

Health Insurance (Diagnostic Imaging Services Table) Regulations 2019

I, General the Honourable Sir Peter Cosgrove AK MC (Ret’d), Governor‑General of the Commonwealth of Australia, acting with the advice of the Federal Executive Council, make the following regulations.

Dated 04 April 2019

Peter Cosgrove

Governor‑General

By His Excellency’s Command

Greg Hunt

Minister for Health

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Health Insurance (Diagnostic Imaging Services Table) Regulations 2018 123

1 Name

This instrument is the *Health Insurance (Diagnostic Imaging Services Table) Regulations 2019*.

2 Commencement

(1) Each provision of this instrument specified in column 1 of the table commences, or is taken to have commenced, in accordance with column 2 of the table. Any other statement in column 2 has effect according to its terms.

| Commencement information | | |
| --- | --- | --- |
| Column 1 | Column 2 | Column 3 |
| Provisions | Commencement | Date/Details |
| 1. The whole of this instrument | 1 July 2019. | 1 July 2019 |

Note: This table relates only to the provisions of this instrument as originally made. It will not be amended to deal with any later amendments of this instrument.

(2) Any information in column 3 of the table is not part of this instrument. Information may be inserted in this column, or information in it may be edited, in any published version of this instrument.

3 Authority

This instrument is made under the *Health Insurance Act 1973*.

4 Diagnostic imaging services table

For the purposes of subsection 4AA(1) of the Act, Schedule 1 prescribes a table of diagnostic imaging services.

5 Dictionary

The Dictionary in Part 3 of Schedule 1 defines certain words and expressions that are used in this instrument, and includes references to certain words and expressions that are defined elsewhere in this instrument.

6 Schedule 2

Each instrument that is specified in Schedule 2 to this instrument is amended or repealed as set out in the applicable items in that Schedule, and any other item in that Schedule has effect according to its terms.

Schedule 1—Diagnostic imaging services table

Note: See sections 4 and 5.

Part 1—Preliminary

Division 1.1—Interpretation

1.1.1 References to diagnostic imaging services

A reference to a diagnostic imaging service in an item in Part 2 includes a reference to the undertaking of the diagnostic imaging procedure used for rendering the service.

Division 1.2—General application provisions

Subdivision A—Capital sensitivity

1.2.1 Application of (K) items and (NK) items

(1) Subject to clause 1.2.3, an (NK) item applies to a service that is performed on:

(a) diagnostic imaging equipment:

(i) that has not been upgraded; and

(ii) the age of which exceeds the new effective life age for the equipment; or

(b) diagnostic imaging equipment:

(i) that has been upgraded; and

(ii) the age of which exceeds the maximum extended life age for the equipment.

(2) A (K) item does not apply to a service to which an (NK) item applies.

1.2.2 Age of equipment

Age of equipment

(1) The date from which the age of equipment is worked out for this instrument is:

(a) the date that the diagnostic imaging equipment was first installed in Australia; or

(b) if the diagnostic imaging equipment was imported as used equipment—the date of manufacture of the oldest component of the equipment.

Life ages

(2) The ***new effective life age*** and ***maximum extended life age*** for equipment are the periods set out in the following table for that type of equipment. The type of equipment is defined by the type of service that is rendered using diagnostic imaging procedures carried out using the equipment:

| Life ages | | | | |
| --- | --- | --- | --- | --- |
| Item | Column 1  Type of equipment | Column 2  Definition of type of equipment | Column 3  New effective life age (years) | Column 4  Maximum extended life age (years) |
| 1 | Ultrasound equipment | Equipment primarily used in carrying out a diagnostic imaging procedure used in rendering a service to which an item in Group I1 applies | 10 | 15 |
| 2 | CT equipment | Equipment primarily used in carrying out a diagnostic imaging procedure used in rendering a service to which an item in Group I2 applies | 10 | 15 |
| 3 | Mammography equipment | Equipment primarily used in carrying out a diagnostic imaging procedure used in rendering a service to which an item in Subgroup 10 of Group I3 applies | 10 | 15 |
| 4 | Angiography equipment | Equipment primarily used in carrying out a diagnostic imaging procedure used in rendering a service to which an item in Subgroup 13 of Group I3 applies | 10 | 15 |
| 5 | Other diagnostic radiology equipment | Equipment primarily used in carrying out a diagnostic imaging procedure used in rendering a service to which an item in Subgroups 1 to 9, 12, 14, 15 or 17 of Group I3 applies | 15 | 20 |
| 6 | Nuclear medicine imaging equipment (other than for PET) | Equipment primarily used in carrying out a diagnostic imaging procedure used in rendering a service to which an item in Group I4 applies (other than items 61523 to 61647) | 10 | 15 |
| 7 | MRI equipment | Equipment primarily used in carrying out a diagnostic imaging procedure used in rendering a service to which an item in Group I5 applies | 10 | 20 |

Note: Items 61523 to 61647, relating to PET, are neither (K) items nor (NK) items.

