group T10

An item in the range 25025 to 25050 applies to the anaesthesia, assistance or perfusion in addition to any other item that applies to the service.

72 Meaning of *complex paediatric case* in item 25205

For item 25205, a ***complex paediatric case*** involves 1 or more of the following services:

(a) invasive monitoring, either intravascular or transoesophageal;

(b) organ transplantation;

(c) craniofacial surgery;

(d) major tumour resection;

(e) separation of conjoint twins.

73 Meaning of *amount under rule 73* in items 25200 and 25205

For each of items 25200 and 25205, ***amount under rule 73***, means the sum of:

(a) $85.75; and

(b) the fee specified in the item in the range 23010 to 24136 that applies to the assistance; and

(c) if any of items 25000 to 25020 applies to the assistance — the fee specified in that item.

74 Restriction of telepsychiatry consultations to rural and remote areas

Each of items 353 to 358 applies only to a consultation that is provided:

(a) by a consultant physician located in a Statistical Local Area that is a M1, M2 or R1 area within the meaning of the Rural, Remote and Metropolitan Areas Classification; and

(b) to a patient located in a different Statistical Local Area that is a R1, R2, R3, Rem1 or Rem2 area within the meaning of the Rural, Remote and Metropolitan Areas Classification.

75 Meaning of *recognised emergency department* and problem focussed history in Group A21

(1) In Group A21, ***recognised emergency department***, of a private hospital, means a department of the hospital that is licensed, under a law of the State or Territory in which the hospital is located, to operate as an emergency department.

(2) In items 501, 503 and 507, ***problem focussed history*** means a history focussing on the medical condition of the patient that necessitates the patient presenting for emergency attention.

76 Prolonged attendances by emergency physicians

In items 519 to 536, an attendance for ***emergency evaluation of a critically ill patient with an immediately life threatening problem*** means an attendance that requires:

(a) immediate and rapid assessment; and

(b) initiation of resuscitation and electronic monitoring of vital signs; and

(c) taking a comprehensive history and evaluation while undertaking resuscitative measures; and

(d) ordering and evaluation of appropriate investigations; and

(e) transitional evaluation and monitoring; and

(f) formulation and documentation of a diagnosis and management plan in relation to 1 or more problems; and

(g) initiation of appropriate treatment interventions; and

(h) liaison with relevant health care professionals and discussion with, as appropriate, the patient or the patient's relatives or agent.

77 Application of Subgroup 4 of Group A18 and Subgroup 4 of Group A19

(1) An item in Subgroup 4 of Group A18 or Subgroup 4 of Group A19 applies only to a service that is provided by a medical practitioner:

(a) whose name is entered in the register maintained by the Medicare Australia CEO under section 28 of the *Medicare Australia (Functions of Chief Executive Officer) Direction 2005*; and

(b) who meets any training and skills requirements, as determined by the General Practice Mental Health Standards Collaboration, for providing services to which those Subgroups apply.

(2) An item in Subgroup 4 of Group A18 or Subgroup 4 of Group A19 does not apply to a service that:

(a) is provided to a patient who has already been provided, in the previous 12 months, with another service to which an item in either of those Subgroups applies; and

(b) is not clinically indicated.

(3) A reference in an item in Subgroup 4 of Group A18 or Subgroup 4 of Group A19 to ***the minimum requirements of the 3 Step Mental Health Process*** is a reference to the following procedures in relation to the patient concerned:

(a) at least 2 consultations related to a mental health disorder:

(i) at least 1 of which (the ***review consultation***) is a consultation that:

(A) was planned at a previous consultation; and

(B) includes the review described in paragraph (e); and

(ii) each of which is of at least 20 minutes duration;

(b) assessment of the mental health disorder, including administration of an outcome measurement tool (except if considered clinically inappropriate);

(c) formulation or diagnosis or both formulation and diagnosis of the mental health disorder;

(d) supplying the patient or, if the patient agrees, the patient's carer with:

(i) a written mental health plan; and

(ii) suitable education about the mental health disorder;

(e) at the review consultation (which must be at least 4 weeks, but no later than 6 months, after the consultation at which the written mental health plan was prepared):

(i) a review of the patient's progress against the goals recorded in that plan; and

(ii) if necessary, adjustment of that plan; and

(iii) administration of the outcome measurement tool used in the assessment mentioned in paragraph (b) (except if considered clinically inappropriate).

(4) In this rule:

mental health disorder means a significant impairment of any or all of an individual's cognitive, affective and relational abilities that:

(a) may require medical intervention; and

(b) may be a recognised, medically diagnosable illness or disorder; and

(c) is not dementia, delirium, tobacco use disorder or mental retardation.

Note In relation to this definition, practitioners should be aware of the Diagnostic and Management Guidelines for Mental Health Disorders in Primary Care (ICD-10, Chapter 5, Primary Care Version), developed by the World Health Organisation and published in 1996.

outcome measurement tool means a tool used to monitor changes in a patient's health that occur in response to treatment received by the patient.

written mental health plan means a written plan that:

(a) is prepared in consultation with a patient or, if the patient agrees, a patient's carer; and

(b) describes arrangements for:

(i) treatment of the mental health disorder or disorders; and

(ii) crisis intervention; and

(iii) relapse prevention.

78 Focussed psychological strategies

(1) An item in Group A20 applies only to a service that:

(a) is clinically indicated under the 3 Step Mental Health Process; and

(b) is provided by a medical practitioner:

(i) whose name is entered in the register maintained by the Medicare Australia CEO under section 28 of the *Medicare Australia (Functions of Chief Executive Officer) Direction 2005*; and

(ii) who is identified in the register as a practitioner who can provide services to which Group A20 applies; and

(iii) who meets any training and skills requirements, as determined by the General Practice Mental Health Standards Collaboration, for providing services to which Group A20 applies; and

(c) is provided in a general practice that participates in the Practice Incentives Program or is an accredited general practice that is not participating in the Program.

(2) An item in Group A20 does not apply to:

(a) a service that:

(i) is provided to a patient who has already been provided, in the previous 12 months, with 6 other services to which any of the items in that Group applies; and

(ii) is provided before the medical practitioner managing the 3 Step Mental Health Process has conducted a review and has noted in the patient's records a recommendation that the patient have more than 6 sessions of psychological strategies in 12 months; or

(b) a service that is provided to a patient who has already been provided, in the previous 12 months, with 12 other services to which any of items in that Group applies.

(3) In Group A20, a reference to ***focussed psychological strategies*** is a reference to any of the following mental health care management strategies, being a strategy that has been derived from evidence-based psychological therapies:

(a) psycho-education;

(b) cognitive-behavioural therapy that involves cognitive or behavioural interventions;

(c) relaxation strategies;

(d) skills training;

(e) interpersonal therapy.

(4) In this rule:

general practice means a business, consisting of 1 or more medical practitioners, that provides a general practice of medical services.

79 Meaning of *qualified surgeon* in items 31539 and 31545

For items 31539 and 31545, a medical practitioner is a ***qualified surgeon*** if:

(a) he or she is a specialist in the practice of his or her specialty of surgery; and

(b) the Medicare Australia CEO has received a written notice from the Royal Australasian College of Surgeons stating that the person meets the skills requirements for providing services to which the items apply.

80 Meaning of *qualified radiologist* in item 31542

For item 31542, a medical practitioner is a ***qualified radiologist*** if:

(a) he or she is a specialist in the practice of his or her specialty of radiology; and

(b) the Medicare Australia CEO has received a written notice from the Royal Australian and New Zealand College of Radiologists stating that the person meets the skills requirements for providing services to which the item applies.

81 Injection of botulinum toxin

(1) Each of items 18350 to 18371 applies only to a service provided by a medical practitioner who is registered by the Medicare Australia CEO to participate in the arrangements made, under paragraph 100 (1) (b) of the *National Health Act 1953*, for the purpose of providing an adequate pharmaceutical service for persons requiring treatment with botulinum toxin.

(2) If the cost of the botulinum toxin injection supplied in connection with a service described in each of items 18350 to 18371 is not subsidised by the Commonwealth or a State, the service is taken not to include the supply of that toxin.

82 Meaning of *qualified medical acupuncturist* in items 193, 195, 197 and 199

For items 193, 195, 197 and 199, a person is a ***qualified medical acupuncturist*** if:

(a) the person is a general practitioner; and

(b) the Medicare Australia CEO has received a written notice from the Royal Australian College of General Practitioners stating that the person meets the skills requirements for providing services to which the items apply.

83 Application of items 10990, 10991 and 10992

(1) If the medical service described in item 10991 is provided to a person, either that item or 10990, but not both those items, applies to the service.

(1A) If the medical service described in item 10992 is provided to a person, either that item or 10990, but not both those items, applies to the service.

(2) If item 10990, 10991 or 10992 applies to a medical service, the fee specified in that item applies in addition to the fee specified in any other item in this table that applies to the service.

(3) For items 10990, 10991 and 10992:

bulk-billed, in relation to a medical service, means:

(a) a medicare benefit is payable to a person in respect of the service; and

(b) under an agreement entered into under section 20A of the Act:

(i) the person assigns to the medical practitioner by whom, or on whose behalf, the service is provided, his or her right to the payment of the medicare benefit; and

(ii) the medical practitioner accepts the assignment in full payment of his or her fee for the service provided.

Commonwealth concession card holder means a person who is a concessional beneficiary within the meaning given by subsection 84 (1) of the *National Health Act 1953*.

unreferred service means a medical service provided to a person by, or on behalf of, a medical practitioner, being a service that has not been referred to that practitioner by another medical practitioner or person with referring rights.

(4) For items 10991 and 10992:

ASGC means the document titled Australian Standard Geographical Classification (ASGC) 2002, published by the Australian Bureau of Statistics, as in force on 1 July 2002.

eligible area means:

(a) a regional, rural or remote area; or

(b) Tasmania; or

(c) a geographical area included in any of the following SSD spatial units:

(i) Beaudesert Shire Part A;

(ii) Belconnen;

(iii) Darwin City;

(iv) Eastern Outer Melbourne;

(v) East Metropolitan;

(vi) Frankston City;

(vii) Gosford-Wyong;

(viii) Greater Geelong City Part A;

(ix) Gungahlin-Hall;

(x) Ipswich City (Part in BSD);

(xi) Litchfield Shire;

(xii) Melton-Wyndham;

(xiii) Mornington Peninsula Shire;

(xiv) Newcastle;

(xv) North Canberra;

(xvi) Palmerston-East Arm;

(xvii) Pine Rivers Shire;

(xviii) Queanbeyan;

(xix) South Canberra;

(xx) South Eastern Outer Melbourne;
(xxi) Southern Adelaide;
(xxii) South West Metropolitan;
(xxiii) Thuringowa City Part A;
(xxiv) Townsville City Part A;
(xxv) Tuggeranong;
(xxvi) Weston Creek-Stromlo;
(xxvii) Woden Valley;
(xxviii) Yarra Ranges Shire Part A; or

(d) the geographical area included in the SLA spatial unit of Palm Island (AC).

practice location, in relation to the provision of a medical service, means the place of practice in respect of which the medical practitioner by whom, or on whose behalf, the service is provided, has been allocated a provider number by the Medicare Australia CEO.

regional, rural or remote area means an area classified as RRMAs 3-7 under the Rural, Remote and Metropolitan Areas Classification.

Rural, Remote and Metropolitan Areas Classification has the meaning given by subrule 3 (1) of Part 2 of Schedule 1 to this table.

SLA means a Statistical Local Area specified in the ASGC.

SSD means a Statistical Subdivision specified in the ASGC.

84 Application of item 10993

(1) For item 10993:

enrolled nurse means a person who:

(a) holds a current practising certificate as a nurse issued by a State or Territory regulatory authority; and

(b) is licensed to provide nursing care under the supervision of a registered nurse.

general practice means a business, consisting of 1 or more medical practitioners, that provides a general practice of medical services.

immunisation means the administration of a registered vaccine to a person for any purpose other than as part of a mass immunisation of persons.

practice nurse means a registered nurse or an enrolled nurse who is employed by, or whose services are otherwise retained by, a general practice.

registered vaccine means a vaccine that is included in the part of the Australian Register of Therapeutic Goods for registered goods, being the Register maintained under section 9A of the *Therapeutic Goods Act 1989*.

(2) Item 10993 applies to an immunisation provided to a person by a practice nurse only if:

(a) the practice nurse is appropriately qualified and trained to provide immunisations to persons; and

(b) the medical practitioner under whose supervision the immunisation is provided retains responsibility for the health, safety and clinical outcomes of the person.

(3) If the cost of the vaccine supplied in connection with a service described in item 10993 is not subsidised by the Commonwealth or a State, the service is taken not to include the supply of that vaccine.

85 Application of item 10996

(1) For item 10996:

enrolled nurse has the meaning given by subrule 84 (1).

general practice has the meaning given by subrule 84 (1).

practice nurse has the meaning given by subrule 84 (1).

(2) Item 10996 applies to the treatment of a person's wound (other than normal aftercare) provided by a practice nurse only if:

(a) the practice nurse is appropriately qualified and trained to treat wounds; and

(b) the medical practitioner under whose supervision the treatment is provided has conducted an initial assessment of the person; and

(c) the practice nurse has been instructed by the medical practitioner in relation to the treatment of the wound; and

(d) the medical practitioner retains responsibility for the health, safety and clinical outcomes of the person.

86 Application of items 10998 and 10999

(1) For items 10998 and 10999:

enrolled nurse has the meaning given by subrule 84 (1).

general practice has the meaning given by subrule 84 (1).

practice location has the meaning given by subrule 83 (4).

practice nurse has the meaning given by subrule 84 (1).

regional, rural or remote area has the meaning given by subrule 83 (4).

Rural, Remote and Metropolitan Areas Classification has the meaning given by subrule 3 (1).

(2) Items 10998 and 10999 apply to the taking of a cervical smear from a person by a practice nurse only if:

(a) the practice nurse is appropriately qualified and trained to take a cervical smear; and

(b) the medical practitioner under whose supervision the smear is taken retains responsibility for the health, safety and clinical outcomes of the person.

87 Meaning of *foreign body* in items 35360 to 35363

For items 35360, 35361, 35362 and 35363, ***foreign body*** does not include an instrument inserted for the purpose of a service being rendered.

88 Limitation on certain items

(1) For any particular patient, each of items 291, 293, 10943 and 45019 is applicable not more than once in a 12 month period.

(2) For any particular patient, item 10942 is applicable not more than twice in a 12 month period.

(3) For any particular patient, each of items 10921, 10922, 10923, 10924, 10925, 10926, 10927, 10928 and 10929 is applicable not more than once in a 36 month period.

(4) For any particular patient, item 13104 is applicable not more than 12 times in a 12 month period.

89 Application of items 30440, 30451, 30492 and 30495

A service described in item 30440, 30451, 30492 or 30495 does not include imaging.

Note The imaging services associated with these services are described in the diagnostic imaging services table.

90 Application of items 10900, 10940 and 10941

(1) A service described in item 10900 applies to any particular patient only if that patient has not received a service described in item 10900, 10905, 10907, 10912, 10913, 10914 or 10915 in the previous 24 months.

(2) A service described in item 10940 applies to any particular patient not more than twice in any 12 month period and includes a service described in item 10941.

(3) A service described in item 10941 applies to any particular patient not more than twice in any 12 month period and includes a service described in item 10940.

91 Application of items 10931, 10932 and 10933

(1) If item 10931, 10932 or 10933 applies, the fee specified in that item applies in addition to the fee specified in any other item in this table that applies to the service.

(2) The fee charged for the following must not exceed $122.90:

(a) the fee specified in item 10931, 10932 or 10933 is not bulk-billed;

(b) the fee specified in any other item in this table that applies to the service is not bulk-billed;

(c) the fee charged by an optometrist for the service.

(3) For items 10931, 10932 and 10933:

bulk-billed, in relation to a medical service, means:

(a) a medicare benefit is payable to a person in respect of the service; and

(b) under an agreement entered into under section 20A of the Act:

(i) the person assigns to the medical practitioner by whom, or on whose behalf, the service is provided, his or her right to the payment of the medicare benefit; and

(ii) the medical practitioner accepts the assignment in full payment of his or her fee for the service provided.

92 Limitation of items 10943, 16590, 18360, 18364 and 50303

(1) A service described in item 10943 does not apply to a service used to assess learning difficulties or learning disabilities.

(2) A service described in item 16590 is applicable not more than once in a pregnancy that has progressed beyond 20 weeks.

(3) A service described in items 18360 and 18364 is applicable to the first 4 treatments, not exceeding 2 for each limb, on any day.

(4) A service described in item 50303 is applicable once in any 12 month period for each limb.

93 Application of items 30299 and 30300

A service described in items 30299 and 30300 is applicable if only pre-operative lymphoscinitigraphy is used because the patient is allergic to lymphotrophic dye.

Part 3 Services and fees

Item	Service	Fee ($)
	Attendances	
	Group A1 — General practitioner attendances to which no other item applies	
1	Professional attendance being an attendance at other than consulting rooms, by a general practitioner on not more than 1 patient on the 1 occasion — each attendance (other than an attendance between 11 pm and 7 am) on a public holiday, on a Sunday, before 8 am or after 1 pm on a Saturday or at any time other than between 8 am and 8 pm on a day not being a Saturday, Sunday or public holiday, where the attendance is initiated by or on behalf of the patient in the same unbroken after-hours period and where the patient's medical condition requires immediate treatment	110.20
2	Professional attendance being an attendance at consulting rooms, by a general practitioner on not more than 1 patient on the 1 occasion — each attendance (other than an attendance between 11 pm and 7 am) on a public holiday, on a Sunday, before 8 am or after 1 pm on a Saturday or at any time other than between 8 am and 8 pm on a day not being a Saturday, Sunday or public holiday, where the attendance is initiated by or on behalf of the patient in the same unbroken after-hours period and where the patient's medical condition requires immediate treatment and where it is necessary for the doctor to return to, and specially open, consulting rooms for the attendance	110.20
3	Professional attendance at consulting rooms (not being a service to which any other item applies) by a general practitioner for an obvious problem characterised by the straightforward nature of the task that requires a short patient history and, if required, limited examination and management — each attendance	14.40

Item	Service	Fee ($)
4	Professional attendance, other than a service to which any other item applies, and not being an attendance at consulting rooms, an institution, a hospital or a residential aged care facility by a general practitioner for an obvious problem characterised by the straightforward nature of the task that requires a short patient history and, if required, limited examination and management — an attendance on 1 or more patients on 1 occasion — each patient	Amount under rule 9
13	Professional attendance at an institution (not being a service to which any other item applies) by a general practitioner for an obvious problem characterised by the straightforward nature of the task that requires a short patient history and, if required, limited examination and management — an attendance on 1 or more patients at 1 institution on 1 occasion — each patient	Amount under rule 9
19	Professional attendance at a hospital (not being a service to which any other item applies) by a general practitioner for an obvious problem characterised by the straightforward nature of the task that requires a short patient history and, if required, limited examination and management — an attendance on 1 or more patients at 1 hospital on 1 occasion — each patient	Amount under rule 9
20	Professional attendance (not being a service to which any other item applies) at a residential aged care facility (other than a professional attendance at a self-contained unit) or professional attendance at consulting rooms situated within such a complex where the patient is accommodated in a residential aged care facility (not being accommodation in a self-contained unit) by a general practitioner for an obvious problem characterised by the straightforward nature of the task that requires a short patient history and, if required, limited examination and management — an attendance on 1 or more patients at 1 residential aged care facility on 1 occasion — each patient	Amount under rule 9

Item	Service	Fee ($)
23	Professional attendance at consulting rooms (not being a service to which any other item applies) by a general practitioner involving taking a selective history, examination of the patient with implementation of a management plan in relation to 1 or more problems, or a professional attendance of less than 20 minutes duration involving components of a service to which item 36 or 44 applies — each attendance	31.45
24	Professional attendance, other than a service to which any other item applies, and not being an attendance at consulting rooms, an institution, a hospital or a residential aged care facility by a general practitioner involving taking a selective history, examination of the patient with implementation of a management plan in relation to 1 or more problems, or a professional attendance of less than 20 minutes duration involving components of a service to which item 37 or 47 applies — an attendance on 1 or more patients on 1 occasion — each patient	Amount under rule 9
25	Professional attendance at an institution (not being a service to which any other item applies) by a general practitioner involving taking a selective history, examination of the patient with implementation of a management plan in relation to 1 or more problems, or a professional attendance of less than 20 minutes duration involving components of a service to which item 38 or 48 applies — an attendance on 1 or more patients at 1 institution on 1 occasion — each patient	Amount under rule 9
33	Professional attendance at a hospital (not being a service to which any other item applies) by a general practitioner involving taking a selective history, examination of the patient with implementation of a management plan in relation to 1 or more problems, or a professional attendance of less than 20 minutes duration involving components of a service to which item 40 or 50 applies — an attendance on 1 or more patients at 1 hospital on 1 occasion — each patient	Amount under rule 9

Item	Service	Fee ($)
35	Professional attendance (not being a service to which any other item applies) at a residential aged care facility (other than a professional attendance at a self-contained unit) or professional attendance at consulting rooms situated within such a complex where the patient is accommodated in the residential aged care facility (not being accommodation in a self-contained unit) by a general practitioner involving taking a selective history, examination of the patient with implementation of a management plan in relation to 1 or more problems, or a professional attendance of less than 20 minutes duration involving components of a service to which item 43 or 51 applies — an attendance on 1 or more patients at 1 residential aged care facility on 1 occasion — each patient	Amount under rule 9
36	Professional attendance at consulting rooms (not being a service to which any other item applies) by a general practitioner involving taking a detailed history, an examination of multiple systems, arranging any necessary investigations and implementing a management plan in relation to 1 or more problems, and lasting at least 20 minutes, or a professional attendance of less than 40 minutes duration involving components of a service to which item 44 applies — each attendance	59.70
37	Professional attendance, other than a service to which any other item applies, and not being an attendance at consulting rooms, an institution, a hospital or a residential aged care facility by a general practitioner taking a detailed history, an examination of multiple systems, arranging any necessary investigations and implementing a management plan in relation to 1 or more problems, or a professional attendance of less than 40 minutes duration involving components of a service to which item 47 applies — an attendance on 1 or more patients on 1 occasion — each patient	Amount under rule 9

Item	Service	Fee ($)
38	Professional attendance at an institution (not being a service to which any other item applies) by a general practitioner involving taking a detailed history, an examination of multiple systems, arranging any necessary investigations and implementing a management plan in relation to 1 or more problems, and lasting at least 20 minutes, or a professional attendance of less than 40 minutes duration involving components of a service to which item 48 applies — an attendance on 1 or more patients at 1 institution on 1 occasion — each patient	Amount under rule 9
40	Professional attendance at a hospital (not being a service to which any other item applies) by a general practitioner involving taking a detailed history, an examination of multiple systems, arranging any necessary investigations and implementing a management plan in relation to 1 or more problems, and lasting at least 20 minutes, or a professional attendance of less than 40 minutes duration involving components of a service to which item 50 applies — an attendance on 1 or more patients at 1 hospital on 1 occasion — each patient	Amount under rule 9
43	Professional attendance (not being a service to which any other item applies) at a residential aged care facility (other than a professional attendance at a self-contained unit) or professional attendance at consulting rooms situated within such a complex where the patient is accommodated in the residential aged care facility (not being accommodation in a self-contained unit) by a general practitioner involving taking a detailed history, an examination of multiple systems, arranging any necessary investigations and implementing a management plan in relation to 1 or more problems, and lasting at least 20 minutes, or a professional attendance of less than 40 minutes duration involving components of a service to which item 51 applies — an attendance on 1 or more patients at 1 residential aged care facility on 1 occasion — each patient	Amount under rule 9

Item	Service	Fee ($)
44	Professional attendance at consulting rooms (not being a service to which any other item applies) by a general practitioner involving taking an exhaustive history, a comprehensive examination of multiple systems, arranging any necessary investigations and implementing a management plan in relation to 1 or more complex problems, and lasting at least 40 minutes, or a professional attendance of at least 40 minutes duration for implementation of a management plan — each attendance	59.70
47	Professional attendance, other than a service to which any other item applies, and not being an attendance at consulting rooms, an institution, a hospital or a residential aged care facility by a general practitioner taking an exhaustive history, a comprehensive examination of multiple systems, arranging any necessary investigations and implementing a management plan in relation to 1 or more complex problems and lasting at least 40 minutes, or a professional attendance of at least 40 minutes duration for implementation of a management plan — an attendance on 1 or more patients on 1 occasion — each patient	Amount under rule 9
48	Professional attendance at an institution (not being a service to which any other item applies) by a general practitioner involving taking an exhaustive history, a comprehensive examination of multiple systems, arranging any necessary investigations and implementing a management plan in relation to 1 or more complex problems, and lasting at least 40 minutes, or a professional attendance of at least 40 minutes duration for implementation of a management plan — an attendance on 1 or more patients at 1 institution on 1 occasion — each patient	Amount under rule 9

Item	Service	Fee ($)
50	Professional attendance at a hospital (not being a service to which any other item applies) by a general practitioner involving taking an exhaustive history, a comprehensive examination of multiple systems, arranging any necessary investigations and implementing a management plan in relation to 1 or more complex problems, and lasting at least 40 minutes, or a professional attendance of at least 40 minutes duration for implementation of a management plan — an attendance on 1 or more patients at 1 hospital on 1 occasion — each patient	Amount under rule 9
51	Professional attendance (not being a service to which any other item applies) at a residential aged care facility (other than a professional attendance at a self-contained unit) or professional attendance at consulting rooms situated within such a complex where the patient is accommodated in the residential aged care facility (not being accommodation in a self-contained unit) by a general practitioner involving taking an exhaustive history, a comprehensive examination of multiple systems, arranging any necessary investigations and implementing a management plan in relation to 1 or more complex problems, and lasting at least 40 minutes, or a professional attendance of at least 40 minutes duration for implementation of a management plan — an attendance on 1 or more patients at 1 residential aged care facility on 1 occasion — each patient	Amount under rule 9
Group A2 — Other non-referred attendances to which no other item applies		
52	Professional attendance at consulting rooms of not more than 5 minutes duration (not being a service to which any other item applies) by a medical practitioner (not being a general practitioner) — each attendance	11.00
53	Professional attendance at consulting rooms of more than 5 minutes duration but not more than 25 minutes duration (not being a service to which any other item applies) by a medical practitioner (not being a general practitioner) — each attendance	21.00

Item	Service	Fee ($)
54	Professional attendance at consulting rooms of more than 25 minutes duration but not more than 45 minutes duration (not being a service to which any other item applies) by a medical practitioner (not being a general practitioner) — each attendance	38.00
57	Professional attendance at consulting rooms of more than 45 minutes duration (not being a service to which any other item applies) by a medical practitioner (not being a general practitioner) — each attendance	61.00
58	Professional attendance (not being an attendance at consulting rooms, an institution, a hospital or a residential aged care facility) of not more than 5 minutes duration (not being a service to which any other item applies) by a medical practitioner (not being a general practitioner) — an attendance on 1 or more patients on 1 occasion — each patient	Amount under rule 9
59	Professional attendance (not being an attendance at consulting rooms, an institution, a hospital or a residential aged care facility) of more than 5 minutes duration but not more than 25 minutes duration (not being a service to which any other item applies) by a medical practitioner (not being a general practitioner) — an attendance on 1 or more patients on 1 occasion — each patient	Amount under rule 9
60	Professional attendance (not being an attendance at consulting rooms, an institution, a hospital or a residential aged care facility) of more than 25 minutes duration but not more than 45 minutes duration (not being a service to which any other item applies) by a medical practitioner (not being a general practitioner) — an attendance on 1 or more patients on 1 occasion — each patient	Amount under rule 9
65	Professional attendance (not being an attendance at consulting rooms, an institution, a hospital or a residential aged care facility) of more than 45 minutes duration (not being a service to which any other item applies) by a medical practitioner (not being a general practitioner) — an attendance on 1 or more patients on 1 occasion — each patient	Amount under rule 9

Item	Service	Fee ($)
81	Professional attendance at an institution of not more than 5 minutes duration (not being a service to which any other item applies) by a medical practitioner (not being a general practitioner) — an attendance on 1 or more patients at 1 institution on 1 occasion — each patient	Amount under rule 9
83	Professional attendance at an institution of more than 5 minutes duration but not more than 25 minutes duration (not being a service to which any other item applies) by a medical practitioner (not being a general practitioner) — an attendance on 1 or more patients at 1 institution on 1 occasion — each patient	Amount under rule 9
84	Professional attendance at an institution of more than 25 minutes duration but not more than 45 minutes duration (not being a service to which any other item applies) by a medical practitioner (not being a general practitioner) — an attendance on 1 or more patients at 1 institution on 1 occasion — each patient	Amount under rule 9
86	Professional attendance at an institution of more than 45 minutes duration (not being a service to which any other item applies) by a medical practitioner (not being a general practitioner) — an attendance on 1 or more patients at 1 institution on 1 occasion — each patient	Amount under rule 9
87	Professional attendance at a hospital of not more than 5 minutes duration (not being a service to which any other item applies) by a medical practitioner (not being a general practitioner) — an attendance on 1 or more patients at 1 hospital on 1 occasion — each patient	Amount under rule 9
89	Professional attendance at a hospital of more than 5 minutes duration but not more than 25 minutes duration (not being a service to which any other item applies) by a medical practitioner (not being a general practitioner) — an attendance on 1 or more patients at 1 hospital on 1 occasion — each patient	Amount under rule 9
90	Professional attendance at a hospital of more than 25 minutes duration but not more than 45 minutes duration (not being a service to which any other item applies) by a medical practitioner (not being a general practitioner) — an attendance on 1 or more patients at 1 hospital on 1 occasion — each patient	Amount under rule 9

Item	Service	Fee ($)
91	Professional attendance at a hospital of more than 45 minutes duration (not being a service to which any other item applies) by a medical practitioner (not being a general practitioner) — an attendance on 1 or more patients at 1 hospital on 1 occasion — each patient	Amount under rule 9
92	Professional attendance (not being a service to which any other item applies) at a residential aged care facility (other than a professional attendance at a self-contained unit) or professional attendance at consulting rooms situated within such a complex where the patient is accommodated in the residential aged care facility (not being accommodation in a self-contained unit) of not more than 5 minutes duration by a medical practitioner (not being a general practitioner) — an attendance on 1 or more patients at 1 residential aged care facility on 1 occasion — each patient	Amount under rule 9
93	Professional attendance (not being a service to which any other item applies) at a residential aged care facility (other than a professional attendance at a self-contained unit) or professional attendance at consulting rooms situated within such a complex where the patient is accommodated in the residential aged care facility (not being accommodation in a self-contained unit) of more than 5 minutes duration but not more than 25 minutes duration by a medical practitioner (not being a general practitioner) — an attendance on 1 or more patients at 1 residential aged care facility on 1 occasion — each patient	Amount under rule 9
95	Professional attendance (not being a service to which any other item applies) at a residential aged care facility (other than a professional attendance at a self-contained unit) or professional attendance at consulting rooms situated within such a complex where the patient is accommodated in the residential aged care facility (not being accommodation in a self-contained unit) of more than 25 minutes duration but not more than 45 minutes by a medical practitioner (not being a general practitioner) — an attendance on 1 or more patients at 1 residential aged care facility on 1 occasion — each patient	Amount under rule 9

Item	Service	Fee ($)
96	Professional attendance (not being a service to which any other item applies) at a residential aged care facility (other than a professional attendance at a self-contained unit) or professional attendance at consulting rooms situated within such a complex where the patient is accommodated in the residential aged care facility (not being accommodation in a self-contained unit) of more than 45 minutes duration by a medical practitioner (not being a general practitioner) — an attendance on 1 or more patients at 1 residential aged care facility on 1 occasion — each patient	Amount under rule 9
97	Professional attendance being an attendance at other than consulting rooms, by a medical practitioner (not being a general practitioner) on not more than 1 patient on the 1 occasion — each attendance (other than an attendance between 11 pm and 7 am) on a public holiday, on a Sunday, before 8 am or after 1 pm on a Saturday or at any time other than between 8 am and 8 pm on a day not being a Saturday, Sunday or public holiday, where the attendance is initiated by or on behalf of the patient in the same unbroken after-hours period and where the patient's medical condition requires immediate treatment	95.95
98	Professional attendance being an attendance at consulting rooms, by a medical practitioner (not being a general practitioner) on not more than 1 patient on the 1 occasion — each attendance (other than an attendance between 11 pm and 7 am) on a public holiday, on a Sunday, before 8 am or after 1 pm on a Saturday or at any time other than between 8 am and 8 pm on a day not being a Saturday, Sunday or public holiday, where the attendance is initiated by or on behalf of the patient in the same unbroken after-hours period and where the patient's medical condition requires immediate treatment and where it is necessary for the doctor to return to, and specially open, consulting rooms for the attendance	95.95

Item	Service	Fee ($)
Group A3 — Specialist attendances to which no other item applies		
104	Professional attendance by a specialist in the practice of his or her specialty following referral of the patient to him or her — an attendance (other than a second or subsequent attendance in a single course of treatment) where that attendance is at consulting rooms or hospital, not being a service to which item 106 applies	74.05
105	Professional attendance by a specialist in the practice of his or her specialty following referral of the patient to him or her — an attendance subsequent to the first in a single course of treatment where that attendance is at consulting rooms or hospital	37.15
106	Professional attendance by a specialist in the practice of his or her specialty following referral of the patient to him or her — an attendance (other than a second or subsequent attendance in a single course of treatment) at which the only service provided is refraction testing for the issue of a prescription for spectacles or contact lenses where that attendance is at consulting rooms or hospital (not being a service to which any of items 104 and 10801 to 10816 applies)	61.45
107	Professional attendance by a specialist in the practice of his or her specialty following referral of the patient to him or her — 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 or hospital	108.60
108	Professional attendance by a specialist in the practice of his or her specialty following referral of the patient to him or her — each attendance subsequent to the first in a single course of treatment where that attendance is at a place other than consulting rooms or hospital	68.70

Item	Service	Fee ($)
Group A4 — Consultant physician attendances to which no other item applies		
110	Professional attendance at consulting rooms or hospital, by a consultant physician in the practice of his or her specialty (other than psychiatry) following referral of the patient to him or her by a medical practitioner — initial attendance in a single course of treatment	130.60
116	Professional attendance at consulting rooms or hospital, by a consultant physician in the practice of his or her specialty (other than psychiatry) following referral of the patient to him or her by a medical practitioner — each attendance (not being a service to which item 119 applies) subsequent to the first in a single course of treatment	65.40
119	Professional attendance at consulting rooms or hospital, by a consultant physician in the practice of his or her specialty (other than psychiatry) following referral of the patient to him or her by a medical practitioner — each minor attendance subsequent to the first in a single course of treatment	37.15
122	Professional attendance at a place other than consulting rooms or hospital, by a consultant physician in the practice of his or her specialty (other than psychiatry) following referral of the patient to him or her by a medical practitioner — initial attendance in a single course of treatment	158.50
128	Professional attendance at a place other than consulting rooms or hospital, by a consultant physician in the practice of his or her specialty (other than psychiatry) following referral of the patient to him or her by a medical practitioner — each attendance (other than a service to which item 131 applies) subsequent to the first in a single course of treatment	95.85
131	Professional attendance at a place other than consulting rooms or hospital, by a consultant physician in the practice of his or her specialty (other than psychiatry) following referral of the patient to him or her by a medical practitioner — each minor attendance subsequent to the first in a single course of treatment	69.00

Item	Service	Fee ($)
Group A5 — Prolonged attendances to which no other item applies		
160	Professional attendance for a period of not less than 1 hour but less than 2 hours (not being a service to which any other item applies) on a patient in imminent danger of death requiring continuous attendance on the patient to the exclusion of all other patients	187.95
161	Professional attendance for a period of not less than 2 hours but less than 3 hours (not being a service to which any other item applies) on a patient in imminent danger of death requiring continuous attendance on the patient to the exclusion of all other patients	313.20
162	Professional attendance for a period of not less than 3 hours but less than 4 hours (not being a service to which any other item applies) on a patient in imminent danger of death requiring continuous attendance on the patient to the exclusion of all other patients	438.40
163	Professional attendance for a period of not less than 4 hours but less than 5 hours (not being a service to which any other item applies) on a patient in imminent danger of death requiring continuous attendance on the patient to the exclusion of all other patients	563.80
164	Professional attendance for a period of 5 hours or more (not being a service to which any other item applies) on a patient in imminent danger of death requiring continuous attendance on the patient to the exclusion of all other patients	626.50
Group A6 — Group therapy		
170	Professional attendance for the purpose of group therapy of not less than 1 hour's duration given under the direct continuous supervision of a medical practitioner, other than a consultant physician in the practice of his or her specialty of psychiatry, involving members of a family and persons with close personal relationships with that family — each group of 2 patients	99.75

Item	Service	Fee ($)
171	Professional attendance for the purpose of group therapy of not less than 1 hour's duration given under the direct continuous supervision of a medical practitioner, other than a consultant physician in the practice of his or her specialty of psychiatry, involving members of a family and persons with close personal relationships with that family — each group of 3 patients	105.10
172	Professional attendance for the purpose of group therapy of not less than 1 hour's duration given under the direct continuous supervision of a medical practitioner, other than a consultant physician in the practice of his or her specialty of psychiatry, involving members of a family and persons with close personal relationships with that family — each group of 4 or more patients	127.90
Group A7 — Acupuncture		
173	Professional attendance at which acupuncture is performed by a medical practitioner by application of stimuli on or through the surface of the skin by any means, including any consultation on the same occasion and any other attendance on the same day related to the condition for which the acupuncture was performed	21.65
193	Professional attendance by a qualified medical acupuncturist at a place other than a hospital: (a) involving taking a selective history, examination of the patient with implementation of a management plan in relation to 1 or more problems; or (b) being attendance of less than 20 minutes duration involving components of a service to which item 197 or 199 applies; at which acupuncture is performed by the qualified medical acupuncturist by application of stimuli on or through the surface of the skin by any means, including any consultation on the same occasion and any other attendance on the same day related to the condition for which the acupuncture was performed	31.45

Item	Service	Fee ($)
195	Professional attendance by a qualified medical acupuncturist on 1 or more patients at a hospital on 1 occasion: (a) involving taking a selective history, examination of each patient with implementation of a management plan in relation to 1 or more problems; or (b) being attendance of less than 20 minutes duration involving components of a service to which item 197 or 199 applies; at which acupuncture is performed by the qualified medical acupuncturist by application of stimuli on or through the surface of the skin by any means, including any consultation on the same occasion and any other attendance on the same day related to the condition for which the acupuncture was performed	Amount under rule 9
197	Professional attendance by a qualified medical acupuncturist at a place other than a hospital: (a) involving taking a detailed history, an examination of multiple systems, arranging any necessary investigations and implementing a management plan in relation to 1 or more problems, and lasting at least 20 minutes; or (b) being attendance of at least 20 minutes, but less than 40 minutes, duration involving components of a service to which item 199 applies; at which acupuncture is performed by the qualified medical acupuncturist by application of stimuli on or through the surface of the skin by any means, including any consultation on the same occasion and any other attendance on the same day related to the condition for which the acupuncture was performed	59.70
199	Professional attendance by a qualified medical acupuncturist at a place other than a hospital: (a) involving taking an exhaustive history, a comprehensive examination of multiple systems, arranging any necessary investigations and implementing a management plan in relation to 1 or more complex problems, and lasting at least 40 minutes; or	87.90

Item	Service	Fee ($)
	(b) being attendance of at least 40 minutes duration for implementation of a management plan; at which acupuncture is performed by the qualified medical acupuncturist by application of stimuli on or through the surface of the skin by any means, including any consultation on the same occasion and any other attendance on the same day related to the condition for which the acupuncture was performed	
Group A8 — Consultant psychiatrist attendances to which no other item applies		
291	Professional attendance of more than 45 minutes duration at consulting rooms by a consultant physician in the practice of his or her specialty of psychiatry, if: (a) the attendance follows referral of the patient to the consultant for an assessment or management by a medical practitioner in general practice (including a general practitioner, but not a specialist or consultant physician); and (b) during the attendance, the consultant: (i) uses an outcome tool (if clinically appropriate); and (ii) carries out a mental state examination; and (iii) makes a psychiatric diagnosis; and (c) the consultant decides that it is clinically appropriate for the patient to be managed by the referring medical practitioner without ongoing treatment by the consultant; and (d) within 2 weeks after the attendance, the consultant: (i) prepares a written diagnosis of the patient; and (ii) prepares a written management plan for the patient that: (A) covers the next 12 months; and (B) is appropriate to the patient's diagnosis; and (C) comprehensively evaluates the patient's biological, psychological and social issues; and (D) addresses the patient's diagnostic psychiatric issues; and	222.50

Item	Service	Fee ($)
	(E) makes management recommendations addressing the patient's biological, psychological and social issues; and (iii) gives the referring practitioner a copy of the diagnosis and the management plan; and (iv) if clinically appropriate, explains the diagnosis and management plan, and a gives a copy, to: (A) the patient; and (B) the patient's carer (if any), if the patient agrees); (Item is subject to rule 88)	
293	Professional attendance of more than 30 minutes but not more than 45 minutes duration at consulting rooms by a consultant physician in the practice of his or her specialty of psychiatry, if: (a) the patient is being managed by a medical practitioner in accordance with a management plan prepared by the consultant in accordance with item 291; and (b) the attendance follows referral of the patient to the consultant for review of the management plan by the medical practitioner managing the patient; and (c) during the attendance, the consultant: (i) uses an outcome tool (if clinically appropriate); and (ii) carries out a mental state examination; and (iii) makes a psychiatric diagnosis; and (iv) reviews the management plan; and (d) within 2 weeks after the attendance, the consultant: (i) prepares a written diagnosis of the patient; and (ii) revises the management plan; and (iii) gives the referring medical practitioner a copy of the diagnosis and the revised management plan; and (iv) if clinically appropriate, explains the diagnosis and the revised management plan, and gives a copy, to: (A) the patient; and	139.70

Item	Service	Fee ($)
	(B) the patient's carer (if any), if the patient agrees);	
	(Item is subject to rule 88)	
300	Professional attendance by a consultant physician in the practice of his or her specialty of psychiatry following referral of the patient to him or her by a medical practitioner — an attendance of not more than 15 minutes duration at consulting rooms (not being an attendance to which item 353 or 364 applies), if that attendance and any other attendance to which any of items 300 to 308 and 353 to 370 applies have not exceeded 50 attendances in a calendar year for the patient	37.50
302	Professional attendance by a consultant physician in the practice of his or her specialty of psychiatry following referral of the patient to him or her by a medical practitioner — an attendance of more than 15 minutes, but not more than 30 minutes, duration at consulting rooms (not being an attendance to which item 355 or 366 applies), if that attendance and any other attendance to which any of items 300 to 308 and 353 to 370 applies have not exceeded 50 attendances in a calendar year for the patient	74.85
304	Professional attendance by a consultant physician in the practice of his or her specialty of psychiatry following referral of the patient to him or her by a medical practitioner — an attendance of more than 30 minutes, but not more than 45 minutes, duration at consulting rooms (not being an attendance to which item 356 or 367 applies), if that attendance and any other attendance to which any of items 300 to 308 and 353 to 370 applies have not exceeded 50 attendances in a calendar year for the patient	109.70

Item	Service	Fee ($)
306	Professional attendance by a consultant physician in the practice of his or her specialty of psychiatry following referral of the patient to him or her by a medical practitioner — an attendance of more than 45 minutes, but not more than 75 minutes, duration at consulting rooms (not being an attendance to which item 357 or 369 applies), if that attendance and any other attendance to which any of items 300 to 308 and 353 to 370 applies have not exceeded 50 attendances in a calendar year for the patient	151.45
308	Professional attendance by a consultant physician in the practice of his or her specialty of psychiatry following referral of the patient to him or her by a medical practitioner — an attendance of more than 75 minutes duration at consulting rooms (not being an attendance to which item 358 or 370 applies), if that attendance and any other attendance to which any of items 300 to 308 and 353 to 370 applies have not exceeded 50 attendances in a calendar year for the patient	184.45
310	Professional attendance by a consultant physician in the practice of his or her specialty of psychiatry following referral of the patient to him or her by a medical practitioner — an attendance of not more than 15 minutes duration at consulting rooms, if that attendance and any other attendance to which any of items 300 to 308 and 353 to 370 applies exceed 50 attendances in a calendar year for the patient	18.75
312	Professional attendance by a consultant physician in the practice of his or her specialty of psychiatry following referral of the patient to him or her by a medical practitioner — an attendance of more than 15 minutes, but not more than 30 minutes, duration at consulting rooms, if that attendance and any other attendance to which any of items 300 to 308 and 353 to 370 applies exceed 50 attendances in a calendar year for the patient	37.50

Item	Service	Fee ($)
314	Professional attendance by a consultant physician in the practice of his or her specialty of psychiatry following referral of the patient to him or her by a medical practitioner — an attendance of more than 30 minutes, but not more than 45 minutes, duration at consulting rooms, if that attendance and any other attendance to which any of items 300 to 308 and 353 to 370 applies exceed 50 attendances in a calendar year for the patient	54.90
316	Professional attendance by a consultant physician in the practice of his or her specialty of psychiatry following referral of the patient to him or her by a medical practitioner — an attendance of more than 45 minutes, but not more than 75 minutes, duration at consulting rooms, if that attendance and any other attendance to which any of items 300 to 308 and 353 to 370 applies exceed 50 attendances in a calendar year for the patient	75.85
318	Professional attendance by a consultant physician in the practice of his or her specialty of psychiatry following referral of the patient to him or her by a medical practitioner — an attendance of more than 75 minutes duration at consulting rooms, if that attendance and any other attendance to which any of items 300 to 308 and 353 to 370 applies exceed 50 attendances in a calendar year for the patient	92.30
319	Professional attendance by a consultant physician in the practice of his or her specialty of psychiatry following referral of the patient to him or her by a medical practitioner — an attendance of more than 45 minutes duration at consulting rooms, if the patient has: (a) been diagnosed as suffering severe personality disorder, anorexia nervosa, bulimia nervosa, dysthymic disorder, substance-related disorder, somatoform disorder or a pervasive development disorder; and (b) for persons 18 years and over, been rated with a level of functional impairment within the range 1 to 50 according to the Global Assessment of Functioning Scale — if that attendance and any other attendance to which any of items 300 to 319 and 353 to 370 applies have not exceeded 160 attendances in a calendar year for the patient	151.45

Item	Service	Fee ($)
320	Professional attendance by a consultant physician in the practice of his or her specialty of psychiatry following referral of the patient to him or her by a medical practitioner — an attendance of not more than 15 minutes duration at hospital	37.50
322	Professional attendance by a consultant physician in the practice of his or her specialty of psychiatry following referral of the patient to him or her by a medical practitioner — an attendance of more than 15 minutes, but not more than 30 minutes, duration at hospital	74.85
324	Professional attendance by a consultant physician in the practice of his or her specialty of psychiatry following referral of the patient to him or her by a medical practitioner — an attendance of more than 30 minutes, but not more than 45 minutes, duration at hospital	109.70
326	Professional attendance by a consultant physician in the practice of his or her specialty of psychiatry following referral of the patient to him or her by a medical practitioner — an attendance of more than 45 minutes, but not more than 75 minutes, duration at hospital	151.45
328	Professional attendance by a consultant physician in the practice of his or her specialty of psychiatry following referral of the patient to him or her by a medical practitioner — an attendance of more than 75 minutes duration at hospital	184.45
330	Professional attendance by a consultant physician in the practice of his or her specialty of psychiatry following referral of the patient to him or her by a medical practitioner — an attendance of not more than 15 minutes duration where that attendance is at a place other than consulting rooms or hospital	68.80
332	Professional attendance by a consultant physician in the practice of his or her specialty of psychiatry following referral of the patient to him or her by a medical practitioner — an attendance of more than 15 minutes, but not more than 30 minutes, duration where that attendance is at a place other than consulting rooms or hospital	107.95

Item	Service	Fee ($)
334	Professional attendance by a consultant physician in the practice of his or her specialty of psychiatry following referral of the patient to him or her by a medical practitioner — an attendance of more than 30 minutes, but not more than 45 minutes, duration where that attendance is at a place other than consulting rooms or hospital	149.70
336	Professional attendance by a consultant physician in the practice of his or her specialty of psychiatry following referral of the patient to him or her by a medical practitioner — an attendance of more than 45 minutes, but not more than 75 minutes, duration where that attendance is at a place other than consulting rooms or hospital	181.15
338	Professional attendance by a consultant physician in the practice of his or her specialty of psychiatry following referral of the patient to him or her by a medical practitioner — an attendance of more than 75 minutes duration where that attendance is at a place other than consulting rooms or hospital	215.95
342	Group psychotherapy (including any associated consultations with a patient taking place on the same occasion and relating to the condition for which group therapy is conducted) of not less than 1 hour's duration given under the continuous direct supervision of a consultant physician in the practice of his or her specialty of psychiatry, involving a group of 2 to 9 unrelated patients or a family group of more than 3 patients, each of whom is referred to the consultant physician by a medical practitioner — each patient	42.70
344	Group psychotherapy (including any associated consultations with a patient taking place on the same occasion and relating to the condition for which group therapy is conducted) of not less than 1 hour's duration given under the continuous direct supervision of a consultant physician in the practice of his or her specialty of psychiatry, involving a family group of 3 patients, each of whom is referred to the consultant physician by a medical practitioner — each patient	56.70

Item	Service	Fee ($)
346	Group psychotherapy (including any associated consultations with a patient taking place on the same occasion and relating to the condition for which group therapy is conducted) of not less than 1 hour's duration given under the continuous direct supervision of a consultant physician in the practice of his or her specialty of psychiatry, involving a family group of 2 patients, each of whom is referred to the consultant physician by a medical practitioner — each patient	83.80
348	Professional attendance by a consultant physician in the practice of his or her specialty of psychiatry, following referral of the patient to him or her by a medical practitioner, involving an interview of a person other than the patient of not less than 20 minutes, but less than 45 minutes, duration, in the course of initial diagnostic evaluation of a patient	45.30
350	Professional attendance by a consultant physician in the practice of his or her specialty of psychiatry, following referral of the patient to him or her by a medical practitioner, involving an interview of a person other than the patient of not less than 45 minutes duration, in the course of initial diagnostic evaluation of a patient	101.85
352	Professional attendance by a consultant physician in the practice of his or her specialty of psychiatry, following referral of the patient to him or her by a medical practitioner, involving an interview of a person other than the patient of not less than 20 minutes duration, in the course of continuing management of a patient — if that attendance and any other attendance to which this item applies have not exceeded 4 in a calendar year for the patient	45.30

Item	Service	Fee ($)
353	Professional attendance by a consultant physician in the practice of his or her specialty of psychiatry following referral of the patient to him or her by a medical practitioner — a telepsychiatry consultation of not more than 15 minutes duration, if: (a) that attendance and any other attendance to which any of items 353 to 358 applies have not exceeded 4 since: (i) the patient first started telepsychiatry consultation; or (ii) if the patient has had a face-to-face consultation to which any of items 364 to 370 applies — the patient's last face-to-face consultation; and (b) that attendance and any other attendance to which any of items 353 to 358 applies have not exceeded 12 attendances in a calendar year for the patient; and (c) that attendance and any other attendance to which any of items 300 to 308 and 353 to 370 applies have not exceeded 50 attendances in a calendar year for the patient	43.10
355	Professional attendance by a consultant physician in the practice of his or her specialty of psychiatry following referral of the patient to him or her by a medical practitioner — a telepsychiatry consultation of more than 15 minutes, but not more than 30 minutes, duration, if: (a) that attendance and any other attendance to which any of items 353 to 358 applies have not exceeded 4 since: (i) the patient first started telepsychiatry consultation; or (ii) if the patient has had a face-to-face consultation to which any of items 364 to 370 applies — the patient's last face-to-face consultation; and (b) that attendance and any other attendance to which any of items 353 to 358 applies have not exceeded 12 attendances in a calendar year for the patient; and	86.10

Item	Service	Fee ($)
	(c) that attendance and any other attendance to which any of items 300 to 308 and 353 to 370 applies have not exceeded 50 attendances in a calendar year for the patient	
356	Professional attendance by a consultant physician in the practice of his or her specialty of psychiatry following referral of the patient to him or her by a medical practitioner — a telepsychiatry consultation of more than 30 minutes, but not more than 45 minutes, duration, if: (a) that attendance and any other attendance to which any of items 353 to 358 applies have not exceeded 4 since: (i) the patient first started telepsychiatry consultation; or (ii) if the patient has had a face-to-face consultation to which any of items 364 to 370 applies — the patient's last face-to-face consultation; and (b) that attendance and any other attendance to which any of items 353 to 358 applies have not exceeded 12 attendances in a calendar year for the patient; and (c) that attendance and any other attendance to which any of items 300 to 308 and 353 to 370 applies have not exceeded 50 attendances in a calendar year for the patient	126.25
357	Professional attendance by a consultant physician in the practice of his or her specialty of psychiatry following referral of the patient to him or her by a medical practitioner — a telepsychiatry consultation of more than 45 minutes, but not more than 75 minutes, duration, if: (a) that attendance and any other attendance to which any of items 353 to 358 applies have not exceeded 4 since: (i) the patient first started telepsychiatry consultation; or (ii) if the patient has had a face-to-face consultation to which any of items 364 to 370 applies — the patient's last face-to-face consultation; and	174.20

Item	Service	Fee ($)
	(b) that attendance and any other attendance to which any of items 353 to 358 applies have not exceeded 12 attendances in a calendar year for the patient; and (c) that attendance and any other attendance to which any of items 300 to 308 and 353 to 370 applies have not exceeded 50 attendances in a calendar year for the patient	
358	Professional attendance by a consultant physician in the practice of his or her specialty of psychiatry following referral of the patient to him or her by a medical practitioner — a telepsychiatry consultation of more than 75 minutes duration, if: (a) that attendance and any other attendance to which any of items 353 to 358 applies have not exceeded 4 since: (i) the patient first started telepsychiatry consultation; or (ii) if the patient has had a face-to-face consultation to which any of items 364 to 370 applies — the patient's last face-to-face consultation; and (b) that attendance and any other attendance to which any of items 353 to 358 applies have not exceeded 12 attendances in a calendar year for the patient; and (c) that attendance and any other attendance to which any of items 300 to 308 and 353 to 370 applies have not exceeded 50 attendances in a calendar year for the patient	212.20
364	Professional attendance by a consultant physician in the practice of his or her specialty of psychiatry following referral of the patient to him or her by a medical practitioner — a face-to-face consultation of not more than 15 minutes duration, if: (a) the patient has had 4 telepsychiatry consultations to which any of items 353 to 358 applies: (i) before that attendance; or	37.50

Item	Service	Fee ($)
	(ii) if the patient has previously had a face-to-face consultation to which any of items 364 to 370 applies — since the patient's last face-to-face consultation; and (b) that attendance and any other attendance to which any of items 364 to 370 applies have not exceeded 3 attendances in a calendar year for the patient; and (c) that attendance and any other attendance to which any of items 300 to 308 and 353 to 370 applies have not exceeded 50 attendances in a calendar year for the patient	
366	Professional attendance by a consultant physician in the practice of his or her specialty of psychiatry following referral of the patient to him or her by a medical practitioner — a face-to-face consultation of more than 15 minutes, but not more than 30 minutes, duration, if: (a) the patient has had 4 telepsychiatry consultations to which any of items 353 to 358 applies: (i) before that attendance; or (ii) if the patient has previously had a face-to-face consultation to which any of items 364 to 370 applies — since the patient's last face-to-face consultation; and (b) that attendance and any other attendance to which any of items 364 to 370 applies have not exceeded 3 attendances in a calendar year for the patient; and (c) that attendance and any other attendance to which any of items 300 to 308 and 353 to 370 applies have not exceeded 50 attendances in a calendar year for the patient	74.85
367	Professional attendance by a consultant physician in the practice of his or her specialty of psychiatry following referral of the patient to him or her by a medical practitioner — a face-to-face consultation of more than 30 minutes, but not more than 45 minutes, duration, if: (a) the patient has had 4 telepsychiatry consultations to which any of items 353 to 358 applies: (i) before that attendance; or	109.70

Item	Service	Fee ($)
	(ii) if the patient has previously had a face-to-face consultation to which any of items 364 to 370 applies — since the patient's last face-to-face consultation; and (b) that attendance and any other attendance to which any of items 364 to 370 applies have not exceeded 3 attendances in a calendar year for the patient; and (c) that attendance and any other attendance to which any of items 300 to 308 and 353 to 370 applies have not exceeded 50 attendances in a calendar year for the patient	
369	Professional attendance by a consultant physician in the practice of his or her specialty of psychiatry following referral of the patient to him or her by a medical practitioner — a face-to-face consultation of more than 45 minutes, but not more than 75 minutes, duration, if: (a) the patient has had 4 telepsychiatry consultations to which any of items 353 to 358 applies: (i) before that attendance; or (ii) if the patient has previously had a face-to-face consultation to which any of items 364 to 370 applies — since the patient's last face-to-face consultation; and (b) that attendance and any other attendance to which any of items 364 to 370 applies have not exceeded 3 attendances in a calendar year for the patient; and (c) that attendance and any other attendance to which any of items 300 to 308 and 353 to 370 applies have not exceeded 50 attendances in a calendar year for the patient	151.45
370	Professional attendance by a consultant physician in the practice of his or her specialty of psychiatry following referral of the patient to him or her by a medical practitioner — a face-to-face consultation of more than 75 minutes duration, if: (a) the patient has had 4 telepsychiatry consultations to which any of items 353 to 358 applies: (i) before that attendance; or	184.45

Item	Service	Fee ($)
	(ii) if the patient has previously had a face-to-face consultation to which any of items 364 to 370 applies — since the patient's last face-to-face consultation; and (b) that attendance and any other attendance to which any of items 364 to 370 applies have not exceeded 3 attendances in a calendar year for the patient; and (c) that attendance and any other attendance to which any of items 300 to 308 and 353 to 370 applies have not exceeded 50 attendances in a calendar year for the patient	
Group A12 — Consultant occupational physician attendances to which no other item applies		
385	Professional attendance at consulting rooms or hospital by a consultant occupational physician in the practice of his or her specialty of occupational medicine following referral of the patient to him or her by a medical practitioner — initial attendance in a single course of treatment	74.05
386	Professional attendance at consulting rooms or hospital by a consultant occupational physician in the practice of his or her specialty of occupational medicine following referral of the patient to him or her by a medical practitioner — each attendance subsequent to the first in a single course of treatment	37.15
387	Professional attendance at a place other than consulting rooms or hospital by a consultant occupational physician in the practice of his or her specialty of occupational medicine following referral of the patient to him or her by a medical practitioner — initial attendance in a single course of treatment	108.60
388	Professional attendance at a place other than consulting rooms or hospital by a consultant occupational physician in the practice of his or her specialty of occupational medicine following referral of the patient to him or her by a medical practitioner — each attendance subsequent to the first in a single course of treatment	68.70

Item	Service	Fee ($)
Group A13 — Public health physician attendances to which no other item applies		
410	Professional attendance at consulting rooms by a public health physician in the practice of his or her specialty of public health medicine — attendance for an obvious problem characterised by the straightforward nature of the task that requires a short patient history and, if required, limited examination and management	14.40
411	Professional attendance at consulting rooms by a public health physician in the practice of his or her specialty of public health medicine — attendance involving taking a selective patient history, examination of the patient with implementation of a management plan in relation to 1 or more problems, or an attendance of less than 20 minutes duration involving components of a service to which item 412 applies	31.45
412	Professional attendance at consulting rooms by a public health physician in the practice of his or her specialty of public health medicine — attendance involving taking a detailed patient history, an examination of multiple systems, arranging any necessary investigations and implementing a management plan in relation to 1 or more problems, and lasting at least 20 minutes, or an attendance of less than 40 minutes duration involving components of a service to which item 413 applies	59.70
413	Professional attendance at consulting rooms by a public health physician in the practice of his or her specialty of public health medicine — attendance involving taking an exhaustive patient history, a comprehensive examination of multiple systems, arranging any necessary investigations and implementing a management plan in relation to 1 or more complex problems, and lasting at least 40 minutes, or an attendance of at least 40 minutes duration for implementation of a management plan	87.90
414	Professional attendance at other than consulting rooms by a public health physician in the practice of his or her specialty of public health medicine — attendance for an obvious problem characterised by the straightforward nature of the task that requires a short patient history and, if required, limited examination and management	Amount under rule 9

Item	Service	Fee ($)
415	Professional attendance at other than consulting rooms by a public health physician in the practice of his or her specialty of public health medicine — attendance involving taking a selective patient history, examination of the patient with implementation of a management plan in relation to 1 or more problems, or an attendance of less than 20 minutes duration involving components of a service to which item 416 applies	Amount under rule 9
416	Professional attendance at other than consulting rooms by a public health physician in the practice of his or her specialty of public health medicine — attendance involving taking a detailed patient history, an examination of multiple systems, arranging any necessary investigations and implementing a management plan in relation to 1 or more problems, and lasting at least 20 minutes, or an attendance of less than 40 minutes duration involving components of a service to which item 417 applies	Amount under rule 9
417	Professional attendance at other than consulting rooms by a public health physician in the practice of his or her specialty of public health medicine — attendance involving taking an exhaustive patient history, a comprehensive examination of multiple systems, arranging any necessary investigations and implementing a management plan in relation to 1 or more complex problems, and lasting at least 40 minutes, or an attendance of at least 40 minutes duration for implementation of a management plan	Amount under rule 9
Group A16 — Attendance by a medical practitioner who is a sports physician in the practice of sports medicine and to which no other item applies		
Subgroup 1 — Surgery consultations		
444	Professional attendance at consulting rooms for an obvious problem characterised by the straightforward nature of the task that requires a short patient history and, if required, limited examination and management	14.40

Item	Service	Fee ($)
445	Professional attendance at consulting rooms involving taking a selective history, examination of the patient with implementation of a management plan in relation to 1 or more problems, or an attendance of less than 20 minutes duration involving components of a service to which item 446 applies	31.45
446	Professional attendance at consulting rooms involving taking a detailed history, an examination of multiple systems, arranging any necessary investigations and implementing a management plan in relation to 1 or more problems, and lasting at least 20 minutes, or an attendance of less than 40 minutes duration involving components of a service to which item 447 applies	59.70
447	Professional attendance at consulting rooms involving taking an exhaustive history, a comprehensive examination of multiple systems, arranging any necessary investigations and implementing a management plan in relation to 1 or more complex problems, and lasting at least 40 minutes, or an attendance of at least 40 minutes duration for implementation of a management plan	87.90
Subgroup 2 — Emergency attendances — after hours		
448	Professional attendance at consulting rooms where the attendance is initiated by or on behalf of the patient in the same unbroken after hours period and where the patient's medical condition requires immediate treatment and where it is necessary for the practitioner to return to, and specially open, consulting rooms for the attendance — each attendance other than an attendance between 11 pm and 7 am, on a public holiday, on a Sunday, before 8 am or after 1 pm on a Saturday, or at any time other than between 8 am and 8 pm on a day not being a Saturday, Sunday or public holiday	100.00
449	Professional attendance at consulting rooms where the attendance is initiated by or on behalf of the patient in the same unbroken after hours period and where the patient's medical condition requires immediate treatment and where it is necessary for the practitioner to return to, and specially open, consulting rooms for the attendance — each attendance on any day of the week between 11 pm and 7 am	119.60

Item	Service	Fee ($)
Group A21 — Emergency physician attendances to which no other item applies		
501	Professional attendance at a recognised emergency department of a private hospital by a specialist in the practice of his or her specialty of emergency medicine — attendance for the unscheduled evaluation and management of a patient, involving straightforward medical decision making that requires: (a) taking a problem focussed history; and (b) limited examination; and (c) diagnosis; and (d) initiation of appropriate treatment interventions	14.40
503	Professional attendance at a recognised emergency department of a private hospital by a specialist in the practice of his or her specialty of emergency medicine — attendance for the unscheduled evaluation and management of a patient, involving medical decision making of low complexity that requires: (a) taking an expanded problem focussed history; and (b) expanded examination of 1 or more systems; and (c) formulation and documentation of a diagnosis and management plan in relation to 1 or more problems; and (d) initiation of appropriate treatment interventions	31.45
507	Professional attendance at a recognised emergency department of a private hospital by a specialist in the practice of his or her specialty of emergency medicine — attendance for the unscheduled evaluation and management of a patient, involving medical decision making of moderate complexity that requires: (a) taking an expanded problem focussed history; and (b) expanded examination of 1 or more systems; and (c) ordering and evaluation of appropriate investigations; and (d) formulation and documentation of a diagnosis and management plan in relation to 1 or more problems; and (e) initiation of appropriate treatment interventions	59.70

Item	Service	Fee ($)
511	Professional attendance at a recognised emergency department of a private hospital by a specialist in the practice of his or her specialty of emergency medicine — attendance for the unscheduled evaluation and management of a patient, involving medical decision making of moderate complexity that requires: (a) taking a detailed history; and (b) detailed examination of 1 or more systems; and (c) ordering and evaluation of appropriate investigations; and (d) formulation and documentation of a diagnosis and management plan in relation to 1 or more problems; and (e) initiation of appropriate treatment interventions; and (f) liaison with relevant health care professionals and discussion with, as appropriate, the patient or the patient's relatives or agent	87.90
515	Professional attendance at a recognised emergency department of a private hospital by a specialist in the practice of his or her specialty of emergency medicine — attendance for the unscheduled evaluation and management of a patient, involving medical decision making of high complexity that requires: (a) taking a comprehensive history; and (b) comprehensive examination of 1 or more systems; and (c) ordering and evaluation of appropriate investigations; and (d) formulation and documentation of a diagnosis and management plan in relation to 1 or more problems; and (e) initiation of appropriate treatment interventions; and (f) liaison with relevant health care professionals and discussion with, as appropriate, the patient or the patient's relatives or agent	140.70

Item	Service	Fee ($)
519	Professional attendance at a recognised emergency department of a private hospital by a specialist in the practice of his or her specialty of emergency medicine — attendance for a total period (whether or not continuous) of at least 30 minutes but less than 1 hour (prior to patient's admission to an in-patient hospital bed) for emergency evaluation of a critically ill patient with an immediately life threatening problem	93.95
520	Professional attendance at a recognised emergency department of a private hospital by a specialist in the practice of his or her specialty of emergency medicine — attendance for a total period (whether or not continuous) of at least 1 hour but less than 2 hours (prior to patient's admission to an in-patient hospital bed) for emergency evaluation of a critically ill patient with an immediately life threatening problem	187.95
530	Professional attendance at a recognised emergency department of a private hospital by a specialist in the practice of his or her specialty of emergency medicine — attendance for a total period (whether or not continuous) of at least 2 hours but less than 3 hours (prior to patient's admission to an in-patient hospital bed) for emergency evaluation of a critically ill patient with an immediately life threatening problem	313.20
532	Professional attendance at a recognised emergency department of a private hospital by a specialist in the practice of his or her specialty of emergency medicine — attendance for a total period (whether or not continuous) of at least 3 hours but less than 4 hours (prior to patient's admission to an in-patient hospital bed) for emergency evaluation of a critically ill patient with an immediately life threatening problem	438.40
534	Professional attendance at a recognised emergency department of a private hospital by a specialist in the practice of his or her specialty of emergency medicine — attendance for a total period (whether or not continuous) of at least 4 hours but less than 5 hours (prior to patient's admission to an in-patient hospital bed) for emergency evaluation of a critically ill patient with an immediately life threatening problem	563.80

Item	Service	Fee ($)
536	Professional attendance at a recognised emergency department of a private hospital by a specialist in the practice of his or her specialty of emergency medicine — attendance for a total period (whether or not continuous) of at least 5 hours (prior to patient's admission to an in-patient hospital bed) for emergency evaluation of a critically ill patient with an immediately life threatening problem	626.50
Group A11 — Unsociable hours		
601	Professional attendance, being an attendance at other than consulting rooms, by a general practitioner on not more than 1 patient on the 1 occasion — each attendance on any day of the week between 11 pm and 7 am, where the attendance is initiated by or on behalf of the patient in the same unbroken after-hours period and where the patient's medical condition requires immediate treatment	129.80
602	Professional attendance, being an attendance at consulting rooms, by a general practitioner on not more than 1 patient on the 1 occasion — each attendance on any day of the week between 11 pm and 7 am, where the attendance is initiated by or on behalf of the patient in the same unbroken after-hours period and where the patient's medical condition requires immediate treatment and where it is necessary for the doctor to return to, and specially open, consulting rooms for the attendance	129.80
697	Professional attendance, being an attendance at other than consulting rooms, by a medical practitioner, (not being a general practitioner) on not more than 1 patient on the 1 occasion — each attendance on any day of the week between 11 pm and 7 am, where the attendance is initiated by or on behalf of the patient in the same unbroken after-hours period and where the patient's medical condition requires immediate treatment	113.75

Item	Service	Fee ($)
698	Professional attendance, being an attendance at consulting rooms, by a medical practitioner (not being a general practitioner) on not more than 1 patient on the 1 occasion — each attendance on any day of the week between 11 pm and 7 am, where the attendance is initiated by or on behalf of the patient in the same unbroken after-hours period and where the patient's medical condition requires immediate treatment and where it is necessary for the doctor to return to, and specially open, consulting rooms for the attendance	113.75
Group A14 — Health assessments		
700	Attendance by a medical practitioner (including a general practitioner, but not including a specialist or consultant physician) at consulting rooms for a health assessment of a patient who is at least 75 years old — not being a health assessment of a patient in respect of whom, in the preceding 12 months, a payment has been made under this item or item 702, 704 or 706	164.00
702	Attendance by a medical practitioner (including a general practitioner, but not including a specialist or consultant physician) not being an attendance at consulting rooms, a hospital or a residential aged care facility, for a health assessment of a patient who is at least 75 years old — not being a health assessment of a patient in respect of whom, in the preceding 12 months, a payment has been made under this item or item 700, 704 or 706	232.00
704	Attendance by a medical practitioner (including a general practitioner, but not including a specialist or consultant physician) at consulting rooms for a health assessment of a patient who is at least 55 years old and of Aboriginal or Torres Strait Islander descent — not being a health assessment of a patient in respect of whom, in the preceding 12 months, a payment has been made under this item or item 700, 702 or 706	164.00

Item	Service	Fee ($)
706	Attendance by a medical practitioner (including a general practitioner, but not including a specialist or consultant physician) not being an attendance at consulting rooms, a hospital or a residential aged care facility, for a health assessment of a patient who is at least 55 years old and of Aboriginal or Torres Strait Islander descent — not being a health assessment of a patient in respect of whom, in the preceding 12 months, a payment has been made under this item or item 700, 702 or 704	232.00
710	Attendance by a medical practitioner (other than a specialist or consultant physician) at consulting rooms or another place (other than a hospital or residential aged care facility) for an adult health check of a patient who is of Aboriginal or Torres Strait Islander descent and at least 15 years old and less than 55 years old — not being an adult health check of a patient in respect of whom, in the preceding 18 months, a payment has been made under this item	195.50
712	Attendance by a medical practitioner (including a general practitioner but not including a specialist or consultant physician) at a residential aged care facility or at consulting rooms for a comprehensive medical assessment (***CMA***) of a permanent resident of a residential aged care facility — not being a CMA of a resident in respect of whom, in the preceding 12 months, a payment has been made under this item	183.80
	Group A15 — GP management plans, team care arrangements and multidisciplinary care plans and case conferences	
	Subgroup 1 — GP management plans, team care arrangements and multidisciplinary care plans	
721	Preparation by a medical practitioner (including a general practitioner, but not including a specialist or consultant physician), of a GP management plan for a patient (not being a service associated with a service to which any of items 734 to 779 apply) (Item is subject to rule 45A)	122.40

Item	Service	Fee ($)
723	Attendance by a medical practitioner (including a general practitioner, but not including a specialist or consultant physician), to co-ordinate the development of team care arrangements for a patient (not being a service associated with a service to which any of items 734 to 779 apply) (Item is subject to rule 45A)	96.90
725	Attendance by a medical practitioner (including a general practitioner, but not including a specialist or consultant physician), to review: (a) a GP management plan prepared by that medical practitioner (or an associated medical practitioner) to which item 721 applies; or (b) a multidisciplinary community care plan to which item 720 of the 2004 GMST applies, or a multidisciplinary discharge care plan to which item 722 of the 2004 GMST applies, prepared by that medical practitioner (or an associated medical practitioner) (not being a service associated with a service to which any of items 734 to 779 apply) (Item is subject to rule 45A)	61.20
727	Attendance by a medical practitioner (including a general practitioner, but not including a specialist or consultant physician), to co-ordinate a review of: (a) team care arrangements co-ordinated by that medical practitioner (or an associated medical practitioner) to which item 723 applies; or (b) a multidisciplinary community care plan to which item 720 of the 2004 GMST applies, or a multidisciplinary discharge care plan to which item 722 of the 2004 GMST applies, prepared by that medical practitioner (or an associated medical practitioner) (not being a service associated with a service to which any of items 734 to 779 apply) (Item is subject to rule 45A)	61.20
729	Contribution by a medical practitioner (including a general practitioner, but not including a specialist or	42.50

Item	Service	Fee ($)
	consultant physician), to a multidisciplinary care plan prepared by another provider or a review of a multidisciplinary care plan prepared by another provider (not being a service associated with a service to which any of items 734 to 779 apply) (Item is subject to rule 45A)	
731	Contribution by a medical practitioner (including a general practitioner, but not including a specialist or consultant physician), to: (a) a multidisciplinary care plan for a patient in a residential aged care facility, prepared by that facility, or to a review of such a plan prepared by such a facility; or (b) a multidisciplinary care plan prepared for a patient by another provider before the patient is discharged from a hospital or an approved day-hospital facility, or to a review of such a plan prepared by another provider (not being a service associated with a service to which items 734 to 779 apply) (Item is subject to rule 45A)	42.50
Subgroup 2 — Case conferences		
734	Attendance by a medical practitioner (including a general practitioner, but not including a specialist or consultant physician), as a member of a multidisciplinary case conference team, to organise and co-ordinate a multidisciplinary case conference in a residential aged care facility, where the conference time is at least 15 minutes, but less than 30 minutes (not being a service associated with a service to which item 731 applies)	82.05
736	Attendance by a medical practitioner (including a general practitioner, but not including a specialist or consultant physician), as a member of a multidisciplinary case conference team, to organise and co-ordinate a multidisciplinary case conference in a residential aged care facility, where the conference time is at least 30 minutes, but less than 45 minutes (not being a service associated with a service to which item 731 applies)	123.05
738	Attendance by a medical practitioner (including a general	164.00

Item	Service	Fee ($)
	practitioner, but not including a specialist or consultant physician), as a member of a multidisciplinary case conference team, to organise and co-ordinate a multidisciplinary case conference in a residential aged care facility, where the conference time is at least 45 minutes (not being a service associated with a service to which item 731 applies)	
740	Attendance by a medical practitioner (including a general practitioner, but not including a specialist or consultant physician), as a member of a multidisciplinary case conference team, to organise and co-ordinate a community case conference, where the conference time is at least 15 minutes, but less than 30 minutes (not being a service associated with a service to which items 721 to 731 apply)	82.05
742	Attendance by a medical practitioner (including a general practitioner, but not including a specialist or consultant physician), as a member of a multidisciplinary case conference team, to organise and co-ordinate a community case conference, where the conference time is at least 30 minutes, but less than 45 minutes (not being a service associated with a service to which items 721 to 731 apply)	123.05
744	Attendance by a medical practitioner (including a general practitioner, but not including a specialist or consultant physician), as a member of a multidisciplinary case conference team, to organise and co-ordinate a community case conference, where the conference time is at least 45 minutes (not being a service associated with a service to which items 721 to 731 apply)	164.00
746	Attendance by a medical practitioner (including a general practitioner, but not including a specialist or consultant physician), as a member of a multidisciplinary case conference team, to organise and co-ordinate a multidisciplinary discharge case conference, where the conference time is at least 15 minutes, but less than 30 minutes (not being a service associated with a service to which items 721 to 731 apply) — payable not more than once for each hospital admission	82.05
749	Attendance by a medical practitioner (including a general practitioner, but not including a specialist or consultant	123.05

Item	Service	Fee ($)
	physician), as a member of a multidisciplinary case conference team, to organise and co-ordinate a multidisciplinary discharge case conference, where the conference time is at least 30 minutes, but less than 45 minutes (not being a service associated with a service to which items 721 to 731 apply) — payable not more than once for each hospital admission	
757	Attendance by a medical practitioner (including a general practitioner, but not including a specialist or consultant physician), as a member of a multidisciplinary case conference team, to organise and co-ordinate a multidisciplinary discharge case conference, where the conference time is at least 45 minutes (not being a service associated with a service to which items 721 to 731 apply) — payable not more than once for each hospital admission	164.00
759	Attendance by a medical practitioner (including a general practitioner, but not including a specialist or consultant physician), as a member of a multidisciplinary case conference team, to participate in a community case conference (other than to organise and co-ordinate the conference), where the conference time is at least 15 minutes, but less than 30 minutes (not being a service associated with a service to which items 721 to 731 apply)	58.55
762	Attendance by a medical practitioner (including a general practitioner, but not including a specialist or consultant physician), as a member of a multidisciplinary case conference team, to participate in a community case conference (other than to organise and co-ordinate the conference), where the conference time is at least 30 minutes, but less than 45 minutes (not being a service associated with a service to which items 721 to 731 apply)	93.75
765	Attendance by a medical practitioner (including a general practitioner, but not including a specialist or consultant physician), as a member of a multidisciplinary case conference team, to participate in a community case conference (other than to organise and co-ordinate the conference), where the conference time is at least 45 minutes (not being a service associated with a service	128.85

Item	Service	Fee ($)
	to which items 721 to 731 apply)	
768	Attendance by a medical practitioner (including a general practitioner, but not including a specialist or consultant physician), as a member of a multidisciplinary case conference team, to participate in a multidisciplinary discharge case conference (other than to organise and co-ordinate the conference), where the conference time is at least 15 minutes, but less than 30 minutes (not being a service associated with a service to which items 721 to 731 apply) — payable not more than once for each hospital admission	58.55
771	Attendance by a medical practitioner (including a general practitioner, but not including a specialist or consultant physician), as a member of a multidisciplinary case conference team, to participate in a multidisciplinary discharge case conference (other than to organise and co-ordinate the conference), where the conference time is at least 30 minutes, but less than 45 minutes (not being a service associated with a service to which items 721 to 731 apply) — payable not more than once for each hospital admission	93.75
773	Attendance by a medical practitioner (including a general practitioner, but not including a specialist or consultant physician), as a member of a multidisciplinary case conference team, to participate in a multidisciplinary discharge case conference (other than to organise and co-ordinate the conference), where the conference time is at least 45 minutes, (not being a service associated with a service to which items 721 to 731 apply) — payable not more than once for each hospital admission	128.85
775	Attendance by a medical practitioner (including a general practitioner, but not including a specialist or consultant physician), as a member of a multidisciplinary case conference team, to participate in a multidisciplinary case conference in a residential aged care facility, (other than to organise and co-ordinate the conference), where the conference time is at least 15 minutes, but less than 30 minutes (not being a service associated with a service to which item 731 applies)	58.55

Item	Service	Fee ($)
778	Attendance by a medical practitioner (including a general practitioner, but not including a specialist or consultant physician), as a member of a multidisciplinary case conference team, to participate in a multidisciplinary case conference in a residential aged care facility, (other than to organise and co-ordinate the conference), where the conference time is at least 30 minutes, but less than 45 minutes (not being a service associated with a service to which item 731 applies)	93.75
779	Attendance by a medical practitioner (including a general practitioner, but not including a specialist or consultant physician), as a member of a multidisciplinary case conference team, to participate in a multidisciplinary case conference in a residential aged care facility, (other than to organise and co-ordinate the conference), where the conference time is at least 45 minutes, (not being a service associated with a service to which item 731 applies)	128.85
820	Attendance by a consultant physician in the practice of his or her specialty, as a member of a case conference team, to organise and co-ordinate a community case conference of at least 15 minutes but less than 30 minutes, with a multidisciplinary team of at least 3 other formal care providers of different disciplines	120.35
822	Attendance by a consultant physician in the practice of his or her specialty, as a member of a case conference team, to organise and co-ordinate a community case conference of at least 30 minutes but less than 45 minutes, with a multidisciplinary team of at least 3 other formal care providers of different disciplines	180.60
823	Attendance by a consultant physician in the practice of his or her specialty, as a member of a case conference team, to organise and co-ordinate a community case conference of at least 45 minutes, with a multidisciplinary team of at least 3 other formal care providers of different disciplines	240.70

Item	Service	Fee ($)
825	Attendance by a consultant physician in the practice of his or her specialty, as a member of a case conference team, to participate in a community case conference (other than to organise and to co-ordinate the conference) of at least 15 minutes but less than 30 minutes, with a multidisciplinary team of at least 2 other formal care providers of different disciplines	86.50
826	Attendance by a consultant physician in the practice of his or her specialty, as a member of a case conference team, to participate in a community case conference (other than to organise and to co-ordinate the conference) of at least 30 minutes but less than 45 minutes, with a multidisciplinary team of at least 2 other formal care providers of different disciplines	137.90
828	Attendance by a consultant physician in the practice of his or her specialty, as a member of a case conference team, to participate in a community case conference (other than to organise and to co-ordinate the conference) of at least 45 minutes, with a multidisciplinary team of at least 2 other formal care providers of different disciplines	189.30
830	Attendance by a consultant physician in the practice of his or her specialty, as a member of a case conference team, to organise and co-ordinate a discharge case conference of at least 15 minutes but less than 30 minutes, with a multidisciplinary team of at least 3 other formal care providers of different disciplines	120.35
832	Attendance by a consultant physician in the practice of his or her specialty, as a member of a case conference team, to organise and co-ordinate a discharge case conference of at least 30 minutes but less than 45 minutes, with a multidisciplinary team of at least 3 other formal care providers of different disciplines	180.60
834	Attendance by a consultant physician in the practice of his or her specialty, as a member of a case conference team, to organise and co-ordinate a discharge case conference of at least 45 minutes, with a multidisciplinary team of at least 3 other formal care providers of different disciplines	240.70

Item	Service	Fee ($)
835	Attendance by a consultant physician in the practice of his or her specialty, as a member of a case conference team, to participate in a discharge case conference (other than to organise and to co-ordinate the conference) of at least 15 minutes but less than 30 minutes, with a multidisciplinary team of at least 2 other formal care providers of different disciplines	86.50
837	Attendance by a consultant physician in the practice of his or her specialty, as a member of a case conference team, to participate in a discharge case conference (other than to organise and to co-ordinate the conference) of at least 30 minutes but less than 45 minutes, with a multidisciplinary team of at least 2 other formal care providers of different disciplines	137.90
838	Attendance by a consultant physician in the practice of his or her specialty, as a member of a case conference team, to participate in a discharge case conference (other than to organise and to co-ordinate the conference) of at least 45 minutes, with a multidisciplinary team of at least 2 other formal care providers of different disciplines	189.30
855	Attendance by a consultant physician in the practice of his or her specialty of psychiatry, as a member of a case conference team, to organise and co-ordinate a community case conference of at least 15 minutes but less than 30 minutes, with a multidisciplinary team of at least 2 other formal care providers of different disciplines	120.35
857	Attendance by a consultant physician in the practice of his or her specialty of psychiatry, as a member of a case conference team, to organise and co-ordinate a community case conference of at least 30 minutes but less than 45 minutes, with a multidisciplinary team of at least 2 other formal care providers of different disciplines	180.60
858	Attendance by a consultant physician in the practice of his or her specialty of psychiatry, as a member of a case conference team, to organise and co-ordinate a community case conference of at least 45 minutes, with a multidisciplinary team of at least 2 other formal care providers of different disciplines	240.70

Item	Service	Fee ($)
861	Attendance by a consultant physician in the practice of his or her specialty of psychiatry, as a member of a case conference team, to organise and co-ordinate a discharge case conference of at least 15 minutes but less than 30 minutes, with a multidisciplinary team of at least 2 other formal care providers of different disciplines	120.35
864	Attendance by a consultant physician in the practice of his or her specialty of psychiatry, as a member of a case conference team, to organise and co-ordinate a discharge case conference of at least 30 minutes but less than 45 minutes, with a multidisciplinary team of at least 2 other formal care providers of different disciplines	180.60
866	Attendance by a consultant physician in the practice of his or her specialty of psychiatry, as a member of a case conference team, to organise and co-ordinate a discharge case conference of at least 45 minutes, with a multidisciplinary team of at least 2 other formal care providers of different disciplines	240.70
Group A17 — Domiciliary medication management review		
900	Participation by a medical practitioner (including a general practitioner, but not including a specialist or consultant physician) in a Domiciliary Medication Management Review (DMMR) for patients living in a community setting, where the medical practitioner: (a) assesses a patient's medication management needs and, following that assessment, refers the patient to a community pharmacy for a DMMR and, with the patient's consent, provides relevant clinical information required for the review; and (b) discusses with the reviewing pharmacist the results of that review including suggested medication management strategies; and	131.35

Item	Service	Fee ($)
	(c) develops a written medication management plan following discussion with the patient. For any particular patient — applicable not more than once in each 12 month period, except where there has been a significant change in the patient's condition or medication regimen requiring a new DMMR	
903	Participation by a medical practitioner (including a general practitioner but not including a specialist or consultant physician) in a residential medication management review (RMMR) for a patient who is a permanent resident of a residential aged care facility — not being an RMMR for a resident in respect of whom, in the preceding 12 months, a payment has been made under this item, unless there has been a significant change in the resident's medical condition or medication management plan requiring a new RMMR	89.95
Group A18 — General practitioner attendances associated with Practice Incentives Program (PIP) payments		
Subgroup 1 — Taking of a cervical smear from an unscreened or significantly underscreened woman		
2497	Professional attendance at consulting rooms by a general practitioner: (a) involving taking a patient's selective history, examining the patient and implementing a management plan in relation to 1 or more problems; or (b) being an attendance of less than 5 minutes duration; at which a cervical smear is taken from a woman between the ages of 20 and 69 years (inclusive) who has not had a cervical smear in the last 4 years	14.40
2501	Professional attendance at consulting rooms by a general practitioner: (a) involving taking a selective history, examination of the patient with the implementation of a management plan in relation to 1 or more problems; or (b) being attendance of less than 20 minutes duration involving components of a service to which item 2504 or 2507 applies;	31.45

Item	Service	Fee ($)
	at which a cervical smear is taken from a woman between the ages of 20 and 69 (inclusive), who has not had a cervical smear in the last 4 years	
2503	Professional attendance at a place other than consulting rooms by a general practitioner: (a) involving taking a selective history, examination of the patient with the implementation of a management plan in relation to 1 or more problems; or (b) being attendance of less than 20 minutes duration involving components of a service to which item 2506 or 2509 applies; at which a cervical smear is taken from a woman between the ages of 20 and 69 (inclusive), who has not had a cervical smear in the last 4 years	Amount under rule 61
2504	Professional attendance at consulting rooms by a general practitioner: (a) involving taking a detailed history, an examination of multiple systems, arranging any necessary investigations and implementing a management plan in relation to 1 or more problems, and lasting at least 20 minutes; or (b) being attendance of less than 40 minutes duration involving components of a service to which item 2507 applies; at which a cervical smear is taken from a woman between the ages of 20 and 69 (inclusive), who has not had a cervical smear in the last 4 years	59.70
2506	Professional attendance at a place other than consulting rooms by a general practitioner: (a) involving taking a detailed history, an examination of multiple systems, arranging any necessary investigations and implementing a management plan in relation to 1 or more problems, and lasting at least 20 minutes; or (b) being attendance of less than 40 minutes duration involving components of a service to which item 2509 applies; at which a cervical smear is taken from a woman between	Amount under rule 61

Item	Service	Fee ($)
	the ages of 20 and 69 (inclusive), who has not had a cervical smear in the last 4 years	
2507	Professional attendance at consulting rooms by a general practitioner: (a) involving taking an exhaustive history, a comprehensive examination of multiple systems, arranging any necessary investigations and implementing a management plan in relation to 1 or more complex problems, and lasting at least 40 minutes; or (b) being attendance of at least 40 minutes duration for implementation of a management plan; at which a cervical smear is taken from a woman between the ages of 20 and 69 (inclusive), who has not had a cervical smear in the last 4 years	87.90
2509	Professional attendance at a place other than consulting rooms by a general practitioner involving: (a) taking an exhaustive history, a comprehensive examination of multiple systems, arranging any necessary investigations and implementing a management plan in relation to 1 or more complex problems, and lasting at least 40 minutes; or (b) being attendance of at least 40 minutes duration for implementation of a management plan; at which a cervical smear is taken from a woman between the ages of 20 and 69 (inclusive), who has not had a cervical smear in the last 4 years	Amount under rule 61
Subgroup 2 — Completion of a cycle of care for patients with established diabetes mellitus		
2517	Professional attendance at consulting rooms by a general practitioner: (a) involving taking a selective history, examination of the patient with the implementation of a management plan in relation to 1 or more problems; or (b) being attendance of less than 20 minutes duration involving components of a service to which item 2521 or 2525 applies; that completes the minimum requirements for a cycle of	31.45

Item	Service	Fee ($)
	care of a patient with established diabetes mellitus	
2518	Professional attendance at a place other than consulting rooms by a general practitioner: (a) involving taking a selective history, examination of the patient with the implementation of a management plan in relation to 1 or more problems; or (b) being attendance of less than 20 minutes duration involving components of a service to which item 2522 or 2526 applies; that completes the minimum requirements for a cycle of care of a patient with established diabetes mellitus	Amount under rule 61
2521	Professional attendance at consulting rooms by a general practitioner: (a) involving taking a detailed history, an examination of multiple systems, arranging any necessary investigations and implementing a management plan in relation to 1 or more problems, and lasting at least 20 minutes; or (b) being attendance of less than 40 minutes duration involving components of a service to which item 2525 applies; that completes the minimum requirements for a cycle of care of a patient with established diabetes mellitus	59.70
2522	Professional attendance at a place other than consulting rooms by a general practitioner: (a) involving taking a detailed history, an examination of multiple systems, arranging any necessary investigations and implementing a management plan in relation to 1 or more problems, and lasting at least 20 minutes; or (b) being attendance of less than 40 minutes duration involving components of a service to which item 2526 applies; that completes the minimum requirements for a cycle of care of a patient with established diabetes mellitus	Amount under rule 61
2525	Professional attendance at consulting rooms by a general practitioner:	87.90

