



Health Insurance (Diagnostic Imaging Services Table) Regulations 2009¹

Select Legislative Instrument 2009 No. 271

I, QUENTIN BRYCE, Governor-General 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 8 October 2009

QUENTIN BRYCE
Governor-General

By Her Excellency's Command

NICOLA ROXON
Minister for Health and Ageing

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1 Name of Regulations

These Regulations are the *Health Insurance (Diagnostic Imaging Services Table) Regulations 2009*.

2 Commencement

These Regulations commence on 1 November 2009.

3 *Health Insurance (Diagnostic Imaging Services Table) Regulations 2008* — repeal

The *Health Insurance (Diagnostic Imaging Services Table) Regulations 2008* are repealed.

4 Definitions

In these Regulations:

Act means the *Health Insurance Act 1973*.

this table means these Regulations.

5 Diagnostic imaging services table

The table of diagnostic imaging services set out in Schedule 1 is prescribed for subsection 4AA (1) of the Act.

Part 2 Rules of interpretation

2 General

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

(*Anaes.*) — see the general medical services table.

bulk-billed, for a service, means:

- (a) a medicare benefit is payable to a person in relation to the service; and
- (b) under an agreement entered into under section 20A of the Act:
 - (i) the person assigns to the eligible provider by whom, or on whose behalf, the service is provided, his or her right to the payment of the medicare benefit; and
 - (ii) the eligible provider accepts the assignment in full payment of his or her fee for the service provided.

computed tomography means a service performed (with or without intravenous contrast):

- (a) using a detector coupled to an x-ray tube that emits a finely collimated x-ray beam as it rotates within a gantry around a patient either in incremental or helical manner; and
- (b) registering a resulting variable amount of x-rays and transforming that information into a cross-sectional image after the application of complex algorithms.

CT means computed tomography.

CT equipment includes the following components:

- (a) a gantry;
- (b) a couch;
- (c) a computer;
- (d) an operator station;
- (e) a generator.

group of practitioners has the same meaning as in subsection 16A (10) of the Act.

item means:

- (a) an item mentioned, by number, in column 1 of:
 - (i) Part 3; or
 - (ii) Part 3 of the pathology services table; or
 - (iii) Part 3 of the general medical services table; and
- (b) in a reference immediately followed by a number — the item so numbered.

Example

A reference by number to any of items 11240, 11603 to 11612, 30361 and 30488 is a reference to the item so numbered in the general medical services table.

MRA means magnetic resonance angiography.

MRI means magnetic resonance imaging.

non-metropolitan hospital means a hospital that is located outside the Sydney, Melbourne, Brisbane, Adelaide, Perth, Greater Hobart, Darwin and Canberra major statistical divisions, as defined in the Australian Standard Geographical Classification 1999 published by the Australian Bureau of Statistics (publication number 1216.0 of 1999).

providing practitioner, for a service mentioned in an item in Group I1 of Part 3, means the medical practitioner by whom, or under whose supervision or direction, the service was performed.

registered sonographer means a person whose name is entered on the Register of Sonographers kept by the Medicare Australia CEO.

remote location means a place within Australia that is more than 30 kilometres by road from:

- (a) a hospital that provides a radiology or computed tomography service under the direction of a specialist in the specialty of diagnostic radiology; or
- (b) a free-standing radiology or computed tomography facility under the direction of a specialist in the specialty of diagnostic radiology.

report means a report prepared by a medical practitioner.

sequence, for a scan, means a series of images collected at the same time with similar image parameters (not including a scan

designed to establish patient position and subsequently used to plan other scans).

Note A number of words and expressions used in this table are defined in subsection 3 (1) of the Act, including:

- diagnostic imaging service
- general medical services table
- pathology services table
- specialist.

- (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 to a diagnostic imaging service in an item in Part 3 includes a reference to the undertaking of the diagnostic imaging procedure used for rendering the service.

3 Meaning of *(R)* and *(NR)* in the table

- (1) An item including the symbol *(R)* is an R-type diagnostic imaging service.
- (2) An item including the symbol *(NR)* is an NR-type diagnostic imaging service.

4 Who may provide a diagnostic imaging service

Unless the contrary intention appears, items in this table relating to diagnostic imaging services apply whether the service is provided by:

- (a) a medical practitioner; or
- (b) a person, other than a medical practitioner, who:
 - (i) is employed by a medical practitioner; or
 - (ii) provides the service under the supervision of a medical practitioner in accordance with accepted medical practice.

5 Report requirements for certain services

- (1) An item in Part 3 (except an item to which subrule (2) applies) applies only if the providing practitioner gives a report of the service performed to the practitioner who requested the service.
- (2) This subrule applies to the following items:
 - (a) items 55054, 55130, 55135, 55848, 55850, 57341, 57345, 59312, 59314, 60506, 60509 and 61109, being items of services performed in conjunction with a surgical procedure;
 - (b) items 60918 and 60927, being items of service performed in preparation for a radiological procedure.

6 Meaning of *medical practitioner* in certain items

In items 55028, 55030 and 55032, *medical practitioner* in the phrase *referred by a medical practitioner* or *the referring medical practitioner* includes a dental practitioner who is approved by the Minister under paragraph (b) of the definition of *professional service* in subsection 3 (1) of the Act.

8 Ultrasound services — eligible services

Items 55028 to 55854 (except items 55600 and 55603) apply to an ultrasound service only if the service is performed:

- (a) by a medical practitioner; or
- (b) by a registered sonographer on behalf of a medical practitioner.

9 Ultrasound services — R-type eligible services

- (1) Items 55028 to 55854 (except items 55600 and 55603), if marked with the symbol (**R**), apply to an ultrasound service (the *eligible service*) only if the service is performed:
 - (a) under the professional supervision of a specialist or a consultant physician in the practice of his or her specialty who is available:
 - (i) to monitor and influence the conduct and diagnostic quality of the examination; and

- (ii) if necessary, to attend on the patient personally; or
 - (b) under the professional supervision of a practitioner who:
 - (i) is not a specialist or consultant physician; and
 - (ii) meets the requirement of subrule (2); and
 - (iii) is available to monitor and influence the conduct and diagnostic quality of the examination and, if necessary, to attend on the patient personally; or
 - (c) in the circumstance mentioned in subrule (3), and under the professional supervision of a practitioner who is available:
 - (i) to monitor and influence the conduct and diagnostic quality of the examination; and
 - (ii) if necessary, to attend on the patient personally; or
 - (d) if paragraph (a), (b) or (c) cannot be complied with:
 - (i) in an emergency; or
 - (ii) in a location that is not less than 30 kilometres by the most direct road route from another practice where services that comply with paragraph (a) or (b) are available.
- (2) For subparagraph (1) (b) (ii), the requirement is that, between 1 September 1997 and 31 August 1999, at least 50 services were rendered by or on behalf of the practitioner at the location where the eligible service was rendered, and the rendering of those services entitled payment of medicare benefits.
- (3) For paragraph (1) (c), the circumstance is that, between 1 September 1997 and 31 August 1999, at least 50 services were rendered in nursing homes or patients' residences by or on behalf of the practitioner, and the rendering of those services entitled payment of medicare benefits.

10 Angiography services — meaning of (K) and (NK) in items

- (1) An item that includes the symbol (NK) at the end of the item applies to a service that is performed on equipment that is at least 10 years old.

- (2) An item that includes the symbol (**K**) at the end of the item applies to a service that is performed on equipment that is less than 10 years old.
- (3) The date from which the age of equipment is worked out for this rule is:
 - (a) the date that the equipment was first installed in Australia; or
 - (b) if the equipment was imported as used equipment — the date of manufacture of the oldest component of the equipment.

11 Obstetric and gynaecological ultrasound services — limits

- (1) For NR-type diagnostic imaging services described in any of items 55700 to 55774, the specified fee for no more than 3 services provided to the same patient in any 1 pregnancy applies.
- (2) For any patient, items 55706, 55707, 55708, 55709, 55718, 55723, 55759, 55762, 55768 and 55770 are applicable not more than once in a pregnancy.

12 Obstetric and gynaecological services — clinical indications

- (1) For items in which clinical conditions are listed (items 55700, 55704, 55707, 55718, 55759 and 55768), or for which a clinical indication is required for performance of subsequent scans (items 55712, 55721, 55764 and 55772), the referral must identify the relevant clinical indication for the service.
- (2) If the service is self-determined (items 55703, 55705, 55708, 55715, 55723, 55725, 55762, 55766, 55770 and 55774), the clinical condition or indication must be recorded in the medical practitioner's clinical notes.

13 Obstetric and gynaecological services — referral forms

Items 55712, 55721, 55764 and 55772 apply to a service for which a referral is given by a medical practitioner who has obstetric privileges at a non-metropolitan hospital only if the words ‘non-metropolitan obstetric privileges’ are specified on the referral form.

14 Musculoskeletal ultrasound services — personal attendance

Items 55800 to 55854 apply to a musculoskeletal ultrasound service only if:

- (a) the medical practitioner responsible for the conduct and report of the examination personally attends during the performance of the scan and personally examines the patient; or
- (b) the service is performed, because of medical necessity, in a location that is more than 30 kilometres by the most direct road route from another practice where services that comply with paragraph (a) are available.

15 Musculoskeletal ultrasound services — comparison ultra-sonography

For items 55800 to 55854, the fee applicable for the item includes any views of another part of the patient taken for comparison purposes.

16 Musculoskeletal ultrasound services — equipment

Items 55800 to 55854 apply only to an ultrasound service performed using an ultrasound system that has available on-site a transducer capable of operation at a frequency of at least 7.5 MHz.

18 CT services — meaning of (K) and (NK)

- (1) In any of items 56001 to 57356, the symbol **(K)** means:
 - (a) for CT equipment that was first installed and used as new equipment at a site in Australia:
 - (i) the service was rendered earlier than 10 years after the earliest date on which any component of the equipment was first installed and ready for use; or
 - (ii) the service was performed in a remote location; or
 - (b) for CT equipment imported as pre-used equipment:
 - (i) the service was rendered earlier than 10 years after the earliest date of manufacture of any component of the equipment; or
 - (ii) the service was rendered in a remote location.
- (2) In any of items 56001 to 57356, the symbol **(NK)** means the service was rendered 10 years or more after:
 - (a) for CT equipment that was first installed and used as new equipment in Australia — the earliest date on which any component of the equipment was first installed and ready for use; or
 - (b) for CT equipment imported as pre-used equipment — the earliest date of manufacture of any component of the equipment.
- (3) In this rule:

CT equipment imported as pre-used equipment means equipment that has been used to perform CT services before being imported into Australia.

installed and ready for use, for a component, means ready for immediate income-producing purposes, whether or not it is so used.

19 CT services — eligible services

- (1) Subject to subrules (2) and (4), items 56001 to 57356 apply only to a CT service that is:
 - (a) performed under the professional supervision of a specialist in the specialty of diagnostic radiology who is available:
 - (i) to monitor and influence the conduct and diagnostic quality of the examination; and
 - (ii) if necessary, to attend on the patient personally; and
 - (b) reported by a specialist in the specialty of diagnostic radiology.
- (2) Items 56001 to 57360 apply to a CT service that fails to comply with subrule (1) if the service is performed:
 - (a) in an emergency; or
 - (b) because of medical necessity, in a remote location.

20 CT services — exclusion of attenuation correction and anatomical correlation

Items 56001 to 57356 do not apply to a CT service that is performed for the purpose of attenuation correction or anatomical correlation of another diagnostic imaging procedure.

21 CT services — exclusion of acoustic neuroma

If an axial scan is performed for the exclusion of acoustic neuroma, item 56001 or 56007 applies instead of any other item in this table that might be taken to apply to the service.

22 CT services — assessment of headache

- (1) If the service described in item 56007 or 56047 is used for the assessment of a headache of a patient to whom this rule applies, the fee mentioned in the item applies only if:
 - (a) a scan without intravenous contrast medium has been performed on the patient; and

- (b) the service is required because the result of the scan is abnormal.

(2) This rule applies to a patient who:

- (a) is under 50 years; and
- (b) is (apart from the headache) otherwise well; and
- (c) has no localising symptoms or signs; and
- (d) has no history of malignancy or immunosuppression.

23 CT services — number of services

Items 56220 to 56240 and 56619 to 56665 apply once only for a service described in any of those items, regardless of the number of patient attendances required to complete the service.

24 Mammography services — eligible services

Items 59300 to 59318 apply only to a mammography service performed:

- (a) under the professional supervision of a specialist in the specialty of diagnostic radiology who is available:
 - (i) to monitor and influence the conduct and diagnostic quality of the examination; and
 - (ii) if necessary, to attend on the patient personally; or
- (b) if paragraph (a) cannot be complied with:
 - (i) in an emergency; or
 - (ii) because of medical necessity, in a remote location.

25 Preparation of patients for radiological procedures

Items 60918 and 60927 apply only to the preparation of a patient for a radiological procedure for a service to which any of items 59903 to 59974 apply by:

- (a) injecting opaque or contrast media; or
- (b) removing fluid and replacing it with air, oxygen or other contrast media; or
- (c) a similar method.

26 Meaning of *angiography suite* in item 61109

In item 61109:

angiography suite means a room that contains only equipment designed for angiography that is able to perform digital subtraction or rapid-sequence film angiography.

27 Nuclear scanning services

Items 61302 to 61650 apply only if:

- (a) the performance of the service does not involve the use of positron-emission radio-isotopes or a Positron Emission Tomography (PET) scanner; and
- (b) the service is performed:
 - (i) by a specialist or consultant physician whose name is included in a register, given to the Medicare Australia CEO by the Joint Nuclear Medicine Specialist Credentialling and Accreditation Committee of the Royal Australasian College of Physicians and the Royal Australian and New Zealand College of Radiologists, of participants in the Joint Nuclear Medicine Specialist Credentialling Program of the Committee; or
 - (ii) by a person acting on behalf of a specialist or consultant physician mentioned in subparagraph (i); and
- (c) the final report of the service is compiled by the specialist or consultant physician who performed the preliminary examination of the patient and the estimation and administration of the dosage of radiopharmaceuticals.

Note Item 61650 is taken to be an item in the table — see the *Health Insurance (LeukoScan) Determination HS/08/2006*.

28 Bulk-billing incentive

- (1) This rule applies if:
 - (a) a service that is mentioned in an item in Groups I1 to I5 of this table is provided; and
 - (b) the service is not provided in a hospital; and

(c) the service is bulk-billed.

(2) The fee for the service is 95% of the fee mentioned in this table for the service.

(3) For subsection 10 (2) of the Act, the benefit payable is the amount calculated under subrule (2).

Note Under regulation 6EF of the *Health Insurance Regulations 1975*, the medicare benefit payable is 100% of the amount calculated under subrule (2).

(4) This rule does not apply to the service specified in item 61369.

Note Item 61369 is taken to be an item in the table — see the *Health Insurance (Indium-labelled Octreotide Study) Determination HS/09/2006*.

29 Multiple services — vascular ultrasound

(1) If a medical practitioner provides 2 or more vascular ultrasound services for the same patient on the same day, the fees specified for the items that apply to the services are affected as follows:

- (a) the second highest fee is reduced by 40%;
- (b) any other fee, except the highest, is reduced by 50%.

(2) For subrule (1):

- (a) if 2 or more applicable fees are equally the highest, one only of those fees is taken to be the highest fee; and
- (b) if paragraph (a) applies — the other, or another, highest fee is taken to be the second highest fee; and
- (c) if 2 or more fees are equally second highest, any 1 of those fees may be taken to be the second highest for the purpose of paragraph (1) (b); and
- (d) if a reduced fee calculated under subrule (1) is not a multiple of 5 cents, the reduced fee is taken to be the nearest amount that is a multiple of 5 cents.

(3) This rule does not apply to the fee specified in item 64990 or 64991.

30 Multiple services

- (1) If a medical practitioner renders 2 or more diagnostic imaging services for the same patient on the same day, the fees set out in the items that apply to the services, other than the item with the highest fee, are reduced by \$5.
- (2) If a medical practitioner renders at least 1 R-type diagnostic imaging service and at least 1 consultation service for the same patient on the same day, the highest fee, set out in the items that apply to diagnostic imaging services rendered by the practitioner for that patient on that day, is reduced:
 - (a) if the fee for the relevant consultation is at least \$40 — by \$35; or
 - (b) if that fee is less than \$40 but more than \$15 — by \$15; or
 - (c) if that fee is less than \$15 — by the amount of that fee.
- (3) For subrule (2), if more than 1 consultation has occurred, the relevant consultation is the consultation having the highest fee set out in the items that apply to the consultation.
- (4) If a medical practitioner renders at least 1 R-type diagnostic imaging service and at least 1 non-consultation service for the same patient on the same day, the highest fee that applies to any diagnostic imaging services performed by the medical practitioner for the same patient on the same day, is reduced by \$5.
- (5) If a medical practitioner renders an R-type diagnostic imaging service, a consultation and a non-consultation service for the same patient on the same day, the sum of the reductions under subrules (2) and (4) must not exceed the highest fee that applies to any diagnostic imaging services rendered by the medical practitioner for the same patient on the same day.
- (6) Rules 29 and 38 apply, subject to subrules (7) and (8), in addition to this rule.
- (7) For rule 29, if a medical practitioner provides:
 - (a) 2 or more vascular ultrasound services for the same patient on the same day; and

- (b) 1 or more other diagnostic imaging services for that patient on that day;
the amount of the fees payable for the vascular ultrasound services is taken, for this rule, to be an amount payable for 1 diagnostic imaging service.
- (8) For rule 38, if a medical practitioner provides:
 - (a) 2 or more MRI services described in Subgroup 12 or 13 of Group I5 in this table for the same patient on the same day; and
 - (b) 1 or more other diagnostic imaging services for that patient on that day;
the amount of the fees payable for the MRI services is taken, for this rule, to be an amount payable for 1 diagnostic imaging service.
- (9) This rule does not apply to diagnostic imaging services that are rendered in a remote area by a medical practitioner for whom a remote area exemption under section 23DX of the Act is in force for that area.
- (10) This rule does not apply to the fee specified in item 59103, 64990 or 64991.
- (11) In this rule:

consultation means a service under an item listed in Groups A1 to A21 of the general medical services table.

highest fee means the highest fee specified for an item in the first claim submitted to the Medicare Australia CEO for the services provided.

non-consultation service means a service under an item listed in the general medical services table other than in Groups A1 to A21.

31 MRI and MRA services — eligible services

- (1) Subject to subrules (2), (2A) and (2B), items 63001 to 63482 apply only to an MRI or MRA service performed:
 - (a) on request, in accordance with rule 30, by a specialist or consultant physician; and

- (b) in a permissible circumstance, in accordance with rule 31; and
 - (c) with eligible equipment, in accordance with rule 33 or 35.
- (2) If a service described in an item mentioned in subrule (1) is performed with eligible equipment described in paragraph 36 (1) (c) or (d), the item for the service applies only if the service is bulk-billed for the fee for the service.
- (2A) If a service described in an item mentioned in subrule (1) is performed with eligible equipment described in paragraph 36 (1) (e), the item for the service applies only if:
- (a) for a service performed on a concessional beneficiary — the service is bulk-billed; or
 - (b) for a service performed on a person who is not a concessional beneficiary — the medical expenses incurred by the person for the service are not more than the fee specified for the item.
- (2B) If a service described in an item mentioned in subrule (1) is performed with eligible equipment described in paragraph 36 (1) (f), the item for the service applies only if:
- (a) for a service performed on a concessional beneficiary or a child under 16 — the maximum charge is the sum of the medicare benefit and any private health insurance benefit payable for the service; and
 - (b) all the conditions of the agreement, mentioned in the following table, that applies to the eligible equipment are met.

| Item | Details of the agreement | Agreement date |
|------|--|------------------|
| 1 | Terms of Agreement between the Commonwealth and Southern Health for the provision of a Medicare-eligible MRI service at Monash Medical Centre, 246 Clayton Road, Clayton, Victoria | 25 November 2008 |
| 2 | Terms of Agreement between the Commonwealth and PB Imaging Pty Ltd, as agent for Southern Radiology, for the provision of a Medicare-eligible MRI service at Suite 1, | 25 November 2008 |

| Item | Details of the agreement | Agreement date |
|------|--|------------------|
| | 38-40 Urunga Parade, Miranda, New South Wales | |
| 3 | Terms of Agreement between the Commonwealth and Bundaberg Radiology Pty Ltd, as trustee for Bundaberg Radiology Trust, for the provision of a Medicare-eligible MRI service at the Bundaberg Mater Misericordiae Hospital, 313 Bourbong Street, Bundaberg, Queensland | 18 December 2008 |
| 4 | Terms of Agreement between the Commonwealth and Melbourne Health for the provision of a Medicare-eligible MRI service at Radiology Department, Level 1, Clinical Services Building, Royal Melbourne Hospital, Grattan Street, Parkville, Victoria | 23 December 2008 |
| 5 | Terms of Agreement between the Commonwealth and Pacific Medical Imaging Pty Ltd, as trustee for Pacific Medical Imaging Unit Trust trading as Hunter Imaging Group, for the provision of a Medicare-eligible MRI service at Suite 1, Maitland Specialist Centre, Maitland Private Hospital, corner Chisholm Road and New England Highway, East Maitland, New South Wales | 22 December 2008 |
| 6 | Terms of Agreement between the Commonwealth and SKG Radiology Pty Ltd for the provision of a Medicare-eligible MRI service at SKG Radiology Kelmscott, 2964 Albany Highway, Kelmscott, Western Australia | 11 November 2008 |
| 7 | Terms of Agreement between the Commonwealth and SKG Radiology Pty Ltd for the provision of a Medicare-eligible MRI service at SKG Radiology Duncraig, Units 3-5, 54 Arnisdale Road, Duncraig, Western Australia | 11 November 2008 |
| 8 | Terms of Agreement between the Commonwealth and Benson Radiology for the provision of a Medicare-eligible MRI service at Benson Radiology, 115 Main South Road, Morphett Vale, South Australia | 20 February 2009 |

(3) In this rule:

concessional beneficiary means:

- (a) a person who is the holder of a seniors health card, a health care card or a pensioner concession card under the *Social Security Act 1991*; or
- (b) a person (other than the holder of the card) whose name is included in a card mentioned in paragraph (a).