Upgrades

(3) Diagnostic imaging equipment has been ***upgraded*** if:

(a) an additional reasonable investment has been made within the new effective life age for the equipment that improves the overall performance of the imaging system so that it is equivalent to new equipment supplied in Australia at the time of the improvement; or

(b) in the case of CT or angiography equipment that was not more than 15 years old on 1 January 2015—an additional reasonable investment has been made before 1 January 2016 that improves the overall performance of the imaging system so that it is equivalent to new equipment supplied in Australia at the time of the improvement; or

(c) the equipment is currently accredited under The Royal Australian and New Zealand College of Radiologists’ Mammography Quality Assurance Program.

Note: Proprietors could in 2019 obtain further information on what constituted an upgrade from the Department’s website (http://www.health.gov.au/capitalsensitivity).

1.2.3 Exemptions from capital sensitivity

Outer regional, remote and very remote areas

(1) An (NK) item does not apply if:

(a) the diagnostic imaging equipment used to perform the service is ordinarily located at diagnostic imaging premises; and

(b) the diagnostic imaging premises are located in RA2, RA3 or RA4.

(2) An (NK) item does not apply if:

(a) the diagnostic imaging equipment used to perform the service is not ordinarily located at diagnostic imaging premises; and

(b) the diagnostic imaging equipment used to perform the service is ordinarily located, when not in use, at a base for mobile diagnostic imaging equipment; and

(c) the base for mobile diagnostic imaging equipment is located in RA2, RA3 or RA4.

Inner regional areas

(3) An (NK) item does not apply if:

(a) both of the following subparagraphs apply:

(i) the Department has notified the relevant proprietor of the receipt of a valid application for an exemption under subclause (4);

(ii) the Secretary has not made a decision under subclause (4); or

(b) the Secretary has granted an exemption under subclause (4); or

(c) the Secretary has notified the relevant proprietor that the Secretary has refused to grant an exemption under subclause (4), and:

(i) if the proprietor has not yet applied for reconsideration under clause 1.2.4—the period to apply for reconsideration has not yet expired; or

(ii) if the proprietor has applied for reconsideration under clause 1.2.4—the Secretary has not yet notified the proprietor of the Secretary’s reconsideration decision.

Inner regional areas—exemptions

(4) The Secretary may grant an exemption in writing in respect of diagnostic imaging equipment if the Secretary is satisfied that the diagnostic imaging equipment:

(a) is operated on a rare and sporadic basis; and

(b) provides crucial patient access to diagnostic imaging services.

(5) The Secretary must make a decision under subclause (4) within 28 days of the day on which the Department notifies the relevant proprietor of the receipt of a valid application as mentioned in paragraph (3)(a).

(6) A relevant proprietor may only apply for an exemption under subclause (4) if the age of the diagnostic imaging equipment exceeds the maximum extended life age for the diagnostic imaging equipment by less than 3 years, and:

(a) all of the following subparagraphs apply:

(i) the diagnostic imaging equipment is ordinarily located at diagnostic imaging premises;

(ii) the diagnostic imaging premises are located in RA1;

(iii) the diagnostic imaging premises are located in RRMA4 or RRMA5; or

(b) all of the following subparagraphs apply:

(i) the diagnostic imaging equipment is ordinarily located at a base for mobile diagnostic imaging equipment when not in use;

(ii) the diagnostic imaging equipment is not ordinarily located at diagnostic imaging premises;

(iii) the base for mobile diagnostic imaging equipment is located in RA1;

(iv) the base for mobile diagnostic imaging equipment is located in an area classified as RRMA4 or RRMA5.

(7) An application under subclause (6) must be made in writing to the Department.

1.2.4 Reconsideration of exemption decisions

(1) If the Secretary refuses to grant an exemption under subclause 1.2.3(4), the proprietor who applied for the exemption may apply to the Secretary for reconsideration of the decision within:

(a) 28 days after the date of issue of the notice of the decision to the proprietor; or

(b) if the Secretary is satisfied that special circumstances exist—within such further period (if any) as the Secretary allows.

(2) In the application for reconsideration, the proprietor:

(a) must identify the decision for reconsideration and set out the reasons for the application; and

(b) may provide new material for the Secretary to consider.