Item	Service	Fee ($)
	(a) involving taking an exhaustive history, a comprehensive examination of multiple systems, arranging any necessary investigations and implementing a management plan in relation to 1 or more complex problems, and lasting at least 40 minutes; or (b) being attendance of at least 40 minutes duration for implementation of a management plan; that completes the minimum requirements for a cycle of care of a patient with established diabetes mellitus	
2526	Professional attendance at a place other than consulting rooms by a general practitioner: (a) involving taking an exhaustive history, a comprehensive examination of multiple systems, arranging any necessary investigations and implementing a management plan in relation to 1 or more complex problems, and lasting at least 40 minutes; or (b) being attendance of at least 40 minutes duration for implementation of a management plan; that completes the minimum requirements for a cycle of care of a patient with established diabetes mellitus	Amount under rule 61
Subgroup 3 — Completion of the Asthma 3+ Visit Plan		
2546	Professional attendance at consulting rooms by a general practitioner: (a) involving taking a selective history, examination of the patient with the implementation of a management plan in relation to 1 or more problems; or (b) being attendance of less than 20 minutes duration involving components of a service to which item 2552 or 2558 applies; that completes the minimum requirements of the Asthma 3+ Visit Plan	31.45
2547	Professional attendance at a place other than consulting rooms by a general practitioner: (a) involving taking a selective history, examination of the patient with the implementation of a	Amount under rule 61

Item	Service	Fee ($)
	management plan in relation to 1 or more problems; or (b) being attendance of less than 20 minutes duration involving components of a service to which item 2553 or 2559 applies; that completes the minimum requirements of the Asthma 3+ Visit Plan	
2552	Professional attendance at consulting rooms by a general practitioner: (a) involving taking a detailed history, an examination of multiple systems, arranging any necessary investigations and implementing a management plan in relation to 1 or more problems, and lasting at least 20 minutes; or (b) being attendance of less than 40 minutes duration involving components of a service to which item 2558 applies; that completes the minimum requirements of the Asthma 3+ Visit Plan	59.70
2553	Professional attendance at a place other than consulting rooms by a general practitioner: (a) involving taking a detailed history, an examination of multiple systems, arranging any necessary investigations and implementing a management plan in relation to 1 or more problems, and lasting at least 20 minutes; or (b) being attendance of less than 40 minutes duration involving components of a service to which item 2559 applies; that completes the minimum requirements of the Asthma 3+ Visit Plan	Amount under rule 61

Item	Service	Fee ($)
2558	Professional attendance at consulting rooms by a general practitioner: (a) involving taking an exhaustive history, a comprehensive examination of multiple systems, arranging any necessary investigations and implementing a management plan in relation to 1 or more complex problems, and lasting at least 40 minutes; or (b) being attendance of at least 40 minutes duration for implementation of a management plan; that completes the minimum requirements of the Asthma 3+ Visit Plan	87.90
2559	Professional attendance at a place other than consulting rooms by a general practitioner: (a) involving taking an exhaustive history, a comprehensive examination of multiple systems, arranging any necessary investigations and implementing a management plan in relation to 1 or more complex problems, and lasting at least 40 minutes; or (b) being attendance of at least 40 minutes duration for implementation of a management plan; that completes the minimum requirements of the Asthma 3+ Visit Plan	Amount under rule 61
Subgroup 4 — Completion of the 3 Step Mental Health Process		
2574	Professional attendance at consulting rooms by a general practitioner: (a) involving taking a detailed history, an examination of multiple systems, arranging any necessary investigations and implementing a management plan in relation to 1 or more problems, and lasting at least 20 minutes; or (b) involving components of a service to which item 2577 applies, being attendance of less than 40 minutes duration; that completes the minimum requirements of the 3 Step Mental Health Process	59.70

Item	Service	Fee ($)
2575	Professional attendance at a place other than consulting rooms by a general practitioner: (a) involving taking a detailed history, an examination of multiple systems, arranging any necessary investigations and implementing a management plan in relation to 1 or more problems, and lasting at least 20 minutes; or (b) involving components of a service to which item 2578 applies, being attendance of less than 40 minutes duration; that completes the minimum requirements of the 3 Step Mental Health Process	Amount under rule 61
2577	Professional attendance at consulting rooms by a general practitioner: (a) involving taking an exhaustive history, a comprehensive examination of multiple systems, arranging any necessary investigations and implementing a management plan in relation to 1 or more complex problems, and lasting at least 40 minutes; or (b) for implementation of a management plan, being attendance of at least 40 minutes duration; that completes the minimum requirements of the 3 Step Mental Health Process	87.90
2578	Professional attendance at a place other than consulting rooms by a general practitioner: (a) involving taking an exhaustive history, a comprehensive examination of multiple systems, arranging any necessary investigations and implementing a management plan in relation to 1 or more complex problems, and lasting at least 40 minutes; or (b) for implementation of a management plan, being attendance of at least 40 minutes duration; that completes the minimum requirements of the 3 Step Mental Health Process	Amount under rule 61

Item	Service	Fee ($)
Group A19 — Other non-referred attendances associated with Practice Incentives Program (PIP) payments to which no other item applies		
Subgroup 1 — Taking of a cervical smear from an unscreened or significantly underscreened woman		
2598	Professional attendance at consulting rooms of less than 5 minutes duration by a medical practitioner who practices in general practice (other than a general practitioner): (a) involving taking a patient's selective history, examining the patient and implementing a management plan in relation to 1 or more problems; and (b) at which a cervical smear is taken from a woman between the ages of 20 and 69 years (inclusive) who has not had a cervical smear in the last 4 years	11.00
2600	Professional attendance at consulting rooms of more than 5 minutes, but not more than 25 minutes, duration by a medical practitioner who practises in general practice (other than a general practitioner), at which a cervical smear is taken from a woman between the ages of 20 and 69 (inclusive) who has not had a cervical smear in the last 4 years	21.00
2603	Professional attendance at consulting rooms of more than 25 minutes, but not more than 45 minutes, duration by a medical practitioner who practises in general practice (other than a general practitioner), at which a cervical smear is taken from a woman between the ages of 20 and 69 (inclusive) who has not had a cervical smear in the last 4 years	38.00
2606	Professional attendance at consulting rooms of more than 45 minutes duration by a medical practitioner who practises in general practice (other than a general practitioner), at which a cervical smear is taken from a woman between the ages of 20 and 69 (inclusive) who has not had a cervical smear in the last 4 years	61.00
2610	Professional attendance at a place other than consulting rooms of more than 5 minutes, but not more than 25 minutes, duration by a medical practitioner who practises in general practice (other than a general practitioner), at which a cervical smear is taken from a	Amount under rule 9

Item	Service	Fee ($)
	woman between the ages of 20 and 69 (inclusive) who has not had a cervical smear in the last 4 years	
2613	Professional attendance at a place other than consulting rooms of more than 25 minutes, but not more than 45 minutes, duration by a medical practitioner who practises in general practice (other than a general practitioner), at which a cervical smear is taken from a woman between the ages of 20 and 69 (inclusive) who has not had a cervical smear in the last 4 years	Amount under rule 9
2616	Professional attendance at a place other than consulting rooms of more than 45 minutes duration by a medical practitioner who practises in general practice (other than a general practitioner), at which a cervical smear is taken from a woman between the ages of 20 and 69 (inclusive) who has not had a cervical smear in the last 4 years	Amount under rule 9
Subgroup 2 — Completion of a cycle of care for patients with established diabetes mellitus		
2620	Professional attendance at consulting rooms of more than 5 minutes, but not more than 25 minutes, duration by a medical practitioner who practises in general practice (other than a general practitioner), that completes the minimum requirements for a cycle of care of a patient with established diabetes mellitus	21.00
2622	Professional attendance at consulting rooms of more than 25 minutes, but not more than 45 minutes, duration by a medical practitioner who practises in general practice (other than a general practitioner), that completes the requirements for a cycle of care of a patient with established diabetes mellitus	38.00
2624	Professional attendance at consulting rooms of more than 45 minutes duration by a medical practitioner who practises in general practice (other than a general practitioner), that completes the minimum requirements for a cycle of care of a patient with established diabetes mellitus	61.00
2631	Professional attendance at a place other than consulting rooms of more than 5 minutes, but not more than 25 minutes, duration by a medical practitioner who practises in general practice (other than a general practitioner), that completes the minimum requirements	Amount under rule 9

Item	Service	Fee ($)
	for a cycle of care of a patient with established diabetes mellitus	
2633	Professional attendance at a place other than consulting rooms of more than 25 minutes, but not more than 45 minutes, duration by a medical practitioner who practises in general practice (other than a general practitioner), that completes the minimum requirements for a cycle of care of a patient with established diabetes mellitus	Amount under rule 9
2635	Professional attendance at a place other than consulting rooms of more than 45 minutes duration by a medical practitioner who practises in general practice (other than a general practitioner), that completes the minimum requirements for a cycle of care of a patient with established diabetes mellitus	Amount under rule 9
Subgroup 3 — Completion of the Asthma 3+ Visit Plan		
2664	Professional attendance at consulting rooms of more than 5 minutes, but not more than 25 minutes, duration by a medical practitioner who practises in general practice (other than a general practitioner), that completes the minimum requirements of the Asthma 3+ Visit Plan	21.00
2666	Professional attendance at consulting rooms of more than 25 minutes, but not more than 45 minutes, duration by a medical practitioner who practises in general practice (other than a general practitioner), that completes the minimum requirements of the Asthma 3+ Visit Plan	38.00
2668	Professional attendance at consulting rooms of more than 45 minutes duration by a medical practitioner who practises in general practice (other than a general practitioner), that completes the minimum requirements of the Asthma 3+ Visit Plan	61.00
2673	Professional attendance at a place other than consulting rooms of more than 5 minutes, but not more than 25 minutes, duration by a medical practitioner who practises in general practice (other than a general practitioner), that completes the minimum requirements of the Asthma 3+ Visit Plan	Amount under rule 9
2675	Professional attendance at a place other than consulting rooms of more than 25 minutes, but not more than	Amount under

Item	Service	Fee ($)
	45 minutes, duration by a medical practitioner who practises in general practice (other than a general practitioner), that completes the minimum requirements of the Asthma 3+ Visit Plan	rule 9
2677	Professional attendance at a place other than consulting rooms of more than 45 minutes duration by a medical practitioner who practises in general practice (other than a general practitioner), that completes the minimum requirements of the Asthma 3+ Visit Plan	Amount under rule 9
Subgroup 4 — Completion of the 3 Step Mental Health Process		
2704	Professional attendance at consulting rooms by a medical practitioner who practises in general practice (other than a general practitioner, a specialist or a consultant physician), that completes the minimum requirements of the 3 Step Mental Health Process, being attendance of more than 25 minutes, but not more than 45 minutes, duration	38.00
2705	Professional attendance at consulting rooms by a medical practitioner who practises in general practice (other than a general practitioner, a specialist or a consultant physician), that completes the minimum requirements of the 3 Step Mental Health Process, being attendance of more than 45 minutes duration	61.00
2707	Professional attendance at a place other than consulting rooms by a medical practitioner who practises in general practice (other than a general practitioner, a specialist or a consultant physician), that completes the minimum requirements of the 3 Step Mental Health Process, being attendance of more than 25 minutes, but not more than 45 minutes, duration	Amount under rule 9
2708	Professional attendance at a place other than consulting rooms by a medical practitioner who practises in general practice (other than a general practitioner, a specialist or a consultant physician), that completes the minimum requirements of the 3 Step Mental Health Process, being attendance of more than 45 minutes duration	Amount under rule 9
Group A20 — Focussed psychological strategies		
2721	Professional attendance at consulting rooms by a medical practitioner who practises in general practice (other than a	75.25

Item	Service	Fee ($)
	specialist or a consultant physician), for providing focussed psychological strategies, being attendance of at least 30 minutes, but less than 40 minutes, duration	
2723	Professional attendance at a place other than consulting rooms by a medical practitioner who practises in general practice (other than a specialist or a consultant physician), for providing focussed psychological strategies, being attendance of at least 30 minutes, but less than 40 minutes, duration	Amount under rule 61
2725	Professional attendance at consulting rooms by a medical practitioner who practises in general practice (other than a specialist or a consultant physician), for providing focussed psychological strategies, being attendance of at least 40 minutes duration	107.70
2727	Professional attendance at a place other than consulting rooms by a medical practitioner who practises in general practice (other than a specialist or a consultant physician), for providing focussed psychological strategies, being attendance of at least 40 minutes duration	Amount under rule 61
Group A22 — General practitioner after-hours attendances to which no other item applies		
5000	Professional attendance at consulting rooms (not being a service to which any other item applies) by a general practitioner for an obvious problem characterised by the straightforward nature of the task that requires a short patient history and, if required, limited examination and management — each attendance	24.60
5003	Professional attendance, other than a service to which any other item applies, and not being an attendance at consulting rooms, an institution, a hospital or a residential aged care facility by a general practitioner for an obvious problem characterised by the straightforward nature of the task that requires a short patient history and, if required, limited examination and management — an attendance on 1 or more patients on 1 occasion — each patient	Amount under rule 9
5007	Professional attendance at an institution (not being a service to which any other item applies) by a general practitioner for an obvious problem characterised by the straightforward nature of the task that requires a short patient history and, if required, limited examination and	Amount under rule 9

Item	Service	Fee ($)
	management — an attendance on 1 or more patients at 1 institution on 1 occasion — each patient	
5010	Professional attendance (not being a service to which any other item applies) at a residential aged care facility (other than a professional attendance at a self-contained unit) or professional attendance at consulting rooms situated within such a complex where the patient is accommodated in a residential aged care facility (not being accommodation in a self-contained unit) by a general practitioner for an obvious problem characterised by the straightforward nature of the task that requires a short patient history and, if required, limited examination and management — an attendance on 1 or more patients at 1 residential aged care facility on 1 occasion — each patient	Amount under rule 9
5020	Professional attendance at consulting rooms (not being a service to which any other item applies) by a general practitioner involving taking a selective history, examination of the patient with implementation of a management plan in relation to 1 or more problems, or a professional attendance of less than 20 minutes duration involving components of a service to which item 5040 or 5060 applies — each attendance	41.65
5023	Professional attendance, other than a service to which any other item applies, and not being an attendance at consulting rooms, an institution, a hospital or a residential aged care facility by a general practitioner involving taking a selective history, examination of the patient with implementation of a management plan in relation to 1 or more problems, or a professional attendance of less than 20 minutes duration involving components of a service to which item 5043 or 5063 applies — an attendance on 1 or more patients on 1 occasion — each patient	Amount under rule 9
5026	Professional attendance at an institution (not being a service to which any other item applies) by a general practitioner involving taking a selective history, examination of the patient with implementation of a management plan in relation to 1 or more problems, or a professional attendance of less than 20 minutes duration involving components of a service to which item 5046 or 5064 applies — an attendance on 1 or more patients at	Amount under rule 9

Item	Service	Fee ($)
	1 institution on 1 occasion — each patient	
5028	Professional attendance (not being a service to which any other item applies) at a residential aged care facility (other than a professional attendance at a self-contained unit) or professional attendance at consulting rooms situated within such a complex where the patient is accommodated in the residential aged care facility (not being accommodation in a self-contained unit) by a general practitioner involving taking a selective history, examination of the patient with implementation of a management plan in relation to 1 or more problems, or a professional attendance of less than 20 minutes duration involving components of a service to which item 5049 or 5067 applies — an attendance on 1 or more patients at 1 residential aged care facility on 1 occasion — each patient	Amount under rule 9
5040	Professional attendance at consulting rooms (not being a service to which any other item applies) by a general practitioner involving taking a detailed history, an examination of multiple systems, arranging any necessary investigations and implementing a management plan in relation to 1 or more problems, and lasting at least 20 minutes, or a professional attendance of less than 40 minutes duration involving components of a service to which item 5060 applies — each attendance	69.90
5043	Professional attendance, other than a service to which any other item applies, and not being an attendance at consulting rooms, an institution, a hospital or a residential aged care facility by a general practitioner taking a detailed history, an examination of multiple systems, arranging any necessary investigations and implementing a management plan in relation to 1 or more problems, or a professional attendance of less than 40 minutes duration involving components of a service to which item 5063 applies — an attendance on 1 or more patients on 1 occasion — each patient	Amount under rule 9
5046	Professional attendance at an institution (not being a service to which any other item applies) by a general practitioner involving taking a detailed history, an examination of multiple systems, arranging any necessary investigations and implementing a management plan in	Amount under rule 9

Item	Service	Fee ($)
	relation to 1 or more problems, and lasting at least 20 minutes, or a professional attendance of less than 40 minutes duration involving components of a service to which item 5064 applies — an attendance on 1 or more patients at 1 institution on 1 occasion — each patient	
5049	Professional attendance (not being a service to which any other item applies) at a residential aged care facility (other than a professional attendance at a self-contained unit) or professional attendance at consulting rooms situated within such a complex where the patient is accommodated in the residential aged care facility (not being accommodation in a self-contained unit) by a general practitioner involving taking a detailed history, an examination of multiple systems, arranging any necessary investigations and implementing a management plan in relation to 1 or more problems, and lasting at least 20 minutes, or a professional attendance of less than 40 minutes duration involving components of a service to which item 5067 applies — an attendance on 1 or more patients at 1 residential aged care facility on 1 occasion — each patient	Amount under rule 9
5060	Professional attendance at consulting rooms (not being a service to which any other item applies) by a general practitioner involving taking an exhaustive history, a comprehensive examination of multiple systems, arranging any necessary investigations and implementing a management plan in relation to 1 or more complex problems, and lasting at least 40 minutes, or a professional attendance of at least 40 minutes duration for implementation of a management plan — each attendance	98.10
5063	Professional attendance, other than a service to which any other item applies, and not being an attendance at consulting rooms, an institution, a hospital or a residential aged care facility by a general practitioner taking an exhaustive history, a comprehensive examination of multiple systems, arranging any necessary investigations and implementing a management plan in relation to 1 or more complex problems and lasting at least 40 minutes, or a professional attendance of at least 40 minutes duration for implementation of a management plan — an attendance on 1 or more patients on 1 occasion — each patient	Amount under rule 9

Item	Service	Fee ($)
5064	Professional attendance at an institution (not being a service to which any other item applies) by a general practitioner involving taking an exhaustive history, a comprehensive examination of multiple systems, arranging any necessary investigations and implementing a management plan in relation to 1 or more complex problems, and lasting at least 40 minutes, or a professional attendance of at least 40 minutes duration for implementation of a management plan — an attendance on 1 or more patients at 1 institution on 1 occasion — each patient	Amount under rule 9
5067	Professional attendance (not being a service to which any other item applies) at a residential aged care facility (other than a professional attendance at a self-contained unit) or professional attendance at consulting rooms situated within such a complex where the patient is accommodated in the residential aged care facility (not being accommodation in a self-contained unit) by a general practitioner involving taking an exhaustive history, a comprehensive examination of multiple systems, arranging any necessary investigations and implementing a management plan in relation to 1 or more complex problems, and lasting at least 40 minutes, or a professional attendance of at least 40 minutes duration for implementation of a management plan — an attendance on 1 or more patients at 1 residential aged care facility on 1 occasion — each patient	Amount under rule 9
Group A23 — Other non-referred after-hours attendances to which no other item applies		
5200	Professional attendance at consulting rooms of not more than 5 minutes duration (not being a service to which any other item applies) by a medical practitioner (not being a general practitioner) — each attendance	21.00
5203	Professional attendance at consulting rooms of more than 5 minutes duration but not more than 25 minutes duration (not being a service to which any other item applies) by a medical practitioner (not being a general practitioner) — each attendance	31.00

Item	Service	Fee ($)
5207	Professional attendance at consulting rooms of more than 25 minutes duration but not more than 45 minutes duration (not being a service to which any other item applies) by a medical practitioner (not being a general practitioner) — each attendance	48.00
5208	Professional attendance at consulting rooms of more than 45 minutes duration (not being a service to which any other item applies) by a medical practitioner (not being a general practitioner) — each attendance	71.00
5220	Professional attendance (not being an attendance at consulting rooms, an institution, a hospital or a residential aged care facility) of not more than 5 minutes duration (not being a service to which any other item applies) by a medical practitioner (not being a general practitioner) — an attendance on 1 or more patients on 1 occasion — each patient	Amount under rule 9
5223	Professional attendance (not being an attendance at consulting rooms, an institution, a hospital or a residential aged care facility) of more than 5 minutes duration but not more than 25 minutes duration (not being a service to which any other item applies) by a medical practitioner (not being a general practitioner) — an attendance on 1 or more patients on 1 occasion — each patient	Amount under rule 9
5227	Professional attendance (not being an attendance at consulting rooms, an institution, a hospital or a residential aged care facility) of more than 25 minutes duration but not more than 45 minutes duration (not being a service to which any other item applies) by a medical practitioner (not being a general practitioner) — an attendance on 1 or more patients on 1 occasion — each patient	Amount under rule 9
5228	Professional attendance (not being an attendance at consulting rooms, an institution, a hospital or a residential aged care facility) of more than 45 minutes duration (not being a service to which any other item applies) by a medical practitioner (not being a general practitioner) — an attendance on 1 or more patients on 1 occasion — each patient	Amount under rule 9

Item	Service	Fee ($)
5240	Professional attendance at an institution of not more than 5 minutes duration (not being a service to which any other item applies) by a medical practitioner (not being a general practitioner) — an attendance on 1 or more patients at 1 institution on 1 occasion — each patient	Amount under rule 9
5243	Professional attendance at an institution of more than 5 minutes duration but not more than 25 minutes duration (not being a service to which any other item applies) by a medical practitioner (not being a general practitioner) — an attendance on 1 or more patients at 1 institution on 1 occasion — each patient	Amount under rule 9
5247	Professional attendance at an institution of more than 25 minutes duration but not more than 45 minutes duration (not being a service to which any other item applies) by a medical practitioner (not being a general practitioner) — an attendance on 1 or more patients at 1 institution on 1 occasion — each patient	Amount under rule 9
5248	Professional attendance at an institution of more than 45 minutes duration (not being a service to which any other item applies) by a medical practitioner (not being a general practitioner) — an attendance on 1 or more patients at 1 institution on 1 occasion — each patient	Amount under rule 9
5260	Professional attendance (not being a service to which any other item applies) at a residential aged care facility (other than a professional attendance at a self-contained unit) or professional attendance at consulting rooms situated within such a complex where the patient is accommodated in the residential aged care facility (not being accommodation in a self-contained unit) of not more than 5 minutes duration by a medical practitioner (not being a general practitioner) — an attendance on 1 or more patients at 1 residential aged care facility on 1 occasion — each patient	Amount under rule 9
5263	Professional attendance (not being a service to which any other item applies) at a residential aged care facility (other than a professional attendance at a self-contained unit) or professional attendance at consulting rooms situated within such a complex where the patient is accommodated in the residential aged care facility (not being accommodation in a self-contained unit) of more than 5 minutes duration but not more than 25 minutes duration	Amount under rule 9

Item	Service	Fee ($)
	by a medical practitioner (not being a general practitioner) — an attendance on 1 or more patients at 1 residential aged care facility on 1 occasion — each patient	
5265	Professional attendance (not being a service to which any other item applies) at a residential aged care facility (other than a professional attendance at a self-contained unit) or professional attendance at consulting rooms situated within such a complex where the patient is accommodated in the residential aged care facility (not being accommodation in a self-contained unit) of more than 25 minutes duration but not more than 45 minutes by a medical practitioner (not being a general practitioner) — an attendance on 1 or more patients at 1 residential aged care facility on 1 occasion — each patient	Amount under rule 9
5267	Professional attendance (not being a service to which any other item applies) at a residential aged care facility (other than a professional attendance at a self-contained unit) or professional attendance at consulting rooms situated within such a complex where the patient is accommodated in the residential aged care facility (not being accommodation in a self-contained unit) of more than 45 minutes duration by a medical practitioner (not being a general practitioner) — an attendance on 1 or more patients at 1 residential aged care facility on 1 occasion — each patient	Amount under rule 9
Group A9 — Contact lenses		
10801	Attendance for the investigation and evaluation of a patient for the fitting of contact lenses, with keratometry and testing with trial lenses and the issue of a prescription — 1 service in any period of 36 months — patients with myopia of 5.0 dioptres or greater (spherical equivalent) in 1 eye	105.30
10802	Attendance for the investigation and evaluation of a patient for the fitting of contact lenses, with keratometry and testing with trial lenses and the issue of a prescription — 1 service in any period of 36 months — patients with manifest hyperopia of 5.0 dioptres or greater (spherical equivalent) in 1 eye	105.30

Item	Service	Fee ($)
10803	Attendance for the investigation and evaluation of a patient for the fitting of contact lenses, with keratometry and testing with trial lenses and the issue of a prescription — 1 service in any period of 36 months — patients with astigmatism of 3.0 dioptres or greater in 1 eye	105.30
10804	Attendance for the investigation and evaluation of a patient for the fitting of contact lenses, with keratometry and testing with trial lenses and the issue of a prescription — 1 service in any period of 36 months — patients with irregular astigmatism in either eye, being a condition the existence of which has been confirmed by keratometric observation, if the maximum visual acuity obtainable with spectacle correction is worse than 0.3 logMAR (6/12) and if that corrected acuity would be improved by an additional 0.1 logMAR by the use of a contact lens	105.30
10805	Attendance for the investigation and evaluation of a patient for the fitting of contact lenses, with keratometry and testing with trial lenses and the issue of a prescription — 1 service in any period of 36 months — patients with anisometropia of 3.0 dioptres or greater (difference between spherical equivalents)	105.30
10806	Attendance for the investigation and evaluation of a patient for the fitting of contact lenses, with keratometry and testing with trial lenses and the issue of a prescription — 1 service in any period of 36 months — patients with corrected visual acuity of 0.7 logMAR (6/30) or worse in both eyes, being patients for whom a contact lens is prescribed as part of a telescopic system	105.30

Item	Service	Fee ($)
10807	Attendance for the investigation and evaluation of a patient for the fitting of contact lenses, with keratometry and testing with trial lenses and the issue of a prescription — 1 service in any period of 36 months — patients for whom a wholly or segmentally opaque contact lens is prescribed for the alleviation of dazzle, distortion or diplopia caused by pathological mydriasis, aniridia, coloboma of the iris, pupillary malformation or distortion, significant ocular deformity or corneal opacity — whether congenital, traumatic or surgical in origin	105.30
10808	Attendance for the investigation and evaluation of a patient for the fitting of contact lenses, with keratometry and testing with trial lenses and the issue of a prescription — 1 service in any period of 36 months — patients who, by reason of physical deformity, are unable to wear spectacles	105.30
10809	Attendance for the investigation and evaluation of a patient for the fitting of contact lenses, with keratometry and testing with trial lenses and the issue of a prescription — 1 service in any period of 36 months — patients who have a medical or optical condition (other than myopia, hyperopia, astigmatism, anisometropia or a condition to which item 10806, 10807 or 10808 applies) requiring the use of a contact lens for correction, where the condition is specified on the patient's account	105.30
10816	Attendance for the refitting of contact lenses with keratometry and testing with trial lenses and the issue of a prescription, where the patient requires a change in contact lens material or basic lens parameters, other than simple power change, because of a structural or functional change in the eye or an allergic response within 36 months of the fitting of a contact lens to which items 10801 to 10809 apply	105.30
Group A10 — Optometric services provided by a participating optometrist		
10900	Professional attendance of more than 15 minutes duration, being the first in a course of attention (Item is subject to rule 90)	61.45

Item	Service	Fee ($)
10905	Professional attendance of more than 15 minutes duration, being the first in a course of attention, where the patient has been referred by another optometrist who is not associated with the optometrist to whom the patient is referred	61.45
10907	Professional attendance of more than 15 minutes duration, being the first in a course of attention, if the patient has attended another optometrist within the previous 24 months for an attendance to which item 10900, 10905, 10907, 10912, 10913, 10914 or 10915 applies. The appropriate fee for the purpose of paragraph 23A (2) (c) of the *Health Insurance Act 1973* is $61.45	30.75
10912	Professional attendance of more than 15 minutes duration, being the first in a course of attention, where the patient has suffered a significant change of visual function requiring comprehensive reassessment within 24 months of an initial consultation to which item 10900, 10905, 10907, 10912, 10913, 10914 or 10915 at the same practice applies	61.45
10913	Professional attendance of more than 15 minutes duration, being the first in a course of attention, where the patient has new signs or symptoms, unrelated to the earlier course of attention, requiring comprehensive reassessment within 24 months of an initial consultation to which item 10900, 10905, 10907, 10912, 10913, 10914 or 10915 at the same practice applies	61.45
10914	Professional attendance of more than 15 minutes duration, being the first in a course of attention, where the patient has a progressive disorder (excluding presbyopia) requiring comprehensive reassessment within 24 months of an initial consultation to which item 10900, 10905, 10907, 10912, 10913, 10914 or 10915 applies	61.45
10915	Professional attendance of more than 15 minutes duration, being the first in a course of attention involving the examination of the eyes, with the instillation of a mydriatic, of a patient with diabetes mellitus, requiring comprehensive reassessment	61.45

Item	Service	Fee ($)
10916	Professional attendance, being the first in a course of attention, of not more than 15 minutes duration (not being a service associated with a service to which item 10931, 10932, 10933, 10940, 10941, 10942 or 10943 applies)	30.75
10918	Professional attendance, being the second or subsequent in a course of attention and being unrelated to the prescription and fitting of contact lenses (not being a service associated with a service to which item 10940 or 10941 applies)	30.75
10921	All professional attendances after the first, being those attendances regarded as a single service, in a single course of attention involving the prescription and fitting of contact lenses, being a course of attention in respect of which the first attendance is a service to which item 10900, 10905, 10907, 10912, 10913, 10914, 10915 or 10916 applies — patients with myopia of 5.0 dioptres or greater (spherical equivalent) in 1 eye (Item is subject to rule 88)	152.45
10922	All professional attendances after the first, being those attendances regarded as a single service, in a single course of attention involving the prescription and fitting of contact lenses, being a course of attention in respect of which the first attendance is a service to which item 10900, 10905, 10907, 10912, 10913, 10914, 10915 or 10916 applies — patients with manifest hyperopia of 5.0 dioptres or greater (spherical equivalent) in 1 eye (Item is subject to rule 88)	152.45
10923	All professional attendances after the first, being those attendances regarded as a single service, in a single course of attention involving the prescription and fitting of contact lenses, being a course of attention in respect of which the first attendance is a service to which item 10900, 10905, 10907, 10912, 10913, 10914, 10915 or 10916 applies — patients with astigmatism of 3.0 dioptres or greater in 1 eye (Item is subject to rule 88)	152.45
10924	All professional attendances after the first, being those attendances regarded as a single service, in a single course of attention involving the prescription and fitting	192.40

Item	Service	Fee ($)
	of contact lenses, being a course of attention in respect of which the first attendance is a service to which item 10900, 10905, 10907, 10912, 10913, 10914, 10915 or 10916 applies — patients with irregular astigmatism in either eye, being a condition the existence of which has been confirmed by keratometric observation, if the maximum visual acuity obtainable with spectacle correction is worse than 0.3 logMAR (6/12) and if that corrected acuity would be improved by an additional 0.1 logMAR by the use of a contact lens (Item is subject to rule 88)	
10925	All professional attendances after the first, being those attendances regarded as a single service, in a single course of attention involving the prescription and fitting of contact lenses, being a course of attention in respect of which the first attendance is a service to which item 10900, 10905, 10907, 10912, 10913, 10914, 10915 or 10916 applies — patients with anisometropia of 3.0 dioptres or greater (difference between spherical equivalents) (Item is subject to rule 88)	152.45
10926	All professional attendances after the first, being those attendances regarded as a single service, in a single course of attention involving the prescription and fitting of contact lenses, being a course of attention in respect of which the first attendance is a service to which item 10900, 10905, 10907, 10912, 10913, 10914, 10915 or 10916 applies — patients with corrected visual acuity of 0.7 logMAR (6/30) or worse in both eyes, being patients for whom a contact lens is prescribed as part of a telescopic system (Item is subject to rule 88)	152.45
10927	All professional attendances after the first, being those attendances regarded as a single service, in a single course of attention involving the prescription and fitting of contact lenses, being a course of attention in respect of which the first attendance is a service to which item 10900, 10905, 10907, 10912, 10913, 10914, 10915 or 10916 applies — patients for whom a wholly or segmentally opaque contact lens is prescribed for the	192.40

Item	Service	Fee ($)
	alleviation of dazzle, distortion or diplopia caused by pathological mydriasis, aniridia, coloboma of the iris, pupillary malformation or distortion, significant ocular deformity or corneal opacity — whether congenital, traumatic or surgical in origin (Item is subject to rule 88)	
10928	All professional attendances after the first, being those attendances regarded as a single service, in a single course of attention involving the prescription and fitting of contact lenses, being a course of attention in respect of which the first attendance is a service to which item 10900, 10905, 10907, 10912, 10913, 10914, 10915 or 10916 applies — patients who, by reason of physical deformity, are unable to wear spectacles (Item is subject to rule 88)	152.45
10929	All professional attendances after the first, being those attendances regarded as a single service, in a single course of attention involving the prescription and fitting of contact lenses, being a course of attention in respect of which the first attendance is a service to which item 10900, 10905, 10907, 10912, 10913, 10914, 10915 or 10916 applies — patients who have a medical or optical condition (other than myopia, hyperopia, astigmatism, anisometropia or a condition to which item 10926, 10927 or 10928 applies) requiring the use of a contact lens for correction, where the condition is specified on the patient's account (Item is subject to rule 88)	192.40
10930	All professional attendances regarded as a single service in a single course of attention involving the prescription and fitting of contact lenses where the patient meets the requirements of an item in the series 10921 to 10929 and requires a change in contact lens material or basic lens parameters, other than a simple power change, because of a structural or functional change in the eye or an allergic response within 36 months of the fitting of a contact lens covered by items 10921 to 10929	152.45
10931	A service to which an item in Group A10 applies (other than this item or item 10916, 10932, 10933, 10940 or 10941), if the service:	21.40

Item	Service	Fee ($)
	(a) is provided: (i) during a home visit to a person; or (ii) in a residential aged care facility; or (iii) in an institution; and (b) is provided to a single patient at a single location on a single occasion; and (c) is: (i) bulk-billed in respect of the fees for this item and another item in this table applying to the service; or (ii) not bulk-billed in respect of the fees for this item and another item in this table applying to the service (Item is subject to rule 91)	
10932	A service to which an item in Group A10 applies (other than this item or item 10916, 10931, 10933, 10940 or 10941), if the service: (a) is provided: (i) during a home visit to a person; or (ii) in a residential aged care facility; or (iii) in an institution; and (b) is provided to each of 2 patients at a single location on a single occasion; and (c) is: (i) bulk-billed in respect of the fees for this item and another item in this table applying to the service; or (ii) not bulk-billed in respect of the fees for this item and another item in this table applying to the service (Item is subject to rule 91)	10.70
10933	A service to which an item in Group A10 applies (other than this item or item 10916, 10931, 10932, 10940 or 10941), if the service: (a) is provided: (i) during a home visit to a person; or (ii) in a residential aged care facility; or	7.15

Item	Service	Fee ($)
	(iii) in an institution; and (b) is provided to each of 3 patients at a single location on a single occasion; and (c) is: (i) bulk-billed in respect of the fees for this item and another item in this table applying to the service; or (ii) not bulk-billed in respect of the fees for this item and another item in this table applying to the service (Item is subject to rule 91)	
10940	Full quantitative computerised perimetry (automated absolute static threshold), with bilateral assessment and report, where indicated by the presence of relevant ocular disease or suspected pathology of the visual pathways or brain that: (a) is not a service involving multifocal multichannel objective perimetry; and (b) is performed by an optometrist; not being a service associated with a service to which item 10916, 10918, 10931, 10932 or 10933 applies (Item is subject to rule 90)	58.65
10941	Full quantitative computerised perimetry (automated absolute static threshold) with unilateral assessment and report, where indicated by the presence of relevant ocular disease or suspected pathology of the visual pathways or brain that: (a) is not a service involving multifocal multichannel objective perimetry; and (b) is performed by an optometrist; not being a service associated with a service to which item 10916, 10918 10931, 10932 or 10933 applies (Item is subject to rule 90)	35.35

Item	Service	Fee ($)
10942	Testing of residual vision to provide optimum visual performance for a patient who has best corrected visual acuity of 6/15 or N.12 or worse in the better eye or a horizontal visual field of less than 120 degrees and within 10 degrees above and below the horizontal midline, involving 1 or more of the following: (a) spectacle correction; (b) determination of contrast sensitivity; (c) determination of glare sensitivity; (d) prescription of magnification aids; not being a service associated with a service to which item 10916, 10921, 10922, 10923, 10924, 10925, 10926, 10927, 10928, 10929 or 10930 applies (Item is subject to rule 88)	30.75
10943	Additional testing to confirm diagnosis of, or establish a treatment regime for, a significant binocular or accommodative dysfunction, in a patient aged 3 to 14 years, including assessment of 1 or more of the following: (a) accommodation; (b) ocular motility; (c) vergences; (d) fusional reserves; (e) cycloplegic refraction; not being a service to which item 10916, 10921, 10922, 10923, 10924, 10925, 10926, 10927, 10928, 10929 or 10930 applies (Item is subject to rules 88 and 92)	30.75

Miscellaneous services

Group 1 — Management of bulk-billed services

10990	A medical service to which an item in this table (other than this item or item 10991 or 10992) applies if: (a) the service is an unreferred service; and (b) the service is provided to a person who is under the age of 16 or is a Commonwealth concession card	6.05

Item	Service	Fee ($)
	holder; and (c) the person is not an admitted patient of a hospital or approved day hospital facility; and (d) the service is bulk-billed in respect of the fees for: (i) this item; and (ii) the other item in this table applying to the service	
10991	A medical service to which an item in this table (other than this item or item 10990 or 10992) applies if: (a) the service is an unreferred service; and (b) the service is provided to a person who is under the age of 16 or is a Commonwealth concession card holder; and (c) the person is not an admitted patient of a hospital or approved day hospital facility; and (d) the service is bulk-billed in respect of the fees for: (i) this item; and (ii) the other item in this table applying to the service; and (e) the service is provided at, or from, a practice location in an eligible area	9.20
10992	A medical service to which item 1, 97, 601, 697, 5003, 5007, 5010, 5023, 5026, 5028, 5043, 5046, 5049, 5063, 5064, 5067, 5220, 5223, 5227, 5228, 5240, 5243, 5247, 5248, 5260, 5263, 5265 or 5267 applies if: (a) the service is an unreferred service; and (b) the service is provided to a person who is under the age of 16 or is a Commonwealth concession card holder; and (c) the person is not an admitted patient of a hospital or approved day hospital facility; and (d) the service is not provided in consulting rooms; and (e) the service is provided in an eligible area; and (f) the service is provided by, or on behalf of, a medical practitioner whose practice location is not in an eligible area; and (g) the service is bulk-billed in respect of the fees for:	9.20

Item	Service	Fee ($)
	(i) this item; and (ii) the other item in this table applying to the service	
Group 2 — Services provided by a practice nurse on behalf of a medical practitioner		
10993	Immunisation provided to a person by a practice nurse if: (a) the immunisation is provided on behalf of, and under the supervision of, a medical practitioner; and (b) the immunisation is provided: (i) in the consulting rooms of a general practice; or (ii) in a residential aged care facility; or (iii) during a home visit to the person; or (iv) in an institution	10.40
10996	Treatment of a person's wound (other than normal aftercare) provided by a practice nurse if: (a) the treatment is provided on behalf of, and under the supervision of, a medical practitioner; and (b) the person is not an admitted patient of a hospital or approved day hospital facility	10.40
10998	Service provided by a practice nurse, being the taking of a cervical smear from a person, if: (a) the service is provided on behalf of, and under the supervision of, a medical practitioner; and (b) the service is provided at, or from, a practice location in a regional, rural or remote area; and (c) the person is not an admitted patient of a hospital or approved day hospital facility	10.40
10999	Service provided by a practice nurse, being the taking of a cervical smear from a woman between the ages of 20 and 69 years (inclusive) who has not had a cervical smear in the last 4 years, if: (a) the service is provided on behalf of, and under the supervision of, a medical practitioner; and (b) the service is provided at, or from, a practice location in a regional, rural or remote area; and (c) the person is not an admitted patient of a hospital or	10.40

Item	Service	Fee ($)
	approved day hospital facility	

Diagnostic procedures and investigations

Group D1 — Miscellaneous diagnostic procedures and investigations

Subgroup 1 — Neurology

11000	Electroencephalography, not being a service: (a) associated with a service to which item 11003, 11006 or 11009 applies; or (b) involving quantitative topographic mapping using neurometrics or similar devices (Anaes.)	106.55
11003	Electroencephalography, prolonged recording of at least 3 hours duration, not being a service: (a) associated with a service to which item 11000, 11004, 11005, 11006 or 11009 applies; or (b) involving quantitative topographic mapping using neurometrics or similar devices	281.95
11004	Electroencephalography, ambulatory or video, prolonged recording of at least 3 hours duration up to 24 hours duration, recording on the first day, not being a service: (a) associated with a service to which item 11000, 11003, 11005, 11006 or 11009 applies; or (b) involving quantitative topographic mapping using neurometrics or similar devices	281.95
11005	Electroencephalography, ambulatory or video, prolonged recording of at least 3 hours duration up to 24 hours duration, recording on each day subsequent to the first day, not being a service: (a) associated with a service to which item 11000, 11003, 11004, 11006 or 11009 applies; or (b) involving quantitative topographic mapping using neurometrics or similar devices	281.95
11006	Electroencephalography, temporosphenoidal, not being a service involving quantitative topographic mapping using neurometrics or similar devices	144.55
11009	Electrocorticography	197.05
11012	Neuromuscular electrodiagnosis — conduction studies on 1 nerve or electromyography of 1 or more muscles using	96.85

Item	Service	Fee ($)
	concentric needle electrodes or both these examinations (not being a service associated with a service to which item 11015 or 11018 applies)	
11015	Neuromuscular electrodiagnosis — conduction studies on 2 or 3 nerves with or without electromyography (not being a service associated with a service to which item 11012 or 11018 applies)	129.75
11018	Neuromuscular electrodiagnosis — conduction studies on 4 or more nerves with or without electromyography or recordings from single fibres of nerves and muscles or both of these examinations (not being a service associated with a service to which item 11012 or 11015 applies)	193.85
11021	Neuromuscular electrodiagnosis — repetitive stimulation for study of neuromuscular conduction or electromyography with quantitative computerised analysis or both of these examinations	129.75
11024	Central nervous system evoked responses, investigation of, by computerised averaging techniques, not being a service involving quantitative topographic mapping of event-related potentials or involving multifocal multichannel objective perimetry — 1 or 2 studies	98.60
11027	Central nervous system evoked responses, investigation of, by computerised averaging techniques, not being a service involving quantitative topographic mapping of event-related potentials or involving multifocal multichannel objective perimetry — 3 or more studies	146.15
Subgroup 2 — Ophthalmology		
11200	Provocative test or tests for glaucoma, including water drinking	35.30
11203	Tonography — in the investigation or management of glaucoma, of 1 or both eyes — using an electrical tonography machine producing a directly recorded tracing	59.65
11204	Electroretinography of 1 or both eyes by computerised averaging techniques, including 3 or more studies performed according to current professional guidelines or standards	93.70
11205	Electrooculography of 1 or both eyes performed according to current professional guidelines or standards	93.70

Item	Service	Fee ($)
11210	Pattern electroretinography of 1 or both eyes by computerised averaging techniques, including 3 or more studies performed according to current professional guidelines or standards	93.70
11211	Dark adaptometry of 1 or both eyes with a quantitative estimation of threshold in log lumens at 45 minutes of dark adaptations	93.70
11212	Optic fundi, examination of following intravenous dye injection	60.70
11215	Retinal photography, multiple exposures, of 1 eye with intravenous dye injection	106.45
11218	Retinal photography, multiple exposures of both eyes with intravenous dye injection	131.50
11221	Full quantitative computerised perimetry (automated absolute static threshold), not being a service involving multifocal multichannel objective perimetry, performed by or on behalf of a specialist in the practice of his or her specialty, where indicated by the presence of relevant ocular disease or suspected pathology of the visual pathways or brain with assessment and report, bilateral — to a maximum of 2 examinations (including examinations to which item 11224 applies) in any 12 month period	58.65
11222	Full quantitative computerised perimetry (automated absolute static threshold), not being a service involving multifocal multichannel objective perimetry, performed by or on behalf of a specialist in the practice of his or her specialty, with assessment and report, bilateral, where it can be demonstrated that a further examination is indicated in the same 12 month period to which item 11221 applies due to presence of 1 of the following conditions: (a) established glaucoma (where surgery may be required within a 6 month period) where there has been definite progression of damage over a 12 month period; (b) established neurological disease which may be progressive and where a visual field is necessary for the management of the patient; (c) monitoring for ocular disease or disease of the	58.65

Item	Service	Fee ($)
	visual pathways which may be caused by systemic drug toxicity, where there may also be other disease such as glaucoma or neurological disease; each additional examination	
11224	Full quantitative computerised perimetry (automated absolute static threshold), not being a service involving multifocal multichannel objective perimetry, performed by or on behalf of a specialist in the practice of his or her specialty, where indicated by the presence of relevant ocular disease or suspected pathology of the visual pathways or brain with assessment and report, unilateral — to a maximum of 2 examinations (including examinations to which item 11221 applies) in any 12 month period	35.35
11225	Full quantitative computerised perimetry (automated absolute static threshold), not being a service involving multifocal multichannel objective perimetry, performed by or on behalf of a specialist in the practice of his or her specialty, with assessment and report, unilateral, where it can be demonstrated that a further examination is indicated in the same 12 month period to which item 11224 applies due to presence of 1 of the following conditions: (a) established glaucoma (where surgery may be required within a 6 month period) where there has been definite progression of damage over a 12 month period; (b) established neurological disease which may be progressive and where a visual field is necessary for the management of the patient; (c) monitoring for ocular disease or disease of the visual pathways which may be caused by systemic drug toxicity, where there may also be other disease such as glaucoma or neurological disease; each additional examination	35.35
11235	Examination of the eye by impression cytology of cornea for the investigation of ocular surface dysplasia, including the collection of cells, processing and all cytological examinations and preparation of report	106.20

Item	Service	Fee ($)
11237	Ocular contents, simultaneous ultrasonic echography by both unidimensional and bidimensional techniques, for the diagnosis, monitoring or measurement of choroidal and ciliary body melanomas, retinoblastoma or suspicious naevi or simulating lesions, 1 eye, not being a service associated with a service to which an item in Group I1 of the diagnostic imaging services table applies	70.45
11240	Orbital contents, unidimensional ultrasonic echography or partial coherence interferometry of, for the measurement of 1 eye prior to lens surgery on that eye, not being a service associated with a service to which an item in Group I1 of the diagnostic imaging services table applies	70.45
11241	Orbital contents, unidimensional ultrasonic echography or partial coherence interferometry of, for bilateral eye measurement prior to lens surgery on both eyes, not being a service associated with a service to which an item in Group I1 of the diagnostic imaging services table applies	89.70
11242	Orbital contents, unidimensional ultrasonic echography or partial coherence interferometry of, for the measurement of an eye previously measured and on which lens surgery has been performed, and where further lens surgery is contemplated in that eye, not being a service associated with a service to which an item in Group I1 of the diagnostic imaging services table applies	69.35
11243	Orbital contents, unidimensional ultrasonic echography or partial coherence interferometry of, for the measurement of a second eye if: (a) surgery for the first eye has resulted in more than 1 dioptre of error; or (b) more than 3 years have elapsed since the surgery for the first eye; not being a service associated with a service to which an item in Group I1 of the diagnostic imaging services table applies	69.35
Subgroup 3 — Otolaryngology		
11300	Brain stem evoked response audiometry (Anaes.)	166.55
11303	Electrocochleography, extratympanic method, 1 or both ears	166.55

Item	Service	Fee ($)
11304	Electrocochleography, transtympanic membrane insertion technique, 1 or both ears	274.30
11306	Non-determinate audiometry	19.00
11309	Audiogram, air conduction	22.75
11312	Audiogram, air and bone conduction or air conduction and speech discrimination	32.15
11315	Audiogram, air and bone conduction and speech	42.60
11318	Audiogram, air and bone conduction and speech, with other cochlear tests	52.55
11321	Glycerol induced cochlear function changes assessed by a minimum of 4 air conduction and speech discrimination tests (Klockoff's test)	99.85
11324	Impedance audiogram involving tympanometry and measurement of static compliance and acoustic reflex performed by, or on behalf of, a specialist in the practice of his or her specialty, where the patient is referred by a medical practitioner — not being a service associated with a service to which item 11309, 11312, 11315 or 11318 applies	28.40
11327	Impedance audiogram involving tympanometry and measurement of static compliance and acoustic reflex performed by, or on behalf of, a specialist in the practice of his or her specialty, where the patient is referred by a medical practitioner — being a service associated with a service to which item 11309, 11312, 11315 or 11318 applies	17.10
11330	Impedance audiogram where the patient is not referred by a medical practitioner — 1 examination in any 4 week period	6.85
11332	Oto-acoustic emission audiometry for the detection of permanent congenital hearing impairment, performed by or on behalf of a specialist or consultant physician, on an infant or child who is at risk due to 1 or more of the following factors: (a) admission to a neonatal intensive care unit; (b) family history of hearing impairment; (c) intra-uterine or perinatal infection (either suspected	50.65

Item	Service	Fee ($)
	or confirmed); (d) birthweight less than 1.5 kg; (e) craniofacial deformity; (f) birth asphyxia; (g) chromosomal abnormality, including Down's Syndrome; (h) exchange transfusion; where: (i) the patient is referred by another medical practitioner; and (j) middle ear pathology has been excluded by specialist opinion	
11333	Caloric test of labyrinth or labyrinths	38.60
11336	Simultaneous bithermal caloric test of labyrinths	38.60
11339	Electronystagmography	38.60
Subgroup 4 — Respiratory		
11500	Bronchospirometry, including gas analysis	144.55
11503	Measurement of: (a) the mechanical or gas exchange function of the respiratory system; or (b) respiratory muscle function; or (c) ventilatory control mechanisms; using measurements of various parameters including pressures, volumes, flow, gas concentrations in inspired or expired air, alveolar gas or blood, electrical activity of muscles (the tests being supervised by a specialist or consultant physician or carried out in the respiratory laboratory of a hospital) (not being a service associated with a service to which item 22018 applies) — each occasion at which 1 or more such tests are carried out	120.00
11506	Measurement of respiratory function involving a permanently recorded tracing performed before and after inhalation of bronchodilator — each occasion at which 1 or more such tests are performed	17.75
11509	Measurement of respiratory function involving a permanently recorded tracing and written report,	30.85

Item	Service	Fee ($)
	performed before and after inhalation of bronchodilator, with continuous technician attendance in a laboratory equipped to perform complex respiratory function tests (the tests being performed under the supervision of a specialist or consultant physician or in the respiratory laboratory of a hospital) — each occasion at which 1 or more such tests are performed	
11512	Continuous measurement of the relationship between flow and volume during expiration or inspiration involving a permanently recorded tracing and written report, performed before and after inhalation of bronchodilator, with continuous technician attendance in a laboratory equipped to perform complex lung function tests (the tests being performed under the supervision of a specialist or consultant physician or in the respiratory laboratory of a hospital) — each occasion at which 1 or more such tests are performed	53.45
Subgroup 5 — Vascular		
11600	Blood pressure monitoring (central venous, pulmonary arterial, systemic arterial or cardiac intracavity), by indwelling catheter — each day of monitoring for each type of pressure up to a maximum of 4 pressures (not being a service to which item 13876 applies or a service associated with administration of anaesthesia)	59.95
11602	Investigation of venous reflux or obstruction in 1 or more limbs at rest by CW Doppler or pulsed Doppler involving examination at multiple sites along the limb(s) using intermittent limb compression and/or Valsalva manoeuvres to detect prograde and retrograde flow, not being a service associated with a service to which item 32500 or 32501 applies — hard copy trace and report, maximum of two examinations in a 12 month period	49.95
11604	Plethysmographic assessment of chronic venous disease, assessment of chronic venous disease in the lower and upper extremities, or in the lower or upper extremities (unilateral or bilateral) using venous occlusion plethysmography, strain gauge plethysmography or air plethysmography, not being a service associated with a service to which item 32500 or 32501 applies — examination, hard copy trace and report	65.55

Item	Service	Fee ($)
11605	Infrared photoplethysmographic assessment of complex chronic lower limb venous disease, assessment of chronic venous disease in the lower extremities (unilateral or bilateral) using infrared photoplethysmography, examination during and following exercise with and without superficial venous occlusion, to assess venous function (reflux and/or obstruction) to determine surgical intervention or the conservative management of deep venous thrombotic disease, not being a service associated with a service to which item 32500 or 32501 applies — hard copy trace, calculation of 90% recovery time and report	65.55
11610	Measurement of ankle — brachial indices and arterial waveform analysis, measurement of posterior tibial and dorsalis pedis (or toe) and brachial arterial pressures bilaterally using Doppler or plethysmographic techniques, the calculation of ankle (or toe) brachial systolic pressure indices and assessment of arterial waveforms for the evaluation of lower extremity arterial disease — examination, hard copy trace and report	55.15
11611	Measurement of wrist — brachial indices and arterial waveform analysis, measurement of radial and ulnar (or finger) and brachial arterial pressures bilaterally using Doppler or plethysmographic techniques, the calculation of the wrist (or finger) brachial systolic pressure indices and assessment of arterial waveforms for the evaluation of upper extremity arterial disease — examination, hard copy trace and report	55.15
11612	Exercise study for the evaluation of lower extremity arterial disease, measurement of posterior tibial and dorsalis pedis (or toe) and brachial arterial pressures bilaterally using Doppler or plethysmographic techniques, the calculation of ankle (or toe) brachial systolic pressure indices for the evaluation of lower extremity arterial disease at rest and following exercise using a treadmill or bicycle ergometer or other such equipment where the exercise workload is quantifiably documented — examination and report	97.25

Item	Service	Fee ($)
11614	Transcranial doppler, examination of the intracranial arterial circulation using CW Doppler or pulsed Doppler with hard copy recording of waveforms, examination and report, not being a service associated with a service to which item 55280 of the diagnostic imaging services table applies	65.55
11615	Measurement of digital temperature, 1 or more digits, (unilateral or bilateral) and report, with hard copy recording of temperature before and for 10 minutes or more after cold stress testing	65.65
11627	Pulmonary artery pressure monitoring during open heart surgery, in a person under 12 years of age	197.90
Subgroup 6 — Cardiovascular		
11700	Twelve-lead electrocardiography, tracing and report	27.05
11701	Twelve-lead electrocardiography, report only where the tracing has been forwarded to another medical practitioner, not in association with a consultation on the same occasion	13.45
11702	Twelve-lead electrocardiography, tracing only	13.45
11708	Continuous ECG recording of ambulatory patient for 12 or more hours (including resting ECG and the recording of parameters), not in association with ambulatory blood pressure monitoring, involving microprocessor based analysis equipment, interpretation and report of recordings by a specialist physician or consultant physician, not being a service to which item 11709 applies	110.70
11709	Continuous ECG recording (Holter) of ambulatory patient for 12 or more hours (including resting ECG and the recording of parameters), not in association with ambulatory blood pressure monitoring, utilising a system capable of superimposition and full disclosure printout of at least 12 hours of recorded ECG data, microprocessor based scanning analysis, with interpretation and report by a specialist physician or consultant physician	144.95

Item	Service	Fee ($)
11710	Ambulatory ECG monitoring, patient activated, single or multiple event recording, utilising a looping memory recording device which is connected continuously to the patient for 12 hours or more and is capable of recording for at least 20 seconds prior to each activation and for 15 seconds after each activation, including transmission, analysis, interpretation and report — payable once in any 4 week period	44.90
11711	Ambulatory ECG monitoring for 12 hours or more, patient activated, single or multiple event recording, utilising a memory recording device which is capable of recording for at least 30 seconds after each activation, including transmission, analysis, interpretation and report — payable once in any 4 week period	24.45
11712	Multi channel ECG monitoring and recording during exercise (motorised treadmill or cycle ergometer capable of quantifying external workload in watts) or pharmacological stress, involving the continuous attendance of a medical practitioner for not less than 20 minutes, with resting ECG, and with or without continuous blood pressure monitoring and the recording of other parameters, on premises equipped with mechanical respirator and defibrillator	131.65
11713	Signal averaged ECG recording involving not more than 300 beats, using at least 3 leads with data acquisition at not less than 1000Hz of at least 100 QRS complexes, including analysis, interpretation and report of recording by a specialist physician or consultant physician	60.35
11715	Blood dye — dilution indicator test	104.55
11718	Implanted pacemaker testing involving electrocardiography, measurement of rate, width and amplitude of stimulus, including reprogramming when required, not being a service associated with a service to which item 11700 or 11721 applies	30.05
11721	Implanted pacemaker testing of atrioventricular (AV) sequential, rate responsive, or antitachycardia pacemakers, including reprogramming when required, not being a service associated with a service to which item 11700 or 11718 applies	60.35

Item	Service	Fee ($)
11722	Implanted ECG loop recording for the investigation of recurrent unexplained syncope if: (a) a diagnosis has not been achieved through all other available cardiac investigations; and (b) a neurogenic cause is not suspected; and (c) the patient to whom the service is provided does not have a structural heart defect associated with a high risk of sudden cardiac death; including reprogramming when required, retrieval of stored data, analysis, interpretation and report, not being a service to which item 38285 applies	30.05
11724	Up-right tilt table testing for the investigation of syncope of suspected cardiothoracic origin, including blood pressure monitoring, continuous ECG monitoring and the recording of the parameters, and involving an established intravenous line and the continuous attendance of a specialist or consultant physician — on premises equipped with a mechanical respirator and defibrillator	146.15
Subgroup 7 — Gastroenterology and colorectal		
11800	Oesophageal motility test, manometric	151.05
11810	Clinical assessment of gastro-oesophageal reflux disease involving 24-hour pH monitoring, including analysis, interpretation and report and including any associated consultation	151.05
11820	Capsule endoscopy to investigate an episode of obscure gastrointestinal bleeding, using a capsule endoscopy device approved by the Therapeutic Goods Administration (including administration of the capsule, imaging, image reading and interpretation, and all attendances for providing the service on the day the capsule is administered) if: (a) the service is performed by a specialist or consultant physician with endoscopic training that is recognised by The Conjoint Committee for the Recognition of Training in Gastrointestinal Endoscopy; and (b) the patient to whom the service is provided: (i) is aged 10 years or over; and	1 764.85

Item	Service	Fee ($)
	(ii) has recurrent or persistent bleeding; and (iii) is anaemic or has active bleeding; and (c) an upper gastrointestinal endoscopy and a colonoscopy have been performed on the patient and have not identified the cause of the bleeding; and (d) the service is performed within 6 months after the upper gastrointestinal endoscopy and colonoscopy	
11830	Diagnosis of abnormalities of the pelvic floor involving anal manometry or measurement of anorectal sensation or measurement of the rectosphincteric reflex	161.60
11833	Diagnosis of abnormalities of the pelvic floor and sphincter muscles involving electromyography or measurement of pudendal and spinal nerve motor latency	216.15
Subgroup 8 — Genito-urinary physiological investigations		
11900	Urine flow study including peak urine flow measurement, not being a service associated with a service to which item 11919 applies	23.85
11903	Cystometrography, not being a service associated with a service to which any of items 11012 to 11027, 11912, 11915, 11919, 11921 and 36800 or an item in Group I3 of the diagnostic imaging services table applies	96.20
11906	Urethral pressure profilometry, not being a service associated with a service to which any of items 11012 to 11027, 11909, 11919, 11921 and 36800 or an item in Group I3 of the diagnostic imaging services table applies	96.20
11909	Urethral pressure profilometry with simultaneous measurement of urethral sphincter electromyography, not being a service associated with a service to which item 11906, 11915, 11919, 36800 or an item in Group I3 of the diagnostic imaging services table applies	142.85
11912	Cystometrography with simultaneous measurement of rectal pressure, not being a service associated with a service to which any of items 11012 to 11027, 11903, 11915, 11919, 11921 and 36800 or an item in Group I3 of the diagnostic imaging services table applies (Anaes.)	142.85

Item	Service	Fee ($)
11915	Cystometrography with simultaneous measurement of urethral sphincter electromyography, not being a service associated with a service to which any of items 11012 to 11027, 11903, 11909, 11912, 11919, 11921 and 36800 or an item in Group I3 of the diagnostic imaging services table applies (Anaes.)	142.85
11917	Cystometrography in conjunction with ultrasound of 1 or more components of the urinary tract, with measurement of any 1 or more of urine flow rate, urethral pressure profile, rectal pressure, urethral sphincter electromyography; including all imaging associated with cystometrography, not being a service associated with a service to which any of items 11012 to 11027, 11900 to 11915, 11919, 11921 and 36800 applies (Anaes.)	370.65
11919	Cystometrography in conjunction with contrast micturating cystourethrography, with measurement of any 1 or more of urine flow rate, urethral pressure profile, rectal pressure, urethral sphincter electromyography; including all imaging associated with cystometrography, not being a service associated with a service to which any of items 11012 to 11027, 11900 to 11917, 11921 and 36800 applies (Anaes.)	370.65
11921	Bladder washout test for localisation of urinary infection — not including bacterial counts for organisms in specimens	64.90
Subgroup 9 — Allergy testing		
12000	Skin sensitivity testing for allergens, using 1 to 20 allergens, not being a service associated with a service to which item 12012, 12015, 12018 or 12021 applies	33.70
12003	Skin sensitivity testing for allergens, using more than 20 allergens, not being a service associated with a service to which item 12012, 12015, 12018 or 12021 applies	50.95
12012	Epicutaneous patch testing in the investigation of allergic dermatitis using less than the number of allergens included in a standard patch test battery	17.95
12015	Epicutaneous patch testing in the investigation of allergic dermatitis using all of the allergens in a standard patch test battery	54.05

Item	Service	Fee ($)
12018	Epicutaneous patch testing in the investigation of allergic dermatitis using all of the allergens in a standard patch test battery and additional allergens to a total of up to and including 50 allergens	69.60
12021	Epicutaneous patch testing in the investigation of allergic dermatitis, performed by or on behalf of a specialist in the practice of his or her specialty, using more than 50 allergens	102.00
	Subgroup 10 — Other diagnostic procedures and investigations	
12200	Collection of specimen of sweat by iontophoresis	32.20
12201	Administration, by a specialist or consultant physician in the practice of his or her specialty, of thyrotropin alfa-rch (recombinant human thyroid-stimulating hormone), and arranging services to which both items 61426 and 66650 apply, for the detection of recurrent well-differentiated thyroid cancer in a patient if: (a) the patient has had a total thyroidectomy and one ablative dose of radioactive iodine; and (b) the patient is maintained on thyroid hormone therapy; and (c) the patient is at risk of recurrence; and (d) on at least one previous whole body scan or serum thyroglobulin test when withdrawn from thyroid hormone therapy, the patient did not have evidence of well-differentiated thyroid cancer; and (e) either: (i) withdrawal from thyroid hormone therapy resulted in severe psychiatric disturbances when hypothyroid; or (ii) withdrawal is medically contra-indicated because the patient has: (A) unstable coronary artery disease; or (B) hypopituitarism; or (C) a high risk of relapse or exacerbation of a previous severe psychiatric illness — payable once only in a 12 month period	2 071.00

Item	Service	Fee ($)
12203	Overnight investigation for sleep apnoea for a period of at least 8 hours duration, for a patient aged 18 years or more where: (a) continuous monitoring of oxygen saturation and breathing using a multi-channel polygraph, and recordings of EEG, EOG, submental EMG, anterior tibial EMG, respiratory movement, airflow, oxygen saturation and ECG are performed; and (b) a technician is in continuous attendance under the supervision of a qualified sleep medicine practitioner; and (c) the patient is referred by a medical practitioner; and (d) the necessity for the investigation is determined by a qualified adult sleep medicine practitioner prior to the investigation; and (e) polygraphic records are analysed (for assessment of sleep stage, arousals, respiratory events and assessment of clinically significant alterations in heart rate and limb movement) with manual scoring, or manual correction of computerised scoring in epochs of not more than 1 minute, and stored for interpretation and preparation of report; and (f) interpretation and report are provided by a qualified adult sleep medicine practitioner based on reviewing the direct original recording of polygraphic data from the patient. For any particular patient — applicable only in relation to each of the first 3 occasions the investigation is performed in any 12 month period	508.90
12207	Overnight investigation for sleep apnoea for a period of at least 8 hours duration, for a patient aged 18 years or more where: (a) continuous monitoring of oxygen saturation and breathing using a multi-channel polygraph, and recordings of EEG, EOG, submental EMG, anterior tibial EMG, respiratory movement, airflow, oxygen saturation and ECG are performed; and	508.90

Item	Service	Fee ($)
	(b) a technician is in continuous attendance under the supervision of a qualified sleep medicine practitioner; and (c) the patient is referred by a medical practitioner; and (d) the necessity for the investigation is determined by a qualified adult sleep medicine practitioner prior to the investigation; and (e) polygraphic records are analysed (for assessment of sleep stage, arousals, respiratory events and assessment of clinically significant alterations in heart rate and limb movement) with manual scoring, or manual correction of computerised scoring in epochs of not more than 1 minute, and stored for interpretation and preparation of report; and (f) interpretation and report are provided by a qualified adult sleep medicine practitioner based on reviewing the direct original recording of polygraphic data from the patient; where it can be demonstrated that a further investigation is indicated in the same 12 month period to which item 12203 applies for the adjustment or testing, or both, of the effectiveness of a positive pressure ventilatory support device (other than nasal continuous positive airway pressure) in sleep, in a patient with severe cardio-respiratory failure, and where previous studies have demonstrated failure of continuous positive airway pressure or oxygen — each additional investigation	

Item	Service	Fee ($)
12210	Overnight paediatric investigation for a period of at least 8 hours duration for a patient aged 12 years or less, where: (a) continuous monitoring of oxygen saturation and breathing using a multi-channel polygraph, and recordings of EEG (with a minimum of 4 EEG leads or, in selected investigations, of 6 EEG leads), EOG, submental or diaphragm EMG (or both), respiratory movement of rib and abdomen (whether movement of rib is recorded separately from, or together with, movement of abdomen), airflow, measurement of carbon dioxide (either end-tidal or transcutaneous), oxygen saturation and ECG are performed; and (b) a technician or registered nurse with sleep technology training is in continuous attendance under the supervision of a qualified paediatric sleep medicine practitioner; and (c) the patient is referred by a medical practitioner; and (d) the necessity for the investigation is determined by a qualified paediatric sleep medicine practitioner prior to the investigation; and (e) polygraphic records are analysed (for assessment of sleep stage, and maturation of sleep indices, arousals, respiratory events and assessment of clinically significant alterations in heart rate and body movement) with manual scoring, or manual correction of computerised scoring in epochs of not more than 1 minute, and stored for interpretation and preparation of report; and (f) interpretation and report are provided by a qualified paediatric sleep medicine practitioner based on reviewing the direct original recording of polygraphic data from the patient. For each particular patient — applicable only in relation to each of the first 3 occasions the investigation is performed in any 12 month period	607.40

Item	Service	Fee ($)
12213	Overnight paediatric investigation for a period of at least 8 hours duration for a patient aged between 12 and 18 years, where: (a) recordings of EEG (with a minimum of 4 EEG leads or, in selected investigations, of 6 EEG leads), EOG, submental or diaphragm EMG (or both), respiratory movement of rib and abdomen (whether movement of rib is recorded separately from, or together with, movement of abdomen), airflow, measurement of carbon dioxide (either end-tidal or transcutaneous), oxygen saturation and ECG are performed; and (b) a technician or registered nurse with sleep technology training is in continuous attendance under the supervision of a qualified sleep medicine practitioner; and (c) the patient is referred by a medical practitioner; and (d) the necessity for the investigation is determined by a qualified sleep medicine practitioner prior to the investigation; and (e) polygraphic records are analysed (for assessment of sleep stage, and maturation of sleep indices, arousals, respiratory events and assessment of clinically significant alterations in heart rate and body movement) with manual scoring, or manual correction of computerised scoring in epochs of not more than 1 minute, and stored for interpretation and preparation of report; and (f) interpretation and report are provided by a qualified sleep medicine practitioner based on reviewing the direct original recording of polygraphic data from the patient. For each particular patient — applicable only in relation to each of the first 3 occasions the investigation is performed in any 12 month period	547.20

Item	Service	Fee ($)
12215	Overnight paediatric investigation for a period of at least 8 hours duration for a patient aged 12 years or less, where: (a) continuous monitoring of oxygen saturation and breathing using a multi-channel polygraph, and recordings of EEG (with a minimum of 4 EEG leads or, in selected investigations, of 6 EEG leads), EOG, submental or diaphragm EMG (or both), respiratory movement of rib and abdomen (whether movement of rib is recorded separately from, or together with, movement of abdomen), airflow, measurement of carbon dioxide (either end-tidal or transcutaneous), oxygen saturation and ECG are performed; and (b) a technician or registered nurse with sleep technology training is in continuous attendance under the supervision of a qualified paediatric sleep medicine practitioner; and (c) the patient is referred by a medical practitioner; and (d) the necessity for the investigation is determined by a qualified paediatric sleep medicine practitioner prior to the investigation; and (e) polygraphic records are analysed (for assessment of sleep stage, and maturation of sleep indices, arousals, respiratory events and assessment of clinically significant alterations in heart rate and body movement) with manual scoring, or manual correction of computerised scoring in epochs of not more than 1 minute, and stored for interpretation and preparation of report; and	607.40

Item	Service	Fee ($)
	(f) interpretation and report are provided by a qualified paediatric sleep medicine practitioner based on reviewing the direct original recording of polygraphic data from the patient; where it can be demonstrated that a further investigation is indicated in the same 12 month period to which item 12210 applies, for the adjustment, or testing of the effectiveness, or both, of Continuous Positive Airway Pressure (CPAP) or of the bilevel pressure support or ventilation (or both), or if supplemental oxygen is required because of recurring hypoxia — each additional investigation	
12217	Overnight paediatric investigation for a period of at least 8 hours duration for a patient aged between 12 and 18 years, where: (a) continuous monitoring of oxygen saturation and breathing using a multi-channel polygraph, and recordings of EEG (with a minimum of 4 EEG leads or, in selected investigations, of 6 EEG leads), EOG, submental or diaphragm EMG (or both), respiratory movement of rib and abdomen (whether movement of rib is recorded separately from, or together with, movement of abdomen), airflow, measurement of carbon dioxide (either end-tidal or transcutaneous), oxygen saturation and ECG are performed; and (b) a technician or registered nurse with sleep technology training is in continuous attendance under the supervision of a qualified sleep medicine practitioner; and (c) the patient is referred by a medical practitioner; and (d) the necessity for the investigation is determined by a qualified sleep medicine practitioner prior to the investigation; and	547.20

Item	Service	Fee ($)
	(e) polygraphic records are analysed (for assessment of sleep stage, and maturation of sleep indices, arousals, respiratory events and assessment of clinically significant alterations in heart rate and body movement) with manual scoring, or manual correction of computerised scoring in epochs of not more than 1 minute, and stored for interpretation and preparation of report; and (f) interpretation and report to be provided by a qualified sleep medicine practitioner based on reviewing the direct original recording of polygraphic data from the patient; where it can be demonstrated that a further investigation is indicated in the same 12 month period to which item 12213 applies, for the adjustment, or testing of the effectiveness, or both, of Continuous Positive Airway Pressure (CPAP) or of the bilevel pressure support or ventilation (or both), or if there is recurring hypoxia and supplemental oxygen is required — each additional investigation	
Group D2 — Nuclear medicine (non-imaging)		
12500	Blood volume estimation	187.50
12503	Erythrocyte radioactive uptake survival time test or iron kinetic test	367.65
12506	Gastrointestinal blood loss estimation involving examination of stool specimens	262.50
12509	Gastrointestinal protein loss	187.50
12512	Radioactive B12 absorption test — 1 isotope	90.90
12515	Radioactive B12 absorption test — 2 isotopes	198.95
12518	Thyroid uptake (using probe)	90.90
12521	Perchlorate discharge study	109.60
12524	Renal function test (without imaging procedure)	137.00
12527	Renal function test (with imaging and at least 2 blood samples)	73.50
12530	Whole body count — not being a service associated with a service to which another item applies	109.60

Item	Service	Fee ($)
12533	Carbon-labelled urea breath test using oral C-13 or C-14 urea, performed by a specialist or consultant physician, including the measurement of exhaled $^{13}CO_2$ or $^{14}CO_2$, for either: (a) the confirmation of Helicobactor pylori colonisation, where: (i) suitable biopsy material for diagnosis cannot be obtained at endoscopy in patients with peptic ulcer disease, or where the diagnosis of peptic ulcer has been made on barium meal; or (ii) in patients with past history of duodenal ulcer, gastric ulcer or gastric neoplasia, where endoscopy is not indicated; or (b) the monitoring of the success of eradication of Helicobactor pylori in patients with peptic ulcer disease; where any request for the test by another medical practitioner who collects the breath sample specifically identifies in writing 1 or more of the clinical indications for the test	73.20

Therapeutic procedures

Group T1 — Miscellaneous therapeutic procedures

Subgroup 1 — Hyperbaric oxygen therapy

13020	Hyperbaric oxygen therapy, for treatment of decompression illness, gas gangrene, air or gas embolism, diabetic wounds (including diabetic gangrene and diabetic foot ulcers) or necrotising soft tissue infections (including necrotising fasciitis or Fournier's gangrene), or for the prevention and treatment of osteoradionecrosis, performed in a comprehensive hyperbaric medicine facility, under the supervision of a medical practitioner qualified in hyperbaric medicine, for a period in the hyperbaric chamber of between 1 hour 30 minutes and 3 hours (both inclusive), including any associated attendance	223.95

Item	Service	Fee ($)
13025	Hyperbaric oxygen therapy, for treatment of decompression illness, air or gas embolism, performed in a comprehensive hyperbaric medicine facility, under the supervision of a medical practitioner qualified in hyperbaric medicine, for a period in the hyperbaric chamber greater than 3 hours, including any associated attendance — per hour (or part of an hour)	100.15
13030	Hyperbaric oxygen therapy performed in a comprehensive hyperbaric medicine facility where the medical practitioner is pressurised in the hyperbaric chamber for the purpose of providing continuous life saving emergency treatment, including any associated attendance — per hour (or part of an hour)	141.45
Subgroup 2 — Dialysis		
13100	Supervision in hospital by a medical specialist of — haemodialysis, haemofiltration, haemoperfusion or peritoneal dialysis, including all professional attendances, where the total attendance time on the patient by the supervising medical specialist exceeds 45 minutes in 1 day	118.25
13103	Supervision in hospital by a medical specialist of — haemodialysis, haemofiltration, haemoperfusion or peritoneal dialysis, including all professional attendances, where the total attendance time on the patient by the supervising medical specialist does not exceed 45 minutes in 1 day	61.60
13104	Planning and management of home dialysis (haemodialysis or peritoneal dialysis) for a patient with end-stage renal disease and supervision of the patient on self-administered dialysis, if the attendance is by a consultant physician in the practice of his or her specialty of renal medicine (Item is subject to rule 88)	128.05
13106	Declotting of an arteriovenous shunt	105.05
13109	Indwelling peritoneal catheter (Tenckhoff or similar) for dialysis — insertion and fixation of (Anaes.)	197.05
13110	Tenckhoff peritoneal dialysis catheter, removal of (including catheter cuffs) (Anaes.)	197.75

Item	Service	Fee ($)
13112	Peritoneal dialysis, establishment of, by abdominal puncture and insertion of temporary catheter (including associated consultation) (Anaes.)	118.25
Subgroup 3 — Assisted reproductive services		
13200	Assisted reproductive services (such as in vitro fertilisation, gamete intra-fallopian transfer or similar procedures) involving the use of drugs to induce superovulation, and including quantitative estimation of hormones, ultrasound examinations, all treatment counselling and embryology laboratory services but excluding artificial insemination or transfer of frozen embryos or donated embryos or ova or a service to which item 13203, 13206 or 13218 applies — being services rendered during 1 treatment cycle, if the duration of the treatment cycle is at least 9 days	1 730.30
13203	Ovulation monitoring services, for superovulated treatment cycles of less than 9 days duration and artificial insemination — including quantitative estimation of hormones and ultrasound examinations, being services rendered during 1 treatment cycle but excluding a service to which item 13200, 13206, 13212, 13215 or 13218 applies	432.60
13206	Assisted reproductive services (such as in vitro fertilisation, gamete intra-fallopian transfer or similar procedures), using unstimulated ovulation or ovulation stimulated only by clomiphene citrate, and including quantitative estimation of hormones, ultrasound examinations, all treatment counselling and embryology laboratory services — but excluding artificial insemination, frozen embryo transfer or donated embryos or ova or treatment involving the use of drugs to induce superovulation — being services rendered during 1 treatment cycle but only if rendered in conjunction with a service to which item 13212 applies	741.50
13209	Planning and management of a referred patient by a specialist for the purpose of treatment by assisted reproductive technologies including in vitro fertilisation, gamete intra-fallopian transfer and similar procedures, or for artificial insemination — payable once only during 1 treatment cycle	74.05

Item	Service	Fee ($)
13212	Oocyte retrieval by any means including laparoscopy or ultrasound-guided ova flushing, for the purposes of assisted reproductive technologies including in vitro fertilisation, gamete intra-fallopian transfer or similar procedures — only if rendered in conjunction with a service to which item 13200 or 13206 applies (Anaes.)	315.20
13215	Transfer of embryos or both ova and sperm to the female reproductive system, by any means but excluding artificial insemination or the transfer of frozen or donated embryos — only if rendered in conjunction with a service to which item 13200 or 13206 applies, being services rendered in 1 treatment cycle (Anaes.)	98.90
13218	Preparation and transfer of frozen or donated embryos or both ova and sperm, to the female reproductive system, by any means and including quantitative estimation of hormones and all treatment counselling but excluding artificial insemination services rendered in 1 treatment cycle and excluding a service to which item 13200, 13203, 13206, 13212 or 13215 applies (Anaes.)	741.50
13221	Preparation of semen for the purposes of assisted reproductive technologies or for artificial insemination	45.15
13290	Semen, collection of, from a patient with spinal injuries or medically induced impotence, for the purposes of analysis, storage or assisted reproduction, by a medical practitioner using a vibrator or electro-ejaculation device including catheterisation and drainage of bladder where required	176.80
13292	Semen, collection of, from a patient with spinal injuries or medically induced impotence, for the purposes of analysis, storage or assisted reproduction, by a medical practitioner using a vibrator or electro-ejaculation device including catheterisation and drainage of bladder where required, under general anaesthetic (H) (Anaes.)	353.70
Subgroup 4 — Paediatric and neonatal		
13300	Umbilical or scalp vein catheterisation in a neonate with or without infusion or cannulation of a vein	49.30
13303	Umbilical artery catheterisation with or without infusion	73.05

Item	Service	Fee ($)
13306	Blood transfusion with venesection and complete replacement of blood, including collection from donor	289.10
13309	Blood transfusion with venesection and complete replacement of blood, using blood already collected	246.50
13312	Blood for pathology test, collection of, by femoral or external jugular vein puncture in infants	24.60
13318	Central vein catheterisation (via jugular or subclavian vein) — by open exposure, in a person under 12 years of age (Anaes.)	196.85
13319	Central vein catheterisation in a neonate via peripheral vein (Anaes.)	196.85
Subgroup 5 — Cardiovascular		
13400	Restoration of cardiac rhythm by electrical stimulation (cardioversion), other than in the course of cardiac surgery (Anaes.)	83.80
Subgroup 6 — Gastroenterology		
13500	Gastric hypothermia by closed circuit circulation of refrigerant in the absence of gastrointestinal haemorrhage	156.05
13503	Gastric hypothermia by closed circuit circulation of refrigerant for upper gastrointestinal haemorrhage	312.15
13506	Gastro-oesophageal balloon intubation, Minnesota, Sengstaken-Blakemore or similar, for control of bleeding from gastric oesophageal varices	159.65
Subgroup 8 — Haematology		
13700	Harvesting of homologous (including allogeneic) or autologous bone marrow for the purpose of transplantation (Anaes.)	288.45
13703	Administration of blood including collection from donor	103.40
13706	Administration of blood or bone marrow already collected	72.20
13709	Collection of blood for autologous transfusion or when homologous blood is required for immediate transfusion in emergency situation	41.90

Item	Service	Fee ($)
13750	Therapeutic haemapheresis for the removal of plasma or cellular (or both) elements of blood, utilising continuous or intermittent flow techniques, including morphological tests for cell counts and viability studies, if performed; continuous monitoring of vital signs, fluid balance, blood volume and other parameters with continuous registered nurse attendance under the supervision of a consultant physician, not being a service associated with a service to which item 13755 applies — each day	118.25
13755	Donor haemapheresis for the collection of blood products for transfusion, utilising continuous or intermittent flow techniques, including morphological tests for cell counts and viability studies; continuous monitoring of vital signs, fluid balance, blood volume and other parameters; with continuous registered nurse attendance under the supervision of a consultant physician — not being a service associated with a service to which item 13750 applies — each day	118.25
13757	Therapeutic venesection for the management of haemochromatosis, polycythemia vera or porphyria cutanea tarda	63.15
13760	In vitro processing (and cryopreservation) of bone marrow or peripheral blood for autologous stem cell transplantation as an adjunct to high dose chemotherapy for: (a) chemosensitive intermediate or high grade non-Hodgkin's lymphoma at high risk of relapse following first line chemotherapy; or (b) Hodgkin's disease which has relapsed following, or is refractory to, chemotherapy; or (c) acute myelogenous leukaemia in first remission, where suitable genotypically matched sibling donor is not available for allogenic bone marrow transplant; or (d) multiple myeloma in remission (complete or partial) following standard dose chemotherapy; or (e) small round cell sarcomas; or (f) primitive neuroectodermal tumour; or	660.05

Item	Service	Fee ($)
	(g) germ cell tumours which have relapsed following, or are refractory to, chemotherapy; or (h) germ cell tumours which have had an incomplete response to first line therapy; performed under the supervision of a consultant physician — each day	
	Subgroup 9 — Procedures associated with intensive care and cardiopulmonary support	
13815	Central vein catheterisation (via jugular, subclavian or femoral vein) by percutaneous or open exposure not being a service to which item 13318 applies (Anaes.)	73.80
13818	Right heart balloon catheter, insertion of, including pulmonary wedge pressure and cardiac output measurement (Anaes.)	98.45
13830	Intracranial pressure, monitoring of, by intraventricular or subdural catheter, subarachnoid bolt or similar, by a specialist or consultant physician — each day	65.25
13839	Arterial puncture and collection of blood for diagnostic purposes	19.90
13842	Intra-arterial cannulation for the purpose of taking multiple arterial blood samples for blood gas analysis	59.95
13847	Counterpulsation by intra-aortic balloon management, on first day, including initial and subsequent consultations and monitoring of parameters (Anaes.)	135.10
13848	Counterpulsation by intra-aortic balloon-management on each day subsequent to the first, including associated consultations and monitoring of parameters	113.40
13851	Circulatory support device, management of, on first day	427.25
13854	Circulatory support device, management of, on each day subsequent to the first	99.35
13857	Airway access and initiation of mechanical ventilation (other than initiation of ventilation in the context of an anaesthetic for surgery), outside of an intensive care unit, for the purpose of subsequent ventilatory support in an intensive care unit	126.70

Item	Service	Fee ($)
Subgroup 10 — Management and procedures undertaken in an intensive care unit		
13870	Management of a patient in an intensive care unit by a specialist or consultant physician who is immediately available and exclusively rostered to intensive care, including initial and subsequent attendances, electrocardiographic monitoring, arterial sampling, bladder catheterisation and blood sampling — management on the first day	313.40
13873	Management of a patient in an intensive care unit by a specialist or consultant physician who is immediately available and exclusively rostered to intensive care, including all attendances, electrocardiographic monitoring, arterial sampling, bladder catheterisation and blood sampling — management on each day subsequent to the first day	232.50
13876	Central venous pressure, pulmonary arterial pressure, systemic arterial pressure or cardiac intracavity pressure, continuous monitoring by indwelling catheter in an intensive care unit, management of a patient by a specialist or consultant physician who is immediately available and exclusively rostered to intensive care — each day of monitoring for each type of pressure to a maximum of 4 pressures	66.50
13881	Airway access and initiation of mechanical ventilation in an intensive care unit by a specialist or consultant physician to enable subsequent ventilatory support — not in association with any anaesthetic service	126.70
13882	Ventilatory support in an intensive care unit, management of a patient: (a) by: (i) invasive means; or (ii) non-invasive means, if the only alternative to non-invasive ventilatory support is invasive ventilatory support; and (b) by a specialist or consultant physician who is immediately available and exclusively rostered to intensive care; each day	99.75
13885	Continuous arterio venous or veno venous	133.00

Item	Service	Fee ($)
	haemofiltration, management by a specialist or consultant physician who is immediately available and exclusively rostered to intensive care — on the first day	
13888	Continuous arterio venous or veno venous haemofiltration, management by a specialist or consultant physician who is immediately available and exclusively rostered to intensive care — on each day subsequent to the first day	66.50
Subgroup 11 — Chemotherapeutic procedures		
13915	Cytotoxic chemotherapy, administration of, either by intravenous push technique (directly into a vein, or a butterfly needle, or the side-arm of an infusion) or by intravenous infusion of not more than 1 hour's duration, not being a service associated with photodynamic therapy with verteporfin — for any particular patient, once only on the same day	56.30
13918	Cytotoxic chemotherapy, administration of, by intravenous infusion of more than 1 hour's duration but not more than 6 hours duration — for any particular patient, once only on the same day	84.70
13921	Cytotoxic chemotherapy, administration of, by intravenous infusion of more than 6 hours duration — for the first day of treatment	95.90
13924	Cytotoxic chemotherapy, administration of, by intravenous infusion of more than 6 hours duration — on each day subsequent to the first in the same continuous treatment episode	56.50
13927	Cytotoxic chemotherapy, administration of, either by intra-arterial push technique (directly into an artery, a butterfly needle or the side-arm of an infusion) or by intra-arterial infusion of not more than 1 hour's duration — for any particular patient, once only on the same day	73.05
13930	Cytotoxic chemotherapy, administration of, by intra-arterial infusion of more than 1 hour's duration but not more than 6 hours duration — for any particular patient, once only on the same day	101.95
13933	Cytotoxic chemotherapy, administration of, by intra-arterial infusion of more than 6 hours duration —	113.10

Item	Service	Fee ($)
	for the first day of treatment	
13936	Cytotoxic chemotherapy, administration of, by intra-arterial infusion of more than 6 hours duration — on each day subsequent to the first in the same continuous treatment episode	73.70
13939	Implanted pump or reservoir, loading of, with a cytotoxic agent or agents, not being a service associated with a service to which item 13915, 13918, 13921, 13924, 13927, 13930, 13933, 13936 or 13945 applies	84.70
13942	Ambulatory drug delivery device, loading of, with a cytotoxic agent or agents for the infusion of the agent or agents via the intravenous, intra-arterial or spinal routes, not being a service associated with a service to which item 13915, 13918, 13921, 13924, 13927, 13930, 13933, 13936 or 13945 applies	56.50
13945	Long-term implanted drug delivery device for cytotoxic chemotherapy, accessing of	45.45
13948	Cytotoxic agent, instillation of, into a body cavity	56.50
Subgroup 12 — Dermatology		
14050	PUVA therapy or UVB therapy administered in whole body cabinet (not being a service associated with a service to which item 14053 applies) including associated consultations other than an initial consultation	45.65
14053	PUVA therapy or UVB therapy administered to localised body areas in a hand and foot cabinet (not being a service associated with a service to which item 14050 applies) including associated consultations other than an initial consultation	45.65
14100	Laser photocoagulation using laser light within the wave length of 510-1064nm in the treatment of vascular lesions of the head or neck where abnormality is visible from 3 metres, including any associated consultation, up to a maximum of 6 sessions (including any sessions to which items 14100 to 14118 and 30213 apply) in any 12 month period (Anaes.)	132.00
14106	Laser photocoagulation using laser light within the wave length of 510-1064nm in the treatment of port wine stains, haemangiomas of infancy, café-au-lait macules	132.00

Item	Service	Fee ($)
	and naevi of Ota, other than melanocytic naevi (common moles), where abnormality is visible from 3 metres, including any associated consultation, up to a maximum of 6 sessions (including any sessions to which items 14100 to 14118 and 30213 apply) in any 12 month period — area of treatment up to 50 cm^2 (Anaes.)	
14109	Laser photocoagulation using laser light within the wave length of 510-1064nm in the treatment of port wine stains, haemangiomas of infancy, café-au-lait macules and naevi of Ota, other than melanocytic naevi (common moles), including any associated consultation, up to a maximum of 6 sessions (including any sessions to which items 14100 to 14118 and 30213 apply) in any 12 month period — area of treatment more than 50 cm^2 and up to 100 cm^2 (Anaes.)	162.10
14112	Laser photocoagulation using laser light within the wave length of 510-1064nm in the treatment of port wine stains, haemangiomas of infancy, café-au-lait macules and naevi of Ota, other than melanocytic naevi (common moles), including any associated consultation, up to a maximum of 6 sessions (including any sessions to which items 14100 to 14118 and 30213 apply) in any 12 month period — area of treatment more than 100 cm^2 and up to 150 cm^2 (Anaes.)	191.95
14115	Laser photocoagulation using laser light within the wave length of 510-1064nm in the treatment of port wine stains, haemangiomas of infancy, café-au-lait macules and naevi of Ota, other than melanocytic naevi (common moles), including any associated consultation, up to a maximum of 6 sessions (including any sessions to which items 14100 to 14118 and 30213 apply) in any 12 month period — area of treatment more than 150 cm^2 and up to 250 cm^2 (Anaes.)	221.95
14118	Laser photocoagulation using laser light within the wave length of 510-1064nm in the treatment of port wine stains, haemangiomas of infancy, café-au-lait macules and naevi of Ota, other than melanocytic naevi (common moles), including any associated consultation, up to a maximum of 6 sessions (including any sessions to which items 14100 to 14118 apply) in any 12 month period — area of treatment more than 250 cm^2 (Anaes.)	282.00

Item	Service	Fee ($)
14124	Laser photocoagulation using laser light within the wave length of 510-1064nm in the treatment of haemangiomas of infancy, including any associated consultation — if a 7th or subsequent session (including any sessions to which items 14100 to 14118 and 30213 apply) is indicated in a 12 month period that commences on the date of the 1st session (Anaes.)	132.00
Subgroup 13 — Other therapeutic procedures		
14200	Gastric lavage in the treatment of ingested poison	51.80
14203	Hormone or living tissue implantation, by direct implantation involving incision and suture (Anaes.)	44.25
14206	Hormone or living tissue implantation — by cannula	30.80
14209	Intra-arterial infusion or retrograde intravenous perfusion of a sympatholytic agent	76.80
14212	Intussusception, management of fluid or gas reduction for (Anaes.)	160.40
14215	Long-term implanted reservoir associated with the adjustable gastric band, accessing of to add or remove fluid	84.70
14218	Implanted infusion pump, refilling of reservoir with a therapeutic agent or agents for infusion to the subarachnoid or epidural space, with or without re-programming a programmable pump, for the management of chronic intractable pain	84.70
14221	Long-term implanted device for delivery of therapeutic agents, accessing of, not being a service associated with a service to which item 13945 applies	45.45
14224	Electroconvulsive therapy, with or without the use of stimulus dosing techniques, including any electroencephalographic monitoring and associated consultation (Anaes.)	60.90