32 MRI and MRA services — requests

Items 63001 to 63482 apply only to a service for which the request:

- (a) was made in writing; and
- (b) identified the clinical indications for the service.

33 MRI and MRA services — permissible circumstances for performance

For rule 31, a service is performed in a permissible circumstance only if it is:

- (a) both:
 - (i) performed under the professional supervision of an eligible provider who is available to monitor and influence the conduct and diagnostic quality of the examination, including, if necessary, by personal attendance on the patient; and
 - (ii) reported by an eligible provider; or
- (b) performed:
 - (i) in an emergency; or
 - (ii) because of medical necessity, in a remote location.

34 MRI and MRA services — eligible provider

- (1) For subrule 33 (1), an ***eligible provider***, for an MRI or MRA service performed with equipment to which rule 35 or paragraph 36 (1) (a) applies, is a specialist in diagnostic radiology who is an ***eligible provider*** within the meaning of rule 30 of Part 2 of Schedule 1 to the *Health Insurance (Diagnostic Imaging Services Table) Regulations 2000*, as in force on 31 October 2001.

- (2) For subrule 33 (1), an **eligible provider**, for an MRI or MRA service performed with equipment to which paragraph 36 (1) (b), (c), (d), (e) or (f) applies, is a specialist in diagnostic radiology who has satisfied the Medicare Australia CEO that he or she is a participant in the Royal Australian and New Zealand College of Radiologists' Quality and Accreditation Program.

35 MRI and MRA services — eligible equipment

For rule 31, equipment is **eligible equipment** if the equipment is **eligible equipment** within the meaning of rule 31 of Part 2 of Schedule 1 to the *Health Insurance (Diagnostic Imaging Services Table) Regulations 2000*, as in force on 31 October 2001.

36 MRI and MRA services — eligible equipment

- (1) For rule 31, **eligible equipment** is equipment other than equipment to which rule 35 applies, being:
- (a) equipment:
 - (i) that is registered under the scheme, administered by the Department, titled 'MRI Additional Units Eligibility Scheme', as in force on 27 June 2001; and
 - (ii) for which the registration has not been cancelled or otherwise ceased to have effect; or
 - (b) equipment:
 - (i) that is registered under the scheme, administered by the Department, titled '2004 MRI Additional Units Eligibility Scheme', as in force on 29 November 2004; and
 - (ii) for which the registration has not been cancelled or otherwise ceased to have effect; or
 - (c) equipment that:
 - (i) is situated in the radiology department at a location specified in column 2 of an item in Table 1; and

- (ii) is described in columns 3 and 4 of that item by reference to the manufacturer, scanner model and magnet strength; or
- (d) equipment that:
 - (i) is situated in a location specified in column 2 of an item in Table 2; and
 - (ii) is described in columns 3 and 4 of that item by reference to the manufacturer, scanner model and magnet strength; and
 - (iii) forms part of a comprehensive radiology department that provides x-ray, computed tomography and ultrasound services; and
 - (iv) except for periods reasonably required for maintenance, repairs and upgrades, is available for use:
 - (A) from 9 am to 5 pm, Monday to Friday, excluding public holidays, for the provision of routine services; and
 - (B) at all times for the provision of emergency services; or
- (e) the Siemens Symphony equipment situated at Orana Radiology, 168-172 Brisbane Street, Dubbo, NSW 2830 that:
 - (i) has a magnet strength of 1.5T; and
 - (ii) forms part of a comprehensive radiology department that provides x-ray, computed tomography and ultrasound services; and
 - (iii) except for periods reasonably required for maintenance, repairs and upgrades, is available for use:
 - (A) from 9 am to 5 pm, Monday to Friday, excluding public holidays, for the provision of routine services; and
 - (B) at all times for the provision of emergency services; or
- (f) equipment that:
 - (i) is situated in a location specified in column 2 of an item in Table 3; and

- (ii) is described in columns 3 and 4 of that item by reference to the manufacturer, scanner model and magnet strength; and
- (iii) forms part of a comprehensive radiology department, or a medical practice, that provides x-ray, computed tomography and ultrasound services; and
- (iv) except for periods reasonably required for maintenance, repairs and upgrades, is available for use at least from 9 am to 5 pm, Monday to Friday, excluding public holidays.

(2) In this rule:

medical practice means:

- (a) a medical practice conducted by a group of practitioners within the meaning of subsection 16A (9) or (10) of the Act or by a sole practitioner; or
- (b) a medical entrepreneur as defined in section 3 of the Act.

Table 1 Eligible equipment — paragraph 36 (1) (c)

| Item | Location | Manufacturer and scanner model | Magnet strength |
|------|--|--------------------------------|-----------------|
| 1 | The Women's and Children's Hospital 72 King William Rd North Adelaide SA 5006 | Philips Magnet Intera | 1.0T |
| 2 | The Princess Margaret Hospital for Children Roberts Rd Subiaco WA 6008 | Siemens Magnetom Sonata | 1.5T |
| 3 | The Royal Children's Hospital Herston Rd Herston QLD 4029 | Siemens Avanto | 1.5T |
| 4 | Mater Misericordiae Health Services Brisbane Limited Raymond Terrace South Brisbane QLD 4101 | Philips Intera Achieva | 3.0T |

| Item | Location | Manufacturer and scanner model | Magnet strength |
|------|--|--------------------------------|-----------------|
| 5 | Sydney Children's Hospital High Street Randwick NSW 2031 | Siemens Magnetom Avanto | 1.5T |

Table 2 Eligible equipment — paragraph 36 (1) (d)

| Item | Location | Manufacturer and scanner model | Magnet strength |
|------|--|--|-----------------|
| 1 | Fremantle Public Hospital Alma Street Fremantle WA 6160 | Siemens Magnetom Avanto SQ | 1.5T |
| 2 | Gosford Public Hospital Holden Street Gosford NSW 2250 | Siemens Avanto | 1.5T |
| 3 | Mater Misericordiae Hospital 21-37 Fulham Road Townsville QLD 4812 | Picker / Phillips Eclipse | 1.5T |
| 4 | Whistler Radiology 33 Berry Street Nowra NSW 2541 | Philips Medical Systems Intera Master System | 1.5T |
| 5 | Knox Private Hospital 262 Mountain Hwy Wantirna VIC 3152 | General Electric Signa Excite | 1.5T |
| 6 | St Vincent's Hospital Victoria Street Darlinghurst NSW 2010 | Philips (16 Channel) Quasar Dual | 3.0T |
| 7 | Blacktown Hospital Blacktown Road Blacktown NSW 2148 | Siemens Magnetom Trio Tim | 3.0T |
| 8 | Sunshine Public Hospital 176 Furlong Road St Albans VIC 3021 | General Electric HDx | 3.0T |
| 9 | Goulburn Valley Health Graham Street Shepparton VIC 3630 | Philips Medical Systems Achieva | 3.0T |

| Item | Location | Manufacturer and scanner model | Magnet strength |
|------|---|--|-----------------|
| 10 | Southernex Imaging Group Pring Street Ipswich QLD 4305 | General Electric Signa Excite | 1.5T |
| 11 | Wollongong Hospital Crown Street Wollongong NSW 2500 | Philips Achieva Nova Dual | 1.5T |
| 12 | Launceston General Hospital 287-289 Charles Street Launceston TAS 7250 | Magnetom Avanto with Tim 76X18 SQ Engine | 1.5T |
| 13 | Medical Imaging Department Ground Floor, C Block Cairns Base Hospital The Esplanade Cairns QLD 4870 | Siemens Magnetom Verio | 3.0T |
| 14 | Medical Imaging Department Ground Floor Medical Services Building Rockhampton Hospital 1 Canning Street Rockhampton QLD 4700 | Siemens Magnetom Verio | 3.0T |

Table 3 Eligible equipment — paragraph 36 (1) (f)

| Item | Location | Manufacturer and scanner model | Magnet strength |
|------|--|--------------------------------------|-----------------|
| 1 | Monash Medical Centre 246 Clayton Road Clayton VIC 3168 | Siemens Symphony Maestro Class | 1.5T |
| 2 | Suite 1 38-40 Urunga Parade Miranda NSW 2228 | General Electric HDx | 1.5T |
| 3 | Bundaberg Mater Misericordiae Hospital 313 Bourbong Street Bundaberg QLD 4670 | General Electric Prodigy | 1.5T |
| 4 | Radiology Department Level 1 | Siemens Magnetom Trio | 3.0T |

| Item | Location | Manufacturer and scanner model | Magnet strength |
|------|---|--|-----------------|
| | Clinical Services Building Royal Melbourne Hospital Grattan Street Parkville VIC 3050 | | |
| 5 | Suite 1 Maitland Specialist Centre Maitland Private Hospital Corner Chisholm Road and New England Highway East Maitland NSW 2323 | General Electric Echospeed Excite 8 | 1.5T |
| 6 | SKG Radiology Kelmscott 2964 Albany Highway Kelmscott WA 6111 | Siemens Avanto | 1.5T |
| 7 | SKG Radiology Duncraig Units 3-5 54 Arnisdale Road Duncraig WA 6023 | Siemens Avanto | 1.5T |
| 8 | Benson Radiology 115 Main South Road Morphett Vale SA 5162 | Siemens Magnetom Espree | 1.5T |

Note 1 The MRI Additional Units Eligibility Scheme mentioned in subparagraph (a) (i) is the scheme of that title published in *Gazette* No. GN20 on 23 May 2001, as amended by amendments published in *Gazette* No. S226 on 27 June 2001.

Note 2 The 2004 MRI Additional Units Eligibility Scheme mentioned in subparagraph (b) (i) is the scheme of that title published in *Gazette* No. S 479 on 29 November 2004.

37 MRI and MRA services — meaning of *scan*

In items 63001 to 63482:

scan means a minimum of 3 sequences.

38 MRI and MRA services — multiple services rule

- (1) If an MRI service described in an item in Subgroup 1, 2, 4, 5 or 14 of Group I5 in this table, and an MRA service described in an item in Subgroup 3 or 15 of that Group, are provided to the same person on the same day, only the fee

specified in the item in Subgroup 1, 2, 4, 5 or 14 applies to the services.

- (2) If a medical practitioner provides 2 or more MRI services described in Subgroup 12 or 13 of Group I5 in this table for the same patient on the same day, the fees specified for the items that apply to the services, other than the item with the highest fee, are reduced by 50%.
- (3) For subrule (2):
 - (a) if 2 or more applicable fees are equally the highest, 1 only of those fees is taken to be the highest fee; and
 - (b) if a reduced fee calculated under subrule (2) is not a multiple of 5 cents, the reduced fee is taken to be the nearest amount that is a multiple of 5 cents.

39 MRI or MRA services — related services that can be claimed in a 12 month period

- (1) An MRI or MRA item mentioned in column 2 of the table in subrule (2) does not apply to the service described in that item if the service is provided to a person who, in the 12 months before the service, has been provided with the maximum number of those services mentioned in column 3 of the table for that item.
- (2) For subrule (1), the items and maximum number of services are:

| Item | MRI or MRA items | Maximum number of services |
|------|------------------|----------------------------|
| 1 | 63040 to 63073 | 3 |
| 2 | 63101 | 3 |
| 3 | 63125 to 63131 | 3 |
| 4 | 63161 to 63185 | 3 |
| 5 | 63219 to 63243 | 3 |
| 6 | 63271 to 63280 | 3 |
| 7 | 63322 to 63340 | 3 |

| Item | MRI or MRA items | Maximum number of services |
|------|------------------------|----------------------------|
| 8 | 63361 | 2 |
| 9 | 63385 to 63391 | 2 |
| 10 | 63401 and 63404 | 3 |
| 11 | 63416 | 1 |
| 12 | 63425 and 63428 | 2 |
| 13 | 63461, 63464 and 63467 | 1 |
| 14 | 63482 | 3 |

40 MRI services — limit for items 63470 and 63473

- (1) Item 63470 does not apply to the service described in that item if the person to whom the service is provided has previously been provided with that service or a service described in item 63473.
- (2) Item 63473 does not apply to the service described in that item if the person to whom the service is provided has previously been provided with that service or a service described in item 63470.

41 MRI and MRA services — modifying items

- (1) Subject to subrules (2), (3) and (4), if item 63491, 63494 or 63497 applies to an MRI or MRA service, the fee specified in that item applies in addition to the fee specified in the other item in Group I5 of this table that applies to the service.
- (2) If 2 or more MRI or MRA services described in item 63494 are performed for a person on the same day, the fee specified in that item applies to 1 of those services only.
- (3) If 2 or more MRI or MRA services described in item 63497 are performed for a person on the same day, the fee specified in that item applies to 1 of those services only.
- (4) If:

- (a) 1 or more MRI or MRA services described in item 63494; and
- (b) 1 or more MRI or MRA services described in item 63497; are performed for a person on the same day, the fee specified in item 63494 or item 63497, but not both those items, applies to 1 of those services only.

42 Application of items 64990 and 64991

- (1) If the diagnostic imaging service described in item 64991 is provided to a person, either that item or item 64990, but not both those items, applies to the service.
- (2) If item 64990 or 64991 applies to a diagnostic imaging 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 64990 and 64991:
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 diagnostic imaging service that:
 - (a) is provided to a person by, or on behalf of, a medical practitioner, being a medical practitioner who is not a consultant physician, or specialist, in any speciality (other than a medical practitioner who is, for the Act, both a general practitioner and a consultant physician, or specialist, in a particular speciality); and
 - (b) has not been referred to the medical practitioner by another medical practitioner or person with referring rights.
- (4) For item 64991:
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.

practice location, for the provision of a diagnostic imaging service, means the place of practice for 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 RRMA 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 the general medical services table.

SLA means a Statistical Local Area specified in the ASGC.

SSD means a Statistical Subdivision specified in the ASGC.

Part 3 Services and fees

| Item | Diagnostic imaging service | Fee (\$) |
|------------------------------|---|----------|
| Group I1 — Ultrasound | | |
| <i>Subgroup 1 — General</i> | | |
| 55028 | Head, ultrasound scan of, if: (a) the patient is referred by a medical practitioner for ultrasonic examination not being a service associated with a service to which an item in Subgroup 2 or 3 applies; and (b) the referring medical practitioner is not a member of a group of practitioners of which the providing practitioner is a member (R) | 109.10 |
| 55029 | Head, ultrasound scan of, if the patient is not referred by a medical practitioner, not being a service associated with a service to which an item in Subgroup 2 or 3 applies (NR) | 37.85 |
| 55030 | Orbital contents, ultrasound scan of, if: (a) the patient is referred by a medical practitioner for ultrasonic examination not being a service associated with a service to which an item in Subgroup 2 or 3 applies; and (b) the referring medical practitioner is not a member of a group of practitioners of which the providing practitioner is a member (R) | 109.10 |
| 55031 | Orbital contents, ultrasound scan of, if the patient is not referred by a medical practitioner, not being a service associated with a service to which an item in Subgroup 2 or 3 applies (NR) | 37.85 |
| 55032 | Neck, 1 or more structures of, ultrasound scan of, if: (a) the patient is referred by a medical practitioner for ultrasonic examination not being a service associated with a service to which an item in Subgroup 2 or 3 applies; and (b) the referring medical practitioner is not a member of a group of practitioners of which the providing practitioner is a member (R) | 109.10 |

| Item | Diagnostic imaging service | Fee (\$) |
|-------|--|----------|
| 55033 | Neck, 1 or more structures of, ultrasound scan of, if the patient is not referred by a medical practitioner, not being a service associated with a service to which an item in Subgroup 2 or 3 applies (NR) | 37.85 |
| 55036 | Abdomen, ultrasound scan of (including scan of urinary tract when performed), if: <ul style="list-style-type: none"> (a) the patient is referred by a medical practitioner for ultrasonic examination; and (b) the referring medical practitioner is not a member of a group of practitioners of which the practitioner is a member; and (c) the service is not a service associated with a service to which an item in Subgroup 2 or 3 applies; and (d) the service is not solely a transrectal ultrasonic examination of the prostate gland, bladder base and urethra, or any of those organs; and (e) within 24 hours of the service, a service described in item 55038, 55044 or 55731 is not performed on the same patient by the providing practitioner (R) | 111.30 |
| 55037 | Abdomen, ultrasound scan of (including scan of urinary tract when performed), if: <ul style="list-style-type: none"> (a) the patient is not referred by a medical practitioner; and (b) the service is not a service associated with a service to which an item in Subgroup 2 or 3 applies; and (c) the service is not solely a transrectal ultrasonic examination of the prostate gland, bladder base and urethra, or any of those organs (NR) | 37.85 |
| 55038 | Urinary tract, ultrasound scan of, if: <ul style="list-style-type: none"> (a) the patient is referred by a medical practitioner for ultrasonic examination; and (b) the referring medical practitioner is not a member of a group of practitioners of which the providing practitioner is a member; and (c) the service is not a service associated with a service to which an item in Subgroup 2 or 3 applies; and | 109.10 |

| Item | Diagnostic imaging service | Fee (\$) |
|-------|---|----------|
| | <ul style="list-style-type: none"> (d) the service is not solely a transrectal ultrasonic examination of the prostate gland, bladder base and urethra, or any of those organs; and (e) within 24 hours of the service, a service described in item 55036, 55044 or 55731 is not performed on the same patient by the providing practitioner (R) | |
| 55039 | Urinary tract, ultrasound scan of, if: <ul style="list-style-type: none"> (a) the patient is not referred by a medical practitioner; and (b) the service is not a service associated with a service to which an item in Subgroup 2 or 3 applies; and (c) the service is not solely a transrectal ultrasonic examination of the prostate gland, bladder base and urethra, or any of those organs (NR) | 37.85 |
| 55044 | Pelvis, male, ultrasound scan of, by any or all approaches, if: <ul style="list-style-type: none"> (a) the patient is referred by a medical practitioner for ultrasonic examination; and (b) the referring medical practitioner is not a member of a group of practitioners of which the providing practitioner is a member; and (c) the service is not a service associated with a service to which an item in Subgroup 2 or 3 applies; and (d) the service is not solely a transrectal ultrasonic examination of the prostate gland, bladder base and urethra, or any of those organs; and (e) within 24 hours of the service, a service described in item 55036 or 55038 is not performed on the same patient by the providing practitioner (R) | 111.30 |
| 55045 | Pelvis, male, ultrasound scan of, by any or all approaches, if: <ul style="list-style-type: none"> (a) the patient is not referred by a medical practitioner; and (b) the service is not a service associated with a service to which an item in Subgroup 2 or 3 applies; and (c) the service is not solely a transrectal ultrasonic examination of the prostate gland, bladder base and urethra, or any of those organs (NR) | 37.85 |