(3) The Secretary must, within 28 days after receipt of an application, reconsider the decision and:

(a) affirm the decision; or

(b) vary the decision; or

(c) set aside the decision and make a decision in substitution for it.

(4) The Secretary must notify the proprietor of a reconsideration decision under subclause (3).

1.2.5 Delegation

The Secretary may, by written notice, delegate any of the Secretary’s powers under this Division to an SES employee, or acting SES employee, in the Department.

Subdivision B—Other provisions

1.2.6 Meaning of symbols *(R)* and *(NR)*

(1) A service corresponding to an item including the symbol ***(R)*** is an R‑type diagnostic imaging service.

(2) A service corresponding to an item including the symbol ***(NR)*** is an NR‑type diagnostic imaging service.

1.2.7 Who may provide a diagnostic imaging service

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 provides the service under the supervision of a medical practitioner in accordance with accepted medical practice.

1.2.8 Report requirements for R‑type diagnostic imaging services

(1) An item relating to an R‑type diagnostic imaging service (except an item to which subclause (2) applies) applies only if the providing practitioner gives a report of the service performed to the practitioner, participating midwife or participating nurse practitioner who requested the service.

(2) This subclause applies to:

(a) items 55026, 55054, 55130, 55131, 55135, 55136, 55848, 55849, 55850, 55851, 57341, 57345, 59312, 59313, 59314, 59315, 60506, 60507, 60509, 60510, 61109 and 61110; and

(b) items 60918 and 60927.

Note: The items in paragraph (a) relate to services performed in conjunction with a surgical procedure. The items in paragraph (b) relate to services performed in preparation for a radiological procedure.

1.2.9 Bulk‑billing incentive

(1) This clause applies if:

(a) a service that is mentioned in an item in Divisions 2.1 to 2.4 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.

Note: Under paragraph 10(2)(aa) of the Act and subsection 28(2) of the *Health Insurance Regulations 2018*, the medicare benefit payable is 100% of the fee for the service.

(3) This clause does not apply to the service specified in item 61369.

1.2.10 Bulk‑billing—magnetic resonance imaging

(1) This clause applies if:

(a) a service that is mentioned in an item in Division 2.5 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 100% of the fee mentioned in this table for the service.

Note: Under paragraph 10(2)(aa) of the Act and subsection 28(2) of the *Health Insurance Regulations 2018*, the medicare benefit payable is 100% of the fee for the service.

1.2.11 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 the purposes of subclause (1):

(a) if 2 or more applicable fees are equally the highest:

(i) only one of those fees is taken to be the highest fee; and

(ii) the other, or another, highest fee is taken to be the second highest fee; and

(b) if 2 or more fees are equally second highest—any one of those fees may be taken to be the second highest for the purpose of paragraph (1)(b); and

(c) if a reduced fee calculated under subclause (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 clause does not apply to the fee specified in item 64990 or 64991.

1.2.12 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 one R‑type diagnostic imaging service and at least one 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 the purposes of subclause (2), if more than one 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 one R‑type diagnostic imaging service and at least one 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 subclauses (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) Clauses 1.2.11 and 2.5.8 apply, subject to subclauses (7) and (8), in addition to this clause.

(7) For the purposes of clause 1.2.11, if a medical practitioner provides:

(a) 2 or more vascular ultrasound services for the same patient on the same day; and

(b) one 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 clause, to be an amount payable for one diagnostic imaging service.

(8) For the purposes of clause 2.5.8, if a medical practitioner provides:

(a) 2 or more MRI services mentioned in Subgroup 12 or 13 of Division 2.5 in this table for the same patient on the same day; and

(b) one 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 clause, to be an amount payable for one diagnostic imaging service.

(9) This clause 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 clause does not apply to the fee specified in item 59103, 59104, 64990 or 64991.

(11) In this table:

***consultation*** means a service under an item listed in Divisions 2.1 to 2.31 of the general medical services table.

***highest fee*** means the highest fee specified for an item in the first claim submitted to the Chief Executive Medicare for the services provided.

***non‑consultation service*** means a service under an item listed in the general medical services table other than in Divisions 2.1 to 2.31 of the general medical services table.

1.2.13 Application of items—services provided with autologous injections of blood or blood products

An item in the table does not apply to a service mentioned in the item if the service is provided to a patient at the same time as, or in connection with, an injection of blood or a blood product that is autologous.