Item	Service	Fee ($)
Group T2 — Radiation oncology		
Subgroup 1 — Superficial		
15000	Radiotherapy, superficial (including treatment with x-rays, radium rays or other radioactive substances), not being a service to which another item in this group applies — each attendance at which fractionated treatment is given — 1 field	36.85
15003	Radiotherapy, superficial (including treatment with x-rays, radium rays or other radioactive substances), not being a service to which another item in this group applies — each attendance at which fractionated treatment is given — 2 or more fields up to a maximum of 5 additional fields	Amount under rule 17
15006	Radiotherapy, superficial-attendance at which a single dose technique is applied — 1 field	81.70
15009	Radiotherapy, superficial-attendance at which a single dose technique is applied — 2 or more fields up to a maximum of 5 additional fields	Amount under rule 17
15012	Radiotherapy, superficial — each attendance at which treatment is given to an eye	46.25
Subgroup 2 — Orthovoltage		
15100	Radiotherapy, deep or orthovoltage — each attendance at which fractionated treatment is given at 3 or more treatments per week — 1 field	41.30
15103	Radiotherapy, deep or orthovoltage — each attendance at which fractionated treatment is given at 3 or more treatments per week — 2 or more fields up to a maximum of 5 additional fields (rotational therapy being 3 fields)	Amount under rule 17
15106	Radiotherapy, deep or orthovoltage — each attendance at which fractionated treatment is given at 2 treatments per week or less frequently — 1 field	48.75
15109	Radiotherapy, deep or orthovoltage — each attendance at which fractionated treatment is given at 2 treatments per week or less frequently — 2 or more fields up to a maximum of 5 additional fields (rotational therapy being 3 fields)	Amount under rule 17

Item	Service	Fee ($)
15112	Radiotherapy, deep or orthovoltage — attendance at which a single dose technique is applied — 1 field	104.05
15115	Radiotherapy, deep or orthovoltage — attendance at which a single dose technique is applied — 2 or more fields up to a maximum of 5 additional fields (rotational therapy being 3 fields)	Amount under rule 17
Subgroup 3 — Megavoltage		
15211	Radiation oncology treatment, using cobalt unit or caesium teletherapy unit — each attendance at which treatment is given — 1 field	47.35
15214	Radiation oncology treatment, using cobalt unit or caesium teletherapy unit — each attendance at which treatment is given — 2 or more fields up to a maximum of 5 additional fields (rotational therapy being 3 fields)	Amount under rule 17
15215	Radiation oncology treatment, using a single photon energy linear accelerator, with or without electron facilities — each attendance at which treatment is given — 1 field — treatment delivered to primary site (lung)	51.65
15218	Radiation oncology treatment, using a single photon energy linear accelerator, with or without electron facilities — each attendance at which treatment is given — 1 field — treatment delivered to primary site (prostate)	51.65
15221	Radiation oncology treatment, using a single photon energy linear accelerator, with or without electron facilities — each attendance at which treatment is given — 1 field — treatment delivered to primary site (breast)	51.65
15224	Radiation oncology treatment, using a single photon energy linear accelerator, with or without electron facilities — each attendance at which treatment is given — 1 field — treatment delivered to primary site for diseases or conditions not covered by item 15215, 15218 or 15221	51.65

Item	Service	Fee ($)
15227	Radiation oncology treatment, using a single photon energy linear accelerator, with or without electron facilities — each attendance at which treatment is given — 1 field — treatment delivered to secondary site	51.65
15230	Radiation oncology treatment, using a single photon energy linear accelerator, with or without electron facilities — each attendance at which treatment is given — 2 or more fields up to a maximum of 5 additional fields (rotational therapy being 3 fields) — treatment delivered to primary site (lung)	Amount under rule 17
15233	Radiation oncology treatment, using a single photon energy linear accelerator, with or without electron facilities — each attendance at which treatment is given — 2 or more fields up to a maximum of 5 additional fields (rotational therapy being 3 fields) — treatment delivered to primary site (prostate)	Amount under rule 17
15236	Radiation oncology treatment, using a single photon energy linear accelerator, with or without electron facilities — each attendance at which treatment is given — 2 or more fields up to a maximum of 5 additional fields (rotational therapy being 3 fields) — treatment delivered to primary site (breast)	Amount under rule 17
15239	Radiation oncology treatment, using a single photon energy linear accelerator, with or without electron facilities — each attendance at which treatment is given — 2 or more fields up to a maximum of 5 additional fields (rotational therapy being 3 fields) — treatment delivered to primary site for diseases or conditions not covered by item 15230, 15233 or 15236	Amount under rule 17
15242	Radiation oncology treatment, using a single photon energy linear accelerator, with or without electron facilities — each attendance at which treatment is given — 2 or more fields up to a maximum of 5 additional fields (rotational therapy being 3 fields) — treatment delivered to secondary site	Amount under rule 17
15245	Radiation oncology treatment, using a dual photon energy linear accelerator with a minimum higher energy of at least 10MV photons, with electron facilities — each attendance at which treatment is given — 1 field — treatment delivered to primary site (lung)	51.65

Item	Service	Fee ($)
15248	Radiation oncology treatment, using a dual photon energy linear accelerator with a minimum higher energy of at least 10MV photons, with electron facilities — each attendance at which treatment is given — 1 field — treatment delivered to primary site (prostate)	51.65
15251	Radiation oncology treatment, using a dual photon energy linear accelerator with a minimum higher energy of at least 10MV photons, with electron facilities — each attendance at which treatment is given — 1 field — treatment delivered to primary site (breast)	51.65
15254	Radiation oncology treatment, using a dual photon energy linear accelerator with a minimum higher energy of at least 10MV photons, with electron facilities — each attendance at which treatment is given — 1 field — treatment delivered to primary site for diseases or conditions not covered by item 15245, 15248 or 15251	51.65
15257	Radiation oncology treatment, using a dual photon energy linear accelerator with a minimum higher energy of at least 10MV photons, with electron facilities — each attendance at which treatment is given — 1 field — treatment delivered to secondary site	51.65
15260	Radiation oncology treatment, using a dual photon energy linear accelerator with a minimum higher energy of at least 10MV photons, with electron facilities — each attendance at which treatment is given — 2 or more fields up to a maximum of 5 additional fields (rotational therapy being 3 fields) — treatment delivered to primary site (lung)	Amount under rule 17
15263	Radiation oncology treatment, using a dual photon energy linear accelerator with a minimum higher energy of at least 10MV photons, with electron facilities — each attendance at which treatment is given — 2 or more fields up to a maximum of 5 additional fields (rotational therapy being 3 fields) — treatment delivered to primary site (prostate)	Amount under rule 17

Item	Service	Fee ($)
15266	Radiation oncology treatment, using a dual photon energy linear accelerator with a minimum higher energy of at least 10MV photons, with electron facilities — each attendance at which treatment is given — 2 or more fields up to a maximum of 5 additional fields (rotational therapy being 3 fields) — treatment delivered to primary site (breast)	Amount under rule 17
15269	Radiation oncology treatment, using a dual photon energy linear accelerator with a minimum higher energy of at least 10MV photons, with electron facilities — each attendance at which treatment is given — 2 or more fields up to a maximum of 5 additional fields (rotational therapy being 3 fields) — treatment delivered to primary site for diseases or conditions not covered by item 15260, 15263 or 15266	Amount under rule 17
15272	Radiation oncology treatment, using a dual photon energy linear accelerator with a minimum higher energy of at least 10MV photons, with electron facilities — each attendance at which treatment is given — 2 or more fields up to a maximum of 5 additional fields (rotational therapy being 3 fields) — treatment delivered to secondary site	Amount under rule 17
Subgroup 4 — Brachytherapy		
15303	Intrauterine treatment alone using radioactive sealed sources having a half-life greater than 115 days using manual afterloading techniques (Anaes.)	309.00
15304	Intrauterine treatment alone using radioactive sealed sources having a half-life greater than 115 days using automatic afterloading techniques (Anaes.)	309.00
15307	Intrauterine treatment alone using radioactive sealed sources having a half-life of less than 115 days including iodine, gold, iridium or tantalum using manual afterloading techniques (Anaes.)	585.80
15308	Intrauterine treatment alone using radioactive sealed sources having a half-life of less than 115 days including iodine, gold, iridium or tantalum using automatic afterloading techniques (Anaes.)	585.80
15311	Intravaginal treatment alone using radioactive sealed sources having a half-life greater than 115 days using manual afterloading techniques (Anaes.)	288.40

Item	Service	Fee ($)
15312	Intravaginal treatment alone using radioactive sealed sources having a half-life greater than 115 days using automatic afterloading techniques (Anaes.)	286.30
15315	Intravaginal treatment alone using radioactive sealed sources having a half-life of less than 115 days including iodine, gold, iridium or tantalum using manual afterloading techniques (Anaes.)	566.20
15316	Intravaginal treatment alone using radioactive sealed sources having a half-life of less than 115 days including iodine, gold, iridium or tantalum using automatic afterloading techniques (Anaes.)	566.20
15319	Combined intrauterine and intravaginal treatment using radioactive sealed sources having a half-life greater than 115 days using manual afterloading techniques (Anaes.)	351.40
15320	Combined intrauterine and intravaginal treatment using radioactive sealed sources having a half-life greater than 115 days using automatic afterloading techniques (Anaes.)	351.40
15323	Combined intrauterine and intravaginal treatment using radioactive sealed sources having a half-life of less than 115 days including iodine, gold, iridium, or tantalum using manual afterloading techniques (Anaes.)	624.85
15324	Combined intrauterine and intravaginal treatment using radioactive sealed sources having a half-life of less than 115 days including iodine, gold, iridium, or tantalum using automatic afterloading techniques (Anaes.)	624.85
15327	Implantation of a sealed radioactive source (having a half-life of less than 115 days including iodine, gold, iridium or tantalum) to a region, under general anaesthesia, or epidural or spinal (intrathecal) nerve block, requiring surgical exposure and using manual afterloading techniques (Anaes.)	679.80
15328	Implantation of a sealed radioactive source (having a half-life of less than 115 days including iodine, gold, iridium or tantalum) to a region, under general anaesthesia, or epidural or spinal (intrathecal) nerve block, requiring surgical exposure and using automatic afterloading techniques (Anaes.)	679.80

Item	Service	Fee ($)
15331	Implantation of a sealed radioactive source (having a half-life of less than 115 days including iodine, gold, iridium or tantalum) to a site (including the tongue, mouth, salivary gland, axilla, subcutaneous sites), where the volume treated involves multiple planes but does not require surgical exposure and using manual afterloading techniques (Anaes.)	645.45
15332	Implantation of a sealed radioactive source (having a half-life of less than 115 days including iodine, gold, iridium or tantalum) to a site (including the tongue, mouth, salivary gland, axilla, subcutaneous sites), where the volume treated involves multiple planes but does not require surgical exposure and using automatic afterloading techniques (Anaes.)	645.45
15335	Implantation of a sealed radioactive source (having a half-life of less than 115 days including iodine, gold, iridium or tantalum) to a site where the volume treated involves only a single plane but does not require surgical exposure and using manual afterloading techniques (Anaes.)	585.80
15336	Implantation of a sealed radioactive source (having a half-life of less than 115 days including iodine, gold, iridium or tantalum) to a site where the volume treated involves only a single plane but does not require surgical exposure and using automatic afterloading techniques (Anaes.)	585.80
15338	Prostate, radioactive seed implantation of, radiation oncology component, using transrectal ultrasound guidance, for localised prostatic malignancy at clinical stage T1 (clinically inapparent tumour that is not palpable or visible by imaging) or clinical stage T2 (tumour confined within prostate), with a Gleason score of 6 or less and a prostate specific antigen (PSA) of 10ng/ml or less at the time of diagnosis, where the procedure is performed by an oncologist at an approved site in association with a urologist	809.70
15339	Removal of a sealed radioactive source under general anaesthesia, or under epidural or spinal nerve block (Anaes.)	65.95

Item	Service	Fee ($)
15342	Construction and application of a radioactive mould using a sealed source having a half-life of greater than 115 days, to treat intracavity, intraoral or intranasal site	164.70
15345	Construction and application of a radioactive mould using a sealed source having a half-life of less than 115 days including iodine, gold, iridium or tantalum to treat intracavity, intraoral or intranasal sites	439.50
15348	Subsequent applications of radioactive mould referred to in item 15342 or 15345 — each attendance	50.55
15351	Construction and first application of a radioactive mould not exceeding 5 cm in diameter to an external surface	100.95
15354	Construction and first application of a radioactive mould more than 5 cm in diameter to an external surface	122.50
15357	Attendance upon a patient to apply a radioactive mould constructed for application to an external surface of the patient other than an attendance which is the first attendance to apply the mould — each attendance	34.60
15360	Catheter based intravascular brachytherapy for the treatment of in-stent restenoses of 1 coronary artery, administration of radioactive sealed sources having a half life of 115 days or less using automated intravascular brachytherapy systems approved by the Therapeutic Goods Administration, where the procedure is performed by a radiation oncologist in association with a cardiologist and the procedure is associated with a service to which item 38321, 38324, 38327 or 38330 applies	312.45
15363	Catheter based intravascular brachytherapy for the treatment of in-stent restenoses of 1 coronary artery, administration of radioactive sealed sources having a half life of greater than 115 days using automated intravascular brachytherapy systems approved by the Therapeutic Goods Administration, where the procedure is performed by a radiation oncologist in association with a cardiologist and the procedure is associated with a service to which item 38321, 38324, 38327 or 38330 applies	312.45

Item	Service	Fee ($)
Subgroup 5 — Computerised planning		
15500	Radiation field setting using a simulator or isocentric x-ray or megavoltage machine or CT of a single area for treatment by a single field or parallel opposed fields (not being a service associated with a service to which item 15509 applies)	210.05
15503	Radiation field setting using a simulator or isocentric x-ray or megavoltage machine or CT of a single area, where views in more than 1 plane are required for treatment by multiple fields, or of 2 areas (not being a service associated with a service to which item 15512 applies)	269.70
15506	Radiation field setting using a simulator or isocentric x-ray or megavoltage machine or CT of 3 or more areas, or of total body or half body irradiation, or of mantle therapy or inverted Y fields, or of irregularly shaped fields using multiple blocks, or of off-axis fields or several joined fields (not being a service associated with a service to which item 15515 applies)	402.70
15509	Radiation field setting using a diagnostic x-ray unit of a single area for treatment by a single field or parallel opposed fields (not being a service associated with a service to which item 15500 applies)	182.05
15512	Radiation field setting using a diagnostic x-ray unit of a single area, where views in more than 1 plane are required for treatment by multiple fields, or of 2 areas (not being a service associated with a service to which item 15503 applies)	234.65
15513	Radiation source localisation using a simulator or x-ray machine or CT of a single area, where views in more than 1 plane are required, for brachytherapy treatment planning for Iodine 125 seed implantation of localised prostate cancer, being a service associated with a service to which item 15338 applies	265.40

Item	Service	Fee ($)
15515	Radiation field setting using a diagnostic x-ray unit of 3 or more areas, or of total body or half body irradiation, or of mantle therapy or inverted Y fields, or of irregularly shaped fields using multiple blocks, or of off-axis fields or several joined fields (not being a service associated with a service to which item 15506 applies)	339.65
15518	Radiation Dosimetry by a CT interfacing planning computer for megavoltage or teletherapy radiotherapy by a single field or parallel opposed fields to 1 area with up to 2 shielding blocks	66.60
15521	Radiation Dosimetry by a CT interfacing planning computer for megavoltage or teletherapy radiotherapy to a single area by 3 or more fields, or by a single field or parallel opposed fields to 2 areas, or where wedges are used	294.15
15524	Radiation Dosimetry by a CT interfacing planning computer for megavoltage or teletherapy radiotherapy to 3 or more areas, or by mantle fields or inverted Y fields or tangential fields or irregularly shaped fields using multiple blocks, or off-axis fields, or several joined fields	551.55
15527	Radiation Dosimetry by a non-CT interfacing planning computer for megavoltage or teletherapy radiotherapy by a single field or parallel opposed fields to 1 area with up to 2 shielding blocks	68.30
15530	Radiation Dosimetry by a non-CT interfacing planning computer for megavoltage or teletherapy radiotherapy to a single area by 3 or more fields, or by a single field or parallel opposed fields to 2 areas, or where wedges are used	304.75
15533	Radiation Dosimetry by a non-CT interfacing planning computer for megavoltage or teletherapy radiotherapy to 3 or more areas, or by mantle fields or inverted Y fields, or tangential fields or irregularly shaped fields using multiple blocks, or off-axis fields, or several joined fields	577.85
15536	Brachytherapy planning, computerised Radiation Dosimetry	230.95

Item	Service	Fee ($)
15539	Brachytherapy planning, computerised radiation dosimetry for Iodine 125 seed implantation of localised prostate cancer, being a service associated with a service to which item 15338 applies	542.90
15541	Catheter based intravascular brachytherapy planning, computerised radiation dosimetry where the procedure is performed by a radiation oncologist in association with a cardiologist and the procedure is associated with a service to which item 38321, 38324, 38327 or 38330 applies	230.95
Subgroup 6 — Stereotactic radiosurgery		
15600	Stereotactic radiosurgery, including all radiation oncology consultations, planning, simulation, dosimetry and treatment	1 473.30
Group T3 — Therapeutic nuclear medicine		
16003	Intra-cavitary administration of a therapeutic dose of Yttrium 90 (not including preliminary paracentesis and not being a service associated with selective internal radiation therapy) (Anaes.)	563.05
16006	Administration of a therapeutic dose of Iodine 131 for thyroid cancer by single dose technique	432.65
16009	Administration of a therapeutic dose of Iodine 131 for thyrotoxicosis by single dose technique	295.25
16012	Intravenous administration of a therapeutic dose of Phosphorous 32	255.45
16015	Administration of Strontium 89 for painful bony metastases from carcinoma of the prostate where hormone therapy has failed and either: (a) the disease is poorly controlled by conventional radiotherapy; or (b) conventional radiotherapy is inappropriate, due to the wide distribution of sites of bone pain	3 536.05
16018	Administration of 153 Sm-lexidronam for the relief of bone pain due to skeletal metastases (as indicated by a positive bone scan) from: (a) carcinoma of the prostate, where hormonal therapy has failed; or	2 113.80

Item	Service	Fee ($)
	(b) carcinoma of the breast, where both hormonal therapy and chemotherapy have failed and: (i) the disease is poorly controlled by conventional radiotherapy; or (ii) conventional radiotherapy is inappropriate, due to the wide distribution of sites of bone pain	
Group T4 — Obstetrics		
16500	Antenatal attendance	31.45
16501	External cephalic version for breech presentation, after 36 weeks where no contraindication exists, in a unit with facilities for caesarean section, including pre and post version CTG, with or without tocolysis, not being a service to which items 55718 to 55728 and 55768 to 55774 apply — chargeable whether or not the version is successful and limited to a maximum of 2 ECV's per pregnancy	121.65
16502	Polyhydramnios, unstable lie, multiple pregnancy, pregnancy complicated by diabetes or anaemia, threatened premature labour treated by bed rest only or oral medication, requiring admission to hospital — each attendance that is not a routine antenatal attendance, to a maximum of 1 visit per day	31.45
16504	Treatment of habitual miscarriage by injection of hormones — each injection up to a maximum of 12 injections, where the injection is not administered during a routine antenatal attendance	31.45
16505	Threatened abortion, threatened miscarriage or hyperemesis gravidarum, requiring admission to hospital, treatment of — each attendance that is not a routine antenatal attendance	31.45
16508	Pregnancy complicated by acute intercurrent infection, intra-uterine growth retardation, threatened premature labour with ruptured membranes or threatened premature labour treated by intravenous therapy, requiring admission to hospital — each attendance that is not a routine antenatal attendance, to a maximum of 1 visit per day	31.45

Item	Service	Fee ($)
16509	Pre-eclampsia, eclampsia or antepartum haemorrhage, treatment of — each attendance that is not a routine antenatal attendance	31.45
16511	Cervix, purse string ligation of (Anaes.)	190.35
16512	Cervix, removal of purse string ligature of (Anaes.)	54.95
16514	Antenatal cardiotocography in the management of high risk pregnancy (not during the course of the confinement)	31.75
16515	Management of vaginal delivery as an independent procedure where the patient's care has been transferred by another medical practitioner for management of the delivery and the attending medical practitioner has not provided antenatal care to the patient, including all attendances related to the delivery (Anaes.)	300.00
16518	Management of labour, incomplete, where the patient's care has been transferred to another medical practitioner for completion of the delivery (Anaes.)	300.00
16519	Management of labour and delivery by any means (including Caesarean section) including post-partum care for 5 days (Anaes.)	461.95
16520	Caesarean section and post-operative care for 7 days where the patient's care has been transferred by another medical practitioner for management of the confinement and the attending medical practitioner has not provided any of the antenatal care (Anaes.)	539.90
16522	Management of labour and delivery, or delivery alone, (including Caesarean section), where in the course of antenatal supervision or intrapartum management, 1 or more, of the following conditions is present, including postnatal care for 7 days: (a) multiple pregnancy; (b) recurrent antepartum haemorrhage from 20 weeks gestation; (c) grade 2, 3 or 4 placenta praevia; (d) baby with a birth weight less than or equal to 2 500 gm; (e) pre-existing diabetes mellitus dependent on medication, or gestational diabetes requiring at least daily blood glucose monitoring;	1 084.70

Item	Service	Fee ($)
	(f) trial of vaginal delivery in a patient with uterine scar, or trial of vaginal breech delivery; (g) pre-existing hypertension requiring antihypertensive medication, or pregnancy induced hypertension of at least 140/90mmHg associated with at least 1+ proteinuria on urinalysis; (h) prolonged labour greater than 12 hours with partogram evidence of abnormal cervimetric progress; (i) fetal distress defined by significant cardiotocograph or scalp pH abnormalities requiring immediate delivery; (j) conditions that pose a significant risk of maternal death (Anaes.)	
16525	Management of second trimester labour, with or without induction, for intrauterine fetal death, gross fetal abnormality or life threatening maternal disease, not being a service to which item 35643 applies (Anaes.)	255.90
16564	Evacuation of retained products of conception (placenta, membranes or mole) as a complication of confinement, with or without curettage of the uterus, as an independent procedure (Anaes.)	188.65
16567	Management of postpartum haemorrhage by special measures such as packing of uterus, as an independent procedure (Anaes.)	275.95
16570	Acute inversion of the uterus, vaginal correction of, as an independent procedure (Anaes.)	360.05
16571	Cervix, repair of extensive laceration or lacerations (Anaes.)	275.95
16573	Third degree tear, involving anal sphincter muscles and rectal mucosa, repair of, as an independent procedure (Anaes.)	224.90
16590	Planning and management of a pregnancy that has progressed beyond 20 weeks, excluding management of the labour and delivery (Item is subject to rule 92)	112.20

Item	Service	Fee ($)
16600	Amniocentesis, diagnostic	54.95
16603	Chorionic villus sampling, by any route	105.50
16606	Fetal blood sampling, using interventional techniques from umbilical cord or foetus, including fetal neuromuscular blockade and amniocentesis (Anaes.)	210.50
16609	Fetal intravascular blood transfusion, using blood already collected, including neuromuscular blockade, amniocentesis and fetal blood sampling (Anaes.)	429.25
16612	Fetal intraperitoneal blood transfusion, using blood already collected, including neuromuscular blockade, amniocentesis and fetal blood sampling — not performed in conjunction with a service described in item 16609 (Anaes.)	337.70
16615	Fetal intraperitoneal blood transfusion, using blood already collected, including neuromuscular blockade, amniocentesis and fetal blood sampling — performed in conjunction with a service described in item 16609 (Anaes.)	179.85
16618	Amniocentesis, therapeutic, when indicated because of polyhydramnios with at least 500 ml being aspirated	179.85
16621	Amnioinfusion, for diagnostic or therapeutic purposes in the presence of severe oligohydramnios	179.85
16624	Fetal fluid filled cavity, drainage of	258.85
16627	Feto-amniotic shunt, insertion of, into fetal fluid filled cavity, including neuromuscular blockade and amniocentesis	527.05
16633	Procedure on multiple pregnancies relating to items 16606, 16609, 16612, 16615 and 16627	Amount under rule 36
16636	Procedure on multiple pregnancies relating to items 16600, 16603, 16618, 16621 and 16624	Amount under rule 36

Item	Service	Fee ($)
Group T6 — Examination by an anaesthetist		
17603	Examination of a patient in preparation for the administration of an anaesthetic relating to a clinically relevant service, being an examination carried out at a place other than an operating theatre or an anaesthetic induction room	37.15
Group T7 — Regional or field nerve blocks		
18213	Intravenous regional anaesthesia of limb by retrograde perfusion	76.75
18216	Intrathecal or epidural infusion of a therapeutic substance, initial injection or commencement of, including up to 1 hour of continuous attendance by the medical practitioner (Anaes.)	164.30
18219	Intrathecal or epidural infusion of a therapeutic substance, initial injection or commencement of, where continuous attendance by the medical practitioner extends beyond the first hour (Anaes.)	Amount under rule 34
18222	Infusion of a therapeutic substance to maintain regional anaesthesia or analgesia, subsequent injection or revision of, where the period of continuous medical practitioner attendance is 15 minutes or less	32.55
18225	Infusion of a therapeutic substance to maintain regional anaesthesia or analgesia, subsequent injection or revision of, where the period of continuous medical practitioner attendance is more than 15 minutes	43.35
18226	Intrathecal or epidural infusion of a therapeutic substance, initial injection or commencement of, including up to 1 hour of continuous attendance by the medical practitioner — for a patient in labour, where the service is provided between 8 pm to 8 am on any weekday, or on a Saturday, Sunday or public holiday	246.45
18227	Intrathecal or epidural infusion of a therapeutic substance, initial injection or commencement of, where continuous attendance by a medical practitioner extends beyond the first hour — for a patient in labour, where the service is provided between 8 pm to 8 am on any weekday, or on a Saturday, Sunday or public holiday	Amount under rule 34

Item	Service	Fee ($)
18228	Interpleural block, initial injection or commencement of infusion of a therapeutic substance	54.10
18230	Intrathecal or epidural injection of neurolytic substance (Anaes.)	206.35
18232	Intrathecal or epidural injection of substance other than anaesthetic, contrast or neurolytic solutions, not being a service to which another item in this group applies (Anaes.)	164.30
18233	Epidural injection of blood for blood patch (Anaes.)	164.30
18234	Trigeminal nerve, primary division of, injection of an anaesthetic agent (Anaes.)	108.05
18236	Trigeminal nerve, peripheral branch of, injection of an anaesthetic agent (Anaes.)	54.10
18238	Facial nerve, injection of an anaesthetic agent, not being a service associated with a service to which item 18240 applies	32.55
18240	Retrobulbar or peribulbar injection of an anaesthetic agent	81.00
18242	Greater occipital nerve, injection of an anaesthetic agent (Anaes.)	32.55
18244	Vagus nerve, injection of an anaesthetic agent	87.20
18246	Glossopharyngeal nerve, injection of an anaesthetic agent	87.20
18248	Phrenic nerve, injection of an anaesthetic agent	76.75
18250	Spinal accessory nerve, injection of an anaesthetic agent	54.10
18252	Cervical plexus, injection of an anaesthetic agent	87.20
18254	Brachial plexus, injection of an anaesthetic agent	87.20
18256	Suprascapular nerve, injection of an anaesthetic agent	54.10
18258	Intercostal nerve (single), injection of an anaesthetic agent	54.10
18260	Intercostal nerves (multiple), injection of an anaesthetic agent	76.75
18262	Ilio-inguinal, iliohypogastric or genitofemoral nerves, 1 or more of, injection of an anaesthetic agent (Anaes.)	54.10

Item	Service	Fee ($)
18264	Pudendal nerve, injection of an anaesthetic agent	87.20
18266	Ulnar, radial or median nerve, main trunk of, 1 or more of, injection of an anaesthetic agent, not being associated with a brachial plexus block	54.10
18268	Obturator nerve, injection of an anaesthetic agent	76.75
18270	Femoral nerve, injection of an anaesthetic agent	76.75
18272	Saphenous, sural, popliteal or posterior tibial nerve, main trunk of, 1 or more of, injection of an anaesthetic agent	54.10
18274	Paravertebral, cervical, thoracic, lumbar, sacral or coccygeal nerves, injection of an anaesthetic agent, (single vertebral level)	76.75
18276	Paravertebral nerves, injection of an anaesthetic agent, (multiple levels)	108.05
18278	Sciatic nerve, injection of an anaesthetic agent	76.75
18280	Sphenopalatine ganglion, injection of an anaesthetic agent (Anaes.)	108.05
18282	Carotid sinus, injection of an anaesthetic agent, as an independent percutaneous procedure	87.20
18284	Stellate ganglion, injection of an anaesthetic agent (cervical sympathetic block) (Anaes.)	127.80
18286	Lumbar or thoracic nerves, injection of an anaesthetic agent (paravertebral sympathetic block) (Anaes.)	127.80
18288	Coeliac plexus or splanchnic nerves, injection of an anaesthetic agent (Anaes.)	127.80
18290	Cranial nerve other than trigeminal, destruction by a neurolytic agent, not being a service associated with the injection of botulinum toxin (Anaes.)	216.15
18292	Nerve branch, destruction by a neurolytic agent, not being a service to which any other item in this group applies or a service associated with the injection of botulinum toxin (Anaes.)	108.05
18294	Coeliac plexus or splanchnic nerves, destruction by a neurolytic agent (Anaes.)	152.30
18296	Lumbar sympathetic chain, destruction by a neurolytic agent (Anaes.)	130.25

Item	Service	Fee ($)
18298	Cervical or thoracic sympathetic chain, destruction by a neurolytic agent (Anaes.)	152.30
18350	Botulinum toxin (Botox), injection of, for hemifacial spasm in a patient who is at least 12 years, including all such injections on any 1 day (Item is subject to rule 81)	108.05
18351	Botulinum toxin (Dysport), injection of, for hemifacial spasm in a patient who is at least 18 years, including all such injections on any 1 day (Item is subject to rule 81)	108.05
18352	Botulinum toxin (Botox or Dysport), injection of, for cervical dystonia (spasmodic torticollis), including all such injections on any 1 day (Item is subject to rule 81)	216.15
18354	Botulinum toxin (Botox or Dysport), injection of, for dynamic equinus foot deformity due to spasticity in an ambulant cerebral palsy patient between the ages of 2 and 17 (inclusive), including all such injections on any 1 day for all or any of the muscles subserving 1 functional activity and supplied by 1 motor nerve — applicable only to the first 2 treatments of each limb of the patient on any 1 day (Anaes.) (Item is subject to rule 81)	108.05
18356	Botulinum toxin (Botox or Dysport), injection of, for dynamic equinovarus foot deformity due to spasticity in an ambulant cerebral palsy patient between the ages of 2 and 17 (inclusive), including all such injections on any 1 day for all or any of the muscles subserving 1 functional activity and supplied by 1 motor nerve — applicable only to the first 2 treatments of each limb of the patient on any 1 day (Anaes.) (Item is subject to rule 81)	108.05

Item	Service	Fee ($)
18358	Botulinum toxin (Botox or Dysport), injection of, for dynamic equinovalgus foot deformity due to spasticity in an ambulant cerebral palsy patient between the ages of 2 and 17 (inclusive), including all such injections on any 1 day for all or any of the muscles subserving 1 functional activity and supplied by 1 motor nerve — applicable only to the first 2 treatments of each limb of the patient on any 1 day (Anaes.) (Item is subject to rule 81)	108.05
18360	Botulinum toxin (Botox), injection of, for focal spasticity in adults, including all such injections for all or any of the muscles subserving 1 functional activity and supplied by 1 motor nerve (Item is subject to rules 81 and 92)	108.05
18362	Botulinum toxin (Botox), injection of, for severe primary hyperhidrosis of the axillae, including all such injections on any 1 day (Anaes.) (Item is subject to rule 81)	213.50
18364	Botulinum toxin (Dysport), injection of, for spasticity of the arm in adults after a stroke, including all injections for all or any of the muscles subserving 1 functional activity and supplied by 1 motor nerve (Item is subject to rules 81 and 92)	108.05
18366	Botulinum toxin (Botox), injection of, for strabismus in children and adults, including all such injections on any 1 day and associated electromyography (Anaes.) (Item is subject to rule 81)	135.40
18368	Botulinum toxin (Botox), injection of, for spasmodic dysphonia, including all such injections on any 1 day (Item is subject to rule 81)	231.10
18370	Botulinum toxin (Botox), injection of, for blepharospasm in a patient who is at least 12 years, including all such injections on any 1 day (Anaes.) (Item is subject to rule 81)	39.00

Item	Service	Fee ($)
18371	Botulinum toxin (Dysport), injection of, for blepharospasm in a patient who is at least 18 years, including all such injections on any 1 day (Anaes.) (Item is subject to rule 81)	39.00
Group T10 — Anaesthesia performed in connection with certain services (Relative Value Guide)		
Subgroup 1 — Head		
20100	Initiation of management of anaesthesia for procedures on the skin, subcutaneous tissue, muscles, salivary glands or superficial vessels of the head, including biopsy, not being a service to which another item in this subgroup applies	85.75
20102	Initiation of management of anaesthesia for plastic repair of cleft lip	102.90
20104	Initiation of management of anaesthesia for electroconvulsive therapy	68.60
20120	Initiation of management of anaesthesia for procedures on external, middle or inner ear, including biopsy, not being a service to which another item in this subgroup applies	85.75
20124	Initiation of management of anaesthesia for otoscopy	68.60
20140	Initiation of management of anaesthesia for procedures on eye, not being a service to which another item in this subgroup applies	85.75
20142	Initiation of management of anaesthesia for lens surgery	102.90
20143	Initiation of management of anaesthesia for retinal surgery	102.90
20144	Initiation of administration of anaesthesia for corneal transplant	137.20
20145	Initiation of management of anaesthesia for vitrectomy	137.20
20146	Initiation of management of anaesthesia for biopsy of conjunctiva	85.75
20148	Initiation of management of anaesthesia for ophthalmoscopy	68.60

Item	Service	Fee ($)
20160	Initiation of management of anaesthesia for procedures on nose or accessory sinuses, not being a service to which another item in this subgroup applies	102.90
20162	Initiation of management of anaesthesia for radical surgery on the nose and accessory sinuses	120.05
20164	Initiation of management of anaesthesia for biopsy of soft tissue of the nose and accessory sinuses	68.60
20170	Initiation of management of anaesthesia for intraoral procedures, including biopsy, not being a service to which another item in this subgroup applies	102.90
20172	Initiation of management of anaesthesia for repair of cleft palate	120.05
20174	Initiation of management of anaesthesia for excision of retropharyngeal tumour	154.35
20176	Initiation of management of anaesthesia for radical intraoral surgery	171.50
20190	Initiation of management of anaesthesia for procedures on facial bones, not being a service to which another item in this subgroup applies	85.75
20192	Initiation of management of anaesthesia for extensive surgery on facial bones (including prognathism and extensive facial bone reconstruction)	171.50
20210	Initiation of management of anaesthesia for intracranial procedures, not being a service to which another item in this subgroup applies	257.25
20212	Initiation of management of anaesthesia for subdural taps	85.75
20214	Initiation of management of anaesthesia for burr holes of the cranium	154.35
20216	Initiation of management of anaesthesia for intracranial vascular procedures, including those for aneurysms or arterio-venous abnormalities	343.00
20220	Initiation of management of anaesthesia for spinal fluid shunt procedures	171.50
20222	Initiation of management of anaesthesia for ablation of an intracranial nerve	102.90

Item	Service	Fee ($)
20225	Initiation of management of anaesthesia for all cranial bone procedures	205.80
Subgroup 2 — Neck		
20300	Initiation of management of anaesthesia for procedures on the skin or subcutaneous tissue of the neck, not being a service to which another item in this subgroup applies	85.75
20305	Initiation of management of anaesthesia for incision and drainage of large haematoma, large abscess, cellulitis or similar lesion or epiglottitis, causing life threatening airway obstruction	257.25
20320	Initiation of management of anaesthesia for procedures on oesophagus, thyroid, larynx, trachea, lymphatic system, muscles, nerves or other deep tissues of the neck, not being a service to which another item in this subgroup applies	102.90
20321	Initiation of management of anaesthesia for laryngectomy, hemi laryngectomy, laryngopharyngectomy or pharyngectomy	171.50
20330	Initiation of management of anaesthesia for laser surgery to the airway (excluding nose and mouth)	137.20
20350	Initiation of management of anaesthesia for procedures on major vessels of neck, not being a service to which another item in this subgroup applies	171.50
20352	Initiation of management of anaesthesia for simple ligation of major vessels of neck	85.75
Subgroup 3 — Thorax		
20400	Initiation of management of anaesthesia for procedures on the skin or subcutaneous tissue of the anterior part of the chest, not being a service to which another item in this subgroup applies	51.45
20401	Initiation of management of anaesthesia for procedures on the breast, not being a service to which another item in this subgroup applies	68.60
20402	Initiation of management of anaesthesia for reconstructive procedures on breast	85.75

Item	Service	Fee ($)
20403	Initiation of management of anaesthesia for removal of breast lump or for breast segmentectomy, where axillary node dissection is performed	85.75
20404	Initiation of management of anaesthesia for mastectomy	102.90
20405	Initiation of management of anaesthesia for reconstructive procedures on the breast using myocutaneous flaps	137.20
20406	Initiation of management of anaesthesia for radical or modified radical procedures on breast with internal mammary node dissection	222.95
20410	Initiation of management of anaesthesia for electrical conversion of arrhythmias	85.75
20420	Initiation of management of anaesthesia for procedures on the skin or subcutaneous tissue of the posterior part of the chest, not being a service to which another item in this subgroup applies	85.75
20440	Initiation of management of anaesthesia for percutaneous bone marrow biopsy of the sternum	68.60
20450	Initiation of management of anaesthesia for procedures on clavicle, scapula or sternum, not being a service to which another item in this subgroup applies	85.75
20452	Initiation of management of anaesthesia for radical surgery on clavicle, scapula or sternum	102.90
20470	Initiation of management of anaesthesia for partial rib resection, not being a service to which another item in this subgroup applies	102.90
20472	Initiation of management of anaesthesia for thoracoplasty	171.50
20474	Initiation of management of anaesthesia for radical procedures on chest wall	222.95
Subgroup 4 — Intrathoracic		
20500	Initiation of management of anaesthesia for open procedures on the oesophagus	257.25
20520	Initiation of management of anaesthesia for all closed chest procedures (including rigid oesophagoscopy or bronchoscopy), not being a service to which another item in this subgroup applies	102.90

Item	Service	Fee ($)
20522	Initiation of management of anaesthesia for needle biopsy of pleura	68.60
20524	Initiation of management of anaesthesia for pneumocentesis	68.60
20526	Initiation of management of anaesthesia for thoracoscopy	171.50
20528	Initiation of management of anaesthesia for mediastinoscopy	137.20
20540	Initiation of management of anaesthesia for thoracotomy procedures involving lungs, pleura, diaphragm, or mediastinum, not being a service to which another item in this subgroup applies	222.95
20542	Initiation of management of anaesthesia for pulmonary decortication	257.25
20546	Initiation of management of anaesthesia for pulmonary resection with thoracoplasty	257.25
20548	Initiation of management of anaesthesia for intrathoracic repair of trauma to trachea and bronchi	257.25
20560	Initiation of management of anaesthesia for open procedures on the heart, pericardium or great vessels of chest	343.00
Subgroup 5 — Spine and spinal cord		
20600	Initiation of management of anaesthesia for procedures on cervical spine or spinal cord, or both, not being a service to which another item in this subgroup applies	171.50
20604	Initiation of management of anaesthesia for posterior cervical laminectomy with the patient in the sitting position	222.95
20620	Initiation of management of anaesthesia for procedures on thoracic spine or spinal cord, or both, not being a service to which another item in this subgroup applies	171.50
20622	Initiation of management of anaesthesia for thoracolumbar sympathectomy	222.95
20630	Initiation of management of anaesthesia for procedures in lumbar region, not being a service to which another item in this subgroup applies	137.20

Item	Service	Fee ($)
20632	Initiation of management of anaesthesia for lumbar sympathectomy	120.05
20634	Initiation of management of anaesthesia for chemonucleolysis	171.50
20670	Initiation of management of anaesthesia for extensive spine or spinal cord procedures, or both	222.95
20680	Initiation of management of anaesthesia for manipulation of spine when performed in the operating theatre of a hospital or approved day hospital facility	51.45
20690	Initiation of management of anaesthesia for percutaneous spinal procedures, not being a service to which another item in this subgroup applies	85.75
Subgroup 6 — Upper abdomen		
20700	Initiation of management of anaesthesia for procedures on the skin or subcutaneous tissue of the upper anterior abdominal wall, not being a service to which another item in this subgroup applies	51.45
20702	Initiation of management of anaesthesia for percutaneous liver biopsy	68.60
20703	Initiation of management of anaesthesia for procedures on the nerves, muscles, tendons and fascia of the upper abdominal wall, not being a service to which another item in this subgroup applies	68.60
20705	Initiation of management of anaesthesia for diagnostic laparoscopy procedures	102.90
20706	Initiation of management of anaesthesia for laparoscopic procedures in the upper abdomen, not being a service to which another item in this subgroup applies	120.05
20730	Initiation of management of anaesthesia for procedures on the skin or subcutaneous tissue of the upper posterior abdominal wall, not being a service to which another item in this subgroup applies	85.75
20740	Initiation of management of anaesthesia for upper gastrointestinal endoscopic procedures	85.75

Item	Service	Fee ($)
20745	Initiation of management of anaesthesia for upper gastrointestinal endoscopic procedures in association with acute gastrointestinal haemorrhage	102.90
20750	Initiation of management of anaesthesia for hernia repairs in upper abdomen, not being a service to which another item in this subgroup applies	68.60
20752	Initiation of management of anaesthesia for repair of incisional hernia or wound dehiscence, or both	102.90
20754	Initiation of management of anaesthesia for procedures on an omphalocele	120.05
20756	Initiation of management of anaesthesia for transabdominal repair of diaphragmatic hernia	154.35
20770	Initiation of management of anaesthesia for procedures on major upper abdominal blood vessels	257.25
20790	Initiation of management of anaesthesia for procedures within the peritoneal cavity in upper abdomen including cholecystectomy, gastrectomy, laparoscopic nephrectomy or bowel shunts	137.20
20791	Initiation of management of anaesthesia for gastric reduction or gastroplasty for the treatment of morbid obesity	171.50
20792	Initiation of management of anaesthesia for partial hepatectomy (excluding liver biopsy)	222.95
20793	Initiation of management of anaesthesia for extended or trisegmental hepatectomy	257.25
20794	Initiation of management of anaesthesia for pancreatectomy, partial or total	205.80
20798	Initiation of management of anaesthesia for neuro endocrine tumour removal in the upper abdomen	171.50
20799	Initiation of management of anaesthesia for percutaneous procedures on an intra-abdominal organ in the upper abdomen	102.90

Item	Service	Fee ($)
Subgroup 7 — Lower abdomen		
20800	Initiation of management of anaesthesia for procedures on the skin or subcutaneous tissue of the lower anterior abdominal walls, not being a service to which another item in this subgroup applies	51.45
20802	Initiation of management of anaesthesia for lipectomy of the lower abdomen	85.75
20803	Initiation of management of anaesthesia for procedures on the nerves, muscles, tendons and fascia of the lower abdominal wall, not being a service to which another item in this subgroup applies	68.60
20805	Initiation of management of anaesthesia for diagnostic laparoscopic procedures	102.90
20806	Initiation of management of anaesthesia for laparoscopic procedures in the lower abdomen	120.05
20810	Initiation of management of anaesthesia for lower intestinal endoscopic procedures	68.60
20815	Initiation of management of anaesthesia for extracorporeal shock wave lithotripsy to urinary tract	102.90
20820	Initiation of management of anaesthesia for procedures on the skin, its derivatives or subcutaneous tissue of the lower posterior abdominal wall	85.75
20830	Initiation of management of anaesthesia for hernia repairs in lower abdomen, not being a service to which another item in this subgroup applies	68.60
20832	Initiation of management of anaesthesia for repair of incisional herniae or wound dehiscence, or both, of the lower abdomen	102.90
20840	Initiation of management of anaesthesia for all procedures within the peritoneal cavity in lower abdomen, including appendicectomy, not being a service to which another item in this subgroup applies	102.90
20841	Initiation of management of anaesthesia for bowel resection, including laparoscopic bowel resection, not being a service to which another item in this subgroup applies	137.20

Item	Service	Fee ($)
20842	Initiation of management of anaesthesia for amniocentesis	68.60
20844	Initiation of management of anaesthesia for abdominoperineal resection, including pull through procedures, ultra low anterior resection and formation of bowel reservoir	171.50
20845	Initiation of management of anaesthesia for radical prostatectomy	171.50
20846	Initiation of management of anaesthesia for radical hysterectomy	171.50
20847	Initiation of management of anaesthesia for ovarian malignancy	171.50
20848	Initiation of management of anaesthesia for pelvic exenteration	171.50
20850	Initiation of management of anaesthesia for caesarean section	205.80
20855	Initiation of management of anaesthesia for caesarean hysterectomy or hysterectomy within 24 hours of delivery	257.25
20860	Initiation of management of anaesthesia for extraperitoneal procedures in lower abdomen, including those on the urinary tract, not being a service to which another item in this subgroup applies	102.90
20862	Initiation of management of anaesthesia for renal procedures, including upper one-third of ureter	120.05
20864	Initiation of management of anaesthesia for total cystectomy	171.50
20866	Initiation of management of anaesthesia for adrenalectomy	171.50
20867	Initiation of management of anaesthesia for neuro endocrine tumour removal in the lower abdomen	171.50
20868	Initiation of management of anaesthesia for renal transplantation (donor or recipient)	171.50
20880	Initiation of management of anaesthesia for procedures on major lower abdominal vessels, not being a service to which another item in this subgroup applies	257.25

Item	Service	Fee ($)
20882	Initiation of management of anaesthesia for inferior vena cava ligation	171.50
20884	Initiation of management of anaesthesia for percutaneous umbrella insertion	85.75
20886	Initiation of management of anaesthesia for percutaneous procedures on an intra-abdominal organ in the lower abdomen	102.90
Subgroup 8 — Perineum		
20900	Initiation of management of anaesthesia for procedures on the skin or subcutaneous tissue of the perineum (including biopsy of male genital system), not being a service to which another item in this subgroup applies	51.45
20902	Initiation of management of anaesthesia for anorectal procedures (including endoscopy or biopsy, or both)	68.60
20904	Initiation of management of anaesthesia for radical perineal procedures, including radical perineal prostatectomy or radical vulvectomy	120.05
20906	Initiation of management of anaesthesia for vulvectomy	68.60
20910	Initiation of management of anaesthesia for transurethral procedures (including urethrocyctoscopy), not being a service to which another item in this subgroup applies	68.60
20912	Initiation of management of anaesthesia for transurethral resection of bladder tumour or tumours	85.75
20914	Initiation of management of anaesthesia for transurethral resection of prostate	120.05
20916	Initiation of management of anaesthesia for bleeding post-transurethral resection	120.05
20920	Initiation of management of anaesthesia for procedures on male external genitalia, not being a service to which another item in this subgroup applies	51.45
20924	Initiation of management of anaesthesia for procedures on undescended testis, unilateral or bilateral	68.60
20926	Initiation of management of anaesthesia for radical orchidectomy, inguinal approach	68.60

Item	Service	Fee ($)
20928	Initiation of management of anaesthesia for radical orchidectomy, abdominal approach	102.90
20930	Initiation of management of anaesthesia for orchiopexy, unilateral or bilateral	68.60
20932	Initiation of management of anaesthesia for complete amputation of penis	68.60
20934	Initiation of management of anaesthesia for complete amputation of penis with bilateral inguinal lymphadenectomy	102.90
20936	Initiation of management of anaesthesia for complete amputation of penis with bilateral inguinal and iliac lymphadenectomy	137.20
20938	Initiation of management of anaesthesia for insertion of penile prosthesis	68.60
20940	Initiation of management of anaesthesia for per vagina and vaginal procedures (including biopsy of labia, vagina, cervix or endometrium), not being a service to which another item in this subgroup applies	68.60
20942	Initiation of management of anaesthesia for colpotomy, colpectomy or colporrhaphy	85.75
20943	Initiation of management of anaesthesia for transvaginal assisted reproductive services	68.60
20944	Initiation of management of anaesthesia for vaginal hysterectomy	102.90
20946	Initiation of management of anaesthesia for vaginal delivery	137.20
20948	Initiation of management of anaesthesia for purse string ligation of cervix, or removal of purse string ligature, or removal of purse string ligature	68.60
20950	Initiation of management of anaesthesia for culdoscopy	85.75
20952	Initiation of management of anaesthesia for hysteroscopy	68.60
20953	Initiation of management of anaesthesia for endometrial ablation or resection in association with hysteroscopy	85.75
20954	Initiation of management of anaesthesia for correction of inverted uterus	171.50

Item	Service	Fee ($)
20956	Initiation of management of anaesthesia for evacuation of retained products of conception, as a complication of confinement	68.60
20958	Initiation of management of anaesthesia for manual removal of retained placenta or for repair of vaginal or perineal tear following delivery	85.75
20960	Initiation of management of anaesthesia for vaginal procedures in the management of post partum haemorrhage, where the blood loss is greater than 500 mls	120.05
Subgroup 9 — Pelvis (except hip)		
21100	Initiation of management of anaesthesia for procedures on the skin or subcutaneous tissue of the anterior pelvic region (anterior to iliac crest), except external genitalia	51.45
21110	Initiation of management of anaesthesia for procedures on the skin, its derivatives or subcutaneous tissue of the pelvic region (posterior to iliac crest), except perineum	85.75
21112	Initiation of management of anaesthesia for percutaneous bone marrow biopsy of the anterior iliac crest	68.60
21114	Initiation of management of anaesthesia for percutaneous bone marrow biopsy of the posterior iliac crest	85.75
21116	Initiation of management of anaesthesia for percutaneous bone marrow harvesting from the pelvis	102.90
21120	Initiation of management of anaesthesia for procedures on the bony pelvis	102.90
21130	Initiation of management of anaesthesia for body cast application or revision, when performed in the operating theatre of a hospital or approved day hospital facility	51.45
21140	Initiation of management of anaesthesia for interpelviabdominal (hindquarter) amputation	257.25
21150	Initiation of management of anaesthesia for radical procedures for tumour of the pelvis, except hindquarter amputation	171.50

Item	Service	Fee ($)
21160	Initiation of management of anaesthesia for closed procedures involving symphysis pubis or sacroiliac joint, when performed in the operating theatre of a hospital or approved day hospital facility	68.60
21170	Initiation of management of anaesthesia for open procedures involving symphysis pubis or sacroiliac joint	137.20
Subgroup 10 — Upper leg (except knee)		
21195	Initiation of management of anaesthesia for procedures on the skins or subcutaneous tissue of the upper leg	51.45
21199	Initiation of management of anaesthesia for procedures on nerves, muscles, tendons, fascia or bursae of the upper leg	68.60
21200	Initiation of management of anaesthesia for closed procedures involving hip joint, when performed in the operating theatre of a hospital or approved day hospital facility	68.60
21202	Initiation of management of anaesthesia for arthroscopic procedures of the hip joint	68.60
21210	Initiation of management of anaesthesia for open procedures involving hip joint, not being a service to which another item in this subgroup applies	102.90
21212	Initiation of management of anaesthesia for hip disarticulation	171.50
21214	Initiation of management of anaesthesia for total hip replacement or revision	171.50
21216	Initiation of management of anaesthesia for bilateral total hip replacement	240.10
21220	Initiation of management of anaesthesia for closed procedures involving upper two-thirds of femur, when performed in the operating theatre of a hospital or approved day hospital facility	68.60
21230	Initiation of management of anaesthesia for open procedures involving upper two-thirds of femur, not being a service to which another item in this subgroup applies	102.90
21232	Initiation of management of anaesthesia for above knee amputation	85.75

Item	Service	Fee ($)
21234	Initiation of management of anaesthesia for radical resection of the upper two-thirds of femur	137.20
21260	Initiation of management of anaesthesia for procedures involving veins of upper leg, including exploration	68.60
21270	Initiation of management of anaesthesia for procedures involving arteries of upper leg, including bypass graft, not being a service to which another item in this subgroup applies	137.20
21272	Initiation of management of anaesthesia for femoral artery ligation	68.60
21274	Initiation of management of anaesthesia for femoral artery embolectomy	102.90
21280	Initiation of management of anaesthesia for microsurgical reimplantation of upper leg	257.25
Subgroup 11 — Knee and popliteal area		
21300	Initiation of management of anaesthesia for procedures on the skin or subcutaneous tissue of the knee or popliteal area, or both	51.45
21321	Initiation of management of anaesthesia for procedures on nerves, muscles, tendons, fascia or bursae of knee or popliteal area, or both	68.60
21340	Initiation of management of anaesthesia for closed procedures on lower one-third of femur, when performed in the operating theatre of a hospital or approved day hospital facility	68.60
21360	Initiation of management of anaesthesia for open procedures on lower one-third of femur	85.75
21380	Initiation of management of anaesthesia for closed procedures on knee joint when performed in the operating theatre of a hospital or approved day hospital facility	51.45
21382	Initiation of management of anaesthesia for arthroscopic procedures of knee joint	68.60
21390	Initiation of management of anaesthesia for closed procedures on upper ends of tibia, fibula or patella, or any of them, when performed in the operating theatre of a hospital or approved day hospital facility	51.45

Item	Service	Fee ($)
21392	Initiation of management of anaesthesia for open procedures on upper ends of tibia, fibula or patella, or any of them	68.60
21400	Initiation of management of anaesthesia for open procedures on knee joint, not being a service to which another item in this subgroup applies	68.60
21402	Initiation of management of anaesthesia for knee replacement	120.05
21403	Initiation of management of anaesthesia for bilateral knee replacement	171.50
21404	Initiation of management of anaesthesia for disarticulation of knee	85.75
21420	Initiation of management of anaesthesia for cast application, removal or repair, involving knee joint, undertaken in a hospital or approved day hospital facility	51.45
21430	Initiation of management of anaesthesia for procedures on veins of knee or popliteal area, not being a service to which another item in this subgroup applies	68.60
21432	Initiation of management of anaesthesia for repair of arteriovenous fistula of knee or popliteal area	85.75
21440	Initiation of management of anaesthesia for procedures on arteries of knee or popliteal area, not being a service to which another item in this subgroup applies	137.20
Subgroup 12 — Lower leg (below knee)		
21460	Initiation of management of anaesthesia for procedures on the skin or subcutaneous tissue of lower leg, ankle or foot	51.45
21461	Initiation of management of anaesthesia for procedures on nerves, muscles, tendons or fascia of lower leg, ankle or foot, not being a service to which another item in this subgroup applies	68.60
21462	Initiation of management of anaesthesia for all closed procedures on lower leg, ankle or foot	51.45
21464	Initiation of management of anaesthesia for arthroscopic procedure of ankle joint	68.60
21472	Initiation of management of anaesthesia for repair of achilles tendon	85.75

Item	Service	Fee ($)
21474	Initiation of management of anaesthesia for gastrocnemius recession	85.75
21480	Initiation of management of anaesthesia for open procedures on bones of lower leg, ankle or foot, including amputation, not being a service to which another item in this subgroup applies	68.60
21482	Initiation of management of anaesthesia for radical resection of bone involving lower leg, ankle or foot	85.75
21484	Initiation of management of anaesthesia for osteotomy or osteoplasty of tibia or fibula	85.75
21486	Initiation of management of anaesthesia for total ankle replacement	120.05
21490	Initiation of management of anaesthesia for lower leg cast application, removal or repair, undertaken in a hospital or approved day hospital facility	51.45
21500	Initiation of management of anaesthesia for procedures on arteries of lower leg, including bypass graft, not being a service to which another item in this subgroup applies	137.20
21502	Initiation of management of anaesthesia for embolectomy of the lower leg	102.90
21520	Initiation of management of anaesthesia for procedures on veins of lower leg, not being a service to which another item in this subgroup applies	68.60
21522	Initiation of management of anaesthesia for venous thrombectomy of the lower leg	85.75
21530	Initiation of management of anaesthesia for microsurgical reimplantation of lower leg, ankle or foot	257.25
21532	Initiation of management of anaesthesia for microsurgical reimplantation of toe	137.20
Subgroup 13 — Shoulder and axilla		
21600	Initiation of management of anaesthesia for procedures on the skin or subcutaneous tissue of the shoulder or axilla	51.45
21610	Initiation of management of anaesthesia for procedures on nerves, muscles, tendons, fascia or bursae of shoulder or axilla, including axillary dissection	85.75

Item	Service	Fee ($)
21620	Initiation of management of anaesthesia for closed procedures on humeral head and neck, sternoclavicular joint, acromioclavicular joint or shoulder joint, when performed in the operating theatre of a hospital or approved day hospital facility	68.60
21622	Initiation of management of anaesthesia for arthroscopic procedures of shoulder joint	85.75
21630	Initiation of management of anaesthesia for open procedures on humeral head and neck, sternoclavicular joint, acromioclavicular joint or shoulder joint, not being a service to which another item in this subgroup applies	85.75
21632	Initiation of management of anaesthesia for radical resection involving humeral head and neck, sternoclavicular joint, acromioclavicular joint or shoulder joint	102.90
21634	Initiation of management of anaesthesia for shoulder disarticulation	154.35
21636	Initiation of management of anaesthesia for interthoracoscapular (forequarter) amputation	257.25
21638	Initiation of management of anaesthesia for total shoulder replacement	171.50
21650	Initiation of management of anaesthesia for procedures on arteries of shoulder or axilla, not being a service to which another item in this subgroup applies	137.20
21652	Initiation of management of anaesthesia for procedures for axillary-brachial aneurysm	171.50
21654	Initiation of management of anaesthesia for bypass graft of arteries of shoulder or axilla	137.20
21656	Initiation of management of anaesthesia for axillary-femoral bypass graft	171.50
21670	Initiation of management of anaesthesia for procedures on veins of shoulder or axilla	68.60
21680	Initiation of management of anaesthesia for shoulder cast application, removal or repair, not being a service to which another item in this subgroup applies, when undertaken in a hospital or approved day hospital facility	51.45

Item	Service	Fee ($)
21682	Initiation of management of anaesthesia for shoulder spica application, when undertaken in a hospital or approved day hospital facility	68.60
Subgroup 14 — Upper arm and elbow		
21700	Initiation of management of anaesthesia for procedures on the skin or subcutaneous tissue of the upper arm or elbow	51.45
21710	Initiation of management of anaesthesia for procedures on nerves, muscles, tendons, fascia or bursae of upper arm or elbow, not being a service to which another item in this subgroup applies	68.60
21712	Initiation of management of anaesthesia for open tenotomy of the upper arm or elbow	85.75
21714	Initiation of management of anaesthesia for tenoplasty of the upper arm or elbow	85.75
21716	Initiation of management of anaesthesia for tenodesis for rupture of long tendon of biceps	85.75
21730	Initiation of management of anaesthesia for closed procedures on the upper arm or elbow, when performed in the operating theatre of a hospital or approved day hospital facility	51.45
21732	Initiation of management of anaesthesia for arthroscopic procedures of elbow joint	68.60
21740	Initiation of management of anaesthesia for open procedures on the upper arm or elbow, not being a service to which another item in this subgroup applies	85.75
21756	Initiation of management of anaesthesia for radical procedures on the upper arm or elbow	102.90
21760	Initiation of management of anaesthesia for total elbow replacement	120.05
21770	Initiation of management of anaesthesia for procedures on arteries of upper arm, not being a service to which another item in this subgroup applies	137.20
21772	Initiation of management of anaesthesia for embolectomy of arteries of the upper arm	102.90

Item	Service	Fee ($)
21780	Initiation of management of anaesthesia for procedures on veins of upper arm, not being a service to which another item in this subgroup applies	68.60
21790	Initiation of management of anaesthesia for microsurgical reimplantation of upper arm	257.25
Subgroup 15 — Forearm wrist and hand		
21800	Initiation of management of anaesthesia for procedures on the skin or subcutaneous tissue of the forearm, wrist or hand	51.45
21810	Initiation of management of anaesthesia for procedures on the nerves, muscles, tendons, fascia, or bursae of the forearm, wrist or hand	68.60
21820	Initiation of management of anaesthesia for closed procedures on the radius, ulna, wrist, or hand bones, when performed in the operating theatre of a hospital or approved day hospital facility	51.45
21830	Initiation of management of anaesthesia for open procedures on the radius, ulna, wrist, or hand bones, not being a service to which another item in this subgroup applies	68.60
21832	Initiation of management of anaesthesia for total wrist replacement	120.05
21834	Initiation of management of anaesthesia for arthroscopic procedures of the wrist joint	68.60
21840	Initiation of management of anaesthesia for procedures on the arteries of forearm, wrist or hand, not being a service to which another item in this subgroup applies	137.20
21842	Initiation of management of anaesthesia for embolectomy of artery of forearm, wrist or hand	102.90
21850	Initiation of management of anaesthesia for procedures on the veins of forearm, wrist or hand, not being a service to which another item in this subgroup applies	68.60
21860	Initiation of management of anaesthesia for forearm, wrist, or hand cast application, removal or repair, when undertaken in a hospital or approved day hospital facility	51.45

Item	Service	Fee ($)
21870	Initiation of management of anaesthesia for microsurgical reimplantation of forearm, wrist or hand	257.25
21872	Initiation of management of anaesthesia for microsurgical reimplantation of a finger	137.20
Subgroup 16 — Anaesthesia for burns		
21878	Initiation of management of anaesthesia for excision or debridement of burns, with or without skin grafting, where the area of burn involves not more than 3% of total body surface	51.45
21879	Initiation of management of anaesthesia for excision or debridement of burns, with or without skin grafting, where the area of burn involves more than 3% but less than 10% of total body surface	85.75
21880	Initiation of management of anaesthesia for excision or debridement of burns, with or without skin grafting, where the area of burn involves 10% or more but less than 20% of total body surface	120.05
21881	Initiation of management of anaesthesia for excision or debridement of burns, with or without skin grafting, where the area of burn involves 20% or more but less than 30% of total body surface	154.35
21882	Initiation of management of anaesthesia for excision or debridement of burns, with or without skin grafting, where the area of burn involves 30% or more but less than 40% of total body surface	188.65
21883	Initiation of management of anaesthesia for excision or debridement of burns, with or without skin grafting, where the area of burn involves 40% or more but less than 50% of total body surface	222.95
21884	Initiation of management of anaesthesia for excision or debridement of burns, with or without skin grafting, where the area of burn involves 50% or more but less than 60% of total body surface	257.25
21885	Initiation of management of anaesthesia for excision or debridement of burns, with or without skin grafting, where the area of burn involves 60% or more but less than 70% of total body surface	291.55

Item	Service	Fee ($)
21886	Initiation of management of anaesthesia for excision or debridement of burns, with or without skin grafting, where the area of burn involves 70% or more but less than 80% of total body surface	325.85
21887	Initiation of management of anaesthesia for excision or debridement of burns, with or without skin grafting, where the area of burn involves 80% or more of total body surface	360.15
Subgroup 17 — Anaesthesia for radiological or other diagnostic or therapeutic procedures		
21900	Initiation of management of anaesthesia for injection procedure for hysterosalpingography	51.45
21906	Initiation of management of anaesthesia for injection procedure for myelography — lumbar or thoracic	85.75
21908	Initiation of management of anaesthesia for injection procedure for myelography — cervical	102.90
21910	Initiation of management of anaesthesia for injection procedure for myelography — posterior fossa	154.35
21912	Initiation of management of anaesthesia for injection procedure for discography — lumbar or thoracic	85.75
21914	Initiation of management of anaesthesia for injection procedure for discography — cervical	102.90
21915	Initiation of management of anaesthesia for peripheral arteriogram	85.75
21916	Initiation of management of anaesthesia for arteriograms — cerebral, carotid or vertebral	85.75
21918	Initiation of management of anaesthesia for retrograde arteriogram — brachial or femoral	85.75
21922	Initiation of management of anaesthesia for computerised axial tomography scanning, magnetic resonance scanning or digital subtraction angiography scanning	120.05
21925	Initiation of management of anaesthesia for retrograde cystography, retrograde urethrography or retrograde cystourethrography	68.60
21926	Initiation of management of anaesthesia for fluoroscopy	85.75

Item	Service	Fee ($)
21927	Initiation of management of anaesthesia for barium enema or other opaque study of the small bowel	85.75
21930	Initiation of management of anaesthesia for bronchography	102.90
21935	Initiation of management of anaesthesia for phlebography	85.75
21936	Initiation of management of anaesthesia for heart — 2 dimensional real time transoesophageal examination	102.90
21939	Initiation of management of anaesthesia for peripheral venous cannulation	51.45
21941	Initiation of management of anaesthesia for cardiac catheterisation (including coronary arteriography, ventriculography, cardiac mapping or insertion of automatic defibrillator or transvenous pacemaker)	120.05
21942	Initiation of management of anaesthesia for cardiac electrophysiological procedures including radio frequency ablation	171.50
21943	Initiation of management of anaesthesia for central vein catheterisation or insertion of right heart balloon catheter (via jugular, subclavian or femoral vein) by percutaneous or open exposure	85.75
21945	Initiation of management of anaesthesia for lumbar puncture, cisternal puncture or epidural injection	85.75
21949	Initiation of management of anaesthesia for harvesting of bone marrow for the purpose of transplantation	85.75
21952	Initiation of management of anaesthesia for muscle biopsy for malignant hyperpyrexia	171.50
21955	Initiation of management of anaesthesia for electroencephalography	85.75
21959	Initiation of management of anaesthesia for brain stem evoked response audiometry	85.75
21962	Initiation of management of anaesthesia for electrocochleography by extratympanic method or transtympanic membrane insertion method	85.75
21965	Initiation of management of anaesthesia as a therapeutic procedure if it can be shown that there is a clinical need for anaesthesia, not for headache of any etiology	85.75

Item	Service	Fee ($)
21969	Initiation of management of anaesthesia during hyperbaric therapy, where the medical practitioner is not confined in the chamber (including the administration of oxygen)	137.20
21970	Initiation of management of anaesthesia during hyperbaric therapy, where the medical practitioner is confined in the chamber (including the administration of oxygen)	257.25
21973	Initiation of management of anaesthesia for brachytherapy using radioactive sealed sources	85.75
21976	Initiation of management of anaesthesia for therapeutic nuclear medicine	85.75
21980	Initiation of management of anaesthesia for radiotherapy	85.75
Subgroup 18 — Miscellaneous		
21990	Initiation of management of anaesthesia, being a service to which another item in this subgroup or in Subgroups 1 to 17 or 20 would have applied if the procedure in connection with which the service is provided had not been discontinued	51.45
21992	Initiation of management of anaesthesia performed on a person under the age of 10 years in connection with a procedure covered by an item that does not include the word '(Anaes.)'	68.60
21997	Initiation of management of anaesthesia in connection with a procedure covered by an item that does not include the word '(Anaes.)', not being a service to which item 21965 or 21992 applies, where it can be demonstrated that there is a clinical need for anaesthesia	68.60
Subgroup 19 — Therapeutic and diagnostic services performed in connection with administration of anaesthesia		
22001	Collection of blood for autologous transfusion or when homologous blood is required for immediate transfusion in an emergency situation, when performed in association with the administration of anaesthesia	51.45
22002	Administration of blood or bone marrow already collected, when performed in association with the administration of anaesthesia	68.60

Item	Service	Fee ($)
22007	Awake endotracheal intubation with flexible fibreoptic scope associated with difficult airway, when performed in association with the administration of anaesthesia	68.60
22008	Double lumen endobronchial tube or bronchial blocker, insertion of, when performed in association with the administration of anaesthesia	68.60
22012	Blood pressure monitoring (central venous, pulmonary arterial, systemic arterial or cardiac intracavity) by indwelling catheter — for each type of pressure up to a maximum of 4 pressures (not being a service to which item 13876 applies), when performed in association with the administration of anaesthesia	51.45
22014	Blood pressure monitoring (central venous, pulmonary arterial, systemic arterial or cardiac intracavity) by indwelling catheter — for each type of pressure up to a maximum of 4 pressures (not being a service to which item 13876 applies), when performed in association with the administration of anaesthesia relating to another discrete operation on the same day	51.45
22015	Right heart balloon catheter, insertion of, including pulmonary wedge pressure and cardiac output measurement, when performed in association with the administration of anaesthesia	102.90
22018	Measurement of the mechanical or gas exchange function of the respiratory system, using measurements of parameters that incorporate serial arterial blood gas analysis and include at least 2 of the following parameters: (a) pressure; (b) volume; (c) flow; (d) gas concentration in inspired or expired air; (e) alveolar gas or blood; performed in association with the administration of anaesthesia, and for which a written record of the results is prepared, not being a service associated with a service to which item 11503 applies	120.05

Item	Service	Fee ($)
22020	Central vein catheterisation (via jugular, subclavian or femoral vein) by percutaneous or open exposure, not being a service to which item 13318 applies, when performed in association with the administration of anaesthesia	68.60
22025	Intraarterial cannulation when performed in association with the administration of anaesthesia	68.60
22031	Intrathecal or epidural injection (initial) of a therapeutic substance, with or without insertion of a catheter, in association with anaesthesia and surgery, for post operative pain management, not being a service associated with a service to which item 22036 applies	85.75
22036	Intrathecal or epidural injection (subsequent) of a therapeutic substance, using an in-situ catether, in association with anaethesia and surgery, for post operative pain, not being a service associated with a service to which item 22031 applies	51.45
22040	Introduction of a regional or field nerve block peri-operatively performed in the induction room, theatre or recovery room, for the control of post operative pain, via the femoral or sciatic nerves, in conjunction with hip, knee, ankle or foot surgery	34.30
22045	Introduction of a regional or field nerve block peri-operatively performed in the induction room, theatre or recovery room, for the control of post operative pain, via the femoral and sciatic nerves, in conjunction with hip, knee, ankle or foot surgery	51.45
22050	Introduction of a regional of field nerve block peri-operatively performed in the induction room, theatre or recovery room, for the control of post operative pain, via the brachial plexus in conjunction with shoulder surgery	34.30
22055	Perfusion of limb or organ using heart-lung machine or equivalent, not being a service associated with a service to which an item in Subgroup 21 applies	205.80
22060	Whole body perfusion, cardiac bypass, using heart-lung machine or equivalent, not being a service associated with anaesthesia to which an item in Subgroup 21 applies	343.00

Item	Service	Fee ($)
22065	Induced controlled hypothermia — total body, not being a service associated with a service to which an item in Subgroup 21 applies	85.75
22070	Cardioplegia, blood or crystalloid, administration by any route, not being a service associated with a service to which an item in Subgroup 21 applies	171.50
22075	Deep hypothermic circulatory arrest, with core temperature less than 22°c, including management of retrograde cerebral perfusion (if performed), not being a service associated with a service to which an item in Subgroup 21 applies	257.25
Subgroup 20 — Administration of anaesthesia in connection with a dental service		
22900	Initiation of management by a medical practitioner of anaesthesia for extraction of tooth or teeth, with or without incision of soft tissue or removal of bone	102.90
22905	Initiation of management of anaesthesia for restorative dental work	102.90
Subgroup 21 — Anaesthesia, perfusion and assistance at anaesthesia (time component)		
23010	Anaesthesia, perfusion or assistance, where the service time is not more than 15 minutes	17.15
23021	Anaesthesia, perfusion or assistance, where the service time is more than 15 minutes but not more than 20 minutes	34.30
23022	Anaesthesia, perfusion or assistance, where the service time is more than 20 minutes but not more than 25 minutes	34.30
23023	Anaesthesia, perfusion or assistance, where the service time is more than 25 minutes but not more than 30 minutes	34.30
23031	Anaesthesia, perfusion or assistance, where the service time is more than 30 minutes but not more than 35 minutes	51.45
23032	Anaesthesia, perfusion or assistance, where the service time is more than 35 minutes but not more than 40 minutes	51.45

Item	Service	Fee ($)
23033	Anaesthesia, perfusion or assistance, where the service time is more than 40 minutes but not more than 45 minutes	51.45
23041	Anaesthesia, perfusion or assistance, where the service time is more than 45 minutes but not more than 50 minutes	68.60
23042	Anaesthesia, perfusion or assistance, where the service time is more than 50 minutes but not more than 55 minutes	68.60
23043	Anaesthesia, perfusion or assistance, where the service time is more than 55 minutes but not more than 1 hour	68.60
23051	Anaesthesia, perfusion or assistance, where the service time is more than 1:01 hours but not more than 1:05 hours	85.75
23052	Anaesthesia, perfusion or assistance, where the service time is more than 1:05 hours but not more than 1:10 hours	85.75
23053	Anaesthesia, perfusion or assistance, where the service time is more than 1:10 hours but not more than 1:15 hours	85.75
23061	Anaesthesia, perfusion or assistance, where the service time is more than 1:15 hours but not more than 1:20 hours	102.90
23062	Anaesthesia, perfusion or assistance, where the service time is more than 1:20 hours but not more than 1:25 hours	102.90
23063	Anaesthesia, perfusion or assistance, where the service time is more than 1:25 hours but not more than 1:30 hours	102.90
23071	Anaesthesia, perfusion or assistance, where the service time is more than 1:30 hours but not more than 1:35 hours	120.05
23072	Anaesthesia, perfusion or assistance, where the service time is more than 1:35 hours but not more than 1:40 hours	120.05
23073	Anaesthesia, perfusion or assistance, where the service time is more than 1:40 hours but not more than 1:45 hours	120.05
23081	Anaesthesia, perfusion or assistance, where the service time is more than 1:45 hours but not more than 1:50 hours	137.20
23082	Anaesthesia, perfusion or assistance, where the service time is more than 1:50 hours but not more than 1:55 hours	137.20
23083	Anaesthesia, perfusion or assistance, where the service time is more than 1:55 hours but not more than 2:00 hours	137.20

Item	Service	Fee ($)
23091	Anaesthesia, perfusion or assistance, if the service time is more than 2:00 hours but not more than 2:10 hours	154.35
23101	Anaesthesia, perfusion or assistance, if the service time is more than 2:10 hours but not more than 2:20 hours	171.50
23111	Anaesthesia, perfusion or assistance, if the service time is more than 2:20 hours but not more than 2:30 hours	188.65
23112	Anaesthesia, perfusion or assistance, if the service time is more than 2:30 hours but not more than 2:40 hours	205.80
23113	Anaesthesia, perfusion or assistance, if the service time is more than 2:40 hours but not more than 2:50 hours	222.95
23114	Anaesthesia, perfusion or assistance, if the service time is more than 2:50 hours but not more than 3:00 hours	240.10
23115	Anaesthesia, perfusion or assistance, if the service time is more than 3:00 hours but not more than 3:10 hours	257.25
23116	Anaesthesia, perfusion or assistance, if the service time is more than 3:10 hours but not more than 3:20 hours	274.40
23117	Anaesthesia, perfusion or assistance, if the service time is more than 3:20 hours but not more than 3:30 hours	291.55
23118	Anaesthesia, perfusion or assistance, if the service time is more than 3:30 hours but not more than 3:40 hours	308.70
23119	Anaesthesia, perfusion or assistance, if the service time is more than 3:40 hours but not more than 3:50 hours	325.85
23121	Anaesthesia, perfusion or assistance, if the service time is more than 3:50 hours but not more than 4:00 hours	343.00
23170	Anaesthesia, perfusion or assistance, if the service time is more than 4:00 hours but not more than 4:10 hours	360.15
23180	Anaesthesia, perfusion or assistance, if the service time is more than 4:10 hours but not more than 4:20 hours	377.30
23190	Anaesthesia, perfusion or assistance, if the service time is more than 4:20 hours but not more than 4:30 hours	394.45
23200	Anaesthesia, perfusion or assistance, if the service time is more than 4:30 hours but not more than 4:40 hours	411.60
23210	Anaesthesia, perfusion or assistance, if the service time is more than 4:40 hours but not more than 4:50 hours	428.75

Item	Service	Fee ($)
23220	Anaesthesia, perfusion or assistance, if the service time is more than 4:50 hours but not more than 5:00 hours	445.90
23230	Anaesthesia, perfusion or assistance, if the service time is more than 5:00 hours but not more than 5:10 hours	463.05
23240	Anaesthesia, perfusion or assistance, if the service time is more than 5:10 hours but not more than 5:20 hours	480.20
23250	Anaesthesia, perfusion or assistance, if the service time is more than 5:20 hours but not more than 5:30 hours	497.35
23260	Anaesthesia, perfusion or assistance, if the service time is more than 5:30 hours but not more than 5:40 hours	514.50
23270	Anaesthesia, perfusion or assistance, if the service time is more than 5:40 hours but not more than 5:50 hours	531.65
23280	Anaesthesia, perfusion or assistance, if the service time is more than 5:50 hours but not more than 6:00 hours	548.80
23290	Anaesthesia, perfusion or assistance, if the service time is more than 6:00 hours but not more than 6:10 hours	565.95
23300	Anaesthesia, perfusion or assistance, if the service time is more than 6:10 hours but not more than 6:20 hours	583.10
23310	Anaesthesia, perfusion or assistance, if the service time is more than 6:20 hours but not more than 6:30 hours	600.25
23320	Anaesthesia, perfusion or assistance, if the service time is more than 6:30 hours but not more than 6:40 hours	617.40
23330	Anaesthesia, perfusion or assistance, if the service time is more than 6:40 hours but not more than 6:50 hours	634.55
23340	Anaesthesia, perfusion or assistance, if the service time is more than 6:50 hours but not more than 7:00 hours	651.70
23350	Anaesthesia, perfusion or assistance, if the service time is more than 7:00 hours but not more than 7:10 hours	668.85
23360	Anaesthesia, perfusion or assistance, if the service time is more than 7:10 hours but not more than 7:20 hours	686.00
23370	Anaesthesia, perfusion or assistance, if the service time is more than 7:20 hours but not more than 7:30 hours	703.15
23380	Anaesthesia, perfusion or assistance, if the service time is more than 7:30 hours but not more than 7:40 hours	720.30

Item	Service	Fee ($)
23390	Anaesthesia, perfusion or assistance, if the service time is more than 7:40 hours but not more than 7:50 hours	737.45
23400	Anaesthesia, perfusion or assistance, if the service time is more than 7:50 hours but not more than 8:00 hours	754.60
23410	Anaesthesia, perfusion or assistance, if the service time is more than 8:00 hours but not more than 8:10 hours	771.75
23420	Anaesthesia, perfusion or assistance, if the service time is more than 8:10 hours but not more than 8:20 hours	788.90
23430	Anaesthesia, perfusion or assistance, if the service time is more than 8:20 hours but not more than 8:30 hours	806.05
23440	Anaesthesia, perfusion or assistance, if the service time is more than 8:30 hours but not more than 8:40 hours	823.20
23450	Anaesthesia, perfusion or assistance, if the service time is more than 8:40 hours but not more than 8:50 hours	840.35
23460	Anaesthesia, perfusion or assistance, if the service time is more than 8:50 hours but not more than 9:00 hours	857.50
23470	Anaesthesia, perfusion or assistance, if the service time is more than 9:00 hours but not more than 9:10 hours	874.65
23480	Anaesthesia, perfusion or assistance, if the service time is more than 9:10 hours but not more than 9:20 hours	891.80
23490	Anaesthesia, perfusion or assistance, if the service time is more than 9:20 hours but not more than 9:30 hours	908.95
23500	Anaesthesia, perfusion or assistance, if the service time is more than 9:30 hours but not more than 9:40 hours	926.10
23510	Anaesthesia, perfusion or assistance, if the service time is more than 9:40 hours but not more than 9:50 hours	943.25
23520	Anaesthesia, perfusion or assistance, if the service time is more than 9:50 hours but not more than 10:00 hours	960.40
23530	Anaesthesia, perfusion or assistance, if the service time is more than 10:00 hours but not more than 10:10 hours	977.55
23540	Anaesthesia, perfusion or assistance, if the service time is more than 10:10 hours but not more than 10:20 hours	994.70
23550	Anaesthesia, perfusion or assistance, if the service time is more than 10:20 hours but not more than 10:30 hours	1 011.85

Item	Service	Fee ($)
23560	Anaesthesia, perfusion or assistance, if the service time is more than 10:30 hours but not more than 10:40 hours	1 029.00
23570	Anaesthesia, perfusion or assistance, if the service time is more than 10:40 hours but not more than 10:50 hours	1 046.15
23580	Anaesthesia, perfusion or assistance, if the service time is more than 10:50 hours but not more than 11:00 hours	1 063.30
23590	Anaesthesia, perfusion or assistance, if the service time is more than 11:00 hours but not more than 11:10 hours	1 080.45
23600	Anaesthesia, perfusion or assistance, if the service time is more than 11:10 hours but not more than 11:20 hours	1 097.60
23610	Anaesthesia, perfusion or assistance, if the service time is more than 11:20 hours but not more than 11:30 hours	1 114.75
23620	Anaesthesia, perfusion or assistance, if the service time is more than 11:30 hours but not more than 11:40 hours	1 131.90
23630	Anaesthesia, perfusion or assistance, if the service time is more than 11:40 hours but not more than 11:50 hours	1 149.05
23640	Anaesthesia, perfusion or assistance, if the service time is more than 11:50 hours but not more than 12:00 hours	1 166.20
23650	Anaesthesia, perfusion or assistance, if the service time is more than 12:00 hours but not more than 12:10 hours	1 183.35
23660	Anaesthesia, perfusion or assistance, if the service time is more than 12:10 hours but not more than 12:20 hours	1 200.50
23670	Anaesthesia, perfusion or assistance, if the service time is more than 12:20 hours but not more than 12:30 hours	1 217.65
23680	Anaesthesia, perfusion or assistance, if the service time is more than 12:30 hours but not more than 12:40 hours	1 234.80
23690	Anaesthesia, perfusion or assistance, if the service time is more than 12:40 hours but not more than 12:50 hours	1 251.95
23700	Anaesthesia, perfusion or assistance, if the service time is more than 12:50 hours but not more than 13:00 hours	1 269.10
23710	Anaesthesia, perfusion or assistance, if the service time is more than 13:00 hours but not more than 13:10 hours	1 286.25
23720	Anaesthesia, perfusion or assistance, if the service time is more than 13:10 hours but not more than 13:20 hours	1 303.40

Item	Service	Fee ($)
23730	Anaesthesia, perfusion or assistance, if the service time is more than 13:20 hours but not more than 13:30 hours	1 320.55
23740	Anaesthesia, perfusion or assistance, if the service time is more than 13:30 hours but not more than 13:40 hours	1 337.70
23750	Anaesthesia, perfusion or assistance, if the service time is more than 13:40 hours but not more than 13:50 hours	1 354.85
23760	Anaesthesia, perfusion or assistance, if the service time is more than 13:50 hours but not more than 14:00 hours	1 372.00
23770	Anaesthesia, perfusion or assistance, if the service time is more than 14:00 hours but not more than 14:10 hours	1 389.15
23780	Anaesthesia, perfusion or assistance, if the service time is more than 14:10 hours but not more than 14:20 hours	1 406.30
23790	Anaesthesia, perfusion or assistance, if the service time is more than 14:20 hours but not more than 14:30 hours	1 423.45
23800	Anaesthesia, perfusion or assistance, if the service time is more than 14:30 hours but not more than 14:40 hours	1 440.60
23810	Anaesthesia, perfusion or assistance, if the service time is more than 14:40 hours but not more than 14:50 hours	1 457.75
23820	Anaesthesia, perfusion or assistance, if the service time is more than 14:50 hours but not more than 15:00 hours	1 474.90
23830	Anaesthesia, perfusion or assistance, if the service time is more than 15:00 hours but not more than 15:10 hours	1 492.05
23840	Anaesthesia, perfusion or assistance, if the service time is more than 15:10 hours but not more than 15:20 hours	1 509.20
23850	Anaesthesia, perfusion or assistance, if the service time is more than 15:20 hours but not more than 15:30 hours	1 526.35
23860	Anaesthesia, perfusion or assistance, if the service time is more than 15:30 hours but not more than 15:40 hours	1 543.50
23870	Anaesthesia, perfusion or assistance, if the service time is more than15:40 hours but not more than 15:50 hours	1 560.65
23880	Anaesthesia, perfusion or assistance, if the service time is more than 15:50 hours but not more than 16:00 hours	1 577.80
23890	Anaesthesia, perfusion or assistance, if the service time is more than 16:00 hours but not more than 16:10 hours	1 594.95

Item	Service	Fee ($)
23900	Anaesthesia, perfusion or assistance, if the service time is more than 16:10 hours but not more than 16:20 hours	1 612.10
23910	Anaesthesia, perfusion or assistance, if the service time is more than 16:20 hours but not more than 16:30 hours	1 629.25
23920	Anaesthesia, perfusion or assistance, if the service time is more than 16:30 hours but not more than 16:40 hours	1 646.40
23930	Anaesthesia, perfusion or assistance, if the service time is more than 16:40 hours but not more than 16:50 hours	1 663.55
23940	Anaesthesia, perfusion or assistance, if the service time is more than 16:50 hours but not more than 17:00 hours	1 680.70
23950	Anaesthesia, perfusion or assistance, if the service time is more than 17:00 hours but not more than 17:10 hours	1 697.85
23960	Anaesthesia, perfusion or assistance, if the service time is more than 17:10 hours but not more than 17:20 hours	1 715.00
23970	Anaesthesia, perfusion or assistance, if the service time is more than 17:20 hours but not more than 17:30 hours	1 732.15
23980	Anaesthesia, perfusion or assistance, if the service time is more than 17:30 hours but not more than 17:40 hours	1 749.30
23990	Anaesthesia, perfusion or assistance, if the service time is more than17:40 hours but not more than 17:50 hours	1 766.45
24100	Anaesthesia, perfusion or assistance, if the service time is more than 17:50 hours but not more than 18:00 hours	1 783.60
24101	Anaesthesia, perfusion or assistance, if the service time is more than 18:00 hours but not more than 18:10 hours	1 800.75
24102	Anaesthesia, perfusion or assistance, if the service time is more than 18:10 hours but not more than 18:20 hours	1 817.90
24103	Anaesthesia, perfusion or assistance, if the service time is more than 18:20 hours but not more than 18:30 hours	1 835.05
24104	Anaesthesia, perfusion or assistance, if the service time is more than 18:30 hours but not more than 18:40 hours	1 852.20
24105	Anaesthesia, perfusion or assistance, if the service time is more than 18:40 hours but not more than 18:50 hours	1 869.35
24106	Anaesthesia, perfusion or assistance, if the service time is more than 18:50 hours but not more than 19:00 hours	1 886.50

Item	Service	Fee ($)
24107	Anaesthesia, perfusion or assistance, if the service time is more than 19:00 hours but not more than 19:10 hours	1 903.65
24108	Anaesthesia, perfusion or assistance, if the service time is more than 19:10 hours but not more than 19:20 hours	1 920.80
24109	Anaesthesia, perfusion or assistance, if the service time is more than 19:20 hours but not more than 19:30 hours	1 937.95
24110	Anaesthesia, perfusion or assistance, if the service time is more than 19:30 hours but not more than 19:40 hours	1 955.10
24111	Anaesthesia, perfusion or assistance, if the service time is more than 19:40 hours but not more than 19:50 hours	1 972.25
24112	Anaesthesia, perfusion or assistance, if the service time is more than 19:50 hours but not more than 20:00 hours	1 989.40
24113	Anaesthesia, perfusion or assistance, if the service time is more than 20:00 hours but not more than 20:10 hours	2 006.55
24114	Anaesthesia, perfusion or assistance, if the service time is more than 20:10 hours but not more than 20:20 hours	2 023.70
24115	Anaesthesia, perfusion or assistance, if the service time is more than 20:20 hours but not more than 20:30 hours	2 040.85
24116	Anaesthesia, perfusion or assistance, if the service time is more than 20:30 hours but not more than 20:40 hours	2 058.00
24117	Anaesthesia, perfusion or assistance, if the service time is more than 20:40 hours but not more than 20:50 hours	2 075.15
24118	Anaesthesia, perfusion or assistance, if the service time is more than 20:50 hours but not more than 21:00 hours	2 092.30
24119	Anaesthesia, perfusion or assistance, if the service time is more than 21:00 hours but not more than 21:10 hours	2 109.45
24120	Anaesthesia, perfusion or assistance, if the service time is more than 21:10 hours but not more than 21:20 hours	2 126.60
24121	Anaesthesia, perfusion or assistance, if the service time is more than 21:20 hours but not more than 21:30 hours	2 143.75
24122	Anaesthesia, perfusion or assistance, if the service time is more than 21:30 hours but not more than 21:40 hours	2 160.90
24123	Anaesthesia, perfusion or assistance, if the service time is more than 21:40 hours but not more than 21:50 hours	2 178.05

Item	Service	Fee ($)
24124	Anaesthesia, perfusion or assistance, if the service time is more than 21:50 hours but not more than 22:00 hours	2 195.20
24125	Anaesthesia, perfusion or assistance, if the service time is more than 22:00 hours but not more than 22:10 hours	2 212.35
24126	Anaesthesia, perfusion or assistance, if the service time is more than 22:10 hours but not more than 22:20 hours	2 229.50
24127	Anaesthesia, perfusion or assistance, if the service time is more than 22:20 hours but not more than 22:30 hours	2 246.65
24128	Anaesthesia, perfusion or assistance, if the service time is more than 22:30 hours but not more than 22:40 hours	2 263.80
24129	Anaesthesia, perfusion or assistance, if the service time is more than 22:40 hours but not more than 22:50 hours	2 280.95
24130	Anaesthesia, perfusion or assistance, if the service time is more than 22:50 hours but not more than 23:00 hours	2 298.10
24131	Anaesthesia, perfusion or assistance, if the service time is more than 23:00 hours but not more than 23:10 hours	2 315.25
24132	Anaesthesia, perfusion or assistance, if the service time is more than 23:10 hours but not more than 23:20 hours	2 332.40
24133	Anaesthesia, perfusion or assistance, if the service time is more than 23:20 hours but not more than 23:30 hours	2 349.55
24134	Anaesthesia, perfusion or assistance, if the service time is more than 23:30 hours but not more than 23:40 hours	2 366.70
24135	Anaesthesia, perfusion or assistance, if the service time is more than 23:40 hours but not more than 23:50 hours	2 383.85
24136	Anaesthesia, perfusion or assistance, if the service time is more than 23:50 hours but not more than 24:00 hours	2 401.00
Subgroup 22 — Anaesthesia, perfusion and assistance at anaesthesia (modifying components — physical status)		
25000	Anaesthesia, perfusion or assistance, where the patient has severe systemic disease (equivalent to ASA physical status indicator 3)	17.15
25005	Anaesthesia, perfusion or assistance, where the patient has severe systemic disease which is a constant threat to life (equivalent to ASA physical status indicator 4)	34.30