| Item | Diagnostic imaging service | Fee (\$) |
|-------|---|----------|
| 55048 | Scrotum, ultrasound scan of, if: (a) the patient is referred by a medical practitioner for ultrasonic examination not being a service associated with a service to which an item in Subgroup 2 or 3 applies; and (b) the referring medical practitioner is not a member of a group of practitioners of which the providing practitioner is a member (R) | 109.50 |
| 55049 | Scrotum, ultrasound scan of, if the patient is not referred by a medical practitioner, not being a service associated with a service to which an item in Subgroup 2 or 3 applies (NR) | 37.85 |
| 55054 | Ultrasonic cross-sectional echography, in conjunction with a surgical procedure using interventional techniques, not being a service associated with a service to which any other item in this group applies (R) | 109.10 |
| 55070 | Breast, one, ultrasound scan of, if: (a) the patient is referred by a medical practitioner; and (b) the service is not associated with a service to which an item in Subgroup 2 or 3 applies; and (c) the referring medical practitioner is not a member of a group of practitioners of which the providing practitioner is a member (R) | 98.25 |
| 55073 | Breast, one, ultrasound scan of, if: (a) the patient is not referred by a medical practitioner; and (b) the service is not associated with a service to which an item in Subgroup 2 or 3 applies (NR) | 34.05 |
| 55076 | Breasts, both, ultrasound scan of, if: (a) the patient is referred by a medical practitioner; and (b) the service is not associated with a service to which an item in Subgroup 2 or 3 applies; and (c) the referring medical practitioner is not a member of a group of practitioners of which the providing practitioner is a member (R) | 109.10 |

| Item | Diagnostic imaging service | Fee (\$) |
|-----------------------------|---|----------|
| <i>Subgroup 2 — Cardiac</i> | | |
| 55113 | <p>M-mode and two-dimensional real time echocardiographic examination of the heart from at least 2 acoustic windows for the investigation of symptoms or signs of cardiac failure, or suspected or known ventricular hypertrophy or dysfunction, or chest pain:</p> <p>(a) with:</p> <p>(i) measurement of blood flow velocities across the cardiac valves using pulsed wave and continuous wave Doppler techniques; and</p> <p>(ii) real time colour flow mapping from at least 2 acoustic windows; and</p> <p>(iii) recordings on video tape or digital media; and</p> <p>(b) not being a service associated with a service to which an item in Subgroup 1 (except item 55054) or 3, or another item in this Subgroup (except items 55118 and 55130), applies (R)</p> | 230.65 |
| 55114 | <p>M-mode and two-dimensional real time echocardiographic examination of the heart from at least 2 acoustic windows for the investigation of suspected or known acquired valvular, aortic, pericardial, thrombotic or embolic disease or heart tumour:</p> <p>(a) with:</p> <p>(i) measurement of blood flow velocities across the cardiac valves using pulsed wave and continuous wave Doppler techniques; and</p> <p>(ii) real time colour flow mapping from at least 2 acoustic windows; and</p> <p>(iii) recordings on video tape or digital media; and</p> <p>(b) not being a service associated with a service to which an item in Subgroup 1 (except item 55054) or 3, or another item in this Subgroup (except items 55118 and 55130), applies (R)</p> | 230.65 |

| Item | Diagnostic imaging service | Fee (\$) |
|-------|---|----------|
| 55115 | <p>M-mode and two-dimensional real time echocardiographic examination of the heart from at least 2 acoustic windows for the investigation of symptoms or signs of congenital heart disease:</p> <p>(a) with:</p> <p>(i) measurement of blood flow velocities across the cardiac valves using pulsed wave and continuous wave Doppler techniques; and</p> <p>(ii) real time colour flow mapping from at least 2 acoustic windows; and</p> <p>(iii) recordings on video tape or digital media; and</p> <p>(b) not being a service associated with a service to which an item in Subgroup 1 (except item 55054) or 3, or another item in this Subgroup (except items 55118 and 55130), applies (R)</p> | 230.65 |
| 55116 | <p>Exercise stress echocardiography performed in conjunction with item 11712:</p> <p>(a) with:</p> <p>(i) two-dimensional recordings before exercise (baseline) from at least 3 acoustic windows; and</p> <p>(ii) matching recordings from the same windows at, or immediately after, peak exercise; and</p> <p>(iii) recordings on digital media with equipment permitting display of baseline and matching peak images on the same screen; and</p> <p>(b) not being a service associated with a service to which an item in Subgroup 1 (except item 55054) or 3, or another item in this Subgroup (except items 55118 and 55130), applies (R)</p> | 261.65 |
| 55117 | <p>Pharmacological stress echocardiography performed in conjunction with item 11712:</p> <p>(a) with:</p> <p>(i) two-dimensional recordings before drug infusion (baseline) from at least 3 acoustic windows; and</p> <p>(ii) matching recordings from the same windows at least twice during drug infusion, including a recording at the peak drug dose; and</p> | 261.65 |

| Item | Diagnostic imaging service | Fee (\$) |
|-------|---|----------|
| | <ul style="list-style-type: none"> (iii) recordings on digital media with equipment permitting display of baseline and matching peak images on the same screen; and (b) not being a service associated with a service to which an item in Subgroup 1 (except item 55054) or 3, or another item in this Subgroup (except items 55118 and 55130), applies (R) | |
| 55118 | <p>Heart, two-dimensional real time transoesophageal examination of, from at least 2 levels, and in more than 1 plane at each level:</p> <ul style="list-style-type: none"> (a) with: <ul style="list-style-type: none"> (i) real time colour flow mapping and, if indicated, pulsed wave Doppler examination; and (ii) recordings on video tape or digital medium; and (b) not being an intra-operative service or a service associated with a service to which an item in Subgroup 1 (except item 55054) or 3 applies (R) (Anaes.) | 275.50 |
| 55130 | <p>Intra-operative 2 dimensional real time transoesophageal echocardiography incorporating Doppler techniques with colour flow mapping and recording onto video tape or digital medium, performed during cardiac surgery incorporating sequential assessment of cardiac function before and after the surgical procedure, not being a service associated with a service to which item 55135 applies (R) (Anaes.)</p> | 170.00 |
| 55135 | <p>Intra-operative 2 dimensional real time transoesophageal echocardiography incorporating Doppler techniques with colour flow mapping and recording onto video tape or digital medium, performed during cardiac valve surgery (replacement or repair) incorporating sequential assessment of cardiac function and valve competence before and after the surgical procedure, not being a service associated with a service to which item 55130 applies (R) (Anaes.)</p> | 353.60 |

| Item | Diagnostic imaging service | Fee (\$) |
|------------------------------|---|----------|
| <i>Subgroup 3 — Vascular</i> | | |
| 55238 | Duplex scanning, unilateral, involving B mode ultrasound imaging and integrated Doppler flow measurements by spectral analysis of arteries or bypass grafts in the lower limb or of arteries and bypass grafts in the lower limb, below the inguinal ligament, not being a service associated with a service to which an item in Subgroup 1 (with the exception of item 55054) or 4 applies (R) | 169.50 |
| 55244 | Duplex scanning, unilateral, involving B mode ultrasound imaging and integrated Doppler flow measurements by spectral analysis of veins in the lower limb, below the inguinal ligament, for acute venous thrombosis, not being a service associated with a service to which an item in Subgroup 1 (with the exception of item 55054) or 4 applies (R) | 169.50 |
| 55246 | Duplex scanning, unilateral, involving B mode ultrasound imaging and integrated Doppler flow measurements by spectral analysis of veins in the lower limb, below the inguinal ligament, for chronic venous disease, not being a service associated with a service to which an item in Subgroup 1 (with the exception of item 55054) or 4 applies (R) | 169.50 |
| 55248 | Duplex scanning, unilateral, involving B mode ultrasound imaging and integrated Doppler flow measurements by spectral analysis of arteries or bypass grafts in the upper limb or of arteries and bypass grafts in the upper limb, not being a service associated with a service to which an item in Subgroup 1 (with the exception of item 55054) or 4 applies (R) | 169.50 |
| 55252 | Duplex scanning, unilateral, involving B mode ultrasound imaging and integrated Doppler flow measurements by spectral analysis of veins in the upper limb, not being a service associated with a service to which an item in Subgroup 1 (with the exception of item 55054) or 4 applies (R) | 169.50 |

| Item | Diagnostic imaging service | Fee (\$) |
|-------|--|----------|
| 55274 | Duplex scanning, bilateral, involving B mode ultrasound imaging and integrated Doppler flow measurements by spectral analysis of extra-cranial bilateral carotid and vertebral vessels, with or without subclavian and innominate vessels, with or without oculoplethysmography or peri-orbital Doppler examination, not being a service associated with a service to which an item in Subgroup 1 (with the exception of item 55054) or 4 applies (R) | 169.50 |
| 55276 | Duplex scanning involving B mode ultrasound imaging and integrated Doppler flow measurements by spectral analysis of intra-abdominal, aorta and iliac arteries or inferior vena cava and iliac veins or of intra-abdominal, aorta and iliac arteries and inferior vena cava and iliac veins, excluding pregnancy related studies, not being a service associated with a service to which an item in Subgroup 1 (with the exception of item 55054) or 4 applies (R) | 169.50 |
| 55278 | Duplex scanning involving B mode ultrasound imaging and integrated Doppler flow measurements by spectral analysis of renal or visceral vessels or of renal and visceral vessels, including aorta, inferior vena cava and iliac vessels as required excluding pregnancy related studies, not being a service associated with a service to which an item in Subgroup 1 (with the exception of item 55054) or 4 applies (R) | 169.50 |
| 55280 | Duplex scanning involving B mode ultrasound imaging and integrated Doppler flow measurements by spectral analysis of intra-cranial vessels, not being a service associated with a service to which an item in Subgroup 1 (with the exception of item 55054) or 4 applies (R) | 169.50 |
| 55282 | Duplex scanning involving B mode ultrasound imaging and integrated Doppler flow measurements: <ul style="list-style-type: none"> (a) by spectral analysis of cavernosal artery of the penis following intracavernosal administration of a vasoactive agent; and (b) performed during the period of pharmacological activity of the injected agent, to confirm a diagnosis of vascular aetiology for impotence; and | 169.50 |

| Item | Diagnostic imaging service | Fee (\$) |
|-------|--|----------|
| | <ul style="list-style-type: none"> (c) if a specialist in diagnostic radiology, nuclear medicine, urology, general surgery (sub-specialising in vascular surgery) or a consultant physician in nuclear medicine attends the patient in person at the practice location where the service is performed, immediately before or for a period during the performance of the service; and (d) if the specialist or consultant physician interprets the results and prepares a report, not being a service associated with a service to which an item in Subgroup 1 (with the exception of item 55054) or 4 applies (R) | |
| 55284 | <p>Duplex scanning involving B mode ultrasound imaging and integrated Doppler flow measurements:</p> <ul style="list-style-type: none"> (a) by spectral analysis of cavernosal tissue of the penis to confirm a diagnosis; and (b) if indicated, assess the progress and management of: <ul style="list-style-type: none"> (i) priapism; or (ii) fibrosis of any type; or (iii) fracture of the tunica; or (iv) arteriovenous malformations; and (c) if a specialist in diagnostic radiology, nuclear medicine, urology, general surgery (sub-specialising in vascular surgery) or a consultant physician in nuclear medicine attends the patient in person at the practice location where the service is performed, immediately before or for a period during the performance of the service; and (d) if the specialist or consultant physician interprets the results and prepares a report, not being a service associated with a service to which an item in Subgroup 1 (with the exception of item 55054) or 4 applies (R) | 169.50 |

| Item | Diagnostic imaging service | Fee (\$) |
|--------------------------------|--|----------|
| 55292 | Duplex scanning, unilateral, involving B mode ultrasound imaging and integrated Doppler flow measurements by spectral analysis of surgically created arteriovenous fistula or surgically created arteriovenous access grafts in the upper or lower limbs, not being a service associated with a service to which an item in Subgroup 1 (with the exception of item 55054) or 4 applies (R) | 169.50 |
| 55294 | Duplex scanning involving B mode ultrasound imaging and integrated Doppler flow measurements by spectral analysis of arteries or veins, or both, including any associated skin marking, for mapping of bypass conduit before vascular surgery, not being a service associated with a service to which an item in Subgroup 1 (with the exception of item 55054), 3 or 4 applies (R) | 169.50 |
| 55296 | Duplex scanning, unilateral, involving B mode ultrasound imaging and integrated Doppler flow spectral analysis and marking of veins in the lower limbs below the inguinal ligament before varicose vein surgery, including any associated skin marking, not being a service associated with a service to which an item in Subgroup 1 (with the exception of item 55054), 3 or 4 applies (R) | 111.05 |
| <i>Subgroup 4 — Urological</i> | | |
| 55600 | Prostate, bladder base and urethra, transrectal ultrasound scan of, if performed: <ul style="list-style-type: none"> (a) personally by a medical practitioner (not being the medical practitioner who assessed the patient as specified in paragraph (c)) using a transducer probe that: <ul style="list-style-type: none"> (i) has a nominal frequency of 7 to 7.5 MHz or a nominal frequency range that includes frequencies of 7 to 7.5 MHz; and (ii) can obtain both axial and sagittal scans in 2 planes at right angles; and (b) following a digital rectal examination of the prostate by that medical practitioner; and | 109.10 |

| Item | Diagnostic imaging service | Fee (\$) |
|--|---|----------|
| | <ul style="list-style-type: none"> (c) on a patient who has been assessed by a specialist in urology, radiation oncology or medical oncology or a consultant physician in medical oncology who has: <ul style="list-style-type: none"> (i) examined the patient in the 60 days before the scan; and (ii) recommended the scan for the management of the patient's current prostatic disease (R) | |
| 55603 | <p>Prostate, bladder base and urethra, transrectal ultrasound scan of, if performed:</p> <ul style="list-style-type: none"> (a) personally by a medical practitioner who made the assessment mentioned in paragraph (c) using a transducer probe that: <ul style="list-style-type: none"> (i) has a nominal frequency of 7 to 7.5 MHz or a nominal frequency range that includes frequencies of 7 to 7.5 MHz; and (ii) can obtain both axial and sagittal scans in 2 planes at right angles; and (b) following a digital rectal examination of the prostate by that medical practitioner; and (c) on a patient who has been assessed by a specialist in urology, radiation oncology or medical oncology or a consultant physician in medical oncology who has: <ul style="list-style-type: none"> (i) examined the patient in the 60 days before the scan; and (ii) recommended the scan for the management of the patient's current prostatic disease (R) | 109.10 |
| <i>Subgroup 5 — Obstetric and gynaecological</i> | | |
| 55700 | <p>Pelvis or abdomen, pregnancy-related or pregnancy complication, ultrasound scan of, by any or all approaches, if:</p> <ul style="list-style-type: none"> (a) the patient is referred by a medical practitioner; and (b) the dating of the pregnancy (as confirmed by ultrasound) is less than 12 weeks of gestation; and (c) the service is not associated with a service to which an item in Subgroup 2 or 3 applies; and (d) the referring practitioner is not a member of a group of practitioners of which the providing practitioner is a member; and | 60.00 |

| Item | Diagnostic imaging service | Fee (\$) |
|------|--|----------|
| | (e) 1 or more of the following conditions are present: | |
| | (i) hyperemesis gravidarum; | |
| | (ii) diabetes mellitus; | |
| | (iii) hypertension; | |
| | (iv) toxæmia of pregnancy; | |
| | (v) liver or renal disease; | |
| | (vi) autoimmune disease; | |
| | (vii) cardiac disease; | |
| | (viii) alloimmunisation; | |
| | (ix) maternal infection; | |
| | (x) inflammatory bowel disease; | |
| | (xi) bowel stoma; | |
| | (xii) abdominal wall scarring; | |
| | (xiii) previous spinal or pelvic trauma or disease; | |
| | (xiv) drug dependency; | |
| | (xv) thrombophilia; | |
| | (xvi) significant maternal obesity; | |
| | (xvii) advanced maternal age; | |
| | (xviii) abdominal pain or mass; | |
| | (xix) uncertain dates; | |
| | (xx) high risk pregnancy; | |
| | (xxi) previous post dates delivery; | |
| | (xxii) previous caesarean section; | |
| | (xxiii) poor obstetric history; | |
| | (xxiv) suspicion of ectopic pregnancy; | |
| | (xxv) risk of miscarriage; | |
| | (xxvi) diminished symptoms of pregnancy; | |
| | (xxvii) suspected or known cervical incompetence; | |
| | (xxviii) suspected or known uterine abnormality; | |
| | (xxix) pregnancy after assisted reproduction; | |
| | (xxx) risk of fetal abnormality (R) | |

| Item | Diagnostic imaging service | Fee (\$) |
|-------|--|----------|
| 55703 | <p>Pelvis or abdomen, pregnancy-related or pregnancy complication, ultrasound scan of, by any or all approaches, if:</p> <ul style="list-style-type: none"> (a) the patient is not referred by a medical practitioner; and (b) the dating of the pregnancy (as confirmed by ultrasound) is less than 12 weeks of gestation; and (c) the service is not associated with a service to which an item in Subgroup 2 or 3 applies; and (d) 1 or more of the following conditions are present: <ul style="list-style-type: none"> (i) hyperemesis gravidarum; (ii) diabetes mellitus; (iii) hypertension; (iv) toxemia of pregnancy; (v) liver or renal disease; (vi) autoimmune disease; (vii) cardiac disease; (viii) alloimmunisation; (ix) maternal infection; (x) inflammatory bowel disease; (xi) bowel stoma; (xii) abdominal wall scarring; (xiii) previous spinal or pelvic trauma or disease; (xiv) drug dependency; (xv) thrombophilia; (xvi) significant maternal obesity; (xvii) advanced maternal age; (xviii) abdominal pain or mass; (xix) uncertain dates; (xx) high risk pregnancy; (xxi) previous post dates delivery; (xxii) previous caesarean section; (xxiii) poor obstetric history; (xxiv) suspicion of ectopic pregnancy; (xxv) risk of miscarriage; | 35.00 |

| Item | Diagnostic imaging service | Fee (\$) |
|-------|---|----------|
| | <ul style="list-style-type: none"> (xxvi) diminished symptoms of pregnancy; (xxvii) suspected or known cervical incompetence; (xxviii) suspected or known uterine abnormality; (xxix) pregnancy after assisted reproduction; (xxx) risk of fetal abnormality (NR) | |
| 55704 | <p>Pelvis or abdomen, pregnancy-related or pregnancy complication, fetal development and anatomy, ultrasound scan of, by any or all approaches, if:</p> <ul style="list-style-type: none"> (a) the patient is referred by a medical practitioner; and (b) the dating of the pregnancy (as confirmed by ultrasound) is 12 to 16 weeks of gestation; and (c) the service is not associated with a service to which an item in Subgroup 2 or 3 applies; and (d) the referring practitioner is not a member of a group of practitioners of which the providing practitioner is a member; and (e) 1 or more of the following conditions are present: <ul style="list-style-type: none"> (i) hyperemesis gravidarum; (ii) diabetes mellitus; (iii) hypertension; (iv) toxemia of pregnancy; (v) liver or renal disease; (vi) autoimmune disease; (vii) cardiac disease; (viii) alloimmunisation; (ix) maternal infection; (x) inflammatory bowel disease; (xi) bowel stoma; (xii) abdominal wall scarring; (xiii) previous spinal or pelvic trauma or disease; (xiv) drug dependency; (xv) thrombophilia; (xvi) significant maternal obesity; (xvii) advanced maternal age; (xviii) abdominal pain or mass; | 70.00 |

| Item | Diagnostic imaging service | Fee (\$) |
|-------|--|----------|
| | <ul style="list-style-type: none"> (xix) uncertain dates; (xx) high risk pregnancy; (xxi) previous post dates delivery; (xxii) previous caesarean section; (xxiii) poor obstetric history; (xxiv) suspicion of ectopic pregnancy; (xxv) risk of miscarriage; (xxvi) diminished symptoms of pregnancy; (xxvii) suspected or known cervical incompetence; (xxviii) suspected or known uterine abnormality; (xxix) pregnancy after assisted reproduction; (xxx) risk of fetal abnormality (R) | |
| 55705 | <p>Pelvis or abdomen, pregnancy-related or pregnancy complication, fetal development and anatomy, ultrasound scan of, by any or all approaches, if:</p> <ul style="list-style-type: none"> (a) the patient is not referred by a medical practitioner; and (b) the dating of the pregnancy (as confirmed by ultrasound) is 12 to 16 weeks of gestation; and (c) the service is not associated with a service to which an item in Subgroup 2 or 3 applies; and (d) 1 or more of the following conditions are present: <ul style="list-style-type: none"> (i) hyperemesis gravidarum; (ii) diabetes mellitus; (iii) hypertension; (iv) toxemia of pregnancy; (v) liver or renal disease; (vi) autoimmune disease; (vii) cardiac disease; (viii) alloimmunisation; (ix) maternal infection; (x) inflammatory bowel disease; (xi) bowel stoma; (xii) abdominal wall scarring; (xiii) previous spinal or pelvic trauma or disease; | 35.00 |