1.2.14 Application of items—services provided with harvesting, storage, in vitro processing or injection of non‑haematopoietic stem cells

An item in the table does not apply to a service mentioned in the item if the service is provided to a patient at the same time as, or in connection with, the harvesting, storage, in vitro processing or injection of non‑haematopoietic stem cells.

Part 2—Services and fees

Division 2.1—Group I1: ultrasound

Subdivision A—General

2.1.1 Ultrasound services—eligible services

Items in this Division (except items 55600, 55601, 55603 and 55604) apply to an ultrasound service only if the diagnostic imaging procedure used in rendering the service is performed:

(a) by a medical practitioner; or

(b) on behalf of a medical practitioner by a person whose name is entered on the Register of Sonographers kept by the Chief Executive Medicare.

Note: Maintaining a register of sonographers is a function of the Chief Executive Medicare under section 32 of the *Human Services (Medicare) Regulations 2017*.

2.1.2 Ultrasound services—R‑type eligible services

(1) Items in this Division (except items 55600, 55601, 55603 and 55604) marked with the symbol ***(R)*** apply to an ultrasound service (the ***eligible service***) only if the service is performed:

(a) under the supervision of a specialist or a consultant physician in the practice of the specialist’s or consultant physician’s 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 supervision of a practitioner who:

(i) is not a specialist or consultant physician; and

(ii) meets the requirement of subclause (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 subclause (3), and under the 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 the purposes of 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 the purposes of 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.

Subdivision B—Subgroups 1 to 4 of Group I1

2.1.3 Certain references to medical practitioner taken to include approved dental practitioner

In items 55005, 55008, 55011, 55028, 55030 and 55032, a reference to a medical practitioner includes a reference to a dental practitioner approved under paragraph (b) of the definition of ***professional service*** in subsection 3(1) of the Act.