Item	Service	Fee ($)
25010	Anaesthesia, perfusion or assistance, where the patient is not expected to survive for 24 hours, with or without the associated operation (equivalent to ASA physical status indicator 5)	51.45
	Subgroup 23 — Anaesthesia, perfusion and assistance at anaesthesia (modifying components — other)	
25015	Anaesthesia, perfusion or assistance, where the patient's age is less than 12 months or is 70 years or more	17.15
25020	Anaesthesia, perfusion or assistance, where the patient requires immediate treatment without which there would be significant threat to life or body part — not being a service associated with a service to which item 25025, 25030 or 25050 applies	34.30
	Subgroup 24 — Anaesthesia and assistance at anaesthesia (after hours emergency modifier)	
25025	Anaesthesia, where the patient requires immediate treatment without which there would be significant threat to life or body part and where more than 50% of the service time occurs between 8 pm to 8 am on any weekday, or on a Saturday, Sunday or public holiday	Amount under rule 70
25030	Assistance, where the patient requires immediate treatment without which there would be significant threat to life or body part and where more than 50% of the service time occurs between 8 pm to 8 am on any weekday, or on a Saturday, Sunday or public holiday	Amount under rule 70
	Subgroup 25 — Perfusion (after hours emergency modifier)	
25050	Perfusion, where the patient requires immediate treatment without which there would be significant threat to life or body part and where more than 50% of the service time occurs between 8 pm to 8 am on any weekday, or on a Saturday, Sunday or public holiday	Amount under rule 70
	Subgroup 26 — Assistance at anaesthesia	
25200	Assistance in the administration of anaesthesia requiring continuous anaesthesia on a patient in imminent danger of death requiring continuous life saving emergency treatment, to the exclusion of attendance on all other patients	Amount under rule 73

Item	Service	Fee ($)
25205	Assistance in the administration of elective anaesthesia, where: (a) the patient has complex airway problems; or (b) the patient is a neonate or a complex paediatric case; or (c) there is anticipated to be massive blood loss (greater than 50% of blood volume) during the procedure; or (d) the patient is critically ill, with multiple organ failure; or (e) the service time of the administration of anaesthesia exceeds 6 hours and the assistance is provided to the exclusion of attendance on all other patients	Amount under rule 73
	Group T8 — Surgical operations	
	Subgroup 1 — General	
30001	Operative procedure, not being a service to which any other item in this group applies, being a service to which an item in this group would have applied had the procedure not been discontinued on medical grounds	Amount under rule 40
30003	Localised burns, dressing of, (not involving grafting) — each attendance at which the procedure is performed, including any associated consultation	31.45
30006	Extensive burns, dressing of, without anaesthesia (not involving grafting) — each attendance at which the procedure is performed, including any associated consultation	40.25
30009	Localised burns, dressing of, under general anaesthesia (not involving grafting) (G) (H) (Anaes.)	52.55
30010	Localised burns, dressing of, under general anaesthesia (not involving grafting) (S) (H) (Anaes.)	63.95
30013	Extensive burns, dressing of, under general anaesthesia (not involving grafting) (G) (H) (Anaes.)	113.25
30014	Extensive burns, dressing of, under general anaesthesia (not involving grafting) (S) (H) (Anaes.)	134.50
30017	Burns, excision of, under general anaesthesia, involving not more than 10% of body surface, where grafting is not carried out during the same operation (Anaes.) (Assist.)	282.15

Item	Service	Fee ($)
30020	Burns, excision of, under general anaesthesia, involving more than 10% of body surface, where grafting is not carried out during the same operation (H) (Anaes.) (Assist.)	549.55
30023	Wound of soft tissue, traumatic, deep or extensively contaminated, debridement of, under general anaesthesia, or regional or field nerve block, including suturing of the wound if carried out (Anaes.) (Assist.)	282.15
30024	Wound of soft tissue, debridement of an extensively infected post-surgical incision or Fournier's gangrene, under general anaesthesia, or regional or field nerve block, including suturing of the wound if carried out (Anaes.) (Assist.)	282.15
30026	Skin and subcutaneous tissue or mucous membrane, repair of wound of, other than wound closure at time of surgery, not on face or neck, small (not more than 7 cm long), superficial, not being a service to which another item in Group T4 applies (Anaes.)	45.20
30029	Skin and subcutaneous tissue or mucous membrane, repair of wound of, other than wound closure at time of surgery, not on face or neck, small (not more than 7 cm in length), involving deeper tissue, not being a service to which another item in Group T4 applies (Anaes.)	77.85
30032	Skin and subcutaneous tissue or mucous membrane, repair of wound of, other than wound closure at time of surgery, on face or neck, small (not more than 7 cm long), superficial (Anaes.)	71.40
30035	Skin and subcutaneous tissue or mucous membrane, repair of wound of, other than wound closure at time of surgery, on face or neck, small (not more than 7 cm long), involving deeper tissue (Anaes.)	101.70
30038	Skin and subcutaneous tissue or mucous membrane, repair of wound of, other than wound closure at time of surgery, not on face or neck, large (more than 7 cm long), superficial, not being a service to which another item in Group T4 applies (Anaes.)	77.85

Item	Service	Fee ($)
30041	Skin and subcutaneous tissue or mucous membrane, repair of wound of, other than wound closure at time of surgery, not on face or neck, large (more than 7 cm long), involving deeper tissue, not being a service to which another item in Group T4 applies (G) (Anaes.)	124.65
30042	Skin and subcutaneous tissue or mucous membrane, repair of wound of, other than wound closure at time of surgery, other than on face or neck, large (more than 7 cm long), involving deeper tissue, not being a service to which another item in Group T4 applies (S) (Anaes.)	160.70
30045	Skin and subcutaneous tissue or mucous membrane, repair of wound of, other than wound closure at time of surgery, on face or neck, large (more than 7 cm long), superficial (Anaes.)	101.70
30048	Skin and subcutaneous tissue or mucous membrane, repair of wound of, other than wound closure at time of surgery, on face or neck, large (more than 7 cm long), involving deeper tissue (G) (Anaes.)	129.60
30049	Skin and subcutaneous tissue or mucous membrane, repair of wound of, other than wound closure at time of surgery, on face or neck, large (more than 7 cm long), involving deeper tissue (S) (Anaes.)	160.70
30052	Full thickness laceration of ear, eyelid, nose or lip, repair of, with accurate apposition of each layer of tissue (Anaes.) (Assist.)	219.80
30055	Wounds, dressing of, under general anaesthesia, with or without removal of sutures, not being a service associated with a service to which another item in this group applies (Anaes.)	63.95
30058	Post-operative haemorrhage, control of, under general anaesthesia, as an independent procedure (Anaes.)	124.65
30061	Superficial foreign body, removal of, (including from cornea or sclera) as an independent procedure (Anaes.)	20.30
30064	Subcutaneous foreign body, removal of, requiring incision and exploration, including closure of wound if performed, as an independent procedure (Anaes.)	95.10

Item	Service	Fee ($)
30067	Foreign body in muscle, tendon or other deep tissue, removal of, as an independent procedure (G) (Anaes.) (Assist.)	193.55
30068	Foreign body in muscle, tendon or other deep tissue, removal of, as an independent procedure (S) (Anaes.) (Assist.)	239.50
30071	Diagnostic biopsy of skin or mucous membrane, as an independent procedure, where the biopsy specimen is sent for pathological examination (Anaes.)	45.20
30074	Diagnostic biopsy of lymph gland, muscle or other deep tissue or organ, as an independent procedure, where the biopsy specimen is sent for pathological examination (G) (Anaes.)	101.70
30075	Diagnostic biopsy of lymph gland, muscle or other deep tissue or organ, as an independent procedure, where the biopsy specimen is sent for pathological examination (S) (Anaes.)	129.60
30078	Diagnostic drill biopsy of lymph gland, deep tissue or organ, as an independent procedure, where the biopsy specimen is sent for pathological examination (Anaes.)	41.90
30081	Diagnostic biopsy of bone marrow by trephine using an open approach, where the biopsy specimen is sent for pathological examination (Anaes.)	95.10
30084	Diagnostic biopsy of bone marrow by trephine using a percutaneous approach with a Jamshidi needle or similar device, where the biopsy specimen is sent for pathological examination (Anaes.)	50.90
30087	Diagnostic biopsy of bone marrow by aspiration or punch biopsy of synovial membrane, where the biopsy specimen is sent for pathological examination (Anaes.)	25.50
30090	Diagnostic biopsy of pleura, percutaneous, where the biopsy specimen is sent for pathological examination — 1 or more biopsies on any 1 occasion (Anaes.)	111.25
30093	Diagnostic needle biopsy of vertebra, where the biopsy specimen is sent for pathological examination (Anaes.)	148.50

Item	Service	Fee ($)
30094	Diagnostic percutaneous aspiration biopsy of deep organ using interventional techniques (but not including imaging) where the biopsy specimen is sent for pathological examination (Anaes.)	163.90
30096	Diagnostic scalene node biopsy, by open procedure, if the specimen excised is sent for pathological examination (Anaes.)	159.15
30099	Sinus, excision of, involving superficial tissue only (Anaes.)	77.85
30102	Sinus, excision of, involving muscle and deep tissue (G) (Anaes.)	129.60
30103	Sinus, excision of, involving muscle and deep tissue (S) (Anaes.)	159.15
30104	Pre-auricular sinus, excision of (Anaes.)	109.85
30106	Ganglion or small bursa, excision of, not being a service associated with a service to which another item in this group applies (G) (Anaes.)	134.50
30107	Ganglion or small bursa, excision of, not being a service associated with a service to which another item in this group applies (S) (Anaes.)	190.35
30110	Bursa (large), including olecranon, calcaneum or patella, excision of (G) (Anaes.) (Assist.)	246.10
30111	Bursa (large), including olecranon, calcaneum or patella, excision of (S) (Anaes.) (Assist.)	321.55
30114	Bursa, semimembranosus (Baker’s cyst), excision of (H) (Anaes.) (Assist.)	321.55
30165	Lipectomy — transverse wedge excision of abdominal apron, not being a service associated with a service to which item 45530, 45564 or 45565 applies, and not being a service performed within 12 months after the end of a pregnancy of the patient (Anaes.) (Assist.)	393.65
30168	Lipectomy — wedge excision of skin or fat, not being a service associated with a service to which item 45530, 45564 or 45565 applies, and not being a service to which item 30165 applies — 1 excision (Anaes.) (Assist.)	393.65

Item	Service	Fee ($)
30171	Lipectomy — wedge excision of skin or fat, not being a service associated with a service to which item 45530, 45564 or 45565 applies, and not being a service to which item 30165 applies — 2 or more excisions (Anaes.) (Assist.)	598.75
30174	Lipectomy — subumbilical excision with undermining of skin edges and strengthening of musculo-aponeurotic wall, not being a service associated with a service to which item 45530, 45564 or 45565 applies (Anaes.) (Assist.)	598.75
30177	Lipectomy — radical abdominoplasty (Pitanguy type or similar) with excision of skin and subcutaneous tissue, repair of musculo-aponeurotic layer and transposition of umbilicus, not being a service associated with a service to which item 45530, 45564 or 45565 applies, and not being a service performed within 12 months after the end of a pregnancy of the patient (H) (Anaes.) (Assist.)	853.15
30178	Closure of abdomen with reconstruction of umbilicus, with or without lipectomy, being a service associated with items 45530, 45564 or 45565 (H) (Anaes.) (Assist.)	598.75
30180	Axillary hyperhidrosis, partial excision for (Anaes.)	118.10
30183	Axillary hyperhidrosis, total excision of sweat gland bearing area (Anaes.)	213.30
30185	Palmar or plantar warts (10 or more), definitive removal of, excluding ablative methods alone, not being a service to which item 30186 or 30187 applies	157.95
30186	Palmar or plantar warts (for each wart, up to a total of 9 warts), definitive removal of, excluding ablative methods alone, not being a service to which item 30185 or 30187 applies (Anaes.) *Note* Section 15 of the *Health Insurance Act 1973* provides for the reduction of the fees payable for 2 or more removals performed on the same patient on the same occasion.	41.10
30187	Palmar or plantar warts, removal of, by carbon dioxide laser or erbium laser, requiring admission to a hospital or approved day hospital facility, or when performed by a specialist in the practice of his or her specialty (5 or more warts) (Anaes.)	222.40

Item	Service	Fee ($)
30189	Warts or molluscum contagiosum (1 or more), removal of, by any method (other than by chemical means), where undertaken in the operating theatre of a hospital or approved day hospital facility, not being a service associated with a service to which another item in this group applies (Anaes.)	127.45
30190	Angiofibromas, trichoepitheliomas or other severely disfiguring tumours of the face or neck, suitable for laser excision as confirmed by specialist opinion — removal of, by serial curettage or carbon dioxide laser or erbium laser excision-ablation, including any associated resurfacing (10 or more tumours) (Anaes.)	344.25
30192	Premalignant skin lesions (including solar keratoses), treatment of, by ablative technique (10 or more lesions) (Anaes.)	34.30
30195	Benign neoplasm of skin, other than viral verrucae (common warts), seborrheic keratoses, cysts and skin tags, treatment by electrosurgical destruction, simple curettage or shave excision, or laser photocoagulation, not being a service to which item 30196, 30197, 30202, 30203 or 30205 applies (1 or more lesions) (Anaes.)	54.95
30196	Malignant neoplasm of skin or mucous membrane proven by histopathology or confirmed by specialist opinion, removal of, by serial curettage or carbon dioxide laser or erbium laser excision-ablation, including any associated cryotherapy, or diathermy, not being a service to which item 30197 applies (Anaes.)	109.30
30197	Malignant neoplasm of skin or mucous membrane proven by histopathology or confirmed by specialist opinion, removal of, by serial curettage or carbon dioxide laser excision-ablation, including any associated cryotherapy or diathermy (10 or more lesions) (Anaes.)	380.85
30202	Malignant neoplasm of skin or mucous membrane proven by histopathology or confirmed by specialist opinion, removal of, by liquid nitrogen cryotherapy using repeat freeze-thaw cycles, not being a service to which item 30203 applies	41.80

Item	Service	Fee ($)
30203	Malignant neoplasm of skin or mucous membrane proven by histopathology or confirmed by specialist opinion, removal of, by liquid nitrogen cryotherapy using repeat freeze-thaw cycles (10 or more lesions)	147.35
30205	Malignant neoplasm of skin proven by histopathology, removal of, by liquid nitrogen cryotherapy using repeat freeze-thaw cycles if the malignant neoplasm extends into cartilage (Anaes.)	109.30
30207	Skin lesions, multiple injections with hydrocortisone or similar preparations (Anaes.)	38.60
30210	Keloid and other skin lesions, extensive, multiple injections of hydrocortisone or similar preparations where undertaken in the operating theatre of a hospital or approved day hospital facility (Anaes.)	141.05
30213	Telangiectases or starburst vessels on the head or neck where lesions are visible from 4 metres, diathermy or sclerosant injection of, including associated consultation — limited to a maximum of 6 sessions (including any sessions to which items 14100 to 14118 and 30213 apply) in any 12 month period — for a session of at least 20 minutes duration (Anaes.)	95.00
30214	Telangiectases or starburst vessels on the head or neck where lesions are visible from 4 metres, diathermy or sclerosant injection of, including associated consultation-session of at least 20 minutes duration — where it can be demonstrated that a 7th or subsequent session (including any sessions to which items 14100 to 14118 and 30213 apply) is indicated in a 12 month period (H)	95.00
30216	Haematoma, aspiration of (Anaes.)	23.65
30219	Haematoma, furuncle, small abscess or similar lesion not requiring admission to a hospital or approved day hospital facility, incision with drainage of, excluding after-care	23.65
30223	Large haematoma, large abscess, carbuncle, cellulitis or similar lesion, incision with drainage of, excluding after-care (H) (Anaes.)	141.05

Item	Service	Fee ($)
30224	Percutaneous drainage of deep abscess using interventional techniques — but not including imaging (Anaes.)	205.65
30225	Abscess drainage tube, exchange of using interventional techniques — but not including imaging (Anaes.)	231.65
30226	Muscle, excision of (limited) or fasciotomy (Anaes.)	129.60
30229	Muscle, excision of (extensive) (Anaes.) (Assist.)	236.25
30232	Muscle, ruptured, repair of (limited), not associated with external wound (Anaes.)	193.55
30235	Muscle, ruptured, repair of (extensive), not associated with external wound (Anaes.) (Assist.)	255.90
30238	Fascia, deep, repair of, for herniated muscle (Anaes.)	129.60
30241	Bone tumour, innocent, excision of, not being a service to which another item in this group applies (Anaes.) (Assist.)	308.40
30244	Styloid process of temporal bone, removal of (H) (Anaes.) (Assist.)	308.40
30246	Parotid duct, repair of, using micro-surgical techniques (H) (Anaes.) (Assist.)	597.00
30247	Parotid gland, total extirpation of (H) (Anaes.) (Assist.)	639.85
30250	Parotid gland, total extirpation of with preservation of facial nerve (H) (Anaes.) (Assist.)	1 082.75
30251	Recurrent parotid tumour, excision of, with preservation of facial nerve (Anaes.) (Assist.)	1 663.15
30253	Parotid gland, superficial lobectomy of, with exposure of facial nerve (H) (Anaes.) (Assist.)	721.90
30255	Submandibular ducts, relocation of, for surgical control of drooling (H) (Anaes.) (Assist.)	961.25
30256	Submandibular gland, extirpation of (H) (Anaes.) (Assist.)	385.50
30259	Sublingual gland, extirpation of (Anaes.)	170.60
30262	Salivary gland, dilatation or diathermy of duct (Anaes.)	50.90

Item	Service	Fee ($)
30265	Salivary gland, removal of calculus from duct or meatotomy or marsupialisation, 1 or more such procedures (G) (Anaes.)	101.70
30266	Salivary gland, removal of calculus from duct or meatotomy or marsupialisation, 1 or more such procedures (S) (Anaes.)	129.60
30269	Salivary gland, repair of cutaneous fistula of (Anaes.)	129.60
30272	Tongue, partial excision of (Anaes.) (Assist.)	255.90
30275	Radical excision of intra-oral tumour involving resection of mandible and lymph glands of neck (commando-type operation) (H) (Anaes.) (Assist.)	1 525.65
30278	Tongue tie, repair of, not being a service to which another item in this group applies (Anaes.)	40.25
30281	Tongue tie, mandibular frenulum or maxillary frenulum, repair of, in a person aged 2 years and over, under general anaesthesia (Anaes.)	103.40
30282	Ranula or mucous cyst of mouth, removal of (G) (Anaes.)	134.50
30283	Ranula or mucous cyst of mouth, removal of (S) (Anaes.)	177.15
30286	Branchial cyst, removal of (Anaes.) (Assist.)	344.35
30289	Branchial fistula, removal of (H) (Anaes.) (Assist.)	434.70
30293	Cervical oesophagostomy, or closure of cervical oesophagostomy with or without plastic repair (Anaes.) (Assist.)	385.50
30294	Cervical oesophagectomy with tracheostomy and oesophagostomy, with or without plastic reconstruction, or laryngopharyngectomy with tracheostomy and plastic reconstruction (H) (Anaes.) (Assist.)	1 525.65
30296	Thyroidectomy, total (H) (Anaes.) (Assist.)	886.00
30297	Thyroidectomy following previous thyroid surgery (H) (Anaes.) (Assist.)	886.00

Item	Service	Fee ($)
30299	Sentinel lymph node biopsy, or biopsies, for breast cancer: (a) involving dissection in a level 1 axilla; and (b) using preoperative lymphoscintigraphy and lymphotropic dye injection; not being a service to which item 30300, 30302 or 30303 applies (H) (Anaes.) (Item is subject to rule 93)	551.65
30300	Sentinel lymph node biopsy, or biopsies, for breast cancer: (a) involving dissection in a level 2 or 3 axilla; and (b) using preoperative lymphoscintigraphy and lymphotropic dye injection; not being a service to which item 30299, 30302 or 30303 applies (H) (Anaes.) (Item is subject to rule 93)	662.05
30302	Sentinel lymph node biopsy, or biopsies, for breast cancer: (a) involving dissection in a level 1 axilla; and (b) using lymphotropic dye injection; not being a service to which item 303299, 30300 or 30303 applies (H) (Anaes.)	441.35
30303	Sentinel lymph node biopsy, or biopsies, for breast cancer: (a) involving dissection in a level 2 or 3 axilla; and (b) using lymphotropic dye injection; not being a service to which item 30299, 30300 or 30302 applies (H) (Anaes.)	529.60
30306	Total hemithyroidectomy (H) (Anaes.) (Assist.)	691.20
30308	Bilateral sub-total thyroidectomy (H) (Anaes.) (Assist.)	691.20
30309	Thyroidectomy, sub-total for thyrotoxicosis (H) (Anaes.) (Assist.)	886.00
30310	Thyroid, unilateral sub-total thyroidectomy or equivalent partial thyroidectomy (H) (Anaes.) (Assist.)	395.85

Item	Service	Fee ($)
30313	Thyroglossal cyst, removal of (Anaes.) (Assist.)	236.25
30314	Thyroglossal cyst or fistula or both, radical removal of, including thyroglossal duct and portion of hyoid bone (H) (Anaes.) (Assist.)	395.85
30315	Parathyroid operation for hyperparathyroidism (H) (Anaes.) (Assist.)	986.55
30317	Cervical re-exploration for recurrent or persistent hyperparathyroidism (H) (Anaes.) (Assist.)	1 181.30
30318	Mediastinum, exploration of, via the cervical route, for hyperparathyroidism (including thymectomy) (H) (Anaes.) (Assist.)	785.50
30320	Mediastinum, exploration of, via mediastinotomy, for hyperparathyroidism (including thymectomy) (H) (Anaes.) (Assist.)	1 181.30
30321	Retroperitoneal neuroendocrine tumour, removal of (H) (Anaes.) (Assist.)	785.50
30323	Retroperitoneal neuroendocrine tumour, removal of, requiring complex and extensive dissection (H) (Anaes.) (Assist.)	1 181.30
30324	Adrenal gland tumour, excision of (H) (Anaes.) (Assist.)	1 181.30
30329	Lymph glands of groin, limited excision of (Anaes.)	213.70
30330	Lymph glands of groin, radical excision of (H) (Anaes.) (Assist.)	622.05
30332	Lymph nodes of axilla, limited excision of (sampling) (H) (Anaes.) (Assist.)	300.15
30335	Lymph nodes of axilla, complete excision of, to level I (H) (Anaes.) (Assist.)	750.25
30336	Lymph nodes of axilla, complete excision of, to level II or III (H) (Anaes.) (Assist.)	900.35
30373	Laparotomy (exploratory), including associated biopsies, where no other intra-abdominal procedure is performed (H) (Anaes.) (Assist.)	418.25

Item	Service	Fee ($)
30375	Caecostomy, enterostomy, colostomy, enterotomy, colotomy, cholecystostomy, gastrostomy, gastrotomy, reduction of intussusception, removal of Meckel's diverticulum, suture of perforated peptic ulcer, simple repair of ruptured viscus, reduction of volvulus, pyloroplasty (adult) or drainage of pancreas (H) (Anaes.) (Assist.)	451.10
30376	Laparotomy involving division of peritoneal adhesions (where no other intra-abdominal procedure is performed) (H) (Anaes.) (Assist.)	451.10
30378	Laparotomy involving division of adhesions in association with another intra-abdominal procedure where the time taken to divide the adhesions is between 45 minutes and 2 hours (H) (Anaes.) (Assist.)	453.20
30379	Laparotomy with division of extensive adhesions (duration greater than 2 hours) with or without insertion of long intestinal tube (H) (Anaes.) (Assist.)	803.30
30382	Enterocutaneous fistula, radical repair of, involving extensive dissection and resection of bowel (H) (Anaes.) (Assist.)	1 131.10
30384	Laparotomy for grading of lymphoma, including splenectomy, liver biopsies, lymph node biopsies and oophoropexy (H) (Anaes.) (Assist.)	951.50
30385	Laparotomy for control of post-operative haemorrhage, where no other procedure is performed (H) (Anaes.) (Assist.)	487.50
30387	Laparotomy involving operation on abdominal viscera (including pelvic viscera), not being a service to which another item in this group applies (H) (Anaes.) (Assist.)	549.55
30388	Laparotomy for trauma involving 3 or more organs (H) (Anaes.) (Assist.)	1 382.55
30390	Laparoscopy, diagnostic (H) (Anaes.)	190.35
30391	Laparoscopy, with biopsy (H) (Anaes.) (Assist.)	246.10
30392	Radical or debulking operation for advanced intra-abdominal malignancy, with or without omentectomy, as an independent procedure (H) (Anaes.) (Assist.)	583.75

Item	Service	Fee ($)
30393	Laparoscopic division of adhesions in association with another intra-abdominal procedure where the time taken to divide the adhesions exceeds 45 minutes (H) (Anaes.) (Assist.)	453.20
30394	Laparotomy for drainage of subphrenic abscess, pelvic abscess, appendiceal abscess, ruptured appendix or for peritonitis from any cause, with or without appendicectomy (H) (Anaes.) (Assist.)	426.50
30396	Laparotomy for gross intra peritoneal sepsis requiring debridement of fibrin, with or without removal of foreign material or enteric contents, with lavage of the entire peritoneal cavity via a major abdominal incision with or without closure of abdomen and with or without mesh or zipper insertion (H) (Anaes.) (Assist.)	879.80
30397	Laparostomy, via wound previously made and left open or closed with zipper, involving change of dressings or packs, and with or without drainage of loculated collections (H) (Anaes.)	201.10
30399	Laparostomy, final closure of wound made at previous operation, after removal of dressings or packs and removal of mesh or zipper if previously inserted (H) (Anaes.) (Assist.)	276.60
30400	Laparotomy with insertion of portacath for administration of cytotoxic therapy including placement of reservoir (H) (Anaes.) (Assist.)	547.40
30402	Retroperitoneal abscess, drainage of, not involving laparotomy (H) (Anaes.) (Assist.)	402.10
30403	Ventral, incisional, or recurrent hernia or burst abdomen, repair of, with or without mesh (H) (Anaes.) (Assist.)	451.10
30405	Ventral or incisional hernia (other than recurrent inguinal or femoral hernia), repair of, requiring muscle transposition, mesh hernioplasty or resection of strangulated bowel (H) (Anaes.) (Assist.)	791.85
30406	Paracentesis abdominis (Anaes.)	45.20
30408	Peritoneo venous (Leveen) shunt, insertion of (H) (Anaes.) (Assist.)	339.35
30409	Liver biopsy, percutaneous (Anaes.)	151.05

Item	Service	Fee ($)
30411	Liver biopsy by wedge excision when performed in association with another intra-abdominal procedure (H) (Anaes.)	76.85
30412	Liver biopsy by core needle, when performed in conjunction with another intra-abdominal procedure (Anaes.)	45.30
30414	Liver, subsegmental resection of, (local excision), other than for trauma (H) (Anaes.) (Assist.)	597.00
30415	Liver, segmental resection of, other than for trauma (H) (Anaes.) (Assist.)	1 194.00
30416	Liver cyst, laparoscopic marsupialisation of, where the size of the cyst is greater than 5 cm in diameter (H) (Anaes.) (Assist.)	648.25
30417	Liver cysts, laparoscopic marsupialisation of 5 or more, including any cyst greater than 5 cm in diameter (H) (Anaes.) (Assist.)	972.30
30418	Liver, lobectomy of, other than for trauma (H) (Anaes.) (Assist.)	1 382.55
30419	Liver tumours, destruction of, by hepatic cryotherapy, not being a service associated with a service to which item 50950 or 50952 applies (Anaes.) (Assist.)	707.20
30421	Liver, tri-segmental resection (extended lobectomy) of, other than for trauma (H) (Anaes.) (Assist.)	1 728.00
30422	Liver, repair of superficial laceration of, for trauma (H) (Anaes.) (Assist.)	584.45
30425	Liver, repair of deep multiple lacerations of, or debridement of, for trauma (H) (Anaes.) (Assist.)	1 131.10
30427	Liver, segmental resection of, for trauma (H) (Anaes.) (Assist.)	1 351.00
30428	Liver, lobectomy of, for trauma (Anaes.) (Assist.)	1 445.30
30430	Liver, extended lobectomy (tri-segmental resection) of, for trauma (Anaes.) (Assist.)	2 010.80
30431	Liver abscess, open abdominal drainage of (Anaes.) (Assist.)	451.10

Item	Service	Fee ($)
30433	Liver abscess (multiple), open abdominal drainage of (H) (Anaes.) (Assist.)	628.35
30434	Hydatid cyst of liver, peritoneum or viscus, complete removal of contents of, with or without suture of biliary radicles (H) (Anaes.) (Assist.)	509.05
30436	Hydatid cyst of liver, peritoneum or viscus, complete removal of contents of, with or without suture of biliary radicles, with omentoplasty or myeloplasty (H) (Anaes.) (Assist.)	565.55
30437	Hydatid cyst of liver, total excision of, by cysto-pericystectomy (membrane plus fibrous wall) (H) (Anaes.) (Assist.)	703.85
30438	Hydatid cyst of liver, excision of, with drainage and excision of liver tissue (Anaes.) (Assist.)	996.05
30439	Operative cholangiography or operative pancreatography or intra operative ultrasound of the biliary tract (including 1 or more examinations performed during the 1 operation) (H) (Anaes.) (Assist.)	160.70
30440	Cholangiogram, percutaneous transhepatic, and insertion of biliary drainage tube, using interventional imaging techniques, not being a service associated with a service to which item 30451 applies (Anaes.) (Assist.) (Item is subject to rule 89)	455.55
30441	Intra operative ultrasound for staging of intra abdominal tumours (H) (Anaes.)	117.90
30442	Choledochoscopy in conjunction with another procedure (H) (Anaes.)	160.70
30443	Cholecystectomy (H) (Anaes.) (Assist.)	639.85
30445	Laparoscopic cholecystectomy (H) (Anaes.) (Assist.)	639.85
30446	Laparoscopic cholecystectomy when procedure is completed by laparotomy (H) (Anaes.) (Assist.)	639.85
30448	Laparoscopic cholecystectomy, involving removal of common duct calculi via the cystic duct (H) (Anaes.) (Assist.)	842.05

Item	Service	Fee ($)
30449	Laparoscopic cholecystectomy with removal of common duct calculi via laparoscopic choledochotomy (H) (Anaes.) (Assist.)	936.35
30450	Calculus of biliary or renal tract, extraction of, using interventional imaging techniques — not being a service associated with a service to which item 36627, 36630, 36645 or 36648 applies (Anaes.) (Assist.)	453.80
30451	Biliary drainage tube, exchange of, using interventional imaging techniques, not being a service associated with a service to which item 30440 applies (Anaes.) (Assist.) (Item is subject to rule 89)	231.65
30452	Choledochoscopy with balloon dilatation of a stricture or passage of stent or extraction of calculi (H) (Anaes.) (Assist.)	326.75
30454	Choledochotomy (with or without cholecystectomy), with or without removal of calculi (H) (Anaes.) (Assist.)	746.45
30455	Choledochotomy (with or without cholecystectomy), with removal of calculi including biliary intestinal anastomosis (H) (Anaes.) (Assist.)	877.65
30457	Choledochotomy, intrahepatic, involving removal of intrahepatic bile duct calculi (Anaes.) (Assist.)	1 194.00
30458	Transduodenal operation on sphincter of Oddi, involving 1 or more of, removal of calculi, sphincterotomy, sphincteroplasty, biopsy, local excision of peri-ampullary or duodenal tumour, sphincteroplasty of the pancreatic duct, pancreatic duct septoplasty, with or without choledochotomy (H) (Anaes.) (Assist.)	877.65
30460	Cholecystoduodenostomy, cholecystoenterostomy, choledochojejunostomy or Roux-en-Y as a bypass procedure when no prior biliary surgery performed (H) (Anaes.) (Assist.)	746.45
30461	Radical resection of porta hepatis with biliary-enteric anastomoses, not being a service associated with a service to which item 30443, 30454, 30455, 30458 or 30460 applies (H) (Anaes.) (Assist.)	1 279.55

Item	Service	Fee ($)
30463	Radical resection of common hepatic duct and right and left hepatic ducts, with 2 duct anastomoses (H) (Anaes.) (Assist.)	1 570.95
30464	Radical resection of common hepatic duct and right and left hepatic ducts involving more than 2 anastomoses or resection of segment or major portion of segment of liver (H) (Anaes.) (Assist.)	1 885.20
30466	Intrahepatic biliary bypass of left hepatic ductal system by Roux-en-Y loop to peripheral ductal system (H) (Anaes.) (Assist.)	1 087.10
30467	Intrahepatic bypass of right hepatic ductal system by Roux-en-Y loop to peripheral ductal system (H) (Anaes.) (Assist.)	1 344.70
30469	Biliary stricture, repair of, after 1 or more operations on the biliary tree (Anaes.) (Assist.)	1 489.35
30472	Hepatic or common bile duct, repair of, as the primary procedure subsequent to partial or total transection of bile duct or ducts (Anaes.) (Assist.)	804.30
30473	Oesophagoscopy (not being a service to which item 41816 or 41822 applies), gastroscopy, duodenoscopy or panendoscopy (1 or more such procedures), with or without biopsy, not being a service associated with a service to which item 30476 or 30478 applies (Anaes.)	153.30
30475	Endoscopy with balloon dilatation of gastric or gastroduodenal stricture (Anaes.)	277.20
30476	Oesophagoscopy (not being a service to which item 41816 or 41822 applies), gastroscopy, duodenoscopy or panendoscopy (1 or more such procedures), with endoscopic sclerosing injection or banding of oesophageal or gastric varices, not being a service associated with a service to which item 30473 or 30478 applies (Anaes.)	212.55

Item	Service	Fee ($)
30478	Oesophagoscopy (not being a service to which item 41816, 41822 or 41825 applies), gastroscopy, duodenoscopy or panendoscopy (1 or more such procedures), with 1 or more of the following endoscopic procedures — polypectomy, removal of foreign body, diathermy, heater probe or laser coagulation, or sclerosing injection of bleeding upper gastrointestinal lesions, not being a service associated with a service to which item 30473 or 30476 applies (Anaes.)	212.55
30479	Endoscopic laser therapy for neoplasia and benign vascular lesions or strictures of the gastrointestinal tract (Anaes.)	412.05
30481	Percutaneous gastrostomy (initial procedure), including any associated imaging services (Anaes.)	309.00
30482	Percutaneous gastrostomy (repeat procedure), including any associated imaging services (Anaes.)	219.70
30483	Gastrostomy button, non-endoscopic insertion of, or non-endoscopic replacement of (Anaes.)	153.25
30484	Endoscopic retrograde cholangio-pancreatography (Anaes.)	315.80
30485	Endoscopic sphincterotomy with or without extraction of stones from common bile duct (Anaes.)	487.50
30487	Small bowel intubation with biopsy (Anaes.)	156.55
30488	Small bowel intubation — as an independent procedure (Anaes.)	77.85
30490	Oesophageal prosthesis, insertion of, including endoscopy and dilatation (Anaes.)	455.55
30491	Bile duct, endoscopic stenting of (including endoscopy and dilatation) (Anaes.)	480.60
30492	Bile duct, percutaneous stenting of (including dilatation when performed), using interventional imaging techniques (H) (Anaes.) (Item is subject to rule 89)	681.35
30493	Biliary manometry (Anaes.)	288.40
30494	Endoscopic biliary dilatation (H) (Anaes.)	363.90

Item	Service	Fee ($)
30495	Percutaneous biliary dilatation for biliary stricture using interventional imaging techniques (H) (Anaes.) (Item is subject to rule 89)	681.35
30496	Vagotomy, truncal or selective, with or without pyloroplasty or gastroenterostomy (Anaes.) (Assist.)	509.05
30497	Vagotomy and antrectomy (H) (Anaes.) (Assist.)	606.90
30499	Vagotomy, highly selective (H) (Anaes.) (Assist.)	721.90
30500	Vagotomy, highly selective with duodenoplasty for peptic stricture (Anaes.) (Assist.)	772.90
30502	Vagotomy, highly selective, with dilatation of pylorus (H) (Anaes.) (Assist.)	853.15
30503	Vagotomy or antrectomy, or both, for peptic ulcer following previous operation for peptic ulcer (Anaes.) (Assist.)	955.25
30505	Bleeding peptic ulcer, control of, involving suture of bleeding point or wedge excision (H) (Anaes.) (Assist.)	477.55
30506	Bleeding peptic ulcer, control of, involving suture of bleeding point or wedge excision, and vagotomy and pyloroplasty or gastroenterostomy (H) (Anaes.) (Assist.)	835.85
30508	Bleeding peptic ulcer, control of, involving suture of bleeding point or wedge excision, and highly selective vagotomy (H) (Anaes.) (Assist.)	879.80
30509	Bleeding peptic ulcer, control of, involving gastric resection (other than wedge resection) (Anaes.) (Assist.)	879.80
30511	Morbid obesity, gastric reduction or gastroplasty for, by any method (H) (Anaes.) (Assist.)	735.25
30512	Morbid obesity, gastric bypass for, by any method including anastomosis (H) (Anaes.) (Assist.)	904.80
30514	Morbid obesity, surgical reversal, by any method, of procedure to which item 30511 or 30512 applies (H) (Anaes.) (Assist.)	1 332.10
30515	Gastroenterostomy (including gastroduodenostomy) or enterocolostomy or enteroenterostomy (H) (Anaes.) (Assist.)	609.55

Item	Service	Fee ($)
30517	Gastroenterostomy, pyloroplasty or gastroduodenostomy, reconstruction of (H) (Anaes.) (Assist.)	798.10
30518	Partial gastrectomy (H) (Anaes.) (Assist.)	854.65
30520	Gastric tumour, removal of, by local excision, not being a service to which item 30518 applies (H) (Anaes.) (Assist.)	584.45
30521	Gastrectomy, total, for benign disease (H) (Anaes.) (Assist.)	1 250.50
30523	Gastrectomy, sub-total radical, for carcinoma (including splenectomy when performed) (H) (Anaes.) (Assist.)	1 306.95
30524	Gastrectomy, total radical, for carcinoma (including extended node dissection and distal pancreatectomy and splenectomy when performed) (H) (Anaes.) (Assist.)	1 438.95
30526	Gastrectomy, total, and including lower oesophagus, performed by left thoraco-abdominal incision or opening of diaphragmatic hiatus (including splenectomy when performed) (H) (Anaes.) (Assist.)	1 866.25
30527	Antireflux operation by fundoplasty, via abdominal or thoracic approach, with or without closure of the diaphragmatic hiatus — not being a service to which item 30601 applies (H) (Anaes.) (Assist.)	754.10
30529	Antireflux operation by fundoplasty, with oesophagoplasty for stricture or short oesophagus (H) (Anaes.) (Assist.)	1 131.10
30530	Antireflux operation by cardiopexy, with or without fundoplasty (H) (Anaes.) (Assist.)	678.70
30532	Oesophagogastric myotomy (Heller's operation) via abdominal or thoracic approach, with or without closure of the diaphragmatic hiatus, by laparoscopy or open operation (H) (Anaes.) (Assist.)	779.30
30533	Oesophagogastric myotomy (Heller's operation) via abdominal or thoracic approach, with fundoplasty, with or without closure of the diaphragmatic hiatus, by laparoscopy or open operation (H) (Anaes.) (Assist.)	927.00
30535	Oesophagectomy with gastric reconstruction by abdominal mobilisation and thoracotomy (H) (Anaes.) (Assist.)	1 468.35

Item	Service	Fee ($)
30536	Oesophagectomy involving gastric reconstruction by abdominal mobilisation, thoracotomy and anastomosis in the neck or chest — 1 surgeon (H) (Anaes.) (Assist.)	1 489.35
30538	Oesophagectomy involving gastric reconstruction by abdominal mobilisation, thoracotomy and anastomosis in the neck or chest — conjoint surgery, principal surgeon (including after-care) (H) (Anaes.) (Assist.)	1 030.60
30539	Oesophagectomy involving gastric reconstruction by abdominal mobilisation, thoracotomy and anastomosis in the neck or chest — conjoint surgery, co-surgeon (H) (Assist.)	754.10
30541	Oesophagectomy, by trans-hiatal oesophagectomy (cervical and abdominal mobilisation, anastomosis) with posterior or anterior mediastinal placement — 1 surgeon (H) (Anaes.) (Assist.)	1 313.35
30542	Oesophagectomy, by trans-hiatal oesophagectomy (cervical and abdominal mobilisation, anastomosis) with posterior or anterior mediastinal placement — conjoint surgery, principal surgeon (including after-care) (H) (Anaes.) (Assist.)	892.30
30544	Oesophagectomy, by trans-hiatal oesophagectomy (cervical and abdominal mobilisation, anastomosis) with posterior or anterior mediastinal placement — conjoint surgery, co-surgeon (H) (Assist.)	653.55
30545	Oesophagectomy with colon or jejunal anastomosis, (abdominal and thoracic mobilisation with thoracic anastomosis) — 1 surgeon (H) (Anaes.) (Assist.)	1 589.95
30547	Oesophagectomy with colon or jejunal anastomosis, (abdominal and thoracic mobilisation with thoracic anastomosis) — conjoint surgery, principal surgeon (including after-care) (Anaes.) (Assist.)	1 093.40
30548	Oesophagectomy with colon or jejunal anastomosis, (abdominal and thoracic mobilisation with thoracic anastomosis) — conjoint surgery, co-surgeon (Assist.)	816.85
30550	Oesophagectomy with colon or jejunal replacement (abdominal and thoracic mobilisation with anastomosis of pedicle in the neck) — 1 surgeon (H) (Anaes.) (Assist.)	1 784.70

Item	Service	Fee ($)
30551	Oesophagectomy with colon or jejunal replacement (abdominal and thoracic mobilisation with anastomosis of pedicle in the neck) — conjoint surgery, principal surgeon (including after-care) (H) (Anaes.) (Assist.)	1 231.70
30553	Oesophagectomy with colon or jejunal replacement (abdominal and thoracic mobilisation with anastomosis of pedicle in the neck) — conjoint surgery, co-surgeon (Assist.)	911.05
30554	Oesophagectomy with reconstruction by free jejunal graft — 1 surgeon (H) (Anaes.) (Assist.)	1 985.75
30556	Oesophagectomy with reconstruction by free jejunal graft — conjoint surgery, principal surgeon (including after-care) (H) (Anaes.) (Assist.)	1 369.85
30557	Oesophagectomy with reconstruction by free jejunal graft — conjoint surgery, co-surgeon (H) (Assist.)	1 011.70
30559	Oesophagus, local excision for tumour of (Anaes.) (Assist.)	735.25
30560	Oesophageal perforation, repair of, by thoracotomy (H) (Anaes.) (Assist.)	816.85
30562	Enterosomy or colostomy, closure of — not involving resection of bowel (H) (Anaes.) (Assist.)	515.00
30563	Colostomy or ileostomy, refashioning of (Anaes.) (Assist.)	515.00
30564	Small bowel strictureplasty for chronic inflammatory bowel disease (H) (Anaes.) (Assist.)	668.40
30565	Small intestine, resection of, without anastomosis (including formation of stoma) (H) (Anaes.) (Assist.)	754.10
30566	Small intestine, resection of, with anastomosis (H) (Anaes.) (Assist.)	837.70
30568	Intraoperative enterotomy for visualisation of the small intestine by endoscopy (H) (Anaes.) (Assist.)	628.35
30569	Endoscopic examination of small bowel with flexible endoscope passed at laparotomy, with or without biopsies (H) (Anaes.) (Assist.)	320.40
30571	Appendicectomy, not being a service to which item 30574 applies (H) (Anaes.) (Assist.)	385.50

Item	Service	Fee ($)
30572	Laparoscopic appendicectomy (H) (Anaes.) (Assist.)	385.50
30574	Appendicectomy, when performed in conjunction with any other intra-abdominal procedure through the same incision (H) (Anaes.)	106.70
30575	Pancreatic abscess, laparotomy and external drainage of, not requiring retro-pancreatic dissection (H) (Anaes.) (Assist.)	443.80
30577	Pancreatic necrosectomy for pancreatic necrosis or abscess formation requiring major pancreatic or retro-pancreatic dissection, excluding after-care (H) (Anaes.) (Assist.)	942.65
30578	Endocrine tumour, exploration of pancreas or duodenum, followed by local excision of pancreatic tumour (H) (Anaes.) (Assist.)	992.85
30580	Endocrine tumour, exploration of pancreas or duodenum, followed by local excision of duodenal tumour (H) (Anaes.) (Assist.)	904.80
30581	Endocrine tumour, exploration of pancreas or duodenum for, but no tumour found (H) (Anaes.) (Assist.)	659.85
30583	Distal pancreatectomy (H) (Anaes.) (Assist.)	1 033.60
30584	Pancreatico-duodenectomy, Whipple's operation, with or without preservation of pylorus (H) (Anaes.) (Assist.)	1 525.65
30586	Pancreatic cyst-anastomosis to stomach or duodenum — by open or endoscopic means (H) (Anaes.) (Assist.)	606.90
30587	Pancreatic cyst, anastomosis to Roux loop of jejunum (H) (Anaes.) (Assist.)	628.35
30589	Pancreatico-jejunostomy for pancreatitis or trauma (H) (Anaes.) (Assist.)	1 082.75
30590	Pancreatico-jejunostomy following previous pancreatic surgery (H) (Anaes.) (Assist.)	1 194.00
30593	Pancreatectomy, near total or total (including duodenum), with or without splenectomy (Anaes.) (Assist.)	1 633.85
30594	Pancreatectomy for pancreatitis following previously attempted drainage procedure or partial resection (H) (Anaes.) (Assist.)	1 885.20

Item	Service	Fee ($)
30596	Splenorrhaphy or partial splenectomy (H) (Anaes.) (Assist.)	776.60
30597	Splenectomy (H) (Anaes.) (Assist.)	623.30
30599	Splenectomy, for massive spleen (weighing more than 1 500 gms) or involving thoraco-abdominal incision (H) (Anaes.) (Assist.)	1 131.10
30600	Diaphragmatic hernia, traumatic, repair of (H) (Anaes.) (Assist.)	672.60
30601	Diaphragmatic hernia, congenital, repair of, by thoracic or abdominal approach (H) (Anaes.) (Assist.)	828.50
30602	Portal hypertension, porto-caval shunt for (H) (Anaes.) (Assist.)	1 344.70
30603	Portal hypertension, meso-caval shunt for (Anaes.) (Assist.)	1 420.20
30605	Portal hypertension, selective spleno-renal shunt for (H) (Anaes.) (Assist.)	1 614.95
30606	Portal hypertension, oesophageal transection via stapler or oversew of gastric varices with or without devascularisation (H) (Anaes.) (Assist.)	961.40
30609	Femoral or inguinal hernia, laparoscopic repair of, not being a service associated with a service to which item 30612 or 30614 applies (H) (Anaes.) (Assist.)	402.00
30612	Femoral or inguinal hernia or infantile hydrocele, repair of, not being a service to which item 30403 or 30615 applies (G) (H) (Anaes.) (Assist.)	308.40
30614	Femoral or inguinal hernia or infantile hydrocele, repair of, not being a service to which item 30403 or 30615 applies (S) (H) (Anaes.) (Assist.)	402.00
30615	Strangulated, incarcerated or obstructed hernia, repair of, without bowel resection (H) (Anaes.) (Assist.)	451.10
30616	Umbilical, epigastric or linea alba hernia, repair of, in a person under 10 years of age (G) (H) (Anaes.)	229.65
30617	Umbilical, epigastric or linea alba hernia, repair of, in a person under 10 years of age (S) (H) (Anaes.)	308.40

Item	Service	Fee ($)
30620	Umbilical, epigastric or linea alba hernia, repair of, in a person 10 years of age or over (G) (H) (Anaes.) (Assist.)	259.20
30621	Umbilical, epigastric or linea alba hernia, repair of, in a person 10 years of age or over (S) (H) (Anaes.) (Assist.)	352.70
30628	Hydrocele, tapping of	30.80
30631	Hydrocele, removal of, not being a service associated with a service to which items 30638, 30641 and 30644 apply (Anaes.)	204.80
30634	Varicocele, surgical correction of, not being a service associated with a service to which items 30638, 30641 and 30644 apply — 1 procedure (G) (H) (Anaes.) (Assist.)	203.45
30635	Varicocele, surgical correction of, not being a service associated with a service to which items 30638, 30641 and 30644 apply — 1 procedure (S) (H) (Anaes.) (Assist.)	252.60
30638	Orchidectomy, simple or subcapsular, unilateral with or without insertion of testicular prosthesis (G) (H) (Anaes.) (Assist.)	259.20
30641	Orchidectomy, simple or subcapsular, unilateral with or without insertion of testicular prosthesis (S) (H) (Anaes.) (Assist.)	352.70
30644	Exploration of spermatic cord, inguinal approach, with or without testicular biopsy and with or without excision of spermatic cord and testis (H) (Anaes.) (Assist.)	451.10
30653	Circumcision of a male under 6 months of age (Anaes.)	40.25
30656	Circumcision of a male under 10 years of age but not less than 6 months of age (Anaes.)	93.60
30659	Circumcision of a male 10 years of age or over (G) (Anaes.)	129.60
30660	Circumcision of a male 10 years of age or over (S) (Anaes.)	160.70
30663	Haemorrhage, arrest of, following circumcision requiring general anaesthesia (Anaes.)	124.95

Item	Service	Fee ($)
30666	Paraphimosis, reduction of, under general anaesthesia, with or without dorsal incision, not being a service associated with a service to which another item in this group applies (Anaes.)	41.10
30672	Coccyx, excision of (H) (Anaes.) (Assist.)	385.50
30675	Pilonidal sinus or cyst, or sacral sinus or cyst, excision of (G) (Anaes.)	259.20
30676	Pilonidal sinus or cyst, or sacral sinus or cyst, excision of (S) (Anaes.)	328.10
30679	Pilonidal sinus, injection of sclerosant fluid under anaesthesia (Anaes.)	83.35
31000	Micrographically controlled serial excision of skin tumour utilising horizontal frozen sections with mapping of all excised tissue, and histological examination of all excised tissue by the specialist performing the procedure — 6 or fewer sections (Anaes.)	502.70
31001	Micrographically controlled serial excision of skin tumour utilising horizontal frozen sections with mapping of all excised tissue, and histological examination of all excised tissue by the specialist performing the procedure — 7 to 12 sections (inclusive) (Anaes.)	628.35
31002	Micrographically controlled serial excision of skin tumour utilising horizontal frozen sections with mapping of all excised tissue, and histological examination of all excised tissue by the specialist performing the procedure — 13 or more sections (Anaes.)	754.10
31200	Tumour (other than viral verrucae (common warts) and seborrheic keratoses), cyst, ulcer or scar (other than a scar removed during the surgical approach at an operation), removal by surgical excision (other than by shave excision) and suture from cutaneous or subcutaneous tissue or from mucous membrane, not being a service to which another item in this group applies	29.45

Item	Service	Fee ($)
31205	Tumour (other than viral verrucae (common warts) and seborrheic keratoses), cyst, ulcer or scar (other than a scar removed during the surgical approach at an operation), removal of and suture, if: (a) the lesion size is not more than 10 mm in diameter; and (b) the removal is from cutaneous tissue, subcutaneous tissue or mucous membrane by surgical excision (other than by shave excision); and (c) the specimen excised is sent for histological examination; including the excision of a specimen to confirm a malignant tumour covered by any of items 31300 to 31335 (not being a service to which item 30195 applies) (Anaes.)	82.55
31210	Tumour (other than viral verrucae (common warts) and seborrheic keratoses), cyst, ulcer or scar (other than a scar removed during the surgical approach at an operation), removal of and suture, if: (a) the lesion size is more than 10 mm but not more than 20 mm in diameter; and (b) the removal is from cutaneous tissue, subcutaneous tissue or mucous membrane by surgical excision (other than by shave excision); and (c) the specimen excised is sent for histological examination; including the excision of a specimen to confirm a malignant tumour covered by any of items 31300 to 31335 (not being a service to which item 30195 applies) (Anaes.)	106.55

Item	Service	Fee ($)
31215	Tumour (other than viral verrucae (common warts) and seborrheic keratoses), cyst, ulcer or scar (other than a scar removed during the surgical approach at an operation), removal of and suture, if: (a) the lesion size is more than 20 mm in diameter; and (b) the removal is from cutaneous tissue, subcutaneous tissue or mucous membrane by surgical excision (other than by shave excision); and (c) the specimen excised is sent for histological examination; including the excision of a specimen to confirm a malignant tumour covered by any of items 31300 to 31335 (not being a service to which item 30195 applies) (Anaes.)	124.20
31220	Tumours (other than viral verrucae (common warts) and seborrheic keratoses), cysts, ulcers or scars (other than scars removed during the surgical approach at an operation), removal of 4 up to 10 lesions and suture, if: (a) the size of each lesion is not more 10 mm in diameter; and (b) each removal is from cutaneous tissue, subcutaneous tissue or mucous membrane by surgical excision (other than by shave excision); and (c) all of the specimens excised are sent for histological examination; including excisions to confirm a malignant tumour covered by any of items 31300 to 31335 (not being a service to which item 30195 applies) (Anaes.)	185.70
31225	Tumours (other than viral verrucae (common warts) and seborrheic keratoses), cysts, ulcers or scars (other than scars removed during the surgical approach at an operation), removal of more than 10 lesions and suture, if: (a) the size of each lesion is not more than 10 mm in diameter; and (b) each removal is from cutaneous tissue, subcutaneous tissue or mucous membrane by surgical excision (other than by shave excision); and	330.00

Item	Service	Fee ($)
	(c) all of the specimens excised are sent for histological examination; including exisions to confirm a malignant tumour covered by any of items 31300 to 31335 (not being a service to which item 30195 applies) (Anaes.)	
31230	Tumour (other than viral verrucae (common warts) and seborrheic keratoses), cyst, ulcer or scar (other than a scar removed during the surgical approach at an operation), removal by surgical excision (other than by shave excision) and suture from nose, eyelid, lip, ear, digit or genitalia, including excision to establish the diagnosis of tumours covered by items 31300 to 31335 — where the specimen excised is sent for histological examination (not being a service to which item 30195 applies) (Anaes.)	145.45
31235	Tumour (other than viral verrucae (common warts) and seborrheic keratoses), cyst, ulcer or scar (other than a scar removed during the surgical approach at an operation), removal of and suture, if: (a) the lesion size is not more than 10 mm in diameter; and (b) the removal is from the face, neck (anterior to the sternomastoid muscles) or lower leg (mid calf to ankle) by surgical excision (other than by shave excision); and (c) the specimen excised is sent for histological examination; including the excision of a specimen to confirm a malignant tumour covered by any of items 31300 to 31335 (not being a service to which item 30195 applies) (Anaes.)	124.20

Item	Service	Fee ($)
31240	Tumour (other than viral verrucae (common warts) and seborrheic keratoses), cyst, ulcer or scar (other than a scar removed during the surgical approach at an operation), removal by surgical excision (other than by shave excision) and suture from face, neck (anterior to the sternomastoid muscles) or lower leg (mid calf to ankle), including excision to establish the diagnosis of tumours covered by items 31300 to 31335, lesion size more than 10 mm in diameter — where the specimen excised is sent for histological examination (not being a service to which item 30195 applies) (Anaes.)	145.45
31245	Skin and subcutaneous tissue, extensive excision of, in the treatment of suppurative hydradenitis (excision from axilla, groin or natal cleft) or sycosis barbae or nuchae (excision from face or neck) (Anaes.)	319.35
31250	Giant hairy or compound naevus, excision of an area at least 1% of body surface — where the specimen excised is sent for histological confirmation of diagnosis (Anaes.)	319.35
31255	Basal cell carcinoma or squamous cell carcinoma (including keratocanthoma), removal of, from nose, eyelid, lip, ear, digit or genitalia, if: (a) the carcinoma is not more than 10 mm in diameter; and (b) the removal is by therapeutic surgical excision (other than shave excision) and suture; and (c) the initial specimen removed is sent for histological examination and malignancy is confirmed (Anaes.)	191.60

Item	Service	Fee ($)
31256	Basal cell carcinoma or squamous cell carcinoma, residual, removal of, from nose, eyelid, lip, ear, digit or genitalia, following the removal of a previous basal cell carcinoma or squamous cell carcinoma at that site, if: (a) the previous carcinoma was not more than 10 mm in diameter; and (b) the removal is performed by the practitioner who removed the previous carcinoma; and (c) the removal is by surgical excision (other than shave excision) and suture; and (d) the specimen excised is sent for histological examination (Anaes.)	191.60
31257	Basal cell carcinoma or squamous cell carcinoma, residual, removal of, from nose, eyelid, lip, ear, digit or genitalia, following the removal of a previous basal cell carcinoma or squamous cell carcinoma at that site, if: (a) the previous carcinoma was not more than 10 mm in diameter; and (b) the removal is performed by a practitioner other than the practitioner who removed the previous carcinoma; and (c) the removal is by surgical excision (other than shave excision) and suture; and (d) the specimen excised is sent for histological examination (Anaes.)	191.60
31258	Basal cell carcinoma or squamous cell carcinoma, recurrent, removal of, from nose, eyelid, lip, ear, digit or genitalia, following the removal of a previous basal cell carcinoma or squamous cell carcinoma at that site, if: (a) the carcinoma is not more than 10 mm in diameter; and (b) the removal is by surgical excision (other than shave excision) and suture; and (c) the specimen excised is sent for histological examination and malignancy is confirmed; not being a service to which item 31295 applies (Anaes.)	191.60

Item	Service	Fee ($)
31260	Basal cell carcinoma or squamous cell carcinoma (including keratocanthoma), removal of, from nose, eyelid, lip, ear, digit or genitalia, if: (a) the carcinoma is more than 10 mm in diameter; and (b) the removal is by therapeutic surgical excision (other than shave excision) and suture; and (c) the initial specimen removed is sent for histological examination and malignancy is confirmed (Anaes.)	273.20
31261	Basal cell carcinoma or squamous cell carcinoma, residual, removal of, from nose, eyelid, lip, ear, digit or genitalia, following the removal of a previous basal cell carcinoma or squamous cell carcinoma at that site, if: (a) the previous carcinoma was more than 10 mm in diameter; and (b) the removal is performed by the practitioner who removed the previous carcinoma; and (c) the removal is by surgical excision (other than shave excision) and suture; and (d) the specimen excised is sent for histological examination (Anaes.)	273.20
31262	Basal cell carcinoma or squamous cell carcinoma, residual, removal of, from nose, eyelid, lip, ear, digit or genitalia, following the removal of a previous basal cell carcinoma or squamous cell carcinoma at that site, if: (a) the previous carcinoma was more than 10 mm in diameter; and (b) the removal is performed by a practitioner other than the practitioner who removed the previous carcinoma; and (c) the removal is by surgical excision (other than shave excision) and suture; and (d) the specimen excised is sent for histological examination (Anaes.)	273.20

Item	Service	Fee ($)
31263	Basal cell carcinoma or squamous cell carcinoma, recurrent, removal of, from nose, eyelid, lip, ear, digit or genitalia, following the removal of a previous basal cell carcinoma or squamous cell carcinoma at that site, if: (a) the carcinoma is more than 10 mm in diameter; and (b) the removal is by surgical excision (other than shave excision) and suture; and (c) the specimen excised is sent for histological examination and malignancy is confirmed; not being a service to which item 31295 applies (Anaes.)	273.20
31265	Basal cell carcinoma or squamous cell carcinoma (including keratocanthoma), removal of, from the face, neck (anterior to the sternomastoid muscles) or lower leg (mid calf to ankle), if: (a) the carcinoma is not more than 10 mm in diameter; and (b) the removal is by therapeutic surgical excision (other than shave excision) and suture; and (c) the initial specimen removed is sent for histological examination and malignancy is confirmed (Anaes.)	159.65
31266	Basal cell carcinoma or squamous cell carcinoma, residual, removal of, from face, neck (anterior to the sternomastoid muscles) or lower leg (mid calf to ankle), following the removal of a previous basal cell carcinoma or squamous cell carcinoma at that site, if: (a) the previous carcinoma was not more than 10 mm in diameter; and (b) the removal is performed by the practitioner who removed the previous carcinoma; and (c) the removal is by surgical excision (other than shave excision) and suture; and (d) the specimen excised is sent for histological examination (Anaes.)	159.65

Item	Service	Fee ($)
31267	Basal cell carcinoma or squamous cell carcinoma, residual, removal of, from face, neck (anterior to the sternomastoid muscles) or lower leg (mid calf to ankle), following the removal of a previous basal cell carcinoma or squamous cell carcinoma at that site, if: (a) the previous carcinoma was not more than 10 mm in diameter; and (b) the removal is performed by a practitioner other than the practitioner who removed the previous carcinoma; and (c) the removal is by surgical excision (other than shave excision) and suture; and (d) the specimen excised is sent for histological examination (Anaes.)	159.65
31268	Basal cell carcinoma or squamous cell carcinoma, recurrent, removal of, from face, neck (anterior to the sternomastoid muscles) or lower leg (mid calf to ankle), following the removal of a previous basal cell carcinoma or squamous cell carcinoma at that site, if: (a) the carcinoma is not more than 10 mm in diameter; and (b) the removal is by surgical excision (other than shave excision) and suture; and (c) the specimen excised is sent for histological examination and malignancy is confirmed; not being a service to which item 31295 applies (Anaes.)	159.65
31270	Basal cell carcinoma or squamous cell carcinoma (including keratocanthoma), removal of, from face, neck (anterior to the sternomastoid muscles) or lower leg (mid calf to ankle), if: (a) the carcinoma is more than 10 mm and not more than 20 mm in diameter; and (b) the removal is by therapeutic surgical excision (other than shave excision) and suture; and (c) the initial specimen removed is sent for histological examination and malignancy is confirmed (Anaes.)	223.55

Item	Service	Fee ($)
31271	Basal cell carcinoma or squamous cell carcinoma, residual, removal of, from face, neck (anterior to the sternomastoid muscles) or lower leg (mid calf to ankle), following the removal of a previous basal cell carcinoma or squamous cell carcinoma at that site, if: (a) the previous carcinoma was more than 10 mm and not more than 20 mm in diameter; and (b) the removal is performed by the practitioner who removed the previous carcinoma; and (c) the removal is by surgical excision (other than shave excision) and suture; and (d) the specimen excised is sent for histological examination (Anaes.)	223.55
31272	Basal cell carcinoma or squamous cell carcinoma, residual, removal of, from face, neck (anterior to the sternomastoid muscles) or lower leg (mid calf to ankle), following the removal of a previous basal cell carcinoma or squamous cell carcinoma at that site, if: (a) the previous carcinoma was more than 10 mm and not more than 20 mm in diameter; and (b) the removal is performed by a practitioner other than the practitioner who removed the previous carcinoma; and (c) the removal is by surgical excision (other than shave excision) and suture; and (d) the specimen excised is sent for histological examination (Anaes.)	223.55

Item	Service	Fee ($)
31273	Basal cell carcinoma or squamous cell carcinoma, recurrent, removal of, from face, neck (anterior to the sternomastoid muscles) or lower leg (mid calf to ankle), following the removal of a previous basal cell carcinoma or squamous cell carcinoma at that site, if: (a) the carcinoma is more than 10 mm and not more than 20 mm in diameter; and (b) the removal is by surgical excision (other than shave excision) and suture; and (c) the specimen excised is sent for histological examination and malignancy is confirmed; not being a service to which item 31295 applies (Anaes.)	223.55
31275	Basal cell carcinoma or squamous cell carcinoma (including keratocanthoma), removal of, from face, neck (anterior to the sternomastoid muscles) or lower leg (mid calf to ankle), if: (a) the carcinoma is more than 20 mm in diameter; and (b) the removal is by therapeutic surgical excision (other than shave excision) and suture; and (c) the initial specimen removed is sent for histological examination and malignancy is confirmed (Anaes.)	259.00
31276	Basal cell carcinoma or squamous cell carcinoma, residual, removal of, from face, neck (anterior to the sternomastoid muscles) or lower leg (mid calf to ankle), following the removal of a previous basal cell carcinoma or squamous cell carcinoma at that site, if: (a) the previous carcinoma was more than 20 mm in diameter; and (b) the removal is performed by the practitioner who removed the previous carcinoma; and (c) the removal is by surgical excision (other than shave excision) and suture; and (d) the specimen excised is sent for histological examination (Anaes.)	259.00

Item	Service	Fee ($)
31277	Basal cell carcinoma or squamous cell carcinoma, residual, removal of, from face, neck (anterior to the sternomastoid muscles) or lower leg (mid calf to ankle), following the removal of a previous basal cell carcinoma or squamous cell carcinoma at that site, if: (a) the previous carcinoma was more than 20 mm in diameter; and (b) the removal is performed by a practitioner other than the practitioner who removed the previous carcinoma; and (c) the removal is by surgical excision (other than shave excision) and suture; and (d) the specimen excised is sent for histological examination (Anaes.)	259.00
31278	Basal cell carcinoma or squamous cell carcinoma, recurrent, removal of, from face, neck (anterior to the sternomastoid muscles) or lower leg (mid calf to ankle), following the removal of a previous basal cell carcinoma or squamous cell carcinoma at that site, if: (a) the carcinoma is more than 20 mm in diameter; and (b) the removal is by surgical excision (other than shave excision) and suture; and (c) the specimen excised is sent for histological examination and malignancy is confirmed; not being a service to which item 31295 applies (Anaes.)	259.00
31280	Basal cell carcinoma or squamous cell carcinoma (including keratocanthoma), removal of, from an area of the body not covered by item 31255 or 31265, if: (a) the carcinoma is not more than 10 mm in diameter; and (b) the removal is by therapeutic surgical excision (other than shave excision) and suture; and (c) the initial specimen removed is sent for histological examination and malignancy is confirmed (Anaes.)	134.85

Item	Service	Fee ($)
31281	Basal cell carcinoma or squamous cell carcinoma, residual, removal of, from an area of the body not covered by item 31255 or 31265, following the removal of a previous basal cell carcinoma or squamous cell carcinoma at that site, if: (a) the previous carcinoma was not more than 10 mm in diameter; and (b) the removal is performed by the practitioner who removed the previous carcinoma; and (c) the removal is by surgical excision (other than shave excision) and suture; and (d) the specimen excised is sent for histological examination (Anaes.)	135.40
31282	Basal cell carcinoma or squamous cell carcinoma, residual, removal of, from an area of the body not covered by item 31255 or 31265, following the removal of a previous basal cell carcinoma or squamous cell carcinoma at that site, if: (a) the previous carcinoma was not more than 10 mm in diameter; and (b) the removal is performed by a practitioner other than the practitioner who removed the previous carcinoma; and (c) the removal is by surgical excision (other than shave excision) and suture; and (d) the specimen excised is sent for histological examination (Anaes.)	135.40

Item	Service	Fee ($)
31283	Basal cell carcinoma or squamous cell carcinoma, recurrent, removal of, from an area of the body not covered by item 31255 or 31265, following the removal of a previous basal cell carcinoma or squamous cell carcinoma at that site, if: (a) the carcinoma is not more than 10 mm in diameter; and (b) the removal is by surgical excision (other than shave excision) and suture; and (c) the specimen excised is sent for histological examination and malignancy is confirmed (Anaes.)	135.40
31285	Basal cell carcinoma or squamous cell carcinoma (including keratocanthoma), removal of, from an area of the body not covered by item 31260 or 31270, if: (a) the carcinoma is more than 10 mm and not more than 20 mm in diameter; and (b) the removal is by therapeutic surgical excision (other than by shave excision) and suture; and (c) the initial specimen removed is sent for histological examination and malignancy is confirmed (Anaes.)	184.35
31286	Basal cell carcinoma or squamous cell carcinoma, residual, removal of, from an area of the body not covered by item 31260 or 31270, following the removal of a previous basal cell carcinoma or squamous cell carcinoma at that site, if: (a) the previous carcinoma was more than 10 mm and not more than 20 mm in diameter; and (b) the removal is performed by the practitioner who removed the previous carcinoma; and (c) the removal is by surgical excision (other than shave excision) and suture; and (d) the specimen excised is sent for histological examination (Anaes.)	184.35

Item	Service	Fee ($)
31287	Basal cell carcinoma or squamous cell carcinoma, residual, removal of, from an area of the body not covered by item 31260 or 31270, following the removal of a previous basal cell carcinoma or squamous cell carcinoma at that site, if: (a) the previous carcinoma was more than 10 mm and not more than 20 mm in diameter; and (b) the removal is performed by a practitioner other than the practitioner who removed the previous carcinoma; and (c) the removal is by surgical excision (other than shave excision) and suture; and (d) the specimen excised is sent for histological examination (Anaes.)	184.35
31288	Basal cell carcinoma or squamous cell carcinoma, recurrent, removal of, from an area of the body not covered by item 31260 or 31270, following the removal of a previous basal cell carcinoma or squamous cell carcinoma at that site, if: (a) the carcinoma is more than 10 mm and not more than 20 mm in diameter; and (b) the removal is by surgical excision (other than shave excision) and suture; and (c) the specimen excised is sent for histological examination and malignancy is confirmed (Anaes.)	184.35
31290	Basal cell carcinoma or squamous cell carcinoma (including keratocanthoma), removal of, from an area of the body not covered by item 31260 or 31275, if: (a) the carcinoma is more than 20 mm in diameter; and (b) the removal is by therapeutic surgical excision (other than shave excision) and suture; and (c) the initial specimen removed is sent for histological examination and malignancy is confirmed (Anaes.)	212.80

Item	Service	Fee ($)
31291	Basal cell carcinoma or squamous cell carcinoma, residual, removal of, from an area of the body not covered by item 31260 or 31275, following the removal of a previous basal cell carcinoma or squamous cell carcinoma at that site, if: (a) the previous carcinoma was more than 20 mm in diameter; and (b) the removal is performed by the practitioner who removed the previous carcinoma; and (c) the removal is by surgical excision (other than shave excision) and suture; and (d) the specimen excised is sent for histological examination (Anaes.)	212.80
31292	Basal cell carcinoma or squamous cell carcinoma, residual, removal of, from an area of the body not covered by item 31260 or 31275, following the removal of a previous basal cell carcinoma or squamous cell carcinoma at that site, if: (a) the previous carcinoma was more than 20 mm in diameter; and (b) the removal is performed by a practitioner other than the practitioner who removed the previous carcinoma; and (c) the removal is by surgical excision (other than shave excision) and suture; and (d) the specimen excised is sent for histological examination (Anaes.)	212.80

Item	Service	Fee ($)
31293	Basal cell carcinoma or squamous cell carcinoma, recurrent, removal of, from an area of the body not covered by item 31260 or 31275, following the removal of a previous basal cell carcinoma or squamous cell carcinoma at that site, if: (a) the carcinoma is more than 20 mm in diameter; and (b) the removal is by surgical excision (other than shave excision) and suture; and (c) the specimen excised is sent for histological examination and malignancy is confirmed (Anaes.)	212.80
31295	Basal cell carcinoma or squamous cell carcinoma, recurrent, removal of, from the head or neck (anterior to the sternomastoid muscles), following the removal of a previous basal cell carcinoma or squamous cell carcinoma at that site, if: (a) the previous carcinoma was treated by previous surgery, serial cautery and curettage, radiotherapy or 2 prolonged freeze and thaw cycles of liquid nitrogen therapy; and (b) the removal is performed by: (i) a specialist in the practice of his or her specialty; or (ii) a practitioner other than the practitioner who removed the previous carcinoma; and (c) the removal is by surgical excision and suture; and (d) the specimen excised is sent for histological examination and malignancy is confirmed (Anaes.)	253.45

Item	Service	Fee ($)
31300	Malignant melanoma, appendageal carcinoma, malignant fibrous tumour of skin, merkel cell carcinoma of skin or Hutchinson's melanotic freckle, removal of, from nose, eyelid, lip, ear, digit or genitalia, if: (a) the tumour size is not more than 10 mm in diameter; and (b) the removal is by definitive surgical excision (with an adequate margin and as a result, no further surgery is indicated at the site of the primary tumour); and (c) the specimen excised is sent for histological examination and malignancy is confirmed; and suture (Anaes.)	276.90
31305	Malignant melanoma, appendageal carcinoma, malignant fibrous tumour of skin, merkel cell carcinoma of skin or Hutchinson's melanotic freckle-removal from nose, eyelid, lip, ear, digit or genitalia, tumour size more than 10 mm in diameter — where removal is by definitive surgical excision (with an adequate margin and as a result, no further surgery is indicated at the site of the primary tumour), and suture, and where the specimen excised is sent for histological examination and confirmation of malignancy has been obtained (Anaes.)	340.60
31310	Malignant melanoma, appendageal carcinoma, malignant fibrous tumour of skin, merkel cell carcinoma of skin or Hutchinson's melanotic freckle, removal of, from face, neck (anterior to sternomastoid muscles) or lower leg (mid calf to ankle), if: (a) the tumour size is not more than 10 mm in diameter; and (b) the removal is by definitive surgical excision (with an adequate margin and as a result, no further surgery is indicated at the site of the primary tumour); and (c) the specimen excised is sent for histological examination and malignancy is confirmed; and suture (Anaes.)	241.20

Item	Service	Fee ($)
31315	Malignant melanoma, appendageal carcinoma, malignant fibrous tumour of skin, merkel cell carcinoma of skin or Hutchinson's melanotic freckle, removal of, from face, neck (anterior to sternomastoid muscles) or lower leg (mid calf to ankle), if: (a) the tumour size is more than 10 mm but not more than 20 mm in diameter; and (b) the removal is by definitive surgical excision (with an adequate margin and as a result, no further surgery is indicated at the site of the primary tumour); and (c) the specimen excised is sent for histological examination and malignancy is confirmed; and suture (Anaes.)	305.10
31320	Malignant melanoma, appendageal carcinoma, malignant fibrous tumour of skin, merkel cell carcinoma of skin or Hutchinson's melanotic freckle, removal of, from face, neck (anterior to sternomastoid muscles) or lower leg (mid calf to ankle), if: (a) the tumour size is more than 20 mm in diameter; and (b) the removal is by definitive surgical excision (with an adequate margin and as a result, no further surgery is indicated at the site of the primary tumour); and (c) the specimen excised is sent for histological examination and malignancy is confirmed; and suture (Anaes.)	340.60

Item	Service	Fee ($)
31325	Malignant melanoma, appendageal carcinoma, malignant fibrous tumour of skin, merkel cell carcinoma of skin or Hutchinson's melanotic freckle, removal of, from an area of the body not covered by items 31300 and 31310, if: (a) the tumour size is not more than 10 mm in diameter; and (b) the removal is by definitive surgical excision (with an adequate margin and as a result, no further surgery is indicated at the site of the primary tumour); and (c) the specimen excised is sent for histological examination and malignancy is confirmed; and suture (Anaes.)	234.20
31330	Malignant melanoma, appendageal carcinoma, malignant fibrous tumour of skin, merkel cell carcinoma of skin or Hutchinson's melanotic freckle, removal of, from an area of the body not covered by items 31305 and 31310, if: (a) the tumour size is more than 10 mm but not more than 20 mm in diameter; and (b) the removal is by definitive surgical excision (with an adequate margin and as a result, no further surgery is indicated at the site of the primary tumour); and (c) the specimen excised is sent for histological examination and malignancy is confirmed; and suture (Anaes.)	276.90
31335	Malignant melanoma, appendageal carcinoma, malignant fibrous tumour of skin, merkel cell carcinoma of skin or Hutchinson's melanotic freckle-removal from areas of the body not covered by items 31305 and 31320 — tumour size more than 20 mm in diameter — where removal is by definitive surgical excision (with an adequate margin and as a result, no further surgery is indicated at the site of the primary tumour), and suture, and where the specimen excised is sent for histological examination and confirmation of malignancy has been obtained (Anaes.)	319.35

Item	Service	Fee ($)
31340	Muscle, bone or cartilage, excision of 1 or more of, where clinically indicated, and if: (a) the specimen excised is sent for histological confirmation; and (b) a malignant tumour of skin covered by any of items 31255 to 31335 is excised (Anaes.)	Amount under rule 38
31345	Lipoma, removal of, by surgical excision or liposuction, if: (a) the lesion is: (i) subcutaneous and 50 mm or more in diameter; or (ii) sub-fascial; and (b) the specimen excised is sent for histological confirmation of diagnosis (Anaes.)	182.50
31346	Liposuction (suction assisted lipolysis) to 1 regional area for contour problems of abdominal, upper arm or thigh fat because of repeated insulin injections, if: (a) the lesion is subcutaneous; and (b) the lesion is 50 mm or more in diameter (Anaes.)	182.50
31350	Benign tumour of soft tissue (other than tumours of skin, cartilage and bone, simple lipomas covered by item 31345 and lipomata), removal of, by surgical excision, if the specimen excised is sent for histological confirmation of diagnosis, not being a service to which another item in this group applies (Anaes.) (Assist.)	375.05
31355	Malignant tumour of soft tissue (other than tumours of skin or cartilage and bone), removal of, by surgical excision, if histological proof of malignancy is obtained, not being a service to which another item in this group applies (Anaes.) (Assist.)	618.30

Item	Service	Fee ($)
31400	Malignant upper aerodigestive tract tumour (other than tumour of the lip), excision of, if: (a) the tumour is not more than 20 mm in diameter; and (b) histological confirmation of malignancy is obtained (Anaes.) (Assist.)	225.95
31403	Malignant upper aerodigestive tract tumour (other than tumour of the lip), excision of, if: (a) the tumour is more than 20 mm but not more than 40 mm in diameter; and (b) histological confirmation of malignancy is obtained (H) (Anaes.) (Assist.)	260.75
31406	Malignant upper aerodigestive tract tumour more than 40 mm in diameter (excluding tumour of the lip), excision of, where histological confirmation of malignancy has been obtained (Anaes.) (Assist.)	434.60
31409	Parapharyngeal tumour, excision of, by cervical approach (H) (Anaes.) (Assist.)	1350.25
31412	Recurrent or persistent parapharyngeal tumour, excision of, by cervical approach (H) (Anaes.) (Assist.)	1 663.15
31420	Lymph node of neck, biopsy of (Anaes.)	159.15
31423	Lymph nodes of neck, selective dissection of 1 or 2 lymph node levels involving removal of soft tissue and lymph nodes from one side of the neck (Anaes.) (Assist.)	347.65
31426	Lymph nodes of neck, selective dissection of 3 lymph node levels involving removal of soft tissue and lymph nodes from one side of the neck (H) (Anaes.) (Assist.)	695.40
31429	Lymph nodes of neck, selective dissection of 4 lymph node levels on one side of the neck with preservation of 1 or more of internal jugular vein, sternocleido-mastoid muscle or spinal accessory nerve (H) (Anaes.) (Assist.)	1 083.65
31432	Lymph nodes of neck, bilateral selective dissection of levels I, II and III (bilateral supraomohyoid dissections) (H) (Anaes.) (Assist.)	1 159.00

Item	Service	Fee ($)
31435	Lymph nodes of neck, comprehensive dissection of all 5 lymph node levels on one side of the neck (H) (Anaes.) (Assist.)	851.85
31438	Lymph nodes of neck, comprehensive dissection of all 5 lymph node levels on one side of the neck with preservation of 1 or more of: internal jugular vein, sternocleido-mastoid muscle, or spinal accessory nerve (H) (Anaes.) (Assist.)	1 350.25
31441	Long-term implanted reservoir associated with the adjustable gastric band, repair, revision or replacement of (Anaes.)	217.80
31450	Laparoscopic division of adhesions, as an independent procedure, where the time taken is 1 hour or less (H) (Anaes.) (Assist.)	351.95
31452	Laparoscopic division of adhesions, as an independent procedure, where the time taken is more than 1 hour (H) (Anaes.) (Assist.)	615.75
31454	Laparoscopy with drainage of pus, bile or blood, as an independent procedure (H) (Anaes.) (Assist.)	487.50
31456	Gastroscopy and insertion of nasogastric or nasoenteral feeding tube, where blind insertion of the feeding tube has failed or is inappropriate due to the patient's medical condition (H) (Anaes.)	212.55
31458	Gastroscopy and insertion of nasogastric or nasoenteral feeding tube, where blind insertion of the feeding tube has failed or is inappropriate due to the patient's medical condition, and where the use of imaging intensification is clinically indicated (H) (Anaes.)	255.05
31460	Percutaneous gastrostomy tube, jejunal extension to, including any associated imaging services (H) (Anaes.) (Assist.)	309.00
31462	Operative feeding jejunostomy performed in conjunction with major upper gastro-intestinal resection (H) (Anaes.) (Assist.)	451.10

Item	Service	Fee ($)
31464	Antireflux operation by fundoplasty, via abdominal or thoracic approach, with or without closure of the diaphragmatic hiatus, by laparoscopic technique — not being a service to which item 30601 applies (H) (Anaes.) (Assist.)	754.10
31466	Antireflux operation by fundoplasty, via abdominal or thoracic approach, with or without closure of the diaphragmatic hiatus, revision procedure, by laparoscopy or open operation (H) (Anaes.) (Assist.)	1 131.15
31468	Para-oesophageal hiatus hernia, repair of, with complete reduction of hernia, resection of sac and repair of hiatus, with or without fundoplication (H) (Anaes.) (Assist.)	1242.70
31470	Laparoscopic splenectomy (H) (Anaes.) (Assist.)	623.30
31472	Cholecystoduodenostomy, cholecystoenterostomy, choledochojejunostomy or Roux-en-y as a bypass procedure where prior biliary surgery has been performed (H) (Anaes.) (Assist.)	1 012.45
31500	Breast, benign lesion up to and including 50 mm in diameter, including simple cyst, fibroadenoma or fibrocystic disease, open surgical biopsy or excision of, with or without frozen section histology (Anaes.)	225.05
31503	Breast, benign lesion more than 50 mm in diameter, excision of (Anaes.) (Assist.)	300.15
31506	Breast, abnormality detected by mammography or ultrasound where guidewire or other localisation procedure is performed, excision biopsy of (H) (Anaes.) (Assist.)	337.60
31509	Breast, malignant tumour, open surgical biopsy of, with or without frozen section histology (Anaes.)	300.15
31512	Breast, malignant tumour, complete local excision of, with or without frozen section histology (H) (Anaes.) (Assist.)	562.75
31515	Breast, tumour site, re-excision of, following open biopsy or incomplete excision of malignant tumour (H) (Anaes.) (Assist.)	377.45
31518	Breast (female), total mastectomy (H) (Anaes.) (Assist.)	637.20

Item	Service	Fee ($)
31521	Breast (male), total mastectomy, not being a service associated with a service to which item 45585 applies (Anaes.) (Assist.)	375.15
31524	Breast (female), subcutaneous mastectomy (H) (Anaes.) (Assist.)	900.35
31527	Breast (male), subcutaneous mastectomy, not being a service associated with a service to which item 45585 applies (Anaes.) (Assist.)	450.25
31530	Breast, biopsy of solid tumour or tissue of, using a vacuum-assisted breast biopsy device under imaging guidance, for histological examination, where imaging has demonstrated: (a) microcalcification of lesion; or (b) impalpable lesion less than 1 cm in diameter; including pre-operative localisation of lesion where performed, not being a service associated with a service to which item 31539, 31545 or 31548 applies	515.50
31533	Fine needle aspiration of an impalpable breast lesion detected by mammography or ultrasound, imaging guided — but not including imaging (Anaes.)	119.35
31536	Breast, preoperative localisation of lesion of, by hookwire or similar device, using interventional imaging techniques, but not including imaging — not being a service associated with a service to which item 31539, 31542 or 31545 applies (Anaes.)	163.90
31539	Breast, biopsy of solid tumour or tissue of, using advanced breast biopsy instrumentation (ABBI), for histological examination, conducted by a qualified surgeon, where imaging has demonstrated an impalpable lesion of less than 15 mm in diameter, not being a service associated with a service to which item 31530, 31536 or 31548 applies (H) (Anaes.)	345.15
31542	Breast, initial guidewire localisation of lesion, by hookwire or similar device, conducted by a qualified radiologist, using interventional imaging techniques prior to advanced breast biopsy instrumentation (ABBI), including imaging — not being a service associated with a service to which item 31536 applies (Anaes.)	170.40

Item	Service	Fee ($)
31545	Breast, biopsy of solid tumour or tissue of, using advanced breast biopsy instrumentation (ABBI), for histological examination, conducted by a qualified surgeon, where imaging has demonstrated an impalpable lesion of less than 15 mm in diameter, including initial guidewire localisation of lesion, by hookwire or similar device, using interventional imaging techniques and including imaging — not being a service associated with a service to which item 31530, 31536 or 31548 applies (Anaes.)	515.50
31548	Breast, biopsy of solid tumour or tissue of, using mechanical biopsy device, for histological examination, not being a service associated with a service to which item 31530, 31539 or 31545 applies (Anaes.)	119.35
31551	Breast, haematoma, seroma or inflammatory condition including abscess, granulomatous mastitis or similar, exploration and drainage of, when performed in the operating theatre of a hospital or approved day hospital facility, excluding after-care (Anaes.)	187.60
31554	Breast, microdochotomy of, for benign or malignant condition (H) (Anaes.) (Assist.)	375.15
31557	Breast central ducts, excision of, for benign condition (Anaes.) (Assist.)	300.15
31560	Accessory breast tissue, excision of (Anaes.) (Assist.)	300.15
31563	Inverted nipple, surgical eversion of (Anaes.)	224.85
31566	Accessory nipple, excision of (Anaes.)	112.50
Subgroup 2 — Colorectal		
32000	Large intestine, resection of, without anastomosis, including right hemicolectomy (including formation of stoma) (H) (Anaes.) (Assist.)	892.60
32003	Large intestine, resection of, with anastomosis, including right hemicolectomy (H) (Anaes.) (Assist.)	933.75
32004	Large intestine, sub-total colectomy (resection of right colon, transverse colon and splenic flexure) without anastomosis, not being a service associated with a service to which item 32000, 32003, 32005 or 32006 applies (H) (Anaes.) (Assist.)	995.60

Item	Service	Fee ($)
32005	Large intestine, sub-total colectomy (resection of right colon, transverse colon and splenic flexure) with anastomosis, not being a service associated with a service to which item 32000, 32003, 32004 or 32006 applies (H) (Anaes.) (Assist.)	1 124.75
32006	Left hemicolectomy, including the descending and sigmoid colon (including formation of stoma) (H) (Anaes.) (Assist.)	995.60
32009	Total colectomy and ileostomy (H) (Anaes.) (Assist.)	1 181.00
32012	Total colectomy and ileo-rectal anastomosis (H) (Anaes.) (Assist.)	1 304.60
32015	Total colectomy with excision of rectum and ileostomy — 1 surgeon (H) (Anaes.) (Assist.)	1 603.30
32018	Total colectomy with excision of rectum and ileostomy, combined synchronous operation — abdominal resection (including after-care) (H) (Anaes.) (Assist.)	1 359.45
32021	Total colectomy with excision of rectum and ileostomy, combined synchronous operation — perineal resection (H) (Assist.)	487.50
32024	Rectum, high restorative anterior resection with intraperitoneal anastomosis (of the rectum) greater than 10 cm from the anal verge — excluding resection of sigmoid colon alone, not being a service associated with a service to which item 32103, 32104 or 32106 applies (H) (Anaes.) (Assist.)	1 181.00
32025	Rectum, low restorative anterior resection with extraperitoneal anastomosis (of the rectum) less than 10 cm from the anal verge, with or without covering stoma, not being a service associated with a service to which item 32103, 32104 or 32106 applies (H) (Anaes.) (Assist.)	1 579.75
32026	Rectum, ultra low restorative resection, with or without covering stoma, where the anastomosis is sited in the anorectal region and is 6 cm or less from the anal verge (H) (Anaes.) (Assist.)	1 701.20
32028	Rectum, low or ultra low restorative resection, with peranal sutured coloanal anastomosis, with or without covering stoma (H) (Anaes.) (Assist.)	1 822.80

Item	Service	Fee ($)
32029	Colonic reservoir, construction of, being a service associated with a service to which any other item in this subgroup applies (H) (Anaes.) (Assist.)	364.55
32030	Rectosigmoidectomy — (Hartmann's operation) (H) (Anaes.) (Assist.)	892.60
32033	Restoration of bowel following Hartmann's or similar operation, including dismantling of the stoma (H) (Anaes.) (Assist.)	1 304.60
32036	Sacrococcygeal and presacral tumour — excision of (H) (Anaes.) (Assist.)	1 654.65
32039	Rectum and anus, abdomino-perineal resection of — 1 surgeon (H) (Anaes.) (Assist.)	1 328.55
32042	Rectum and anus, abdomino-perineal resection of, combined synchronous operation, abdominal resection (H) (Anaes.) (Assist.)	1 119.15
32045	Rectum and anus, abdomino-perineal resection of, combined synchronous operation — perineal resection (H) (Assist.)	418.85
32046	Rectum and anus, abdomino-perineal resection of, combined synchronous operation — perineal resection where the perineal surgeon also provides assistance to the abdominal surgeon (H) (Assist.)	647.25
32047	Perineal proctectomy (H) (Anaes.) (Assist.)	754.10
32051	Total colectomy with excision of rectum and ileoanal anastomosis with formation of ileal reservoir, with or without creation of temporary ileostomy — 1 surgeon (H) (Anaes.) (Assist.)	2 004.95
32054	Total colectomy with excision of rectum and ileoanal anastomosis with formation of ileal reservoir, with or without creation of temporary ileostomy — conjoint surgery, abdominal surgeon (including after-care) (H) (Anaes.) (Assist.)	1 840.15
32057	Total colectomy with excision of rectum and ileoanal anastomosis with formation of ileal reservoir — conjoint surgery, perineal surgeon (H) (Assist.)	487.50