| Item | Diagnostic imaging service | Fee (\$) |
|-------|--|----------|
| | <ul style="list-style-type: none"> (xiv) drug dependency; (xv) thrombophilia; (xvi) significant maternal obesity; (xvii) advanced maternal age; (xviii) abdominal pain or mass; (xix) uncertain dates; (xx) high risk pregnancy; (xxi) previous post dates delivery; (xxii) previous caesarean section; (xxiii) poor obstetric history; (xxiv) suspicion of ectopic pregnancy; (xxv) risk of miscarriage; (xxvi) diminished symptoms of pregnancy; (xxvii) suspected or known cervical incompetence; (xxviii) suspected or known uterine abnormality; (xxix) pregnancy after assisted reproduction; (xxx) risk of fetal abnormality (NR) | |
| 55706 | <p>Pelvis or abdomen, pregnancy-related or pregnancy complication, fetal development and anatomy, ultrasound scan of, by any or all approaches, with measurement of all parameters for dating purposes, if:</p> <ul style="list-style-type: none"> (a) the patient is referred by a medical practitioner; and (b) the dating for the pregnancy (as confirmed by ultrasound) is 17 to 22 weeks of gestation; and (c) the service is not associated with a service to which an item in Subgroup 2 or 3 applies; and (d) the referring practitioner is not a member of a group of practitioners of which the providing practitioner is a member; and (e) the service is not performed in the same pregnancy as item 55709 (R) <p>(Item is subject to subrule 11 (2))</p> | 100.00 |

| Item | Diagnostic imaging service | Fee (\$) |
|-------|--|----------|
| 55707 | <p>Pelvis or abdomen, pregnancy-related or pregnancy complication, fetal development and anatomy, ultrasound scan of, by any or all approaches, if:</p> <ul style="list-style-type: none"> (a) the patient is referred by a medical practitioner; and (b) the pregnancy (as confirmed by ultrasound) is dated by a fetal crown rump length of 45 to 84 mm; and (c) the service is not associated with a service to which an item in Subgroup 2 or 3 applies; and (d) the referring practitioner is not a member of a group of practitioners of which the providing practitioner is a member; and (e) at least 1 condition mentioned in paragraph (e) of item 55704 is present; and (f) nuchal translucency measurement is performed to assess the risk of fetal abnormality; and (g) the service is not performed with item 55700, 55703, 55704 or 55705 on the same patient within 24 hours (R) <p>(Item is subject to subrule 11 (2))</p> | 70.00 |
| 55708 | <p>Pelvis or abdomen, pregnancy-related or pregnancy complication, fetal development and anatomy, ultrasound scan of, by any or all approaches, if:</p> <ul style="list-style-type: none"> (a) the patient is not referred by a medical practitioner; and (b) the pregnancy (as confirmed by ultrasound) is dated by a crown rump length of 45 to 84 mm; and (c) the service is not associated with a service to which an item in Subgroup 2 or 3 applies; and (d) at least 1 condition mentioned in paragraph (e) of item 55704 is present; and (e) nuchal translucency measurement is performed to assess the risk of fetal abnormality; and (f) the service is not performed with item 55700, 55703, 55704 or 55705 on the same patient within 24 hours (NR) <p>(Item is subject to subrule 11 (2))</p> | 35.00 |

| Item | Diagnostic imaging service | Fee (\$) |
|-------|---|----------|
| 55709 | <p>Pelvis or abdomen, pregnancy-related or pregnancy complication, fetal development and anatomy, ultrasound scan of, by any or all approaches, with measurement of all parameters for dating purposes, if:</p> <ul style="list-style-type: none"> (a) the patient is not referred by a medical practitioner; and (b) the dating of the pregnancy (as confirmed by ultrasound) is 17 to 22 weeks of gestation; and (c) the service is not associated with a service to which an item in Subgroup 2 or 3 applies; and (d) the service is not performed in the same pregnancy as item 55706 (NR) <p>(Item is subject to subrule 11 (2))</p> | 38.00 |
| 55712 | <p>Pelvis or abdomen, pregnancy-related or pregnancy complication, fetal development and anatomy, ultrasound scan of, by any or all approaches, with measurement of all parameters for dating purposes, if:</p> <ul style="list-style-type: none"> (a) the patient is referred by a medical practitioner who: <ul style="list-style-type: none"> (i) is a Member or a Fellow of the Royal Australian and New Zealand College of Obstetricians and Gynaecologists; or (ii) has a Diploma of Obstetrics; or (iii) has a qualification recognised by the Royal Australian and New Zealand College of Obstetricians and Gynaecologists as being equivalent to a Diploma of Obstetrics; or (iv) has obstetric privileges at a non-metropolitan hospital; and (b) the dating of the pregnancy (as confirmed by ultrasound) is 17 to 22 weeks of gestation; and (c) the service is not associated with a service to which an item in Subgroup 2 or 3 applies; and (d) the referring practitioner is not a member of a group of practitioners of which the providing practitioner is a member; and (e) further examination is clinically indicated after performance, in the same pregnancy, of a scan mentioned in item 55706 or 55709 (R) | 115.00 |

| Item | Diagnostic imaging service | Fee (\$) |
|-------|---|----------|
| 55715 | <p>Pelvis or abdomen, pregnancy-related or pregnancy complication, fetal development and anatomy, ultrasound scan of, by any or all approaches, with measurement of all parameters for dating purposes, performed by or on behalf of a medical practitioner who is a Member or a Fellow of the Royal Australian and New Zealand College of Obstetricians and Gynaecologists, if:</p> <ul style="list-style-type: none"> (a) the patient is not referred by a medical practitioner; and (b) the dating of the pregnancy (as confirmed by ultrasound) is 17 to 22 weeks of gestation; and (c) the service is not associated with a service to which an item in Subgroup 2 or 3 applies; and (d) further examination is clinically indicated after performance, in the same pregnancy, of a scan mentioned in item 55706 or 55709 (NR) | 40.00 |
| 55718 | <p>Pelvis or abdomen, pregnancy-related or pregnancy complication, fetal development and anatomy, ultrasound scan of, by any or all approaches, if:</p> <ul style="list-style-type: none"> (a) the patient is referred by a medical practitioner; and (b) the dating of the pregnancy (as confirmed by ultrasound) is after 22 weeks of gestation; and (c) the service is not associated with a service to which an item in Subgroup 2 or 3 applies; and (d) the referring practitioner is not a member of a group of practitioners of which the providing practitioner is a member; and (e) the service is not performed in the same pregnancy as item 55723; and (f) 1 or more of the following conditions are present: <ul style="list-style-type: none"> (i) known or suspected fetal abnormality or fetal cardiac arrhythmia; (ii) fetal anatomy (late booking or incomplete mid-trimester scan); (iii) malpresentation; (iv) cervical assessment; (v) clinical suspicion of amniotic fluid abnormality; | 100.00 |

| Item | Diagnostic imaging service | Fee (\$) |
|------|---|----------|
| | (vi) clinical suspicion of placental or umbilical cord abnormality; | |
| | (vii) previous complicated delivery; | |
| | (viii) uterine scar assessment; | |
| | (ix) uterine fibroid; | |
| | (x) previous fetal death in utero or neonatal death; | |
| | (xi) antepartum haemorrhage; | |
| | (xii) clinical suspicion of intrauterine growth retardation; | |
| | (xiii) clinical suspicion of macrosomia; | |
| | (xiv) reduced fetal movements; | |
| | (xv) suspected fetal death; | |
| | (xvi) abnormal cardiotocography; | |
| | (xvii) prolonged pregnancy; | |
| | (xviii) premature labour; | |
| | (xix) fetal infection; | |
| | (xx) pregnancy after assisted reproduction; | |
| | (xxi) trauma; | |
| | (xxii) diabetes mellitus; | |
| | (xxiii) hypertension; | |
| | (xxiv) toxaemia of pregnancy; | |
| | (xxv) liver or renal disease; | |
| | (xxvi) autoimmune disease; | |
| | (xxvii) cardiac disease; | |
| | (xxviii) alloimmunisation; | |
| | (xxix) maternal infection; | |
| | (xxx) inflammatory bowel disease; | |
| | (xxxi) bowel stoma; | |
| | (xxxii) abdominal wall scarring; | |
| | (xxxiii) previous spinal or pelvic trauma or disease; | |
| | (xxxiv) drug dependency; | |
| | (xxxv) thrombophilia; | |
| | (xxxvi) gross maternal obesity; | |
| | (xxxvii) advanced maternal age; | |

| Item | Diagnostic imaging service | Fee (\$) |
|-------|---|----------|
| | (xxxviii) abdominal pain or mass (R) (Item is subject to subrule 11 (2)) | |
| 55721 | <p>Pelvis or abdomen, pregnancy-related or pregnancy complication, fetal development and anatomy, ultrasound scan of, by any or all approaches, if:</p> <ul style="list-style-type: none"> (a) the patient is referred by a medical practitioner who: <ul style="list-style-type: none"> (i) is a Member or a Fellow of the Royal Australian and New Zealand College of Obstetricians and Gynaecologists; or (ii) has a Diploma of Obstetrics; or (iii) has a qualification recognised by the Royal Australian and New Zealand College of Obstetricians and Gynaecologists as being equivalent to a Diploma of Obstetrics; or (iv) has obstetric privileges at a non-metropolitan hospital; and (b) the dating of the pregnancy (as confirmed by ultrasound) is after 22 weeks of gestation; and (c) the service is not associated with a service to which an item in Subgroup 2 or 3 applies; and (d) the referring practitioner is not a member of a group of practitioners of which the providing practitioner is a member; and (e) further examination is clinically indicated in the same pregnancy to which item 55718 or 55723 applies (R) | 115.00 |
| 55723 | <p>Pelvis or abdomen, pregnancy-related or pregnancy complication, fetal development and anatomy, ultrasound scan of, by any or all approaches, if:</p> <ul style="list-style-type: none"> (a) the patient is not referred by a medical practitioner; and (b) the dating of the pregnancy (as confirmed by ultrasound) is after 22 weeks of gestation; and (c) the service is not associated with a service to which an item in Subgroup 2 or 3 applies; and (d) the service is not performed in the same pregnancy as item 55718; and | 38.00 |

| Item | Diagnostic imaging service | Fee (\$) |
|------|---|----------|
| | (e) 1 or more of the following conditions are present: | |
| | (i) known or suspected fetal abnormality or fetal cardiac arrhythmia; | |
| | (ii) fetal anatomy (late booking or incomplete mid-trimester scan); | |
| | (iii) malpresentation; | |
| | (iv) cervical assessment; | |
| | (v) clinical suspicion of amniotic fluid abnormality; | |
| | (vi) clinical suspicion of placental or umbilical cord abnormality; | |
| | (vii) previous complicated delivery; | |
| | (viii) uterine scar assessment; | |
| | (ix) uterine fibroid; | |
| | (x) previous fetal death in utero or neonatal death; | |
| | (xi) antepartum haemorrhage; | |
| | (xii) clinical suspicion of intrauterine growth retardation; | |
| | (xiii) clinical suspicion of macrosomia; | |
| | (xiv) reduced fetal movements; | |
| | (xv) suspected fetal death; | |
| | (xvi) abnormal cardiotocography; | |
| | (xvii) prolonged pregnancy; | |
| | (xviii) premature labour; | |
| | (xix) fetal infection; | |
| | (xx) pregnancy after assisted reproduction; | |
| | (xxi) trauma; | |
| | (xxii) diabetes mellitus; | |
| | (xxiii) hypertension; | |
| | (xxiv) toxaemia of pregnancy; | |
| | (xxv) liver or renal disease; | |
| | (xxvi) autoimmune disease; | |
| | (xxvii) cardiac disease; | |
| | (xxviii) alloimmunisation; | |

| Item | Diagnostic imaging service | Fee (\$) |
|-------|--|----------|
| | (xxix) maternal infection; (xxx) inflammatory bowel disease; (xxxi) bowel stoma; (xxxii) abdominal wall scarring; (xxxiii) previous spinal or pelvic trauma or disease; (xxxiv) drug dependency; (xxxv) thrombophilia; (xxxvi) gross maternal obesity; (xxxvii) advanced maternal age; (xxxviii) abdominal pain or mass (NR) (Item is subject to subrule 11 (2)) | |
| 55725 | Pelvis or abdomen, pregnancy-related or pregnancy complication, fetal development and anatomy, ultrasound scan of, by any or all approaches, performed by or on behalf of a medical practitioner who is a Member or a Fellow of the Royal Australian and New Zealand College of Obstetricians and Gynaecologists, if: <ul style="list-style-type: none"> (a) the patient is not referred by a medical practitioner; and (b) the dating of the pregnancy (as confirmed by ultrasound) is after 22 weeks of gestation; and (c) the service is not associated with a service to which an item in Subgroup 2 or 3 applies; and (d) further examination is clinically indicated in the same pregnancy to which item 55718 or 55723 applies (NR) | 40.00 |
| 55729 | Duplex scanning involving B mode ultrasound imaging and integrated Doppler flow measurements by spectral analysis of the umbilical artery, and measured assessment of amniotic fluid volume after the 24th week of gestation, if the patient is referred by a medical practitioner for this procedure and if there is reason to suspect intrauterine growth retardation or a significant risk of fetal death, not being a service associated with a service to which an item in this group applies — examination and report (R) | 27.25 |

| Item | Diagnostic imaging service | Fee (\$) |
|-------|--|----------|
| 55731 | Pelvis, female, ultrasound scan of, by any or all approaches, if: <ul style="list-style-type: none"> (a) the patient is referred by a medical practitioner; and (b) the service is not associated with a service to which an item in Subgroup 2 or 3 applies; and (c) the referring practitioner is not a member of a group of practitioners of which the providing practitioner is a member; and (d) the service is not performed with item 55036 or 55038 on the same patient within 24 hours (R) | 98.00 |
| 55733 | Pelvis, female, ultrasound scan of, by any or all approaches, if: <ul style="list-style-type: none"> (a) the patient is not referred by a medical practitioner; and (b) the service is not associated with a service to which an item in Subgroup 2 or 3 applies (NR) | 35.00 |
| 55736 | Pelvis, female, ultrasound scan of, in association with saline infusion of the endometrial cavity, by any or all approaches, if: <ul style="list-style-type: none"> (a) the patient is referred by a medical practitioner; and (b) the service is not associated with a service to which an item in Subgroup 2 or 3 applies; and (c) the referring medical practitioner is not a member of a group of medical practitioners of which the providing practitioner is a member; and (d) a previous transvaginal ultrasound has revealed an abnormality of the uterus or fallopian tube (R) | 127.00 |
| 55739 | Pelvis, female, ultrasound scan of, in association with saline infusion of the endometrial cavity, by any or all approaches, if: <ul style="list-style-type: none"> (a) the patient is not referred by a medical practitioner; and (b) the service is not associated with a service to which an item in Subgroup 2 or 3 applies; and (c) a previous transvaginal ultrasound has revealed an abnormality of the uterus or fallopian tube (NR) | 57.00 |

| Item | Diagnostic imaging service | Fee (\$) |
|-------|--|----------|
| 55759 | <p>Pelvis or abdomen, pregnancy-related or pregnancy complication, fetal development and anatomy, ultrasound scan of, by any or all approaches, with measurement of all parameters for dating purposes, if:</p> <ul style="list-style-type: none"> (a) the patient is referred by a medical practitioner; and (b) ultrasound of the same pregnancy confirms a multiple pregnancy; and (c) the dating of the pregnancy (as confirmed by ultrasound) is 17 to 22 weeks gestation; and (d) the service is not associated with a service to which an item in Subgroup 2 or 3 applies; and (e) the referring practitioner is not a member of a group of practitioners of which the providing practitioner is a member; and (f) the service described in item 55706, 55709, 55712, 55715 or 55762 is not performed in conjunction with the scan during the same pregnancy (R) <p>(Item is subject to subrule 11 (2))</p> | 150.00 |
| 55762 | <p>Pelvis or abdomen, pregnancy-related or pregnancy complication, fetal development and anatomy, ultrasound scan of, by any or all approaches, with measurement of all parameters for dating purposes, if:</p> <ul style="list-style-type: none"> (a) the patient is not referred by a medical practitioner; and (b) ultrasound of the same pregnancy confirms a multiple pregnancy; and (c) the dating of the pregnancy (as confirmed by ultrasound) is 17 to 22 weeks gestation; and (d) the service is not associated with a service to which an item in Subgroup 2 or 3 applies; and (e) the service described in item 55706, 55709, 55712, 55715 or 55759 is not performed in conjunction with the scan during the same pregnancy (NR) <p>(Item is subject to subrule 11 (2))</p> | 60.00 |

| Item | Diagnostic imaging service | Fee (\$) |
|-------|---|----------|
| 55764 | <p>Pelvis or abdomen, pregnancy-related or pregnancy complication, fetal development and anatomy, ultrasound scan of, by any or all approaches, with measurement of all parameters for dating purposes, if:</p> <ul style="list-style-type: none"> (a) the patient is referred by a medical practitioner who: <ul style="list-style-type: none"> (i) is a Member or Fellow of the Royal Australian and New Zealand College of Obstetricians and Gynaecologists; or (ii) has a Diploma of Obstetrics; or (iii) has a qualification recognised by the Royal Australian and New Zealand College of Obstetricians and Gynaecologists as equivalent to a Diploma of Obstetrics; or (iv) has obstetric privileges at a non-metropolitan hospital; and (b) ultrasound of the same pregnancy confirms a multiple pregnancy; and (c) the dating of the pregnancy (as confirmed by ultrasound) is 17 to 22 weeks gestation; and (d) the service is not associated with a service to which an item in Subgroup 2 or 3 applies; and (e) the referring practitioner is not a member of a group of practitioners of which the providing practitioner is a member; and (f) further examination is clinically indicated in the same pregnancy in which item 55759 or 55762 has been performed; and (g) the service described in item 55706, 55709, 55712 or 55715 is not performed in conjunction with the scan during the same pregnancy (R) | 160.00 |
| 55766 | <p>Pelvis or abdomen, pregnancy-related or pregnancy complication, fetal development and anatomy, ultrasound scan of, by any or all approaches, with measurement of all parameters for dating purposes, performed by or on behalf of a medical practitioner, who is a Member or Fellow of the Royal Australian and New Zealand College of Obstetricians and Gynaecologists, if:</p> <ul style="list-style-type: none"> (a) the patient is not referred by a medical practitioner; and | 65.00 |

| Item | Diagnostic imaging service | Fee (\$) |
|-------|---|----------|
| | <ul style="list-style-type: none"> (b) ultrasound of the same pregnancy confirms a multiple pregnancy; and (c) the dating of the pregnancy (as confirmed by ultrasound) is 17 to 22 weeks of gestation; and (d) the service is not associated with a service to which an item in Subgroup 2 or 3 applies; and (e) further examination is clinically indicated in the same pregnancy in which item 55759 or 55762 has been performed; and (f) the service described in item 55706, 55709, 55712 or 55715 is not performed in conjunction with the scan during the same pregnancy (NR) | |
| 55768 | <p>Pelvis or abdomen, pregnancy-related or pregnancy complication, fetal development and anatomy, ultrasound scan of, by any or all approaches, if:</p> <ul style="list-style-type: none"> (a) dating of the pregnancy (as confirmed by ultrasound) is after 22 weeks of gestation; and (b) the ultrasound confirms a multiple pregnancy; and (c) the patient is referred by a medical practitioner; and (d) the service is not performed in the same pregnancy as item 55770; and (e) the service is not associated with a service to which an item in Subgroup 2 or 3 applies; and (f) the referring practitioner is not a member of a group of practitioners of which the providing practitioner is a member; and (g) the service described in item 55718, 55721, 55723 or 55725 is not performed in conjunction with the scan during the same pregnancy (R) <p>(Item is subject to subrule 11 (2))</p> | 150.00 |