| Group I1—Ultrasound | | |
| --- | --- | --- |
| Column 1  Item | Column 2  Description | Column 3  Fee ($) |
| Subgroup 1—General | | |
| 55005 | Head, ultrasound scan of, if:  (a) the patient is referred by a medical practitioner; and  (b) the 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 associated with a service to which an item in Subgroup 2 or 3 applies (R) (NK) | 54.55 |
| 55007 | Head, 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) (NK) | 18.95 |
| 55008 | Orbital contents, ultrasound scan of, if:  (a) the patient is referred by a medical practitioner; and  (b) the 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 associated with a service to which an item in Subgroup 2 or 3 applies (R) (NK) | 54.55 |
| 55010 | Orbital contents, 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) (NK) | 18.95 |
| 55011 | Neck, one or more structures of, ultrasound scan of, if:  (a) the patient is referred by a medical practitioner; and  (b) the 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 associated with a service to which an item in Subgroup 2 or 3 applies (R) (NK) | 54.55 |
| 55013 | Neck, one or more structures of, 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) (NK) | 18.95 |
| 55014 | Abdomen, ultrasound scan of (including scan of urinary tract when performed), if:  (a) the patient is referred by a medical practitioner or participating nurse practitioner; and  (b) if the patient is referred by a medical practitioner—the medical practitioner is not a member of a group of practitioners of which the providing practitioner is a member; and  (c) if the patient is referred by a participating nurse practitioner—the nurse practitioner does not have a business or financial arrangement with the providing practitioner; and  (d) the service is not associated with a service to which an item in Subgroup 2 or 3 applies; and  (e) the service is not solely a transrectal ultrasonic examination of the prostate gland, bladder base and urethra, or any of those organs; and  (f) within 24 hours of the service, a service mentioned in item 55017, 55038, 55065 or 55067 is not performed on the same patient by the providing practitioner (R) (NK) | 55.65 |
| 55016 | Abdomen, ultrasound scan of (including scan of urinary tract when performed), if:  (a) the patient is not referred by a medical practitioner or participating nurse practitioner; and  (b) the service is not 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) (NK) | 18.95 |
| 55017 | Urinary tract, ultrasound scan of, if:  (a) the patient is referred by a medical practitioner; and  (b) the 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 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 mentioned in item 55014, 55038, 55065 or 55067 is not performed on the same patient by the providing practitioner (R) (NK) | 54.55 |
| 55019 | Urinary tract, 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; 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) (NK) | 18.95 |
| 55023 | Scrotum, ultrasound scan of, if:  (a) the patient is referred by a medical practitioner; and  (b) the 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 associated with a service to which an item in Subgroup 2 or 3 applies (R) (NK) | 54.75 |
| 55025 | Scrotum, 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) (NK) | 18.95 |
| 55026 | 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) (NK) | 54.55 |
| 55028 | Head, ultrasound scan of, if:  (a) the patient is referred by a medical practitioner; and  (b) the 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 associated with a service to which an item in Subgroup 2 or 3 applies (R) (K) | 109.10 |
| 55029 | Head, 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) (K) | 37.85 |
| 55030 | Orbital contents, ultrasound scan of, if:  (a) the patient is referred by a medical practitioner; and  (b) the 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 associated with a service to which an item in Subgroup 2 or 3 applies (R) (K) | 109.10 |
| 55031 | Orbital contents, 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) (K) | 37.85 |
| 55032 | Neck, one or more structures of, ultrasound scan of, if:  (a) the patient is referred by a medical practitioner; and  (b) the 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 associated with a service to which an item in Subgroup 2 or 3 applies (R) (K) | 109.10 |
| 55033 | Neck, one or more structures of, 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) (K) | 37.85 |
| 55036 | Abdomen, ultrasound scan of (including scan of urinary tract when performed), if:  (a) the patient is referred by a medical practitioner or participating nurse practitioner for ultrasonic examination; and  (b) if the patient is referred by a medical practitioner—the medical practitioner is not a member of a group of practitioners of which the providing practitioner is a member; and  (c) if the patient is referred by a participating nurse practitioner—the nurse practitioner does not have a business or financial arrangement with the providing practitioner; and  (d) the service is not associated with a service to which an item in Subgroup 2 or 3 applies; and  (e) the service is not solely a transrectal ultrasonic examination of the prostate gland, bladder base and urethra, or any of those organs; and  (f) within 24 hours of the service, a service mentioned in item 55017, 55038, 55065 or 55067 is not performed on the same patient by the providing practitioner (R) (K) | 111.30 |
| 55037 | Abdomen, ultrasound scan of (including scan of urinary tract when performed), if:  (a) the patient is not referred by a medical practitioner or participating nurse practitioner; and  (b) the service is not 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) (K) | 37.85 |
| 55038 | Urinary tract, ultrasound scan of, if:  (a) the patient is referred by a medical practitioner for ultrasonic examination; and  (b) the 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 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 mentioned in item 55017, 55036, 55065 or 55067 is not performed on the same patient by the providing practitioner (R) (K) | 109.10 |