Item	Service	Fee ($)
32060	Ileostomy closure with rectal resection and mucosectomy and ileoanal anastomosis with formation of ileal reservoir, with or without temporary loop ileostomy — 1 surgeon (H) (Anaes.) (Assist.)	2 004.95
32063	Ileostomy closure with rectal resection and mucosectomy and ileoanal anastomosis with formation of ileal reservoir, with or without temporary loop ileostomy — conjoint surgery, abdominal surgeon (including after-care) (H) (Anaes.) (Assist.)	1 840.15
32066	Ileostomy closure with rectal resection and mucosectomy and ileoanal anastomosis with formation of ileal reservoir, with or without temporary loop ileostomy — conjoint surgery, perineal surgeon (H) (Assist.)	487.50
32069	Ileostomy reservoir, continent type, creation of, including conversion of existing ileostomy where appropriate (H) (Anaes.)	1 483.15
32072	Sigmoidoscopic examination (with rigid sigmoidoscope), with or without biopsy	41.45
32075	Sigmoidoscopic examination (with rigid sigmoidoscope), under general anaesthesia, with or without biopsy, not being a service associated with a service to which another item in this group applies (Anaes.)	64.95
32078	Sigmoidoscopic examination with diathermy or resection of 1 or more polyps where the time taken is less than or equal to 45 minutes (Anaes.)	145.85
32081	Sigmoidoscopic examination with diathermy or resection of 1 or more polyps where the time taken is greater than 45 minutes (Anaes.)	200.35
32084	Flexible fibreoptic sigmoidoscopy or fibreoptic colonoscopy up to the hepatic flexure, with or without biopsy (Anaes.)	96.40
32087	Flexible fibreoptic sigmoidoscopy or fibreoptic colonoscopy up to the hepatic flexure with removal of 1 or more polyps — not being a service to which item 32078 applies (Anaes.)	177.15
32090	Fibreoptic colonoscopy — examination of colon beyond the hepatic flexure with or without biopsy (Anaes.)	289.30

Item	Service	Fee ($)
32093	Fibreoptic colonoscopy — examination of colon beyond the hepatic flexure with removal of 1 or more polyps (Anaes.)	406.05
32094	Endoscopic dilatation of colorectal strictures including colonoscopy (H) (Anaes.)	477.55
32095	Endoscopic examination of small bowel with flexible endoscope passed by stoma, with or without biopsies (Anaes.)	110.65
32096	Rectal biopsy, full thickness, under general anaesthesia, or under epidural or spinal (intrathecal) nerve block (H) (Anaes.) (Assist.)	222.40
32099	Rectal tumour of 5 cm or less in diameter, per anal submucosal excision of (H) (Anaes.) (Assist.)	288.40
32102	Rectal tumour of greater than 5 cm in diameter, indicated by pathological examination, per anal submucosal excision of (H) (Anaes.) (Assist.)	549.25
32103	Rectal tumour of less than 4 cm in diameter, per anal excision of, using stereoscopic rectoscopy (incorporating stereoscopic and optic systems), where removal is unable to be performed during colonoscopy or by local excision, not being a service associated with a service to which item 32024, 32025, 32104 or 32106 applies (H) (Anaes.) (Assist.)	668.40
32104	Rectal tumour of 4 cm or greater in diameter, per anal excision of, using stereoscopic rectoscopy (incorporating stereoscopic and optic systems), where removal is unable to be performed during colonoscopy or by local excision, not being a service associated with a service to which item 32024, 32025, 32103 or 32106 applies (H) (Anaes.) (Assist.)	865.15
32105	Anorectal carcinoma — per anal full thickness excision of (Anaes.) (Assist.)	418.85

Item	Service	Fee ($)
32106	Anterolateral intraperitoneal rectal tumour, per anal excision of, using stereoscopic rectoscopy (incorporating stereoscopic and optic systems), where removal is unable to be performed during colonoscopy and where removal requires dissection within the peritoneal cavity, not being a service associated with a service to which item 32024, 32025, 32103 or 32104 applies (Anaes.) (Assist.)	1 181.00
32108	Rectal tumour, trans-sphincteric excision of (Kraske or similar operation) (H) (Anaes.) (Assist.)	865.15
32111	Rectal prolapse, Delorme procedure for (H) (Anaes.) (Assist.)	549.25
32112	Rectal prolapse, perineal recto-sigmoidectomy for (H) (Anaes.) (Assist.)	668.40
32114	Rectal stricture, per anal release of (Anaes.)	151.05
32115	Rectal stricture, dilatation of (H) (Anaes.)	109.80
32117	Rectal prolapse, abdominal rectopexy of (H) (Anaes.) (Assist.)	865.15
32120	Rectal prolapse, perineal repair of (H) (Anaes.) (Assist.)	222.40
32123	Anal stricture, anoplasty for (Anaes.) (Assist.)	288.40
32126	Anal incontinence, Parks' intersphincteric procedure for (H) (Anaes.) (Assist.)	418.85
32129	Anal sphincter, direct repair of (H) (Anaes.) (Assist.)	549.25
32131	Rectocele, transanal repair of rectocele (H) (Anaes.) (Assist.)	461.80
32132	Haemorrhoids or rectal prolapse — sclerotherapy for (Anaes.)	39.05
32135	Haemorrhoids or rectal prolapse — rubber band ligation of, with or without sclerotherapy, cryotherapy or infrared therapy for (Anaes.)	58.40
32138	Haemorrhoidectomy including excision of anal skin tags when performed (Anaes.)	318.25
32139	Haemorrhoidectomy involving third or fourth degree haemorrhoids, including excision of anal skin tags when performed (H) (Anaes.) (Assist.)	318.25

Item	Service	Fee ($)
32142	Anal skin tags or anal polyps, excision of 1 or more of (Anaes.)	58.40
32145	Anal skin tags or anal polyps, excision of 1 or more of, undertaken in the operating theatre of a hospital or approved day hospital facility (Anaes.)	116.90
32147	Perianal thrombosis, incision of (Anaes.)	39.05
32150	Operation for fissure-in-ano, including excision or sphincterotomy but excluding dilatation only (Anaes.) (Assist.)	222.40
32153	Anus, dilatation of, under general anaesthesia, with or without disimpaction of faeces, not being a service associated with a service to which another item in this group applies (H) (Anaes.)	60.70
32156	Fistula-in-ano, subcutaneous, excision of (Anaes.)	114.00
32159	Anal fistula, treatment of, by excision or by insertion of a Seton, or by a combination of both procedures, involving the lower half of the anal sphincter mechanism (H) (Anaes.) (Assist.)	288.40
32162	Anal fistula, treatment of, by excision or by insertion of a Seton, or by a combination of both procedures, involving the upper half of the anal sphincter mechanism (H) (Anaes.) (Assist.)	418.85
32165	Anal fistula, repair of by mucosal flap advancement (Anaes.) (Assist.)	549.25
32166	Anal fistula — readjustment of Seton (Anaes.)	178.45
32168	Fistula wound, review of, under general or regional anaesthetic, as an independent procedure (H) (Anaes.)	114.00
32171	Anorectal examination, with or without biopsy, under general anaesthetic, not being a service associated with a service to which another item in this group applies (H) (Anaes.)	76.85
32174	Intra-anal, perianal or ischio-rectal abscess, drainage of (excluding after-care) (Anaes.)	76.85

Item	Service	Fee ($)
32175	Intra-anal, perianal or ischio-rectal abscess, draining of, undertaken in the operating theatre of a hospital or approved day hospital facility (excluding after-care) (Anaes.)	140.75
32177	Anal warts, removal of, under general anaesthesia, or under regional or field nerve block (excluding pudendal block), where the time taken is less than or equal to 45 minutes — not being a service associated with a service to which item 35507 or 35508 applies (H) (Anaes.)	150.85
32180	Anal warts, removal of, under general anaesthesia, or under regional or field nerve block (excluding pudendal block), where the time taken is greater than 45 minutes — not being a service associated with a service to which item 35507 or 35508 applies (H) (Anaes.)	222.40
32183	Intestinal sling procedure prior to radiotherapy (H) (Anaes.) (Assist.)	486.15
32186	Colonic lavage, total, intra-operative (H) (Anaes.) (Assist.)	486.15
32200	Distal muscle, devascularisation of (Anaes.) (Assist.)	255.90
32203	Anal or perineal graciloplasty (H) (Anaes.) (Assist.)	549.55
32206	Stimulator and electrodes, insertion of, following previous graciloplasty (H) (Anaes.) (Assist.)	496.50
32209	Anal or perineal graciloplasty with insertion of stimulator and electrodes (H) (Anaes.) (Assist.)	797.90
32210	Gracilis neosphincter pacemaker, replacement of (Anaes.)	221.10
32212	Ano-rectal application of formalin in the treatment of radiation proctitis, where performed in the operating theatre of a hospital or approved day hospital facility, excluding after-care (Anaes.)	117.90

Item	Service	Fee ($)
32213	Sacral nerve lead or leads, percutaneous placement using fluoroscopic guidance (or open placement) and intraoperative test stimulation, to manage faecal incontinence in a patient who: (a) has an anatomically intact but functionally deficient anal sphincter; and (b) has faecal incontinence that has been refractory to conservative non-surgical treatment for at least 12 months	572.05
32214	Neurostimulator or receiver, subcutaneous placement of, involving placement and connection of an extension wire to a sacral nerve electrode using fluoroscopic guidance, to manage faecal incontinence in a patient who: (a) has an anatomically intact but functionally deficient anal sphincter; and (b) has faecal incontinence that has been refractory to conservative non-surgical treatment for at least 12 months	289.00
32215	Sacral nerve electrode or electrodes, management, adjustment and electronic programming of the neurostimulator by a medical practitioner, to manage faecal incontinence — each day	108.50
32216	Sacral nerve lead or leads, percutaneous surgical repositioning of, using fluoroscopic guidance (or open surgical repositioning of) and interoperative test stimulation, to correct displacement or unsatisfactory positioning, if the lead was inserted to manage faecal incontinence in a patient who: (a) has an anatomically intact but functionally deficient anal sphincter; and (b) has faecal incontinence that has been refractory to conservative non-surgical treatment for at least 12 months; not being a service to which item 32213 applies (H) (Anaes.)	513.70

Item	Service	Fee ($)
32217	Neurostimulator or receiver, removal of, if the neurostimulator or receiver was inserted to manage faecal incontinence in a patient who: (a) has an anatomically intact but functionally deficient anal sphincter; and (b) has faecal incontinence that has been refractory to conservative non-surgical treatment for at least 12 months (H) (Anaes.)	135.30
32218	Sacral nerve lead or leads, removal of, if the lead was inserted to manage faecal incontinence in a patient who: (a) has an anatomically intact but functionally deficient anal sphincter; and (b) has faecal incontinence that has been refractory to conservative non-surgical treatment for at least 12 months (H) (Anaes.)	135.30
Subgroup 3 — Vascular		
32500	Varicose veins where varicosity measures 2.5 mm or greater in diameter, multiple injections of sclerosant using continuous compression techniques, including associated consultation — 1 or both legs — not being a service associated with any other varicose vein operation on the same leg (excluding after-care) — to a maximum of 6 treatments in a 12 month period (Anaes.)	95.00
32501	Varicose veins where varicosity measures 2.5 mm or greater in diameter, multiple injections of sclerosant using continuous compression techniques, including associated consultation — 1 or both legs — not being a service associated with any other varicose vein operation on the same leg (excluding after-care) — where it can be demonstrated that truncal reflux in the long or short saphenous veins has been excluded by duplex examination and that a 7th or subsequent treatment (including any treatments to which item 32500 applies) is indicated in a 12 month period	95.00

Item	Service	Fee ($)
32504	Varicose veins, multiple excision of tributaries, with or without division of 1 or more perforating veins — 1 leg — not being a service associated with a service to which item 32507, 32508, 32511, 32514 or 32517 applies in relation to the same leg (Anaes.)	231.65
32507	Varicose veins, sub-fascial surgical exploration of 1 or more incompetent perforating veins — 1 leg — not being a service associated with a service to which item 32508, 32511, 32514 or 32517 applies in relation to the same leg (Anaes.) (Assist.)	461.80
32508	Varicose veins, complete dissection at the sapheno-femoral junction or sapheno-popliteal junction — 1 leg — with or without either ligation or stripping, or both, of the long or short saphenous vein on the same leg, for the first time, including excision or injection of either tributaries or incompetent perforating veins, or both (H) (Anaes.) (Assist.)	461.80
32511	Varicose veins, complete dissection at the sapheno-femoral junction and sapheno-popliteal junction — 1 leg — with or without either ligation or stripping, or both, of the long or short saphenous vein on the same leg, for the first time, including excision or injection of either tributaries or incompetent perforating veins, or both (H) (Anaes.) (Assist.)	686.60
32514	Varicose veins, ligation of the long or short saphenous vein on the same leg, with or without stripping, by re-operation for recurrent veins in the same territory — 1 leg — including excision or injection of either tributaries or incompetent perforating veins, or both (H) (Anaes.) (Assist.)	802.10
32517	Varicose veins, ligation of the long and short saphenous veins on the same leg, with or without stripping, by re-operation for recurrent veins in either territory — 1 leg — including excision or injection of either tributaries or incompetent perforating veins, or both (H) (Anaes.) (Assist.)	1 032.85
32700	Artery of neck, bypass using vein or synthetic material (H) (Anaes.) (Assist.)	1 243.05

Item	Service	Fee ($)
32703	Internal carotid artery, transection and reanastomosis of, or resection of small length and reanastomosis of — with or without endarterectomy (H) (Assist.)	1 028.35
32708	Aortic bypass for occlusive disease using a straight non-bifurcated graft (H) (Anaes.) (Assist.)	1 230.10
32710	Aortic bypass for occlusive disease using a bifurcated graft with 1 or both anastomoses to the iliac arteries (H) (Anaes.) (Assist.)	1 366.85
32711	Aortic bypass for occlusive disease using a bifurcated graft with 1 or both anastomoses to the common femoral or profunda femoris arteries (H) (Anaes.) (Assist.)	1 503.55
32712	Ilio-femoral bypass grafting (H) (Anaes.) (Assist.)	1 086.90
32715	Axillary or subclavian to femoral bypass grafting to 1 or both femoral arteries (H) (Anaes.) (Assist.)	1 086.90
32718	Femoro-femoral or ilio-femoral cross-over bypass grafting (H) (Anaes.) (Assist.)	1 028.35
32721	Renal artery, bypass grafting to (H) (Anaes.) (Assist.)	1 633.45
32724	Renal arteries (both), bypass grafting to (H) (Anaes.) (Assist.)	1 854.80
32730	Mesenteric vessel (single), bypass grafting to (H) (Anaes.) (Assist.)	1 405.75
32733	Mesenteric vessels (multiple), bypass grafting to (H) (Anaes.) (Assist.)	1 633.45
32736	Inferior mesenteric artery, operation on, when performed in conjunction with another intra-abdominal vascular operation (H) (Anaes.) (Assist.)	357.90
32739	Femoral artery bypass grafting using vein, including harvesting of vein (when it is the ipsilateral long saphenous vein) with above knee anastomosis (H) (Anaes.) (Assist.)	1 119.40
32742	Femoral artery bypass grafting using vein, including harvesting of vein (when it is the ipsilateral long saphenous vein) with distal anastomosis to below knee popliteal artery (H) (Anaes.) (Assist.)	1 282.20

Item	Service	Fee ($)
32745	Femoral artery bypass grafting using vein, including harvesting of vein (when it is the ipsilateral long saphenous vein) with distal anastomosis to tibio peroneal trunk or tibial or peroneal artery (H) (Anaes.) (Assist.)	1 464.30
32748	Femoral artery bypass grafting using vein, including harvesting of vein (when it is the ipsilateral long saphenous vein) with distal anastomosis within 5 cm of the ankle joint (H) (Anaes.) (Assist.)	1 588.00
32751	Femoral artery bypass grafting using synthetic graft, with lower anastomosis above or below the knee (H) (Anaes.) (Assist.)	1 028.35
32754	Femoral artery bypass grafting, using a composite graft (synthetic material and vein) with lower anastomosis above or below the knee, including use of a cuff or sleeve of vein at 1 or both anastomoses (H) (Anaes.) (Assist.)	1 282.20
32757	Femoral artery sequential bypass grafting (using a vein or synthetic material) where an additional anastomosis is made to separately revascularise more than 1 artery — each additional artery revascularised beyond a femoral bypass (H) (Anaes.) (Assist.)	357.90
32760	Vein, harvesting of, from leg or arm for bypass or replacement graft when not performed on the limb which is the subject of the bypass or graft — each vein (H) (Anaes.) (Assist.)	351.40
32763	Arterial bypass grafting, using vein or synthetic material, not being a service to which another item in this subgroup applies (H) (Anaes.) (Assist.)	1 028.35
32766	Arterial or venous anastomosis, not being a service to which another item in this subgroup applies, as an independent procedure (H) (Anaes.) (Assist.)	683.40
32769	Arterial or venous anastomosis not being a service to which another item in this subgroup applies, when performed in combination with another vascular operation (including graft to graft anastomosis) (H) (Anaes.) (Assist.)	236.90
33050	Bypass grafting to replace a popliteal aneurysm using vein, including harvesting vein (when it is the ipsilateral long saphenous vein) (H) (Anaes.) (Assist.)	1 259.50

Item	Service	Fee ($)
33055	Bypass grafting to replace a popliteal aneurysm using a synthetic graft (H) (Anaes.) (Assist.)	1 010.05
33070	Aneurysm in the extremities, ligation, suture closure or excision of, without bypass grafting (Anaes.) (Assist.)	728.75
33075	Aneurysm in the neck, ligation, suture closure or excision of, without bypass grafting (H) (Anaes.) (Assist.)	927.05
33080	Intra-abdominal or pelvic aneurysm, ligation, suture closure or excision of, without bypass grafting (H) (Anaes.) (Assist.)	1 131.55
33100	Aneurysm of common or internal carotid artery, or both, replacement by graft of vein or synthetic material (Anaes.) (Assist.)	1 243.05
33103	Thoracic aneurysm, replacement by graft (H) (Anaes.) (Assist.)	1 744.10
33109	Thoraco-abdominal aneurysm, replacement by graft including re-implantation of arteries (Anaes.) (Assist.)	2 108.70
33112	Suprarenal abdominal aortic aneurysm, replacement by graft including re-implantation of arteries (H) (Anaes.) (Assist.)	1 828.80
33115	Infrarenal abdominal aortic aneurysm, replacement by tube graft not being a service associated with a service to which item 33116 applies (H) (Anaes.) (Assist.)	1 230.10
33118	Infrarenal abdominal aortic aneurysm, replacement by bifurcation graft to iliac arteries (with or without excision of common iliac aneurysms) not being a service associated with a service to which item 33119 applies (H) (Anaes.) (Assist.)	1 366.85
33121	Infrarenal abdominal aortic aneurysm, replacement by bifurcation graft to 1 or both femoral arteries (with or without excision or bypass of common iliac aneurysms) (H) (Anaes.) (Assist.)	1 503.55
33124	Aneurysm of iliac artery (common, external or internal), replacement by graft — unilateral (H) (Anaes.) (Assist.)	1 047.85
33127	Aneurysms of iliac arteries (common, external or internal), replacement by graft — bilateral (Anaes.) (Assist.)	1 373.25

Item	Service	Fee ($)
33130	Aneurysm of visceral artery, excision and repair by direct anastomosis or replacement by graft (H) (Anaes.) (Assist.)	1 197.50
33133	Aneurysm of visceral artery, dissection and ligation of arteries without restoration of continuity (H) (Anaes.) (Assist.)	898.10
33136	False aneurysm, repair of, at aortic anastomosis following previous aortic surgery (H) (Anaes.) (Assist.)	2 264.75
33139	False aneurysm, repair of, in iliac artery and restoration of arterial continuity (H) (Anaes.) (Assist.)	1 373.25
33142	False aneurysm, repair of, in femoral artery and restoration of arterial continuity (Anaes.) (Assist.)	1 282.20
33145	Ruptured thoracic aortic aneurysm, replacement by graft (H) (Anaes.) (Assist.)	2 206.25
33148	Ruptured thoraco-abdominal aortic aneurysm, replacement by graft (H) (Anaes.) (Assist.)	2 739.90
33151	Ruptured suprarenal abdominal aortic aneurysm, replacement by graft (H) (Anaes.) (Assist.)	2 603.25
33154	Ruptured infrarenal abdominal aortic aneurysm, replacement by tube graft (H) (Anaes.) (Assist.)	1 926.45
33157	Ruptured infrarenal abdominal aortic aneurysm, replacement by bifurcation graft to iliac arteries (with or without excision or bypass of common iliac aneurysms) (H) (Anaes.) (Assist.)	2 147.65
33160	Ruptured infrarenal abdominal aortic aneurysm, replacement by bifurcation graft to 1 or both femoral arteries (H) (Anaes.) (Assist.)	2 147.65
33163	Ruptured iliac artery aneurysm, replacement by graft (H) (Anaes.) (Assist.)	1 822.45
33166	Ruptured aneurysm of visceral artery, replacement by anastomosis or graft (Anaes.) (Assist.)	1 822.45
33169	Ruptured aneurysm of visceral artery, simple ligation of (H) (Anaes.) (Assist.)	1 418.80
33172	Aneurysm of major artery, replacement by graft, not being a service to which another item in this subgroup applies (H) (Anaes.) (Assist.)	1 106.35

Item	Service	Fee ($)
33175	Ruptured aneurysm in the extremities, ligation, suture closure or excision of, without bypass grafting (H) (Anaes.) (Assist.)	1 019.65
33178	Ruptured aneurysm in the neck, ligation, suture closure or excision of, without bypass grafting (H) (Anaes.) (Assist.)	1 296.60
33181	Ruptured intra-abdominal or pelvic aneurysm, ligation, suture closure or excision of, without bypass grafting (H) (Anaes.) (Assist.)	1 585.30
33500	Artery or arteries of neck, endarterectomy of, including closure by suture (where endarterectomy of 1 or more arteries is undertaken through 1 arteriotomy incision) (H) (Anaes.) (Assist.)	982.65
33506	Innominate or subclavian artery, endarterectomy of, including closure by suture (H) (Anaes.) (Assist.)	1 099.95
33509	Aortic endarterectomy, including closure by suture, not being a service associated with another procedure on the aorta (H) (Anaes.) (Assist.)	1 230.10
33512	Aorto-iliac endarterectomy (1 or both iliac arteries), including closure by suture not being a service associated with a service to which item 33515 applies (H) (Anaes.) (Assist.)	1 366.85
33515	Aorto-femoral endarterectomy (1 or both femoral arteries) or bilateral ilio-femoral endarterectomy, including closure by suture, not being a service associated with a service to which item 33512 applies (H) (Anaes.) (Assist.)	1 503.55
33518	Iliac endarterectomy, including closure by suture, not being a service associated with another procedure on the iliac artery (Anaes.) (Assist.)	1 099.95
33521	Ilio-femoral endarterectomy (1 side), including closure by suture (H) (Anaes.) (Assist.)	1 190.95
33524	Renal artery, endarterectomy of (H) (Anaes.) (Assist.)	1 405.75
33527	Renal arteries (both), endarterectomy of (H) (Anaes.) (Assist.)	1 633.45
33530	Coeliac or superior mesenteric artery, endarterectomy of (H) (Anaes.) (Assist.)	1 405.75

Item	Service	Fee ($)
33533	Coeliac and superior mesenteric artery, endarterectomy of (H) (Anaes.) (Assist.)	1 633.45
33536	Inferior mesenteric artery, endarterectomy of, not being a service associated with a service to which another item in this subgroup applies (H) (Anaes.) (Assist.)	1 165.05
33539	Artery of extremities, endarterectomy of, including closure by suture (H) (Anaes.) (Assist.)	839.55
33542	Extended deep femoral endarterectomy where the endarterectomy is at least 7 cm long (H) (Anaes.) (Assist.)	1 197.50
33545	Artery, vein or bypass graft, patch grafting to by vein or synthetic material where patch is less than 3 cm long (H) (Anaes.) (Assist.)	236.90
33548	Artery, vein or bypass graft, patch grafting to by vein or synthetic material where patch is 3 cm long or greater (H) (Anaes.) (Assist.)	481.75
33551	Vein, harvesting of from leg or arm for patch when not performed through same incision as operation (H) (Anaes.) (Assist.)	236.90
33554	Endarterectomy, in conjunction with an arterial bypass operation to prepare the site for anastomosis — each site (H) (Anaes.) (Assist.)	235.70
33800	Embolus, removal of, from artery of neck (Anaes.) (Assist.)	1 021.80
33803	Embolectomy or thrombectomy, by abdominal approach, of an artery or bypass graft of trunk (H) (Anaes.) (Assist.)	976.25
33806	Embolectomy or thrombectomy (including the infusion of thrombolytic or other agents) from an artery or bypass graft of extremities, or embolectomy of abdominal artery via the femoral artery (Anaes.) (Assist.)	702.90
33810	Inferior vena cava or iliac vein, closed thrombectomy by catheter via the femoral vein (Anaes.) (Assist.)	512.75
33811	Inferior vena cava or iliac vein, open removal of thrombus or tumour (H) (Anaes.) (Assist.)	1 526.45
33812	Thrombus, removal of, from femoral or other similar large vein (Anaes.) (Assist.)	807.00

Item	Service	Fee ($)
33815	Major artery or vein of extremity, repair of wound of, with restoration of continuity, by lateral suture (H) (Anaes.) (Assist.)	741.95
33818	Major artery or vein of extremity, repair of wound of, with restoration of continuity, by direct anastomosis (H) (Anaes.) (Assist.)	865.60
33821	Major artery or vein of extremity, repair of wound of, with restoration of continuity, by interposition graft of synthetic material or vein (H) (Anaes.) (Assist.)	989.25
33824	Major artery or vein of neck, repair of wound of, with restoration of continuity, by lateral suture (H) (Anaes.) (Assist.)	943.65
33827	Major artery or vein of neck, repair of wound of, with restoration of continuity, by direct anastomosis (H) (Anaes.) (Assist.)	1 106.35
33830	Major artery or vein of neck, repair of wound of, with restoration of continuity, by interposition graft of synthetic material or vein (H) (Anaes.) (Assist.)	1 269.05
33833	Major artery or vein of abdomen, repair of wound of, with restoration of continuity by lateral suture (H) (Anaes.) (Assist.)	1 152.05
33836	Major artery or vein of abdomen, repair of wound of, with restoration of continuity by direct anastomosis (H) (Anaes.) (Assist.)	1 373.25
33839	Major artery or vein of abdomen, repair of wound of, with restoration of continuity by means of interposition graft (H) (Anaes.) (Assist.)	1 607.50
33842	Artery of neck, re-operation for bleeding or thrombosis after carotid or vertebral artery surgery (H) (Anaes.) (Assist.)	794.00
33845	Laparotomy for control of post operative bleeding or thrombosis after intra-abdominal vascular procedure, where no other procedure is performed (H) (Anaes.) (Assist.)	553.20
33848	Extremity, re-operation on, for control of bleeding or thrombosis after vascular procedure, where no other procedure is performed (H) (Anaes.) (Assist.)	553.20

Item	Service	Fee ($)
34100	Major artery of neck, elective ligation or exploration of, not being a service associated with any other vascular procedure (H) (Anaes.) (Assist.)	611.85
34103	Great artery or great vein (including subclavian, axillary, iliac, femoral or popliteal), ligation of, or exploration of, not being a service associated with any other vascular procedure except those services to which item 32508, 32511, 32514 or 32517 applies (H) (Anaes.) (Assist.)	357.90
34106	Artery or vein (including brachial, radial, ulnar or tibial), ligation of, by elective operation, or exploration of, not being a service associated with any other vascular procedure except those services to which item 32508, 32511, 32514 or 32517 applies (Anaes.) (Assist.)	252.50
34109	Temporal artery, biopsy of (Anaes.) (Assist.)	292.80
34112	Arterio-venous fistula of an extremity, dissection and ligation (H) (Anaes.) (Assist.)	741.95
34115	Arterio-venous fistula of the neck, dissection and ligation (H) (Anaes.) (Assist.)	839.55
34118	Arterio-venous fistula of the abdomen, dissection and ligation (Anaes.) (Assist.)	1 197.50
34121	Arterio-venous fistula of an extremity, dissection and repair of, with restoration of continuity (H) (Anaes.) (Assist.)	956.65
34124	Arterio-venous fistula of the neck, dissection and repair of, with restoration of continuity (H) (Anaes.) (Assist.)	1 047.85
34127	Arterio-venous fistula of the abdomen, dissection and repair of, with restoration of continuity (H) (Anaes.) (Assist.)	1 373.25
34130	Surgically created arterio-venous fistula of an extremity, closure of (Anaes.) (Assist.)	429.55
34133	Scalenotomy (H) (Anaes.) (Assist.)	481.75
34136	First rib, resection of portion of (H) (Anaes.) (Assist.)	774.40
34139	Cervical rib, removal of, or other operation for removal of thoracic outlet compression, not being a service to which another item in this subgroup applies (H) (Anaes.) (Assist.)	774.40

Item	Service	Fee ($)
34142	Coeliac artery, decompression of, for coeliac artery compression syndrome, as an independent procedure (H) (Anaes.) (Assist.)	956.65
34145	Popliteal artery, exploration of, for popliteal entrapment, with or without division of fibrous tissue and muscle (H) (Anaes.) (Assist.)	696.40
34148	Carotid associated tumour, resection of, with or without repair or reconstruction of internal or common carotid arteries, when tumour is 4 cm or less in maximum diameter (H) (Anaes.) (Assist.)	1 243.05
34151	Carotid associated tumour, resection of, with or without repair or reconstruction of internal or common carotid arteries, when tumour is greater than 4 cm in maximum diameter (H) (Anaes.) (Assist.)	1 698.65
34154	Recurrent carotid associated tumour, resection of, with or without repair or replacement of portion of internal or common carotid arteries (Anaes.) (Assist.)	2 024.10
34157	Neck, excision of infected bypass graft, including closure of vessel or vessels (H) (Anaes.) (Assist.)	1 028.35
34160	Aorto-duodenal fistula, repair of, by suture of aorta and repair of duodenum (H) (Anaes.) (Assist.)	1 926.45
34163	Aorto-duodenal fistula, repair of, by insertion of aortic graft and repair of duodenum (H) (Anaes.) (Assist.)	2 473.10
34166	Aorto-duodenal fistula, repair of, by oversewing of abdominal aorta, repair of duodenum and axillo bifemoral grafting (H) (Anaes.) (Assist.)	2 473.10
34169	Infected bypass graft from trunk, excision of, including closure of arteries (H) (Anaes.) (Assist.)	1 373.25
34172	Infected axillo-femoral or femoro-femoral graft, excision of, including closure of arteries (H) (Anaes.) (Assist.)	1 119.40
34175	Infected bypass graft from extremities, excision of including closure of arteries (H) (Anaes.) (Assist.)	1 028.35
34500	Arteriovenous shunt, external, insertion of (Anaes.) (Assist.)	266.90

Item	Service	Fee ($)
34503	Arteriovenous anastomosis of upper or lower limb, in conjunction with another venous or arterial operation (H) (Anaes.) (Assist.)	357.90
34506	Arteriovenous shunt, external, removal of (H) (Anaes.) (Assist.)	182.15
34509	Arteriovenous anastomosis of upper or lower limb, not in conjunction with another venous or arterial operation (H) (Anaes.) (Assist.)	846.05
34512	Arteriovenous access device, insertion of (H) (Anaes.) (Assist.)	930.70
34515	Arteriovenous access device, thrombectomy of (H) (Anaes.) (Assist.)	663.80
34518	Stenosis of arteriovenous fistula or prosthetic arteriovenous access device, correction of (H) (Anaes.) (Assist.)	1 112.85
34521	Intra-abdominal artery or vein, cannulation of, for infusion chemotherapy, by open operation (excluding after-care) (H) (Anaes.) (Assist.)	683.65
34524	Arterial cannulation for infusion chemotherapy by open operation, not being a service to which item 34521 applies (excluding after-care) (H) (Anaes.) (Assist.)	357.90
34527	Central vein catheterisation by open technique, using subcutaneous tunnel with pump or access port as with Hickman or Broviac catheter or other chemotherapy delivery device, including any associated percutaneous central vein catheterisation (Anaes.)	477.40
34528	Central vein catheterisation by percutaneous technique, using subcutaneous tunnel with pump or access port as with Hickman or Broviac catheter or other chemotherapy delivery device (Anaes.)	235.70
34530	Hickman or Broviac catheter, or other chemotherapy device, removal of, by open surgical procedure in the operating theatre of a hospital or approved day hospital facility (Anaes.)	176.80

Item	Service	Fee ($)
34533	Isolated limb perfusion, including cannulation of artery and vein at commencement of procedure, regional perfusion for chemotherapy, or other therapy, repair of arteriotomy and venotomy at conclusion of procedure (excluding after-care) (Anaes.) (Assist.)	1 073.80
34538	Central vein catheterisation by percutaneous technique, using subcutaneous tunnelled cuffed catheter or similar device, for the administration of haemodialysis or parenteral nutrition (Anaes.)	235.70
34539	Tunnelled cuffed catheter, or similar device, removal of, by open surgical procedure in the operating theatre of a hospital or approved day hospital facility (Anaes.)	176.80
34800	Inferior vena cava, plication, ligation, or application of caval clip (Anaes.) (Assist.)	702.90
34803	Inferior vena cava, reconstruction of or bypass by vein or synthetic material (H) (Anaes.) (Assist.)	1 549.00
34806	Cross leg bypass grafting, saphenous to iliac or femoral vein (H) (Anaes.) (Assist.)	839.55
34809	Saphenous vein anastomosis to femoral or popliteal vein for femoral vein bypass (H) (Anaes.) (Assist.)	839.55
34812	Venous stenosis or occlusion, vein bypass for, using vein or synthetic material, not being a service associated with a service to which item 34806 or 34809 applies (H) (Anaes.) (Assist.)	1 015.30
34815	Vein stenosis, patch angioplasty for, (excluding vein graft stenosis) — using vein or synthetic material (H) (Anaes.) (Assist.)	839.55
34818	Venous valve, plication or repair to restore valve competency (H) (Anaes.) (Assist.)	924.15
34821	Vein transplant to restore valvular function (Anaes.) (Assist.)	1 256.15
34824	External stent, application of, to restore venous valve competency to superficial vein — 1 stent (H) (Anaes.) (Assist.)	429.55
34827	External stents, application of, to restore venous valve competency to superficial vein or veins — more than 1 stent (H) (Anaes.) (Assist.)	520.65

Item	Service	Fee ($)
34830	External stent, application of, to restore venous valve competency to deep vein — 1 stent (Anaes.) (Assist.)	611.85
34833	External stents, application of, to restore venous valve competency to deep vein or veins — more than 1 stent (H) (Anaes.) (Assist.)	794.00
35000	Lumbar sympathectomy (Anaes.) (Assist.)	611.85
35003	Cervical or upper thoracic sympathectomy by any surgical approach (H) (Anaes.) (Assist.)	794.00
35006	Cervical or upper thoracic sympathectomy, where operation is a re-operation for previous incomplete sympathectomy by any surgical approach (H) (Anaes.) (Assist.)	995.80
35009	Lumbar sympathectomy, where operation is following chemical sympathectomy or for previous incomplete surgical sympathectomy (H) (Anaes.) (Assist.)	774.40
35012	Sacral or pre-sacral sympathectomy (H) (Anaes.) (Assist.)	611.85
35100	Ischaemic limb, debridement of necrotic material, gangrenous tissue, or slough in, in the operating theatre of a hospital, when debridement includes muscle, tendon or bone (Anaes.) (Assist.)	319.00
35103	Ischaemic limb, debridement of necrotic material, gangrenous tissue, or slough in, in the operating theatre of a hospital, superficial tissue only (Anaes.)	203.05
35200	Operative arteriography or venography, 1 or more of, performed during the course of an operative procedure on an artery or vein — 1 site (H) (Anaes.)	148.45
35202	Major arteries or veins in the neck, abdomen or extremities, access to, as part of re-operation after prior surgery on these vessels (H) (Anaes.) (Assist.)	707.20
35300	Transluminal balloon angioplasty of 1 peripheral artery or vein of 1 limb, percutaneous or by open exposure, excluding associated radiological services or preparation, and excluding after-care (Anaes.) (Assist.)	446.10

Item	Service	Fee ($)
35303	Transluminal balloon angioplasty of aortic arch branches, aortic visceral branches, or more than 1 peripheral artery or vein of 1 limb, percutaneous or by open exposure, excluding associated radiological services or preparation, and excluding after-care (Anaes.) (Assist.)	571.90
35306	Transluminal stent insertion including associated balloon dilatation for 1 peripheral artery or vein of 1 limb, percutaneous or by open exposure, excluding associated radiological services or preparation, and excluding after-care (Anaes.) (Assist.)	527.85
35307	Transluminal stent insertion, 1 or more stents (not drug-eluting), with or without associated balloon dilatation, for 1 carotid artery, percutaneous (not direct), with or without an embolic protection device, for a patient who: (a) meets the requirements for carotid endarterectomy; and (b) has medical or surgical comorbidities that cause the patient to be at high risk of perioperative complications from carotid endarterectomy; excluding associated radiological services, radiological preparation and after-care (H) (Anaes.) (Assist.)	970.35
35309	Transluminal stent insertion including associated balloon dilatation for visceral arteries or veins, or more than 1 peripheral artery or vein of 1 limb, percutaneous or by open exposure, excluding associated radiological services or preparation, and excluding after-care (Anaes.) (Assist.)	659.85
35312	Peripheral arterial atherectomy including associated balloon dilatation of 1 limb, percutaneous or by open exposure, excluding associated radiological services or preparation, and excluding after-care (H) (Anaes.) (Assist.)	747.80
35315	Peripheral laser angioplasty including associated balloon dilatation of 1 limb, percutaneous or by open exposure, excluding associated radiological services or preparation, and excluding after-care (H) (Anaes.) (Assist.)	747.80

Item	Service	Fee ($)
35317	Peripheral arterial or venous catheterisation with administration of thrombolytic or chemotherapeutic agents, by continuous infusion, using percutaneous approach, excluding associated radiological services or preparation, and excluding after-care (not being a service associated with a service to which an item in Subgroup 11 of Group T1 or item 35319 or 35320 applies, or associated with photodynamic therapy with verteporfin) (Anaes.) (Assist.)	307.95
35319	Peripheral arterial or venous catheterisation with administration of thrombolytic or chemotherapeutic agents, by pulse spray technique, using percutaneous approach, excluding associated radiological services or preparation, and excluding after-care (not being a service associated with a service to which an item in Subgroup 11 of Group T1 or item 35317 or 35320 applies, or associated with photodynamic therapy with verteporfin) (Anaes.) (Assist.)	552.00
35320	Peripheral arterial or venous catheterisation with administration of thrombolytic or chemotherapeutic agents, by open exposure, excluding associated radiological services or preparation, and excluding after-care (not being a service associated with a service to which an item in Subgroup 11 of Group T1 or item 35317 or 35319 applies, or associated with photodynamic therapy with verteporfin) (Anaes.) (Assist.)	741.50
35321	Peripheral arterial or venous catheterisation to administer agents to occlude arteries, veins or arterio-venous fistulae or to arrest haemorrhage (but not for the treatment of uterine fibroids), percutaneous or by open exposure, excluding associated radiological services or preparation, and excluding after-care (not being a service associated with photodynamic therapy with verteporfin) (Anaes.) (Assist.)	703.85
35324	Angioscopy not combined with any other procedure, excluding associated radiological services or preparation, and excluding after-care (H) (Anaes.) (Assist.)	263.85
35327	Angioscopy combined with any other procedure, excluding associated radiological services or preparation, and excluding after-care (H) (Anaes.) (Assist.)	353.70

Item	Service	Fee ($)
35330	Insertion of inferior vena caval filter, percutaneous or by open exposure, excluding associated radiological services or preparation, and excluding after-care (Anaes.) (Assist.)	446.10
35331	Retrieval of inferior vena caval filter, percutaneous or by open exposure, not including associated radiological services or preparation, and not including aftercare (H) (Anaes.)	512.75
35360	Retrieval of foreign body in pulmonary artery, percutaneous or by open exposure, not including associated radiological services or preparation, and not including aftercare (H) (Anaes.) (Assist.)	716.75
35361	Retrieval of foreign body in right atrium, percutaneous or by open exposure, not including associated radiological services or preparation, and not including aftercare (H) (Anaes.) (Assist.)	614.75
35362	Retrieval of foreign body in inferior vena cava or aorta, percutaneous or by open exposure, not including associated radiological services or preparation, and not including aftercare (H) (Anaes.) (Assist.)	512.75
35363	Retrieval of foreign body in peripheral vein or peripheral artery, percutaneous or by open exposure, not including associated radiological services or preparation, and not including aftercare (H) (Anaes.) (Assist.)	410.75
Subgroup 4 — Gynaecological		
35500	Gynaecological examination under anaesthesia, not being a service associated with a service to which another item in this group applies (Anaes.)	70.30
35502	Intra-uterine contraceptive device, introduction of, for the control of idiopathic menorrhagia, including endometrial biopsy to exclude endometrial pathology, not being a service associated with a service to which another item in this group applies (Anaes.)	69.40
35503	Intra-uterine contraceptive device, introduction of, not being a service associated with a service to which another item in this group applies (Anaes.)	46.35

Item	Service	Fee ($)
35506	Intra-uterine contraceptive device, removal of under general anaesthesia, not being a service associated with a service to which another item in this group applies (Anaes.)	46.45
35507	Vulval or vaginal warts, removal of under general anaesthesia, or under regional or field nerve block (excluding pudendal block), where the time taken is less than or equal to 45 minutes — not being a service associated with a service to which item 32177 or 32180 applies (H) (Anaes.)	151.05
35508	Vulval or vaginal warts, removal of under general anaesthesia, or under regional or field nerve block (excluding pudendal block), where the time taken is greater than 45 minutes — not being a service associated with a service to which item 32177 or 32180 applies (H) (Anaes.) (Assist.)	222.40
35509	Hymenectomy (Anaes.)	77.45
35512	Bartholin's cyst, excision of (G) (Anaes.)	155.25
35513	Bartholin's cyst, excision of (S) (Anaes.)	191.90
35516	Bartholin's cyst or gland, marsupialisation of (G) (Anaes.)	100.75
35517	Bartholin's cyst or gland, marsupialisation of (S) (Anaes.)	126.35
35518	Ovarian cyst aspiration, for cysts of at least 4 cm in diameter in premenopausal women and at least 2 cm in diameter in postmenopausal women, by abdominal or vaginal route, using interventional imaging techniques and not associated with services provided for assisted reproductive techniques (Anaes.)	179.85
35520	Bartholin's abscess, incision of (Anaes.)	50.45
35523	Urethra or urethral caruncle, cauterisation of (Anaes.)	50.45
35526	Urethral caruncle, excision of (G) (Anaes.)	100.75
35527	Urethral caruncle, excision of (S) (Anaes.)	126.35
35530	Clitoris, amputation of, where medically indicated (H) (Anaes.) (Assist.)	233.50

Item	Service	Fee ($)
35533	Vulvoplasty or labioplasty, where medically indicated, not being a service associated with a service to which item 35536 applies (Anaes.)	302.80
35536	Vulva, wide local excision of suspected malignancy or hemivulvectomy, 1 or both procedures (Anaes.) (Assist.)	301.55
35539	Colposcopically directed CO^2 laser therapy for previously confirmed intraepithelial neoplastic changes of the cervix, vagina, vulva, urethra or anal canal, including any associated biopsies — 1 anatomical site (Anaes.)	236.25
35542	Colposcopically directed CO^2 laser therapy for previously confirmed intraepithelial neoplastic changes of the cervix, vagina, vulva, urethra or anal canal, including any associated biopsies — 2 or more anatomical sites (Anaes.) (Assist.)	276.60
35545	Colposcopically directed CO^2 laser therapy for condylomata, unsuccessfully treated by other methods (Anaes.)	158.95
35548	Vulvectomy, radical, for malignancy (H) (Anaes.) (Assist.)	721.90
35551	Pelvic lymph glands, excision of (radical) (H) (Anaes.) (Assist.)	591.85
35554	Vagina, dilatation of, as an independent procedure including any associated consultation (Anaes.)	37.65
35557	Vagina, removal of simple tumour — (including Gartner duct cyst) (Anaes.)	185.65
35560	Vagina, partial or complete removal of (H) (Anaes.) (Assist.)	591.85
35561	Vaginectomy, radical, for proven invasive malignancy — 1 surgeon (H) (Anaes.) (Assist.)	1 194.00
35562	Vaginectomy, radical, for proven invasive malignancy, conjoint surgery — abdominal surgeon (including after-care) (H) (Anaes.) (Assist.)	980.25
35564	Vaginectomy, radical, for proven invasive malignancy, conjoint surgery — perineal surgeon (H) (Assist.)	452.55
35565	Vaginal reconstruction for congenital absence, gynatresia or urogenital sinus (H) (Anaes.) (Assist.)	591.85

Item	Service	Fee ($)
35566	Vaginal septum, excision of, for correction of double vagina (H) (Anaes.) (Assist.)	343.85
35568	Sacrospinous colpopexy for the management of upper vaginal prolapse (H) (Anaes.) (Assist.)	540.60
35569	Plastic repair to enlarge vaginal orifice (H) (Anaes.)	139.20
35570	Anterior vaginal compartment repair by vaginal approach (involving repair of urethrocele and cystocele), with or without mesh, not being a service associated with a service to which item 35573, 35577 or 35578 applies (H) (Anaes.) (Assist.)	479.40
35571	Posterior vaginal compartment repair by vaginal approach involving repair of one or more of the following: (a) perineum; (b) rectocoele; (c) enterocoele; with or without mesh, not being a service associated with a service to which item 35573, 35577 or 35578 applies (H) (Anaes.) (Assist.)	479.40
35572	Colpotomy, not being a service to which another item in this group applies (H) (Anaes.)	107.15
35573	Anterior and posterior vaginal compartment repair by vaginal approach (involving anterior and posterior compartment defects), with or without mesh, not being a service associated with a service to which item 35577 or 35578 applies (H) (Anaes.) (Assist.)	719.10
35577	Manchester (Donald Fothergill) operation for genital prolapse, with or without mesh (H) (Anaes.) (Assist.)	583.75
35578	Le Fort operation for genital prolapse, not being a service associated with a service to which another item in this subgroup applies (H) (Anaes.) (Assist.)	583.75
35595	Laparoscopic or abdominal pelvic floor repair involving the fixation of the uterosacral and cardinal ligaments to rectovaginal and pubocervical fascia for symptomatic upper vaginal vault prolapse (H) (Anaes.) (Assist.)	999.60
35596	Fistula between genital and urinary or alimentary tracts, repair of, not being a service to which item 37029, 37333 or 37336 applies (H) (Anaes.) (Assist.)	591.85

Item	Service	Fee ($)
35597	Sacral colpopexy, laparoscopic or open procedure, if graft or mesh is secured to the vault, the anterior and posterior compartments and to the sacrum for correction of symptomatic upper vaginal vault prolapse (H) (Anaes.) (Assist.)	1 275.00
35599	Stress incontinence, sling operation for, with or without mesh or tape, not being a service associated with a service to which item 30405 applies (H) (Anaes.) (Assist.)	583.75
35602	Stress incontinence, combined synchronous abdomino-vaginal operation for — abdominal procedure, with or without mesh, (including after-care), not being a service associated with a service to which item 30405 applies (H) (Anaes.) (Assist.)	583.75
35605	Stress incontinence, combined synchronous abdomino-vaginal operation for — vaginal procedure, with or without mesh, (including after-care), not being a service associated with a service to which item 30405 applies (Anaes.) (Assist.)	316.70
35608	Cervix, cauterisation (other than by chemical means), ionisation, diathermy or biopsy of, with or without dilatation of cervix (Anaes.)	55.35
35611	Cervix, removal of polyp or polypi, with or without dilatation of cervix, not being a service associated with a service to which item 35608 applies (Anaes.)	55.35
35612	Cervix, residual stump, removal of, by abdominal approach (Anaes.) (Assist.)	437.90
35613	Cervix, residual stump, removal of, by vaginal approach (H) (Anaes.) (Assist.)	350.35
35614	Examination of lower female genital tract by a Hinselmann-type colposcope in a patient with a previous abnormal cervical smear or a history of maternal ingestion of oestrogen or where a patient, because of suspicious signs of cancer, has been referred by another medical practitioner (Anaes.)	55.25
35615	Vulva, biopsy of, when performed in conjunction with a service to which item 35614 applies	46.45

Item	Service	Fee ($)
35616	Endometrium, endoscopic examination of and ablation of, by microwave or thermal balloon, for chronic refractory menorrhagia including any hysteroscopy performed on the same day, with or without uterine curettage (H) (Anaes.)	389.10
35617	Cervix, cone biopsy, amputation or repair of, not being a service to which item 35577 or 35578 applies (G) (Anaes.)	150.30
35618	Cervix, cone biopsy, amputation or repair of, not being a service to which item 35577 or 35578 applies (S) (Anaes.)	188.65
35620	Endometrial biopsy where malignancy is suspected in patients with abnormal uterine bleeding or post menopausal bleeding (Anaes.)	46.15
35622	Endometrium, endoscopic ablation of, by laser or diathermy, for chronic refractory menorrhagia including any hysteroscopy performed on the same day, with or without uterine curettage, not being a service associated with a service to which item 30390 applies (H) (Anaes.)	521.40
35623	Hysteroscopic resection of myoma, or myoma and uterine septum resection (where both are performed), followed by endometrial ablation by laser or diathermy (H) (Anaes.)	709.00
35626	Hysteroscopy, including biopsy, performed by a specialist in the practice of his or her specialty where the patient is referred to him or her for the investigation of suspected intrauterine pathology (with or without local anaesthetic), not being a service associated with a service to which item 35627 or 35630 applies	71.70
35627	Hysteroscopy with dilatation of the cervix performed in the operating theatre of a hospital or approved day hospital facility — not being a service associated with a service to which item 35626 or 35630 applies (Anaes.)	92.70
35630	Hysteroscopy, with endometrial biopsy, performed in the operating theatre of a hospital or approved day hospital facility — not being a service associated with a service to which item 35626 or 35627 applies (Anaes.)	158.40

Item	Service	Fee ($)
35633	Hysteroscopy with uterine adhesiolysis or polypectomy or tubal catheterisation (including hysteroscopy for insertion of device for sterilisation) or removal of IUD which cannot be removed by other means — 1 or more of (Anaes.)	188.65
35634	Hysteroscopic resection of uterine septum followed by endometrial ablation by laser or diathermy (Anaes.)	593.45
35635	Hysteroscopy involving resection of the uterine septum (H) (Anaes.)	259.20
35636	Hysteroscopy, involving resection of myoma, or resection of myoma and uterine septum (where both are performed) (H) (Anaes.)	374.80
35637	Laparoscopy, involving puncture of cysts, diathermy of endometriosis, ventrosuspension, division of adhesions or similar procedure — 1 or more procedures with or without biopsy — not being a service associated with any other laparoscopic procedure or hysterectomy (H) (Anaes.) (Assist.)	351.95
35638	Complicated operative laparoscopy, including use of laser when required, for 1 or more of the following procedures — oophorectomy, ovarian cystectomy, myomectomy, salpingectomy or salpingostomy, ablation of moderate or severe endometriosis requiring more than 1 hour's operating time, or division of utero-sacral ligaments for significant dysmenorrhoea — not being a service associated with any other intraperitoneal or retroperitoneal procedure except item 30393 (H) (Anaes.) (Assist.)	615.75
35639	Uterus, curettage of, with or without dilatation (including curettage for incomplete miscarriage) under general anaesthesia or under epidural or spinal (intrathecal) nerve block, including procedures to which item 35626, 35627 or 35630 applies, where performed (G) (H) (Anaes.)	116.80
35640	Uterus, curettage of, with or without dilatation (including curettage for incomplete miscarriage) under general anaesthesia or under epidural or spinal (intrathecal) nerve block, including procedures to which item 35626, 35627 or 35630 applies, where performed (S) (H) (Anaes.)	158.40
35641	Endometriosis level 4 or 5, laparoscopic resection of,	1 075.50

Item	Service	Fee ($)
	involving any 2 of the following procedures: (a) resection of the pelvic side wall including dissection of endometriosis or scar tissue from the ureter; (b) resection of the Pouch of Douglas; (c) resection of an ovarian endometrioma greater than 2 cm in diameter; (d) dissection of bowel from uterus from the level of the endocervical junction or above; where the operating time exceeds 90 minutes (H) (Anaes.) (Assist.)	
35643	Evacuation of the contents of the gravid uterus by curettage or suction curettage not being a service to which item 35639 or 35640 applies, including procedures to which item 35626, 35627 or 35630 applies, where performed (Anaes.)	188.65
35644	Cervix, electrocoagulation diathermy with colposcopy, for previously confirmed intraepithelial neoplastic changes of the cervix, including any local anaesthesia and biopsies, not being a service associated with a service to which item 35639, 35640 or 35647 applies (Anaes.)	176.25
35645	Cervix, electrocoagulation diathermy with colposcopy, for previously confirmed intraepithelial neoplastic changes of the cervix, including any local anaesthesia and biopsies, in association with ablative therapy of additional areas of intraepithelial change in 1 or more sites of vagina, vulva, urethra or anus, not being a service associated with a service to which item 35649 applies (Anaes.)	275.85
35646	Cervix, colposcopy with radical diathermy of, with or without cervical biopsy, for previously confirmed intraepithelial neoplastic changes of the cervix, where performed in the operating theatre of a hospital or approved day hospital facility (Anaes.)	176.25

Item	Service	Fee ($)
35647	Cervix, large loop excision of transformation zone together with colposcopy for previously confirmed intraepithelial neoplastic changes of the cervix, including any local anaesthesia and biopsies, not being a service associated with a service to which item 35644 applies (Anaes.)	176.25
35648	Cervix, large loop excision diathermy for previously confirmed intraepithelial neoplastic changes of the cervix, including any local anaesthesia and biopsies, in conjunction with ablative treatment of additional areas of intraepithelial change of 1 or more sites of vagina, vulva, urethra or anus, not being a service associated with a service to which item 35645 applies (Anaes.)	275.85
35649	Hysterotomy or uterine myomectomy, abdominal (H) (Anaes.) (Assist.)	463.90
35653	Hysterectomy, abdominal, sub-total or total, with or without removal of uterine adnexae (H) (Anaes.) (Assist.)	583.90
35657	Hysterectomy, vaginal, with or without uterine curettage, not being a service to which item 35673 applies (H) (Anaes.) (Assist.)	583.90
35658	Uterus (at least equivalent in size to a 10 week gravid uterus), debulking of, prior to vaginal removal at hysterectomy (H) (Anaes.) (Assist.)	360.05
35661	Hysterectomy, abdominal, requiring extensive retroperitoneal dissection with or without exposure of 1 or both ureters, for the management of severe endometriosis, pelvic inflammatory disease or benign pelvic tumours, with or without conservation of ovaries (H) (Anaes.) (Assist.)	754.10
35664	Radical hysterectomy with radical excision of pelvic lymph glands (with or without excision of uterine adnexae) for proven malignancy including excision of any 1 or more of parametrium, paracolpos, upper vagina or contiguous pelvic peritoneum and involving ureterolysis where performed (H) (Anaes.) (Assist.)	1 256.80

Item	Service	Fee ($)
35667	Radical hysterectomy without gland dissection (with or without excision of uterine adnexae) for proven malignancy including excision of any 1 or more of parametrium, paracolpos, upper vagina or contiguous pelvic peritoneum and involving ureterolysis where performed (H) (Anaes.) (Assist.)	1 068.15
35670	Hysterectomy, abdominal, with radical excision of pelvic lymph glands, with or without removal of uterine adnexae (H) (Anaes.) (Assist.)	879.60
35673	Hysterectomy, vaginal, (with or without uterine curettage) with salpingectomy, oophorectomy or excision of ovarian cyst, 1 or more, 1 or both sides (H) (Anaes.) (Assist.)	655.80
35674	Ultrasound guided needling and injection of ectopic pregnancy	179.85
35676	Ectopic pregnancy, removal of (G) (H) (Anaes.) (Assist.)	367.80
35677	Ectopic pregnancy, removal of (S) (H) (Anaes.) (Assist.)	463.90
35678	Ectopic pregnancy, laparoscopic removal of (H) (Anaes.) (Assist.)	559.30
35680	Bicornuate uterus, plastic reconstruction for (Anaes.) (Assist.)	503.75
35683	Uterus, suspension or fixation of, as an independent procedure (G) (H) (Anaes.) (Assist.)	304.00
35684	Uterus, suspension or fixation of, as an independent procedure (S) (H) (Anaes.) (Assist.)	407.80
35687	Sterilisation by transection or resection of fallopian tubes, via abdominal or vaginal routes or via laparoscopy using diathermy or any other method (G) (H) (Anaes.) (Assist.)	281.50
35688	Sterilisation by transection or resection of fallopian tubes, via abdominal or vaginal routes or via laparoscopy using diathermy or any other method (S) (H) (Anaes.) (Assist.)	343.85
35691	Sterilisation by interruption of fallopian tubes when performed in conjunction with Caesarean section (H) (Anaes.) (Assist.)	137.35

Item	Service	Fee ($)
35694	Tuboplasty (salpingostomy, salpingolysis or tubal implantation into uterus), unilateral or bilateral, 1 or more procedures (H) (Anaes.) (Assist.)	551.90
35697	Microsurgical tuboplasty (salpingostomy, salpingolysis or tubal implantation into uterus), unilateral or bilateral, 1 or more procedures (H) (Anaes.) (Assist.)	818.90
35700	Fallopian tubes, unilateral microsurgical anastomosis of, using operating microscope, for other than reversal of previous sterilisation (H) (Anaes.) (Assist.)	631.90
35703	Hydrotubation of fallopian tubes as a non-repetitive procedure, not being a service associated with a service to which another item in this subgroup applies (Anaes.)	58.40
35706	Rubin test for patency of fallopian tubes (Anaes.)	58.40
35709	Fallopian tubes, hydrotubation of, as a repetitive post-operative procedure (Anaes.)	37.65
35710	Falloposcopy, unilateral or bilateral, including hysteroscopy and tubal catheterisation (H) (Anaes.) (Assist.)	401.00
35712	Laparotomy, involving oophorectomy, salpingectomy, salpingo-oophorectomy, removal of ovarian, parovarian, fimbrial or broad ligament cyst — 1 such procedure, not being a service associated with hysterectomy (G) (H) (Anaes.) (Assist.)	313.45
35713	Laparotomy, involving oophorectomy, salpingectomy, salpingo-oophorectomy, removal of ovarian, parovarian, fimbrial or broad ligament cyst — 1 such procedure, not being a service associated with hysterectomy (S) (H) (Anaes.) (Assist.)	391.95
35716	Laparotomy, involving oophorectomy, salpingectomy, salpingo-oophorectomy, removal of ovarian, parovarian, fimbrial or broad ligament cyst — 2 or more such procedures, unilateral or bilateral, not being a service associated with hysterectomy (G) (H) (Anaes.) (Assist.)	375.90
35717	Laparotomy, involving oophorectomy, salpingectomy, salpingo-oophorectomy, removal of ovarian, parovarian, fimbrial or broad ligament cyst — 2 or more such procedures, unilateral or bilateral, not being a service associated with hysterectomy (S) (H) (Anaes.) (Assist.)	471.90

Item	Service	Fee ($)
35720	Radical or debulking operation for advanced gynaecological malignancy, with or without omentectomy (H) (Anaes.) (Assist.)	583.75
35723	Retro-peritoneal lymph node biopsies from above the level of the aortic bifurcation, for staging or restaging of gynaecological malignancy (H) (Anaes.) (Assist.)	418.10
35726	Infra-colic omentectomy with multiple peritoneal biopsies for staging or restaging of gynaecological malignancy (H) (Anaes.) (Assist.)	418.10
35729	Ovarian transposition out of the pelvis, in conjunction with radical hysterectomy for invasive malignancy (H) (Anaes.)	188.50
35750	Laparoscopically assisted hysterectomy, including any associated laparoscopy (H) (Anaes.) (Assist.)	679.05
35753	Laparoscopically assisted hysterectomy, with 1 or more of the following procedures — salpingectomy, oophorectomy, excision of ovarian cyst or treatment of moderate endometriosis, 1 or both sides, including any associated laparoscopy (H) (Anaes.) (Assist.)	750.90
35754	Laparoscopically assisted hysterectomy which requires dissection of endometriosis, or other pathology, from the ureter, 1 or both sides, including any associated laparoscopy, including when performed with 1 or more of the following procedures — salpingectomy, oophorectomy, excision of ovarian cyst or treatment of endometriosis, not being a service to which item 35641 applies (H) (Anaes.) (Assist.)	944.95
35756	Laparoscopically assisted hysterectomy, when procedure is completed by open hysterectomy, including any associated laparoscopy (H) (Anaes.) (Assist.)	679.05
35759	Procedure for the control of post operative haemorrhage following gynaecological surgery, under general anaesthesia, utilising a vaginal or abdominal and vaginal approach where no other procedure is performed (H) (Anaes.) (Assist.)	487.50
Subgroup 5 — Urological		
36500	Adrenal gland, excision of — partial or total (H) (Anaes.) (Assist.)	800.25

Item	Service	Fee ($)
36502	Pelvic lymphadenectomy, open or laparoscopic, or both, unilateral or bilateral (H) (Anaes.) (Assist.)	591.85
36503	Renal transplant, not being a service to which item 36506 or 36509 applies (H) (Anaes.) (Assist.)	1 204.00
36506	Renal transplant, performed by vascular surgeon and urologist operating together — vascular anastomosis, including after-care (H) (Anaes.) (Assist.)	800.25
36509	Renal transplant, performed by vascular surgeon and urologist operating together — ureterovesical anastomosis, including after-care (H) (Assist.)	677.65
36516	Nephrectomy, complete (H) (Anaes.) (Assist.)	800.25
36519	Nephrectomy, complete, complicated by previous surgery on the same kidney (H) (Anaes.) (Assist.)	1 117.45
36522	Nephrectomy, partial (H) (Anaes.) (Assist.)	958.90
36525	Nephrectomy, partial, complicated by previous surgery on the same kidney (H) (Anaes.) (Assist.)	1 362.65
36526	Nephrectomy, radical with en bloc dissection of lymph nodes, with or without adrenalectomy, for a tumour of less than 10 cm in diameter, where performed if malignancy is clinically suspected but not confirmed by histopathological examination (Anaes.) (Assist.)	1 117.45
36527	Nephrectomy, radical with en bloc dissection of lymph nodes, with or without adrenalectomy, for a tumour of 10 cm or more in diameter, or complicated by previous open or laparoscopic surgery on the same kidney, where performed if malignancy is clinically suspected but not confirmed by histopathological examination (Anaes.) (Assist.)	1 379.05
36528	Nephrectomy, radical with en bloc dissection of lymph nodes, with or without adrenalectomy, for a tumour less than 10 cm in diameter (H) (Anaes.) (Assist.)	1 117.45
36529	Nephrectomy, radical with en bloc dissection of lymph nodes, with or without adrenalectomy, for a tumour 10 cm or more in diameter, or complicated by previous open or laparoscopic surgery on the same kidney (H) (Anaes.) (Assist.)	1 379.05

Item	Service	Fee ($)
36531	Nephro-ureterectomy, complete, including associated bladder repair and any associated endoscopic procedure (H) (Anaes.) (Assist.)	1 002.05
36532	Nephro-ureterectomy, for tumour, with or without en bloc dissection of lymph nodes, including associated bladder repair and any associated endoscopic procedures (H) (Anaes.) (Assist.)	1 438.30
36533	Nephro-ureterectomy, for tumour, with or without en bloc dissection of lymph nodes, including associated bladder repair and any associated endoscopic procedures, complicated by previous open or laparoscopic surgery on the same kidney or ureter (H) (Anaes.) (Assist.)	1 699.90
36537	Kidney or perinephric area, exploration of, with or without drainage of, by open exposure, not being a service to which another item in this subgroup applies (H) (Anaes.) (Assist.)	598.40
36540	Nephrolithotomy or pyelolithotomy, or both, through the same skin incision, for 1 or 2 stones (Anaes.) (Assist.)	958.90
36543	Nephrolithotomy or pyelolithotomy, or both, extended, for staghorn stone or 3 or more stones, including 1 or more of the following: nephrostomy, pyelostomy, pedicle control with or without freezing, calyorrhaphy or pyeloplasty (Anaes.) (Assist.)	1 117.45
36546	Extracorporeal shock wave lithotripsy (ESWL) to urinary tract and post-treatment care for 3 days, including pre-treatment consultations, unilateral (Anaes.)	598.40
36549	Ureterolithotomy (H) (Anaes.) (Assist.)	721.00
36552	Nephrostomy or pyelostomy, open, as an independent procedure (H) (Anaes.) (Assist.)	641.75
36558	Renal cyst or cysts, excision or unroofing of (Anaes.) (Assist.)	562.40
36561	Renal biopsy (closed) (Anaes.)	149.30
36564	Pyeloplasty (plastic reconstruction of the pelvi-ureteric junction), by open exposure, laparoscopy or laparoscopic assisted techniques (H) (Anaes.) (Assist.)	800.25

Item	Service	Fee ($)
36567	Pyeloplasty in a kidney that is congenitally abnormal in addition to the presence of pelvic-ureteric junction obstruction, or in a solitary kidney, by open exposure (H) (Anaes.) (Assist.)	879.60
36570	Pyeloplasty, complicated by previous surgery on the same kidney, by open exposure (H) (Anaes.) (Assist.)	1 117.45
36573	Divided ureter, repair of (H) (Anaes.) (Assist.)	800.25
36576	Kidney, exposure and exploration of, including repair or nephrectomy, for trauma, not being a service associated with any other procedure performed on the kidney, renal pelvis or renal pedicle (H) (Anaes.) (Assist.)	1 002.05
36579	Ureterectomy, complete or partial, with or without associated bladder repair, not being a service associated with a service to which item 37000 applies (H) (Anaes.) (Assist.)	641.75
36585	Ureter, transplantation of, into skin (H) (Anaes.) (Assist.)	641.75
36588	Ureter, reimplantation into bladder (H) (Anaes.) (Assist.)	800.25
36591	Ureter, reimplantation into bladder with psoas hitch or Boari flap or both (H) (Anaes.) (Assist.)	958.90
36594	Ureter, transplantation of, into intestine (H) (Anaes.) (Assist.)	800.25
36597	Ureter, transplantation of, into another ureter (H) (Anaes.) (Assist.)	800.25
36600	Ureter, transplantation of, into isolated intestinal segment, unilateral (Anaes.) (Assist.)	958.90
36603	Ureters, transplantation of, into isolated intestinal segment, bilateral (H) (Anaes.) (Assist.)	1 117.45
36604	Ureteric stent, passage of through percutaneous nephrostomy tube, using interventional imaging techniques (Anaes.)	231.65

Item	Service	Fee ($)
36605	Ureteric stent, insertion of, with removal of calculus from: (a) the pelvicalyceal system; or (b) ureter; or (c) the pelvicalyceal system and ureter; through a nephrostomy tube using interventional imaging techniques (H) (Anaes.)	597.70
36606	Intestinal urinary reservoir, continent, formation of, including formation of non-return valves and implantation of ureters (1 or both) into reservoir (H) (Anaes.) (Assist.)	2 004.25
36607	Ureteric stent, insertion of, with balloon dilatation of: (a) the pelvicalyceal system; or (b) ureter; or (c) the pelvicalyceal system and ureter; through a nephrostomy tube using interventional imaging techniques (H) (Anaes.)	597.70
36608	Ureteric stent, exchange of, percutaneously through the ileal conduit or bladder using interventional imaging techniques, not being a service associated with a service to which any of items 36811 to 36854 apply (H) (Anaes.)	231.65
36609	Intestinal urinary conduit or ureterostomy, revision of (H) (Anaes.) (Assist.)	641.75
36612	Ureter, exploration of, with or without drainage of, as an independent procedure (H) (Anaes.) (Assist.)	562.40
36615	Ureterolysis, with or without repositioning of ureter, for obstruction of the ureter, evident either radiologically or by proximal ureteric dilatation at operation, secondary to retroperitoneal fibrosis, or similar condition (H) (Anaes.) (Assist.)	641.75
36618	Reduction ureteroplasty (H) (Anaes.) (Assist.)	562.40
36621	Closure of cutaneous ureterostomy (H) (Anaes.) (Assist.)	402.00
36624	Nephrostomy, percutaneous, using interventional imaging techniques (Anaes.) (Assist.)	483.00

Item	Service	Fee ($)
36627	Nephroscopy, percutaneous, with or without any 1 or more of stone extraction, biopsy or diathermy, not being a service to which item 36639, 36642, 36645 or 36648 applies (H) (Anaes.)	598.40
36630	Nephroscopy, being a service to which item 36627 applies, where, after a substantial portion of the procedure has been performed, it is necessary to discontinue the operation due to bleeding (H) (Anaes.) (Assist.)	295.60
36633	Nephroscopy, percutaneous, with incision of any 1 or more of renal pelvis, calyx or calyces or ureter and including antegrade insertion of ureteric stent, not being a service associated with a service to which item 36627, 36639, 36642, 36645 or 36648 applies (Anaes.) (Assist.)	641.75
36636	Nephroscopy, percutaneous, with incision of any 1 or more of renal pelvis, calyx or calyces or ureter and including antegrade insertion of ureteric stent, being a service associated with a service to which item 36627, 36639, 36642, 36645 or 36648 applies (H) (Anaes.) (Assist.)	346.15
36639	Nephroscopy, percutaneous, with destruction and extraction of 1 or 2 stones using ultrasound or electrohydraulic shock waves or lasers (not being a service to which item 36645 or 36648 applies) (H) (Anaes.)	721.00
36642	Nephroscopy, being a service to which item 36639 applies, where, after a substantial portion of the procedure has been performed, it is necessary to discontinue the operation due to bleeding (H) (Anaes.) (Assist.)	360.45
36645	Nephroscopy, percutaneous, with removal or destruction of a stone greater than 3 cm in any dimension, or for 3 or more stones (H) (Anaes.) (Assist.)	922.80
36648	Nephroscopy, being a service to which item 36645 applies, where, after a substantial portion of the procedure has been performed, it is necessary to discontinue the operation (H) (Anaes.) (Assist.)	821.90
36649	Nephrostomy drainage tube, exchange of — but not including imaging (Anaes.) (Assist.)	231.65

Item	Service	Fee ($)
36650	Nephrostomy tube, removal of, using interventional imaging techniques, if the ureter has been stented with a double J ureteric stent and that stent is left in place (H) (Anaes.)	129.55
36652	Pyeloscopy, retrograde, of 1 collecting system, with or without any 1 or more of, cystoscopy, ureteric meatotomy, ureteric dilatation, not being a service associated with a service to which item 36803, 36812 or 36824 applies (H) (Anaes.) (Assist.)	562.40
36654	Pyeloscopy, retrograde, of 1 collecting system, being a service to which item 36652 applies, plus 1 or more of extraction of stone from the renal pelvis or calyces, or biopsy or diathermy of the renal pelvis or calyces, not being a service associated with a service performed in the same collecting system to which item 36656 applies (H) (Anaes.) (Assist.)	721.00
36656	Pyeloscopy, retrograde, of 1 collecting system, being a service to which item 36652 applies, plus extraction of 2 or more stones in the renal pelvis or calyces or destruction of stone with ultrasound, electrohydraulic or kinetic lithotripsy or laser in the renal pelvis or calyces, with or without extraction of fragments, not being a service associated with a service performed in the same collecting system to which item 36654 applies (H) (Anaes.) (Assist.)	922.80
36800	Bladder, catheterisation of, where no other procedure is performed (Anaes.)	23.90
36803	Ureteroscopy, of 1 ureter, with or without any 1 or more of cystoscopy, ureteric meatotomy, or ureteric dilatation, not being a service associated with a service to which item 36652, 36654, 36656, 36806, 36809, 36812, 36824, 36848 or 36857 applies (Anaes.) (Assist.)	403.60
36806	Ureteroscopy, of 1 ureter, with or without any 1 or more of, cystoscopy, ureteric meatotomy or ureteric dilatation, plus 1 or more of extraction of stone from the ureter, or biopsy or diathermy of the ureter, not being a service associated with a service to which item 36803 or 36812 applies, or a service associated with a service to which item 36809, 36824, 36848 or 36857 applies to a procedure performed on the same ureter (H) (Anaes.)	562.40

Item	Service	Fee ($)
	(Assist.)	
36809	Ureteroscopy, of 1 ureter, with or without any 1 or more of, cystoscopy, ureteric meatotomy or ureteric dilatation, plus destruction of stone in the ureter with ultrasound, electrohydraulic or kinetic lithotripsy or laser, with or without extraction of fragments, not being a service associated with a service to which item 36803 or 36812 applies, or a service associated with a service to which item 36806, 36824, 36848 or 36857 applies to a procedure performed on the same ureter (H) (Anaes.) (Assist.)	721.00
36811	Cystoscopy with insertion of urethral prosthesis (Anaes.)	279.90
36812	Cystoscopy with urethroscopy, with or without urethral dilatation, not being a service associated with any other urological endoscopic procedure on the lower urinary tract except a service to which item 37327 applies (Anaes.)	144.25
36815	Cystoscopy, with or without urethroscopy, for the treatment of penile warts or urethral warts, not being a service associated with a service to which item 30189 applies (Anaes.)	205.90
36818	Cystoscopy, with ureteric catheterisation including fluoroscopic imaging of the upper urinary tract, unilateral or bilateral, not being a service associated with a service to which item 36824 or 36830 applies (Anaes.) (Assist.)	239.35
36821	Cystoscopy with 1 or more of ureteric dilatation, insertion of ureteric stent, or brush biopsy of ureter or of renal pelvis, unilateral, not being a service associated with a service to which item 36824 or 36830 applies (Anaes.) (Assist.)	279.75
36824	Cystoscopy with ureteric catheterisation, unilateral or bilateral, not being a service associated with a service to which item 36818 or 36821 applies (Anaes.)	184.45
36825	Cystoscopy, with endoscopic incision of pelviureteric junction or ureteric stricture, including removal or replacement of ureteric stent, not being a service associated with a service to which item 36818, 36821, 36824, 36830 or 36833 applies (H) (Anaes.) (Assist.)	503.10

Item	Service	Fee ($)
36827	Cystoscopy, with controlled hydro-dilatation of the bladder (Anaes.)	198.95
36830	Cystoscopy, with ureteric meatotomy (H) (Anaes.)	175.95
36833	Cystoscopy with removal of ureteric stent or other foreign body (Anaes.) (Assist.)	239.35
36836	Cystoscopy with biopsy of bladder, not being a service associated with a service to which item 36812, 36830, 36840, 36845, 36848, 36854, 37203, 37206 or 37215 applies (Anaes.)	198.95
36840	Cystoscopy, with resection, diathermy or visual laser destruction of bladder tumour or other lesion of the bladder, not being a service associated with a service to which item 36845 applies (Anaes.)	279.75
36842	Cystoscopy with lavage of blood clots from bladder including any associated diathermy of prostate or bladder and not being a service associated with a service to which item 36812, 36827 to 36863, 37203 or 37206 applies (H) (Anaes.) (Assist.)	281.50
36845	Cystoscopy, with diathermy, resection or visual laser destruction of multiple tumours in more than 2 quadrants of the bladder or solitary tumour greater than 2 cm in diameter (H) (Anaes.)	598.40
36848	Cystoscopy with resection of ureterocele (H) (Anaes.)	198.95
36851	Cystoscopy with injection into bladder wall (H) (Anaes.)	198.95
36854	Cystoscopy with endoscopic incision or resection of external sphincter, bladder neck or both (H) (Anaes.)	403.60
36857	Endoscopic manipulation or extraction of ureteric calculus (H) (Anaes.)	317.15
36860	Endoscopic examination of intestinal conduit or reservoir (Anaes.)	144.25
36863	Litholapaxy, with or without cystoscopy (H) (Anaes.) (Assist.)	403.60
37000	Bladder, partial excision of (H) (Anaes.) (Assist.)	641.75
37004	Bladder, repair of rupture (H) (Anaes.) (Assist.)	562.40

Item	Service	Fee ($)
37008	Cystostomy or cystotomy, suprapubic, not being a service to which item 37011 applies and not being a service associated with other open bladder procedure (Anaes.)	360.45
37011	Suprapubic stab cystotomy, not being a service associated with a service to which items 37200 to 37221 apply (Anaes.)	80.75
37014	Bladder, total excision of (H) (Anaes.) (Assist.)	922.80
37020	Bladder diverticulum, excision or obliteration of (H) (Anaes.) (Assist.)	641.75
37023	Vesical fistula, cutaneous, operation for (H) (Anaes.)	360.45
37026	Cutaneous vesicostomy, establishment of (H) (Anaes.) (Assist.)	360.45
37029	Vesico-vaginal fistula, closure of, by abdominal approach (H) (Anaes.) (Assist.)	800.25
37038	Vesico-intestinal fistula, closure of, excluding bowel resection (H) (Anaes.) (Assist.)	598.75
37041	Bladder aspiration, by needle	40.35
37042	Bladder stress incontinence — sling procedure for, using autologous fascial sling, including harvesting of sling, with or without mesh, not being a service associated with a service to which item 30405 or 35599 applies (H) (Anaes.) (Assist.)	788.70
37043	Bladder stress incontinence, Stamey or similar type needle colposuspension, with or without mesh, not being a service associated with a service to which item 30405 or 35599 applies (H) (Anaes.) (Assist.)	583.75
37044	Bladder stress incontinence, suprapubic procedure for, eg Burch colposuspension, with or without mesh, not being a service associated with a service to which item 30405 or 35599 applies (H) (Anaes.) (Assist.)	598.75
37045	Mitrofanoff continent valve, formation of (H) (Anaes.) (Assist.)	1236.55
37047	Bladder enlargement using intestine (H) (Anaes.) (Assist.)	1 441.90
37050	Bladder exstrophy closure, not involving sphincter reconstruction (H) (Anaes.) (Assist.)	641.75

Item	Service	Fee ($)
37053	Bladder transection and re-anastomosis to trigone (H) (Anaes.) (Assist.)	741.50
37200	Prostatectomy, open (H) (Anaes.) (Assist.)	879.60
37201	Prostate, transurethral radio-frequency needle ablation of, with or without cystoscopy and with or without urethroscopy, in patients with moderate to severe lower urinary tract symptoms who are not medically fit for transurethral resection of the prostate (that is, prostatectomy using diathermy or cold punch) and including a service to which item 36854, 37203, 37206, 37207, 37208, 37303, 37321 or 37324 applies (H) (Anaes.)	717.40
37202	Prostate, transurethral radio-frequency needle ablation of, with or without cystoscopy and with or without urethroscopy, in patients with moderate to severe lower urinary tract symptoms who are not medically fit for transurethral resection of the prostate (that is prostatectomy using diathermy or cold punch) and including a service to which item 36854, 37303, 37321 or 37324 applies, continuation of, within 10 days of the procedure described by item 37201, 37203 or 37207 which had to be discontinued for medical reasons (Anaes.)	360.05
37203	Prostatectomy (endoscopic, using diathermy or cold punch), with or without cystoscopy, and with or without urethroscopy, and including services to which item 36854, 37201, 37202, 37207, 37208, 37303, 37321 or 37324 applies (H) (Anaes.)	901.90
37206	Prostatectomy (endoscopic, using diathermy or cold punch), with or without cystoscopy, and with or without urethroscopy, and including services to which item 36854, 37303, 37321 or 37324 applies, continuation of, within 10 days of the procedure described by item 37201, 37203 or 37207 which had to be discontinued for medical reasons (H) (Anaes.)	483.00
37207	Prostate, endoscopic non-contact (side firing) visual laser ablation, with or without cystoscopy, and with or without urethroscopy, and including services to which item 36854, 37201, 37202, 37203, 37206, 37303, 37321 or 37324 applies (H) (Anaes.)	749.90

Item	Service	Fee ($)
37208	Prostate, endoscopic non-contact (side firing) visual laser ablation, with or without cystoscopy, and with or without urethroscopy, and including services to which item 36854, 37303, 37321 or 37324 applies, continuation of, within 10 days of the procedure described by item 37201, 37203 or 37207, which had to be discontinued for medical reasons (H) (Anaes.)	360.05
37209	Total excision (not being a service associated with a service to which item 37210 or 37211 applies) of any, or all of: (a) prostate; or (b) seminal vesicle, unilateral or bilateral; or (c) ampulla of vas, unilateral or bilateral (H) (Anaes.) (Assist.)	1 117.45
37210	Prostatectomy, radical, involving total excision of the prostate, sparing of nerves around the bladder and bladder neck reconstruction, not being a service associated with a service to which item 35551, 36502 or 37375 applies (H) (Anaes.) (Assist.)	1 379.05
37211	Prostatectomy, radical, involving total excision of the prostate, sparing of nerves around the bladder and bladder neck reconstruction, with pelvic lymphadenectomy, not being a service associated with a service to which item 35551, 36502 or 37375 applies (H) (Anaes.) (Assist.)	1 674.90
37212	Prostate, open perineal biopsy or open drainage of abscess (H) (Anaes.) (Assist.)	239.35
37215	Prostate, biopsy of, endoscopic, with or without cystoscopy (Anaes.) (Assist.)	360.45
37218	Prostate, needle biopsy of, or injection into (Anaes.)	119.70
37219	Prostate, transrectal needle biopsy of, using transrectal prostatic ultrasound techniques and obtaining 1 or more prostatic specimens, being a service associated with a service to which item 55600 or 55603 applies (Anaes.) (Assist.)	243.05

Item	Service	Fee ($)
37220	Prostate, radioactive seed implantation of, urological component, using transrectal ultrasound guidance, for localised prostatic malignancy at clinical stage T1 (clinically inapparent tumour that is not palpable or visible by imaging) or clinical stage T2 (tumour confined within prostate), with a Gleason score of 6 or less and a prostate specific antigen (PSA) of 10ng/ml or less at the time of diagnosis, where the procedure is performed by a urologist at an approved site in association with a radiation oncologist, and being a service associated with a service to which item 55603 applies (H)	903.70
37221	Prostatic abscess, endoscopic drainage of (H) (Anaes.) (Assist.)	403.60
37223	Prostatic coil, insertion of, under ultrasound control (H) (Anaes.)	178.50
37224	Prostate, diathermy or visual laser destruction of lesion of, not being a service associated with a service to which item 37201, 37202, 37203, 37206, 37207, 37208 or 37215 applies (Anaes.)	279.75
37300	Urethral sounds, passage of, as an independent procedure (Anaes.)	40.35
37303	Urethral stricture, dilatation of (Anaes.)	64.10
37306	Urethra, repair of rupture of distal section (H) (Anaes.) (Assist.)	562.40
37309	Urethra, repair of rupture of prostatic or membranous segment (H) (Anaes.) (Assist.)	800.25
37315	Urethroscopy, as an independent procedure (Anaes.)	119.70
37318	Urethroscopy, with any 1 or more of biopsy, diathermy, visual laser destruction of stone or removal of foreign body or stone (Anaes.) (Assist.)	239.35
37321	Urethral meatotomy, external (Anaes.)	80.75
37324	Urethrotomy or urethrostomy, internal or external (H) (Anaes.)	198.95
37327	Urethrotomy, optical, for urethral stricture (H) (Anaes.) (Assist.)	279.75

Item	Service	Fee ($)
37330	Urethrectomy, partial or complete, for removal of tumour (H) (Anaes.) (Assist.)	562.40
37333	Urethro-vaginal fistula, closure of (H) (Anaes.) (Assist.)	483.00
37336	Urethro-rectal fistula, closure of (H) (Anaes.) (Assist.)	641.75
37339	Periurethral or transurethral injection of materials for the treatment of urinary incontinence, including cystoscopy and urethroscopy (Anaes.)	207.60
37340	Urethral sling, division or removal of, for urethral obstruction or erosion, following previous surgery for urinary incontinence — vaginal approach, not being a service associated with a service to which item 37341 applies (H) (Anaes.) (Assist.)	367.80
37341	Urethral sling, division or removal of, for urethral obstruction or erosion, following previous surgery for urinary incontinence — suprapubic or vaginal approach, not being a service associated with a service to which item 37340 applies (H) (Anaes.) (Assist.)	788.70
37342	Urethroplasty — single stage operation (H) (Anaes.) (Assist.)	721.00
37343	Urethroplasty, single stage operation, transpubic approach via separate incisions above and below the symphysis pubis, excluding laparotomy, symphysectomy and suprapubic cystotomy, with or without re-routing of the urethra around the crura (H) (Anaes.) (Assist.)	1 204.00
37345	Urethroplasty — 2 stage operation — first stage (H) (Anaes.) (Assist.)	598.40
37348	Urethroplasty — 2 stage operation — second stage (H) (Anaes.) (Assist.)	598.40
37351	Urethroplasty, not being a service to which another item in this group applies (H) (Anaes.) (Assist.)	239.35
37354	Hypospadias, meatotomy and hemi-circumcision (H) (Anaes.) (Assist.)	279.75
37369	Urethra, excision of prolapse of (H) (Anaes.)	161.45
37372	Urethral diverticulum, excision of (H) (Anaes.) (Assist.)	403.60

Item	Service	Fee ($)
37375	Urethral sphincter, reconstruction by bladder tubularisation technique or similar procedure (H) (Anaes.) (Assist.)	1 002.05
37381	Artificial urinary sphincter, insertion of cuff, perineal approach (H) (Anaes.) (Assist.)	641.75
37384	Artificial urinary sphincter, insertion of cuff, abdominal approach (H) (Anaes.) (Assist.)	1 002.05
37387	Artificial urinary sphincter, insertion of pressure regulating balloon and pump (H) (Anaes.) (Assist.)	279.75
37390	Artificial urinary sphincter, revision or removal of, with or without replacement (H) (Anaes.) (Assist.)	800.25
37393	Priapism, decompression by glanular stab caverno-sospongiosum shunt or penile aspiration with or without lavage (Anaes.)	198.95
37396	Priapism, shunt operation for, not being a service to which item 37393 applies (H) (Anaes.) (Assist.)	641.75
37402	Penis, partial amputation of (H) (Anaes.) (Assist.)	403.60
37405	Penis, complete or radical amputation of (H) (Anaes.) (Assist.)	800.25
37408	Penis, repair of laceration of cavernous tissue, or fracture involving cavernous tissue (H) (Anaes.) (Assist.)	403.60
37411	Penis, repair of avulsion (Anaes.) (Assist.)	800.25
37415	Penis, injection of, for the investigation and treatment of impotence — 2 services only in a period of 36 consecutive months	40.35
37417	Penis, correction of chordee, with or without excision of fibrous plaque or plaques and with or without grafting (H) (Anaes.) (Assist.)	483.00
37418	Penis, correction of chordee, with or without excision of fibrous plaque or plaques and with or without grafting, involving mobilisation of the urethra (Anaes.) (Assist.)	641.75
37420	Penis, surgery to inhibit rapid penile drainage causing impotence, by ligation of veins deep to Buck's fascia including 1 or more deep cavernosal veins, with or without pharmacological erection test (H) (Anaes.) (Assist.)	317.15

Item	Service	Fee ($)
37423	Penis, lengthening by translocation of corpora (H) (Anaes.) (Assist.)	800.25
37426	Penis, artificial erection device, insertion of, into 1 or both corpora (H) (Anaes.) (Assist.)	843.45
37429	Penis, artificial erection device, insertion of pump and pressure regulating reservoir (H) (Anaes.) (Assist.)	279.75
37432	Penis, artificial erection device, complete or partial revision or removal of components, with or without replacement (H) (Anaes.) (Assist.)	800.25
37435	Penis, frenuloplasty as an independent procedure (Anaes.)	80.75
37438	Scrotum, partial excision of (Anaes.) (Assist.)	239.35
37444	Ureterolithotomy complicated by previous surgery at the same site of the same ureter (Anaes.) (Assist.)	865.15
37601	Spermatocele or epididymal cyst, excision of, 1 or more of, on 1 side (Anaes.)	239.35
37604	Exploration of scrotal contents, with or without fixation and with or without biopsy, unilateral, not being a service associated with sperm harvesting for IVF (Anaes.)	239.35
37607	Retroperitoneal lymph node dissection, unilateral, not being a service associated with a service to which item 36528 applies (H) (Anaes.) (Assist.)	800.25
37610	Retroperitoneal lymph node dissection, unilateral, not being a service associated with a service to which item 36528 applies, following previous similar retroperitoneal dissection, retroperitoneal irradiation or chemotherapy (H) (Anaes.) (Assist.)	1 204.00
37613	Epididymectomy (Anaes.)	239.35
37616	Vasovasostomy or vasoepididymostomy, unilateral, using the operating microscope, for other than reversal of previous elective sterilisation, not being a service associated with sperm harvesting for IVF (H) (Anaes.) (Assist.)	598.40
37619	Vasovasostomy or vasoepididymostomy, unilateral, for other than reversal of previous elective sterilisation, not being a service associated with sperm harvesting for IVF (Anaes.) (Assist.)	239.35

Item	Service	Fee ($)
37622	Vasotomy or vasectomy, unilateral or bilateral (G) (Anaes.)	167.25
37623	Vasotomy or vasectomy, unilateral or bilateral (S) (Anaes.)	198.95
37800	Patent urachus, excision of (H) (Anaes.) (Assist.)	451.10
37803	Undescended testis, orchidopexy for, not being a service to which item 37806 applies (H) (Anaes.) (Assist.)	451.10
37806	Undescended testis in inguinal canal close to deep inguinal ring or within abdominal cavity, orchidopexy for (Anaes.) (Assist.)	521.20
37809	Undescended testis, revision orchidopexy for (H) (Anaes.) (Assist.)	521.20
37812	Impalpable testis, exploration of groin for, not being a service associated with a service to which items 37803 to 37809 apply (H) (Anaes.) (Assist.)	481.25
37815	Hypospadias, examination under anaesthesia with erection test (H) (Anaes.)	80.20
37818	Hypospadias, glanuloplasty incorporating meatal advancement (Anaes.) (Assist.)	425.35
37821	Hypospadias, distal, 1 stage repair (H) (Anaes.) (Assist.)	721.00
37824	Hypospadias, proximal, 1 stage repair (H) (Anaes.) (Assist.)	1 002.50
37827	Hypospadias, staged repair, first stage (H) (Anaes.) (Assist.)	461.80
37830	Hypospadias, staged repair, second stage (Anaes.) (Assist.)	598.40
37833	Hypospadias, repair of post operative urethral fistula (H) (Anaes.) (Assist.)	285.60
37836	Epispadias, staged repair, first stage (H) (Anaes.) (Assist.)	601.55
37839	Epispadias, staged repair, second stage (H) (Anaes.) (Assist.)	681.65
37842	Exstrophy of bladder or epispadias, secondary repair with bladder neck tightening, with or without ureteric reimplantation (H) (Anaes.) (Assist.)	1 323.40