| Item | Diagnostic imaging service | Fee (\$) |
|-------|---|----------|
| 55770 | <p>Pelvis or abdomen, pregnancy-related or pregnancy complication, fetal development and anatomy, ultrasound scan of, by any or all approaches, if:</p> <ul style="list-style-type: none"> (a) dating of the pregnancy as confirmed by ultrasound is after 22 weeks of gestation; and (b) the patient is not referred by a medical practitioner; and (c) the service is not performed in the same pregnancy as item 55768; and (d) the pregnancy as confirmed by ultrasound is a multiple pregnancy; and (e) the service is not associated with a service to which an item in Subgroup 2 or 3 applies; and (f) the service described in item 55718, 55721, 55723, or 55725 is not performed in conjunction with the scan during the same pregnancy (NR) <p>(Item is subject to subrule 11 (2))</p> | 60.00 |
| 55772 | <p>Pelvis or abdomen, pregnancy-related or pregnancy complication, fetal development and anatomy, ultrasound scan of, by any or all approaches, if:</p> <ul style="list-style-type: none"> (a) dating of the pregnancy as confirmed by ultrasound is after 22 weeks of gestation; and (b) the patient is referred by a medical practitioner who: <ul style="list-style-type: none"> (i) is a Member or Fellow of the Royal Australian and New Zealand College of Obstetricians and Gynaecologists; or (ii) has a Diploma of Obstetrics; or (iii) has a qualification recognised by the Royal Australian and New Zealand College of Obstetricians and Gynaecologists as equivalent to a Diploma of Obstetrics; or (iv) has obstetric privileges at a non-metropolitan hospital; and (c) further examination is clinically indicated in the same pregnancy to which item 55768 or 55770 has been performed; and | 160.00 |

| Item | Diagnostic imaging service | Fee (\$) |
|--|--|----------|
| | <ul style="list-style-type: none"> (d) the pregnancy as confirmed by ultrasound is a multiple pregnancy; and (e) the service is not associated with a service to which an item in Subgroup 2 or 3 applies; and (f) the referring practitioner is not a member of a group of practitioners of which the providing practitioner is a member; and (g) the service described in item 55718, 55721, 55723 or 55725 is not performed in conjunction with the scan during the same pregnancy (R) | |
| 55774 | <p>Pelvis or abdomen, pregnancy-related or pregnancy complication, fetal development and anatomy, ultrasound scan of, by any or all approaches, performed by or on behalf of a medical practitioner who is a Member or a Fellow of the Royal Australian and New Zealand College of Obstetricians and Gynaecologists, if:</p> <ul style="list-style-type: none"> (a) dating of the pregnancy as confirmed by ultrasound is after 22 weeks of gestation; and (b) the patient is not referred by a medical practitioner; and (c) further examination is clinically indicated in the same pregnancy to which item 55768 or 55770 has been performed; and (d) the pregnancy as confirmed by ultrasound is a multiple pregnancy; and (e) the service is not associated with a service to which an item in Subgroup 2 or 3 applies; and (f) the service described in item 55718, 55721, 55723 or 55725 is not performed in conjunction with the scan during the same pregnancy (NR) | 65.00 |
| <i>Subgroup 6 — Musculoskeletal Ultrasound</i> | | |
| 55800 | <p>Hand or wrist, 1 or both sides, ultrasound scan of, if:</p> <ul style="list-style-type: none"> (a) the service is not associated with a service to which an item in Subgroup 2 or 3 applies; and (b) the patient is referred by a medical practitioner; and (c) the referring practitioner is not a member of a group of practitioners of which the providing practitioner is a member (R) | 109.10 |

| Item | Diagnostic imaging service | Fee (\$) |
|-------|--|----------|
| 55802 | Hand or wrist, 1 or both sides, ultrasound scan of, if: (a) the service is not associated with a service to which an item in Subgroup 2 or 3 applies; and (b) the patient is not referred by a medical practitioner (NR) | 37.85 |
| 55804 | Forearm or elbow, 1 or both sides, ultrasound scan of, if: (a) the service is not associated with a service to which an item in Subgroup 2 or 3 applies; and (b) the patient is referred by a medical practitioner; and (c) the referring practitioner is not a member of a group of practitioners of which the providing practitioner is a member (R) | 109.10 |
| 55806 | Forearm or elbow, 1 or both sides, ultrasound scan of, if: (a) the service is not associated with a service to which an item in Subgroup 2 or 3 applies; and (b) the patient is not referred by a medical practitioner (NR) | 37.85 |
| 55808 | Shoulder or upper arm, 1 or both sides, ultrasound scan of, if: (a) the service is not associated with a service to which an item in Subgroup 2 or 3 applies; and (b) the patient is referred by a medical practitioner; and (c) the referring practitioner is not a member of a group of practitioners of which the providing practitioner is a member; and (d) the service is used for the assessment of 1 or more of the following suspected or known conditions: (i) an injury to a muscle, tendon or muscle/tendon junction; (ii) rotator cuff tear, calcification or tendinosis (biceps, subscapular, supraspinatus, infraspinatus); (iii) biceps subluxation; (iv) capsulitis and bursitis; (v) a mass, including a ganglion; (vi) an occult fracture; (vii) acromioclavicular joint pathology (R) | 109.10 |

| Item | Diagnostic imaging service | Fee (\$) |
|-------|---|----------|
| 55810 | Shoulder or upper arm, 1 or both sides, ultrasound scan of, if: <ul style="list-style-type: none"> (a) the service is not associated with a service to which an item in Subgroup 2 or 3 applies; and (b) the patient is not referred by a medical practitioner; and (c) the service is used for the assessment of 1 or more of the following suspected or known conditions: <ul style="list-style-type: none"> (i) an injury to a muscle, tendon or muscle/tendon junction; (ii) rotator cuff tear, calcification or tendinosis (biceps, subscapular, supraspinatus, infraspinatus); (iii) biceps subluxation; (iv) capsulitis and bursitis; (v) a mass, including a ganglion; (vi) an occult fracture; (vii) acromioclavicular joint pathology (NR) | 37.85 |
| 55812 | Chest or abdominal wall, 1 or more areas, ultrasound scan of, if: <ul style="list-style-type: none"> (a) the service is not associated with a service to which an item in Subgroup 2 or 3 applies; and (b) the patient is referred by a medical practitioner; and (c) the referring practitioner is not a member of a group of practitioners of which the providing practitioner is a member (R) | 109.10 |
| 55814 | Chest or abdominal wall, 1 or more areas, ultrasound scan of, if: <ul style="list-style-type: none"> (a) the service is not associated with a service to which an item in Subgroup 2 or 3 applies; and (b) the patient is not referred by a medical practitioner (NR) | 37.85 |

| Item | Diagnostic imaging service | Fee (\$) |
|-------|---|----------|
| 55816 | Hip or groin, 1 or both sides, ultrasound scan of, if: (a) the service is not associated with a service to which an item in Subgroup 2 or 3 applies; and (b) the patient is referred by a medical practitioner; and (c) the referring practitioner is not a member of a group of practitioners of which the providing practitioner is a member (R) | 109.10 |
| 55818 | Hip or groin, 1 or both sides, ultrasound scan of, if: (a) the service is not associated with a service to which an item in Subgroup 2 or 3 applies; and (b) the patient is not referred by a medical practitioner (NR) | 37.85 |
| 55820 | Paediatric hip examination for dysplasia, 1 or both sides, ultrasound scan of, if: (a) the service is not associated with a service to which an item in Subgroup 2 or 3 applies; and (b) the patient is referred by a medical practitioner; and (c) the referring practitioner is not a member of a group of practitioners of which the providing practitioner is a member (R) | 109.10 |
| 55822 | Paediatric hip examination for dysplasia 1 or both sides, ultrasound scan of, if: (a) the service is not associated with a service to which an item in Subgroup 2 or 3 applies; and (b) the patient is not referred by a medical practitioner (NR) | 37.85 |
| 55824 | Buttock or thigh, 1 or both sides, ultrasound scan of, if: (a) the service is not associated with a service to which an item in Subgroup 2 or 3 applies; and (b) the patient is referred by a medical practitioner; and (c) the referring practitioner is not a member of a group of practitioners of which the providing practitioner is a member (R) | 109.10 |

| Item | Diagnostic imaging service | Fee (\$) |
|-------|---|----------|
| 55826 | Buttock or thigh, 1 or both sides, ultrasound scan of, if: (a) the service is not associated with a service to which an item in Subgroup 2 or 3 applies; and (b) the patient is not referred by a medical practitioner (NR) | 37.85 |
| 55828 | Knee, 1 or both sides, ultrasound scan of, if: (a) the service is not associated with a service to which an item in Subgroup 2 or 3 applies; and (b) the patient is referred by a medical practitioner; and (c) the referring practitioner is not a member of a group of practitioners of which the providing practitioner is a member; and (d) the service is used for the assessment of 1 or more of the following suspected or known conditions: (i) abnormality of tendons or bursae about the knee; (ii) a meniscal cyst, popliteal fossa cyst, mass or pseudomass; (iii) a nerve entrapment or a nerve or nerve sheath tumour; (iv) an injury of collateral ligaments (R) | 109.10 |
| 55830 | Knee, 1 or both sides, ultrasound scan of, if: (a) the service is not associated with a service to which an item in Subgroup 2 or 3 applies; and (b) the patient is not referred by a medical practitioner; and (c) the service is used for the assessment of 1 or more of the following suspected or known conditions: (i) abnormality of tendons or bursae about the knee; (ii) a meniscal cyst, popliteal fossa cyst, mass or pseudomass; (iii) a nerve entrapment or a nerve or nerve sheath tumour; (iv) an injury of collateral ligaments (NR) | 37.85 |

| Item | Diagnostic imaging service | Fee (\$) |
|-------|--|----------|
| 55832 | Lower leg, 1 or both sides, ultrasound scan of, if: (a) the service is not associated with a service to which an item in Subgroup 2 or 3 applies; and (b) the patient is referred by a medical practitioner; and (c) the referring practitioner is not a member of a group of practitioners of which the providing practitioner is a member (R) | 109.10 |
| 55834 | Lower leg, 1 or both sides, ultrasound scan of, performed by or on behalf of a medical practitioner, if: (a) the service is not associated with a service to which an item in Subgroup 2 or 3 applies; and (b) the patient is not referred by a medical practitioner (NR) | 37.85 |
| 55836 | Ankle or hind foot, 1 or both sides, ultrasound scan of, if: (a) the service is not associated with a service to which an item in Subgroup 2 or 3 applies; and (b) the patient is referred by a medical practitioner; and (c) the referring practitioner is not a member of a group of practitioners of which the providing practitioner is a member (R) | 109.10 |
| 55838 | Ankle or hind foot, 1 or both sides, ultrasound scan of, if: (a) the service is not associated with a service to which an item in Subgroup 2 or 3 applies; and (b) the patient is not referred by a medical practitioner (NR) | 37.85 |
| 55840 | Mid foot or fore foot, 1 or both sides, ultrasound scan of, if: (a) the service is not associated with a service to which an item in Subgroup 2 or 3 applies; and (b) the patient is referred by a medical practitioner; and (c) the referring practitioner is not a member of a group of practitioners of which the providing practitioner is a member (R) | 109.10 |

| Item | Diagnostic imaging service | Fee (\$) |
|-------|--|----------|
| 55842 | Mid foot or fore foot, 1 or both sides, ultrasound scan of, if: <ul style="list-style-type: none"> (a) the service is not associated with a service to which an item in Subgroup 2 or 3 applies; and (b) the patient is not referred by a medical practitioner (NR) | 37.85 |
| 55844 | Assessment of a mass associated with the skin or subcutaneous structures, not being a part of the musculoskeletal system, 1 or more areas, ultrasound scan of, if: <ul style="list-style-type: none"> (a) the service is not associated with a service to which an item in Subgroup 2 or 3 applies; and (b) the patient is referred by a medical practitioner; and (c) the referring practitioner is not a member of a group of practitioners of which the providing practitioner is a member (R) | 87.35 |
| 55846 | Assessment of a mass associated with the skin or subcutaneous structures, not being a part of the musculoskeletal system, 1 or more areas, ultrasound scan of, if: <ul style="list-style-type: none"> (a) the service is not associated with a service to which an item in Subgroup 2 or 3 applies; and (b) the patient is not referred by a medical practitioner (NR) | 37.85 |
| 55848 | Musculoskeletal cross-sectional echography, in conjunction with a surgical procedure using interventional techniques, not being a service associated with a service to which any other item in this group applies, and not performed in conjunction with item 55054 (R) | 109.10 |
| 55850 | Musculoskeletal cross-sectional echography, in conjunction with a surgical procedure using interventional techniques, inclusive of a diagnostic musculoskeletal ultrasound service, if: <ul style="list-style-type: none"> (a) the referring practitioner has indicated on a referral for a musculoskeletal ultrasound that an ultrasound guided intervention be performed if clinically indicated; and | 152.85 |

| Item | Diagnostic imaging service | Fee (\$) |
|---|---|----------|
| | <ul style="list-style-type: none"> (b) the service is not performed in conjunction with items 55054, or 55800 to 55848; and (c) the patient is referred by a medical practitioner; and (d) the referring practitioner is not a member of a group of practitioners of which the providing practitioner is a member (R) | |
| 55852 | Paediatric spine, spinal cord and overlying subcutaneous tissues, ultrasound scan of, if: <ul style="list-style-type: none"> (a) the service is not associated with a service to which an item in Subgroup 2 or 3 applies; and (b) the patient is referred by a medical practitioner; and (c) the referring practitioner is not a member of a group of practitioners of which the providing practitioner is a member (R) | 109.10 |
| 55854 | Paediatric spine, spinal cord and overlying subcutaneous tissues, ultrasound scan of, if: <ul style="list-style-type: none"> (a) the service is not associated with a service to which an item in Subgroup 2 or 3 applies; and (b) the patient is not referred by a medical practitioner (NR) | 37.85 |
| Group I2 — Computed tomography — Examination | | |
| 56001 | Computed tomography — scan of brain without intravenous contrast medium, not being a service to which item 57001 applies (R) (K) (Anaes.) | 195.05 |
| 56007 | Computed tomography — scan of brain with intravenous contrast medium and with any scans of the brain before intravenous contrast injection, when performed, not being a service to which item 57007 applies (R) (K) (Anaes.) | 250.00 |
| 56010 | Computed tomography — scan of pituitary fossa with or without intravenous contrast medium and with or without brain scan when performed (R) (K) (Anaes.) | 252.10 |
| 56013 | Computed tomography — scan of orbits with or without intravenous contrast medium and with or without brain scan when performed (R) (K) (Anaes.) | 250.00 |
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| Item | Diagnostic imaging service | Fee (\$) |
|-------|---|----------|
| 56016 | Computed tomography — scan of petrous bones in axial and coronal planes in 1 mm or 2 mm sections, with or without intravenous contrast medium, with or without scan of brain (R) (K) (Anaes.) | 290.00 |
| 56022 | Computed tomography — scan of facial bones, para nasal sinuses or both without intravenous contrast medium (R) (K) (Anaes.) | 225.00 |
| 56028 | Computed tomography — scan of facial bones, para nasal sinuses or both with intravenous contrast medium and with any scans of the facial bones, para nasal sinuses or both before intravenous contrast injection, when performed (R) (K) (Anaes.) | 336.80 |
| 56030 | Computed tomography — scan of facial bones, para nasal sinuses or both, with scan of brain, without intravenous contrast medium (R) (K) (Anaes.) | 225.00 |
| 56036 | Computed tomography — scan of facial bones, para nasal sinuses or both, with scan of brain, with intravenous contrast medium, if: (a) a scan without intravenous contrast medium has been performed; and (b) the service is required because the result of the scan mentioned in paragraph (a) is abnormal (R) (K) (Anaes.) | 336.80 |
| 56041 | Computed tomography — scan of brain without intravenous contrast medium, not being a service to which item 57041 applies (R) (NK) (Anaes.) | 98.75 |
| 56047 | Computed tomography — scan of brain with intravenous contrast medium and with any scans of the brain before intravenous contrast injection, when performed, not being a service to which item 57047 applies (R) (NK) (Anaes.) | 126.10 |
| 56050 | Computed tomography — scan of pituitary fossa with or without intravenous contrast medium and with or without brain scan when performed (R) (NK) (Anaes.) | 128.20 |
| 56053 | Computed tomography — scan of orbits with or without intravenous contrast medium and with or without brain scan when performed (R) (NK) (Anaes.) | 128.20 |

| Item | Diagnostic imaging service | Fee (\$) |
|-------|---|----------|
| 56056 | Computed tomography — scan of petrous bones in axial and coronal planes in 1 mm or 2 mm sections, with or without intravenous contrast medium, with or without scan of brain (R) (NK) (Anaes.) | 155.45 |
| 56062 | Computed tomography — scan of facial bones, para nasal sinuses or both without intravenous contrast medium (R) (NK) (Anaes.) | 113.15 |
| 56068 | Computed tomography — scan of facial bones, para nasal sinuses or both with intravenous contrast medium and with any scans of the facial bones, para nasal sinuses or both before intravenous contrast injection, when performed (R) (NK) (Anaes.) | 168.40 |
| 56070 | Computed tomography — scan of facial bones, para nasal sinuses or both, with scan of brain, without intravenous contrast medium (R) (NK) (Anaes.) | 113.15 |
| 56076 | Computed tomography — scan of facial bones, para nasal sinuses or both, with scan of brain, with intravenous contrast medium, if: <ul style="list-style-type: none"> (a) a scan without intravenous contrast medium has been performed; and (b) the service is required because the result of the scan mentioned in paragraph (a) is abnormal (R) (NK) (Anaes.) | 168.40 |
| 56101 | Computed tomography — scan of soft tissues of neck, including larynx, pharynx, upper oesophagus and salivary glands (not associated with cervical spine) without intravenous contrast medium, not being a service to which item 56801 applies (R) (K) (Anaes.) | 230.00 |
| 56107 | Computed tomography — scan of soft tissues of neck, including larynx, pharynx, upper oesophagus and salivary glands (not associated with cervical spine) — with intravenous contrast medium and with any scans of soft tissues of neck, including larynx, pharynx, upper oesophagus and salivary glands (not associated with cervical spine) before intravenous contrast injection, when undertaken, not being a service associated with a service to which item 56807 applies (R) (K) (Anaes.) | 340.00 |

| Item | Diagnostic imaging service | Fee (\$) |
|-------|---|----------|
| 56141 | Computed tomography — scan of soft tissues of neck, including larynx, pharynx, upper oesophagus and salivary glands (not associated with cervical spine) without intravenous contrast medium, not being a service to which item 56841 applies (R) (NK) (Anaes.) | 116.45 |
| 56147 | Computed tomography — scan of soft tissues of neck, including larynx, pharynx, upper oesophagus and salivary glands (not associated with cervical spine) — with intravenous contrast medium and with any scans of soft tissues of neck, including larynx, pharynx, upper oesophagus and salivary glands (not associated with cervical spine) before intravenous contrast injection, when performed, not being a service associated with a service to which item 56847 applies (R) (NK) (Anaes.) | 171.60 |
| 56219 | Computed tomography — scan of spine, 1 or more regions with intrathecal contrast medium, including the preparation for intrathecal injection of contrast medium and any associated plain x-rays, not being a service to which item 59724 applies (R) (K) (Anaes.) | 326.20 |
| 56220 | Computed tomography — scan of spine, cervical region, without intravenous contrast medium (R) (K) (Anaes.) | 240.00 |
| 56221 | Computed tomography — scan of spine, thoracic region, without intravenous contrast medium (R) (K) (Anaes.) | 240.00 |
| 56223 | Computed tomography — scan of spine, lumbosacral region, without intravenous contrast medium (R) (K) (Anaes.) | 240.00 |
| 56224 | Computed tomography — scan of spine, cervical region, with intravenous contrast medium and with any scans of the cervical region of the spine before intravenous contrast injection when undertaken (R) (K) (Anaes.) | 351.40 |
| 56225 | Computed tomography — scan of spine, thoracic region, with intravenous contrast medium and with any scans of the thoracic region of the spine before intravenous contrast injection when undertaken (R) (K) (Anaes.) | 351.40 |
| 56226 | Computed tomography — scan of spine, lumbosacral region, with intravenous contrast medium and with any scans of the lumbosacral region of the spine prior to intravenous contrast injection when undertaken (R) (K) (Anaes.) | 351.40 |