| 55039 | Urinary tract, 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; 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) (K) | 37.85 |
| 55048 | Scrotum, ultrasound scan of, if:  (a) the patient is referred by a medical practitioner; and  (b) the 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 associated with a service to which an item in Subgroup 2 or 3 applies (R) (K) | 109.50 |
| 55049 | Scrotum, 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) (K) | 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) (K) | 109.10 |
| 55059 | Breast, one, ultrasound scan of, if:  (a) the patient is referred by a medical practitioner or participating nurse practitioner; and  (b) if the patient is referred by a medical practitioner—the medical practitioner is not a member of a group of practitioners of which the providing practitioner is a member; and  (c) if the patient is referred by a participating nurse practitioner—the nurse practitioner does not have a business or financial arrangement with the providing practitioner; and  (d) the service is not associated with a service to which an item in Subgroup 2 or 3 applies (R) (NK) | 49.15 |
| 55060 | Breast, one, ultrasound scan of, if:  (a) the patient is not referred by a medical practitioner or participating nurse practitioner; and  (b) the service is not associated with a service to which an item in Subgroup 2 or 3 applies (NR) (NK) | 17.05 |
| 55061 | Breasts, both, ultrasound scan of, if:  (a) the patient is referred by a medical practitioner or participating nurse practitioner; and  (b) if the patient is referred by a medical practitioner—the medical practitioner is not a member of a group of practitioners of which the providing practitioner is a member; and  (c) if the patient is referred by a participating nurse practitioner—the nurse practitioner does not have a business or financial arrangement with the providing practitioner; and  (d) the service is not associated with a service to which an item in Subgroup 2 or 3 applies (R) (NK) | 54.55 |
| 55062 | Breasts, both, ultrasound scan of, if:  (a) the patient is not referred by a medical practitioner or participating nurse practitioner; and  (b) the service is not associated with a service to which an item in Subgroup 2 or 3 applies (NR) (NK) | 18.95 |
| 55063 | Urinary bladder, ultrasound scan of, by any or all approaches, if:  (a) the patient is referred by a medical practitioner for ultrasonic examination; and  (b) the 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 associated with a service to which an item in Subgroup 2 or 3 applies; and  (d) within 24 hours of the service, a service mentioned in item 11917, 55014, 55017, 55036, 55038, 55065, 55067, 55600, 55601, 55603 or 55604 is not performed on the same patient by the providing practitioner (R) (NK) | 49.15 |
| 55064 | Urinary bladder, ultrasound scan of, by any or all approaches, 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; and  (c) within 24 hours of the service, a service mentioned in item 11917, 55016, 55019, 55037, 55039, 55068, 55069, 55600, 55601, 55603 or 55604 is not performed on the same patient by the providing practitioner (NR) (NK) | 17.05 |
| 55065 | Pelvis, ultrasound scan of, by any or all approaches, if:  (a) the patient is referred by a medical practitioner for ultrasonic examination; and  (b) the 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 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 mentioned in item 55014, 55017, 55036 or 55038 is not performed on the same patient by the providing practitioner (R) (K) | 98.25 |
| 55067 | Pelvis, ultrasound scan of, by any or all approaches, if:  (a) the patient is referred by a medical practitioner for ultrasonic examination; and  (b) the 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 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 mentioned in item 55014, 55017, 55036 or 55038 is not performed on the same patient by the providing practitioner (R) (NK) | 50.25 |
| 55068 | Pelvis, ultrasound scan of, by any or all approaches, 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; 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) (K) | 35.00 |
| 55069 | Pelvis, ultrasound scan of, by any or all approaches, 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; 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) (NK) | 17.85 |
| 55070 | Breast, one, ultrasound scan of, if:  (a) the patient is referred by a medical practitioner or participating nurse practitioner; and  (b) if the patient is referred by a medical practitioner—the medical practitioner is not a member of a group of practitioners of which the providing practitioner is a member; and  (c) if the patient is referred by a participating nurse practitioner—the nurse practitioner does not have a business or financial arrangement with the providing practitioner; and  (d) the service is not associated with a service to which an item in Subgroup 2 or 3 applies (R) (K) | 98.25 |
| 55073 | Breast, one, ultrasound scan of, if:  (a) the patient is not referred by a medical practitioner or participating nurse practitioner; and  (b) the service is not associated with a service to which an item in Subgroup 2 or 3 applies (NR) (K) | 34.05 |
| 55076 | Breasts, both, ultrasound scan of, if:  (a) the patient is referred by a medical practitioner or participating nurse practitioner; and  (b) if the patient is referred by a medical practitioner—the medical practitioner is not a member of a group of practitioners of which the providing practitioner is a member; and  (c) if the patient is referred by a participating nurse practitioner—the nurse practitioner does not have a business or financial arrangement with the providing practitioner; and  (d) the service is not associated with a service to which an item in Subgroup 2 or 3 applies (R) (K) | 109.10 |
| 55079 | Breasts, both, ultrasound scan of, if:  (a) the patient is not referred by a medical practitioner or participating nurse practitioner; and  (b) the service is not associated with a service to which an item in Subgroup 2 or 3 applies (NR) (K) | 37.85 |