Item	Service	Fee ($)
37845	Ambiguous genitalia with urogenital sinus, reduction clitoroplasty, with or without endoscopy (H) (Anaes.) (Assist.)	601.55
37848	Ambiguous genitalia with urogenital sinus, reduction clitoroplasty, with endoscopy and vaginoplasty (H) (Anaes.) (Assist.)	1 082.70
37851	Congenital adrenal hyperplasia, mixed gonadal dysgenesis or similar condition, vaginoplasty for, with or without endoscopy (H) (Anaes.) (Assist.)	802.10
37854	Urethral valve, destruction of, including cystoscopy and urethroscopy (H) (Anaes.) (Assist.)	317.15
Subgroup 6 — Cardio-Thoracic		
38200	Right heart catheterisation, including fluoroscopy, oximetry, dye dilution curves, cardiac output measurement by any method, shunt detection and exercise stress test (Anaes.)	385.50
38203	Left heart catheterisation by percutaneous arterial puncture, arteriotomy or percutaneous left ventricular puncture, including fluoroscopy, oximetry, dye dilution curves, cardiac output measurements by any method, shunt detection and exercise stress test (Anaes.)	460.00
38206	Right heart catheterisation with left heart catheterisation via the right heart or by any other procedure, including fluoroscopy, oximetry, dye dilution curves, cardiac output measurements by any method, shunt detection and exercise stress test (Anaes.)	556.15
38209	Cardiac electrophysiological study — up to and including 3 catheter investigation of any 1 or more of — syncope, atrio-ventricular conduction, sinus node function or simple ventricular tachycardia studies, not being a service associated with a service to which item 38212 or 38213 applies (Anaes.)	714.05

Item	Service	Fee ($)
38212	Cardiac electrophysiological study: (a) 4 or more catheter supraventricular tachycardia investigation; or (b) complex tachycardia inductions; or (c) multiple catheter mapping; or (d) acute intravenous anti-arrhythmic drug testing with pre and post drug inductions; or (e) catheter ablation to intentionally induce complete AV block; or (f) intra-operative mapping; or (g) electrophysiological services during defibrillator implantation or testing; not being a service associated with a service to which item 38209 or 38213 applies (Anaes.)	1 187.80
38213	Cardiac electrophysiological study, for follow-up testing of implanted defibrillator — not being a service associated with a service to which item 38209 or 38212 applies (Anaes.)	353.70
38215	Selective coronary angiography — placement of catheters and injection of opaque material into the native coronary arteries, not being a service associated with a service to which item 38218, 38220, 38222, 38225, 38228, 38231, 38234, 38237, 38240 or 38246 applies (Anaes.)	383.95
38218	Selective coronary angiography — placement of catheters and injection of opaque material with right or left heart catheterisation or both, or aortography, not being a service associated with a service to which item 38215, 38220, 38222, 38225, 38228, 38231, 38234, 38237, 38240 or 38246 applies (Anaes.)	575.85
38220	Selective coronary graft angiography — placement of 1 or more catheters and injection of opaque material into free coronary graft attached to the aorta (irrespective of the number of grafts), not being a service associated with a service to which item 38215, 38218, 38222, 38225, 38228, 38231, 38234, 38237, 38240 or 38246 applies (Anaes.)	191.95

Item	Service	Fee ($)
38222	Selective coronary graft angiography — placement of 1 or more catheters and injection of opaque material into direct internal mammary artery graft to 1 or more coronary arteries (irrespective of the number of grafts), not being a service associated with a service to which item 38215, 38218, 38220, 38225, 38228, 38231, 38234, 38237, 38240 or 38246 applies (Anaes.)	383.95
38225	Selective coronary angiography — placement of catheters and injection of opaque material into the native coronary arteries and placement of 1 or more catheters and injection of opaque material into free coronary graft attached to the aorta (irrespective of the number of grafts), not being a service associated with a service to which item 38215, 38218, 38220, 38222, 38228, 38231, 38234, 38237, 38240 or 38246 applies (Anaes.)	575.90
38228	Selective coronary angiography — placement of catheters and injection of opaque material into the native coronary arteries and placement of 1 or more catheters and injection of opaque material into direct internal mammary artery graft to 1 or more coronary arteries (irrespective of the number of grafts), not being a service associated with a service to which item 38215, 38218, 38220, 38222, 38225, 38231, 38234, 38237, 38240 or 38246 applies (Anaes.)	767.90
38231	Selective coronary angiography — placement of catheters and injection of opaque material into the native coronary arteries and placement of 1 or more catheters and injection of opaque material into free coronary graft attached to the aorta (irrespective of the number of grafts), and placement of 1 or more catheters and injection of opaque material into direct internal mammary artery graft to 1 or more coronary arteries (irrespective of the number of grafts), not being a service associated with a service to which item 38215, 38218, 38220, 38222, 38225, 38228, 38234, 38237, 38240 or 38246 applies (Anaes.)	959.85

Item	Service	Fee ($)
38234	Selective coronary angiography — placement of catheters and injection of opaque material with right or left heart catheterisation or both, or aortography and placement of 1 or more catheters and injection of opaque material into free coronary graft attached to the aorta (irrespective of the number of grafts), not being a service associated with a service to which item 38215, 38218, 38220, 38222, 38225, 38228, 38231, 38237, 38240 or 38246 applies (Anaes.)	767.85
38237	Selective coronary angiography — placement of catheters and injection of opaque material with right or left heart catheterisation or both, or aortography and placement of 1 or more catheters and injection of opaque material into direct internal mammary artery graft to 1 or more coronary arteries (irrespective of the number of grafts), not being a service associated with a service to which item 38215, 38218, 38220, 38222, 38225, 38228, 38231, 38234, 38240 or 38246 applies (Anaes.)	959.80
38240	Selective coronary angiography — placement of catheters and injection of opaque material with right or left heart catheterisation or both, or aortography and placement of 1 or more catheters and injection of opaque material into free coronary graft attached to the aorta (irrespective of the number of grafts), and placement of 1 or more catheters and injection of opaque material into direct internal mammary artery graft to 1 or more coronary arteries (irrespective of the number of grafts), not being a service associated with a service to which item 38215, 38218, 38220, 38222, 38225, 38228, 38231, 38234, 38237 or 38246 applies (Anaes.)	1 151.70
38243	Placement of 1 or more catheters and injection of opaque material into any 1 or more coronary vessels or grafts prior to any coronary interventional procedure, not being a service associated with a service to which item 38246 applies (Anaes.)	383.95

Item	Service	Fee ($)
38246	Selective coronary angiography — placement of catheters and injection of opaque material with right or left heart catheterisation or both, or aortography followed by placement of catheters prior to any coronary interventional procedure, not being a service associated with a service to which item 38215, 38218, 38220, 38222, 38225, 38228, 38231, 38234, 38237, 38240 or 38243 applies (Anaes.)	959.80
38256	Temporary transvenous pacemaking electrode, insertion of (Anaes.)	231.25
38270	Balloon valvuloplasty or isolated atrial septostomy, including cardiac catheterisations before and after balloon dilatation (Anaes.) (Assist.)	789.55
38272	Atrial septal defect, closure using a septal occluder or similar device by transcatheter approach (Anaes.) (Assist.)	789.55
38275	Myocardial biopsy, by cardiac catheterisation (Anaes.)	258.10
38285	Implantable ECG loop recorder, insertion of, for diagnosis of primary disorder, if: (a) the patient to whom the service is provided: (i) has recurrent unexplained syncope; and (ii) does not have a structural heart defect associated with a high risk of sudden cardiac death; and (b) a diagnosis has not been achieved through all other available cardiac investigations; and (c) a neurogenic cause is not suspected; including initial programming and testing (H) (Anaes.)	166.95
38286	Implantable ECG loop recorder, removal of (H) (Anaes.)	150.35
38287	Ablation of arrhythmia circuit or focus or isolation procedure involving 1 atrial chamber (Anaes.) (Assist.)	1 816.05
38290	Ablation of arrhythmia circuits or foci, or isolation procedure involving both atrial chambers and including curative procedures for atrial fibrillation (H) (Anaes.) (Assist.)	2 312.50

Item	Service	Fee ($)
38293	Ventricular arrhythmia with mapping and ablation, including all associated electrophysiological studies performed on the same day (Anaes.) (Assist.)	2 482.15
38300	Transluminal balloon angioplasty of 1 coronary artery, percutaneous or by open exposure, excluding associated radiological services, radiological preparation and after-care (Anaes.) (Assist.)	446.10
38303	Transluminal balloon angioplasty of more than 1 coronary artery, percutaneous or by open exposure, excluding associated radiological services, radiological preparation and after-care (Anaes.) (Assist.)	571.90
38306	Transluminal stent insertion including associated balloon dilatation of coronary artery, percutaneous or by open exposure, excluding associated radiological services, radiological preparation and after-care (Anaes.) (Assist.)	659.85
38309	Percutaneous transluminal rotational atherectomy of 1 coronary artery, including balloon angioplasty without stent insertion, if: (a) no lesion of the coronary artery has been stented; and (b) each lesion of the coronary artery is complex and heavily calcified; and (c) balloon angioplasty, with or without stenting, is not suitable; excluding associated radiological services, radiological preparation and after-care (Anaes.) (Assist.)	766.35

Item	Service	Fee ($)
38312	Percutaneous transluminal rotational atherectomy of 1 coronary artery, including balloon angioplasty with the insertion of 1 or more stents, if: (a) no lesion of the coronary artery has been stented; and (b) each lesion of the coronary artery is complex and heavily calcified; and (c) balloon angioplasty, with or without stenting, is not suitable; excluding associated radiological services, radiological preparation and after-care (H) (Anaes.) (Assist.)	980.05
38315	Percutaneous transluminal rotational atherectomy of more than 1 coronary artery, including balloon angioplasty without stent insertion, if: (a) no lesion of the coronary artery has been stented; and (b) each lesion of the coronary arteries is complex and heavily calcified; and (c) balloon angioplasty, with or without stenting, is not suitable; excluding associated radiological services, radiological preparation and after-care (H) (Anaes.) (Assist.)	1 052.25
38318	Percutaneous transluminal rotational atherectomy of more than 1 coronary artery, including balloon angioplasty, with the insertion of 1 or more stents, if: (a) no lesion of the coronary artery has been stented; and (b) each lesion of the coronary arteries is complex and heavily calcified; and (c) balloon angioplasty with or without stenting is not suitable; excluding associated radiological services, radiological preparation and after-care (H) (Anaes.) (Assist.)	1 372.90

Item	Service	Fee ($)
38321	Catheter based intravascular brachytherapy treatment of in-stent restenoses in 1 coronary artery, catheterisation of, that: (a) uses automated intravascular brachytherapy systems approved by the Therapeutic Goods Administration; and (b) includes balloon angioplasty in the same artery; and (c) is carried out by a cardiologist and a radiation oncologist; and (d) is carried out in association with: (i) items 15360 and 15541; or (ii) items 15363 and 15541; excluding associated radiological services, radiological preparation and after-care (Anaes.) (Assist.)	669.10
38324	Catheter based intravascular brachytherapy treatment of in-stent restenoses in 1 coronary artery, catheterisation of, that: (a) uses automated intravascular brachytherapy systems approved by the Therapeutic Goods Administration; and (b) includes balloon angioplasty and intravascular ultrasound in the same artery; (c) is carried out by a cardiologist and a radiation oncologist; and (d) is carried out in association with: (i) items 15360 and 15541; or (ii) items 15363 and 15541; excluding associated radiological services, radiological preparation and after-care (Anaes.) (Assist.)	891.50

Item	Service	Fee ($)
38327	Catheter based intravascular brachytherapy treatment of in-stent restenoses in 1 coronary artery, catheterisation of, that: (a) uses automated intravascular brachytherapy systems approved by the Therapeutic Goods Administration; and (b) includes balloon angioplasty and percutaneous transluminal rotational atherectomy in the same artery; and (c) is carried out by a cardiologist and a radiation oncologist; and (d) is carried out in association with: (i) items 15360 and 15541; or (ii) items 15363 and 15541; excluding associated radiological services, radiological preparation and after-care (Anaes.) (Assist.)	989.35
38330	Catheter based intravascular brachytherapy treatment of in-stent restenoses in 1 coronary artery, catheterisation of, that: (a) uses automated intravascular brachytherapy systems approved by the Therapeutic Goods Administration; and (b) includes balloon angioplasty, percutaneous transluminal rotational atherectomy and intravascular ultrasound in the same artery; and (c) is carried out by a cardiologist and a radiation oncologist; and (d) is carried out in association with: (i) items 15360 and 15541; or (ii) items 15363 and 15541; excluding associated radiological services, radiological preparation and after-care (Anaes.) (Assist.)	1 212.40
38350	Single chamber permanent transvenous electrode, insertion, removal or replacement of (Anaes.)	552.80

Item	Service	Fee ($)
38353	Permanent cardiac pacemaker, insertion, removal or replacement of (H) (Anaes.)	221.10
38356	Dual chamber permanent transvenous electrodes, insertion, removal or replacement of (H) (Anaes.)	724.70
38358	Extraction, by percutaneous method, of a chronically implanted transvenous pacing or defibrillator lead, if the lead has been in place for more than 6 months, and requires removal: (a) with locking stylets, snares or extraction sheaths; and (b) in a facility where cardiac surgery is available; being a service associated with item 61109 or 60509 (H) (Anaes.) (Assist.)	2 482.15
38359	Pericardium, paracentesis of (excluding after-care) (Anaes.)	115.60
38362	Intra-aortic balloon pump, percutaneous insertion of (H) (Anaes.)	333.10
38390	Automatic defibrillator, insertion of patches or transvenous endocardial defibrillation electrodes — not being a service associated with a service to which item 38213 applies (H) (Anaes.) (Assist.)	911.05
38393	Automatic defibrillator generator, insertion or replacement of — not being a service associated with a service to which item 38213 applies (H) (Anaes.) (Assist.)	249.10
38415	Empyema, radical operation for, involving resection of rib (Anaes.) (Assist.)	345.60
38418	Thoracotomy, exploratory, with or without biopsy (H) (Anaes.) (Assist.)	829.50
38421	Thoracotomy, with pulmonary decortication (H) (Anaes.) (Assist.)	1 325.90
38424	Thoracotomy, with pleurectomy or pleurodesis, or enucleation of hydatid cysts (H) (Anaes.) (Assist.)	829.50
38427	Thoracoplasty (complete) — 3 or more ribs (H) (Anaes.) (Assist.)	1 024.20

Item	Service	Fee ($)
38430	Thoracoplasty (in stages) — each stage (H) (Anaes.) (Assist.)	527.85
38436	Thoracoscopy, with or without division of pleural adhesions, including insertion of intercostal catheter, where necessary, with or without biopsy (H) (Anaes.)	216.15
38438	Pneumonectomy or lobectomy or segmentectomy not being a service associated with a service to which item 38418 applies (H) (Anaes.) (Assist.)	1 325.90
38440	Lung, wedge resection of (H) (Anaes.) (Assist.)	992.85
38441	Radical lobectomy or pneumonectomy including resection of chest wall, diaphragm, pericardium, or formal mediastinal node dissection (H) (Anaes.) (Assist.)	1 570.95
38446	Thoracotomy or sternotomy, for removal of thymus or mediastinal tumour (H) (Anaes.) (Assist.)	1 024.20
38447	Pericardiectomy via sternotomy or anterolateral thoracotomy without cardiopulmonary bypass (H) (Anaes.) (Assist.)	1 325.90
38448	Mediastinum, cervical exploration of, with or without biopsy (H) (Anaes.) (Assist.)	314.20
38449	Pericardiectomy via sternotomy or anterolateral thoracotomy with cardiopulmonary bypass (H) (Anaes.) (Assist.)	1 854.90
38450	Pericardium, transthoracic open surgical drainage of (H) (Anaes.) (Assist.)	741.45
38452	Pericardium, sub-xyphoid open surgical drainage of (H) (Anaes.) (Assist.)	496.50
38453	Tracheal excision and repair without cardiopulmonary bypass (H) (Anaes.) (Assist.)	1 489.35
38455	Tracheal excision and repair of, with cardiopulmonary bypass (H) (Anaes.) (Assist.)	2 014.55
38456	Intrathoracic operation on heart, lungs, great vessels, bronchial tree, oesophagus or mediastinum, or on more than 1 of those organs, not being a service to which another item in this group applies (H) (Anaes.) (Assist.)	1 325.90
38457	Pectus excavatum or pectus carinatum, repair or radical correction of (H) (Anaes.) (Assist.)	1 237.85

Item	Service	Fee ($)
38458	Pectus excavatum, repair of, with implantation of subcutaneous prosthesis (H) (Anaes.) (Assist.)	659.85
38460	Sternal wires or wires, removal of (H) (Anaes.)	238.35
38462	Sternotomy wound, debridement of, not involving reopening of the mediastinum (H) (Anaes.)	282.45
38464	Sternotomy wound, debridement of, involving curettage of infected bone with or without removal of wires but not involving reopening of the mediastinum (H) (Anaes.)	307.05
38466	Sternum, re-operation on, for dehiscence or infection involving reopening of the mediastinum, with or without rewiring (H) (Anaes.) (Assist.)	829.15
38468	Sternum and mediastinum, re-operation for infection of, involving muscle advancement flaps or greater omentum (H) (Anaes.) (Assist.)	1 277.60
38469	Sternum and mediastinum, re-operation for infection of, involving muscle advancement flaps and greater omentum (H) (Anaes.) (Assist.)	1 489.35
38470	Permanent myocardial electrode, insertion of, by thoracotomy or sternotomy (H) (Anaes.) (Assist.)	829.50
38473	Permanent pacemaker electrode, insertion by open surgical approach (H) (Anaes.) (Assist.)	496.50
38475	Valve annuloplasty without insertion of ring, not being a service associated with a service to which item 38480 or 38481 applies (H) (Anaes.) (Assist.)	719.90
38477	Valve annuloplasty with insertion of ring not being a service to which item 38478 applies (H) (Anaes.) (Assist.)	1 733.85
38478	Valve annuloplasty with insertion of ring performed in conjunction with item 38480 or 38481 (H) (Anaes.) (Assist.)	839.90
38480	Valve repair, 1 leaflet (H) (Anaes.) (Assist.)	1 733.85
38481	Valve repair, 2 or more leaflets (H) (Anaes.) (Assist.)	1 973.85
38483	Aortic valve leaflet or leaflets, decalcification of, not being a service to which item 38475, 38477, 38480, 38481, 38488 or 38489 applies (H) (Anaes.) (Assist.)	1 489.35

Item	Service	Fee ($)
38485	Mitral annulus, reconstruction of, after decalcification, when performed in association with valve surgery (H) (Anaes.) (Assist.)	707.20
38487	Mitral valve, open valvotomy of (H) (Anaes.) (Assist.)	1 489.35
38488	Valve replacement with bioprosthesis or mechanical prosthesis (H) (Anaes.) (Assist.)	1 652.70
38489	Valve replacement with allograft (subcoronary or cylindrical implant), or unstented xenograft (H) (Anaes.) (Assist.)	1 965.50
38490	Sub-valvular structures, reconstruction and re-implantation of, associated with mitral and tricuspid valve replacement (H) (Anaes.) (Assist.)	479.90
38493	Operative management of acute infective endocarditis, in association with heart valve surgery (H) (Anaes.) (Assist.)	1 694.25
38496	Artery harvesting (other than internal mammary), for coronary artery bypass (H) (Anaes.) (Assist.)	540.00
38497	Coronary artery bypass with cardiopulmonary bypass, using saphenous vein graft or grafts only, including harvesting of vein graft material where performed, not being a service associated with a service to which item 38498, 38500, 38501, 38503 or 38504 applies (H) (Anaes.) (Assist.)	1 772.10
38498	Coronary artery bypass with the aid of tissue stabilisers, performed without cardiopulmonary bypass, using saphenous vein graft or grafts only, including harvesting of vein graft material where performed, either by a median sternotomy or other minimally invasive technique, and where a stand-by perfusionist is present, not being a service associated with a service to which item 38497, 38500, 38501, 38503, 38504 or 38600 applies (H) (Anaes.) (Assist.)	1 772.10
38500	Coronary artery bypass with cardiopulmonary bypass, using single arterial graft, with or without vein graft or grafts, including harvesting of internal mammary artery or vein graft material where performed, not being a service associated with a service to which item 38497, 38498, 38501, 38503 or 38504 applies (H) (Anaes.) (Assist.)	1 904.00

Item	Service	Fee ($)
38501	Coronary artery bypass with the aid of tissue stabilisers, performed without cardiopulmonary bypass, using single arterial graft, with or without vein graft or grafts, including harvesting of internal mammary artery or vein graft material where performed, either by a median sternotomy or other minimally invasive technique, and where a stand-by perfusionist is present, not being a service associated with a service to which item 38497, 38498, 38500, 38503, 38504 or 38600 applies (H) (Anaes.) (Assist.)	1 904.00
38503	Coronary artery bypass with cardiopulmonary bypass, using 2 or more arterial grafts, with or without vein graft or grafts, including harvesting of internal mammary artery or vein graft material where performed, not being a service associated with a service to which item 38497, 38498, 38500, 38501 or 38504 applies (H) (Anaes.) (Assist.)	2 067.35
38504	Coronary artery bypass with the aid of tissue stabilisers, performed without cardiopulmonary bypass, using 2 or more arterial grafts, with or without vein graft or grafts, including harvesting of internal mammary artery or vein graft material where performed, either by a median sternotomy or other minimally invasive technique, and where a stand-by perfusionist is present, not being a service associated with a service to which item 38497, 38498, 38500, 38501, 38503 or 38600 applies (H) (Anaes.) (Assist.)	2 067.35
38505	Coronary endarterectomy, by open operation, including repair with 1 or more patch grafts, each vessel (H) (Anaes.) (Assist.)	239.95
38506	Left ventricular aneurysm, plication of (H) (Anaes.) (Assist.)	1 407.50
38507	Left ventricular aneurysm resection with primary repair (H) (Anaes.) (Assist.)	1 652.35
38508	Left ventricular aneurysm resection with patch reconstruction of the left ventricle (H) (Anaes.) (Assist.)	2 067.35
38509	Ischaemic ventricular septal rupture, repair of (H) (Anaes.) (Assist.)	2 067.35

Item	Service	Fee ($)
38512	Division of accessory pathway, isolation procedure, procedure on atrioventricular node or perinodal tissues involving 1 atrial chamber only (H) (Anaes.) (Assist.)	1 816.05
38515	Division of accessory pathway, isolation procedure, procedure on atrioventricular node or perinodal tissues involving both atrial chambers and including curative surgery for atrial fibrillation (H) (Anaes.) (Assist.)	2 312.50
38518	Ventricular arrhythmia with mapping and muscle ablation, with or without aneurysmeotomy (H) (Anaes.) (Assist.)	2 482.15
38550	Ascending thoracic aorta, repair or replacement of, not involving valve replacement or repair or coronary artery implantation (H) (Anaes.) (Assist.)	1 857.45
38553	Ascending thoracic aorta, repair or replacement of, with aortic valve replacement or repair, without implantation of coronary arteries (H) (Anaes.) (Assist.)	2 353.85
38556	Ascending thoracic aorta, repair or replacement of, with aortic valve replacement or repair, and implantation of coronary arteries (H) (Anaes.) (Assist.)	2 687.00
38559	Aortic arch and ascending thoracic aorta, repair or replacement of, not involving valve replacement or repair or coronary artery implantation (H) (Anaes.) (Assist.)	2 190.50
38562	Aortic arch and ascending thoracic aorta, repair or replacement of, with aortic valve replacement or repair, without implantation of coronary arteries (H) (Anaes.) (Assist.)	2 687.00
38565	Aortic arch and ascending thoracic aorta, repair or replacement of, with aortic valve replacement or repair, and implantation of coronary arteries (H) (Anaes.) (Assist.)	3 013.70
38568	Descending thoracic aorta, repair or replacement of, without shunt or cardiopulmonary bypass (H) (Anaes.) (Assist.)	1 612.30
38571	Descending thoracic aorta, repair or replacement of, using shunt or cardiopulmonary bypass (H) (Anaes.) (Assist.)	1 775.70

Item	Service	Fee ($)
38572	Operative management of acute rupture or dissection, in conjunction with procedures on the thoracic aorta (H) (Anaes.) (Assist.)	1 719.75
38577	Cannulation for, and supervision and monitoring of, the administration of retrograde cerebral perfusion during deep hypothermic arrest (H) (Assist.)	479.90
38588	Cannulation of the coronary sinus for, and supervision of, the retrograde administration of blood or crystalloid for cardioplegia, including pressure monitoring (H) (Assist.)	360.05
38600	Central cannulation for cardiopulmonary bypass excluding post-operative management, not being a service associated with a service to which another item in this subgroup applies (H) (Anaes.) (Assist.)	1 325.90
38603	Peripheral cannulation for cardiopulmonary bypass excluding post-operative management (H) (Anaes.) (Assist.)	829.50
38609	Intra-aortic balloon pump, insertion of, by arteriotomy (H) (Anaes.) (Assist.)	414.70
38612	Intra-aortic balloon pump, removal of, with closure of artery by direct suture (Anaes.) (Assist.)	464.85
38613	Intra-aortic balloon pump, removal of, with closure of artery by patch graft (H) (Anaes.) (Assist.)	583.45
38615	Left or right ventricular assist device, insertion of (H) (Anaes.) (Assist.)	1 325.90
38618	Left and right ventricular assist device, insertion of (H) (Anaes.) (Assist.)	1 652.70
38621	Left or right ventricular assist device, removal of, as an independent procedure (H) (Anaes.) (Assist.)	659.85
38624	Left and right ventricular assist device, removal of, as an independent procedure (H) (Anaes.) (Assist.)	741.45
38627	Extra-corporeal membrane oxygenation, bypass or ventricular assist device cannulae, adjustment and re-positioning of, by open operation, in patients supported by these devices (H) (Anaes.) (Assist.)	579.50

Item	Service	Fee ($)
38637	Patent diseased coronary artery bypass vein graft or grafts, dissection, disconnection and oversewing of (H) (Anaes.) (Assist.)	479.90
38640	Re-operation via median sternotomy, for any procedure, including any divisions of adhesions where the time taken to divide the adhesions is 45 minutes or less (H) (Anaes.) (Assist.)	829.50
38643	Thoracotomy or sternotomy involving division of adhesions where the time taken to divide the adhesions exceeds 45 minutes (H) (Anaes.) (Assist.)	923.75
38647	Thoracotomy or sternotomy involving division of extensive adhesions where the time taken to divide the adhesions exceeds 2 hours (H) (Anaes.) (Assist.)	1 847.35
38650	Myomectomy or myotomy for hypertrophic obstructive cardiomyopathy (H) (Anaes.) (Assist.)	1 652.70
38653	Open heart surgery, not being a service to which another item in this group applies (H) (Anaes.) (Assist.)	1 652.70
38656	Thoracotomy or median sternotomy for post-operative bleeding (H) (Anaes.) (Assist.)	829.50
38670	Cardiac tumour, excision of, involving the wall of the atrium or inter-atrial septum, without patch or conduit reconstruction (H) (Anaes.) (Assist.)	1 652.35
38673	Cardiac tumour, excision of, involving the wall of the atrium or inter-atrial septum, requiring reconstruction with patch or conduit (H) (Anaes.) (Assist.)	1 859.80
38677	Cardiac tumour arising from ventricular myocardium, partial thickness excision of (H) (Anaes.) (Assist.)	1 739.85
38680	Cardiac tumour arising from ventricular myocardium, full thickness excision of including repair or reconstruction (Anaes.) (Assist.)	2 063.75
38700	Patent ductus arteriosus, shunt, collateral or other single large vessel, division or ligation of, without cardiopulmonary bypass, for congenital heart disease (H) (Anaes.) (Assist.)	923.75
38703	Patent ductus arteriosus, shunt, collateral or other single large vessel, division or ligation of, with cardiopulmonary bypass, for congenital heart disease (H) (Anaes.) (Assist.)	1 665.25

Item	Service	Fee ($)
38706	Aorta, anastomosis or repair of, without cardiopulmonary bypass, for congenital heart disease (H) (Anaes.) (Assist.)	1 577.25
38709	Aorta, anastomosis or repair of, with cardiopulmonary bypass, for congenital heart disease (H) (Anaes.) (Assist.)	1 847.35
38712	Aortic interruption, repair of, for congenital heart disease (H) (Anaes.) (Assist.)	2 218.30
38715	Main pulmonary artery, banding, debanding or repair of, without cardiopulmonary bypass, for congenital heart disease (H) (Anaes.) (Assist.)	1 476.75
38718	Main pulmonary artery, banding, debanding or repair of, with cardiopulmonary bypass, for congenital heart disease (H) (Anaes.) (Assist.)	1 847.35
38721	Vena cava, anastomosis or repair of, without cardiopulmonary bypass, for congenital heart disease (H) (Anaes.) (Assist.)	1 294.50
38724	Vena cava, anastomosis or repair of, with cardiopulmonary bypass, for congenital heart disease (H) (Anaes.) (Assist.)	1 847.35
38727	Intrathoracic vessels, anastomosis or repair of, without cardiopulmonary bypass, not being a service to which item 38700, 38703, 38706, 38709, 38712, 38715, 38718, 38721 or 38724 applies, for congenital heart disease (H) (Anaes.) (Assist.)	1 294.50
38730	Intrathoracic vessels, anastomosis or repair of, with cardiopulmonary bypass, not being a service to which item 38700, 38703, 38706, 38709, 38712, 38715, 38718, 38721 or 38724 applies, for congenital heart disease (H) (Anaes.) (Assist.)	1 847.35
38733	Systemic pulmonary or cavo-pulmonary shunt, creation of, without cardiopulmonary bypass, for congenital heart disease (H) (Anaes.) (Assist.)	1 294.50
38736	Systemic pulmonary or cavo-pulmonary shunt, creation of, with cardiopulmonary bypass, for congenital heart disease (H) (Anaes.) (Assist.)	1 847.35
38739	Atrial septectomy, with or without cardiopulmonary bypass, for congenital heart disease (H) (Anaes.) (Assist.)	1 665.25

Item	Service	Fee ($)
38742	Atrial septal defect, closure by open exposure and direct suture or patch, for congenital heart disease (H) (Anaes.) (Assist.)	1 665.25
38745	Intra-atrial baffle, insertion of, for congenital heart disease (H) (Anaes.) (Assist.)	1 847.35
38748	Ventricular septectomy, for congenital heart disease (H) (Anaes.) (Assist.)	1 847.35
38751	Ventricular septal defect, closure by direct suture or patch, for congenital heart disease (H) (Anaes.) (Assist.)	1 847.35
38754	Intraventricular baffle or conduit, insertion of, for congenital heart disease (H) (Anaes.) (Assist.)	2 312.50
38757	Extracardiac conduit, insertion of, for congenital heart disease (H) (Anaes.) (Assist.)	1 847.35
38760	Extracardiac conduit, replacement of, for congenital heart disease (H) (Anaes.) (Assist.)	1 847.35
38763	Ventricular myectomy, for relief of ventricular obstruction, right or left, for congenital heart disease (H) (Anaes.) (Assist.)	1 847.35
38766	Ventricular augmentation, right or left, for congenital heart disease (H) (Anaes.) (Assist.)	1 847.35
38800	Thoracic cavity, aspiration of, for diagnostic purposes, not being a service associated with a service to which item 38803 applies	33.35
38803	Thoracic cavity, aspiration of, with therapeutic drainage (paracentesis), with or without diagnostic sample	66.50
38806	Intercostal drain, insertion of, not involving resection of rib (excluding after-care) (Anaes.)	115.60
38809	Intercostal drain, insertion of, with pleurodesis and not involving resection of rib (excluding after-care) (Anaes.)	142.45
38812	Percutaneous needle biopsy of lung (Anaes.)	181.05
Subgroup 7 — Neurosurgical		
39000	Lumbar puncture (Anaes.)	65.20
39003	Cisternal puncture (Anaes.)	74.15
39006	Ventricular puncture (not including burr-hole) (Anaes.)	138.00

Item	Service	Fee ($)
39009	Subdural haemorrhage, tap for, each tap (H) (Anaes.)	51.35
39012	Burr-hole, single, preparatory to ventricular puncture or for inspection purpose — not being a service to which another item applies (H) (Anaes.)	205.65
39013	Injection under image intensification with 1 or more of contrast media, local anaesthetic or corticosteroid into 1 or more zygo-apophyseal or costo-transverse joints or 1 or more primary posterior rami of spinal nerves (Anaes.)	94.50
39015	Ventricular reservoir, external ventricular drain or intracranial pressure monitoring device, insertion of — including burr-hole (excluding after-care) (H) (Anaes.) (Assist.)	325.40
39018	Cerebrospinal fluid reservoir, insertion of (H) (Anaes.) (Assist.)	325.40
39100	Injection of primary branch of trigeminal nerve with alcohol, cortisone, phenol, or similar substance (Anaes.)	205.65
39106	Neurectomy, intracranial, for trigeminal neuralgia (H) (Anaes.) (Assist.)	1 028.35
39109	Trigeminal gangliotomy by radiofrequency, balloon or glycerol (Anaes.)	384.00
39112	Cranial nerve, intracranial decompression of, using microsurgical techniques (H) (Anaes.) (Assist.)	1 334.20
39115	Percutaneous neurotomy of posterior divisions (or rami) of spinal nerves by any method, including any associated spinal, epidural or regional nerve block (payable once only in a 30 day period) (Anaes.)	65.20
39118	Percutaneous neurotomy for facet joint denervation by radio-frequency probe or cryoprobe using radiological imaging control (Anaes.) (Assist.)	257.75
39121	Percutaneous cordotomy (Anaes.) (Assist.)	546.75
39124	Cordotomy or myelotomy, laminectomy for, or operation for dorsal root entry zone (Drez) lesion (H) (Anaes.) (Assist.)	1 399.25

Item	Service	Fee ($)
39125	Intrathecal or epidural spinal catheter, insertion or replacement of, and connection to a subcutaneous implanted infusion pump, for the management of chronic intractable pain (H) (Anaes.) (Assist.)	257.95
39126	All of the following: (a) infusion pump, subcutaneous implantation or replacement of; (b) connection of the pump to an intrathecal or epidural spinal catheter; (c) filling of reservoir with a therapeutic agent or agents; with or without programming the pump, for the management of chronic intractable pain (H) (Anaes.) (Assist.)	313.20
39127	Subcutaneous reservoir and spinal catheter, insertion of, for the management of chronic intractable pain (H) (Anaes.)	409.95
39128	All of the following: (a) infusion pump, subcutaneous implantation of; (b) intrathecal or epidural spinal catheter, insertion of; (c) connection of pump to catheter; (d) filling of reservoir with a therapeutic agent or agents; with or without programming the pump, for the management of chronic intractable pain (H) (Anaes.) (Assist.)	571.15
39130	Epidural lead, percutaneous placement of, including intraoperative test stimulation, for the management of chronic intractable neuropathic pain or pain from refractory angina pectoris — to a maximum of 4 leads (H) (Anaes.)	583.50
39131	Epidural or peripheral nerve electrodes, management, adjustment, and electronic programming of, by a medical practitioner, for the management of chronic intractable neuropathic pain or pain from refractory angina pectoris — each day	110.65

Item	Service	Fee ($)
39133	Either: (a) subcutaneously implanted infusion pump, removal of; or (b) intrathecal or epidural spinal catheter, removal or repositioning of; for the management of chronic intractable pain (H) (Anaes.)	138.00
39134	Neurostimulator or receiver, subcutaneous placement of, including placement and connection of extension wires to epidural or peripheral nerve electrodes, for the management of chronic intractable neuropathic pain or pain from refractory angina pectoris (H) (Anaes.) (Assist.)	294.80
39135	Neurostimulator or receiver that was inserted for the management of chronic intractable neuropathic pain or pain from refractory angina pectoris, removal of, performed in the operating theatre of a hospital or approved day hospital facility (Anaes.)	138.00
39136	Epidural or peripheral nerve lead that was inserted for the management of chronic intractable neuropathic pain or pain from refractory angina pectoris, removal of, performed in the operating theatre of a hospital or approved day hospital facility (Anaes.)	138.00
39137	Epidural or peripheral nerve lead that was inserted for the management of chronic intractable neuropathic pain or pain from refractory angina pectoris, surgical repositioning of, to correct displacement or unsatisfactory positioning, including intraoperative test stimulation, not being a service to which item 39130, 39138 or 39139 applies (Anaes.)	523.95
39138	Peripheral nerve lead, surgical placement of, including intraoperative test stimulation, for chronic intractable neuropathic pain or pain from refractory angina pectoris —not exceeding 4 leads (Anaes.) (Assist.)	583.50
39139	Epidural lead, surgical placement of 1 or more of by laminectomy, including intraoperative test stimulation, for the management of chronic intractable neuropathic pain or pain from refractory angina pectoris — to a maximum of 4 leads (H) (Anaes.) (Assist.)	783.30

Item	Service	Fee ($)
39140	Epidural catheter, insertion of, under imaging control, with epidurogram and epidural therapeutic injection for lysis of adhesions (Anaes.)	253.45
39300	Cutaneous nerve (including digital nerve), primary repair of, using microsurgical techniques (H) (Anaes.) (Assist.)	305.85
39303	Cutaneous nerve (including digital nerve), secondary repair of, using microsurgical techniques (H) (Anaes.) (Assist.)	403.40
39306	Nerve trunk, primary repair of, using microsurgical techniques (H) (Anaes.) (Assist.)	585.80
39309	Nerve trunk, secondary repair of, using microsurgical techniques (H) (Anaes.) (Assist.)	618.20
39312	Nerve trunk, internal (interfascicular), neurolysis of, using microsurgical techniques (H) (Anaes.) (Assist.)	344.90
39315	Nerve trunk, nerve graft to, (cable graft) including harvesting of nerve graft using microsurgical techniques (H) (Anaes.) (Assist.)	891.60
39318	Cutaneous nerve (including digital nerve), nerve graft to, using microsurgical techniques (H) (Anaes.) (Assist.)	553.20
39321	Nerve, transposition of (H) (Anaes.) (Assist.)	409.95
39323	Percutaneous neurotomy by cryotherapy or radiofrequency lesion generator, not being a service to which another item applies (Anaes.) (Assist.)	239.50
39324	Neurectomy, neurotomy or removal of tumour from superficial peripheral nerve, by open operation (Anaes.) (Assist.)	239.50
39327	Neurectomy, neurotomy or removal of tumour from deep peripheral nerve, by open operation (H) (Anaes.) (Assist.)	409.95
39330	Neurolysis by open operation without transposition, not being a service associated with a service to which item 39312 applies (H) (Anaes.) (Assist.)	239.50
39331	Carpal tunnel release (division of transverse carpal ligament), by any method (Anaes.)	239.50
39333	Brachial plexus, exploration of, not being a service to which another item in this group applies (Anaes.) (Assist.)	344.90

Item	Service	Fee ($)
39500	Vestibular nerve, section of, via posterior fossa (H) (Anaes.) (Assist.)	1 099.95
39503	Facio-hypoglossal nerve or facio-accessory nerve, anastomosis of (H) (Anaes.) (Assist.)	826.50
39600	Intracranial haemorrhage, burr-hole craniotomy for — including burr-holes (H) (Anaes.) (Assist.)	409.95
39603	Intracranial haemorrhage, osteoplastic craniotomy or extensive craniectomy and removal of haematoma (H) (Anaes.) (Assist.)	1 034.80
39606	Fractured skull, depressed or comminuted, operation for (H) (Anaes.) (Assist.)	689.85
39609	Fractured skull, compound, without dural penetration, operation for (H) (Anaes.) (Assist.)	826.50
39612	Fractured skull, compound, depressed or complicated, with dural penetration and brain laceration, operation for (H) (Anaes.) (Assist.)	969.75
39615	Fractured skull with rhinorrhoea or otorrhoea, cranioplasty and repair of (H) (Anaes.) (Assist.)	1 034.80
39640	Tumour involving anterior cranial fossa, removal of, involving craniotomy, radical excision of the skull base, and dural repair (H) (Anaes.) (Assist.)	2 623.80
39642	Tumour involving anterior cranial fossa, removal of, involving frontal craniotomy with lateral rhinotomy for clearance of paranasal sinus extension, (intracranial procedure) (H) (Anaes.) (Assist.)	2 758.45
39646	Tumour involving anterior cranial fossa, removal of, involving frontal craniotomy with lateral rhinotomy and radical clearance of paranasal sinus and orbital fossa extensions, with intracranial decompression of the optic nerve, (intracranial procedure) (H) (Anaes.) (Assist.)	3 162.05
39650	Tumour involving middle cranial fossa and infra-temporal fossa, removal of, craniotomy and radical or sub-total radical excision, with division and reconstruction of zygomatic arch, (intracranial procedure) (H) (Anaes.) (Assist.)	2 287.35

Item	Service	Fee ($)
39653	Petro-clival and clival tumour, removal of, by supra and infratentorial approaches for radical or sub-total radical excision (intracranial procedure), not being a service to which item 39654 or 39656 applies (H) (Anaes.) (Assist.)	4 070.35
39654	Petro-clival and clival tumour, removal of, by supra and infratentorial approaches for radical or sub-total radical excision (intracranial procedure), conjoint surgery, principal surgeon (H) (Anaes.) (Assist.)	2 960.30
39656	Petro-clival and clival tumour, removal of, by supra and infratentorial approaches for radical or sub-total radical excision (intracranial procedure), conjoint surgery, co-surgeon (H) (Assist.)	2 220.20
39658	Tumour involving the clivus, radical or sub-total radical excision of, involving transoral or transmaxillary approach (H) (Anaes.) (Assist.)	2 623.80
39660	Tumour or vascular lesion of cavernous sinus, radical excision of, involving craniotomy with or without intracranial carotid artery exposure (H) (Anaes.) (Assist.)	2 623.80
39662	Tumour or vascular lesion of foramen magnum, radical excision of, via transcondylar or far lateral suboccipital approach (H) (Anaes.) (Assist.)	2 623.80
39700	Skull tumour, benign or malignant, excision of, excluding cranioplasty (H) (Anaes.) (Assist.)	481.75
39703	Intracranial tumour, cyst or other brain tissue, burr-hole and biopsy of, or drainage of, or both (H) (Anaes.) (Assist.)	449.05
39706	Intracranial tumour, biopsy or decompression of via osteoplastic flap or biopsy and decompression of via osteoplastic flap (H) (Anaes.) (Assist.)	963.10
39709	Craniotomy for removal of glioma, metastatic carcinoma or any other tumour in cerebrum, cerebellum or brain stem — not being a service to which another item in this subgroup applies (H) (Anaes.) (Assist.)	1 373.25
39712	Craniotomy for removal of meningioma, pinealoma, cranio-pharyngioma, intraventricular tumour or any other intracranial tumour — not being a service to which another item in this subgroup applies (H) (Anaes.) (Assist.)	2 479.55

Item	Service	Fee ($)
39715	Pituitary tumour, removal of, by transcranial or transphenoidal approach (H) (Anaes.) (Assist.)	1 718.20
39718	Arachnoidal cyst, craniotomy for (H) (Anaes.) (Assist.)	754.95
39721	Craniotomy, involving osteoplastic flap, for re-opening post-operatively for haemorrhage, swelling, etc (H) (Anaes.) (Assist.)	689.85
39800	Aneurysm, clipping or reinforcement of sac (H) (Anaes.) (Assist.)	2 473.10
39803	Intracranial arteriovenous malformation, excision of (H) (Anaes.) (Assist.)	2 473.10
39806	Aneurysm, or arteriovenous malformation, intracranial proximal artery clipping of (H) (Anaes.) (Assist.)	1 112.85
39812	Intracranial aneurysm or arteriovenous fistula, ligation of cervical vessel or vessels (H) (Anaes.) (Assist.)	546.75
39815	Carotid-cavernous fistula, obliteration of — combined cervical and intracranial procedure (Anaes.) (Assist.)	1 581.45
39818	Extracranial to intracranial bypass using superficial temporal artery (H) (Anaes.) (Assist.)	1 581.45
39821	Extracranial to intracranial bypass using saphenous vein graft (H) (Anaes.) (Assist.)	1 877.85
39900	Intracranial infection, drainage of, via burr-hole — including burr-hole (H) (Anaes.) (Assist.)	449.05
39903	Intracranial abscess, excision of (H) (Anaes.) (Assist.)	1 373.25
39906	Osteomyelitis of skull or removal of infected bone flap, craniectomy for (H) (Anaes.) (Assist.)	689.85
40000	Ventriculo-cisternostomy (Torkildsen’s operation) (H) (Anaes.) (Assist.)	794.00
40003	Cranial or cisternal shunt diversion, insertion of (H) (Anaes.) (Assist.)	794.00
40006	Lumbar shunt diversion, insertion of (H) (Anaes.) (Assist.)	624.80
40009	Cranial, cisternal or lumbar shunt, revision or removal of (H) (Anaes.) (Assist.)	455.55

Item	Service	Fee ($)
40012	Third ventriculostomy (open or endoscopic) with or without endoscopic septum pellucidotomy (H) (Anaes.) (Assist.)	891.60
40015	Subtemporal decompression (H) (Anaes.) (Assist.)	552.80
40018	Lumbar cerebrospinal fluid drain, insertion of (Anaes.)	138.00
40100	Meningocele, excision and closure of (H) (Anaes.) (Assist.)	598.75
40103	Myelomeningocele, excision and closure of, including skin flaps or Z plasty where performed (H) (Anaes.) (Assist.)	878.65
40106	Arnold-Chiari malformation, decompression of (H) (Anaes.) (Assist.)	891.60
40109	Encephalocoele, excision and closure of (H) (Anaes.) (Assist.)	963.10
40112	Tethered cord, release of, including lipomeningocele or diastematomyelia (H) (Anaes.) (Assist.)	1 236.55
40115	Craniostenosis, operation for — single suture (H) (Anaes.) (Assist.)	624.80
40118	Craniostenosis, operation for — more than 1 suture (H) (Anaes.) (Assist.)	826.50
40300	Intervertebral disc or discs, laminectomy for removal of (H) (Anaes.) (Assist.)	826.50
40301	Intervertebral disc or discs, microsurgical discectomy of (H) (Anaes.) (Assist.)	829.15
40303	Recurrent disc lesion or spinal stenosis, or both, laminectomy for — 1 level (H) (Anaes.) (Assist.)	943.65
40306	Spinal stenosis, laminectomy for, involving more than 1 vertebral interspace (disc level) (H) (Anaes.) (Assist.)	1 243.05
40309	Extradural tumour or abscess, laminectomy for (H) (Anaes.) (Assist.)	943.65
40312	Intradural lesion, laminectomy for, not being a service to which another item in this group applies (H) (Anaes.) (Assist.)	1 269.05
40315	Craniocervical junction lesion, transoral approach for (H) (Anaes.) (Assist.)	1 373.25

Item	Service	Fee ($)
40316	Odontoid screw fixation (H) (Anaes.) (Assist.)	1 799.90
40318	Intramedullary tumour or arteriovenous malformation, laminectomy and radical excision of (H) (Anaes.) (Assist.)	1 718.20
40321	Posterior spinal fusion, not being a service to which items 40324 and 40327 apply (H) (Anaes.) (Assist.)	943.65
40324	Laminectomy followed by posterior fusion, performed by neurosurgeon and orthopaedic surgeon operating together — laminectomy, including after-care (H) (Anaes.) (Assist.)	553.20
40327	Laminectomy followed by posterior fusion, performed by neurosurgeon and orthopaedic surgeon operating together — posterior fusion, including after-care (H) (Assist.)	553.20
40330	Spinal rhizolysis involving exposure of spinal nerve roots — for lateral recess, exit foraminal stenosis, adhesive radiculopathy or extensive epidural fibrosis, at 1 or more levels — with or without laminectomy (H) (Anaes.) (Assist.)	826.50
40331	Cervical decompression of spinal cord with or without involvement of nerve roots, without fusion, 1 level, by any approach, not being a service to which item 40330 applies (H) (Anaes.) (Assist.)	826.50
40332	Cervical decompression of spinal cord with or without involvement of nerve roots, including anterior fusion, 1 level, not being a service to which item 40330 applies (H) (Anaes.) (Assist.)	1 348.70
40333	Cervical discectomy (anterior), without fusion (H) (Anaes.) (Assist.)	689.85
40334	Cervical decompression of spinal cord with or without involvement of nerve roots, without fusion, more than 1 level, by any approach, not being a service to which item 40330 applies (H) (Anaes.) (Assist.)	912.05
40335	Cervical decompression of spinal cord with or without involvement of nerve roots, including anterior fusion, more than 1 level, by any approach, not being a service to which item 40330 applies (H) (Anaes.) (Assist.)	1 675.10

Item	Service	Fee ($)
40336	Intradiscal injection of chymopapain (discase) — 1 disc (H) (Anaes.) (Assist.)	273.40
40339	Hydromyelia, plugging of obex for, with or without duroplasty (H) (Anaes.) (Assist.)	1 373.25
40342	Hydromyelia, craniotomy and laminectomy for, with cavity packing and CSF shunt (H) (Anaes.) (Assist.)	1 269.05
40345	Thoracic decompression of spinal cord with or without involvement of nerve roots, via pedicle or costotransversectomy (H) (Anaes.) (Assist.)	1 181.40
40348	Thoracic decompression of spinal cord via thoracotomy with vertebrectomy, not including stabilisation procedure (H) (Anaes.) (Assist.)	1 499.90
40351	Thoraco-lumbar or high lumbar anterior decompression of spinal cord, not including stabilisation procedure (H) (Anaes.) (Assist.)	1 499.90
40600	Cranioplasty, reconstructive (H) (Anaes.) (Assist.)	826.50
40700	Corpus callosum, anterior section of, for epilepsy (H) (Anaes.) (Assist.)	1 509.95
40703	Corticectomy, topectomy or partial lobectomy for epilepsy (H) (Anaes.) (Assist.)	1 269.05
40706	Hemispherectomy for intractable epilepsy (Anaes.) (Assist.)	1 854.80
40709	Burr-hole placement of intracranial depth or surface electrodes (H) (Anaes.) (Assist.)	449.05
40712	Intracranial electrode placement via craniotomy (H) (Anaes.) (Assist.)	904.60
40800	Stereotactic anatomical localisation, as an independent procedure (Anaes.) (Assist.)	552.80
40801	Functional stereotactic procedure including computer assisted anatomical localisation, physiological localisation and lesion production in the basal ganglia, brain stem or deep white matter tracts, not being a service associated with deep brain stimulation for Parkinson's disease (H) (Anaes.) (Assist.)	1 510.90

Item	Service	Fee ($)
40803	Intracranial stereotactic procedure by any method, not being a service to which item 40800 or 40801 applies (Anaes.) (Assist.)	1034.80
40903	Neuroendoscopy, for inspection of an intraventricular lesion, with or without biopsy including burr-hole (H) (Anaes.) (Assist.)	479.90
40905	Craniotomy, performed in association with items 45767, 45776, 45782 and 45785 for the correction of craniofacial abnormalities (Anaes.)	520.70
Subgroup 8 — Ear, nose and throat		
41500	Ear, foreign body (other than ventilating tube) in, removal of, other than by simple syringing (Anaes.)	71.40
41503	Ear, removal of foreign body in, involving incision of external auditory canal (Anaes.)	206.70
41506	Aural polyp, removal of (Anaes.)	124.65
41509	External auditory meatus, surgical removal of keratosis obturans from, not being a service to which another item in this group applies (Anaes.)	141.05
41512	Meatoplasty involving removal of cartilage or bone or both cartilage and bone, not being a service to which item 41515 applies (H) (Anaes.) (Assist.)	507.15
41515	Meatoplasty involving removal of cartilage or bone or both cartilage and bone, being a service associated with a service to which item 41530, 41548, 41560 or 41563 applies (H) (Anaes.) (Assist.)	332.80
41518	External auditory meatus, removal of exostoses in (H) (Anaes.) (Assist.)	803.80
41521	Correction of auditory canal stenosis, including meatoplasty, with or without grafting (H) (Anaes.) (Assist.)	855.85
41524	Reconstruction of external auditory canal, being a service associated with a service to which items 41557, 41560 and 41563 apply (H) (Anaes.) (Assist.)	247.25
41527	Myringoplasty, trans-canal approach (Rosen incision) (H) (Anaes.) (Assist.)	508.55

Item	Service	Fee ($)
41530	Myringoplasty, post-aural or endaural approach with or without mastoid inspection (H) (Anaes.)	828.50
41533	Atticotomy without reconstruction of the bony defect, with or without myringoplasty (H) (Anaes.) (Assist.)	990.40
41536	Atticotomy with reconstruction of the bony defect with or without myringoplasty (H) (Anaes.) (Assist.)	1 109.30
41539	Ossicular chain reconstruction (H) (Anaes.) (Assist.)	943.30
41542	Ossicular chain reconstruction and myringoplasty (H) (Anaes.) (Assist.)	1 033.60
41545	Mastoidectomy (cortical) (H) (Anaes.) (Assist.)	451.10
41548	Obliteration of the mastoid cavity (H) (Anaes.) (Assist.)	598.75
41551	Mastoidectomy, intact wall technique, with myringoplasty (H) (Anaes.) (Assist.)	1 378.75
41554	Mastoidectomy, intact wall technique, with myringoplasty and ossicular chain reconstruction (H) (Anaes.) (Assist.)	1 624.40
41557	Mastoidectomy (radical or modified radical) (H) (Anaes.) (Assist.)	943.30
41560	Mastoidectomy (radical or modified radical) and myringoplasty (H) (Anaes.)	1 033.60
41563	Mastoidectomy (radical or modified radical), myringoplasty and ossicular chain reconstruction (H) (Anaes.) (Assist.)	1 279.55
41564	Mastoidectomy (radical or modified radical), obliteration of the mastoid cavity, blind sac closure of external auditory canal and obliteration of eustachian tube (H) (Anaes.) (Assist.)	1 654.65
41566	Revision of mastoidectomy (radical, modified radical or intact wall), including myringoplasty (H) (Anaes.) (Assist.)	943.30
41569	Decompression of facial nerve in its mastoid portion (H) (Anaes.) (Assist.)	1 033.60
41572	Labyrinthotomy or destruction of labyrinth (H) (Anaes.) (Assist.)	894.15

Item	Service	Fee ($)
41575	Cerebello-pontine angle tumour, removal of by 2 surgeons operating conjointly, by transmastoid, translabyrinthine or retromastoid approach — transmastoid, translabyrinthine or retromastoid procedure (including after-care) (H) (Anaes.) (Assist.)	2 108.05
41576	Cerebello-pontine angle tumour, removal of, by transmastoid, translabyrinthine or retromastoid approach (intracranial procedure) (including after-care) not being a service to which item 41578 or 41579 applies (H) (Anaes.) (Assist.)	3 162.05
41578	Cerebello-pontine angle tumour, removal of, by transmastoid, translabyrinthine or retromastoid approach (intracranial procedure) — conjoint surgery, principal surgeon (H) (Anaes.) (Assist.)	2 108.05
41579	Cerebello-pontine angle tumour, removal of, by transmastoid, translabyrinthine or retromastoid approach (intracranial procedure) — conjoint surgery, co-surgeon (H) (Assist.)	1 581.00
41581	Tumour involving infra-emporal fossa, removal of, involving craniotomy and radical excision of (H) (Anaes.) (Assist.)	2 424.65
41584	Partial temporal bone resection for removal of tumour involving mastoidectomy with or without decompression of facial nerve (H) (Anaes.) (Assist.)	1 663.95
41587	Total temporal bone resection for removal of tumour (H) (Anaes.) (Assist.)	2 266.25
41590	Endolymphatic sac, transmastoid decompression with or without drainage of (H) (Anaes.) (Assist.)	1 033.60
41593	Translabyrinthine vestibular nerve section (H) (Anaes.) (Assist.)	1 347.10
41596	Retrolabyrinthine vestibular nerve section or cochlear nerve section, or both (H) (Anaes.) (Assist.)	1 505.50
41599	Internal auditory meatus, exploration by middle cranial fossa approach with cranial nerve decompression (H) (Anaes.) (Assist.)	1 505.50
41608	Stapedectomy (H) (Anaes.) (Assist.)	943.30
41611	Stapes mobilisation (H) (Anaes.) (Assist.)	606.90

Item	Service	Fee ($)
41614	Round window surgery including repair of cochleotomy (Anaes.) (Assist.)	943.30
41615	Oval window surgery, including repair of fistula, not being a service associated with a service to which any other item in this group applies (Anaes.) (Assist.)	943.30
41617	Cochlear implant, insertion of, including mastoidectomy (H) (Anaes.) (Assist.)	1 640.25
41620	Glomus tumour, transtympanic removal of (H) (Anaes.) (Assist.)	713.60
41623	Glomus tumour, transmastoid removal of, including mastoidectomy (H) (Anaes.) (Assist.)	1 033.60
41626	Abscess or inflammation of middle ear, operation for (excluding after-care) (Anaes.)	124.65
41629	Middle ear, exploration of (H) (Anaes.) (Assist.)	451.10
41632	Middle ear, insertion of tube for drainage of (including myringotomy) (Anaes.)	206.70
41635	Clearance of middle ear for granuloma, cholesteatoma and polyp, 1 or more, with or without myringoplasty (Anaes.) (Assist.)	990.40
41638	Clearance of middle ear for granuloma, cholesteatoma and polyp, 1 or more, with or without myringoplasty with ossicular chain reconstruction (H) (Anaes.) (Assist.)	1 236.20
41641	Perforation of tympanum, cauterisation or diathermy of (Anaes.)	41.10
41644	Excision of rim of eardrum perforation, not being a service associated with myringoplasty (Anaes.)	123.55
41647	Ear toilet requiring use of operating microscope and microinspection of tympanic membrane with or without general anaesthesia (Anaes.)	95.10
41650	Tympanic membrane, microinspection of 1 or both ears under general anaesthesia, not being a service associated with a service to which another item in this group applies (Anaes.)	95.10

Item	Service	Fee ($)
41653	Examination of nasal cavity or post-nasal space or nasal cavity and post-nasal space, under general anaesthesia, not being a service associated with a service to which another item in this group applies (Anaes.)	62.25
41656	Nasal haemorrhage, posterior, arrest of, with posterior nasal packing with or without cauterisation and with or without anterior pack (excluding after-care) (Anaes.)	106.30
41659	Nose, removal of foreign body in, other than by simple probing (Anaes.)	67.15
41662	Nasal polyp or polypi (simple), removal of	71.40
41665	Nasal polyp or polypi, removal of (G) (H) (Anaes.)	149.30
41668	Nasal polyp or polypi, removal of (S) (H) (Anaes.)	190.35
41671	Nasal septum, septoplasty, submucous resection or closure of septal perforation (H) (Anaes.)	418.25
41672	Nasal septum, reconstruction of (H) (Anaes.) (Assist.)	521.80
41674	Cauterisation (other than by chemical means) or cauterisation by chemical means when performed under general anaesthesia or diathermy of septum, turbinates or pharynx — 1 or more of these procedures (including any consultation on the same occasion) not being a service associated with any other operation on the nose (Anaes.)	86.95
41677	Nasal haemorrhage, arrest of during an episode of epistaxis by cauterisation or nasal cavity packing or both (Anaes.)	77.85
41680	Cryotherapy to nose in the treatment of nasal haemorrhage (Anaes.)	141.05
41683	Division of nasal adhesions, with or without stenting not being a service associated with any other operation on the nose and not performed during the post-operative period of a nasal operation (Anaes.)	101.35
41686	Dislocation of turbinate or turbinates, 1 or both sides, not being a service associated with a service to which another item in this group applies (Anaes.)	62.25
41689	Turbinectomy or turbinectomies, partial or total, unilateral (H) (Anaes.)	118.10

Item	Service	Fee ($)
41692	Turbinates, submucous resection of, unilateral (H) (Anaes.)	154.05
41695	Nasal turbinates, cryotherapy to (Anaes.)	86.55
41698	Maxillary antrum, proof puncture and lavage of (Anaes.)	28.10
41701	Maxillary antrum, proof puncture and lavage of — under general anaesthesia, not being a service associated with a service to which another item in this group applies (H) (Anaes.)	79.60
41704	Maxillary antrum, lavage of — each attendance at which the procedure is performed, including any associated consultation (Anaes.)	31.45
41707	Maxillary artery, transantral ligation of (H) (Anaes.) (Assist.)	388.20
41710	Antrostomy (radical) (H) (Anaes.) (Assist.)	451.10
41713	Antrostomy (radical) with transantral ethmoidectomy or transantral vidian neurectomy (H) (Anaes.) (Assist.)	524.95
41716	Antrum, intranasal operation on or removal of foreign body from (H) (Anaes.) (Assist.)	255.90
41719	Antrum, drainage of, through tooth socket (Anaes.)	101.70
41722	Oro-antral fistula, plastic closure of (Anaes.) (Assist.)	508.55
41725	Ethmoidal artery or arteries, transorbital ligation of (unilateral) (H) (Anaes.) (Assist.)	388.20
41728	Lateral rhinotomy with removal of tumour (H) (Anaes.) (Assist.)	776.60
41729	Dermoid of nose, excision of, with intranasal extension (H) (Anaes.) (Assist.)	492.15
41731	Fronto-nasal ethmoidectomy by external approach with or without sphenoidectomy (H) (Anaes.) (Assist.)	672.60
41734	Radical fronto-ethmoidectomy with osteoplastic flap (H) (Anaes.) (Assist.)	877.65
41737	Frontal sinus, or ethmoidal sinuses on the one side, intranasal operation on (H) (Anaes.) (Assist.)	418.25
41740	Frontal sinus, catheterisation of (H) (Anaes.)	50.90
41743	Frontal sinus, trephine of (H) (Anaes.) (Assist.)	292.05

Item	Service	Fee ($)
41746	Frontal sinus, radical obliteration of (Anaes.) (Assist.)	672.60
41749	Ethmoidal sinuses, external operation on (H) (Anaes.) (Assist.)	524.95
41752	Sphenoidal sinus, intranasal operation on (H) (Anaes.) (Assist.)	255.90
41755	Eustachian tube, catheterisation of (Anaes.)	40.25
41758	Division of pharyngeal adhesions (Anaes.)	101.70
41761	Post nasal space, direct examination of, with or without biopsy (Anaes.)	106.30
41764	Nasendoscopy or sinoscopy or fibreoptic examination of nasopharynx and larynx, 1 or more of these procedures (Anaes.)	106.30
41767	Nasopharyngeal angiofibroma, transpalatal removal (Anaes.) (Assist.)	637.80
41770	Pharyngeal pouch, removal of, with or without cricopharyngeal myotomy (H) (Anaes.) (Assist.)	606.90
41773	Pharyngeal pouch, endoscopic resection of (Dohlman's operation) (H) (Anaes.) (Assist.)	508.55
41776	Cricopharyngeal myotomy with or without inversion of pharyngeal pouch (H) (Anaes.) (Assist.)	507.15
41779	Pharyngotomy (lateral), with or without total excision of tongue (H) (Anaes.) (Assist.)	606.90
41782	Partial pharyngectomy via pharyngotomy (Anaes.) (Assist.)	824.00
41785	Partial pharyngectomy via pharyngotomy with partial or total glossectomy (H) (Anaes.) (Assist.)	1 022.25
41786	Uvulopalatopharyngoplasty, with or without tonsillectomy, by any means (H) (Anaes.) (Assist.)	637.80
41787	Uvulectomy and partial palatectomy with laser incision of the palate, with or without tonsillectomy, 1 or more stages, including any revision procedures within 12 months (Anaes.) (Assist.)	492.15
41788	Tonsils or tonsils and adenoids, removal of, in a person aged less than 12 years (G) (H) (Anaes.)	190.35

Item	Service	Fee ($)
41789	Tonsils or tonsils and adenoids, removal of, in a person aged less than 12 years (S) (H) (Anaes.)	255.90
41792	Tonsils or tonsils and adenoids, removal of, in a person 12 years of age or over (G) (H) (Anaes.)	239.50
41793	Tonsils or tonsils and adenoids, removal of, in a person 12 years of age or over (S) (H) (Anaes.)	321.55
41796	Tonsils or tonsils and adenoids, arrest of haemorrhage requiring general anaesthesia, following removal of (G) (H) (Anaes.)	98.45
41797	Tonsils or tonsils and adenoids, arrest of haemorrhage requiring general anaesthesia, following removal of (S) (H) (Anaes.)	124.65
41800	Adenoids, removal of (G) (H) (Anaes.)	101.70
41801	Adenoids, removal of (S) (H) (Anaes.)	141.05
41804	Lingual tonsil or lateral pharyngeal bands, removal of (H) (Anaes.)	77.85
41807	Peritonsillar abscess (quinsy), incision of (Anaes.)	60.70
41810	Uvulotomy or uvulectomy (Anaes.)	30.80
41813	Vallecular or pharyngeal cysts, removal of (H) (Anaes.) (Assist.)	308.40
41816	Oesophagoscopy (with rigid oesophagoscope) (Anaes.)	160.70
41819	Dilatation of stricture of upper gastro-intestinal tract using bougie or balloon over endoscopically inserted guidewire, including endoscopy with flexible or rigid endoscope (Anaes.)	302.00
41820	Dilatation of stricture of upper gastro-intestinal tract using bougie or balloon over endoscopically inserted guidewire, including endoscopy with flexible or rigid endoscope, where the use of imaging intensification is clinically indicated (Anaes.)	362.45
41822	Oesophagoscopy (with rigid oesophagoscope) with biopsy (H) (Anaes.)	206.70
41825	Oesophagoscopy (with rigid oesophagoscope) with removal of foreign body (H) (Anaes.) (Assist.)	308.40

Item	Service	Fee ($)
41828	Oesophageal stricture, dilatation of, without oesophagoscopy (Anaes.)	45.20
41831	Oesophagus, endoscopic pneumatic dilatation of (Anaes.) (Assist.)	309.00
41832	Oesophagus, balloon dilatation of, using interventional imaging techniques (Anaes.)	197.75
41834	Laryngectomy (total) (H) (Anaes.) (Assist.)	1 115.65
41837	Vertical hemi-laryngectomy including tracheostomy (H) (Anaes.) (Assist.)	1 069.75
41840	Supraglottic laryngectomy including tracheostomy (H) (Anaes.) (Assist.)	1 315.35
41843	Laryngopharyngectomy or primary restoration of alimentary continuity after laryngopharyngectomy using stomach or bowel (H) (Anaes.) (Assist.)	1 156.65
41846	Larynx, direct examination of the supraglottic, glottic and subglottic regions, not being a service associated with any other procedure on the larynx or with the administration of a general anaesthetic (Anaes.)	160.70
41849	Larynx, direct examination of, with biopsy (H) (Anaes.) (Assist.)	236.20
41852	Larynx, direct examination of, with removal of tumour (H) (Anaes.) (Assist.)	255.90
41855	Microlaryngoscopy (H) (Anaes.) (Assist.)	249.45
41858	Microlaryngoscopy with removal of juvenile papillomata (H) (Anaes.) (Assist.)	427.70
41861	Microlaryngoscopy with removal of papillomata by laser surgery (H) (Anaes.) (Assist.)	522.95
41864	Microlaryngoscopy with removal of tumour (H) (Anaes.) (Assist.)	352.70
41867	Microlaryngoscopy with arytenoidectomy (H) (Anaes.) (Assist.)	530.85
41868	Laryngeal web, division of, using microlarygoscopic techniques (H) (Anaes.)	336.45
41870	Injection of vocal cord by teflon, fat, collagen or gelfoam (H) (Anaes.) (Assist.)	393.65

Item	Service	Fee ($)
41873	Larynx, fractured, operation for (Anaes.) (Assist.)	508.55
41876	Larynx, external operation on, or laryngofissure, with or without cordectomy (Anaes.) (Assist.)	508.55
41879	Laryngoplasty or tracheoplasty, including tracheostomy (H) (Anaes.) (Assist.)	824.00
41880	Tracheostomy by a percutaneous technique using sequential dilatation or partial splitting method to allow insertion of a cuffed tracheostomy tube (H) (Anaes.)	219.95
41881	Tracheostomy by open exposure of the trachea, including separation of the strap muscles or division of the thyroid isthmus, where performed (H) (Anaes.) (Assist.)	347.65
41884	Cricothyrostomy by direct stab or Seldinger technique, using Minitrach or similar device (H) (Anaes.)	78.80
41885	Trache-oesophageal fistula, formation of, as a secondary procedure following laryngectomy, including associated endoscopic procedures (Anaes.) (Assist.)	249.15
41886	Trachea, removal of foreign body in (Anaes.)	154.05
41889	Bronchoscopy, as an independent procedure (Anaes.)	154.05
41892	Bronchoscopy with 1 or more endobronchial biopsies or other diagnostic or therapeutic procedures (Anaes.)	203.45
41895	Bronchus, removal of foreign body in (H) (Anaes.) (Assist.)	318.25
41898	Fibreoptic bronchoscopy with 1 or more transbronchial lung biopsies, with or without bronchial or broncho-alveolar lavage, with or without the use of interventional imaging (Anaes.) (Assist.)	222.40
41901	Endoscopic laser resection of endobronchial tumours for relief of obstruction including any associated endoscopic procedures (H) (Anaes.) (Assist.)	522.95
41904	Bronchoscopy with dilatation of tracheal stricture (Anaes.)	213.30
41905	Trachea or bronchus, dilatation of stricture and endoscopic insertion of stent (H) (Anaes.) (Assist.)	392.40
41907	Nasal septum button, insertion of (Anaes.)	106.30

Item	Service	Fee ($)
41910	Duct of major salivary gland, transposition of (H) (Anaes.) (Assist.)	337.70
Subgroup 9 — Ophthalmology		
42503	Ophthalmological examination under general anaesthesia, not being a service associated with a service to which another item in this group applies (H) (Anaes.)	88.70
42506	Eye, enucleation of, with or without sphere implant (Anaes.) (Assist.)	416.50
42509	Eye, enucleation of, with insertion of integrated implant (H) (Anaes.) (Assist.)	527.15
42510	Eye, enucleation of, with insertion of hydroxy apatite implant or similar coralline implant (H) (Anaes.) (Assist.)	607.60
42512	Globe, evisceration of (Anaes.) (Assist.)	416.50
42515	Globe, evisceration of, and insertion of intrascleral ball or cartilage (H) (Anaes.) (Assist.)	527.15
42518	Anophthalmic orbit, insertion of cartilage or artificial implant as a delayed procedure, or removal of implant from socket, or placement of a motility intergrating peg by drilling into existing orbital implant (H) (Anaes.) (Assist.)	305.85
42521	Anophthalmic socket, treatment of, by insertion of a wired-in conformer, integrated implant or dermofat graft, as a secondary procedure (H) (Anaes.) (Assist.)	1041.35
42524	Orbit, skin graft to, as a delayed procedure (Anaes.)	177.05
42527	Contracted socket, reconstruction including mucous membrane grafting and stent mould (H) (Anaes.) (Assist.)	351.40
42530	Orbit, exploration with or without biopsy, requiring removal of bone (H) (Anaes.) (Assist.)	546.75
42533	Orbit, exploration of, with drainage or biopsy not requiring removal of bone (H) (Anaes.) (Assist.)	351.40
42536	Orbit, exenteration of, with or without skin graft and with or without temporalis muscle transplant (H) (Anaes.) (Assist.)	722.35
42539	Orbit, exploration of, with removal of tumour or foreign body, requiring removal of bone (H) (Anaes.) (Assist.)	1 028.35

Item	Service	Fee ($)
42542	Orbit, exploration of anterior aspect with removal of tumour or foreign body (H) (Anaes.) (Assist.)	436.10
42543	Orbit, exploration of retrobulbar aspect with removal of tumour or foreign body (H) (Anaes.) (Assist.)	764.90
42545	Orbit, decompression of, for dysthyroid eye disease, by fenestration of 2 or more walls, or by the removal of intraorbital peribulbar and retrobulbar fat from each quadrant of the orbit, 1 eye (H) (Anaes.) (Assist.)	1 106.35
42548	Optic nerve meninges, incision of (H) (Anaes.) (Assist.)	657.30
42551	Eyeball, perforating wound of, not involving intraocular structures — repair involving suture of cornea or sclera, or both, not being a service to which item 42632 applies (Anaes.) (Assist.)	546.75
42554	Eyeball, perforating wound of, with incarceration or prolapse of uveal tissue — repair (H) (Anaes.) (Assist.)	637.80
42557	Eyeball, perforating wound of, with incarceration of lens or vitreous — repair (H) (Anaes.) (Assist.)	891.60
42560	Intraocular foreign body, magnetic removal from anterior segment (Anaes.) (Assist.)	351.40
42563	Intraocular foreign body, nonmagnetic removal from anterior segment (Anaes.) (Assist.)	449.05
42566	Intraocular foreign body, magnetic removal from posterior segment (H) (Anaes.) (Assist.)	637.80
42569	Intraocular foreign body, nonmagnetic removal from posterior segment (H) (Anaes.) (Assist.)	891.60
42572	Orbital abscess or cyst, drainage of (Anaes.)	101.50
42573	Dermoid, periorbital, excision of (Anaes.)	196.85
42574	Dermoid, orbital, excision of (Anaes.) (Assist.)	418.25
42575	Tarsal cyst, extirpation of (Anaes.)	71.65
42578	Tarsal cartilage, excision of (Anaes.) (Assist.)	403.40
42581	Ectropion or entropion, tarsal cauterisation of (Anaes.)	101.50
42584	Tarsorrhaphy (Anaes.) (Assist.)	239.50
42587	Trichiasis, treatment of by cryotherapy, laser or electrolysis — each eyelid (Anaes.)	44.95

Item	Service	Fee ($)
42590	Canthoplasty, medial or lateral (Anaes.) (Assist.)	292.80
42593	Lacrimal gland, excision of palpebral lobe (H) (Anaes.)	177.05
42596	Lacrimal sac, excision of, or operation on (Anaes.) (Assist.)	436.10
42599	Lacrimal canalicular system, establishment of patency by closed operation using silicone tubes or similar, 1 eye (Anaes.) (Assist.)	546.75
42602	Lacrimal canalicular system, establishment of patency by open operation, 1 eye (Anaes.) (Assist.)	546.75
42605	Lacrimal canaliculus, immediate repair of (Anaes.) (Assist.)	403.40
42608	Lacrimal drainage by insertion of glass tube, as an independent procedure (Anaes.) (Assist.)	260.30
42610	Nasolacrimal tube (unilateral), removal or replacement of, or lacrimal passages, probing for obstruction, unilateral, with or without lavage — under general anaesthesia (Anaes.)	83.30
42611	Nasolacrimal tube (bilateral), removal or replacement of, or lacrimal passages, probing for obstruction, bilateral, with or without lavage — under general anaesthesia (Anaes.)	124.95
42614	Nasolacrimal tube (unilateral), removal or replacement of, or lacrimal passages, probing to establish patency of, or probing for obstruction (or both), unilateral, including lavage, not being a service associated with a service to which item 42610 applies (excluding after-care)	41.75
42615	Nasolacrimal tube (bilateral), removal or replacement of, or lacrimal passages, probing for obstruction, bilateral, including lavage, not being a service associated with a service to which item 42611 applies (excluding after-care)	62.50
42617	Punctum snip operation (Anaes.)	118.50
42620	Punctum, occlusion of, by use of a plug (Anaes.)	45.60
42621	Punctum, temporary occlusion of, by use of electrical cautery (Anaes.)	45.60

Item	Service	Fee ($)
42622	Punctum, permanent occlusion of, by use of electrical cautery (Anaes.)	71.65
42623	Dacryocystorhinostomy (H) (Anaes.) (Assist.)	605.35
42626	Dacryocystorhinostomy where a previous dacryocystorhinostomy has been performed (Anaes.) (Assist.)	976.25
42629	Conjunctivorhinostomy including dacryocystorhinostomy and fashioning of conjunctival flaps (H) (Anaes.) (Assist.)	735.40
42632	Conjunctival peritomy or repair of corneal laceration by conjunctival flap (Anaes.)	101.50
42635	Corneal perforations, sealing of, with tissue adhesive (Anaes.) (Assist.)	260.30
42638	Conjunctival graft over cornea (Anaes.) (Assist.)	325.40
42641	Autoconjunctival transplant, or mucous membrane graft (Anaes.) (Assist.)	423.00
42644	Cornea or sclera, removal of imbedded foreign body from (excluding after-care) (Anaes.)	62.40
42647	Corneal scars, removal of, by partial keratectomy, not being a service associated with a service to which item 42686 applies (Anaes.)	177.05
42650	Cornea, epithelial debridement for corneal ulcer or corneal erosion (excluding after-care) (Anaes.)	62.40
42651	Cornea, epithelial debridement for eliminating band keratopathy (Anaes.)	139.15
42653	Cornea, transplantation of, full thickness (H) (Anaes.) (Assist.)	1 158.40
42656	Cornea, transplantation of, second and subsequent procedures (H) (Anaes.) (Assist.)	1 444.85
42659	Cornea, transplantation of, superficial or lamellar (Anaes.) (Assist.)	780.95
42662	Sclera, transplantation of, full thickness, including collection of donor material (H) (Anaes.) (Assist.)	780.95
42665	Sclera, transplantation of, superficial or lamellar, including collection of donor material (Anaes.) (Assist.)	520.65

Item	Service	Fee ($)
42667	Running corneal suture, manipulation of, performed within 4 months of corneal grafting, to reduce astigmatism where a reduction of 2 dioptres of astigmatism is obtained, including any associated consultation	122.85
42668	Corneal sutures, removal of, not earlier than 6 weeks after operation requiring use of slit lamp or operating microscope (Anaes.)	65.20
42672	Corneal incisions, to correct corneal astigmatism of more than $1^1/_2$ diopters following anterior segment surgery, including appropriate measurements and calculations, performed as an independent procedure (Anaes.) (Assist.)	780.95
42673	Additional corneal incisions, to correct corneal astigmatism of more than $1^1/_2$ diopters, including appropriate measurements and calculations, performed in conjunction with other anterior segment surgery (Anaes.) (Assist.)	390.45
42676	Conjunctiva, biopsy of, as an independent procedure	100.15
42677	Conjunctiva, cautery of, including treatment of pannus — each attendance at which treatment is given including any associated consultation (Anaes.)	52.75
42680	Conjunctiva, cryotherapy to, for melanotic lesions or similar using CO^2 or N^{20} (Anaes.)	260.30
42683	Conjunctival cysts, removal of (H) (Anaes.)	104.15
42686	Pterygium, removal of (Anaes.)	236.90
42689	Pinguecula, removal of, not being a service associated with the fitting of contact lenses (Anaes.)	101.50
42692	Limbic tumour, removal of, excluding Pterygium (Anaes.) (Assist.)	239.50
42695	Limbic tumour, excision of, requiring keratectomy or sclerectomy, excluding Pterygium (Anaes.) (Assist.)	390.45
42698	Lens extraction, excluding surgery performed to correct a refractive error, other than anisometropia that exceeds 3 dioptres and develops after the removal of cataract in the first eye (H) (Anaes.)	609.15

Item	Service	Fee ($)
42701	Artificial lens, insertion of, excluding surgery performed to correct a refractive error, other than anisometropia that exceeds 3 dioptres and develops after the removal of cataract in the first eye (H) (Anaes.)	339.65
42702	Lens extraction and insertion of artificial lens, excluding surgery performed to correct a refractive error, other than anisometropia that exceeds 3 dioptres and develops after the removal of cataract in the first eye (H) (Anaes.)	779.05
42703	Artificial lens, insertion of, into the posterior chamber and suture to the iris and sclera (H) (Anaes.) (Assist.)	495.10
42704	Artificial lens, removal or repositioning of by open operation — not being a service associated with a service to which item 42701 applies (Anaes.)	403.40
42707	Artificial lens, removal of and replacement with a different lens, excluding surgery performed to correct a refractive error, other than anisometropia that exceeds 3 dioptres and develops after the removal of cataract in the first eye (H) (Anaes.)	689.85
42710	Artificial lens, removal of, and replacement with a lens inserted into the posterior chamber and sutured to the iris or sclera (H) (Anaes.) (Assist.)	780.95
42713	Intraocular lenses, repositioning of, by the use of a McCannell suture or similar (Anaes.) (Assist.)	325.40
42716	Cataract, juvenile, removal of, including subsequent needlings (H) (Anaes.) (Assist.)	1 034.80
42719	Either or both of the following, via the anterior chamber by any method: (a) capsulectomy; (b) removal of vitreous; not being a service associated with a service to which item 42698, 42702 or 42716 applies (Anaes.) (Assist.)	449.05

Item	Service	Fee ($)
42722	One or more of the following by posterior chamber sclerotomy, by cutting, suction and infusion: (a) capsulectomy; (b) removal of vitreous from the anterior chamber; (c) removal of vitreous bands from the anterior chamber; not being a service associated with a service to which item 42698, 42702 or 42716 applies (H) (Anaes.) (Assist.)	491.30
42725	Vitrectomy by posterior chamber sclerotomy, by cutting, suction and infusion, including any one or more of the following: (a) removal of vitreous; (b) division of vitreous bands; (c) removal of pre-retinal membranes; (H) (Anaes.) (Assist.)	1 158.40
42728	Cryotherapy of retina or other intraocular structures with an internal probe, being a service associated with a service to which item 42725 applies (H) (Anaes.)	195.30
42731	Either or both of the following by cutting, suction and infusion: (a) capsulectomy by posterior chamber sclerotomy; (b) lensectomy by posterior chamber sclerotomy; with the removal of vitreous, the division of vitreous bands or the removal of pre-retinal membrane from the posterior chamber, not being a service associated with any other intraocular operation (H) (Anaes.) (Assist.)	1 314.60
42734	Capsulotomy, other than by laser (Anaes.) (Assist.)	260.30
42737	Needling of posterior capsule (Anaes.) (Assist.)	260.30
42740	Paracentesis of anterior or posterior chamber or both, for the injection of therapeutic substances, or the removal of aqueous or vitreous for diagnostic purposes, 1 or more of (Anaes.) (Assist.)	260.30
42743	Anterior chamber, irrigation of blood from, as an independent procedure (Anaes.) (Assist.)	546.75

Item	Service	Fee ($)
42744	Needling to drain an encysted bleb, following trabeculectomy (Anaes.)	260.10
42746	Glaucoma, filtering operation for (H) (Anaes.) (Assist.)	826.50
42749	Glaucoma, filtering operation for, where previous filtering operation has been performed (H) (Anaes.) (Assist.)	1 034.80
42752	Glaucoma, insertion of Molteno valve for, 1 or more stages (H) (Anaes.) (Assist.)	1 158.40
42755	Glaucoma, removal of Molteno valve (Anaes.)	143.20
42758	Goniotomy (H) (Anaes.) (Assist.)	605.35
42761	Division of anterior or posterior synechiae, as an independent procedure, other than by laser (Anaes.) (Assist.)	449.05
42764	Iridectomy (including excision of tumour of iris) or iridotomy, as an independent procedure, other than by laser (Anaes.) (Assist.)	449.05
42767	Tumour, involving ciliary body or ciliary body and iris, excision of (H) (Anaes.) (Assist.)	943.65
42770	Cyclodestructive procedures for the treatment of intractable glaucoma, treatment to 1 eye, to a maximum of 2 treatments to that eye in a 2 year period (Anaes.) (Assist.)	255.20
42771	Cyclodestructive procedures for the treatment of intractable glaucoma, treatment to 1 eye — where it can be demonstrated that a third or subsequent treatment to that eye (including any treatments to which item 42770 applies) is indicated in a 2 year period (Anaes.) (Assist.)	251.20
42773	Detached retina, diathermy or cryotherapy for, not being a service associated with a service to which item 42776 applies (Anaes.) (Assist.)	780.95
42776	Detached retina, buckling or resection operation for (H) (Anaes.) (Assist.)	1 158.40
42779	Detached retina, revision operation for (H) (Anaes.) (Assist.)	1 444.85

Item	Service	Fee ($)
42782	Laser trabeculoplasty — each treatment to 1 eye, to a maximum of 4 treatments to that eye in a 2 year period (Anaes.) (Assist.)	390.45
42783	Laser trabeculoplasty — each treatment to 1 eye — where it can be demonstrated that a 5th or subsequent treatment to that eye (including any treatments to which item 42782 applies) is indicated in a 2 year period (Anaes.) (Assist.)	390.45
42785	Laser iridotomy — each treatment to 1 eye, to a maximum of 2 treatments to that eye in a 2 year period (Anaes.) (Assist.)	305.85
42786	Laser iridotomy — each treatment to 1 eye — where it can be demonstrated that a 3rd or subsequent treatment to that eye (including any treatments to which item 42785 applies) is indicated in a 2 year period (Anaes.) (Assist.)	305.85
42788	Laser capsulotomy — each treatment to 1 eye, to a maximum of 2 treatments to that eye in a 2 year period (Anaes.) (Assist.)	305.85
42789	Laser capsulotomy — each treatment to 1 eye — where it can be demonstrated that a 3rd or subsequent treatment to that eye (including any treatments to which item 42788 applies) is indicated in a 2 year period (Anaes.) (Assist.)	305.85
42791	Laser vitreolysis or corticolysis of lens material or fibrinolysis — each treatment to 1 eye, to a maximum of 2 treatments to that eye in a 2 year period (Anaes.) (Assist.)	305.85
42792	Laser vitreolysis or corticolysis of lens material or fibrinolysis — each treatment to 1 eye — where it can be demonstrated that a 3rd or subsequent treatment to that eye (including any treatments to which item 42791 applies) is indicated in a 2 year period (Anaes.) (Assist.)	305.85
42794	Division of suture by laser following trabeculoplasty, each treatment to 1 eye, to a maximum of 2 treatments to that eye in a 2 year period (Anaes.)	58.55
42797	Laser coagulation of corneal or scleral blood vessels — each treatment to 1 eye, to a maximum of 4 treatments to that eye in a 2 year period (Anaes.)	58.55

Item	Service	Fee ($)
42805	Tantalum markers, surgical insertion to the sclera to localise the tumour base and to assist in planning radiotherapy of choroidal melanomas — 1 or more (Anaes.)	507.55
42806	Iris tumour, laser photocoagulation of (Anaes.) (Assist.)	305.85
42807	Photomydriasis, laser	307.95
42808	Photoiridosyneresis, laser	307.95
42809	Retina, photocoagulation of, not being a service associated with photodynamic therapy with verteporfin (Anaes.) (Assist.)	390.45
42810	Phototherapeutic keratectomy, by laser, for corneal scarring or disease, excluding surgery for refractive error (Anaes.)	491.35
42811	Transpupillary thermotherapy, for choroidal and retinal tumours or vascular malformations (Anaes.)	390.45
42812	Detached retina, removal of encircling silicone band from (Anaes.)	143.20
42815	Posterior chamber, removal of silicone oil from (H) (Anaes.) (Assist.)	546.75
42818	Retina, cryotherapy to, as an independent procedure, with external probe (Anaes.)	507.55
42821	Ocular transillumination, for the diagnosis and measurement of intraocular tumours (Anaes.)	78.15
42824	Retrobulbar injection of alcohol or other drug, as an independent procedure	60.50
42833	Squint, operation for, on 1 or both eyes, the operation involving a total of 1 or 2 muscles (H) (Anaes.) (Assist.)	507.55
42836	Squint, operation for, on 1 or both eyes, the operation involving a total of 1 or 2 muscles where there have been 2 or more previous squint operations on the eye or eyes (H) (Anaes.) (Assist.)	631.30
42839	Squint, operation for, on 1 or both eyes, the operation involving a total of 3 or more muscles (H) (Anaes.) (Assist.)	605.35

Item	Service	Fee ($)
42842	Squint, operation for, on 1 or both eyes, the operation involving a total of 3 or more muscles where there have been 2 or more previous squint operations on the eye or eyes (H) (Anaes.) (Assist.)	754.95
42845	Readjustment of adjustable sutures, 1 or both eyes, as an independent procedure following an operation for correction of squint (Anaes.)	163.90
42848	Squint, muscle transplant for (Hummelsheim type, or similar operation) (H) (Anaes.) (Assist.)	605.35
42851	Squint, muscle transplant for (Hummelsheim type, or similar operation) where there have been 2 or more previous squint operations on the eye or eyes (H) (Anaes.) (Assist.)	754.95
42854	Ruptured medial palpebral ligament or ruptured extra-ocular muscle, repair of (Anaes.) (Assist.)	351.40
42857	Resuturing of wound following intraocular procedures with or without excision of prolapsed iris (Anaes.) (Assist.)	351.40
42860	Eyelid (upper or lower), scleral or Goretex or other non-autogenous graft to, with recession of the lid retractors (Anaes.) (Assist.)	780.95
42863	Eyelid, recession of (Anaes.) (Assist.)	670.30
42866	Entropion or tarsal ectropion, repair of, by tightening, shortening or repair of inferior retractors by open operation across the entire width of the eyelid (Anaes.) (Assist.)	650.75
42869	Eyelid closure in facial nerve paralysis, insertion of foreign implant for (Anaes.) (Assist.)	475.15
42872	Eyebrow, elevation of, for paretic states (Anaes.)	208.30
Subgroup 10 — Operations for osteomyelitis		
43500	Operation on phalanx (for acute osteomyelitis) (H) (Anaes.)	106.80
43503	Operation on sternum, clavicle, rib, ulna, radius, carpus, tibia, fibula, tarsus, skull, mandible or maxilla (other than alveolar margins) (for acute osteomyelitis) — 1 bone (H) (Anaes.)	177.15

Item	Service	Fee ($)
43506	Operation on humerus or femur (for acute osteomyelitis) — 1 bone (H) (Anaes.) (Assist.)	308.40
43509	Operation on spine or pelvic bones (for acute osteomyelitis) — 1 bone (H) (Anaes.) (Assist.)	308.40
43512	Operation on scapula, sternum, clavicle, rib, ulna, radius, metacarpus, carpus, phalanx, tibia, fibula, metatarsus, tarsus, mandible or maxilla (other than alveolar margins) (for chronic osteomyelitis) — 1 bone or any combination of adjoining bones (H) (Anaes.) (Assist.)	308.40
43515	Operation on humerus or femur (for chronic osteomyelitis) — 1 bone (Anaes.) (Assist.)	308.40
43518	Operation on spine or pelvic bones (for chronic osteomyelitis) — 1 bone (H) (Anaes.) (Assist.)	508.55
43521	Operation on skull (for chronic osteomyelitis) (H) (Anaes.) (Assist.)	402.00
43524	Operation on any combination of adjoining bones, being bones referred to in item 43515, 43518 or 43521 (for chronic osteomyelitis) (Anaes.) (Assist.)	508.55
Subgroup 11 — Paediatric		
43801	Intestinal malrotation with or without volvulus, laparotomy for, not involving bowel resection (H) (Anaes.) (Assist.)	828.50
43804	Intestinal malrotation with or without volvulus, laparotomy for, with bowel resection and anastomosis, with or without formation of stoma (H) (Anaes.) (Assist.)	882.15
43807	Duodenal atresia or stenosis, duodenoduodenostomy or duodenojejunostomy for (H) (Anaes.) (Assist.)	962.40
43810	Jejunal atresia, bowel resection and anastomosis for, with or without tapering (H) (Anaes.) (Assist.)	1 122.85
43813	Meconium ileus, laparotomy for, complicated by 1 or more of associated volvulus, atresia, intestinal perforation with or without meconium peritonitis (H) (Anaes.) (Assist.)	1 122.85
43816	Ileal atresia, colonic atresia or meconium ileus not being a service associated with a service to which item 43813 applies, laparotomy for (H) (Anaes.) (Assist.)	1 042.55