| Item | Diagnostic imaging service | Fee (\$) |
|-------|--|----------|
| 56227 | Computed tomography — scan of spine, cervical region, without intravenous contrast medium (R) (NK) (Anaes.) | 122.50 |
| 56228 | Computed tomography — scan of spine, thoracic region, without intravenous contrast medium (R) (NK) (Anaes.) | 122.50 |
| 56229 | Computed tomography — scan of spine, lumbosacral region, without intravenous contrast medium (R) (NK) (Anaes.) | 122.50 |
| 56230 | Computed tomography — scan of spine, cervical region, with intravenous contrast medium and with any scans to the cervical region of the spine before intravenous contrast injection when undertaken (R) (NK) (Anaes.) | 177.45 |
| 56231 | Computed tomography — scan of spine, thoracic region, with intravenous contrast medium and with any scans to the cervical region of the spine before intravenous contrast injection when undertaken (R) (NK) (Anaes.) | 177.45 |
| 56232 | Computed tomography — scan of spine, lumbosacral region, with intravenous contrast medium and with any scans to the lumbosacral region of the spine before intravenous contrast injection when undertaken (R) (NK) (Anaes.) | 177.45 |
| 56233 | Computed tomography — scan of spine, 2 examinations of the kind referred to in items 56220, 56221 and 56223, without intravenous contrast medium (R) (K) (Anaes.) | 240.00 |
| 56234 | Computed tomography — scan of spine, 2 examinations of the kind referred to in items 56224, 56225 and 56226, with intravenous contrast medium and with any scans of these regions of the spine before intravenous contrast injection when undertaken (R) (K) (Anaes.) | 351.40 |
| 56235 | Computed tomography — scan of spine, 2 examinations of the kind referred to in items 56227, 56228 and 56229, without intravenous contrast medium (R) (NK) (Anaes.) | 122.45 |
| 56236 | Computed tomography — scan of spine, 2 examinations of the kind referred to in items 56230, 56231 and 56232, with intravenous contrast medium and with any scans of these regions of the spine before intravenous contrast injection when undertaken (R) (NK) (Anaes.) | 177.45 |

| Item | Diagnostic imaging service | Fee (\$) |
|-------|--|----------|
| 56237 | Computed tomography — scan of spine, 3 regions cervical, thoracic and lumbosacral, without intravenous contrast medium (R) (K) (Anaes.) | 240.00 |
| 56238 | Computed tomography — scan of spine, 3 regions, cervical, thoracic and lumbosacral, with intravenous contrast medium and with any scans of these regions of the spine before intravenous contrast injection when undertaken (R) (K) (Anaes.) | 351.40 |
| 56239 | Computed tomography — scan of spine, 3 regions, cervical, thoracic and lumbosacral, without intravenous contrast medium (R) (NK) (Anaes.) | 122.45 |
| 56240 | Computed tomography — scan of spine, 3 regions, cervical, thoracic and lumbosacral, with intravenous contrast medium and with any scans of these regions of the spine before intravenous contrast injection when undertaken (R) (NK) (Anaes.) | 177.45 |
| 56259 | Computed tomography — scan of spine, 1 or more regions with intrathecal contrast medium, including the preparation for intrathecal injection of contrast medium and any associated plain x-rays, not being a service to which item 59724 applies (R) (NK) (Anaes.) | 164.80 |
| 56301 | Computed tomography — scan of chest, including lungs, mediastinum, chest wall and pleura, with or without scans of the upper abdomen, without intravenous contrast medium, not being a service to which item 56801 or 57001 applies and not including a study performed to exclude coronary artery calcification or image the coronary arteries (R) (K) (Anaes.) | 295.00 |
| 56307 | Computed tomography — scan of chest, including lungs, mediastinum, chest wall and pleura, with or without scans of the upper abdomen, with intravenous contrast medium and with any scans of the chest, including lungs, mediastinum, chest wall or pleura and upper abdomen before intravenous contrast injection, when undertaken, not being a service to which item 56807 or 57007 applies and not including a study performed to exclude coronary artery calcification or image the coronary arteries (R) (K) (Anaes.) | 400.00 |

| Item | Diagnostic imaging service | Fee (\$) |
|-------|---|----------|
| 56341 | Computed tomography — scan of chest, including lungs, mediastinum, chest wall and pleura, with or without scans of the upper abdomen, without intravenous contrast medium, not being a service to which item 56841 or 57041 applies and not including a study performed to exclude coronary artery calcification or image the coronary arteries (R) (NK) (Anaes.) | 149.45 |
| 56347 | Computed tomography — scan of chest, including lungs, mediastinum, chest wall and pleura, with or without scans of the upper abdomen, with intravenous contrast medium and with any scans of the chest, including lungs, mediastinum, chest wall or pleura and upper abdomen before intravenous contrast injection, when undertaken, not being a service to which item 56847 or 57047 applies and not including a study performed to exclude coronary artery calcification or image the coronary arteries (R) (NK) (Anaes.) | 202.00 |
| 56401 | Computed tomography — scan of upper abdomen only (diaphragm to iliac crest) without intravenous contrast medium, not being a service to which item 56301, 56501, 56801 or 57001 applies (R) (K) (Anaes.) | 250.00 |
| 56407 | Computed tomography — scan of upper abdomen only (diaphragm to iliac crest), with intravenous contrast medium, and with any scans of upper abdomen (diaphragm to iliac crest) before intravenous contrast injection, when undertaken, not being a service to which item 56307, 56507, 56807 or 57007 applies (R) (K) (Anaes.) | 360.00 |
| 56409 | Computed tomography — scan of pelvis only (iliac crest to pubic symphysis) without intravenous contrast medium not being a service associated with a service to which item 56401 applies (R) (K) (Anaes.) | 250.00 |
| 56412 | Computed tomography — scan of pelvis only (iliac crest to pubic symphysis), with intravenous contrast medium and with any scans of pelvis (iliac crest to pubic symphysis) before intravenous contrast injection, when undertaken, not being a service to which item 56407 applies (R) (K) (Anaes.) | 360.00 |

| Item | Diagnostic imaging service | Fee (\$) |
|-------|---|----------|
| 56441 | Computed tomography — scan of upper abdomen only (diaphragm to iliac crest) without intravenous contrast medium, not being a service to which item 56341, 56541, 56841 or 57041 applies (R) (NK) (Anaes.) | 126.80 |
| 56447 | Computed tomography — scan of upper abdomen only (diaphragm to iliac crest), with intravenous contrast medium, and with any scans of upper abdomen (diaphragm to iliac crest) before intravenous contrast injection, when performed, not being a service to which item 56347, 56547, 56847 or 57047 applies (R) (NK) (Anaes.) | 181.50 |
| 56449 | Computed tomography — scan of pelvis only (iliac crest to pubic symphysis) without intravenous contrast medium not being a service associated with a service to which item 56441 applies (R) (NK) (Anaes.) | 126.80 |
| 56452 | Computed tomography — scan of pelvis only (iliac crest to pubic symphysis), with intravenous contrast medium and with any scans of pelvis (iliac crest to pubic symphysis) before intravenous contrast injection, when undertaken, not being a service to which item 56447 applies (R) (NK) (Anaes.) | 181.50 |
| 56501 | Computed tomography — scan of upper abdomen and pelvis without intravenous contrast medium, not for the purposes of virtual colonoscopy and not being a service to which item 56801 or 57001 applies (R) (K) (Anaes.) | 385.00 |
| 56507 | Computed tomography — scan of upper abdomen and pelvis with intravenous contrast medium and with any scans of upper abdomen and pelvis before intravenous contrast injection, when performed, not for the purposes of virtual colonoscopy and not being a service to which item 56807 or 57007 applies (R) (K) (Anaes.) | 480.05 |
| 56541 | Computed tomography — scan of upper abdomen and pelvis without intravenous contrast medium, not for the purposes of virtual colonoscopy and not being a service to which item 56841 or 57041 applies (R) (NK) (Anaes.) | 193.15 |

| Item | Diagnostic imaging service | Fee (\$) |
|-------|---|----------|
| 56547 | Computed tomography — scan of upper abdomen and pelvis with intravenous contrast medium and with any scans of upper abdomen and pelvis before intravenous contrast injection, when performed, not for the purposes of virtual colonoscopy and not being a service to which item 56847 or 57047 applies (R) (NK) (Anaes.) | 243.75 |
| 56552 | Computed tomography — scan of colon for exclusion of colorectal neoplasia in symptomatic or high risk patients if: <ul style="list-style-type: none"> (a) the patient has had an incomplete colonoscopy in the 3 months before the scan; and (b) the date of incomplete colonoscopy is set out on the request for scan; and (c) the service is not a service to which item 56301, 56307, 56401, 56407, 56409, 56412, 56501, 56507, 56801, 56807 or 57001 applies (R) (K) (Anaes.) | 600.00 |
| 56554 | Computed tomography — scan of colon for exclusion of colorectal neoplasia in symptomatic or high risk patients if: <ul style="list-style-type: none"> (a) the request for scan states that 1 of the following contraindications to colonoscopy is present: <ul style="list-style-type: none"> (i) suspected perforation of the colon; (ii) complete or high-grade obstruction that will not allow passage of the scope; and (b) the service must not be a service to which item 56301, 56307, 56401, 56407, 56409, 56412, 56501, 56507, 56801, 56807 or 57001 applies (R) (K) (Anaes.) | 600.00 |
| 56619 | Computed tomography — scan of extremities, 1 or more regions without intravenous contrast medium (R) (K) (Anaes.) | 220.00 |
| 56625 | Computed tomography — scan of extremities, 1 or more regions with intravenous contrast medium and with any scans of extremities before intravenous contrast injection, when performed (R) (K) (Anaes.) | 334.65 |
| 56659 | Computed tomography — scan of extremities, 1 or more regions without intravenous contrast medium (R) (NK) (Anaes.) | 112.10 |

| Item | Diagnostic imaging service | Fee (\$) |
|-------|--|----------|
| 56665 | Computed tomography — scan of extremities, 1 or more regions with intravenous contrast medium and with any scans of extremities before intravenous contrast injection, when performed (R) (NK) (Anaes.) | 167.40 |
| 56801 | Computed tomography — scan of chest, abdomen and pelvis with or without scans of soft tissues of neck without intravenous contrast medium, not including a study performed to exclude coronary artery calcification or image the coronary arteries (R) (K) (Anaes.) | 466.55 |
| 56807 | Computed tomography — scan of chest, abdomen and pelvis with or without scans of soft tissues of neck with intravenous contrast medium and with any scans of chest, abdomen and pelvis with or without scans of soft tissue of neck before intravenous contrast injection, when performed, not including a study performed to exclude coronary artery calcification or image the coronary arteries (R) (K) (Anaes.) | 560.00 |
| 56841 | Computed tomography — scan of chest, abdomen and pelvis with or without scans of soft tissues of neck without intravenous contrast medium, not including a study performed to exclude coronary artery calcification or image the coronary arteries (R) (NK) (Anaes.) | 233.35 |
| 56847 | Computed tomography — scan of chest, abdomen and pelvis with or without scans of soft tissues of neck with intravenous contrast medium and with any scans of chest, abdomen and pelvis with or without scans of soft tissue of neck before intravenous contrast injection, when performed, not including a study performed to exclude coronary artery calcification or image the coronary arteries (R) (NK) (Anaes.) | 283.85 |
| 57001 | Computed tomography — scan of brain and chest with or without scans of upper abdomen without intravenous contrast medium, not including a study performed to exclude coronary artery calcification or image the coronary arteries (R) (K) (Anaes.) | 466.65 |

| Item | Diagnostic imaging service | Fee (\$) |
|-------|---|----------|
| 57007 | Computed tomography — scan of brain and chest with or without scans of upper abdomen with intravenous contrast medium and with any scans of brain and chest and upper abdomen before intravenous contrast injection, when performed, not including a study performed to exclude coronary artery calcification or image the coronary arteries (R) (K) (Anaes.) | 567.75 |
| 57041 | Computed tomography — scan of brain and chest with or without scans of upper abdomen without intravenous contrast medium, not including a study performed to exclude coronary artery calcification or image the coronary arteries (R) (NK) (Anaes.) | 233.40 |
| 57047 | Computed tomography — scan of brain and chest with or without scans of upper abdomen with intravenous contrast medium and with any scans of brain and chest and upper abdomen before intravenous contrast injection, when performed, not including a study performed to exclude coronary artery calcification or image the coronary arteries (R) (NK) (Anaes.) | 283.90 |
| 57201 | Computed tomography — pelvimetry (R) (K) (Anaes.) | 155.20 |
| 57247 | Computed tomography — pelvimetry (R) (NK) (Anaes.) | 77.55 |
| 57341 | Computed tomography, in conjunction with a surgical procedure using interventional techniques, not being a service associated with a service to which another item in this table applies (R) (K) (Anaes.) | 470.00 |
| 57345 | Computed tomography, in conjunction with a surgical procedure using interventional techniques, not being a service associated with a service to which another item in this table applies (R) (NK) (Anaes.) | 241.60 |
| 57350 | Computed tomography — spiral angiography with intravenous contrast medium including any scans performed before intravenous contrast injection — 1 or more spiral data acquisitions, including image editing, and maximum intensity projections or 3 dimensional surface shaded display, with hardcopy recording of multiple projections, if: (a) the service is not a service to which another item in this group applies; and | 510.00 |

| Item | Diagnostic imaging service | Fee (\$) |
|-------|---|----------|
| | <ul style="list-style-type: none"> (b) the service is performed for the exclusion of arterial stenosis, occlusion, aneurysm or embolism; and (c) the service has not been performed on the same patient within the previous 12 months; and (d) the service is not a study performed to image the coronary arteries (R) (K) (Anaes.) | |
| 57351 | <p>Computed tomography — spiral angiography with intravenous contrast medium, including any scans performed before intravenous contrast injection — 1 or more spiral data acquisitions, including image editing, and maximum intensity projections or 3 dimensional surface shaded display, with hardcopy recording of multiple projections, if:</p> <ul style="list-style-type: none"> (a) the service is not a service to which another item in this group applies; and (b) the service is performed for the exclusion of acute or recurrent pulmonary embolism, acute symptomatic arterial occlusion, post operative complication of arterial surgery, acute ruptured aneurysm, or acute dissection of the aorta, carotid or vertebral artery; and (c) a service to which item 57350 or 57355 applies has been performed on the same patient within the previous 12 months; and (d) the service is not a study performed to image the coronary arteries (R) (K) (Anaes.) | 510.00 |
| 57355 | <p>Computed tomography — spiral angiography with intravenous contrast medium including any scans performed before intravenous contrast injection — 1 or more spiral data acquisitions, including image editing, and maximum intensity projections or 3 dimensional surface shaded display, with hardcopy recording of multiple projections, if:</p> <ul style="list-style-type: none"> (a) the service is not a service to which another item in this group applies; and (b) the service is performed for the exclusion of arterial stenosis, occlusion, aneurysm or embolism; and | 264.15 |

| Item | Diagnostic imaging service | Fee (\$) |
|---|---|----------|
| | (c) the service has not been performed on the same patient within the previous 12 months; and | |
| | (d) the service is not a study performed to image the coronary arteries (R) (NK) (Anaes.) | |
| 57356 | Computed tomography — spiral angiography with intravenous contrast medium, including any scans performed before intravenous contrast injection — 1 or more spiral data acquisitions, including image editing, and maximum intensity projections or 3 dimensional surface shaded display, with hardcopy recording of multiple projections, if: <ul style="list-style-type: none"> (a) the service is not a service to which another item in this group applies; and (b) the service is performed for the exclusion of acute or recurrent pulmonary embolism, acute symptomatic arterial occlusion, post operative complication of arterial surgery, acute ruptured aneurysm, or acute dissection of the aorta, carotid or vertebral artery; and (c) the service to which item 57350 or 57355 applies has been performed on the same patient within the previous 12 months; and (d) the service is not a study performed to image the coronary arteries (R) (NK) (Anaes.) | 264.15 |
| Group I3 — Diagnostic radiology | | |
| <i>Subgroup 1 — Radiographic examination of extremities</i> | | |
| 57506 | Hand, wrist, forearm, elbow or humerus (NR) | 29.75 |
| 57509 | Hand, wrist, forearm, elbow or humerus (R) | 39.75 |
| 57512 | Hand and wrist, or hand, wrist and forearm, or forearm and elbow, or elbow and humerus (NR) | 40.50 |
| 57515 | Hand and wrist, or hand, wrist and forearm, or forearm and elbow, or elbow and humerus (R) | 54.00 |
| 57518 | Foot, ankle, leg, knee or femur (NR) | 32.50 |
| 57521 | Foot, ankle, leg, knee or femur (R) | 43.40 |
| 57524 | Foot and ankle, or ankle and leg, or leg and knee, or knee and femur (NR) | 49.40 |
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| Item | Diagnostic imaging service | Fee (\$) |
|--|--|----------|
| 57527 | Foot and ankle, or ankle and leg, or leg and knee, or knee and femur (R) | 65.75 |
| <i>Subgroup 2 — Radiographic examination of shoulder or pelvis</i> | | |
| 57700 | Shoulder or scapula (NR) | 40.50 |
| 57703 | Shoulder or scapula (R) | 54.00 |
| 57706 | Clavicle (NR) | 32.50 |
| 57709 | Clavicle (R) | 43.40 |
| 57712 | Hip joint (R) | 47.15 |
| 57715 | Pelvic girdle (R) | 60.90 |
| 57721 | Femur, internal fixation of neck or intertrochanteric (pertrochanteric) fracture (R) | 99.25 |
| <i>Subgroup 3 — Radiographic examination of head</i> | | |
| 57901 | Skull, not in association with item 57902 (R) | 64.50 |
| 57902 | Cephalometry, not in association with item 57901 (R) | 64.50 |
| 57903 | Sinuses (R) | 47.30 |
| 57906 | Mastoids (R) | 64.50 |
| 57909 | Petrous temporal bones (R) | 64.50 |
| 57912 | Facial bones — orbit, maxilla or malar, any or all (R) | 47.15 |
| 57915 | Mandible, not by orthopantomography technique (R) | 47.15 |
| 57918 | Salivary calculus (R) | 47.15 |
| 57921 | Nose (R) | 47.15 |
| 57924 | Eye (R) | 47.15 |
| 57927 | Temporo-mandibular joints (R) | 49.65 |
| 57930 | Teeth — single area (R) | 32.90 |
| 57933 | Teeth — full mouth (R) | 78.25 |
| 57939 | Palato-pharyngeal studies with fluoroscopic screening (R) | 64.50 |
| 57942 | Palato-pharyngeal studies without fluoroscopic screening (R) | 49.65 |

| Item | Diagnostic imaging service | Fee (\$) |
|--|---|----------|
| 57945 | Larynx, lateral airways and soft tissues of the neck, not being a service associated with a service to which item 57939 or 57942 applies (R) | 43.40 |
| 57960 | Orthopantomography for diagnosis or management (or both) of trauma, infection, tumour or a congenital or surgical condition of the teeth or maxillofacial region (R) | 47.40 |
| 57963 | Orthopantomography for diagnosis or management (or both) of any of the following conditions, if the signs and symptoms of the condition is present: (a) impacted teeth; (b) caries; (c) periodontal pathology; (d) periapical pathology (R) | 47.40 |
| 57966 | Orthopantomography for diagnosis or management (or both) of missing or crowded teeth, or developmental anomalies of the teeth or jaws (R) | 47.40 |
| 57969 | Orthopantomography for diagnosis or management (or both) of temporo-mandibular joint arthroses or dysfunction (R) | 47.40 |
| <i>Subgroup 4 — Radiographic examination of spine</i> | | |
| 58100 | Spine — cervical (R) | 67.15 |
| 58103 | Spine — thoracic (R) | 55.10 |
| 58106 | Spine — lumbo-sacral (R) | 77.00 |
| 58108 | Spine — 4 regions, cervical, thoracic, lumbosacral and sacrococcygeal (R) | 132.90 |
| 58109 | Spine — sacro-coccygeal (R) | 47.00 |
| 58112 | Spine — 2 examinations of the kind mentioned in items 58100, 58103, 58106 and 58109 (R) | 97.25 |
| 58115 | Spine — 3 examinations of the kind mentioned in items 58100, 58103, 58106 and 58109 (R) | 132.90 |
| <i>Subgroup 5 — Bone age study and skeletal survey</i> | | |
| 58300 | Bone age study (R) | 40.10 |
| 58306 | Skeletal survey (R) | 89.40 |