| 55084 | Urinary bladder, ultrasound scan of, by any or all approaches, if:  (a) the patient is referred by a medical practitioner; and  (b) the 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 associated with a service to which an item in Subgroup 2 or 3 applies; and  (d) within 24 hours of the service, a service mentioned in item 11917, 55014, 55017, 55036, 55038, 55065, 55067, 55600, 55601, 55603 or 55604 is not performed on the same patient by the providing practitioner (R) (K) | 98.25 |
| 55085 | Urinary bladder, ultrasound scan of, by any or all approaches, 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; and  (c) within 24 hours of the service, a service mentioned in item 11917, 55016, 55019, 55037, 55039, 55068, 55069, 55600, 55601, 55603 or 55604 is not performed on the same patient by the providing practitioner (NR) (K) | 34.05 |
| Subgroup 2—Cardiac | | |
| 55113 | 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:  (a) with:  (i) measurement of blood flow velocities across the cardiac valves using pulsed wave and continuous wave Doppler techniques; and  (ii) real time colour flow mapping from at least 2 acoustic windows; and  (iii) recordings on video tape or digital media; and  (b) not being a service associated with a service to which an item in Subgroup 1 (except items 55026 and 55054) or 3, or another item in this Subgroup (except items 55118, 55125, 55130 and 55131), applies (R) (K) | 230.65 |
| 55114 | 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:  (a) with:  (i) measurement of blood flow velocities across the cardiac valves using pulsed wave and continuous wave Doppler techniques; and  (ii) real time colour flow mapping from at least 2 acoustic windows; and  (iii) recordings on video tape or digital media; and  (b) not being a service associated with a service to which an item in Subgroup 1 (except items 55026 and 55054) or 3, or another item in this Subgroup (except items 55118, 55125, 55130 and 55131), applies (R) (K) | 230.65 |
| 55115 | 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:  (a) with:  (i) measurement of blood flow velocities across the cardiac valves using pulsed wave and continuous wave Doppler techniques; and  (ii) real time colour flow mapping from at least 2 acoustic windows; and  (iii) recordings on video tape or digital media; and  (b) not being a service associated with a service to which an item in Subgroup 1 (except items 55026 and 55054) or 3, or another item in this Subgroup (except items 55118, 55125, 55130 and 55131), applies (R) (K) | 230.65 |
| 55116 | Exercise stress echocardiography performed in conjunction with item 11712:  (a) with:  (i) two‑dimensional recordings before exercise (baseline) from at least 3 acoustic windows; and  (ii) matching recordings from the same windows at, or immediately after, peak exercise; and  (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 items 55026 and 55054) or 3, or another item in this Subgroup (except items 55118, 55125, 55130 and 55131), applies (R) (K) | 261.65 |
| 55117 | Pharmacological stress echocardiography performed in conjunction with item 11712:  (a) with:  (i) two‑dimensional recordings before drug infusion (baseline) from at least 3 acoustic windows; and  (ii) matching recordings from the same windows at least twice during drug infusion, including a recording at the peak drug dose; and  (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 items 55026 and 55054) or 3, or another item in this Subgroup (except items 55118, 55125, 55130 and 55131), applies (R) (K) | 261.65 |
| 55118 | Heart, two‑dimensional real time transoesophageal examination of, from at least 2 levels, and in more than one plane at each level:  (a) with:  (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 items 55026 and 55054) or 3 applies (R) (K) (Anaes.) | 275.50 |
| 55119 | 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:  (a) with:  (i) measurement of blood flow velocities across the cardiac valves using pulsed wave and continuous wave Doppler techniques; and  (ii) real time colour flow mapping from at least 2 acoustic windows; and  (iii) recordings on video tape or digital media; and  (b) not being a service associated with a service to which an item in Subgroup 1 (except items 55026 and 55054) or 3, or another item in this Subgroup (except items 55118, 55125, 55130 and 55131), applies (R) (NK) | 115.35 |
| 55120 | 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:  (a) with:  (i) measurement of blood flow velocities across the cardiac valves using pulsed wave and continuous wave Doppler techniques; and  (ii) real time colour flow mapping from at least 2 acoustic windows; and  (iii) recordings on video tape or digital media; and  (b) not being a service associated with a service to which an item in Subgroup 1 (except items 55026 and 55054) or 3, or another item in this Subgroup (except items 55118, 55125, 55130 and 55131), applies (R) (NK) | 115.35 |
| 55121 | 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:  (a) with:  (i) measurement of blood flow velocities across the cardiac valves using pulsed wave and continuous wave Doppler techniques; and  (ii) real time colour flow mapping from at least 2 acoustic windows; and  (iii) recordings on video tape or digital media; and  (b) not being a service associated with a service to which an item in Subgroup 1 (except items 55026 and 55054) or 3, or another item in this Subgroup (except items 55118, 55125, 55130 and 55131), applies (R) (NK) | 115.35 |
| 55122 | Exercise stress echocardiography performed in conjunction with item 11712:  (a) with:  (i) two‑dimensional recordings before exercise (baseline) from at least 3 acoustic windows; and  (ii) matching recordings from the same windows at, or immediately after, peak exercise; and  (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 items 55026 and 55054) or 3, or another item in this Subgroup (except items 55118, 55125, 55130 and 55131), applies (R) (NK) | 130.85 |
| 55123 | Pharmacological stress echocardiography performed in conjunction with item 11712:  (a) with:  (i) two‑dimensional recordings before drug infusion (baseline) from at least 3 acoustic windows; and  (ii) matching recordings from the same windows at least twice during drug infusion, including a recording at the peak drug dose; and  (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 items 55026 and 55054) or 3, or another item in this Subgroup (except items 55118, 55125, 55130 and 55131), applies (R) (NK) | 130.85 |