Item	Service	Fee ($)
43819	Hirschsprung's disease, laparotomy for, with or without frozen section biopsies and formation of stoma (H) (Anaes.) (Assist.)	842.10
43822	Anorectal malformation, laparotomy and colostomy for (H) (Anaes.) (Assist.)	842.10
43825	Neonatal alimentary obstruction, laparotomy for, not being a service to which any other item in this subgroup applies (H) (Anaes.) (Assist.)	962.40
43828	Acute neonatal necrotising enterocolitis, laparotomy for, with resection, including any anastomoses or stoma formation (H) (Anaes.) (Assist.)	1 063.25
43831	Acute neonatal necrotising enterocolitis where no definitive procedure is possible, laparotomy for (H) (Anaes.) (Assist.)	828.50
43834	Bowel resection for necrotising enterocolitis stricture or strictures, including any anastomoses or stoma formation (H) (Anaes.) (Assist.)	962.40
43837	Congenital diaphragmatic hernia, repair by thoracic or abdominal approach, with diagnosis confirmed in the first 24 hours of life (H) (Anaes.) (Assist.)	1 202.95
43840	Congenital diaphragmatic hernia, repair by thoracic or abdominal approach, diagnosed after the first day of life and before 20 days of age (H) (Anaes.) (Assist.)	1 042.55
43843	Oesophageal atresia (with or without repair of tracheo-oesophageal fistula), complete correction of, not being a service to which item 43846 applies (H) (Anaes.) (Assist.)	1 603.95
43846	Oesophageal atresia (with or without repair of tracheo-oesophageal fistula), complete correction of, in infant of birth weight less than 1 500 gms (H) (Anaes.) (Assist.)	1 724.20
43849	Oesophageal atresia, gastrostomy for (H) (Anaes.) (Assist.)	441.10
43852	Oesophageal atresia, thoracotomy for, and division of tracheo-oesophageal fistula without anastomosis (Anaes.) (Assist.)	1 403.40

Item	Service	Fee ($)
43855	Oesophageal atresia, delayed primary anastomosis for (H) (Anaes.) (Assist.)	1 483.70
43858	Oesophageal atresia, cervical oesophagostomy for (Anaes.) (Assist.)	521.20
43861	Congenital cystadenomatoid malformation or congenital lobar emphysema, thoracotomy and lung resection for (H) (Anaes.) (Assist.)	1 443.60
43864	Gastroschisis, operation for (H) (Anaes.) (Assist.)	1 082.70
43867	Gastroschisis, secondary operation for, with removal of silo and closure of abdominal wall (H) (Anaes.) (Assist.)	601.55
43870	Exomphalos containing small bowel only, operation for (H) (Anaes.) (Assist.)	842.10
43873	Exomphalos containing small bowel and other viscera, operation for (H) (Anaes.) (Assist.)	1 122.85
43876	Sacrococcygeal teratoma, excision of, by posterior approach (H) (Anaes.) (Assist.)	962.40
43879	Sacrococcygeal teratoma, excision of, by combined posterior and abdominal approach (H) (Anaes.) (Assist.)	1 122.85
43882	Cloacal exstrophy, operation for (Anaes.) (Assist.)	1443.60
43900	Tracheo-oesophageal fistula without atresia, division and repair of (H) (Anaes.) (Assist.)	962.40
43903	Oesophageal atresia or corrosive oesophageal stricture, oesophageal replacement for, utilising gastric tube, jejunum or colon (H) (Anaes.) (Assist.)	1 603.95
43906	Oesophagus, resection of congenital, anastomic or corrosive stricture and anastomosis, not being a service to which item 43903 applies (H) (Anaes.) (Assist.)	1 403.40
43909	Tracheomalacia, aortopexy for (H) (Anaes.) (Assist.)	1 403.40
43912	Thoracotomy and excision of 1 or more of bronchogenic or enterogenous cyst or mediastinal teratoma (H) (Anaes.) (Assist.)	1 325.90
43915	Eventration, plication of diaphragm for (Anaes.) (Assist.)	1 002.50
43930	Hypertrophic pyloric stenosis, pyloromyotomy for (H) (Anaes.) (Assist.)	385.50

Item	Service	Fee ($)
43933	Idiopathic intussusception, laparotomy and manipulative reduction of (H) (Anaes.) (Assist.)	451.20
43936	Intussusception, laparotomy and resection with anastomosis (H) (Anaes.) (Assist.)	842.10
43939	Ventral hernia following neonatal closure of exomphalos or gastroschisis, repair of (H) (Anaes.) (Assist.)	641.65
43942	Abdominal wall vitello intestinal remnant, excision of (Anaes.)	200.60
43945	Patent vitello intestinal duct, excision of (H) (Anaes.) (Assist.)	842.10
43948	Umbilical granuloma, excision of, under general anaesthesia (Anaes.)	120.35
43951	Gastro-oesophageal reflux with or without hiatus hernia, laparotomy and fundoplication for, without gastrostomy (H) (Anaes.) (Assist.)	754.10
43954	Gastro-oesophageal reflux with or without hiatus hernia, laparotomy and fundoplication for, with gastrostomy (H) (Anaes.) (Assist.)	922.40
43957	Gastro-oesophageal reflux, laparotomy and fundoplication for, with or without hiatus hernia, in child with neurological disease, with gastrostomy (H) (Anaes.) (Assist.)	1 002.50
43960	Anorectal malformation, perineal anoplasty of (H) (Anaes.) (Assist.)	352.70
43963	Anorectal malformation, posterior sagittal anorectoplasty of (H) (Anaes.) (Assist.)	1 403.40
43966	Anorectal malformation, posterior sagittal anorectoplasty of, with laparotomy (H) (Anaes.) (Assist.)	1 603.95
43969	Persistent cloaca, total correction of, with genital repair using posterior sagittal approach, with or without laparotomy (H) (Anaes.) (Assist.)	2 205.50
43972	Choledochal cyst, resection of, with 1 duct anastomosis (H) (Anaes.) (Assist.)	1 603.95
43975	Choledochal cyst, resection of, with 2 duct anastomoses (H) (Anaes.) (Assist.)	1 884.70

Item	Service	Fee ($)
43978	Biliary atresia, portoenterostomy for (H) (Anaes.) (Assist.)	1 603.95
43981	Nephroblastoma, neuroblastoma or other malignant tumour, laparotomy (exploratory), including associated biopsies, where no other intra-abdominal procedure is performed (H) (Anaes.) (Assist.)	441.10
43984	Nephroblastoma, radical nephrectomy for (H) (Anaes.) (Assist.)	1 122.85
43987	Neuroblastoma, radical excision of (H) (Anaes.) (Assist.)	1 243.15
43990	Hirschsprung's disease, definitive resection with pull-through anastomosis, with or without frozen section biopsies, when aganglionic segment extends to sigmoid colon (H) (Anaes.) (Assist.)	1 523.85
43993	Hirschsprung's disease, definitive resection with pull-through anastomosis, with or without frozen section biopsies, when aganglionic segment extends into descending or transverse colon with or without resiting of stoma (Anaes.) (Assist.)	1 644.10
43996	Hirschsprung's disease, total colectomy for total colonic aganglionosis with ileoanal pull-through, with or without side to side ileocolonic anastomosis (Anaes.) (Assist.)	1 844.60
43999	Hirschsprung's disease, anal sphincterotomy as an independent procedure for (H) (Anaes.) (Assist.)	230.65
44102	Rectum, examination of, under general anaesthesia with full thickness biopsy or removal of polyp or similar lesion (H) (Anaes.) (Assist.)	222.40
44105	Rectal prolapse, submucosal or perirectal injection for, under general anaesthesia (Anaes.)	39.05
44108	Inguinal hernia repair at age less than 3 months (H) (Anaes.) (Assist.)	425.35
44111	Obstructed or strangulated inguinal hernia, repair of, at age less than 3 months, including orchidopexy when performed (Anaes.) (Assist.)	498.15
44114	Inguinal hernia repair at age less than 3 months when orchidopexy also required (H) (Anaes.) (Assist.)	498.15

Item	Service	Fee ($)
44130	Lymphadenectomy, for atypical mycobacterial infection or other granulomatous disease (Anaes.) (Assist.)	401.00
44133	Torticollis, open division of sternomastoid muscle for (H) (Anaes.) (Assist.)	318.25
44136	Ingrown toe nail, operation for, under general anaesthesia (Anaes.)	146.70
Subgroup 12 — Amputations		
44325	Hand, midcarpal or transmetacarpal, amputation of (Anaes.) (Assist.)	255.90
44328	Hand, forearm or through arm, amputation of (H) (Anaes.) (Assist.)	308.40
44331	Amputation at shoulder (H) (Anaes.) (Assist.)	508.55
44334	Interscapulothoracic amputation (Anaes.) (Assist.)	1 033.60
44338	1 digit of foot, amputation of (Anaes.)	124.65
44342	2 digits of 1 foot, amputation of (H) (Anaes.)	190.35
44346	3 digits of 1 foot, amputation of (H) (Anaes.) (Assist.)	219.80
44350	4 digits of 1 foot, amputation of (H) (Anaes.) (Assist.)	249.45
44354	5 digits of 1 foot, amputation of (H) (Anaes.) (Assist.)	285.45
44358	Toe, including metatarsal or part of metatarsal — each toe, amputation of (H) (Anaes.)	159.15
44359	One or more toes of 1 foot, amputation of, including if performed, excision of 1 or more metatarsal bones of the foot, performed for diabetic or other microvascular disease, excluding after-care (H) (Anaes.) (Assist.)	228.40
44361	Foot at ankle (Syme, Pirogoff types), amputation of (H) (Anaes.) (Assist.)	308.40
44364	Foot, midtarsal or transmetatarsal, amputation of (H) (Anaes.) (Assist.)	255.90
44367	Amputation through thigh, at knee or below knee (H) (Anaes.) (Assist.)	451.65
44370	Amputation at hip (H) (Anaes.) (Assist.)	623.30
44373	Hindquarter, amputation of (Anaes.) (Assist.)	1279.55

Item	Service	Fee ($)
44376	Amputation stump, re-amputation of, to provide adequate skin and muscle cover (Anaes.) (Assist.)	Amount under rule 16
Subgroup 13 — Plastic and reconstructive surgery		
45000	Single stage local muscle flap repair, on eyelid, nose, lip, neck, hand, thumb, finger or genitals (Anaes.)	468.55
45003	Single stage local myocutaneous flap repair to 1 defect, simple and small (Anaes.)	520.65
45006	Single stage large myocutaneous flap repair to 1 defect (pectoralis major, latissimus dorsi, or similar large muscle) (H) (Anaes.) (Assist.)	898.10
45009	Single stage local muscle flap repair to 1 defect, simple and small (H) (Anaes.) (Assist.)	328.10
45012	Single stage large muscle flap repair to 1 defect (pectoralis major, gastrocnemius, gracilis or similar large muscle) (H) (Anaes.) (Assist.)	549.55
45015	Muscle or myocutaneous flap, delay of (H) (Anaes.)	260.30
45018	Dermis, dermofat or fascia graft (excluding transfer of fat by injection) (Anaes.) (Assist.)	409.95
45019	Full face chemical peel for severely sun-damaged skin, where it can be demonstrated that the damage affects 75% of the facial skin surface area involving photodamage (dermatoheliosis) typically consisting of solar keratoses, solar lentigines, freckling, yellowing and leathering of the skin, where at least medium depth peeling agents are used, performed in the operating theatre of a hospital or approved day hospital facility by a specialist in the practice of his or her specialty (H) (Anaes.) (Item is subject to rule 88)	343.30

Item	Service	Fee ($)
45020	Full face chemical peel for severe chloasma or melasma refractory to all other treatments, where it can be demonstrated that the chloasma or melasma affects 75% of the facial skin surface area involving diffuse pigmentation visible at a distance of 4 metres, where at least medium depth peeling agents are used, performed in the operating theatre of a hospital or approved day hospital facility by a specialist in the practice of his or her specialty — 1 session only in a 12 month period (Anaes.)	343.30
45021	Abrasive therapy for severely disfiguring scarring resulting from trauma, burns or acne — limited to 1 aesthetic area (Anaes.)	153.55
45024	Abrasive therapy for severely disfiguring scarring resulting from trauma, burns or acne — more than 1 aesthetic area (Anaes.)	344.90
45025	Carbon dioxide laser or erbium laser resurfacing of the face or neck for severely disfiguring scarring resulting from trauma, burns or acne — limited to 1 aesthetic area (Anaes.)	153.55
45026	Carbon dioxide laser or erbium laser resurfacing of the face or neck for severely disfiguring scarring resulting from trauma, burns or acne — more than 1 aesthetic area (Anaes.)	344.90
45027	Angioma, cauterisation of or injection into, where undertaken in the operating theatre of a hospital or approved day hospital facility (Anaes.)	104.15
45030	Angioma (haemangioma or lymphangioma or both) of skin and subcutaneous tissue (excluding facial muscle or breast) or mucous surface, small, excision and suture of (Anaes.)	111.85
45033	Angioma (haemangioma or lymphangioma or both), large or involving deeper tissue including facial muscle or breast, excision and suture of (Anaes.)	208.30
45035	Angioma (haemangioma or lymphangioma or both) large and deep, involving muscles or nerves, excision of (H) (Anaes.) (Assist.)	607.60
45036	Angioma (haemangioma or lymphangioma or both) of neck, deep, excision of (H) (Anaes.) (Assist.)	976.25

Item	Service	Fee ($)
45039	Arteriovenous malformation (3 cm or less) of superficial tissue, excision of (Anaes.)	208.30
45042	Arteriovenous malformation, (greater than 3 cm), excision of (Anaes.) (Assist.)	266.90
45045	Arteriovenous malformation on eyelid, nose, lip, ear, neck, hand, thumb, finger or genitals, excision of (Anaes.)	266.90
45048	Lymphoedematous tissue or lymphangiectasis, of lower leg and foot, or thigh, or upper arm, or forearm and hand, major excision of (H) (Anaes.) (Assist.)	670.30
45051	Contour reconstruction for pathological deformity, insertion of foreign implant (non biological but excluding injection of liquid or semisolid material) by open operation (H) (Anaes.) (Assist.)	410.05
45054	Limb or chest, decompression escharotomy of (including all incisions), for acute compartment syndrome secondary to burn (H) (Anaes.) (Assist.)	212.95
45200	Single stage local flap, where indicated to repair 1 defect, simple and small, excluding flap for male pattern baldness (Anaes.)	246.10
45203	Single stage local flap, where indicated to repair 1 defect, complicated or large, excluding flap for male pattern baldness (Anaes.) (Assist.)	351.40
45206	Single stage local flap where indicated to repair 1 defect, on eyelid, nose, lip, ear, neck, hand, thumb, finger or genitals (Anaes.)	332.00
45209	Direct flap repair (cross arm, abdominal or similar), first stage (Anaes.) (Assist.)	410.05
45212	Direct flap repair (cross arm, abdominal or similar), second stage (Anaes.)	203.45
45215	Direct flap repair, cross leg, first stage (H) (Anaes.) (Assist.)	877.65
45218	Direct flap repair, cross leg, second stage (H) (Anaes.) (Assist.)	393.65
45221	Direct flap repair, small (cross finger or similar), first stage (Anaes.)	226.30

Item	Service	Fee ($)
45224	Direct flap repair, small (cross finger or similar), second stage (Anaes.)	101.70
45227	Indirect flap or tubed pedicle, formation of (Anaes.) (Assist.)	385.50
45230	Direct or indirect flap or tubed pedicle, delay of (Anaes.)	192.70
45233	Indirect flap or tubed pedicle, preparation of intermediate or final site and attachment to the site (Anaes.) (Assist.)	410.05
45236	Indirect flap or tubed pedicle, spreading of pedicle, as a separate procedure (H) (Anaes.)	321.55
45239	Direct, indirect or local flap, revision of (Anaes.)	226.30
45400	Free grafting (split skin) of a granulating area, small (Anaes.)	177.15
45403	Free grafting (split skin) of a granulating area, extensive (Anaes.) (Assist.)	352.70
45406	Free grafting (split skin) to burns, including excision of burnt tissue — involving not more than 3% of total body surface (Anaes.) (Assist.)	390.45
45409	Free grafting (split skin) to burns, including excision of burnt tissue — involving 3% or more but less than 6% of total body surface (H) (Anaes.) (Assist.)	520.65
45412	Free grafting (split skin) to burns, including excision of burnt tissue — involving 6% or more but less than 9% of total body surface (H) (Anaes.) (Assist.)	715.95
45415	Free grafting (split skin) to burns, including excision of burnt tissue — involving 9% or more but less than 12% of total body surface (H) (Anaes.) (Assist.)	780.95
45418	Free grafting (split skin) to burns, including excision of burnt tissue — involving 12% or more but less than 15% of total body surface (H) (Anaes.) (Assist.)	846.05
45439	Free grafting (split skin) to 1 defect, including elective dissection, small (Anaes.)	246.10
45442	Free grafting (split skin) to 1 defect, including elective dissection, extensive (Anaes.) (Assist.)	507.55

Item	Service	Fee ($)
45445	Free grafting (split skin) as inlay graft to 1 defect including elective dissection using a mould (including insertion of and removal of mould) (Anaes.) (Assist.)	481.75
45448	Free grafting (split skin) to 1 defect, including elective dissection on eyelid, nose, lip, ear, neck, hand, thumb, finger or genitals, not being a service to which item 45442 or 45445 applies (Anaes.)	325.40
45451	Free grafting (full thickness) to 1 defect, excluding grafts for male pattern baldness (Anaes.) (Assist.)	410.05
45460	Free grafting (split skin) to burns, including excision of burnt tissue, involving 15% or more but less than 20% of total body surface — 1 surgeon (H) (Anaes.) (Assist.)	1 084.70
45461	Free grafting (split skin) to burns, including excision of burnt tissue, involving 15% or more but less than 20% of total body surface — conjoint surgery, principal surgeon (H) (Anaes.) (Assist.)	773.05
45462	Free grafting (split skin) to burns, including excision of burnt tissue, involving 15% or more but less than 20% of total body surface — conjoint surgery, co-surgeon (H) (Assist.)	583.45
45464	Free grafting (split skin) to burns, including excision of burnt tissue, involving 20% or more but less than 30% of total body surface — 1 surgeon (H) (Anaes.) (Assist.)	1 655.75
45465	Free grafting (split skin) to burns, including excision of burnt tissue, involving 20% or more but less than 30% of total body surface — conjoint surgery, principal surgeon (H) (Anaes.) (Assist.)	1 179.65
45466	Free grafting (split skin) to burns, including excision of burnt tissue, involving 20% or more but less than 30% of total body surface — conjoint surgery, co-surgeon (H) (Assist.)	889.60
45468	Free grafting (split skin) to burns, including excision of burnt tissue, involving 30% or more but less than 40% of total body surface — conjoint surgery, principal surgeon (H) (Anaes.) (Assist.)	1 586.10

Item	Service	Fee ($)
45469	Free grafting (split skin) to burns, including excision of burnt tissue, involving 30% or more but less than 40% of total body surface — conjoint surgery, co-surgeon (H) (Assist.)	1 196.65
45471	Free grafting (split skin) to burns, including excision of burnt tissue, involving 40% or more but less than 50% of total body surface — conjoint surgery, principal surgeon (H) (Anaes.) (Assist.)	1 993.70
45472	Free grafting (split skin) to burns, including excision of burnt tissue, involving 40% or more but less than 50% of total body surface — conjoint surgery, co-surgeon (H) (Assist.)	1 503.80
45474	Free grafting (split skin) to burns, including excision of burnt tissue, involving 50% or more but less than 60% of total body surface — conjoint surgery, principal surgeon (H) (Anaes.) (Assist.)	2 400.20
45475	Free grafting (split skin) to burns, including excision of burnt tissue, involving 50% or more but less than 60% of total body surface — conjoint surgery, co-surgeon (H) (Assist.)	1 810.95
45477	Free grafting (split skin) to burns, including excision of burnt tissue, involving 60% or more but less than 70% of total body surface — conjoint surgery, principal surgeon (H) (Anaes.) (Assist.)	2 806.75
45478	Free grafting (split skin) to burns, including excision of burnt tissue, involving 60% or more but less than 70% of total body surface — conjoint surgery, co-surgeon (H) (Assist.)	2 117.00
45480	Free grafting (split skin) to burns, including excision of burnt tissue, involving 70% or more but less than 80% of total body surface — conjoint surgery, principal surgeon (H) (Anaes.) (Assist.)	3 213.15
45481	Free grafting (split skin) to burns, including excision of burnt tissue, involving 70% or more but less than 80% of total body surface — conjoint surgery, co-surgeon (H) (Assist.)	2 424.25

Item	Service	Fee ($)
45483	Free grafting (split skin) to burns, including excision of burnt tissue, involving 80% or more of total body surface — conjoint surgery, principal surgeon (H) (Anaes.) (Assist.)	3 660.85
45484	Free grafting (split skin) to burns, including excision of burnt tissue, involving 80% or more of total body surface — conjoint surgery, co-surgeon (H) (Assist.)	2 762.15
45485	Free grafting (split skin) to burns, including excision of burnt tissue — upper eyelid, nose, lip, ear or palm of the hand (H) (Anaes.) (Assist.)	456.70
45486	Free grafting (split skin) to burns, including excision of burnt tissue — forehead, cheek, anterior aspect of the neck, chin, plantar aspect of the foot, heel or genitalia (H) (Anaes.) (Assist.)	390.45
45487	Free grafting (split skin) to burns, including excision of burnt tissue — whole of toe (Anaes.) (Assist.)	351.40
45488	Free grafting (split skin) to burns, including excision of burnt tissue — the whole of 1 digit of the hand (H) (Anaes.) (Assist.)	390.45
45489	Free grafting (split skin) to burns, including excision of burnt tissue — the whole of 2 digits of the hand (H) (Anaes.) (Assist.)	585.80
45490	Free grafting (split skin) to burns, including excision of burnt tissue — the whole of 3 digits of the hand (H) (Anaes.) (Assist.)	781.05
45491	Free grafting (split skin) to burns, including excision of burnt tissue — the whole of 4 digits of the hand (H) (Anaes.) (Assist.)	976.25
45492	Free grafting (split skin) to burns, including excision of burnt tissue — the whole of 5 digits of the hand (H) (Anaes.) (Assist.)	1 171.50
45493	Free grafting (split skin) to burns, including excision of burnt tissue — portion of digit of hand (H) (Anaes.) (Assist.)	351.40
45494	Free grafting (split skin) to burns, including excision of burnt tissue — whole of face (excluding ears) (H) (Anaes.) (Assist.)	1 418.20

Item	Service	Fee ($)
45496	Flap, free tissue transfer using microvascular techniques — revision of, by open operation (H) (Anaes.)	360.05
45497	Flap, free tissue transfer using microvascular techniques — complete revision of, by liposuction (H) (Anaes.)	281.25
45498	Flap, free tissue transfer using microvascular techniques — staged revision of, by liposuction (first stage) (H) (Anaes.)	226.30
45499	Flap, free tissue transfer using microvascular techniques — staged revision of, by liposuction (second stage) (H) (Anaes.)	168.75
45500	Microvascular repair using microsurgical techniques, with restoration of continuity of artery or vein of distal extremity or digit (H) (Anaes.) (Assist.)	943.65
45501	Microvascular anastomosis of artery using microsurgical techniques, for re-implantation of limb or digit (H) (Anaes.) (Assist.)	1 535.95
45502	Microvascular anastomosis of vein using microsurgical techniques, for re-implantation of limb or digit (H) (Anaes.) (Assist.)	1 535.95
45503	Micro-arterial or micro-venous graft using microsurgical techniques (H) (Anaes.) (Assist.)	1 757.25
45504	Microvascular anastomosis of artery using microsurgical techniques, for free transfer of tissue including setting in of free flap (H) (Anaes.) (Assist.)	1 535.95
45505	Microvascular anastomosis of vein using microsurgical techniques, for free transfer of tissue including setting in of free flap (H) (Anaes.) (Assist.)	1 535.95
45506	Scar, of face or neck, not more than 3 cm in length, revision of, where undertaken in the operating theatre of a hospital or approved day hospital facility, or where performed by a specialist in the practice of his or her specialty (Anaes.)	190.35
45512	Scar, of face or neck, more than 3 cm in length, revision of, where undertaken in the operating theatre of a hospital or approved day hospital facility, or where performed by a specialist in the practice of his or her specialty (Anaes.)	255.90

Item	Service	Fee ($)
45515	Scar, other than on face or neck, not more than 7 cm in length, revision of, as an independent procedure, where undertaken in the operating theatre of a hospital or approved day hospital facility, or where performed by a specialist in the practice of his or her specialty (Anaes.)	161.40
45518	Scar, other than on face or neck, more than 7 cm in length, revision of, as an independent procedure, where undertaken in the operating theatre of a hospital or approved day hospital facility, or where performed by a specialist in the practice of his or her speciality (Anaes.)	195.30
45519	Extensive burn scars of skin (more than 1% of body surface area), excision of, for correction of scar contracture (H) (Anaes.) (Assist.)	371.35
45520	Reduction mammaplasty (unilateral) with surgical repositioning of nipple (H) (Anaes.) (Assist.)	779.30
45522	Reduction mammaplasty (unilateral) without surgical repositioning of nipple (Anaes.) (Assist.)	546.75
45524	Mammaplasty, augmentation, for significant breast asymmetry where the augmentation is limited to 1 breast (H) (Anaes.) (Assist.)	641.90
45527	Mammaplasty, augmentation, (unilateral), following mastectomy (H) (Anaes.) (Assist.)	641.90
45528	Mammaplasty, augmentation, bilateral, not being a service to which item 45527 applies, where it can be demonstrated that surgery is indicated because of malformation of breast tissue (excluding hypomastia), or disease or trauma of the breast (other than trauma resulting from previous elective cosmetic surgery) (H) (Anaes.) (Assist.)	962.75
45530	Breast reconstruction (unilateral), using a latissimus dorsi or other large muscle or myocutaneous flap, including repair of secondary skin defect, if required, excluding repair of muscular aponeurotic layer, not being a service associated with a service to which item 30165, 30168, 30171, 30174 or 30177 applies (H) (Anaes.) (Assist.)	951.50

Item	Service	Fee ($)
45533	Breast reconstruction using breast sharing technique (first stage) including breast reduction, transfer of complex skin and breast tissue flap, split skin graft to pedicle of flap and other similar procedures (H) (Anaes.) (Assist.)	1 077.60
45536	Breast reconstruction using breast sharing technique (second stage) including division of pedicle, insetting of breast flap, with closure of donor site or other similar procedure (H) (Anaes.) (Assist.)	396.25
45539	Breast reconstruction (unilateral), following mastectomy, using tissue expansion — insertion of tissue expansion unit and all attendances for subsequent expansion injections (H) (Anaes.) (Assist.)	927.15
45542	Breast reconstruction (unilateral), following mastectomy, using tissue expansion — removal of tissue expansion unit and insertion of permanent prosthesis (H) (Anaes.) (Assist.)	530.85
45545	Nipple or areola or both, reconstruction of, by any surgical technique (Anaes.) (Assist.)	538.75
45546	Nipple or areola or both, intradermal colouration of, following breast reconstruction after mastectomy or for congenital absence of nipple	171.25
45548	Breast prosthesis, removal of, as an independent procedure (Anaes.)	239.50
45551	Breast prosthesis, removal of, with complete excision of fibrous capsule (H) (Anaes.) (Assist.)	384.00
45552	Breast prosthesis, removal of, with complete excision of fibrous capsule and replacement of prosthesis (Anaes.) (Assist.)	552.80
45554	Breast prosthesis, replacement of, following medical complications (such as rupture, migration of prosthetic material, or capsule formation), where new pocket is formed, including excision of fibrous capsule (Anaes.) (Assist.)	605.35
45555	Silicone breast prosthesis, removal of and replacement with prosthesis other than silicone gel prosthesis (H) (Anaes.) (Assist.)	552.80

Item	Service	Fee ($)
45556	Breast ptosis, correction of (unilateral), to match the position of the contralateral breast (Anaes.) (Assist.)	662.95
45557	Breast ptosis, correction by mastopexy of (unilateral), following pregnancy and lactation, when performed not less than 1 year, and not more than 7 years, after the end of the most recent pregnancy of the patient, and where it can be demonstrated that the nipple is inferior to the infra-mammary groove (H) (Anaes.) (Assist.)	662.95
45558	Breast ptosis, correction by mastopexy of (bilateral), following pregnancy and lactation, when performed not less than 1 year, and not more than 7 years, after the end of the most recent pregnancy of the patient, and where it can be demonstrated that the nipple is inferior to the infra-mammary groove (H) (Anaes.) (Assist.)	994.40
45560	Hair transplantation for the treatment of alopecia of congenital or traumatic origin or due to disease, excluding male pattern baldness, not being a service to which another item in this group applies (Anaes.)	409.95
45562	Free transfer of tissue involving raising of tissue on vascular or neurovascular pedicle, including direct repair of secondary cutaneous defect if performed, excluding flap for male pattern baldness (Anaes.) (Assist.)	951.50
45563	Neurovascular island flap, including direct repair of secondary cutaneous defect if performed, excluding flap for male pattern baldness (Anaes.) (Assist.)	951.50
45564	Free transfer of tissue reconstructive surgery for the repair of major tissue defect due to congenital deformity, surgery or trauma, involving anastomoses of vessels using microvascular techniques and including raising of tissue on a vascular or neurovascular pedicle, preparation of recipient vessels, transfer of tissue, insetting of tissue at recipient site and direct repair of secondary cutaneous defect if performed, not being a service associated with a service to which item 30165, 30168, 30171, 30174, 30177, 45501, 45502, 45504, 45505 or 45562 applies — conjoint surgery, principal specialist surgeon (H) (Anaes.) (Assist.)	2 203.70

Item	Service	Fee ($)
45565	Free transfer of tissue reconstructive surgery for the repair of major tissue defect due to congenital deformity, surgery or trauma, involving anastomoses of vessels using microvascular techniques and including raising of tissue on a vascular or neurovascular pedicle, preparation of recipient vessels, transfer of tissue, insetting of tissue at recipient site and direct repair of secondary cutaneous defect if performed, not being a service associated with a service to which item 30165, 30168, 30171, 30174, 30177, 45501, 45502, 45504, 45505 or 45562 applies — conjoint surgery, conjoint specialist surgeon (H) (Assist.)	1 652.85
45566	Tissue expansion not being a service to which item 45539 or 45542 applies — insertion of tissue expansion unit and all attendances for subsequent expansion injections (H) (Anaes.) (Assist.)	927.15
45568	Tissue expander, removal of, with complete excision of fibrous capsule (H) (Anaes.) (Assist.)	384.00
45572	Intra-operative tissue expansion performed during an operation when combined with a service to which another item in Group T8 applies including expansion injections and excluding treatment of male pattern baldness (Anaes.)	252.50
45575	Facial nerve paralysis, free fascia graft for (Anaes.) (Assist.)	623.30
45578	Facial nerve paralysis, muscle transfer for (H) (Anaes.) (Assist.)	721.90
45581	Facial nerve palsy, excision of tissue for (Anaes.)	239.50
45584	Liposuction (suction assisted lipolysis) to 1 regional area (thigh, buttock, or similar), for treatment of post-traumatic pseudolipoma (Anaes.)	546.75
45585	Liposuction (suction assisted lipolysis) to 1 regional area, not being a service associated with a service to which item 31521 or 31527 applies, where it can be demonstrated that the treatment is for pathological lipodystrophy of hips, buttocks, thighs, knees or lower legs (Barraquer-Simon's syndrome), gynaecomastia or lymphoedema (Anaes.)	546.75

Item	Service	Fee ($)
45586	Liposuction (suction assisted lipolysis) for reduction of a buffalo hump, where it can be demonstrated that the buffalo hump is secondary to an endocrine disorder or pharmacological treatment of a medical condition (H) (Anaes.)	546.75
45587	Meloplasty for correction of facial asymmetry due to soft tissue abnormality where the meloplasty is limited to 1 side of the face (Anaes.) (Assist.)	771.00
45588	Meloplasty (excluding browlifts and chinlift platysmaplasties), bilateral, where it can be demonstrated that surgery is indicated because of congenital conditions, disease or trauma (other than trauma resulting from previous elective cosmetic surgery) (H) (Anaes.) (Assist.)	1 156.60
45590	Orbital cavity, reconstruction of a wall or floor, with or without foreign implant (H) (Anaes.) (Assist.)	418.25
45593	Orbital cavity, bone or cartilage graft to orbital wall or floor including reduction of prolapsed or entrapped orbital contents (H) (Anaes.) (Assist.)	491.30
45596	Maxilla, total resection of (H) (Anaes.) (Assist.)	779.30
45597	Maxilla, total resection of both maxillae (H) (Anaes.) (Assist.)	1 043.20
45599	Mandible, total resection of both sides, including condylectomies where performed (Anaes.) (Assist.)	810.60
45602	Mandible, including lower border, or maxilla, sub-total resection of (H) (Anaes.) (Assist.)	605.35
45605	Mandible or maxilla, segmental resection of, for tumours or cysts (H) (Anaes.) (Assist.)	508.55
45608	Mandible, hemi-mandibular reconstruction with bone graft, not being a service associated with a service to which item 45599 applies (H) (Anaes.) (Assist.)	715.95
45611	Mandible, condylectomy (H) (Anaes.) (Assist.)	410.05
45614	Eyelid, whole thickness reconstruction of, other than by direct suture only (Anaes.) (Assist.)	508.55

Item	Service	Fee ($)
45617	Upper eyelid, reduction of, for skin redundancy obscuring vision (as evidenced by upper eyelid skin resting on lashes on straight ahead gaze), herniation of orbital fat in exophthalmos, facial nerve palsy or post-traumatic scarring, or the restoration of symmetry of contralateral upper eyelid in respect of 1 of these conditions (Anaes.)	203.45
45620	Lower eyelid, reduction of, for herniation of orbital fat in exophthalmos, facial nerve palsy or post-traumatic scarring, or, in respect of 1 of these conditions, the restoration of symmetry of the contralateral lower eyelid (Anaes.)	282.15
45623	Ptosis of eyelid (unilateral), correction of (Anaes.) (Assist.)	625.80
45624	Ptosis of eyelid, correction of, where previous ptosis surgery has been performed on that side (Anaes.) (Assist.)	811.30
45625	Ptosis of eyelid, correction of eyelid height by revision of levator sutures within 1 week of primary repair by levator resection or advancement, performed in the operating theatre of a hospital or approved day hospital facility (H) (Anaes.)	162.30
45626	Ectropion or entropion, correction of (unilateral) (Anaes.)	282.15
45629	Symblepharon, grafting for (Anaes.) (Assist.)	410.05
45632	Rhinoplasty, correction of lateral or alar cartilages (Anaes.)	443.05
45635	Rhinoplasty, correction of bony vault only (Anaes.)	508.55
45638	Rhinoplasty, total, including correction of all bony and cartilaginous elements of the external nose, for correction of nasal obstruction or post-traumatic deformity (other than deformity resulting from previous elective cosmetic surgery), or both (Anaes.)	877.65
45639	Rhinoplasty, total, including correction of all bony and cartilaginous elements of the external nose, where it can be demonstrated that there is a need for correction of significant developmental deformity (Anaes.)	877.65
45641	Rhinoplasty involving nasal or septal cartilage graft, or nasal bone graft, or nasal bone and nasal cartilage graft (Anaes.)	937.20

Item	Service	Fee ($)
45644	Rhinoplasty involving autogenous bone or cartilage graft obtained from distant donor site, including obtaining of graft (Anaes.) (Assist.)	1 107.35
45645	Choanal atresia, repair of by puncture and dilatation (H) (Anaes.)	193.55
45646	Choanal atresia, correction by open operation with bone removal (Anaes.) (Assist.)	779.30
45647	Face, contour restoration of 1 region, using autogenous bone or cartilage graft (not being a service to which item 45644 applies) (H) (Anaes.) (Assist.)	1 107.35
45650	Rhinoplasty, secondary revision of (Anaes.)	127.95
45652	Rhinophyma, carbon dioxide laser or erbium laser excision — ablation of (Anaes.)	308.40
45653	Rhinophyma, shaving of (Anaes.)	308.40
45656	Composite graft (chondro-cutaneous or chondro-mucosal) to nose, ear or eyelid (Anaes.) (Assist.)	434.70
45659	Lop ear, bat ear or similar deformity, correction of (Anaes.)	451.10
45660	External ear, complex total reconstruction of, using multiple costal cartilage grafts to form a framework, including the harvesting and sculpturing of the cartilage and its insertion, for congenital absence, microtia or post-traumatic loss of entire or substantial portion of pinna (first stage) — performed by a specialist in the practice of his or her specialty (H) (Anaes.) (Assist.)	2 491.50
45661	External ear, complex total reconstruction of, elevation of costal cartilage framework using cartilage previously stored in abdominal wall, including the use of local skin and fascia flaps and full thickness skin graft to cover cartilage (second stage) — performed by a specialist in the practice of his or her specialty (H) (Anaes.) (Assist.)	1 107.35
45662	Congenital atresia, reconstruction of external auditory canal (H) (Anaes.) (Assist.)	606.90
45665	Lip, eyelid or ear, full thickness wedge excision of, with repair by direct sutures (Anaes.)	282.15
45668	Vermilionectomy, by surgical excision (Anaes.)	282.15

Item	Service	Fee ($)
45669	Vermilionectomy, using carbon dioxide laser or erbium laser excision — ablation (Anaes.)	282.15
45671	Lip or eyelid reconstruction using full thickness flap (Abbe or similar), first stage (Anaes.) (Assist.)	721.90
45674	Lip or eyelid reconstruction using full thickness flap (Abbe or similar), second stage (Anaes.)	209.95
45675	Macrocheilia or macroglossia, operation for (H) (Anaes.) (Assist.)	418.25
45676	Macrostomia, operation for (H) (Anaes.) (Assist.)	497.90
45677	Cleft lip, unilateral — primary repair, 1 stage, without anterior palate repair (H) (Anaes.) (Assist.)	468.55
45680	Cleft lip, unilateral — primary repair, 1 stage, with anterior palate repair (H) (Anaes.) (Assist.)	585.80
45683	Cleft lip, bilateral — primary repair, 1 stage, without anterior palate repair (H) (Anaes.) (Assist.)	650.75
45686	Cleft lip, bilateral — primary repair, 1 stage, with anterior palate repair (H) (Anaes.) (Assist.)	768.05
45689	Cleft lip, lip adhesion procedure, unilateral or bilateral (H) (Anaes.) (Assist.)	226.50
45692	Cleft lip, partial revision, including minor flap revision alignment and adjustment, including revision of minor whistle deformity if performed (Anaes.)	260.30
45695	Cleft lip, total revision, including major flap revision, muscle reconstruction and revision of major whistle deformity (H) (Anaes.) (Assist.)	423.00
45698	Cleft lip, primary columella lengthening procedure, bilateral (H) (Anaes.)	397.00
45701	Cleft lip reconstruction using full thickness flap (Abbe or similar), first stage (H) (Anaes.) (Assist.)	715.95
45704	Cleft lip reconstruction using full thickness flap (Abbe or similar), second stage (Anaes.)	260.30
45707	Cleft palate, primary repair (H) (Anaes.) (Assist.)	676.75
45710	Cleft palate, secondary repair, closure of fistula using local flaps (H) (Anaes.)	423.00

Item	Service	Fee ($)
45713	Cleft palate, secondary repair, lengthening procedure (H) (Anaes.) (Assist.)	481.75
45714	Oro-nasal fistula, plastic closure of, including services to which item 45200, 45203 or 45239 applies (H) (Anaes.) (Assist.)	676.75
45716	Velo-pharyngeal incompetence, pharyngeal flap for, or pharyngoplasty for (H) (Anaes.)	676.75
45720	Mandible or maxilla, unilateral osteotomy or osteectomy of, including transposition of nerves and vessels and bone grafts taken from the same site (Anaes.) (Assist.)	836.70
45723	Mandible or maxilla, unilateral osteotomy or osteectomy of, including transposition of nerves and vessels and bone grafts taken from the same site and stabilisation with fixation by wires, screws, plates or pins, or any combination (H) (Anaes.) (Assist.)	943.65
45726	Mandible or maxilla, bilateral osteotomy or osteectomy of, including transposition of nerves and vessels and bone grafts taken from the same site (H) (Anaes.) (Assist.)	1 066.30
45729	Mandible or maxilla, bilateral osteotomy or osteectomy of, including transposition of nerves and vessels and bone grafts taken from the same site and stabilisation with fixation by wires, screws, plates or pins, or any combination (H) (Anaes.) (Assist.)	1 197.50
45731	Mandible or maxilla, osteotomies or osteectomies of, involving 3 or more such procedures on the 1 jaw, including transposition of nerves and vessels and bone grafts taken from the same site (H) (Anaes.) (Assist.)	1 214.00
45732	Mandible or maxilla, osteotomies or osteectomies of, involving 3 or more such procedures on the 1 jaw, including transposition of nerves and vessels and bone grafts taken from the same site and stabilisation with fixation by wires, screws, plates or pins, or any combination (H) (Anaes.) (Assist.)	1 366.75
45735	Mandible and maxilla, osteotomies or osteectomies of, involving 2 such procedures of each jaw, including transposition of nerves and vessels and bone grafts taken from the same site (H) (Anaes.) (Assist.)	1 394.30

Item	Service	Fee ($)
45738	Mandible and maxilla, osteotomies or osteectomies of, involving 2 such procedures of each jaw, including transposition of nerves and vessels and bone grafts taken from the same site and stabilisation with fixation by wires, screws, plates or pins, or any combination (H) (Anaes.) (Assist.)	1 568.55
45741	Mandible and maxilla, complex bilateral osteotomies or osteectomies of, involving 3 or more such procedures of 1 jaw and 2 such procedures of the other jaw, including genioplasty when performed and transposition of nerves and vessels and bone grafts taken from the same site (H) (Anaes.) (Assist.)	1 533.90
45744	Mandible and maxilla, complex bilateral osteotomies or osteectomies of, involving 3 or more such procedures of 1 jaw and 2 such procedures of the other jaw, including genioplasty when performed and transposition of nerves and vessels and bone grafts taken from the same site and stabilisation with fixation by wires, screws, plates or pins, or any combination (H) (Anaes.) (Assist.)	1 724.60
45747	Mandible and maxilla, complex bilateral osteotomies or osteectomies of, involving 3 or more such procedures of each jaw, including genioplasty (when performed) and transposition of nerves and vessels and bone grafts taken from the same site (Anaes.) (Assist.)	1 673.40
45752	Mandible and maxilla, complex bilateral osteotomies or osteectomies of, involving 3 or more such procedures of each jaw, including genioplasty when performed and transposition of nerves and vessels and bone grafts taken from the same site and stabilisation with fixation by wires, screws, plates or pins, or any combination (H) (Anaes.) (Assist.)	1 874.40
45753	Midfacial osteotomies — Le Fort II, Modified Le Fort III (Nasomalar), Modified Le Fort III (Malar-Maxillary), Le Fort III involving 3 or more osteotomies of the midface including transposition of nerves and vessels and bone grafts taken from the same site (Anaes.) (Assist.)	1 885.55

Item	Service	Fee ($)
45754	Midfacial osteotomies — Le Fort II, Modified Le Fort III (Nasomalar), Modified Le Fort III (Malar-Maxillary), Le Fort III involving 3 or more osteotomies of the midface including transposition of nerves and vessels and bone grafts taken from the same site and stabilisation with fixation by wires, screws, plates or pins, or any combination (H) (Anaes.) (Assist.)	2 260.25
45755	Temporo-mandibular meniscectomy (Anaes.) (Assist.)	318.25
45758	Temporo-mandibular joint, arthroplasty (H) (Anaes.) (Assist.)	569.55
45761	Genioplasty, including transposition of nerves and vessels and bone grafts taken from the same site (H) (Anaes.) (Assist.)	647.95
45767	Hypertelorism, correction of, intra-cranial (Anaes.) (Assist.)	2 173.70
45770	Hypertelorism, correction of, sub-cranial (H) (Anaes.) (Assist.)	1 665.10
45773	Treacher Collins Syndrome, periorbital correction of, with rib and iliac bone grafts (Anaes.) (Assist.)	1 517.50
45776	Orbital dystopia (unilateral), correction of, with total repositioning of 1 orbit, intra-cranial (H) (Anaes.) (Assist.)	1 517.50
45779	Orbital dystopia (unilateral), correction of, with total repositioning of 1 orbit, extra-cranial (H) (Anaes.) (Assist.)	1 115.65
45782	Fronto-orbital advancement, unilateral (Anaes.) (Assist.)	853.15
45785	Cranial vault reconstruction for oxycephaly, brachycephaly, turricephaly or similar condition — (bilateral fronto-orbital advancement) (H) (Anaes.) (Assist.)	1 443.65
45788	Glenoid fossa, zygomatic arch and temporal bone, reconstruction of, (Obwegeser technique) (H) (Anaes.) (Assist.)	1 427.25
45791	Absent condyle and ascending ramus in hemifacial microsomia, construction of, not including harvesting of graft material (H) (Anaes.) (Assist.)	771.00

Item	Service	Fee ($)
45794	Osseo-integration procedure — extra-oral, implantation of titanium fixture (H) (Anaes.)	436.10
45797	Osseo-integration procedure, fixation of transcutaneous abutment (H) (Anaes.)	161.40
45799	Aspiration biopsy of 1 or more jaw cysts as an independent procedure to obtain material for diagnostic purposes, not being a service associated with an operative procedure on the same day (Anaes.)	25.50
45801	Tumour, cyst, ulcer or scar (other than a scar removed during the surgical approach at an operation), in the oral and maxillofacial region, up to 3 cm in diameter, removal from cutaneous or subcutaneous tissue or from mucous membrane, where the removal is by surgical excision and suture, not being a service to which item 45803 applies (Anaes.)	109.85
45803	Tumour, cyst, ulcers or scar (other than a scar removed during the surgical approach at an operation), in the oral and maxillofacial region, up to 3 cm in diameter, removal from cutaneous or subcutaneous tissue or from mucous membrane, where the removal is by surgical excision and suture, and the procedure is performed on more than 3 but not more than 10 lesions (Anaes.) (Assist.)	282.15
45805	Tumour, cyst, ulcer or scar (other than a scar removed during the surgical approach at an operation), in the oral and maxillofacial region, more than 3 cm in diameter, removal from cutaneous or subcutaneous tissue or from mucous membrane (Anaes.)	149.30
45807	Tumour, cyst (other than a cyst associated with a tooth or tooth fragment unless it has been established by radiological examination that there is a minimum of 5 mm separation between the cyst lining and tooth structure or where a tumour or cyst has been proven by positive histopathology), ulcer or scar (other than a scar removed during the surgical approach at an operation), in the oral and maxillofacial region, removal of, not being a service to which another item in this subgroup applies, involving muscle, bone, or other deep tissue (Anaes.)	213.30

Item	Service	Fee ($)
45809	Tumour or deep cyst (other than a cyst associated with a tooth or tooth fragment unless it has been established by radiological examination that there is a minimum of 5 mm separation between the cyst lining and tooth structure or where a tumour or cyst has been proven by positive histopathology), in the oral and maxillofacial region, removal of, requiring wide excision, not being a service to which another item in this subgroup applies (Anaes.) (Assist.)	321.55
45811	Tumour, in the oral and maxillofacial region, removal of, from soft tissue (including muscle, fascia and connective tissue), extensive excision of, without skin or mucosal graft (Anaes.) (Assist.)	434.70
45813	Tumour, in the oral and maxillofacial region, removal of, from soft tissue (including muscle, fascia and connective tissue), extensive excision of, with skin or mucosal graft (Anaes.) (Assist.)	508.55
45815	Operation on mandible or maxilla (other than alveolar margins) for chronic osteomyelitis — 1 bone or in combination with adjoining bones (Anaes.) (Assist.)	308.40
45817	Operation on skull for osteomyelitis (Anaes.) (Assist.)	402.00
45819	Operation on any combination of adjoining bones in the oral and maxillofacial region, being bones referred to in item 45817 (Anaes.) (Assist.)	508.50
45821	Bone growth stimulator in the oral and maxillofacial region, insertion of (Anaes.) (Assist.)	329.55
45823	Arch bars, 1 or more, that were inserted for dental fixation purposes to the maxilla or mandible, removal of, requiring general anaesthesia where undertaken in the operating theatre of a hospital or approved day hospital facility (Anaes.)	94.25
45825	Mandibular or palatal exostosis, excision of (Anaes.) (Assist.)	292.80
45827	Mylohyoid ridge, reduction of (Anaes.) (Assist.)	279.90
45829	Maxillary tuberosity, reduction of (Anaes.)	213.50
45831	Papillary hyperplasia of the palate, removal of — less than 5 lesions (Anaes.) (Assist.)	279.90

Item	Service	Fee ($)
45833	Papillary hyperplasia of the palate, removal of — 5 to 20 lesions (Anaes.) (Assist.)	351.40
45835	Papillary hyperplasia of the palate, removal of — more than 20 lesions (Anaes.) (Assist.)	436.10
45837	Vestibuloplasty, submucosal or open, including excision of muscle and skin or mucosal graft when performed — unilateral or bilateral (Anaes.) (Assist.)	507.55
45839	Floor of mouth lowering (Obwegeser or similar procedure), including excision of muscle and skin or mucosal graft when performed — unilateral (Anaes.) (Assist.)	507.55
45841	Alveolar ridge augmentation with bone or alloplast or both — unilateral (Anaes.) (Assist.)	409.95
45843	Alveolar ridge augmentation — unilateral, insertion of tissue expanding device into maxillary or mandibular alveolar ridge region (Anaes.) (Assist.)	251.40
45845	Osseo-integration procedure — intra-oral implantation of titanium fixture to facilitate restoration of the dentition following resection of part of the maxilla or mandible for benign or malignant tumours (Anaes.)	436.10
45847	Osseo-integration procedure — fixation of transmucosal abutment to fixtures placed following resection of part of the maxilla or mandible for benign or malignant tumours (Anaes.)	161.40
45849	Maxillary sinus, bone graft to floor of maxillary sinus following elevation of mucosal lining (sinus lift procedure), unilateral (Anaes.) (Assist.)	502.70
45851	Temporomandibular joint, manipulation of, performed in the operating theatre of a hospital or approved day hospital facility, not being a service associated with a service to which another item in this subgroup applies (Anaes.)	123.70
45853	Absent condyle and ascending ramus in hemifacial microsomia, construction of, not including harvesting of graft material (Anaes.) (Assist.)	771.00

Item	Service	Fee ($)
45855	Temporomandibular joint, arthroscopy of, with or without biopsy, not being a service associated with any other arthroscopic procedure of that joint (Anaes.) (Assist.)	353.70
45857	Temporomandibular joint, arthroscopy of, removal of loose bodies, debridement, or treatment of adhesions — 1 or more of such procedures (Anaes.) (Assist.)	565.80
45859	Temporomandibular joint, arthrotomy of, not being a service to which another item in this subgroup applies (Anaes.) (Assist.)	285.25
45861	Temporomandibular joint, open surgical exploration of, with or without microsurgical techniques (Anaes.) (Assist.)	754.95
45863	Temporomandibular joint, open surgical exploration of, with condylectomy or condylotomy, with or without microsurgical techniques (Anaes.) (Assist.)	836.90
45865	Arthrocentesis, irrigation of temporomandibular joint after insertion of 2 cannuli into the appropriate joint space(s) (Anaes.) (Assist.)	251.40
45867	Temporomandibular joint, synovectomy of, not being a service to which another item in this subgroup applies (Anaes.) (Assist.)	270.30
45869	Temporomandibular joint, open surgical exploration of, with or without meniscus or capsular surgery, including meniscectomy when performed, with or without microsurgical techniques (Anaes.) (Assist.)	1 028.35
45871	Temporomandibular joint, open surgical exploration of, with meniscus, capsular and condylar head surgery, with or without microsurgical techniques (Anaes.) (Assist.)	1 158.40
45873	Temporomandibular joint, surgery of, involving procedures to which item 45863, 45867, 45869 or 45871 applies and also involving the use of tissue flaps, or cartilage graft, or allograft implants, with or without microsurgical techniques (Anaes.) (Assist.)	1 301.65
45875	Temporomandibular joint, stabilisation of, involving 1 or more of: repair of capsule, repair of ligament or internal fixation, not being a service to which another item in this subgroup applies (Anaes.) (Assist.)	407.35

Item	Service	Fee ($)
45877	Temporomandibular joint, arthrodesis of, not being a service to which another item in this subgroup applies (Anaes.) (Assist.)	407.35
45879	Temporomandibular joint or joints, application of external fixator to, other than for treatment of fractures (Anaes.) (Assist.)	270.30
Subgroup 14 — Hand surgery		
46300	Interphalangeal joint or metacarpophalangeal joint, arthrodesis of (H) (Anaes.) (Assist.)	292.85
46303	Carpometacarpal joint, arthrodesis of (H) (Anaes.) (Assist.)	325.50
46306	Interphalangeal joint or metacarpophalangeal joint — interposition arthroplasty of and including tendon transfers or realignment on the 1 ray (H) (Anaes.) (Assist.)	455.65
46307	Interphalangeal joint or metacarpophalangeal joint — volar plate arthroplasty for traumatic deformity including tendon transfers or realignment on the 1 ray (H) (Anaes.) (Assist.)	455.65
46309	Interphalangeal joint or metacarpophalangeal joint, total replacement arthroplasty or hemiarthroplasty of, including associated synovectomy, tendon transfer or realignment — 1 joint (H) (Anaes.) (Assist.)	455.65
46312	Interphalangeal joint or metacarpophalangeal joint, total replacement arthroplasty or hemiarthroplasty of, including associated synovectomy, tendon transfer or realignment — 2 joints (H) (Anaes.) (Assist.)	585.90
46315	Interphalangeal joint or metacarpophalangeal joint, total replacement arthroplasty or hemiarthroplasty of, including associated synovectomy, tendon transfer or realignment — 3 joints (H) (Anaes.) (Assist.)	781.10
46318	Interphalangeal joint or metacarpophalangeal joint, total replacement arthroplasty or hemiarthroplasty of, including associated synovectomy, tendon transfer or realignment — 4 joints (H) (Anaes.) (Assist.)	976.45

Item	Service	Fee ($)
46321	Interphalangeal joint or metacarpophalangeal joint, total replacement arthroplasty or hemiarthroplasty of, including associated synovectomy, tendon transfer or realignment — 5 or more joints (H) (Anaes.) (Assist.)	1 171.80
46324	Carpal bone replacement arthroplasty including associated tendon transfer or realignment when performed (H) (Anaes.) (Assist.)	698.75
46325	Carpal bone replacement or resection arthroplasty using adjacent tendon or other soft tissue including associated tendon transfer or realignment when performed (H) (Anaes.) (Assist.)	729.15
46327	Interphalangeal joint or metacarpophalangeal joint, arthrotomy of (Anaes.)	175.85
46330	Interphalangeal joint or metacarpophalangeal joint, arthrotomy of, with ligamentous or capsular repair (H) (Anaes.) (Assist.)	299.50
46333	Interphalangeal joint or metacarpophalangeal joint, ligamentous repair of, using free tissue graft or implant (H) (Anaes.) (Assist.)	488.20
46336	Interphalangeal joint or metacarpophalangeal joint, synovectomy, capsulectomy or debridement of, not being a service associated with any other procedure related to that joint (Anaes.) (Assist.)	227.90
46339	Extensor tendons or flexor tendons of hand or wrist, synovectomy of (Anaes.) (Assist.)	403.50
46342	Distal radioulnar joint or carpometacarpal joint or joints, synovectomy of (H) (Anaes.) (Assist.)	403.50
46345	Distal radioulnar joint, reconstruction or stabilisation of, including fusion, or ligamentous arthroplasty and excision of distal ulna, when performed (H) (Anaes.) (Assist.)	488.20
46348	Digit, synovectomy of flexor tendon or tendons — 1 digit (Anaes.)	211.55
46351	Digit, synovectomy of flexor tendon or tendons — 2 digits (H) (Anaes.) (Assist.)	315.70
46354	Digit, synovectomy of flexor tendon or tendons — 3 digits (H) (Anaes.) (Assist.)	423.10

Item	Service	Fee ($)
46357	Digit, synovectomy of flexor tendon or tendons — 4 digits (H) (Anaes.) (Assist.)	527.30
46360	Digit, synovectomy of flexor tendon or tendons — 5 digits (H) (Anaes.) (Assist.)	634.65
46363	Tendon sheath of hand or wrist, open operation on, for stenosing tenovaginitis (Anaes.)	182.25
46366	Dupuytren's contracture, subcutaneous fasciotomy for — each hand (Anaes.)	110.70
46369	Dupuytren's contracture, palmar fasciectomy for — 1 hand (Anaes.)	182.25
46372	Dupuytren's contracture, fasciectomy for, from 1 ray, including dissection of nerves — 1 hand (Anaes.) (Assist.)	370.30
46375	Dupuytren's contracture, fasciectomy for, from 2 rays, including dissection of nerves — 1 hand (Anaes.) (Assist.)	439.40
46378	Dupuytren's contracture, fasciectomy for, from 3 or more rays, including dissection of nerves — 1 hand (H) (Anaes.) (Assist.)	585.90
46381	Interphalangeal joint, joint capsule release when performed in conjunction with operation for Dupuytren's contracture — each procedure (H) (Anaes.) (Assist.)	260.35
46384	Z plasty (or similar local flap procedure) when performed in conjunction with operation for Dupuytren's contracture — 1 such procedure (H) (Anaes.) (Assist.)	260.35
46387	Dupuytren's contracture, fasciectomy for, from 1 ray, including dissection of nerves — operation for recurrence in that ray (Anaes.) (Assist.)	537.10
46390	Dupuytren's contracture, fasciectomy for, from 2 rays, including dissection of nerves — operation for recurrence in those rays (H) (Anaes.) (Assist.)	716.10
46393	Dupuytren's contracture, fasciectomy for, from 3 or more rays, including dissection of nerves — operation for recurrence in those rays (H) (Anaes.) (Assist.)	829.95
46396	Phalanx or metacarpal of the hand, osteotomy or osteectomy of (Anaes.) (Assist.)	285.25

Item	Service	Fee ($)
46399	Phalanx or metacarpal of the hand, osteotomy of, with internal fixation (H) (Anaes.) (Assist.)	448.20
46402	Phalanx or metacarpal, bone grafting of, for pseudarthrosis (non-union), including obtaining of graft material (H) (Anaes.) (Assist.)	448.20
46405	Phalanx or metacarpal, bone grafting of, for pseudarthrosis (non-union), involving internal fixation and including obtaining of graft material (H) (Anaes.) (Assist.)	546.85
46408	Tendon, reconstruction of, by tendon graft (H) (Anaes.) (Assist.)	598.95
46411	Flexor tendon pulley, reconstruction of, by graft (H) (Anaes.) (Assist.)	351.50
46414	Artificial tendon prosthesis, insertion of, in preparation for tendon grafting (Anaes.) (Assist.)	455.55
46417	Tendon transfer for restoration of hand function, each transfer (H) (Anaes.) (Assist.)	423.10
46420	Extensor tendon of hand or wrist, primary repair of, each tendon (Anaes.)	177.05
46423	Extensor tendon of hand or wrist, secondary repair of, each tendon (Anaes.) (Assist.)	283.15
46426	Flexor tendon of hand or wrist, primary repair of, proximal to A1 pulley, each tendon (H) (Anaes.) (Assist.)	292.85
46429	Flexor tendon of hand or wrist, secondary repair of, proximal to A1 pulley, each tendon (Anaes.) (Assist.)	358.00
46432	Flexor tendon of hand, primary repair of, distal to A1 pulley, each tendon (H) (Anaes.) (Assist.)	390.65
46435	Flexor tendon of hand, secondary repair of, distal to A1 pulley, each tendon (H) (Anaes.) (Assist.)	455.65
46438	Mallet finger, closed pin fixation of (Anaes.)	117.20
46441	Mallet finger, open repair of, including pin fixation when performed (Anaes.) (Assist.)	283.15
46442	Mallet finger with intra-articular fracture involving more than one-third of base of terminal phalanx — open reduction (H) (Anaes.) (Assist.)	243.05

Item	Service	Fee ($)
46444	Boutonniere deformity without joint contracture, reconstruction of (H) (Anaes.) (Assist.)	423.10
46447	Boutonniere deformity with joint contracture, reconstruction of (H) (Anaes.) (Assist.)	527.30
46450	Extensor tendon, tenolysis of, following tendon injury, repair or graft (H) (Anaes.)	195.30
46453	Flexor tendon, tenolysis of, following tendon injury, repair or graft (H) (Anaes.) (Assist.)	325.50
46456	Finger, percutaneous tenotomy of (Anaes.)	84.60
46459	Operation for osteomyelitis on distal phalanx (Anaes.)	162.80
46462	Operation for osteomyelitis on middle or proximal phalanx, metacarpal or carpus (Anaes.) (Assist.)	260.35
46464	Amputation of a supernumerary complete digit (Anaes.)	195.30
46465	Amputation of single digit, proximal to nail bed, involving section of bone or joint and requiring soft tissue cover (Anaes.)	195.30
46468	Amputation of 2 digits, proximal to nail bed, involving section of bone or joint and requiring soft tissue cover (H) (Anaes.) (Assist.)	341.75
46471	Amputation of 3 digits, proximal to nail bed, involving section of bone or joint and requiring soft tissue cover (Anaes.) (Assist.)	488.20
46474	Amputation of 4 digits, proximal to nail bed, involving section of bone or joint and requiring soft tissue cover (H) (Anaes.) (Assist.)	634.65
46477	Amputation of 5 digits, proximal to nail bed, involving section of bone or joint and requiring soft tissue cover (H) (Anaes.) (Assist.)	781.10
46480	Amputation of single digit, proximal to nail bed, involving section of bone or joint and requiring soft tissue cover, including metacarpal (Anaes.) (Assist.)	325.50
46483	Revision of amputation stump to provide adequate soft tissue cover (Anaes.) (Assist.)	260.35

Item	Service	Fee ($)
46486	Nail bed, accurate reconstruction of nail bed laceration using magnification, undertaken in the operating theatre of a hospital or approved day hospital facility (Anaes.)	195.30
46489	Nail bed, secondary exploration and accurate repair of nail bed deformity using magnification, undertaken in the operating theatre of a hospital or approved day hospital facility (Anaes.) (Assist.)	227.90
46492	Contracture of digits of hand, flexor or extensor, correction of, involving tissues deeper than skin and subcutaneous tissue (H) (Anaes.) (Assist.)	312.50
46494	Ganglion of hand, excision of, not being a service associated with a service to which another item in this group applies (Anaes.)	190.35
46495	Ganglion or mucous cyst of distal digit, excision of, not being a service associated with a service to which item 30106 or 30107 applies (Anaes.)	175.85
46498	Ganglion of flexor tendon sheath, excision of, not being a service associated with a service to which item 30106 or 30107 applies (Anaes.)	190.35
46500	Ganglion of dorsal wrist joint, excision of, not being a service associated with a service to which item 30106 or 30107 applies (Anaes.) (Assist.)	227.90
46501	Ganglion of volar wrist joint, excision of, not being a service associated with a service to which item 30106 or 30107 applies (Anaes.) (Assist.)	284.85
46502	Recurrent ganglion of dorsal wrist joint, excision of, not being a service associated with a service to which item 30106 or 30107 applies (Anaes.) (Assist.)	262.15
46503	Recurrent ganglion of volar wrist joint, excision of, not being a service associated with a service to which item 30106 or 30107 applies (Anaes.) (Assist.)	327.45
46504	Neurovascular island flap, for pulp innervation (Anaes.) (Assist.)	956.85
46507	Digit or ray, transposition or transfer of, on vascular pedicle, complete procedure (H) (Anaes.) (Assist.)	1 113.10
46510	Macrodactyly, surgical reduction of enlarged elements — each digit (H) (Anaes.) (Assist.)	303.80

Item	Service	Fee ($)
46513	Digital nail of finger or thumb, removal of, not being a service to which item 46516 applies (Anaes.)	48.90
46516	Digital nail of finger or thumb, removal of, in the operating theatre of a hospital or approved day hospital facility (Anaes.)	97.70
46519	Middle palmar, thenar or hypothenar spaces of hand, drainage of (excluding after-care) (Anaes.)	122.25
46522	Flexor tendon sheath of finger or thumb — open operation and drainage for infection (H) (Anaes.) (Assist.)	364.55
46525	Pulp space infection, paronychia of hand, incision for, when performed in an operating theatre of a hospital or approved day hospital facility, not being a service to which another item in this group applies (excluding after-care) (Anaes.)	48.90
46528	Ingrowing nail of finger or thumb, wedge resection for, including removal of segment of nail, ungual fold and portion of the nail bed (Anaes.)	146.70
46531	Ingrowing nail of finger or thumb, partial resection of nail, including phenolisation but not including excision of nail bed (Anaes.)	73.70
46534	Nail plate injury or deformity, radical excision of nail germinal matrix (Anaes.)	203.75
Subgroup 15 — Orthopaedic		
47000	Mandible, treatment of dislocation of, by closed reduction (Anaes.)	61.20
47003	Clavicle, treatment of dislocation of, by closed reduction (Anaes.)	73.35
47006	Clavicle, treatment of dislocation of, by open reduction (Anaes.)	147.35
47009	Shoulder, treatment of dislocation of, requiring general anaesthesia, not being a service to which item 47012 applies (Anaes.)	146.70
47012	Shoulder, treatment of dislocation of, requiring general anaesthesia, open reduction (H) (Anaes.) (Assist.)	293.30
47015	Shoulder, treatment of dislocation of, not requiring general anaesthesia	73.35

Item	Service	Fee ($)
47018	Elbow, treatment of dislocation of, by closed reduction (Anaes.)	171.00
47021	Elbow, treatment of dislocation of, by open reduction (H) (Anaes.) (Assist.)	228.15
47024	Radioulnar joint, distal or proximal, treatment of dislocation of, by closed reduction, not being a service associated with fracture or dislocation in the same region (Anaes.)	171.00
47027	Radioulnar joint, distal or proximal, treatment of dislocation of, by open reduction, not being a service associated with fracture or dislocation in the same region (H) (Anaes.) (Assist.)	228.15
47030	Carpus, or carpus on radius and ulna, or carpometacarpal joint, treatment of dislocation of, by closed reduction (Anaes.)	171.00
47033	Carpus, or carpus on radius and ulna, or carpometacarpal joint, treatment of dislocation of, by open reduction (Anaes.) (Assist.)	228.15
47036	Interphalangeal joint, treatment of dislocation of, by closed reduction (Anaes.)	73.35
47039	Interphalangeal joint, treatment of dislocation of, by open reduction (Anaes.)	97.70
47042	Metacarpophalangeal joint, treatment of dislocation of, by closed reduction (Anaes.)	97.70
47045	Metacarpophalangeal joint, treatment of dislocation of, by open reduction (Anaes.)	130.45
47048	Hip, treatment of dislocation of, by closed reduction (Anaes.)	281.10
47051	Hip, treatment of dislocation of, by open reduction (H) (Anaes.) (Assist.)	374.75
47054	Knee, treatment of dislocation of, by closed reduction (Anaes.) (Assist.)	281.10
47057	Patella, treatment of dislocation of, by closed reduction (Anaes.)	109.95
47060	Patella, treatment of dislocation of, by open reduction (Anaes.)	146.70

Item	Service	Fee ($)
47063	Ankle or tarsus, treatment of dislocation of, by closed reduction (Anaes.)	220.00
47066	Ankle or tarsus, treatment of dislocation of, by open reduction (H) (Anaes.) (Assist.)	293.30
47069	Toe, treatment of dislocation of, by closed reduction (Anaes.)	61.20
47072	Toe, treatment of dislocation of, by open reduction (Anaes.)	81.35
47300	Distal phalanx of finger or thumb, treatment of fracture of, by closed reduction, including percutaneous fixation where used (Anaes.)	73.35
47303	Distal phalanx of finger or thumb, treatment of intra-articular fracture of, by closed reduction (Anaes.)	85.60
47306	Distal phalanx of finger or thumb, treatment of fracture of, by open reduction (Anaes.)	97.70
47309	Distal phalanx of finger or thumb, treatment of intra-articular fracture of, by open reduction (Anaes.)	122.25
47312	Middle phalanx of finger, treatment of fracture of, by closed reduction (Anaes.)	109.95
47315	Middle phalanx of finger, treatment of intra-articular fracture of, by closed reduction (Anaes.)	126.30
47318	Middle phalanx of finger, treatment of fracture of, by open reduction (Anaes.)	146.70
47321	Middle phalanx of finger, treatment of intra-articular fracture of, by open reduction (H) (Anaes.)	183.30
47324	Proximal phalanx of finger or thumb, treatment of fracture of, by closed reduction (Anaes.)	146.70
47327	Proximal phalanx of finger or thumb, treatment of intra-articular fracture of, by closed reduction (Anaes.)	171.00
47330	Proximal phalanx of finger or thumb, treatment of fracture of, by open reduction (Anaes.)	195.60
47333	Proximal phalanx of finger or thumb, treatment of intra-articular fracture of, by open reduction (H) (Anaes.) (Assist.)	244.35

Item	Service	Fee ($)
47336	Metacarpal, treatment of fracture of, by closed reduction (Anaes.)	146.70
47339	Metacarpal, treatment of intra-articular fracture of, by closed reduction (Anaes.)	171.00
47342	Metacarpal, treatment of fracture of, by open reduction (Anaes.)	195.60
47345	Metacarpal, treatment of intra-articular fracture of, by open reduction (H) (Anaes.) (Assist.)	244.35
47348	Carpus (excluding scaphoid), treatment of fracture of, not being a service to which item 47351 applies (Anaes.)	81.35
47351	Carpus (excluding scaphoid), treatment of fracture of, by open reduction (Anaes.)	203.75
47354	Carpal scaphoid, treatment of fracture of, not being a service to which item 47357 applies (Anaes.)	146.70
47357	Carpal scaphoid, treatment of fracture of, by open reduction (Anaes.) (Assist.)	325.95
47360	Radius or ulna, distal end of, treatment of fracture of, by cast immobilisation, not being a service to which item 47363 or 47366 applies (Anaes.)	114.10
47363	Radius or ulna, distal end of, treatment of fracture of, by closed reduction (Anaes.)	171.00
47366	Radius or ulna, distal end of, treatment of fracture of, by open reduction (Anaes.) (Assist.)	228.15
47369	Radius, distal end of, treatment of Colles', Smith's or Barton's fracture of, by cast immobilisation, not being a service to which item 47372 or 47375 applies (Anaes.)	146.70
47372	Radius, distal end of, treatment of Colles', Smith's or Barton's fracture, by closed reduction (Anaes.)	244.35
47375	Radius, distal end of, treatment of Colles', Smith's or Barton's fracture, by open reduction (H) (Anaes.) (Assist.)	325.95
47378	Radius or ulna, shaft of, treatment of fracture of, by cast immobilisation, not being a service to which item 47381, 47384, 47385 or 47386 applies (Anaes.)	146.70

Item	Service	Fee ($)
47381	Radius or ulna, shaft of, treatment of fracture of, by closed reduction undertaken in the operating theatre of a hospital or approved day hospital facility (Anaes.)	220.00
47384	Radius or ulna, shaft of, treatment of fracture of, by open reduction (H) (Anaes.) (Assist.)	293.30
47385	Radius or ulna, shaft of, treatment of fracture of, in conjunction with dislocation of distal radio-ulnar joint or proximal radio-humeral joint (Galeazzi or Monteggia injury), by closed reduction undertaken in the operating theatre of a hospital or approved day hospital facility (Anaes.) (Assist.)	252.55
47386	Radius or ulna, shaft of, treatment of fracture of, in conjunction with dislocation of distal radio-ulnar joint or proximal radio-humeral joint (Galeazzi or Monteggia injury), by open reduction or internal fixation (H) (Anaes.) (Assist.)	407.35
47387	Radius and ulna, shafts of, treatment of fracture of, by cast immobilisation, not being a service to which item 47390 or 47393 applies (Anaes.) (Assist.)	236.25
47390	Radius and ulna, shafts of, treatment of fracture of, by closed reduction, undertaken in the operating theatre of a hospital or approved day hospital facility (Anaes.)	354.45
47393	Radius and ulna, shafts of, treatment of fracture of, by open reduction (H) (Anaes.) (Assist.)	472.55
47396	Olecranon, treatment of fracture of, not being a service to which item 47399 applies (Anaes.)	162.95
47399	Olecranon, treatment of fracture of, by open reduction (H) (Anaes.) (Assist.)	325.95
47402	Olecranon, treatment of fracture of, involving excision of olecranon fragment and reimplantation of tendon (Anaes.) (Assist.)	244.35
47405	Radius, treatment of fracture of head or neck of, closed management of (Anaes.)	162.95
47408	Radius, treatment of fracture of head or neck of, open management of, including internal fixation and excision where performed (H) (Anaes.) (Assist.)	325.95

Item	Service	Fee ($)
47411	Humerus, treatment of fracture of tuberosity of, not being a service to which item 47417 applies (Anaes.)	97.70
47414	Humerus, treatment of fracture of tuberosity of, by open reduction (Anaes.)	195.60
47417	Humerus, treatment of fracture of tuberosity of, and associated dislocation of shoulder, by closed reduction (Anaes.) (Assist.)	228.15
47420	Humerus, treatment of fracture of tuberosity of, and associated dislocation of shoulder, by open reduction (H) (Anaes.) (Assist.)	448.20
47423	Humerus, proximal, treatment of fracture of, not being a service to which item 47426, 47429 or 47432 applies (Anaes.)	187.35
47426	Humerus, proximal, treatment of fracture of, by closed reduction, undertaken in the operating theatre of a hospital or approved day hospital facility (Anaes.)	281.10
47429	Humerus, proximal, treatment of fracture of, by open reduction (H) (Anaes.) (Assist.)	374.75
47432	Humerus, proximal, treatment of intra-articular fracture of, by open reduction (H) (Anaes.) (Assist.)	468.50
47435	Humerus, proximal, treatment of fracture of, and associated dislocation of shoulder, by closed reduction (Anaes.) (Assist.)	358.55
47438	Humerus, proximal, treatment of fracture of, and associated dislocation of shoulder, by open reduction (H) (Anaes.) (Assist.)	570.45
47441	Humerus, proximal, treatment of intra-articular fracture of, and associated dislocation of shoulder, by open reduction (H) (Anaes.) (Assist.)	713.00
47444	Humerus, shaft of, treatment of fracture of, not being a service to which item 47447 or 47450 applies (Anaes.)	195.60
47447	Humerus, shaft of, treatment of fracture of, by closed reduction, undertaken in the operating theatre of a hospital or approved day hospital facility (Anaes.)	293.30
47450	Humerus, shaft of, treatment of fracture of, by internal or external (H) (Anaes.) (Assist.)	391.10

Item	Service	Fee ($)
47451	Humerus, shaft of, treatment of fracture of, by intramedullary fixation (H) (Anaes.) (Assist.)	471.50
47453	Humerus, distal, (supracondylar or condylar), treatment of fracture of, not being a service to which item 47456 or 47459 applies (Anaes.) (Assist.)	228.15
47456	Humerus, distal (supracondylar or condylar), treatment of fracture of, by closed reduction, undertaken in the operating theatre of a hospital or approved day hospital facility (Anaes.)	342.30
47459	Humerus, distal (supracondylar or condylar), treatment of fracture of, by open reduction, undertaken in the operating theatre of a hospital or approved day hospital facility (Anaes.) (Assist.)	456.30
47462	Clavicle, treatment of fracture of, not being a service to which item 47465 applies (Anaes.)	97.70
47465	Clavicle, treatment of fracture of, by open reduction (Anaes.)	195.60
47466	Sternum, treatment of fracture of, not being a service to which item 47467 applies (Anaes.)	97.70
47467	Sternum, treatment of fracture of, by open reduction (H) (Anaes.)	195.60
47468	Scapula, neck or glenoid region of, treatment of fracture of, by open reduction (Anaes.) (Assist.)	374.75
47471	Ribs (1 or more), treatment of fracture of — each attendance	37.15
47474	Pelvic ring, treatment of fracture of, not involving disruption of pelvic ring or acetabulum	162.95
47477	Pelvic ring, treatment of fracture of, with disruption of pelvic ring or acetabulum	203.75
47480	Pelvic ring, treatment of fracture of, requiring traction (H) (Anaes.) (Assist.)	407.35
47483	Pelvic ring, treatment of fracture of, requiring control by external fixation (H) (Anaes.) (Assist.)	488.85

Item	Service	Fee ($)
47486	Pelvic ring, treatment of fracture of, by open reduction and involving internal fixation of anterior segment, including diastasis of pubic symphysis (H) (Anaes.) (Assist.)	814.85
47489	Pelvic ring, treatment of fracture of, by open reduction and involving internal fixation of posterior segment (including sacro-iliac joint), with or without fixation of anterior segment (H) (Anaes.) (Assist.)	1 222.25
47492	Acetabulum, treatment of fracture of, and associated dislocation of hip (Anaes.)	203.75
47495	Acetabulum, treatment of fracture of, and associated dislocation of hip, requiring traction (Anaes.) (Assist.)	407.35
47498	Acetabulum, treatment of fracture of, and associated dislocation of hip, requiring internal fixation, with or without traction (H) (Anaes.) (Assist.)	611.05
47501	Acetabulum, treatment of single column fracture of, by open reduction and internal fixation, including any osteotomy, osteectomy or capsulotomy required for exposure and subsequent repair (H) (Anaes.) (Assist.)	814.85
47504	Acetabulum, treatment of T-shape fracture of, by open reduction and internal fixation, including any osteotomy, osteectomy or capsulotomy required for exposure and subsequent repair (Anaes.) (Assist.)	1 222.25
47507	Acetabulum, treatment of transverse fracture of, by open reduction and internal fixation, including any osteotomy, osteectomy or capsulotomy required for exposure and subsequent repair (H) (Anaes.) (Assist.)	1 222.25
47510	Acetabulum, treatment of double column fracture of, by open reduction and internal fixation, including any osteotomy, osteectomy or capsulotomy required for exposure and subsequent repair (H) (Anaes.) (Assist.)	1 222.25
47513	Sacro-iliac joint disruption, treatment of, requiring internal fixation, being a service associated with a service to which items 47501 to 47510 apply (H) (Anaes.) (Assist.)	325.95
47516	Femur, treatment of fracture of, by closed reduction or traction (Anaes.) (Assist.)	374.75

Item	Service	Fee ($)
47519	Femur, treatment of trochanteric or subcapital fracture of, by internal fixation (H) (Anaes.) (Assist.)	749.65
47522	Femur, treatment of subcapital fracture of, by hemi-arthroplasty (H) (Anaes.) (Assist.)	651.90
47525	Femur, treatment of fracture of, for slipped capital femoral epiphysis (H) (Anaes.) (Assist.)	749.65
47528	Femur, treatment of fracture of, by internal fixation or external fixation (H) (Anaes.) (Assist.)	651.90
47531	Femur, treatment of fracture of shaft, by intramedullary fixation and cross fixation (H) (Anaes.) (Assist.)	831.05
47534	Femur, condylar region of, treatment of intra-articular (T-shaped condylar) fracture of, requiring internal fixation, with or without internal fixation of 1 or more osteochondral fragments (H) (Anaes.) (Assist.)	937.00
47537	Femur, condylar region of, treatment of fracture of, requiring internal fixation of 1 or more osteochondral fragments, not being a service associated with a service to which item 47534 applies (Anaes.) (Assist.)	374.75
47540	Hip spica or shoulder spica, application of, as an independent procedure (Anaes.)	187.35
47543	Tibia, plateau of, treatment of medial or lateral fracture of, not being a service to which item 47546 or 47549 applies (Anaes.)	195.60
47546	Tibia, plateau of, treatment of medial or lateral fracture of, by closed reduction (Anaes.)	293.30
47549	Tibia, plateau of, treatment of medial or lateral fracture of, by open reduction (H) (Anaes.) (Assist.)	391.10
47552	Tibia, plateau of, treatment of both medial and lateral fractures of, not being a service to which item 47555 or 47558 applies (Anaes.) (Assist.)	325.95
47555	Tibia, plateau of, treatment of both medial and lateral fractures of, by closed reduction (H) (Anaes.)	488.85
47558	Tibia, plateau of, treatment of both medial and lateral fractures of, by open reduction (H) (Anaes.) (Assist.)	651.90

Item	Service	Fee ($)
47561	Tibia, shaft of, treatment of fracture of, by cast immobilisation, not being a service to which item 47564, 47567, 47570 or 47573 applies (Anaes.)	236.25
47564	Tibia, shaft of, treatment of fracture of, by closed reduction, with or without treatment of fibular fracture (Anaes.)	354.45
47565	Tibia, shaft of, treatment of fracture of, by internal fixation or external fixation (H) (Anaes.) (Assist.)	616.55
47566	Tibia, shaft of, treatment of fracture of, by intramedullary fixation and cross fixation (H) (Anaes.) (Assist.)	785.90
47567	Tibia, shaft of, treatment of intra-articular fracture of, by closed reduction, with or without treatment of fibular fracture (Anaes.) (Assist.)	411.40
47570	Tibia, shaft of, treatment of fracture of, by open reduction, with or without treatment of fibular fracture (Anaes.) (Assist.)	472.55
47573	Tibia, shaft of, treatment of intra-articular fracture of, by open reduction, with or without treatment of fibular fracture (H) (Anaes.) (Assist.)	590.70
47576	Fibula, treatment of fracture of (Anaes.)	97.70
47579	Patella, treatment of fracture of, not being a service to which item 47582 or 47585 applies (Anaes.)	138.55
47582	Patella, treatment of fracture of, by excision of patella or pole with reattachment of tendon (H) (Anaes.) (Assist.)	285.25
47585	Patella, treatment of fracture of, by internal fixation (H) (Anaes.) (Assist.)	366.75
47588	Knee joint, treatment of fracture of, by internal fixation of intra-articular fractures of femoral condylar or tibial articular surfaces and requiring repair or reconstruction of 1 or more ligaments (H) (Anaes.) (Assist.)	1 140.60
47591	Knee joint, treatment of fracture of, by internal fixation of intra-articular fractures of femoral condylar and tibial articular surfaces and requiring repair or reconstruction of 1 or more ligaments (H) (Anaes.) (Assist.)	1 385.30
47594	Ankle joint, treatment of fracture of, not being a service to which item 47597 applies (Anaes.)	187.35

Item	Service	Fee ($)
47597	Ankle joint, treatment of fracture of, by closed reduction (Anaes.)	281.10
47600	Ankle joint, treatment of fracture of, by internal fixation of 1 of malleolus, fibula or diastasis (H) (Anaes.) (Assist.)	374.75
47603	Ankle joint, treatment of fracture of, by internal fixation of more than 1 of malleolus, fibula or diastasis (H) (Anaes.) (Assist.)	488.85
47606	Calcaneum or talus, treatment of fracture of, not being a service to which item 47609, 47612, 47615 or 47618 applies, with or without dislocation (Anaes.)	203.75
47609	Calcaneum or talus, treatment of fracture of, by closed reduction, with or without dislocation (Anaes.) (Assist.)	305.55
47612	Calcaneum or talus, treatment of intra-articular fracture of, by closed reduction, with or without dislocation (Anaes.) (Assist.)	354.45
47615	Calcaneum or talus, treatment of fracture of, by open reduction, with or without dislocation (Anaes.) (Assist.)	407.35
47618	Calcaneum or talus, treatment of intra-articular fracture of, by open reduction, with or without dislocation (H) (Anaes.) (Assist.)	509.35
47621	Tarso-metatarsal, treatment of intra-articular fracture of, by closed reduction, with or without dislocation (Anaes.) (Assist.)	354.45
47624	Tarso-metatarsal, treatment of fracture of, by open reduction, with or without dislocation (H) (Anaes.) (Assist.)	488.85
47627	Tarsus (excluding calcaneum or talus), treatment of fracture of (Anaes.)	138.55
47630	Tarsus (excluding calcaneum or talus), treatment of fracture of, by open reduction, with or without dislocation (Anaes.) (Assist.)	293.30
47633	Metatarsal, 1 of, treatment of fracture of (Anaes.)	97.70
47636	Metatarsal, 1 of, treatment of fracture of, by closed reduction (Anaes.)	146.70
47639	Metatarsal, 1 of, treatment of fracture of, by open reduction (Anaes.)	195.60

Item	Service	Fee ($)
47642	Metatarsals, 2 of, treatment of fracture of (Anaes.)	130.45
47645	Metatarsals, 2 of, treatment of fracture of, by closed reduction (Anaes.)	195.60
47648	Metatarsals, 2 of, treatment of fracture of, by open reduction (H) (Anaes.) (Assist.)	260.60
47651	Metatarsals, 3 or more of, treatment of fracture of (Anaes.)	203.75
47654	Metatarsals, 3 or more of, treatment of fracture of, by closed reduction (Anaes.) (Assist.)	305.55
47657	Metatarsals, 3 or more of, treatment of fracture of, by open reduction (H) (Anaes.) (Assist.)	407.35
47663	Phalanx of great toe, treatment of fracture of, by closed reduction (Anaes.)	122.25
47666	Phalanx of great toe, treatment of fracture of, by open reduction (Anaes.)	203.75
47672	Phalanx of toe (other than great toe), 1 of, treatment of fracture of, by open reduction (Anaes.)	97.70
47678	Phalanx of toe (other than great toe), more than 1 of, treatment of fracture of, by open reduction (Anaes.)	146.70
47681	Spine (excluding sacrum), treatment of fracture of transverse process, vertebral body, or posterior elements — each attendance	37.15
47684	Spine, treatment of fracture, dislocation or fracture-dislocation, without spinal cord involvement, by means of immobilisation by calipers (Anaes.) (Assist.)	651.90
47687	Spine, treatment of fracture, dislocation or fracture-dislocation, with spinal cord involvement, by means of immobilisation by callipers, requiring not more than 14 days post-operative care (H) (Assist.)	1 140.60
47690	Spine, treatment of fracture, dislocation or fracture-dislocation, without cord involvement, by means of immobilisation by callipers, requiring reduction by closed manipulation (H) (Anaes.) (Assist.)	896.25

Item	Service	Fee ($)
47693	Spine, treatment of fracture, dislocation or fracture-dislocation, with cord involvement, by means of immobilisation by callipers, requiring reduction by closed manipulation and not more than 14 days post-operative care (H) (Assist.)	1 140.60
47696	Spine, reduction of fracture or dislocation of, without cord involvement, undertaken in the operating theatre of a hospital or approved day hospital facility (Anaes.) (Assist.)	325.95
47699	Spine, treatment of fracture, dislocation or fracture-dislocation without cord involvement requiring open reduction with or without internal fixation (H) (Anaes.) (Assist.)	1 303.70
47702	Spine, treatment of fracture, dislocation or fracture-dislocation with cord involvement requiring open reduction with or without internal fixation, including up to 14 days post-operative care (H) (Anaes.) (Assist.)	1 629.65
47703	Skull, treatment of fracture of, each attendance	37.15
47705	Skull calipers, insertion of, as an independent procedure (H) (Anaes.) (Assist.)	244.35
47708	Plaster jacket, application of, as an independent procedure (Anaes.)	187.35
47711	Halo, application of, as an independent procedure (H) (Anaes.) (Assist.)	277.15
47714	Halo, application of, in addition to spinal fusion for scoliosis, or other conditions (H) (Anaes.)	207.75
47717	Halo-thoracic traction — application of both halo and thoracic jacket (H) (Anaes.) (Assist.)	366.75
47720	Halo-femoral traction, as an independent procedure (Anaes.) (Assist.)	366.75
47723	Halo-femoral traction in conjunction with a major spine operation (Anaes.) (Assist.)	366.75
47726	Bone graft, harvesting of, via separate incision, in conjunction with another service, autogenous, small quantity (H) (Anaes.)	122.25

Item	Service	Fee ($)
47729	Bone graft, harvesting of, via separate incision, in conjunction with another service, autogenous, large quantity (H) (Anaes.)	203.75
47732	Vascularised pedicle bone graft, harvesting of, in conjunction with another service (H) (Anaes.) (Assist.)	325.95
47735	Nasal bones, treatment of fracture of, not being a service to which item 47738 or 47741 applies — each attendance	37.15
47738	Nasal bones, treatment of fracture of, by reduction (Anaes.)	203.75
47741	Nasal bones, treatment of fracture of, by open reduction involving osteotomies (H) (Anaes.) (Assist.)	415.70
47753	Maxilla, treatment of fracture of, requiring splinting, wiring of teeth, circumosseous fixation or external fixation (H) (Anaes.) (Assist.)	351.95
47756	Mandible, treatment of fracture of, requiring splinting, wiring of teeth, circumosseous fixation or external fixation (H) (Anaes.) (Assist.)	351.95
47762	Zygomatic bone, treatment of fracture of, requiring surgical reduction by a temporal, intra-oral or other approach (Anaes.)	206.70
47765	Zygomatic bone, treatment of fracture of, requiring surgical reduction and involving internal or external fixation at 1 site (H) (Anaes.) (Assist.)	339.35
47768	Zygomatic bone, treatment of fracture of, requiring surgical reduction and involving internal or external fixation or both at 2 sites (H) (Anaes.) (Assist.)	415.70
47771	Zygomatic bone, treatment of fracture of, requiring surgical reduction and involving internal or external fixation or both at 3 sites (H) (Anaes.) (Assist.)	477.55
47774	Maxilla, treatment of fracture of, requiring open operation (H) (Anaes.) (Assist.)	377.10
47777	Mandible, treatment of fracture of, requiring open reduction (H) (Anaes.) (Assist.)	377.10
47780	Maxilla, treatment of fracture of, requiring open reduction and internal fixation not involving plate(s) (H) (Anaes.) (Assist.)	490.15

Item	Service	Fee ($)
47783	Mandible, treatment of fracture of, requiring open reduction and internal fixation not involving plate(s) (Anaes.) (Assist.)	490.15
47786	Maxilla, treatment of fracture of, requiring open reduction and internal fixation involving plate(s) (H) (Anaes.) (Assist.)	622.05
47789	Mandible, treatment of fracture of, requiring open reduction and internal fixation involving plate(s) (H) (Anaes.) (Assist.)	622.05
47900	Bone cyst, injection into or aspiration of (Anaes.)	146.70
47903	Epicondylitis, open operation for (Anaes.)	203.75
47904	Digital nail of toe, removal of, not being a service to which item 47906 applies (Anaes.)	48.90
47906	Digital nail of toe, removal of, in the operating theatre of a hospital or approved day hospital facility (Anaes.)	97.70
47912	Pulp space infection, paronychia of foot, incision for, not being a service to which another item in this group applies (excluding after-care) (Anaes.)	48.90
47915	Ingrowing nail of toe, wedge resection for, including removal of segment of nail, ungual fold and portion of the nail bed (Anaes.)	146.70
47916	Ingrowing nail of toe, partial resection of nail, including phenolisation but not including excision of nail bed (Anaes.)	73.70
47918	Ingrowing toenail, radical excision of nailbed (Anaes.)	203.75
47920	Bone growth stimulator, insertion of (H) (Anaes.) (Assist.)	329.55
47921	Orthopaedic pin or wire, insertion of, as an independent procedure (Anaes.)	97.70
47924	Buried wire, pin or screw, 1 or more of, which were inserted for internal fixation purposes, removal of requiring incision and suture, not being a service to which item 47927 or 47930 applies — per bone (Anaes.)	32.55