| Item | Diagnostic imaging service | Fee (\$) |
|---|--|----------|
| <i>Subgroup 6 — Radiographic examination of thoracic region</i> | | |
| 58500 | Chest (lung fields) by direct radiography (NR) | 35.35 |
| 58503 | Chest (lung fields) by direct radiography (R) | 47.15 |
| 58506 | Chest (lung fields) by direct radiography with fluoroscopic screening (R) | 60.75 |
| 58509 | Thoracic inlet or trachea (R) | 39.75 |
| 58521 | Left ribs, right ribs or sternum (R) | 43.40 |
| 58524 | Left and right ribs, left ribs and sternum, or right ribs and sternum (R) | 56.50 |
| 58527 | Left ribs, right ribs and sternum (R) | 69.40 |
| <i>Subgroup 7 — Radiographic examination of urinary tract</i> | | |
| 58700 | Plain renal only (R) | 46.05 |
| 58706 | Intravenous pyelography, with or without preliminary plain films and with or without tomography (R) | 157.90 |
| 58715 | Antegrade or retrograde pyelography with or without preliminary plain films and with preparation and contrast injection, 1 side (R) | 151.55 |
| 58718 | Retrograde cystography or retrograde urethrography with or without preliminary plain films and with preparation and contrast injection (R) (Anaes.) | 126.10 |
| 58721 | Retrograde micturating cysto-urethrography, with preparation and contrast injection (R) (Anaes.) | 138.25 |
| <i>Subgroup 8 — Radiographic examination of alimentary tract and biliary system</i> | | |
| 58900 | Plain abdominal only, not being a service associated with a service to which item 58909, 58912, 58915 or 58924 applies (NR) | 35.70 |
| 58903 | Plain abdominal only, not being a service associated with a service to which item 58909, 58912, 58915 or 58924 applies (R) | 47.60 |
| 58909 | Barium or other opaque meal of 1 or more of pharynx, oesophagus, stomach or duodenum, with or without preliminary plain films of pharynx, chest or duodenum, not being a service associated with a service to which item 57939, 57942 or 57945 applies (R) | 89.95 |

| Item | Diagnostic imaging service | Fee (\$) |
|---|--|----------|
| 58912 | Barium or other opaque meal of oesophagus, stomach, duodenum and follow through to colon, with or without screening of chest and with or without preliminary plain film (R) | 110.25 |
| 58915 | Barium or other opaque meal, small bowel series only, with or without preliminary plain film (R) | 78.95 |
| 58916 | Small bowel enema, barium or other opaque study of the small bowel, including duodenal intubation, with or without preliminary plain films, not being a service associated with a service to which item 30488 applies (R) (Anaes.) | 138.50 |
| 58921 | Opaque enema, with or without air contrast study and with or without preliminary plain films (R) | 135.25 |
| 58924 | Graham's test (cholecystography), with preliminary plain films and with or without tomography (R) | 84.05 |
| 58927 | Cholegraphy direct, with or without preliminary plain films and with preparation and contrast injection, not being a service associated with a service to which item 30439 applies (R) | 76.45 |
| 58933 | Cholegraphy, percutaneous transhepatic, with or without preliminary plain films and with preparation and contrast injection (R) | 205.60 |
| 58936 | Cholegraphy, drip infusion, with or without preliminary plain films, with preparation and contrast injection and with or without tomography (R) | 195.95 |
| 58939 | Defaecogram (R) | 139.30 |
| <i>Subgroup 9 — Radiographic examination for localisation of foreign bodies</i> | | |
| 59103 | Localisation of foreign body, if provided in conjunction with a service described in Subgroups 1 to 12 of Group I3 (R) | 21.30 |
| <i>Subgroup 10 — Radiographic examination of breasts</i> | | |
| 59300 | Mammography of both breasts if there is reason to suspect the presence of malignancy because of: (a) the past occurrence of breast malignancy in the patient or members of the patient's family; or | 89.50 |
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| Item | Diagnostic imaging service | Fee (\$) |
|---|---|-----------|
| | (b) symptoms or indications of malignancy found on examination of the patient by a medical practitioner (R) | |
| 59303 | Mammography of 1 breast if: (a) the patient is referred with a specific request for a unilateral mammogram; and (b) there is reason to suspect the presence of malignancy because of: (i) the past occurrence of breast malignancy in the patient or members of the patient's family; or (ii) symptoms or indications of malignancy found on examination of the patient by a medical practitioner (R) | 53.95 |
| 59306 | Mammary ductogram (galactography) — 1 breast (R) | 100.30 |
| 59309 | Mammary ductogram (galactography) — 2 breasts (R) | 200.60 |
| 59312 | Radiographic examination of both breasts, in conjunction with a surgical procedure on each breast, using interventional techniques (R) | 87.00 |
| 59314 | Radiographic examination of 1 breast, in conjunction with a surgical procedure using interventional techniques (R) | 52.50 |
| 59318 | Radiographic examination of excised breast tissue to confirm satisfactory excision of 1 or more lesions in 1 breast or both following pre-operative localisation in conjunction with a service under item 31536 (R) | 47.05 |
| <i>Subgroup 11 — Radiographic examination in connection with pregnancy</i> | | |
| 59503 | Pelvimetry, not being a service associated with a service to which item 57201 applies (R) | 89.40 |
| <i>Subgroup 12 — Radiographic examination with opaque or contrast media</i> | | |
| 59700 | Discography, each disc, with or without preliminary plain films and with preparation and contrast injection (R) (Anaes.) | 96.55 |
| 59703 | Dacryocystography, 1 side, with or without preliminary plain film and with preparation and contrast injection (R) | 75.90 |
| 59712 | Hysterosalpingography, with or without preliminary plain films and with preparation and contrast injection (R) (Anaes.) | 113.70 |
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| Item | Diagnostic imaging service | Fee (\$) |
|----------------------------------|---|----------|
| 59715 | Bronchography, 1 side, with or without preliminary plain films and with preparation and contrast injection (R) (Anaes.) | 143.55 |
| 59718 | Phlebography, 1 side, with or without preliminary plain films and with preparation and contrast injection (R) (Anaes.) | 134.65 |
| 59724 | Myelography, 1 or more regions, with or without preliminary plain films and with preparation and contrast injection, not being a service associated with a service to which item 56219 applies (R) (Anaes.) | 226.45 |
| 59733 | Sialography, 1 side, with preparation and contrast injection, not being a service associated with a service to which item 57918 applies (R) | 107.70 |
| 59736 | Vasoepididymography, 1 side (R) | 62.00 |
| 59739 | Sinogram or fistulogram, 1 or more regions, with or without preliminary plain films and with preparation and contrast injection (R) | 73.75 |
| 59751 | Arthrography, each joint, excluding the facet (zygapophyseal) joints of the spine, single or double contrast study, with or without preliminary plain films and with preparation and contrast injection (R) | 139.15 |
| 59754 | Lymphangiography, 1 or both sides, with preliminary plain films and follow-up radiography and with preparation and contrast injection (R) | 219.35 |
| 59760 | Peritoneogram (herniography) with or without contrast medium including preparation — performed on a person over 14 years of age (R) | 115.15 |
| 59763 | Air insufflation during video — fluoroscopic imaging including associated consultation (R) | 133.90 |
| <i>Subgroup 13 — Angiography</i> | | |
| 59903 | Angiocardiology, including the service described in item 59970, 59974 or 61109, not being a service to which item 59912 or 59925 applies (R) (K) (Anaes.) | 114.55 |
| 59912 | Selective coronary arteriography, including the service described in item 59970, 59974 or 61109, not being a service to which item 59903 or 59925 applies (R) (K) (Anaes.) | 305.20 |
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| Item | Diagnostic imaging service | Fee (\$) |
|-------|---|----------|
| 59925 | Selective coronary arteriography and angiocardiology, including a service described in item 59903, 59912, 59970, 59974 or 61109 (R) (K) (Anaes.) | 362.45 |
| 59970 | Angiography or digital subtraction angiography, or both, with fluoroscopy and image acquisition, using a mobile image intensifier, including any preliminary plain films, preparation and contrast injection — 1 or more regions (R) (K) (Anaes.) | 168.30 |
| 59971 | Angiocardiology, including the service described in item 59970, 59974 or 61109, not being a service to which item 59972 or 59973 applies (R) (NK) (Anaes.) | 57.30 |
| 59972 | Selective coronary arteriography, including the service described in item 59970, 59974 or 61109, not being a service to which item 59971 or 59973 applies (R) (NK) (Anaes.) | 152.60 |
| 59973 | Selective coronary arteriography and angiocardiology, including a service described in item 59970, 59971, 59972, 59974 or 61109 (R) (NK) (Anaes.) | 181.25 |
| 59974 | Angiography or digital subtraction angiography, or both, with fluoroscopy and image acquisition using a mobile image intensifier, including any preliminary plain films, preparation and contrast injection — 1 or more regions (R) (NK) (Anaes.) | 84.20 |
| 60000 | Digital subtraction angiography, examination of head and neck with or without arch aortography — 1 to 3 data acquisition runs (R) (Anaes.) | 564.00 |
| 60003 | Digital subtraction angiography, examination of head and neck with or without arch aortography — 4 to 6 data acquisition runs (R) (Anaes.) | 827.10 |
| 60006 | Digital subtraction angiography, examination of head and neck with or without arch aortography — 7 to 9 data acquisition runs (R) (Anaes.) | 1 176.10 |
| 60009 | Digital subtraction angiography, examination of head and neck with or without arch aortography — 10 or more data acquisition runs (R) (Anaes.) | 1 376.30 |
| 60012 | Digital subtraction angiography, examination of thorax — 1 to 3 data acquisition runs (R) (Anaes.) | 564.00 |

| Item | Diagnostic imaging service | Fee (\$) |
|-------|---|----------|
| 60015 | Digital subtraction angiography, examination of thorax — 4 to 6 data acquisition runs (R) (Anaes.) | 827.10 |
| 60018 | Digital subtraction angiography, examination of thorax — 7 to 9 data acquisition runs (R) (Anaes.) | 1 176.10 |
| 60021 | Digital subtraction angiography, examination of thorax — 10 or more data acquisition runs (R) (Anaes.) | 1 376.30 |
| 60024 | Digital subtraction angiography, examination of abdomen — 1 to 3 data acquisition runs (R) (Anaes.) | 564.00 |
| 60027 | Digital subtraction angiography, examination of abdomen — 4 to 6 data acquisition runs (R) (Anaes.) | 827.10 |
| 60030 | Digital subtraction angiography, examination of abdomen — 7 to 9 data acquisition runs (R) (Anaes.) | 1 176.10 |
| 60033 | Digital subtraction angiography, examination of abdomen — 10 or more data acquisition runs (R) (Anaes.) | 1 376.30 |
| 60036 | Digital subtraction angiography, examination of upper limb or limbs — 1 to 3 data acquisition runs (R) (Anaes.) | 564.00 |
| 60039 | Digital subtraction angiography, examination of upper limb or limbs — 4 to 6 data acquisition runs (R) (Anaes.) | 827.10 |
| 60042 | Digital subtraction angiography, examination of upper limb or limbs — 7 to 9 data acquisition runs (R) (Anaes.) | 1 176.10 |
| 60045 | Digital subtraction angiography, examination of upper limb or limbs — 10 or more data acquisition runs (R) (Anaes.) | 1 376.30 |
| 60048 | Digital subtraction angiography, examination of lower limb or limbs — 1 to 3 data acquisition runs (R) (Anaes.) | 564.00 |
| 60051 | Digital subtraction angiography, examination of lower limb or limbs — 4 to 6 data acquisition runs (R) (Anaes.) | 827.10 |
| 60054 | Digital subtraction angiography, examination of lower limb or limbs — 7 to 9 data acquisition runs (R) (Anaes.) | 1 176.10 |
| 60057 | Digital subtraction angiography, examination of lower limb or limbs — 10 or more data acquisition runs (R) (Anaes.) | 1 376.30 |
| 60060 | Digital subtraction angiography, examination of aorta and lower limb or limbs — 1 to 3 data acquisition runs (R) (Anaes.) | 564.00 |

| Item | Diagnostic imaging service | Fee (\$) |
|---|--|----------|
| 60063 | Digital subtraction angiography, examination of aorta and lower limb or limbs — 4 to 6 data acquisition runs (R) (Anaes.) | 827.10 |
| 60066 | Digital subtraction angiography, examination of aorta and lower limb or limbs — 7 to 9 data acquisition runs (R) (Anaes.) | 1 176.10 |
| 60069 | Digital subtraction angiography, examination of aorta and lower limb or limbs — 10 or more data acquisition runs (R) (Anaes.) | 1 376.30 |
| 60072 | Selective arteriography or selective venography by digital subtraction angiography technique — 1 vessel (NR) (Anaes.) | 48.10 |
| 60075 | Selective arteriography or selective venography by digital subtraction angiography technique — 2 vessels (NR) (Anaes.) | 96.10 |
| 60078 | Selective arteriography or selective venography by digital subtraction angiography technique — 3 or more vessels (NR) (Anaes.) | 144.25 |
| <i>Subgroup 14 — Tomography</i> | | |
| 60100 | Tomography of any region (R) (Anaes.) | 60.75 |
| <i>Subgroup 15 — Fluoroscopic examination</i> | | |
| 60500 | Fluoroscopy, with general anaesthesia (not being a service associated with a radiographic examination) (R) (Anaes.) | 43.40 |
| 60503 | Fluoroscopy, without general anaesthesia (not being a service associated with a radiographic examination) (R) | 29.75 |
| 60506 | Fluoroscopy using a mobile image intensifier, in conjunction with a surgical procedure lasting less than 1 hour, not being a service associated with a service to which another item in this table applies (R) | 63.75 |
| 60509 | Fluoroscopy using a mobile image intensifier, in conjunction with a surgical procedure lasting 1 hour or more, not being a service associated with a service to which another item in this table applies (R) | 98.90 |

| Item | Diagnostic imaging service | Fee (\$) |
|---|---|----------|
| <i>Subgroup 16 — Preparation for radiological procedure</i> | | |
| 60918 | Arteriography (peripheral) or phlebography — 1 vessel, when used in association with a service to which item 59903, 59912, 59925, 59970, 59971, 59972, 59973 or 59974 applies, not being a service associated with a service to which any of items 60000 to 60078 apply (NR) (Anaes.) | 47.15 |
| 60927 | Selective arteriogram or phlebogram, when used in association with a service to which item 59903, 59912, 59925, 59970, 59971, 59972, 59973 or 59974 applies, not being a service associated with a service to which any of items 60000 to 60078 apply (NR) (Anaes.) | 38.05 |
| <i>Subgroup 17 — Interventional techniques</i> | | |
| 61109 | Fluoroscopy in an angiography suite with image intensification, in conjunction with a surgical procedure using interventional techniques, not being a service associated with a service to which another item in this table applies (R) | 258.90 |
| Group I4 — Nuclear medicine imaging | | |
| 61302 | Single stress or rest myocardial perfusion study — planar imaging (R) | 448.85 |
| 61303 | Single stress or rest myocardial perfusion study — with single photon emission tomography and with planar imaging when performed (R) | 565.30 |
| 61306 | Combined stress and rest, stress and re-injection or rest and redistribution myocardial perfusion study, including delayed imaging or re-injection protocol on a subsequent occasion — planar imaging (R) | 709.70 |
| 61307 | Combined stress and rest, stress and re-injection or rest and redistribution myocardial perfusion study, including delayed imaging or re-injection protocol on a subsequent occasion — with single photon emission tomography and with planar imaging when performed (R) | 834.90 |
| 61310 | Myocardial infarct-avid-study, with planar imaging and single photon emission tomography, or planar imaging or single photon emission tomography (R) | 367.30 |
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| Item | Diagnostic imaging service | Fee (\$) |
|-------|---|----------|
| 61313 | Gated cardiac blood pool study, (equilibrium), with planar imaging and single photon emission tomography, or planar imaging or single photon emission tomography (R) | 303.35 |
| 61314 | Gated cardiac blood pool study, and first pass blood flow or cardiac shunt study, with planar imaging and single photon emission tomography, or planar imaging, or single photon emission tomography (R) | 420.00 |
| 61316 | Gated cardiac blood pool study, with intervention, with planar imaging and single photon emission tomography, or planar imaging, or single photon emission tomography (R) | 381.15 |
| 61317 | Gated cardiac blood pool study, with intervention and first pass blood flow study or cardiac shunt study, with planar imaging and single photon emission tomography or planar imaging, or single photon emission tomography (R) | 492.40 |
| 61320 | Cardiac first pass blood flow study or cardiac shunt study, not being a service to which another item in this group applies (R) | 228.90 |
| 61328 | Lung perfusion study, with planar imaging and single photon emission tomography or planar imaging, or single photon emission tomography (R) | 227.65 |
| 61340 | Lung ventilation study using aerosol, technegas or xenon gas, with planar imaging and single photon emission tomography or planar imaging or single photon emission tomography (R) | 253.00 |
| 61348 | Lung perfusion study and lung ventilation study using aerosol, technegas or xenon gas, with planar imaging and single photon emission tomography, or planar imaging, or single photon emission tomography (R) | 443.35 |
| 61352 | Liver and spleen study (colloid) — planar imaging (R) | 259.35 |
| 61353 | Liver and spleen study (colloid), with single photon emission tomography and with planar imaging when performed (R) | 386.60 |
| 61356 | Red blood cell spleen or liver study, including single photon emission tomography when performed (R) | 392.80 |
| 61360 | Hepatobiliary study, including morphine administration or pre-treatment with cholecystokinin (CCK) when performed (R) | 403.35 |

| Item | Diagnostic imaging service | Fee (\$) |
|-------|---|----------|
| 61361 | Hepatobiliary study with formal quantification following baseline imaging, using an infusion of cholecystokinin (CCK) (R) | 461.40 |
| 61364 | Bowel haemorrhage study (R) | 496.95 |
| 61368 | Meckel's diverticulum study (R) | 223.10 |
| 61372 | Salivary study (R) | 223.10 |
| 61373 | Gastro-oesophageal reflux study, including delayed imaging on a separate occasion when performed (R) | 489.70 |
| 61376 | Oesophageal clearance study (R) | 143.35 |
| 61381 | Gastric emptying study, using single tracer (R) | 574.35 |
| 61383 | Combined solid and liquid gastric emptying study using dual isotope technique or the same isotope on separate days (R) | 624.95 |
| 61384 | Radionuclide colonic transit study (R) | 687.70 |
| 61386 | Renal study, including perfusion and renogram images and computer analysis or cortical study with planar imaging (R) | 332.50 |
| 61387 | Renal cortical study, with single photon emission tomography and planar quantification (R) | 430.75 |
| 61389 | Single renal study with pre-procedural administration of a diuretic or angiotensin converting enzyme (ACE) inhibitor (R) | 370.55 |
| 61390 | Renal study with diuretic administration following a baseline study (R) | 409.95 |
| 61393 | Combined examination involving a renal study following angiotensin converting enzyme (ACE) inhibitor provocation and a baseline study, in either order and related to a single referral episode (R) | 605.50 |
| 61397 | Cystoureterogram (R) | 246.85 |
| 61401 | Testicular study (R) | 162.30 |
| 61402 | Cerebral perfusion study, with single photon emission tomography and with planar imaging when performed (R) | 605.05 |

| Item | Diagnostic imaging service | Fee (\$) |
|-------|---|----------|
| 61405 | Brain study with blood brain barrier agent, with planar imaging and single photon emission tomography, or planar imaging, or single photon emission tomography (R) | 346.00 |
| 61409 | Cerebro-spinal fluid transport study, with imaging on 2 or more separate occasions (R) | 873.50 |
| 61413 | Cerebro-spinal fluid shunt patency study (R) | 225.95 |
| 61417 | Dynamic blood flow study or regional blood volume quantitative study, not being a service associated with a service to which another item in this group applies (R) | 118.85 |
| 61421 | Bone study — whole body, with, when undertaken, blood flow, blood pool and delayed imaging on a separate occasion (R) | 479.80 |
| 61425 | Bone study — whole body and single photon emission tomography, with, when undertaken, blood flow, blood pool and delayed imaging on a separate occasion (R) | 600.70 |
| 61426 | Whole body study using iodine (R) | 554.80 |
| 61429 | Whole body study using gallium (R) | 543.00 |
| 61430 | Whole body study using gallium, with single photon emission tomography (R) | 659.45 |
| 61433 | Whole body study using cells labelled with technetium (R) | 496.95 |
| 61434 | Whole body study using cells labelled with technetium, with single photon emission tomography (R) | 615.40 |
| 61437 | Whole body study using thallium (R) | 542.75 |
| 61438 | Whole body study using thallium, with single photon emission tomography (R) | 672.95 |
| 61441 | Bone marrow study — whole body using technetium labelled bone marrow agents (R) | 489.70 |
| 61442 | Whole body study, using gallium — with single photon emission tomography of 2 or more body regions acquired separately (R) | 752.35 |
| 61445 | Bone marrow study — localised using technetium labelled agent (R) | 286.80 |
| 61446 | Localised bone or joint study, including when undertaken, blood flow, blood pool and repeat imaging on a separate occasion (R) | 333.55 |