Item	Service	Fee ($)
47927	Buried wire, pin or screw, 1 or more of, which were inserted for internal fixation purposes, removal of, in the operating theatre of a hospital or approved day hospital facility — per bone (Anaes.)	122.25
47930	Plate, rod or nail and associated wires, pins or screws, 1 or more of, all of which were inserted for internal fixation purposes, removal of, not being a service associated with a service to which item 47924 or 47927 applies — per bone (H) (Anaes.) (Assist.)	228.15
47933	Exostosis of small bone, excision of, including simple removal of bunion and any associated bursa (Anaes.)	179.20
47936	Exostosis of large bone, excision of (H) (Anaes.) (Assist.)	220.00
47948	External fixation, removal of, in the operating theatre of a hospital or approved day hospital facility (Anaes.)	138.55
47951	External fixation, removal of, in conjunction with operations involving internal fixation or bone grafting or both (Anaes.)	162.95
47954	Tendon, repair of, not being a service to which another item in this group applies (Anaes.) (Assist.)	325.95
47957	Tendon, large, lengthening of, not being a service to which another item in this group applies (H) (Anaes.) (Assist.)	244.35
47960	Tenotomy, subcutaneous, not being a service to which another item in this group applies (Anaes.)	114.10
47963	Tenotomy, open, with or without tenoplasty, not being a service to which another item in this group applies (Anaes.)	187.35
47966	Tendon or ligament transfer, not being a service to which another item in this group applies (H) (Anaes.) (Assist.)	374.75
47969	Tenosynovectomy, not being a service to which another item in this group applies (H) (Anaes.) (Assist.)	228.15
47972	Tendon sheath, open operation for teno-vaginitis, not being a service to which another item in this group applies (H) (Anaes.)	182.25

Item	Service	Fee ($)
47975	Forearm or calf, decompression fasciotomy of, for acute compartment syndrome, requiring excision of muscle and deep tissue (H) (Anaes.) (Assist.)	319.45
47978	Forearm or calf, decompression fasciotomy of, for chronic compartment syndrome, requiring excision of muscle and deep tissue (H) (Anaes.)	194.05
47981	Forearm, calf or interosseous muscle space of hand, decompression fasciotomy of, not being a service to which another item in this group applies (Anaes.)	130.25
47982	Forage (Drill decompression), of neck or head of femur, or both (H) (Anaes.) (Assist.)	315.80
48200	Femur, bone graft to (H) (Anaes.) (Assist.)	651.90
48203	Femur, bone graft to, with internal fixation (H) (Anaes.) (Assist.)	790.40
48206	Tibia, bone graft to (H) (Anaes.) (Assist.)	489.35
48209	Tibia, bone graft to, with internal fixation (H) (Anaes.) (Assist.)	627.40
48212	Humerus, bone graft to (H) (Anaes.) (Assist.)	489.35
48215	Humerus, bone graft to, with internal fixation (H) (Anaes.) (Assist.)	627.40
48218	Radius or ulna, bone graft to (H) (Anaes.) (Assist.)	489.35
48221	Radius and ulna, bone graft to, with internal fixation of 1 or both bones (H) (Anaes.) (Assist.)	651.90
48224	Radius or ulna, bone graft to (H) (Anaes.) (Assist.)	325.95
48227	Radius or ulna, bone graft to, with internal fixation of 1 or both bones (H) (Anaes.) (Assist.)	423.70
48230	Scaphoid, bone graft to, for non-union (H) (Anaes.) (Assist.)	366.75
48233	Scaphoid, bone graft to, for non-union, with internal fixation (H) (Anaes.) (Assist.)	529.65
48236	Scaphoid, bone graft to, for mal-union, including osteotomy, bone graft and internal fixation (H) (Anaes.) (Assist.)	692.60

Item	Service	Fee ($)
48239	Bone graft, not being a service to which another item in this group applies (H) (Anaes.) (Assist.)	382.90
48242	Bone graft, with internal fixation, not being a service to which another item in this group applies (H) (Anaes.) (Assist.)	529.65
48400	Phalanx, metatarsal, accessory bone or sesamoid bone, osteotomy or osteectomy of, excluding services to which item 49848 or 49851 applies (H) (Anaes.) (Assist.)	285.25
48403	Phalanx or metatarsal, osteotomy or osteectomy of, with internal fixation (H) (Anaes.) (Assist.)	448.20
48406	Fibula, radius, ulna, clavicle, scapula (other than acromion), rib, tarsus or carpus, osteotomy or osteectomy of (H) (Anaes.) (Assist.)	285.25
48409	Fibula, radius, ulna, clavicle, scapula (other than acromion), rib, tarsus or carpus, osteotomy or osteectomy, with internal fixation (H) (Anaes.) (Assist.)	448.20
48412	Humerus, osteotomy or osteectomy of (H) (Anaes.) (Assist.)	545.80
48415	Humerus, osteotomy or osteectomy of, with internal fixation (H) (Anaes.) (Assist.)	692.60
48418	Tibia, osteotomy or osteectomy of (H) (Anaes.) (Assist.)	545.80
48421	Tibia, osteotomy or osteectomy of, with internal fixation (H) (Anaes.) (Assist.)	692.60
48424	Femur or pelvis, osteotomy or osteectomy of (H) (Anaes.) (Assist.)	651.90
48427	Femur or pelvis, osteotomy or osteectomy of, with internal fixation (H) (Anaes.) (Assist.)	790.40
48500	Femur, epiphysiodesis of (H) (Anaes.) (Assist.)	285.25
48503	Tibia and fibula, epiphysiodesis of (H) (Anaes.) (Assist.)	285.25
48506	Femur, tibia and fibula, epiphysiodesis of (H) (Anaes.) (Assist.)	423.70
48509	Epiphysiodesis, staple arrest of hemi-epiphysis (H) (Anaes.)	203.75
48512	Epiphysiolysis, operation to prevent closure of plate (H) (Anaes.) (Assist.)	774.05

Item	Service	Fee ($)
48600	Spine, manipulation of, performed in the operating theatre of a hospital or approved day hospital facility (Anaes.)	81.35
48603	Spine, manipulation of, under epidural anaesthesia, with or without steroid injection, where the manipulation and the administration of the epidural anaesthetic are performed by the same medical practitioner in the operating theatre of a hospital or approved day hospital facility, not being a service associated with a service to which item 48600 or 50115 applies (Anaes.)	122.25
48606	Scoliosis or Kyphosis, spinal fusion for (without instrumentation) (H) (Anaes.) (Assist.)	1 140.60
48609	Scoliosis or Kyphosis, spinal fusion for, using Harrington or other non-segmental fixation (H) (Anaes.) (Assist.)	1 425.90
48612	Scoliosis, spinal fusion for, using segmental instrumentation (C D, Zielke, Luque, or similar) (H) (Anaes.) (Assist.)	2 118.50
48613	Scoliosis or Kyphosis, spinal fusion for, using segmental instrumentation, reconstruction using separate anterior and posterior approaches (H) (Anaes.) (Assist.)	3 013.35
48615	Scoliosis, re-exploration for, involving adjustment or removal of instrumentation or simple bone grafting procedure (H) (Anaes.) (Assist.)	382.90
48618	Scoliosis, revision of failed scoliosis surgery, involving more than 1 of multiple osteotomy, fusion or instrumentation (H) (Anaes.) (Assist.)	2 118.50
48621	Scoliosis, anterior correction of, with fusion and segmental fixation (Dwyer, Zielke, or similar) — not more than 4 levels (H) (Anaes.) (Assist.)	1 385.30
48624	Scoliosis, anterior correction of, with fusion and segmental fixation (Dwyer, Zielke or similar) — more than 4 levels (H) (Anaes.) (Assist.)	1 711.20
48627	Scoliosis, spinal fusion for, combined with segmental instrumentation (C D, Zielke or similar) down to and including pelvis (H) (Anaes.) (Assist.)	2 199.90

Item	Service	Fee ($)
48630	Scoliosis, requiring anterior decompression of spinal cord with resection of vertebrae including bone graft and instrumentation in the presence of spinal cord involvement (H) (Anaes.) (Assist.)	2 444.40
48632	Scoliosis, congenital, vertebral resection and fusion for (H) (Anaes.) (Assist.)	1 351.20
48636	Percutaneous lumbar discectomy, 1 or more levels, not being a service associated with intradiscal electrothermal annuloplasty (Anaes.) (Assist.)	700.65
48639	Vertebral body, total or sub-total excision of, including bone grafting or other form of fixation (H) (Anaes.) (Assist.)	1 181.40
48640	Vertebral body, disease of, excision and spinal fusion for, using segmental instrumentation, reconstruction utilising separate anterior and posterior approaches (H) (Anaes.) (Assist.)	3 013.35
48642	Spine, posterior, bone graft to, not being a service to which item 48648 or 48651 applies — 1 or 2 levels (H) (Anaes.) (Assist.)	692.60
48645	Spine, posterior, bone graft to, not being a service to which item 48648 or 48651 applies — more than 2 levels (H) (Anaes.) (Assist.)	937.00
48648	Spine, bone graft to, (postero-lateral fusion) — 1 or 2 levels (H) (Anaes.) (Assist.)	937.00
48651	Spine, bone graft to, (postero-lateral fusion) — more than 2 levels (H) (Anaes.) (Assist.)	1 303.70
48654	Spinal fusion (posterior interbody), with laminectomy — 1 level (H) (Anaes.) (Assist.)	937.00
48657	Spinal fusion (posterior interbody), with laminectomy — more than 1 level (H) (Anaes.) (Assist.)	1 303.70
48660	Spinal fusion (anterior interbody) to cervical, thoracic or lumbar regions — 1 level (H) (Anaes.) (Assist.)	937.00
48663	Spinal fusion (anterior interbody) to cervical, thoracic or lumbar regions — 1 level (where an assisting surgeon performs the approach) — principal surgeon (H) (Anaes.) (Assist.)	700.65

Item	Service	Fee ($)
48666	Spinal fusion (anterior interbody) to cervical, thoracic or lumbar regions — 1 level (where an assisting surgeon performs the approach) — assisting surgeon (H) (Assist.)	423.70
48669	Spinal fusion (anterior interbody) to cervical, thoracic or lumbar regions — more than 1 level (H) (Anaes.) (Assist.)	1 262.95
48672	Spinal fusion (anterior interbody) to cervical, thoracic or lumbar regions — more than 1 level (where an assisting surgeon performs the approach) — principal surgeon (H) (Anaes.) (Assist.)	945.30
48675	Spinal fusion (anterior interbody) to cervical, thoracic or lumbar regions — more than 1 level (where an assisting surgeon performs the approach) — assisting surgeon (H) (Assist.)	570.45
48678	Spine, simple internal fixation of, involving 1 or more of facetal screw, wire loop or similar, being a service associated with a service to which items 48642 to 48675 apply (H) (Anaes.) (Assist.)	489.35
48681	Spine, non-segmental internal fixation of (Harrington or similar), other than for scoliosis, being a service associated with a service to which any one of items 48642 to 48675 applies (H) (Anaes.) (Assist.)	814.85
48684	Spine, segmental internal fixation of, other than for scoliosis, being a service associated with a service to which any one of items 48642 to 48675 applies — 1 or 2 levels (H) (Anaes.) (Assist.)	814.85
48687	Spine, segmental internal fixation of, other than for scoliosis, being a service associated with a service to which items 48642 to 48675 apply — 3 or 4 levels (H) (Anaes.) (Assist.)	1 140.60
48690	Spine, segmental internal fixation of, other than for scoliosis, being a service associated with a service to which items 48642 to 48675 apply — more than 4 levels (H) (Anaes.) (Assist.)	1 303.70
48900	Shoulder, excision of coraco-acromial ligament or removal of calcium deposit from cuff or both (Anaes.) (Assist.)	244.35

Item	Service	Fee ($)
48903	Shoulder, decompression of subacromial space by acromioplasty, excision of coraco-acromial ligament and distal clavicle, or any combination (H) (Anaes.) (Assist.)	488.85
48906	Shoulder, repair of rotator cuff, including excision of coraco-acromial ligament or removal of calcium deposit from cuff, or both — not being a service associated with a service to which item 48900 applies (H) (Anaes.) (Assist.)	488.85
48909	Shoulder, repair of rotator cuff, including decompression of subacromial space by acromioplasty, excision of coraco-acromial ligament and distal clavicle, or any combination, not being a service associated with a service to which item 48903 applies (H) (Anaes.) (Assist.)	651.90
48912	Shoulder, arthrotomy of (Anaes.) (Assist.)	285.25
48915	Shoulder, hemi-arthroplasty of (H) (Anaes.) (Assist.)	651.90
48918	Shoulder, total replacement arthroplasty of, including any associated rotator cuff repair (H) (Anaes.) (Assist.)	1 303.70
48921	Shoulder, total replacement arthroplasty, revision of (H) (Anaes.) (Assist.)	1 344.40
48924	Shoulder, total replacement arthroplasty, revision of, requiring bone graft to scapula or humerus, or both (H) (Anaes.) (Assist.)	1 548.20
48927	Shoulder prosthesis, removal of (H) (Anaes.) (Assist.)	317.70
48930	Shoulder, stabilisation procedure for recurrent anterior or posterior dislocation (H) (Anaes.) (Assist.)	651.90
48933	Shoulder, stabilisation procedure for multi-directional instability, anterior or posterior (or both) repair when performed (H) (Anaes.) (Assist.)	855.60
48936	Shoulder, synovectomy of, as an independent procedure (H) (Anaes.) (Assist.)	651.90
48939	Shoulder, arthrodesis of (H) (Anaes.) (Assist.)	937.00
48942	Shoulder, arthrodesis of, including removal of prosthesis, requiring bone grafting or internal fixation (H) (Anaes.) (Assist.)	1 222.25

Item	Service	Fee ($)
48945	Shoulder, diagnostic arthroscopy of (including biopsy) — not being a service associated with any other arthroscopic procedure of the shoulder region (H) (Anaes.) (Assist.)	236.25
48948	Shoulder, arthroscopic surgery of, involving any 1 or more of: removal of loose bodies; decompression of calcium deposit; debridement of labrum, synovium or rotator cuff; or chondroplasty — not being a service associated with any other arthroscopic procedure of the shoulder region (H) (Anaes.) (Assist.)	529.65
48951	Shoulder, arthroscopic division of coraco-acromial ligament including acromioplasty — not being a service associated with any other arthroscopic procedure of the shoulder region (H) (Anaes.) (Assist.)	774.05
48954	Shoulder, arthroscopic total synovectomy of, including release of contracture when performed — not being a service associated with any other arthroscopic procedure of the shoulder region (H) (Anaes.) (Assist.)	814.85
48957	Shoulder, arthroscopic stabilisation of, for recurrent instability including labral repair or reattachment when performed — not being a service associated with any other arthroscopic procedure of the shoulder region (H) (Anaes.) (Assist.)	937.00
48960	Shoulder, reconstruction or repair of, including repair of rotator cuff by arthroscopic, arthroscopic assisted or mini open means; arthroscopic acromioplasty; or resection of acromioclavicular joint by separate approach when performed — not being a service associated with any other procedure of the shoulder region (H) (Anaes.) (Assist.)	814.85
49100	Elbow, arthrotomy of, involving 1 or more of lavage, removal of loose body or division of contracture (H) (Anaes.) (Assist.)	285.25
49103	Elbow, ligamentous stabilisation of (H) (Anaes.) (Assist.)	611.05
49106	Elbow, arthrodesis of (Anaes.) (Assist.)	814.85
49109	Elbow, total synovectomy of (H) (Anaes.) (Assist.)	611.05
49112	Elbow, silastic or other replacement of radial head (H) (Anaes.) (Assist.)	611.05

Item	Service	Fee ($)
49115	Elbow, total joint replacement of (H) (Anaes.) (Assist.)	977.70
49118	Elbow, diagnostic arthroscopy of, including biopsy (H) (Anaes.) (Assist.)	236.25
49121	Elbow, arthroscopic surgery involving any 1 or more of: drilling of defect; removal of loose body; release of contracture or adhesions; chondroplasty; or osteoplasty — not being a service associated with any other arthroscopic procedure of the elbow (H) (Anaes.) (Assist.)	529.65
49200	Wrist, arthrodesis of, including bone graft, with or without internal fixation of the radiocarpal joint (H) (Anaes.) (Assist.)	708.80
49203	Wrist, limited arthrodesis of the intercarpal joint, including bone graft (H) (Anaes.) (Assist.)	529.65
49206	Wrist, proximal carpectomy of, including styloidectomy when performed (H) (Anaes.) (Assist.)	488.85
49209	Wrist, total replacement arthroplasty of (H) (Anaes.) (Assist.)	651.90
49212	Wrist, arthrotomy of (H) (Anaes.)	203.75
49215	Wrist, reconstruction of, including repair of single or multiple ligaments or capsules, including associated arthrotomy (H) (Anaes.) (Assist.)	562.30
49218	Wrist, diagnostic arthroscopy of, including radiocarpal or midcarpal joints, or both (including biopsy) — not being a service associated with any other arthroscopic procedure of the wrist joint (H) (Anaes.) (Assist.)	236.25
49221	Wrist, arthroscopic surgery of, involving any 1 or more of: drilling of defect; removal of loose body, release of adhesions; local synovectomy; or debridement of 1 area — not being a service associated with any other arthroscopic procedure of the wrist joint (H) (Anaes.) (Assist.)	529.65
49224	Wrist, arthroscopic debridement of: 2 or more distinct areas; or osteoplasty including excision of the distal ulna; or total synovectomy (H) (Anaes.) (Assist.)	611.05

Item	Service	Fee ($)
49227	Wrist, arthroscopic pinning of osteochondral fragment or stabilisation procedure for ligamentous disruption — not being a service associated with any other arthroscopic procedure of the wrist joint (H) (Anaes.) (Assist.)	611.05
49300	Sacro-iliac joint — arthrodesis of (H) (Anaes.) (Assist.)	451.10
49303	Hip, arthrotomy of, including lavage, drainage or biopsy when performed (H) (Anaes.) (Assist.)	472.55
49306	Hip-arthrodesis of (H) (Anaes.) (Assist.)	937.00
49309	Hip, arthrectomy or excision arthroplasty of, including removal of prosthesis (Austin Moore or similar (non cement)) (H) (Anaes.) (Assist.)	651.90
49312	Hip, arthrectomy or excision arthroplasty of, including removal of prosthesis (cemented, porous coated or similar) (H) (Anaes.) (Assist.)	814.85
49315	Hip, arthroplasty of, unipolar or bipolar (H) (Anaes.) (Assist.)	733.40
49318	Hip, total replacement arthroplasty of, including minor bone grafting (H) (Anaes.) (Assist.)	1 140.60
49319	Hip, total replacement arthroplasty of, including associated minor grafting, if performed — bilateral (H) (Anaes.) (Assist.)	2 003.80
49321	Hip, total replacement arthroplasty of, including major bone grafting, including obtaining of graft (H) (Anaes.) (Assist.)	1 385.30
49324	Hip, total replacement arthroplasty of, revision procedure including removal of prosthesis (H) (Anaes.) (Assist.)	1 629.65
49327	Hip, total replacement arthroplasty of, revision procedure requiring bone grafting to acetabulum, including obtaining of graft (H) (Anaes.) (Assist.)	1 874.05
49330	Hip, total replacement arthroplasty of, revision procedure requiring bone grafting to femur, including obtaining of graft (H) (Anaes.) (Assist.)	1 874.05
49333	Hip, total replacement arthroplasty of, revision procedure requiring bone grafting to both acetabulum and femur, including obtaining of graft (H) (Anaes.) (Assist.)	2 118.50

Item	Service	Fee ($)
49336	Hip, treatment of a fracture of the femur where revision total hip replacement is required as part of the treatment of the fracture (not including intra-operative fracture), being a service associated with a service to which items 49324 to 49333 apply (H) (Anaes.) (Assist.)	309.55
49339	Hip, revision total replacement of, requiring anatomic specific allograft of proximal femur greater than 5 cm in length (H) (Anaes.) (Assist.)	2 403.60
49342	Hip, revision total replacement of, requiring anatomic specific allograft of acetabulum (H) (Anaes.) (Assist.)	2 403.60
49345	Hip, revision total replacement of, requiring anatomic specific allograft of both femur and acetabulum (H) (Anaes.) (Assist.)	2 851.80
49346	Hip, revision arthroplasty with replacement of acetabular liner or ceramic head, not requiring removal of femoral component or acetabular shell (H) (Anaes.) (Assist.)	733.40
49360	Hip, diagnostic arthroscopy of (H) (Anaes.) (Assist.)	297.70
49363	Hip, diagnostic arthroscopy of, with synovial biopsy (H) (Anaes.) (Assist.)	358.50
49366	Hip, arthroscopic surgery of (Anaes.) (Assist.)	529.65
49500	Knee, arthrotomy of, involving 1 or more of; capsular release, biopsy or lavage, or removal of loose body or foreign body (H) (Anaes.) (Assist.)	325.95
49503	Knee, meniscectomy of, repair of collateral or cruciate ligament, patellectomy of, chondroplasty of, osteoplasty of, patello-femoral stabilisation or single transfer of ligament or tendon or any other single procedure (not being a service to which another item in this group applies) — any 1 procedure (H) (Anaes.) (Assist.)	423.70
49506	Knee, meniscectomy of, repair of collateral or cruciate ligament, patellectomy of, chondroplasty of, osteoplasty of, patello-femoral stabilisation or single transfer of ligament or tendon or any other single procedure (not being a service to which another item in this group applies) — any 2 or more procedures (H) (Anaes.) (Assist.)	635.55

Item	Service	Fee ($)
49509	Knee, total synovectomy or arthrodesis of (H) (Anaes.) (Assist.)	651.90
49512	Knee, arthrodesis of, with removal of prosthesis (H) (Anaes.) (Assist.)	937.00
49515	Knee, removal of prosthesis, cemented or uncemented, including associated cement, as the first stage of a 2 stage procedure (H) (Anaes.) (Assist.)	733.40
49517	Knee, hemiarthroplasty of (H) (Anaes.) (Assist.)	1 044.05
49518	Knee, total replacement arthroplasty of (H) (Anaes.) (Assist.)	1 140.60
49519	Knee, total replacement arthroplasty of, including associated minor grafting, if performed — bilateral (H) (Anaes.) (Assist.)	2 003.80
49521	Knee, total replacement arthroplasty of, requiring major bone grafting to femur or tibia, including obtaining of graft (H) (Anaes.) (Assist.)	1 385.30
49524	Knee, total replacement arthroplasty of, requiring major bone grafting to femur and tibia, including obtaining of graft (H) (Anaes.) (Assist.)	1 629.65
49527	Knee, total replacement arthroplasty of, revision procedure, including removal of prosthesis (H) (Anaes.) (Assist.)	1 385.30
49530	Knee, total replacement arthroplasty of, revision procedure, requiring bone grafting to femur or tibia, including obtaining of graft and including removal of prosthesis (H) (Anaes.) (Assist.)	1 711.20
49533	Knee, total replacement arthroplasty of, revision procedure, requiring bone grafting to both femur and tibia, including obtaining of graft and including removal of prosthesis (H) (Anaes.) (Assist.)	1 955.60
49534	Knee, patello-femoral joint of, total replacement arthroplasty as a primary procedure (H) (Anaes.) (Assist.)	389.00
49536	Knee, repair or reconstruction of, for chronic instability (open or arthroscopic, or both) involving either cruciate or collateral ligaments, including notchplasty when performed (H) (Anaes.) (Assist.)	814.85

Item	Service	Fee ($)
49539	Knee, reconstructive surgery of cruciate ligaments (open or arthroscopic, or both), including notchplasty when performed and surgery to other internal derangements, not being a service to which another item in this group applies (H) (Anaes.) (Assist.)	814.85
49542	Knee, reconstructive surgery of cruciate ligaments (open or arthroscopic, or both), including notchplasty, meniscus repair, extracapsular procedure and debridement when performed (H) (Anaes.) (Assist.)	1 140.60
49545	Knee, revision arthrodesis of (H) (Anaes.) (Assist.)	651.90
49548	Knee, revision of patello-femoral stabilisation (H) (Anaes.) (Assist.)	814.85
49551	Knee, revision of procedures to which item 49536, 49539 or 49542 applies (H) (Anaes.) (Assist.)	1 140.60
49554	Knee, revision of total replacement of, by anatomic specific allograft of tibia or femur (H) (Anaes.) (Assist.)	1 629.65
49557	Knee, diagnostic arthroscopy of (including biopsy, simple trimming of meniscal margin or plica) — not being a service associated with any other arthroscopic procedure of the knee region (H) (Anaes.) (Assist.)	236.25
49558	Knee, arthroscopic surgery of, involving 1 or more of debridement, osteoplasty or chrondroplasty — not associated with any other arthroscopic procedure of the knee region (H) (Anaes.) (Assist.)	236.25
49559	Knee, arthroscopic surgery of, involving chrondroplasty requiring multiple drilling or carbon fibre (or similar) implant, including any associated debridement or osteoplasty — not associated with any other arthroscopic procedure of the knee region (H) (Anaes.) (Assist.)	353.70
49560	Knee, arthroscopic surgery of, involving 1 or more of meniscectomy, removal of loose body or lateral release — not being a service associated with any other arthroscopic procedure of the knee region (H) (Anaes.) (Assist.)	477.40

Item	Service	Fee ($)
49561	Knee, arthroscopic surgery of, involving 1 or more of meniscectomy, removal of loose body or lateral release, where the procedure includes associated debridement, osteoplasty or chrondroplasty — not associated with any other arthroscopic procedure of the knee region (H) (Anaes.) (Assist.)	583.40
49562	Knee, arthroscopic surgery of, involving 1 or more of meniscectomy, removal of loose body or lateral release, where the procedure includes chondroplasty requiring multiple drilling or carbon fibre (or similar) implant and associated debridement or osteoplasty — not associated with any other arthroscopic procedure of the knee region (H) (Anaes.) (Assist.)	636.55
49563	Knee, arthroscopic surgery of, involving 1 or more of meniscus repair, osteochondral graft; or chondral graft — not associated with any other arthroscopic procedure of the knee region (H) (Anaes.) (Assist.)	689.45
49564	Knee, patello-femoral stabilisation of, combined arthroscopic and open procedure, including lateral release, medial capsulorrhaphy and tendon transfer (H) (Anaes.) (Assist.)	795.35
49566	Knee, arthroscopic total synovectomy of (H) (Anaes.) (Assist.)	651.90
49569	Knee, mobilisation for post-traumatic stiffness, by multiple muscle or tendon release (quadricepsplasty) (H) (Anaes.) (Assist.)	651.90
49700	Ankle, diagnostic arthroscopy of, including biopsy (H) (Anaes.) (Assist.)	236.25
49703	Ankle, arthroscopic surgery of (H) (Anaes.) (Assist.)	529.65
49706	Ankle, arthrotomy of, involving 1 or more of: lavage, removal of loose body or division of contracture (H) (Anaes.) (Assist.)	285.25
49709	Ankle, ligamentous stabilisation of (H) (Anaes.) (Assist.)	611.05
49712	Ankle, arthrodesis of (H) (Anaes.) (Assist.)	651.90
49715	Ankle, total joint replacement of (H) (Anaes.) (Assist.)	977.70
49718	Ankle, Achilles' tendon or other major tendon, repair of (H) (Anaes.) (Assist.)	325.95

Item	Service	Fee ($)
49721	Ankle, Achilles' tendon rupture managed by non-operative treatment	203.75
49724	Ankle, Achilles' tendon, secondary repair or reconstruction of (H) (Anaes.) (Assist.)	570.45
49727	Ankle, Achilles' tendon, operation for lengthening (H) (Anaes.) (Assist.)	244.35
49800	Foot, flexor or extensor tendon, primary repair of (Anaes.)	114.10
49803	Foot, flexor or extensor tendon, secondary repair of (Anaes.)	146.70
49806	Foot, subcutaneous tenotomy of, 1 or more tendons (Anaes.)	114.10
49809	Foot, open tenotomy of, with or without tenoplasty (H) (Anaes.)	187.35
49812	Foot, tendon or ligament transplantation of, not being a service to which another item in this group applies (H) (Anaes.) (Assist.)	374.75
49815	Foot, triple arthrodesis of (H) (Anaes.) (Assist.)	651.90
49818	Foot, excision of calcaneal spur (H) (Anaes.) (Assist.)	236.25
49821	Foot, correction of hallux valgus or hallux rigidus by excision arthroplasty (Keller's or similar procedure) — unilateral (H) (Anaes.) (Assist.)	374.75
49824	Foot, correction of hallux valgus or hallux rigidus by excision arthroplasty (Keller's or similar procedure) — bilateral (H) (Anaes.) (Assist.)	655.95
49827	Foot, correction of hallux valgus by transfer of adductor hallucis tendon — unilateral (H) (Anaes.) (Assist.)	407.35
49830	Foot, correction of hallux valgus by transfer of adductor hallucis tendon — bilateral (H) (Anaes.) (Assist.)	713.00
49833	Foot, correction of hallux valgus by osteotomy of first metatarsal including internal fixation where performed — unilateral (H) (Anaes.) (Assist.)	448.20
49836	Foot, correction of hallux valgus by osteotomy of first metatarsal including internal fixation where performed — bilateral (H) (Anaes.) (Assist.)	774.05

Item	Service	Fee ($)
49837	Foot, correction of hallux valgus by osteotomy of first metatarsal and transfer of adductor hallicus tendon, including internal fixation if performed — unilateral (H) (Anaes.) (Assist.)	560.20
49838	Foot, correction of hallux valgus by osteotomy of first metatarsal and transfer of adductor hallicus tendon, including internal fixation if performed — bilateral (H) (Anaes.) (Assist.)	967.40
49839	Foot, correction of hallux rigidus or hallux valgus by prosthetic arthroplasty — unilateral (H) (Anaes.) (Assist.)	448.20
49842	Foot, correction of hallux rigidus or hallux valgus by prosthetic arthroplasty — bilateral (H) (Anaes.) (Assist.)	774.05
49845	Foot, arthrodesis of, first metatarso-phalangeal joint (H) (Anaes.) (Assist.)	407.35
49848	Foot, correction of claw or hammer toe (Anaes.)	138.55
49851	Foot, correction of claw or hammer toe with internal fixation (H) (Anaes.)	179.20
49854	Foot, radical plantar fasciotomy or fasciectomy of (H) (Anaes.) (Assist.)	325.95
49857	Foot, metatarso-phalangeal joint replacement (H) (Anaes.) (Assist.)	301.45
49860	Foot, synovectomy of metatarso-phalangeal joint, single joint (H) (Anaes.) (Assist.)	244.35
49863	Foot, synovectomy of metatarso-phalangeal joint, 2 or more joints (H) (Anaes.) (Assist.)	366.75
49866	Foot, neurectomy for plantar or digital neuritis (Morton's or Bett's syndrome) (H) (Anaes.) (Assist.)	260.60
49878	Talipes equinovarus, calcaneo valgus or metatarsus varus, treatment by cast, splint or manipulation — each attendance (Anaes.)	48.90
50100	Joint, diagnostic arthroscopy of (including biopsy), not being a service to which another item in this group applies and not being a service associated with any other arthroscopic procedure (Anaes.) (Assist.)	236.25

Item	Service	Fee ($)
50102	Joint, arthroscopic surgery of, not being a service to which another item in this group applies (H) (Anaes.) (Assist.)	529.65
50103	Joint, arthrotomy of, not being a service to which another item in this group applies (H) (Anaes.) (Assist.)	285.25
50104	Joint, synovectomy of, not being a service to which another item in this group applies (Anaes.) (Assist.)	270.30
50106	Joint, stabilisation of, involving 1 or more of: repair of capsule, repair of ligament or internal fixation, not being a service to which another item in this group applies (H) (Anaes.) (Assist.)	407.35
50109	Joint, arthrodesis of, not being a service to which another item in this group applies (H) (Anaes.) (Assist.)	407.35
50112	Cicatricial flexion or extension contraction of joint, correction of, involving tissues deeper than skin and subcutaneous tissue, not being a service to which another item in this group applies (H) (Anaes.) (Assist.)	312.50
50115	Joint or joints, manipulation of, performed in the operating theatre of a hospital or approved day hospital facility, not being a service associated with a service to which another item in this group applies (Anaes.)	122.25
50118	Subtalar joint, arthrodesis of (H) (Anaes.) (Assist.)	374.75
50121	Greater trochanter, transplantation of ileopsoas tendon to (H) (Anaes.) (Assist.)	733.40
50124	Joint or other synovial cavity, aspiration of, or injection into, or both of these procedures — payable on not more than 25 occasions in any 12 month period (Anaes.)	25.60
50125	Joint or other synovial cavity, aspiration of, or injection into, or both of these procedures — where it can be demonstrated that a 26th or subsequent treatment (including any treatments to which item 50124 applies) is indicated in a 12 month period (Anaes.)	25.60
50127	Joint or joints, arthroplasty of, by any technique not being a service to which another item applies (H) (Anaes.) (Assist.)	608.00
50130	Joint or joints, application of external fixator to, other than for treatment of fractures (H) (Anaes.) (Assist.)	270.30

Item	Service	Fee ($)
50200	Aggressive or potentially malignant bone or deep soft tissue tumour, biopsy of (not including after-care) (Anaes.)	162.95
50201	Aggressive or potentially malignant bone or deep soft tissue tumour involving neurovascular structures, open biopsy of (not including after-care) (Anaes.) (Assist.)	285.15
50203	Bone or malignant deep soft tissue tumour, lesional or marginal excision of (Anaes.) (Assist.)	358.55
50206	Bone tumour, lesional or marginal excision of, combined with any 1 of the following: (a) liquid nitrogen freezing; (b) autograft; (c) allograft; (d) cementation (H) (Anaes.) (Assist.)	529.65
50209	Bone tumour, lesional or marginal excision of, combined with any 2 or more of the following: (a) liquid nitrogen freezing; (b) autograft; (c) allograft; (d) cementation (H) (Anaes.) (Assist.)	651.90
50212	Malignant or aggressive soft tissue tumour affecting the long bones of leg or arm, enbloc resection of, with compartmental or wide excision of soft tissue, without reconstruction (H) (Anaes.) (Assist.)	1 425.90
50215	Malignant or aggressive soft tissue tumour affecting the long bones of leg or arm, enbloc resection of, with compartmental or wide excision of soft tissue, with intercalary reconstruction (prosthesis, allograft or autograft) (H) (Anaes.) (Assist.)	1 792.60
50218	Malignant tumour of long bone, enbloc resection of, with replacement or arthrodesis of adjacent joint (H) (Anaes.) (Assist.)	2 363.00

Item	Service	Fee ($)
50221	Malignant or aggressive soft tissue tumour of pelvis, sacrum or spine; or scapula and shoulder, enbloc resection of (H) (Anaes.) (Assist.)	2 199.90
50224	Malignant or aggressive soft tissue tumour of pelvis, sacrum or spine; or scapula and shoulder, enbloc resection of, with reconstruction by prosthesis, allograft or autograft (Anaes.) (Assist.)	2 444.40
50227	Malignant bone tumour, enbloc resection of, with massive anatomic specific allograft or autograft, with or without prosthetic replacement (H) (Anaes.) (Assist.)	2 851.80
50230	Benign tumour, resection of, requiring anatomic specific allograft, with or without internal fixation (H) (Anaes.) (Assist.)	1 466.60
50233	Malignant tumour, amputation for, hemipelvectomy or interscapulo-thoracic (H) (Anaes.) (Assist.)	1 874.05
50236	Malignant tumour, amputation for, hip disarticulation, shoulder disarticulation or proximal third femur (H) (Anaes.) (Assist.)	1 466.60
50239	Malignant tumour, amputation for, not being a service to which another item in this group applies (H) (Anaes.) (Assist.)	977.70
50300	Joint deformity, slow correction of, using ring fixator or similar device, including all associated attendances — payable only once in any 12 month period (H) (Anaes.) (Assist.)	1 001.90
50303	Limb lengthening, not more than 5 cm, by gradual distraction, applying an external fixator or intra medullary device in the operating theatre of a hospital or an approved day-hospital facility (Anaes.) (Assist.) (Item is subject to rule 92)	1 367.90
50306	Limb lengthening, if: (a) the lengthening is bipolar; or (b) bone transport is carried out; or (c) the fixator is extended to correct an adjacent joint deformity; or (d) the lengthening is more than 5cm (Anaes.) (Assist.)	2 135.85

Item	Service	Fee ($)
50309	Ring fixator or similar device, adjustment of, with or without insertion or removal of fixation pins, performed under general anaesthesia in the operating theatre of a hospital or approved day hospital facility, not being a service to which item 50303 or 50306 applies (Anaes.) (Assist.)	263.95
50312	Ankle, synovectomy of (H) (Anaes.) (Assist.)	605.95
50315	Talipes equinovarus, posterior release of (H) (Anaes.) (Assist.)	599.95
50318	Talipes equinovarus, medial release of (H) (Anaes.) (Assist.)	599.95
50321	Talipes equinovarus, combined postero-medial release of (H) (Anaes.) (Assist.)	803.90
50324	Talipes equinovarus, combined postero-medial release of, revision procedure (H) (Anaes.) (Assist.)	1 145.95
50327	Talipes equinovarus, bilateral procedures (H) (Anaes.) (Assist.)	1 397.85
50330	Talipes equinovarus, or talus, vertical congenital — post operative manipulation and change of plaster, performed under general anaesthesia in the operating theatre of a hospital or approved day hospital facility, not being a service to which item 50315, 50318, 50321, 50324 or 50327 applies (Anaes.)	197.95
50333	Tarsal coalition, excision of, with interposition of muscle, fat graft or similar graft (H) (Anaes.) (Assist.)	533.90
50336	Talus, vertical, congenital, combined anterior and posterior reconstruction (H) (Anaes.) (Assist.)	798.00
50339	Foot and ankle, tibialis anterior tendon (split or whole) transfer to lateral column (H) (Anaes.) (Assist.)	486.05
50342	Foot and ankle, tibialis or tibialis posterior tendon transfer, through the interosseous membrane to anterior or posterior aspect of foot (H) (Anaes.) (Assist.)	563.90
50345	Hyperextension deformity of toe, release incorporating V-Y plasty of skin, lengthening of extensor tendons and release of capsule contracture (H) (Anaes.) (Assist.)	300.05

Item	Service	Fee ($)
50348	Knee, deformity of, post-operative manipulation and change of plaster, performed under general anaesthesia in the operating theatre of a hospital or approved day hospital facility (Anaes.)	197.95
50349	Hip, congenital dislocation of, treatment of, by closed reduction (Anaes.) (Assist.)	277.15
50351	Hip, developmental dislocation of, open reduction of (H) (Anaes.) (Assist.)	1 382.30
50352	Hip, congenital dislocation of, treatment of, involving supervision of splint, harness or cast — each attendance (Anaes.)	48.90
50353	Hip spica, initial application of, for congenital dislocation of hip (excluding after-care) (H) (Anaes.) (Assist.)	307.05
50354	Tibia, pseudarthrosis of, congenital, resection and internal fixation (Anaes.) (Assist.)	1 133.90
50357	Knee, leg or thigh, rectus femoris tendon transfer or medial or lateral hamstring tendon transfer (H) (Anaes.) (Assist.)	486.05
50360	Knee, leg or thigh, combined medial and lateral hamstring tendon transfer (H) (Anaes.) (Assist.)	563.90
50363	Knee, contracture of, posterior release involving multiple tendon lengthening or tenotomies, unilateral (H) (Anaes.) (Assist.)	431.95
50366	Knee, contracture of, posterior release involving multiple tendon lengthening or tenotomies, bilateral (H) (Anaes.) (Assist.)	755.95
50369	Knee, contracture of, posterior release involving multiple tendon lengthening with or without tenotomies and release of joint capsule with or without cruciate ligaments, unilateral (H) (Anaes.) (Assist.)	563.90
50372	Knee, contracture of, posterior release involving multiple tendon lengthening with or without tenotomies and release of joint capsule with or without cruciate ligaments, bilateral (H) (Anaes.) (Assist.)	989.90

Item	Service	Fee ($)
50375	Hip, contracture of, medial release, involving lengthening of, or division of the adductors and psoas with or without division of the obturator nerve, unilateral (H) (Anaes.) (Assist.)	431.95
50378	Hip, contracture of, medial release, involving lengthening of, or division of the adductors and psoas with or without division of the obturator nerve, bilateral (H) (Anaes.) (Assist.)	755.95
50381	Hip, contracture of, anterior release, involving lengthening of, or division of the hip flexors and psoas with or without division of the joint capsule, unilateral (H) (Anaes.) (Assist.)	563.90
50384	Hip, contracture of, anterior release, involving lengthening of, or division of the hip flexors and psoas with or without division of the joint capsule, bilateral (H) (Anaes.) (Assist.)	989.90
50387	Hip, iliopsoas tendon transfer to greater trochanter, or transfer of abdominal musculature to greater trochanter, or transfer or adductors to ischium (H) (Anaes.) (Assist.)	563.90
50390	Perthes, cerebral palsy, or other neuromuscular conditions, affecting hips or knees, application of cast under general anaesthesia, performed in the operating theatre of a hospital or approved day hospital facility (Anaes.)	197.95
50393	Pelvis, bone graft or shelf procedures for acetabular dysplasia (H) (Anaes.) (Assist.)	731.90
50394	Acetabular dysplasia, treatment of, by multiple peri-acetabular osteotomy, including internal fixation where performed (H) (Anaes.) (Assist.)	2 403.60
50396	Hand, congenital abnormalities or duplication of digits, amputation or splitting of phalanx or phalanges, with ligament or joint reconstruction (H) (Anaes.) (Assist.)	402.05
50399	Forearm, radial aplasia or dysplasia (radial club hand), centralisation or radialisation of (H) (Anaes.) (Assist.)	798.00
50402	Torticollis, bipolar release of sternocleidomastoid muscle and associated soft tissue (H) (Anaes.) (Assist.)	366.00

Item	Service	Fee ($)
50405	Elbow, flexorplasty, or tendon transfer to restore elbow function (H) (Anaes.) (Assist.)	497.95
50408	Shoulder, congenital or developmental dislocation, open reduction of (H) (Anaes.) (Assist.)	863.95
50411	Lower limb deficiency, treatment of congenital deficiency of the femur by resection of the distal femur and proximal tibia followed by knee fusion (Anaes.) (Assist.)	1 133.90
50414	Lower limb deficiency, treatment of congenital deficiency of the femur by resection of the distal femur and proximal tibia followed by knee fusion and rotationplasty (Anaes.) (Assist.)	1 529.85
50417	Lower limb deficiency, treatment of congenital deficiency of the tibia by reconstruction of the knee, involving transfer of fibula or tibia, and repair of quadriceps mechanism (Anaes.) (Assist.)	1 133.90
50420	Patella, congenital dislocation of, reconstruction of the quadriceps (H) (Anaes.) (Assist.)	935.90
50423	Tibia, fibula or both, congenital deficiency of, transfer of the fibula to tibia, with internal fixation (Anaes.) (Assist.)	863.95
50426	Diaphyseal aclasia, removal of lesion or lesions from bone — 1 approach (H) (Anaes.) (Assist.)	402.05
50950	Nonresectable hepatocellular carcinoma, destruction of, by percutaneous radiofrequency ablation, including any associated imaging services, not being a service associated with a service to which item 30419 or 50952 applies (Anaes.)	707.20
50952	Nonresectable hepatocellular carcinoma, destruction of, by open or laparoscopic radiofrequency ablation, where a multi-disciplinary team has assessed that percutaneous radiofrequency ablation cannot be performed or is not practical because of one or more of the following clinical circumstances: (a) percutaneous access cannot be achieved;	707.20

Item	Service	Fee ($)
	(b) vital organs or tissues are at risk of damage from the percutaneous radiofrequency ablation procedure; (c) resection of one part of the liver is possible, however there is at least 1 primary liver tumour in a nonresectable section of the liver that is suitable for radiofrequency ablation; including any associated imaging services, not being a service associated with a service to which item 30419 or 50950 applies (Anaes.)	
	Group T9 — Assistance at operations	
51300	Assistance at any operation specified in an item in Group T8 that includes '(Assist.)' for which the fee does not exceed $452.70 or at a series or combination of operations specified in items in Group T8 that include '(Assist.)' for which the aggregate fee does not exceed $452.70	74.70
51303	Assistance at any operation specified in an item in Group T8 that includes '(Assist.)' for which the fee exceeds $452.70 or at a series or combination of operations specified in items in Group T8 that include '(Assist.)' for which the aggregate fee exceeds $452.70	Amount under rule 32
51306	Assistance at a delivery involving Caesarean section	107.95
51309	Assistance at a series or combination of operations that include '(Assist.)' and assistance at a delivery involving Caesarean section	Amount under rule 33
51312	Assistance at any interventional obstetric procedure covered by items 16606, 16609, 16612, 16615, 16627 and 16633	Amount under rule 37
51315	Assistance at cataract and intraocular lens surgery covered by item 42698, 42701, 42702, 42704 or 42707, when performed in association with services covered by item 42551 to 42569, 42653, 42656, 42746, 42749, 42752, 42776 or 42779	235.70

Item	Service	Fee ($)
51318	Assistance at cataract and intraocular lens surgery where patient has: (a) total loss of vision, including no potential for central vision, in the fellow eye; or (b) previous significant surgical complication in the fellow eye; or (c) pseudo exfoliation, subluxed lens, iridodonesis, phacodonesis, retinal detachment, corneal scarring, pre-existing uveitis, bound down miosed pupil, nanophthalmos, spherophakia, Marfan's syndrome, homocysteinuria or previous blunt trauma causing intraocular damage	155.60

Oral and maxillofacial services

Group O1 — Consultations

51700	Professional attendance (other than a second or subsequent attendance in a single course of treatment) by an approved dental practitioner in the practice of oral and maxillofacial surgery, at consulting rooms, hospital or residential aged care facility where the patient is referred to him or her	72.60
51703	Professional attendance by an approved dental practitioner in the practice of oral and maxillofacial surgery, each attendance subsequent to the first in a single course of treatment at consulting rooms, hospital or residential aged care facility where the patient is referred to him or her	36.40

Group O2 — Assistance at operation

51800	Assistance by an approved dental practitioner in the practice of oral and maxillofacial surgery at any operation specified in an item that includes '(Assist.)' for which the fee does not exceed $452.70 or at a series or combination of operations specified in items in Groups O3 to O9 that include '(Assist.)' for which the aggregate fee does not exceed $452.70	73.25

Item	Service	Fee ($)
51803	Assistance by an approved dental practitioner in the practice of oral and maxillofacial surgery at any operation specified in an item that includes '(Assist.)' for which the fee exceeds $452.70 or at a series or combination of operations specified in items that include '(Assist.)' where the aggregate fee exceeds $452.70	Amount under rule 32
Group O3 — General surgery		
51900	Wound of soft tissue in the oral and maxillofacial region, deep or extensively contaminated, debridement of, under general anaesthesia or regional or field nerve block, including suturing of that wound when performed (Anaes.) (Assist.)	276.60
51902	Wounds of the oral and maxillofacial region, dressing of, under general anaesthesia, with or without removal of sutures, not being a service associated with a service to which another item in Groups O3 to O9 applies (Anaes.)	62.70
51904	Lipectomy — wedge excision of skin or fat — 1 excision (Anaes.) (Assist.)	385.95
51906	Lipectomy — wedge excision of skin or fat — 2 or more excisions (Anaes.) (Assist.)	587.00
52000	Skin and subcutaneous tissue or mucous membrane, repair of recent wound of, on face or neck, small (not more than 7 cm long), superficial (Anaes.)	70.00
52003	Skin and subcutaneous tissue or mucous membrane, repair of recent wound of, on face or neck, small (not more than 7 cm long), involving deeper tissue (Anaes.)	99.70
52006	Skin and subcutaneous tissue or mucous membrane, repair of recent wound of, on face or neck, large (more than 7 cm long), superficial (Anaes.)	99.70
52009	Skin and subcutaneous tissue or mucous membrane, repair of recent wound of, on face or neck, large (more than 7 cm long), involving deeper tissue (Anaes.)	157.55
52010	Full thickness laceration of ear, eyelid, nose or lip, repair of, with accurate apposition of each layer of tissue (Anaes.) (Assist.)	215.50
52012	Superficial foreign body, removal of, as an independent procedure (Anaes.)	19.90

Item	Service	Fee ($)
52015	Subcutaneous foreign body, removal of, requiring incision and suture, as an independent procedure (Anaes.)	93.25
52018	Foreign body in muscle, tendon or other deep tissue, removal of, as an independent procedure (Anaes.) (Assist.)	234.80
52021	Aspiration biopsy of 1 or more jaw cysts as an independent procedure to obtain material for diagnostic purposes and not being a service associated with an operative procedure on the same day (Anaes.)	25.00
52024	Biopsy of skin or mucous membrane, as an independent procedure (Anaes.)	44.30
52025	Lymph node of neck, biopsy of (Anaes.)	156.05
52027	Biopsy of lymph gland, muscle or other deep tissue or organ, as an independent procedure and not being a service to which item 52025 applies (Anaes.)	127.05
52030	Sinus, excision of, involving superficial tissue only (Anaes.)	76.30
52033	Sinus, excision of, involving muscle and deep tissue (Anaes.)	156.05
52034	Premalignant lesions of the oral mucous, treatment by cryotherapy, diathermy or carbon dioxide laser	36.40
52035	Endoscopic laser therapy for neoplasia and benign vascular lesions of the oral cavity (Anaes.)	403.95
52036	Tumour, cyst, ulcer or scar (other than a scar removed during the surgical approach at an operation), up to 3 cm in diameter, removal from cutaneous or subcutaneous tissue or from mucous membrane, where the removal is by surgical excision and suture, not being a service to which item 52039 applies (Anaes.)	107.70
52039	Tumours, cysts, ulcers or scars (other than a scar removed during the surgical approach at an operation), up to 3 cm in diameter, removal from cutaneous or subcutaneous tissue or from mucous membrane, where the removal is by surgical excision and suture, and the procedure is performed on more than 3 but not more than 10 lesions (Anaes.) (Assist.)	276.60

Item	Service	Fee ($)
52042	Tumour, cyst, ulcer or scar (other than a scar removed during the surgical approach at an operation), more than 3 cm in diameter, removal from cutaneous or subcutaneous tissue or from mucous membrane (Anaes.)	146.35
52045	Tumour, cyst (other than a cyst associated with a tooth or tooth fragment unless it has been established by radiological examination that there is a minimum of 5 mm separation between the cyst lining and tooth structure or where a tumour or cyst has been proven by positive histopathology), ulcer or scar (other than a scar removed during the surgical approach at an operation), removal of, not being a service to which another item in Groups O3 to O9 applies, involving muscle, bone, or other deep tissue (Anaes.)	209.10
52048	Tumour or deep cyst (other than a cyst associated with a tooth or tooth fragment unless it has been established by radiological examination that there is a minimum of 5 mm separation between the cyst lining and tooth structure or where a tumour or cyst has been proven by positive histopathology), removal of, requiring wide excision, not being a service to which another item in Groups O3 to O9 applies (Anaes.) (Assist.)	315.25
52051	Tumour, removal of, from soft tissue (including muscle, fascia and connective tissue), extensive excision of, without skin or mucosal graft (Anaes.) (Assist.)	426.20
52054	Tumour, removal of, from soft tissue (including muscle, fascia and connective tissue), extensive excision of, with skin or mucosal graft (Anaes.) (Assist.)	498.60
52055	Haematoma, small abscess or cellulitis in the oral and maxillofacial region, not requiring admission to a hospital or day hospital facility, incision with drainage of (excluding after-care)	23.20
52056	Haematoma in the oral and maxillofacial region, aspiration of (Anaes.)	23.20
52057	Large haematoma, large abscess, carbuncle, cellulitis or similar lesion in the oral and maxillofacial region, incision with drainage of (excluding after-care) (H) (Anaes.)	138.30

Item	Service	Fee ($)
52058	Percutaneous drainage of deep abscess in the oral and maxillofacial region, using interventional imaging techniques — but not including imaging (Anaes.)	201.60
52059	Abscess in the oral and maxillofacial region drainage tube, exchange of using interventional imaging techniques — but not including imaging (Anaes.)	227.10
52060	Muscle in the oral and maxillofacial region, excision of (Anaes.)	160.70
52061	Muscle, in the oral and maxillofacial region, ruptured, repair of (limited), not associated with external wound (Anaes.)	189.75
52062	Muscle, in the oral and maxillofacial region, ruptured, repair of (extensive), not associated with external wound (Anaes.) (Assist.)	250.90
52063	Bone tumour in the oral and maxillofacial region, innocent, excision of, not being a service to which another item in Groups O3 to O9 applies (Anaes.) (Assist.)	302.35
52064	Bone cyst in the oral and maxillofacial region, injection into or aspiration of (Anaes.)	143.80
52066	Submandibular gland, extirpation of (Anaes.) (Assist.)	377.95
52069	Sublingual gland, extirpation of (Anaes.)	168.50
52072	Salivary gland, dilatation or diathermy of duct (Anaes.)	49.90
52073	Salivary gland, repair of cutaneous fistula of (Anaes.)	127.05
52075	Salivary gland, removal of calculus from duct or meatotomy or marsupialisation, 1 or more such procedures (Anaes.)	127.05
52078	Tongue, partial excision of (Anaes.) (Assist.)	250.90
52081	Tongue tie, division or excision of frenulum (Anaes.)	39.45
52084	Tongue tie, mandibular frenulum or maxillary frenulum, division or excision of frenulum, in a person aged not less than 2 years (Anaes.)	101.35
52087	Ranula or mucous cyst of mouth, removal of (Anaes.)	173.70

Item	Service	Fee ($)
52090	Operation on mandible or maxilla (other than alveolar margins) for chronic osteomyelitis — 1 bone or in combination with adjoining bones (Anaes.) (Assist.)	302.35
52092	Operation on skull for osteomyelitis (Anaes.) (Assist.)	394.10
52094	Operation on any combination of adjoining bones in the oral and maxillofacial region, being bones referred to in item 52092 (Anaes.) (Assist.)	498.55
52095	Bone growth stimulator in the oral and maxillofacial region, insertion of (Anaes.) (Assist.)	323.10
52096	Orthopaedic pin or wire, insertion of, into maxilla or mandible or zygoma, as an independent procedure (Anaes.)	95.80
52097	External fixation in the oral and maxillofacial region, removal of, in the operating theatre of a hospital or approved day hospital facility (Anaes.)	135.85
52098	External fixation in the oral and maxillofacial region, removal of, in conjunction with operations involving internal fixation or bone grafting or both (Anaes.)	159.75
52099	Buried wire, pin or screw, 1 or more, which were inserted for internal fixation purposes into maxilla or mandible or zygoma, removal of, requiring anaesthesia, incision, dissection and suturing, per bone, not being a service associated with a service to which item 52102 or 52105 applies (Anaes.)	119.85
52102	Buried wire, pin or screw, 1 or more, which were inserted for internal fixation purposes into maxilla or mandible or zygoma, removal of, requiring anaesthesia, incision, dissection and suturing, where undertaken in the operating theatre of a hospital or approved day hospital facility, per bone (Anaes.)	119.85
52105	Plate, 1 or more of, and associated screw and wire which were inserted for internal fixation purposes into maxilla or mandible or zygoma, removal of, requiring anaesthesia, incision, dissection and suturing, per bone, not being a service associated with a service to which item 52099 or 52102 applies (Anaes.) (Assist.)	223.70

Item	Service	Fee ($)
52106	Arch bars, 1 or more, which were inserted for dental fixation purposes to the maxilla or mandible, removal of, requiring general anaesthesia where undertaken in the operating theatre of a hospital or approved day hospital facility (Anaes.)	92.40
52108	Lip, full thickness wedge excision of, with repair by direct sutures (Anaes.) (Assist.)	276.60
52111	Vermilionectomy (Anaes.) (Assist.)	276.60
52114	Mandible or maxilla, segmental resection of, for tumours or cysts (Anaes.) (Assist.)	498.60
52117	Mandible, including lower border, or maxilla, sub-total resection of (Anaes.) (Assist.)	593.50
52120	Mandible, hemimandiblectomy of, including condylectomy where performed (Anaes.) (Assist.)	699.60
52122	Mandible, hemi-mandibular reconstruction of, or maxilla reconstruction of, with bone graft, plate, tray or alloplast, not being a service associated with a service to which item 52123 applies (Anaes.) (Assist.)	701.90
52123	Mandible, total resection of both sides, including condylectomies where performed (Anaes.) (Assist.)	794.70
52126	Maxilla, total resection of (Anaes.) (Assist.)	764.00
52129	Maxilla, total resection of both maxillae (Anaes.) (Assist.)	1 022.75
52130	Bone graft in the oral and maxillofacial region, not being a service to which another item in Groups O3 to O9 applies (Anaes.) (Assist.)	375.40
52131	Bone graft with internal fixation, in the oral and maxillofacial region, not being a service to which another item in Groups O3 to O9 applies (Anaes.) (Assist.)	519.25
52132	Tracheostomy (Anaes.)	202.65
52133	Cricothyrostomy by direct stab or Seldinger technique, using Minitrach or similar device (Anaes.)	77.25
52135	Post-operative or post-nasal haemorrhage, or both, control of, where undertaken in the operating theatre of a hospital or approved day hospital facility (Anaes.)	122.50

Item	Service	Fee ($)
52138	Maxillary artery, ligation of (Anaes.) (Assist.)	377.95
52141	Facial, mandibular or lingual artery or vein or artery and vein, ligation of, not being a service to which item 52138 applies (Anaes.) (Assist.)	376.45
52144	Foreign body, deep, removal of using interventional imaging techniques (Anaes.) (Assist.)	350.90
52147	Duct of major salivary gland, transposition of (Anaes.) (Assist.)	331.10
52148	Parotid duct, repair of, using micro-surgical techniques (Anaes.) (Assist.)	585.30
52158	Submandibular ducts, relocation of, for surgical control of drooling (Anaes.) (Assist.)	942.40
52180	Aggressive or potentially malignant bone or deep soft tissue tumour in the oral and maxillofacial region, biopsy of (not including after-care) (Anaes.)	159.75
52182	Bone or malignant deep soft tissue tumour in the oral and maxillofacial region, lesional or marginal excision of (Anaes.) (Assist.)	351.50
52184	Bone tumour in the oral and maxillofacial region, lesional or marginal excision of, combined with any 1 of liquid nitrogen freezing, autograft, allograft or cementation (Anaes.) (Assist.)	519.25
52186	Bone tumour in the oral and maxillofacial region, lesional or marginal excision of, combined with any 2 or more of liquid nitrogen freezing, autograft, allograft or cementation (Anaes.) (Assist.)	639.10
Group O4 — Plastic and reconstructive		
52300	Single-stage local flap, where indicated, repair to 1 defect, with skin or mucosa (Anaes.) (Assist.)	241.25
52303	Single-stage local flap, where indicated, repair to 1 defect, with buccal pad of fat (Anaes.) (Assist.)	344.50
52306	Single-stage local flap, where indicated, repair to 1 defect, using temporalis muscle (Anaes.) (Assist.)	511.20
52309	Free grafting (mucosa or split skin) of a granulating area (Anaes.)	173.70

Item	Service	Fee ($)
52312	Free grafting (mucosa, split skin or connective tissue) to 1 defect, including elective dissection (Anaes.) (Assist.)	241.25
52315	Free grafting, full thickness, to 1 defect (mucosa or skin) (Anaes.) (Assist.)	402.00
52318	Bone graft, harvesting of, via separate incision, being a service associated with a service to which another item in Groups O3 to O9 applies — Autogenous, small quantity (Anaes.)	119.85
52319	Bone graft, harvesting of, via separate incision, being a service associated with a service to which another item in Groups O3 to O9 applies — Autogenous, large quantity (Anaes.)	199.45
52321	Foreign implant (non-biological), insertion of, for contour reconstruction of pathological deformity, not being a service associated with a service to which item 52624 applies (Anaes.) (Assist.)	402.00
52324	Direct flap repair, using tongue, first stage (Anaes.) (Assist.)	402.00
52327	Direct flap repair, using tongue, second stage (Anaes.)	199.45
52330	Palatal defect (oro-nasal fistula), plastic closure of, including services to which item 52300, 52303, 52306 or 52324 applies (Anaes.) (Assist.)	663.50
52333	Cleft palate, primary repair (Anaes.) (Assist.)	663.50
52336	Cleft palate, secondary repair, closure of fistula using local flaps (Anaes.) (Assist.)	414.70
52337	Alveolar cleft (congenital) unilateral, grafting of, including plastic closure of associated oro-nasal fistulae and ridge augmentation (Anaes.) (Assist.)	907.10
52339	Cleft palate, secondary repair, lengthening procedure (Anaes.) (Assist.)	472.30
52342	Mandible or maxilla, unilateral osteotomy or osteectomy of, including transposition of nerves and vessels and bone grafts taken from the same site (Anaes.) (Assist.)	820.30

Item	Service	Fee ($)
52345	Mandible or maxilla, unilateral osteotomy or osteectomy of, including transposition of nerves and vessels and bone grafts taken from the same site and stabilisation with fixation by wires, screws, plates or pins, or any combination (Anaes.) (Assist.)	925.15
52348	Mandible or maxilla, bilateral osteotomy or osteectomy of, including transposition of nerves and vessels and bone grafts taken from the same site (Anaes.) (Assist.)	1 045.40
52351	Mandible or maxilla, bilateral osteotomy or osteectomy of, including transposition of nerves and vessels and bone grafts taken from the same site and stabilisation with fixation by wires, screws, plates or pins, or any combination (Anaes.) (Assist.)	1 174.00
52354	Mandible or maxilla, osteotomies or osteectomies of, involving 3 or more such procedures on the 1 jaw, including transposition of nerves and vessels and bone grafts taken from the same site (Anaes.) (Assist.)	1 190.20
52357	Mandible or maxilla, osteotomies or osteectomies of, involving 3 or more such procedures on the 1 jaw, including transposition of nerves and vessels and bone grafts taken from the same site and stabilisation with fixation by wires, screws, plates or pins, or any combination (Anaes.) (Assist.)	1 339.95
52360	Mandible and maxilla, osteotomies or osteectomies of, involving 2 such procedures of each jaw including transposition of nerves and vessels and bone grafts taken from the same site (Anaes.) (Assist.)	1 366.95
52363	Mandible and maxilla, osteotomies or osteectomies of, involving 2 such procedures of each jaw, including transposition of nerves and vessels and bone grafts taken from the same site and stabilisation with fixation by wires, screws, plates or pins, or any combination (Anaes.) (Assist.)	1 537.80
52366	Mandible and maxilla, complex bilateral osteotomies or osteectomies of, involving 3 or more such procedures of 1 jaw and 2 such procedures of the other jaw, including genioplasty when performed and transposition of nerves and vessels and bone grafts taken from the same site (Anaes.) (Assist.)	1 503.80

Item	Service	Fee ($)
52369	Mandible and maxilla, complex bilateral osteotomies or osteectomies of, involving 3 or more such procedures of 1 jaw and 2 such procedures of the other jaw, including genioplasty when performed and transposition of nerves and vessels and bone grafts taken from the same site and stabilisation with fixation by wires, screws, plates or pins, or any combination (Anaes.) (Assist.)	1 690.80
52372	Mandible and maxilla, complex bilateral osteotomies or osteectomies of, involving 3 or more such procedures of each jaw, including genioplasty when performed and transposition of nerves and vessels and bone grafts taken from the same site (Anaes.) (Assist.)	1 640.60
52375	Mandible and maxilla, complex bilateral osteotomies or osteectomies of, involving 3 or more such procedures of each jaw, including genioplasty when performed and transposition of nerves and vessels and bone grafts taken from the same site and stabilisation with fixation by wires, screws, plates or pins, or any combination (Anaes.) (Assist.)	1 837.65
52378	Genioplasty including transposition of nerves and vessels and bone grafts taken from the same site (Anaes.) (Assist.)	635.25
52379	Face, contour reconstruction of 1 region, using autogenous bone or cartilage graft (Anaes.) (Assist.)	1 084.65
52380	Midfacial osteotomies — Le Fort II, Modified Le Fort III (Nasomalar), Modified Le Fort III (Malar-Maxillary), Le Fort III involving 3 or more osteotomies of the midface including transposition of nerves and vessels and bone grafts taken from the same site (Anaes.) (Assist.)	1 848.60
52382	Midfacial osteotomies — Le Fort II, Modified Le Fort III (Nasomalar), Modified Le Fort III (Malar-Maxillary), Le Fort III involving 3 or more osteotomies of the midface including transposition of nerves and vessels and bone grafts taken from the same site and stabilisation with fixation by wires, screws, plates or pins, or any combination (Anaes.) (Assist.)	2 215.95
52420	Mandible, fixation by intermaxillary wiring, excluding wiring for obesity	204.60

Item	Service	Fee ($)
52424	Dermis, dermofat or fascia graft (excluding transfer of fat by injection) in the oral and maxillofacial region (Anaes.) (Assist.)	401.90
52430	Microvascular repair of the oral and maxillofacial region using microsurgical techniques, with restoration of continuity of artery or vein of distal extremity or digit (Anaes.) (Assist.)	925.15
52440	Cleft lip, unilateral — primary repair, 1 stage, without anterior palate repair (Anaes.) (Assist.)	459.35
52442	Cleft lip, unilateral — primary repair, 1 stage, with anterior palate repair (Anaes.) (Assist.)	574.30
52444	Cleft lip, bilateral — primary repair, 1 stage, without anterior palate repair (Anaes.) (Assist.)	638.00
52446	Cleft lip, bilateral — primary repair, 1 stage, with anterior palate repair (Anaes.) (Assist.)	753.00
52450	Cleft lip, partial revision, including minor flap revision alignment and adjustment, including revision of minor whistle deformity if performed (Anaes.)	255.20
52452	Cleft lip, total revision, including major flap revision, muscle reconstruction and revision of major whistle deformity (Anaes.) (Assist.)	414.70
52456	Cleft lip reconstruction using full thickness flap (Abbe or similar), first stage (Anaes.) (Assist.)	701.90
52458	Cleft lip reconstruction using full thickness flap (Abbe or similar), second stage (Anaes.)	255.20
52460	Velo-pharyngeal incompetence, pharyngeal flap for, or pharyngoplasty for (Anaes.)	663.50
52480	Composite graft (chondro-cutaneous or chondro-mucosal) to nose, ear or eyelid (Anaes.) (Assist.)	426.20
52482	Macrocheilia or macroglossia, operation for (Anaes.) (Assist.)	410.05
52484	Macrostomia, operation for (Anaes.) (Assist.)	488.15

Item	Service	Fee ($)
Group O5 — Preprosthetic		
52600	Mandibular or palatal exostosis, excision of (Anaes.) (Assist.)	287.05
52603	Mylohyoid ridge, reduction of (Anaes.) (Assist.)	274.40
52606	Maxillary tuberosity, reduction of (Anaes.)	209.30
52609	Papillary hyperplasia of the palate, removal of — less than 5 lesions (Anaes.) (Assist.)	274.40
52612	Papillary hyperplasia of the palate, removal of — 5 to 20 lesions (Anaes.) (Assist.)	344.50
52615	Papillary hyperplasia of the palate, removal of — more than 20 lesions (Anaes.) (Assist.)	427.55
52618	Vestibuloplasty, submucosal or open, including excision of muscle and skin or mucosal graft when performed — unilateral or bilateral (Anaes.) (Assist.)	497.60
52621	Floor of mouth lowering (Obwegeser or similar procedure), including excision of muscle and skin or mucosal graft when performed — unilateral (Anaes.) (Assist.)	497.60
52624	Alveolar ridge augmentation with bone or alloplast or both — unilateral (Anaes.) (Assist.)	401.90
52626	Alveolar ridge augmentation — unilateral, insertion of tissue expanding device into maxillary or mandibular alveolar ridge region for (Anaes.) (Assist.)	246.45
52627	Osseo-integration procedure — extra oral implantation of titanium fixture (Anaes.) (Assist.)	427.55
52630	Osseo-integration procedure — fixation of transcutaneous abutment (Anaes.)	158.25
52633	Osseo-integration procedure — intra-oral implantation of titanium fixture to facilitate restoration of the dentition following resection of part of the maxilla or mandible for benign or malignant tumours (Anaes.)	427.55
52636	Osseo-integration procedure — fixation of transmucosal abutment to fixtures placed following resection of part of the maxilla or mandible for benign or malignant tumours (Anaes.)	158.25

Item	Service	Fee ($)
Group O6 — Neurosurgical		
52800	Neurolysis by open operation, without transposition, not being a service associated with a service to which item 52803 applies (Anaes.) (Assist.)	234.80
52803	Nerve trunk, internal (interfascicular), neurolysis of, using microsurgical techniques (Anaes.) (Assist.)	338.15
52806	Neurectomy, neurotomy or removal of tumour from superficial peripheral nerve (Anaes.) (Assist.)	234.80
52809	Neurectomy, neurotomy or removal of tumour from deep peripheral nerve (Anaes.) (Assist.)	402.00
52812	Nerve trunk, primary repair of, using microsurgical techniques (Anaes.) (Assist.)	574.30
52815	Nerve trunk, secondary repair of, using microsurgical techniques (Anaes.) (Assist.)	606.10
52818	Nerve, transposition of (Anaes.) (Assist.)	402.00
52821	Nerve graft to nerve trunk (cable graft) including harvesting of nerve graft using microsurgical techniques (Anaes.) (Assist.)	874.10
52824	Peripheral branches of the trigeminal nerve, cryosurgery of, for pain relief (Anaes.) (Assist.)	376.45
52826	Injection of primary branch of trigeminal nerve with alcohol, cortisone, phenol, or similar substance (Anaes.)	201.60
52828	Cutaneous nerve, primary repair of, using microsurgical techniques (Anaes.) (Assist.)	299.85
52830	Cutaneous nerve, secondary repair of, using microsurgical techniques (Anaes.) (Assist.)	395.50
52832	Cutaneous nerve, nerve graft to, using microsurgical techniques (Anaes.) (Assist.)	542.35
Group O7 — Ear, nose and throat		
53000	Maxillary antrum, proof puncture and lavage of (Anaes.)	27.55
53003	Maxillary antrum, proof puncture and lavage of, under general anaesthesia, not being a service associated with a service to which another item in Groups O3 to O9 applies (H) (Anaes.)	78.05

Item	Service	Fee ($)
53004	Maxillary antrum, lavage of — each attendance at which the procedure is performed, including any associated consultation (Anaes.)	28.50
53006	Antrostomy (radical) (Anaes.) (Assist.)	442.25
53009	Antrum, intranasal operation on or removal of foreign body from (Anaes.) (Assist.)	250.90
53012	Antrum, drainage of, through tooth socket (Anaes.)	99.70
53015	Oro-antral fistula, plastic closure of (Anaes.) (Assist.)	498.60
53016	Nasal septum, septoplasty, submucous resection or closure of septal perforation (Anaes.) (Assist.)	410.05
53017	Nasal septum, reconstruction of (Anaes.) (Assist.)	511.55
53019	Maxillary sinus, bone graft to floor of maxillary sinus following elevation of mucosal lining (sinus lift procedure), unilateral (Anaes.) (Assist.)	492.85
53052	Post-nasal space, direct examination of, with or without biopsy (Anaes.)	104.20
53054	Nasendoscopy or sinoscopy or fibreoptic examination of nasopharynx — 1 or more of these procedures (Anaes.)	104.15
53056	Examination of nasal cavity or post-nasal space, or nasal cavity and post-nasal space, under general anaesthesia, not being a service associated with a service to which another item in this group applies (Anaes.)	61.05
53058	Nasal haemorrhage, posterior, arrest of, with posterior nasal packing with or without cauterisation and with or without anterior pack (excluding after-care) (Anaes.)	104.15
53060	Cauterisation (other than by chemical means) or cauterisation by chemical means when performed under general anaesthesia or diathermy of septum or turbinates for obstruction or haemorrhage secondary to surgery (or trauma) — 1 or more of these procedures (including any consultation on the same occasion) not being a service associated with any other operation on the nose (Anaes.)	85.25
53062	Post-surgical nasal haemorrhage, arrest of during an episode of epistaxis by cauterisation or nasal cavity packing or both (Anaes.)	76.30

Item	Service	Fee ($)
53064	Cryotherapy to nose in the treatment of nasal haemorrhage (Anaes.)	138.30
53068	Turbinectomy or turbinectomies, partial or total, unilateral (Anaes.)	114.45
53070	Turbinates, submucous resection of, unilateral (Anaes.)	151.05
Group O8 — Temporomandibular joint		
53200	Mandible, treatment of a dislocation of, not requiring open reduction (Anaes.)	60.00
53203	Mandible, treatment of a dislocation of, requiring open reduction (Anaes.)	100.80
53206	Temporomandibular joint, manipulation of, performed in the operating theatre of a hospital or approved day hospital facility, not being a service associated with a service to which another item in Groups O3 to O9 applies (Anaes.)	121.25
53209	Glenoid fossa, zygomatic arch and temporal bone, reconstruction of (Obwegeser technique) (Anaes.) (Assist.)	1 399.25
53212	Absent condyle and ascending ramus in hemifacial microsomia, construction of, not including harvesting of graft material (Anaes.) (Assist.)	755.90
53215	Temporomandibular joint, arthroscopy of, with or without biopsy, not being a service associated with any other arthroscopic procedure of that joint (Anaes.) (Assist.)	346.75
53218	Temporomandibular joint, arthroscopy of, removal of loose bodies, debridement, or treatment of adhesions — 1 or more of such procedures (Anaes.) (Assist.)	554.70
53220	Temporomandibular joint, arthrotomy of, not being a service to which another item in this group applies (Anaes.) (Assist.)	279.65
53221	Temporomandibular joint, open surgical exploration of, with or without microsurgical techniques (Anaes.) (Assist.)	740.15
53224	Temporomandibular joint, open surgical exploration of, with condylectomy or condylotomy, with or without microsurgical techniques (Anaes.) (Assist.)	820.50

Item	Service	Fee ($)
53225	Arthrocentesis, irrigation of temporomandibular joint after insertion of 2 cannuli into the appropriate joint space(s) (Anaes.) (Assist.)	246.45
53226	Temporomandibular joint, synovectomy of, not being a service to which another item in this group applies (Anaes.) (Assist.)	265.00
53227	Temporomandibular joint, open surgical exploration of, with or without meniscus or capsular surgery, including meniscectomy when performed, with or without microsurgical techniques (Anaes.) (Assist.)	1 008.20
53230	Temporomandibular joint, open surgical exploration of, with meniscus, capsular and condylar head surgery, with or without microsurgical techniques (Anaes.) (Assist.)	1 135.70
53233	Temporomandibular joint, surgery of, involving procedures to which item 53224, 53226, 53227 or 53230 applies and also involving the use of tissue flaps, or cartilage graft, or allograft implants, with or without microsurgical techniques (Anaes.) (Assist.)	1 276.15
53236	Temporomandibular joint, stabilisation of, involving 1 or more of: repair of capsule, repair of ligament or internal fixation, not being a service to which another item in this group applies (Anaes.) (Assist.)	399.35
53239	Temporomandibular joint, arthrodesis of, not being a service to which another item in this group applies (Anaes.) (Assist.)	399.35
53242	Temporomandibular joint or joints, application of external fixator to, other than for treatment of fractures (Anaes.) (Assist.)	265.00
Group O9 — Treatment of fractures		
53400	Maxilla, unilateral or bilateral, treatment of fracture of, not requiring splinting	109.60
53403	Mandible, treatment of fracture of, not requiring splinting	133.90
53406	Maxilla, treatment of fracture of, requiring splinting, wiring of teeth, circumosseous fixation or external fixation (Anaes.) (Assist.)	345.05

Item	Service	Fee ($)
53409	Mandible, treatment of fracture of, requiring splinting, wiring of teeth, circumosseous fixation or external fixation (Anaes.) (Assist.)	345.05
53410	Zygomatic bone, treatment of fracture of, not requiring surgical reduction	72.70
53411	Zygomatic bone, treatment of fracture of, requiring surgical reduction, by temporal, intra-oral or other approach (Anaes.)	202.65
53412	Zygomatic bone, treatment of fracture of, requiring surgical reduction and involving internal or external fixation at 1 site (Anaes.) (Assist.)	332.70
53413	Zygomatic bone, treatment of fracture of, requiring surgical reduction and involving internal or external fixation or both at 2 sites (Anaes.) (Assist.)	406.55
53414	Zygomatic bone, treatment of, requiring surgical reduction and involving internal or external fixation or both at 3 sites (Anaes.) (Assist.)	468.20
53415	Maxilla, treatment of fracture of, requiring open reduction (Anaes.) (Assist.)	369.70
53416	Mandible, treatment of fracture of, requiring open reduction (Anaes.) (Assist.)	369.70
53418	Maxilla, treatment of fracture of, requiring open reduction and internal fixation not involving plate(s) (Anaes.) (Assist.)	480.55
53419	Mandible, treatment of fracture of, requiring open reduction and internal fixation not involving plate(s) (Anaes.) (Assist.)	480.55
53422	Maxilla, treatment of fracture of, requiring open reduction and internal fixation involving plate(s) (Anaes.) (Assist.)	609.85
53423	Mandible, treatment of fracture of, requiring open reduction and internal fixation involving plate(s) (Anaes.) (Assist.)	609.85
53424	Maxilla, treatment of a complicated fracture of, involving viscera, blood vessels or nerves, requiring open reduction not involving plate(s) (Anaes.) (Assist.)	523.25

Item	Service	Fee ($)
53425	Mandible, treatment of a complicated fracture of, involving viscera, blood vessels or nerves, requiring open reduction not involving plate(s) (Anaes.) (Assist.)	523.25
53427	Maxilla, treatment of a complicated fracture of, involving viscera, blood vessels or nerves, requiring open reduction involving the use of plate(s) (Anaes.) (Assist.)	714.65
53429	Mandible, treatment of a complicated fracture of, involving viscera, blood vessels or nerves, requiring open reduction involving the use of plate(s) (Anaes.) (Assist.)	714.65
53439	Mandible, treatment of a closed fracture of, involving a joint surface (Anaes.)	202.65
53453	Orbital cavity, reconstruction of a wall or floor with or without foreign implant (Anaes.) (Assist.)	410.05
53455	Orbital cavity, bone or cartilage graft to orbital wall or floor including reduction of prolapsed or entrapped orbital contents (Anaes.) (Assist.)	481.65
53458	Nasal bones, treatment of fracture of, not being a service to which item 53459 or 53460 applies	36.45
53459	Nasal bones, treatment of fracture of, by reduction (Anaes.)	199.75
53460	Nasal bones, treatment of fractures of, by open reduction involving osteotomies (Anaes.) (Assist.)	407.55
Group O10 — Diagnostic procedures and investigations		
53600	Skin sensitivity testing for allergens to anaesthetics and materials used in oral and maxillofacial surgery, using 1 to 20 allergens	33.05
Group O11 — Regional or field nerve blocks		
53700	Trigeminal nerve, primary division of, injection of an anaesthetic agent	105.95
53702	Trigeminal nerve, peripheral branch of, injection of an anaesthetic agent	53.05
53704	Facial nerve, injection of an anaesthetic agent	31.90
53706	Nerve branch in the oral and maxillofacial region, destruction by a neurolytic agent, not being a service to which any other item in this group applies	105.95

Item	Service	Fee ($)
	Cleft lip and cleft palate services	
	Group C1 — Orthodontic services	
75001	Initial professional attendance in a single course of treatment by an accredited orthodontist (AO)	74.05
75004	Professional attendance by an accredited orthodontist subsequent to the first professional attendance by the orthodontist in a single course of treatment (AO)	37.15
75006	Production of dental study models (not being a service associated with a service to which item 75004 applies) prior to provision of a service to which: (a) item 75030, 75033, 75034, 75036, 75037, 75039, 75045 or 75051 applies; or (b) an item in Group T8 or Groups O3 to O9 applies; in a single course of treatment (AO)	66.00
75009	Orthodontic radiography — orthopantomography (panoramic radiography), including any consultation on the same occasion (AOS) (AO)	59.00
75012	Orthodontic radiography — anteroposterior cephalometric radiography with cephalometric tracings or lateral cephalometric radiography with cephalometric tracings including any consultation on the same occasion (AOS) (AO)	93.50
75015	Orthodontic radiography — anteroposterior and lateral cephalometric radiography, with cephalometric tracings including any consultation on the same occasion (AOS) (AO)	128.55
75018	Orthodontic radiography — anteroposterior and lateral cephalometric radiography, with cephalometric tracings and orthopantomography including any consultation on the same occasion (AOS) (AO)	163.75
75021	Orthodontic radiography — hand-wrist studies (including growth prediction) including any consultation on the same occasion (AOS) (AO)	200.85
75023	Intraoral radiography — single area, periapical or bitewing film (AOS) (AO)	40.20

Item	Service	Fee ($)
75024	Pre-surgical infant maxillary arch repositioning, including supply of appliances and all adjustments of appliances and supervision — where 1 appliance is used (AO)	519.40
75027	Pre-surgical infant maxillary arch repositioning, including supply of appliances and all adjustments of appliances and supervision — where 2 appliances are used (AO)	712.15
75030	Maxillary ach expansion not being a service associated with a service to which item 75039, 75042, 75045 or 75048 applies, including supply of appliances, all adjustments of the appliances, removal of the appliances and retention (AO)	634.20
75033	Mixed dentition treatment — incisor alignment using fixed appliances in maxillary arch, including supply of appliances, all adjustments of appliances, removal of the appliances and retention (AO)	1 039.35
75034	Mixed dentition treatment — incisor alignment with or without lateral arch expansion using a removable appliance in the maxillary arch, including supply of appliances, associated adjustments and retention (AO)	529.00
75036	Mixed dentition treatment — lateral arch expansion and incisor alignment using fixed appliances in maxillary arch, including supply of appliances, all adjustments of appliances, removal of appliances and retention (AO)	1 435.60
75037	Mixed dentition treatment — lateral arch expansion and incisor correction — 2 arch (maxillary and mandibular) using fixed appliances in both maxillary and mandibular arches, including supply of appliances, all adjustments of appliances, removal of appliances and retention (AO)	1 808.10
75039	Permanent dentition treatment — single arch (mandibular or maxillary) treatment (correction and alignment) using fixed appliances, including supply of appliances — initial 3 months of active treatment (AO)	480.50
75042	Permanent dentition treatment — single arch (mandibular or maxillary) treatment (correction and alignment) using fixed appliances, including supply of appliances — each 3 months of active treatment (including all adjustments and maintenance and removal of the appliances) after the first for a maximum of a further 33 months (AO)	179.65

Item	Service	Fee ($)
75045	Permanent dentition treatment — 2 arch (mandibular and maxillary) treatment (correction and alignment) using fixed appliances, including supply of appliances — initial 3 months of active treatment (AO)	962.00
75048	Permanent dentition treatment — 2 arch (mandibular and maxillary) treatment (correction and alignment) using fixed appliances, including supply of appliances — each subsequent 3 months of active treatment (including all adjustments and maintenance, and removal of the appliances) after the first for a maximum of a further 33 months (AO)	246.70
75049	Retention, fixed or removable, single arch (mandibular or maxillary) — supply of retainer and supervision of retention (AO)	288.70
75050	Retention, fixed or removable, 2-arch (mandibular and maxillary) — supply of retainers and supervision of retention (AO)	557.40
75051	Jaw growth guidance using removable or functional appliances, including supply of appliances and all adjustments to appliances (AO)	855.70
Group C2 — Oral and maxillofacial services		
75150	Initial professional attendance in a single course of treatment by an accredited oral and maxillofacial surgeon where the patient is referred to the surgeon by an accredited orthodontist (AOS)	74.05
75153	Professional attendance by an accredited oral and maxillofacial surgeon subsequent to the first professional attendance by the surgeon in a single course of treatment where the patient is referred to the surgeon by an accredited orthodontist (AOS)	37.15

Item	Service	Fee ($)
75156	Production of dental study models (not being a service associated with a service to which item 75153 applies) prior to provision of a service: (a) to which item 52321, 53212 or 75618 applies; or (b) to which an item in the series 52330 to 52382, 52600 to 52630, 53400 to 53409 or 53415 to 53429 applies; in a single course of treatment, where the patient is referred by an accredited orthodontist (AOS)	66.00
75200	Removal of tooth or tooth fragment (not being treatment to which item 75400, 75403, 75406, 75409, 75412 or 75415 applies), where the patient is referred by an accredited orthodontist (AD)	47.55
75203	Removal of tooth or tooth fragment under general anaesthesia, where the patient is referred by an accredited orthodontist (AD)	71.35
75206	Removal of each additional tooth or tooth fragment at the same attendance at which a service to which item 75200 or 75203 applies is rendered, where the patient is referred by an accredited orthodontist (AD)	23.65
75400	Surgical removal of erupted tooth, where the patient is referred by an accredited orthodontist (AOS)	142.65
75403	Surgical removal of tooth with soft tissue impaction, where the patient is referred by an accredited orthodontist (AOS)	163.75
75406	Surgical removal of tooth with partial bone impaction, where the patient is referred by an accredited orthodontist (AOS)	186.65
75409	Surgical removal of tooth with complete bone impaction, where the patient is referred by an accredited orthodontist (AOS)	211.40
75412	Surgical removal of tooth fragment requiring incision of soft tissue only, where the patient is referred by an accredited orthodontist (AOS)	118.05
75415	Surgical removal of tooth fragment requiring removal of bone, where the patient is referred by an accredited orthodontist (AOS)	142.65

Item	Service	Fee ($)
75600	Surgical exposure, stimulation and packing of unerupted tooth, where the patient is referred by an accredited orthodontist (AOS)	200.85
75603	Surgical exposure of unerupted tooth for the purpose of fitting a traction device, where the patient is referred by an accredited orthodontist (AOS)	236.05
75606	Surgical repositioning of unerupted tooth, where the patient is referred by an accredited orthodontist (AOS)	236.05
75609	Transplantation of tooth bud, where the patient is referred by an accredited orthodontist (AOS)	352.35
75612	Surgical procedure for intra oral implantation of osseointegrated fixture (first stage), where the patient is referred by an accredited orthodontist (AOS)	436.10
75615	Surgical procedure for fixation of trans-mucosal abutment (second stage of osseointegrated implant), where the patient is referred by an accredited orthodontist (AOS)	161.40
75618	Provision and fitting of a bite rising appliance or dental splint for the management of temporomandibular joint dysfunction syndrome, where the patient is referred by an accredited orthodontist (AOS)	200.50
75621	The provision and fitting of surgical template in conjunction with orthognathic surgical procedures in association with: (a) an item in the series 52342 to 52375; or (b) item 52380 or 52382; where the patient is referred by an accredited orthodontist (AOS)	200.50
Group C3 — General and prosthodontic services		
75800	Attendance comprising consultation, preventive treatment and prophylaxis, of not less than 30 minutes duration — each attendance to a maximum of 3 attendances in any period of 12 months (AD)	71.35
75803	Provision and fitting of acrylic base partial denture, including retainers — 1 tooth (AD)	285.40
75806	Provision and fitting of acrylic base partial denture, including retainers — 2 teeth (AD)	334.70

Item	Service	Fee ($)
75809	Provision and fitting of acrylic base partial denture, including retainers — 3 teeth (AD)	396.35
75812	Provision and fitting of acrylic base partial denture, including retainers — 4 teeth (AD)	440.40
75815	Provision and fitting of acrylic base partial denture, including retainers — 5 to 9 teeth (AD)	537.35
75818	Provision and fitting of acrylic base partial denture, including retainers — 10 to 12 teeth (AD)	634.20
75821	Provision and fitting of cast metal base (cobalt chromium alloy) partial denture including casting and retainers — 1 tooth (AD)	510.75
75824	Provision and fitting of cast metal base (cobalt chromium alloy) partial denture including casting and retainers — 2 teeth (AD)	590.10
75827	Provision and fitting of cast metal base (cobalt chromium alloy) partial denture including casting and retainers — 3 teeth (AD)	678.25
75830	Provision and fitting of cast metal base (cobalt chromium alloy) partial denture including casting and retainers — 4 teeth (AD)	748.75
75833	Provision and fitting of cast metal base (cobalt chromium alloy) partial denture including casting and retainers — 5 to 9 teeth (AD)	915.95
75836	Provision and fitting of cast metal base (cobalt chromium alloy) partial denture including casting and retainers — 10 to 12 teeth (AD)	1 048.10
75839	Provision and fitting of retainers (not being treatment associated with treatment to which item 75803, 75806, 75809, 75812, 75815, 75818, 75821, 75824, 75827, 75830, 75833 or 75836 applies) — each retainer (AD)	23.65
75842	Adjustment of partial denture (not being treatment associated with treatment to which item 75803, 75806, 75809, 75812, 75815, 75818, 75821, 75824, 75827, 75830, 75833 or 75836 applies) (AD)	35.25
75845	Relining of partial denture by laboratory process and associated fitting (AD)	176.25

Item	Service	Fee ($)
75848	Remodelling and fitting of partial denture of more than 4 teeth (AD)	211.40
75851	Repair to cast metal base of partial denture — 1 or more points (AD)	105.70
75854	Addition of a tooth or teeth to a partial denture to replace extracted tooth or teeth, including taking of necessary impression (AD)	105.70

Part 4 Non-medicare services

1. Endoluminal gastroplication, for the treatment of gastro-oesophageal reflux disease
2. Endovenous laser treatment, for varicose veins
3. Gamma knife surgery
4. Intradiscal electro thermal arthroplasty
5. Intravascular ultrasound (except where used in conjunction with intravascular brachytherapy)
6. Intro-articular viscosupplementation, for the treatment of osteoarthritis of the knee
7. Low intensity ultrasound treatment, for the acceleration of bone fracture healing, using a bone growth stimulator
8. Lung volume reduction surgery, for advanced emphysema
9. Photodynamic therapy, for skin and mucosal cancer
10. Placement of artificial bowel sphincters, in the management of faecal incontinence
11. Sacral nerve stimulation, for urinary incontinence
12. Selective internal radiation therapy, for hepatic metastases
13. Specific mass measurement of bone alkaline phosphatase
14. Transmyocardial laser revascularisation
15. Vertebral axial decompression therapy, for chronic back pain

Note

1. All legislative instruments and compilations are registered on the Federal Register of Legislative Instruments kept under the *Legislative Instruments Act 2003.* See www.frli.gov.au.