| Item | Diagnostic imaging service | Fee (\$) |
|-------|---|----------|
| 61449 | Localised bone or joint study and single photon emission tomography, including when undertaken, blood flow, blood pool and imaging on a separate occasion (R) | 456.20 |
| 61450 | Localised study using gallium (R) | 397.55 |
| 61453 | Localised study using gallium, with single photon emission tomography (R) | 514.70 |
| 61454 | Localised study using cells labelled with technetium (R) | 348.10 |
| 61457 | Localised study using cells labelled with technetium, with single photon emission tomography (R) | 470.45 |
| 61458 | Localised study using thallium (R) | 396.95 |
| 61461 | Localised study using thallium, with single photon emission tomography (R) | 527.85 |
| 61462 | Repeat planar and single photon emission tomography imaging, or repeat planar imaging or single photon emission tomography imaging on an occasion subsequent to the performance of item 61364, 61426, 61429, 61430, 61442, 61450, 61453, 61469, 61484 or 61485, if there is no additional administration of radiopharmaceutical and if the previous radionuclide scan was abnormal or equivocal (R) | 129.00 |
| 61465 | Venography (R) | 265.50 |
| 61469 | Lymphoscintigraphy (R) | 348.10 |
| 61473 | Thyroid study including uptake measurement when performed (R) | 175.40 |
| 61480 | Parathyroid study, planar imaging and single photon emission tomography when performed (R) | 386.85 |
| 61484 | Adrenal study (R) | 880.85 |
| 61485 | Adrenal study, with single photon emission tomography (R) | 999.20 |
| 61495 | Tear duct study (R) | 223.10 |
| 61499 | Particle perfusion study (infra-arterial) or Le Veen shunt study (R) | 253.00 |

| Item | Diagnostic imaging service | Fee (\$) |
|---|--|----------|
| 61505 | CT scan performed at the same time and covering the same body area as single photon emission tomography for the purpose of anatomic localisation or attenuation correction if no separate diagnostic CT report is issued and only in association with items 61302 to 61650 (R) | 100.00 |
| <i>Note</i> Item 61650 is taken to be an item in the table — see the <i>Health Insurance (LeukoScan) Determination HS/08/2006</i> . | | |
| Group I5 — Magnetic resonance imaging | | |
| <i>Subgroup 1 — Scan of head — for specified conditions</i> | | |
| 63001 | MRI — scan of head (including MRA, if performed) for tumour of the brain or meninges (R) (Anaes.) (Contrast) | 403.20 |
| 63004 | MRI — scan of head (including MRA, if performed) for inflammation of brain or meninges (R) (Anaes.) (Contrast) | 403.20 |
| 63007 | MRI — scan of head (including MRA, if performed) for skull base or orbital tumour (R) (Anaes.) (Contrast) | 403.20 |
| 63010 | MRI — scan of head (including MRA, if performed) for stereotactic scan of brain, with fiducials in place, for the sole purpose of allowing planning for stereotactic neurosurgery (R) (Anaes.) (Contrast) | 336.00 |
| <i>Subgroup 2 — Scan of head — for specified conditions</i> | | |
| 63040 | MRI — scan of head (including MRA, if performed) for acoustic neuroma (R) (Anaes.) (Contrast) | 336.00 |
| 63043 | MRI — scan of head (including MRA, if performed) for pituitary tumour (R) (Anaes.) (Contrast) | 358.40 |
| 63046 | MRI — scan of head (including MRA, if performed) for toxic or metabolic or ischaemic encephalopathy (R) (Anaes.) (Contrast) | 403.20 |
| 63049 | MRI — scan of head (including MRA, if performed) for demyelinating disease of the brain (R) (Anaes.) (Contrast) | 403.20 |
| 63052 | MRI — scan of head (including MRA, if performed) for congenital malformation of the brain or meninges (R) (Anaes.) (Contrast) | 403.20 |
| 63055 | MRI — scan of head (including MRA, if performed) for venous sinus thrombosis (R) (Anaes.) (Contrast) | 403.20 |

| Item | Diagnostic imaging service | Fee (\$) |
|--|---|----------|
| 63058 | MRI — scan of head (including MRA, if performed) for head trauma (R) (Anaes.) (Contrast) | 403.20 |
| 63061 | MRI — scan of head (including MRA, if performed) for epilepsy (R) (Anaes.) (Contrast) | 403.20 |
| 63064 | MRI — scan of head (including MRA, if performed) for stroke (R) (Anaes.) (Contrast) | 403.20 |
| 63067 | MRI — scan of head (including MRA, if performed) for carotid or vertebral artery dissection (R) (Anaes.) (Contrast) | 403.20 |
| 63070 | MRI — scan of head (including MRA, if performed) for intracranial aneurysm (R) (Anaes.) (Contrast) | 403.20 |
| 63073 | MRI — scan of head (including MRA, if performed) for intracranial arteriovenous malformation (R) (Anaes.) (Contrast) | 403.20 |
| <i>Subgroup 3 — Scan of head and neck vessels — for specified conditions</i> | | |
| 63101 | MRI and MRA of extracranial or intracranial circulation (or both) — scan of head and neck vessels for stroke (R) (Anaes.) (Contrast) | 492.80 |
| <i>Subgroup 4 — Scan of head and cervical spine — for specified conditions</i> | | |
| 63111 | MRI — scan of head and cervical spine (including MRA, if performed) for tumour of the central nervous system or meninges (R) (Anaes.) (Contrast) | 492.80 |
| 63114 | MRI — scan of head and cervical spine (including MRA, if performed) for inflammation of the central nervous system or meninges (R) (Anaes.) (Contrast) | 492.80 |
| <i>Subgroup 5 — Scan of head and cervical spine — for specified conditions</i> | | |
| 63125 | MRI — scan of head and cervical spine (including MRA, if performed) for demyelinating disease of the central nervous system (R) (Anaes.) (Contrast) | 492.80 |
| 63128 | MRI — scan of head and cervical spine (including MRA, if performed) for congenital malformation of the central nervous system or meninges (R) (Anaes.) (Contrast) | 492.80 |
| 63131 | MRI — scan of head and cervical spine (including MRA, if performed) for syrinx (congenital or acquired) (R) (Anaes.) (Contrast) | 492.80 |

| Item | Diagnostic imaging service | Fee (\$) |
|---|--|----------|
| <i>Subgroup 6 — Scan of spine — 1 region or 2 contiguous regions — for specified conditions</i> | | |
| 63151 | MRI — scan of 1 region or 2 contiguous regions of the spine for infection (R) (Anaes.) (Contrast) | 358.40 |
| 63154 | MRI — scan of 1 region or 2 contiguous regions of the spine for tumour (R) (Anaes.) (Contrast) | 358.40 |
| <i>Subgroup 7 — Scan of spine — 1 region or 2 contiguous regions — for specified conditions</i> | | |
| 63161 | MRI — scan of 1 region or 2 contiguous regions of the spine for demyelinating disease (R) (Anaes.) (Contrast) | 358.40 |
| 63164 | MRI — scan of 1 region or 2 contiguous regions of the spine for congenital malformation of the spinal cord or the cauda equina or the meninges (R) (Anaes.) (Contrast) | 358.40 |
| 63167 | MRI — scan of 1 region or 2 contiguous regions of the spine for myelopathy (R) (Anaes.) (Contrast) | 358.40 |
| 63170 | MRI — scan of 1 region or 2 contiguous regions of the spine for syrinx (congenital or acquired) (R) (Anaes.) (Contrast) | 358.40 |
| 63173 | MRI — scan of 1 region or 2 contiguous regions of the spine for cervical radiculopathy (R) (Anaes.) (Contrast) | 358.40 |
| 63176 | MRI — scan of 1 region or 2 contiguous regions of the spine for sciatica (R) (Anaes.) (Contrast) | 358.40 |
| 63179 | MRI — scan of 1 region or 2 contiguous regions of the spine for spinal canal stenosis (R) (Anaes.) (Contrast) | 358.40 |
| 63182 | MRI — scan of 1 region or 2 contiguous regions of the spine for previous spinal surgery (R) (Anaes.) (Contrast) | 358.40 |
| 63185 | MRI — scan of 1 region or 2 contiguous regions of the spine for trauma (R) (Anaes.) | 358.40 |
| <i>Subgroup 8 — Scan of spine — 3 contiguous or 2 non-contiguous regions — for specified conditions</i> | | |
| 63201 | MRI — scan of 3 contiguous or 2 non-contiguous regions of the spine for infection (R) (Anaes.) (Contrast) | 448.00 |
| 63204 | MRI — scan of 3 contiguous or 2 non-contiguous regions of the spine for tumour (R) (Anaes.) (Contrast) | 448.00 |

| Item | Diagnostic imaging service | Fee (\$) |
|---|--|----------|
| <i>Subgroup 9 — Scan of spine — 3 contiguous or 2 non-contiguous regions — for specified conditions</i> | | |
| 63219 | MRI — scan of 3 contiguous or 2 non-contiguous regions of the spine for demyelinating disease (R) (Anaes.) (Contrast) | 448.00 |
| 63222 | MRI — scan of 3 contiguous or 2 non-contiguous regions of the spine for congenital malformation of the spinal cord or the cauda equina or the meninges (R) (Anaes.) (Contrast) | 448.00 |
| 63225 | MRI — scan of 3 contiguous or 2 non-contiguous regions of the spine for myelopathy (R) (Anaes.) (Contrast) | 448.00 |
| 63228 | MRI — scan of 3 contiguous or 2 non-contiguous regions of the spine for syrinx (congenital or acquired) (R) (Anaes.) (Contrast) | 448.00 |
| 63231 | MRI — scan of 3 contiguous or 2 non-contiguous regions of the spine for cervical radiculopathy (R) (Anaes.) (Contrast) | 448.00 |
| 63234 | MRI — scan of 3 contiguous or 2 non-contiguous regions of the spine for sciatica (R) (Anaes.) (Contrast) | 448.00 |
| 63237 | MRI — scan of 3 contiguous or 2 non-contiguous regions of the spine for spinal canal stenosis (R) (Anaes.) (Contrast) | 448.00 |
| 63240 | MRI — scan of 3 contiguous or 2 non-contiguous regions of the spine for previous spinal surgery (R) (Anaes.) (Contrast) | 448.00 |
| 63243 | MRI — scan of 3 contiguous or 2 non-contiguous regions of the spine for trauma (R) (Anaes.) | 448.00 |
| <i>Subgroup 10 — Scan of cervical spine and brachial plexus — for specified conditions</i> | | |
| 63271 | MRI — Scan of cervical spine and brachial plexus for tumour (R) (Anaes.) (Contrast) | 492.80 |
| 63274 | MRI — Scan of cervical spine and brachial plexus for trauma (R) (Anaes.) (Contrast) | 492.80 |
| 63277 | MRI — Scan of cervical spine and brachial plexus for cervical radiculopathy (R) (Anaes.) (Contrast) | 492.80 |
| 63280 | MRI — Scan of cervical spine and brachial plexus for previous surgery (R) (Anaes.) (Contrast) | 492.80 |
| 2009, 271 | <i>Health Insurance (Diagnostic Imaging Services Table) Regulations 2009</i> | 99 |

| Item | Diagnostic imaging service | Fee (\$) |
|---|--|----------|
| <i>Subgroup 14 — Scan of cardiovascular system — for specified conditions</i> | | |
| 63385 | MRI — scan of cardiovascular system for congenital disease of the heart or a great vessel (R) (Anaes.) (Contrast) | 448.00 |
| 63388 | MRI — scan of cardiovascular system for tumour of the heart or a great vessel (R) (Anaes.) (Contrast) | 448.00 |
| 63391 | MRI — scan of cardiovascular system for abnormality of thoracic aorta (R) (Anaes.) (Contrast) | 403.20 |
| <i>Subgroup 15 — Magnetic resonance angiography — scan of cardiovascular system — for specified conditions</i> | | |
| 63401 | MRA — if the request for the scan specifically identifies the clinical indication for the scan — scan of cardiovascular system for vascular abnormality in a patient with a previous anaphylactic reaction to an iodinated contrast medium (R) (Anaes.) (Contrast) | 403.20 |
| 63404 | MRA — if the request for the scan specifically identifies the clinical indication for the scan — scan of cardiovascular system for obstruction of the superior vena cava, inferior vena cava or a major pelvic vein (R) (Anaes.) (Contrast) | 403.20 |
| <i>Subgroup 16 — Magnetic resonance angiography — for specified conditions — person under the age of 16 years</i> | | |
| 63416 | MRA — scan of person under the age of 16 for the vasculature of limbs prior to limb or digit transfer surgery in congenital limb deficiency syndrome (R) (Anaes.) (Contrast) | 403.20 |
| <i>Subgroup 17 — Magnetic resonance imaging — for specified conditions — person under the age of 16 years</i> | | |
| 63425 | MRI — scan of person under the age of 16 for post-inflammatory or post-traumatic physeal fusion (R) (Anaes.) | 403.20 |
| 63428 | MRI — scan of person under the age of 16 for Gaucher disease (R) (Anaes.) | 403.20 |
| 2009, 271 | Health Insurance (Diagnostic Imaging Services Table) Regulations 2009 | 101 |

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|---|--|----------|
| <i>Subgroup 18 — Magnetic resonance imaging — for specified conditions — person under the age of 16 years</i> | | |
| 63440 | MRI — scan of person under the age of 16 for pelvic or abdominal mass (R) (Anaes.) (Contrast) | 403.20 |
| 63443 | MRI — scan of person under the age of 16 for mediastinal mass (R) (Anaes.) (Contrast) | 403.20 |
| 63446 | MRI — scan of person under the age of 16 for congenital uterine or anorectal abnormality (R) (Anaes.) (Contrast) | 403.20 |
| <i>Subgroup 19 — Scan of body — for specified conditions</i> | | |
| 63461 | MRI — scan of the body for adrenal mass in a patient with a malignancy that is otherwise resectable (R) (Anaes.) | 358.40 |
| 63464 | MRI — scan of both breasts for the detection of cancer, if a dedicated breast coil is used, the request for scan identifies that the woman is asymptomatic and is less than 50 years of age, and the request for the scan identifies: <ul style="list-style-type: none"> (a) that the patient is at high risk of developing breast cancer, due to 1 of the following: <ul style="list-style-type: none"> (i) 3 or more first or second degree relatives on the same side of the family diagnosed with breast or ovarian cancer; (ii) 2 or more first or second degree relatives on the same side of the family diagnosed with breast or ovarian cancer, including any of the following features: <ul style="list-style-type: none"> (A) bilateral breast cancer; (B) onset of breast cancer before the age of 40 years; (C) onset of ovarian cancer before the age of 50 years; (D) breast and ovarian cancer in 1 relative; (E) Ashkenazi Jewish ancestry; (F) breast cancer in a male relative; (iii) 1 first or second degree relative diagnosed with breast cancer at age 45 years or younger, plus another first or second degree relative on the same side of the family with bone or soft tissue sarcoma at age 45 years or younger; or | 690.00 |

| Item | Diagnostic imaging service | Fee (\$) |
|--|--|----------|
| | (b) that genetic testing has identified the presence of a high risk breast cancer gene mutation (R) (Anaes.) | |
| 63467 | MRI — scan of both breasts for the detection of cancer, if: <ul style="list-style-type: none"> (a) a dedicated breast coil is used; and (b) the woman has had an abnormality detected as a result of a service described in item 63464 performed in the previous 12 months (R) (Anaes.) | 690.00 |
| <i>Subgroup 20 — Scan of pelvis and upper abdomen — for specified conditions</i> | | |
| 63470 | MRI — scan of the pelvis for the staging of histologically diagnosed cervical cancer at FIGO stage 1B or greater, if the request for scan identifies that: <ul style="list-style-type: none"> (a) a histological diagnosis of carcinoma of the cervix has been made; and (b) the patient has been diagnosed with cervical cancer at FIGO stage 1B or greater (R) (Anaes.) (Contrast) | 403.20 |
| 63473 | MRI — scan of the pelvis and upper abdomen, in a single examination, for the staging of histologically diagnosed cervical cancer at FIGO stage 1B or greater, if the request for scan identifies that: <ul style="list-style-type: none"> (a) a histological diagnosis of carcinoma of the cervix has been made; and (b) the patient has been diagnosed with cervical cancer at FIGO stage 1B or greater (R) (Anaes.) (Contrast) | 627.20 |
| 63476 | MRI — scan of the pelvis for the initial staging of rectal cancer, if: <ul style="list-style-type: none"> (a) a phased array body coil is used; and (b) the request for scan identifies that the indication is for the initial staging of rectal cancer (including cancer of the rectosigmoid and anorectum) (R) (Anaes.) (Contrast) | 403.20 |
| <i>Subgroup 21 — Scan of body — for specified conditions</i> | | |
| 63482 | MRI — scan of pancreas and biliary tree for suspected biliary or pancreatic pathology (R) (Anaes.) | 403.20 |

| Item | Diagnostic imaging service | Fee (\$) |
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| <i>Subgroup 22 — Modifying items</i> | | |
| 63491 | MRI or MRA service to which an item in this Group (other than an item in this Subgroup) applies if: <ul style="list-style-type: none"> (a) the service is performed in accordance with rule 31; and (b) the item for the service includes in its description ‘(Contrast)’; and (c) the service is performed using a contrast agent | 44.80 |
| 63494 | MRI or MRA service to which an item in this Group (other than an item in this Subgroup) applies if: <ul style="list-style-type: none"> (a) the service is performed in accordance with rule 31; and (b) the service is performed on a person using intravenous or intra muscular sedation | 44.80 |
| 63497 | MRI or MRA service to which an item in this Group (other than an item in this Subgroup) applies if: <ul style="list-style-type: none"> (a) the service is performed in accordance with rule 31; and (b) the service is performed on a person under anaesthetic in the presence of a medical practitioner who is qualified to perform an anaesthetic | 156.80 |
| Group I6 — Management of bulk-billed services | | |
| 64990 | A diagnostic imaging service to which an item in this table (other than this item or item 64991) applies if: <ul style="list-style-type: none"> (a) the service is an unreferral 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; and (d) the service is bulk-billed for the fees for: <ul style="list-style-type: none"> (i) this item; and (ii) the other item in this table applying to the service | 6.50 |

| Item | Diagnostic imaging service | Fee (\$) |
|-------|--|----------|
| 64991 | <p>A diagnostic imaging service to which an item in this table (other than this item or item 64990) applies if:</p> <ul style="list-style-type: none"> (a) the service is an unreferral 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; and (d) the service is bulk-billed for the fees for: <ul style="list-style-type: none"> (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: <ul style="list-style-type: none"> (i) a regional, rural or remote area; or (ii) Tasmania; or (iii) a geographical area included in any of the following SSD spatial units: <ul style="list-style-type: none"> (A) Beaudesert Shire Part A (B) Belconnen (C) Darwin City (D) Eastern Outer Melbourne (E) East Metropolitan (F) Frankston City (G) Gosford-Wyong (H) Greater Geelong City Part A (I) Gungahlin-Hall (J) Ipswich City (Part in BSD) (K) Litchfield Shire (L) Melton-Wyndham (M) Mornington Peninsula Shire (N) Newcastle (O) North Canberra (P) Palmerston-East Arm (Q) Pine Rivers Shire (R) Queanbeyan (S) South Canberra (T) South Eastern Outer Melbourne (U) Southern Adelaide | 9.80 |

| Item | Diagnostic imaging service | Fee (\$) |
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| | (V) South West Metropolitan | |
| | (W) Thuringowa City Part A | |
| | (X) Townsville City Part A | |
| | (Y) Tuggeranong | |
| | (Z) Weston Creek-Stromlo | |
| | (ZA) Woden Valley | |
| | (ZB) Yarra Ranges Shire Part A; or | |
| | (iv) the geographical area included in the SLA spatial unit of Palm Island (AC) | |

Note

1. All legislative instruments and compilations are registered on the Federal Register of Legislative Instruments kept under the *Legislative Instruments Act 2003*. See <http://www.frli.gov.au>.