| 55125 | Heart, two‑dimensional real time transoesophageal examination of, from at least 2 levels, and in more than one plane at each level:  (a) with:  (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 items 55026 and 55054) or 3 applies (R) (NK) (Anaes.) | 137.75 |
| 55130 | Intra‑operative two‑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 or 55136 applies (R) (K) (Anaes.) | 170.00 |
| 55131 | Intra‑operative two‑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 or 55136 applies (R) (NK) (Anaes.) | 85.00 |
| 55135 | Intra‑operative two‑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 or 55131 applies (R) (K) (Anaes.) | 353.60 |
| 55136 | Intra‑operative two‑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 or 55131 applies (R) (NK) (Anaes.) | 176.80 |
| Subgroup 3—Vascular | | |
| 55220 | 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 items 55026 and 55054) or 4 applies (R) (NK) | 84.75 |
| 55221 | 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 any of the following:  (a) a service to which an item in Subgroup 1 applies, except item 55026 or 55054;  (b) a service to which item 55222 or 55246 applies;  (c) a service to which an item in Subgroup 4 applies (R) (NK) | 84.75 |
| 55222 | 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 any of the following:  (a) a service to which an item in Subgroup 1 applies, except item 55026 or 55054;  (b) a service to which item 55221 or 55244 applies;  (c) a service to which an item in Subgroup 4 applies (R) (NK) | 84.75 |
| 55223 | 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 items 55026 and 55054) or 4 applies (R) (NK) | 84.75 |
| 55224 | 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 items 55026 and 55054) or 4 applies (R) (NK) | 84.75 |
| 55226 | 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 items 55026 and 55054) or 4 applies (R) (NK) | 84.75 |
| 55227 | 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 items 55026 and 55054) or 4 applies (R) (NK) | 84.75 |
| 55228 | 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 items 55026 and 55054) or 4 applies (R) (NK) | 84.75 |
| 55229 | 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 items 55026 and 55054) or 4 applies (R) (NK) | 84.75 |
| 55230 | Duplex scanning involving B mode ultrasound imaging and integrated Doppler flow measurements:  (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  (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 items 55026 and 55054) or 4 applies (R) (NK) | 84.75 |
| 55232 | Duplex scanning involving B mode ultrasound imaging and integrated Doppler flow measurements:  (a) by spectral analysis of cavernosal tissue of the penis to confirm a diagnosis; and  (b) if indicated, assess the progress and management of:  (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 items 55026 and 55054) or 4 applies (R) (NK) | 84.75 |
| 55233 | 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 items 55026 and 55054) or 4 applies (R) (NK) | 84.75 |
| 55235 | 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 items 55026 and 55054), 3 or 4 applies (R) (NK) | 84.75 |
| 55236 | 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 items 55026 and 55054), 3 or 4 applies (R) (NK) | 55.55 |
| 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 items 55026 and 55054) or 4 applies (R) (K) | 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 any of the following:  (a) a service to which an item in Subgroup 1 applies, except item 55026 or 55054;  (b) a service to which item 55222 or 55246 applies;  (c) a service to which an item in Subgroup 4 applies (R) (K) | 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 any of the following:  (a) a service to which an item in Subgroup 1 applies, except item 55026 or 55054;  (b) a service to which item 55221 or 55244 applies;  (c) a service to which an item in Subgroup 4 applies (R) (K) | 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 items 55026 and 55054) or 4 applies (R) (K) | 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 items 55026 and 55054) or 4 applies (R) (K) | 169.50 |
| 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 items 55026 and 55054) or 4 applies (R) (K) | 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 items 55026 and 55054) or 4 applies (R) (K) | 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 items 55026 and 55054) or 4 applies (R) (K) | 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 items 55026 and 55054) or 4 applies (R) (K) | 169.50 |
| 55282 | Duplex scanning involving B mode ultrasound imaging and integrated Doppler flow measurements:  (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  (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 items 55026 and 55054) or 4 applies (R) (K) | 169.50 |
| 55284 | Duplex scanning involving B mode ultrasound imaging and integrated Doppler flow measurements:  (a) by spectral analysis of cavernosal tissue of the penis to confirm a diagnosis; and  (b) if indicated, assess the progress and management of:  (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 items 55026 and 55054) or 4 applies (R) (K) | 169.50 |
| 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 items 55026 and 55054) or 4 applies (R) (K) | 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 items 55026 and 55054), 3 or 4 applies (R) (K) | 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 items 55026 and 55054), 3 or 4 applies (R) (K) | 111.05 |
| Subgroup 4—Urological | | |
| 55600 | Prostate, bladder base and urethra, ultrasound scan of, if performed:  (a) personally by a medical practitioner (not being the medical practitioner who assessed the patient as specified in paragraph (c)) using one or more transducer probes that can obtain both axial and sagittal scans in 2 planes at right angles; and  (b) after a digital rectal examination of the prostate by that medical practitioner; and  (c) on a patient who has been assessed by:  (i) a specialist in urology, radiation oncology or medical oncology; or  (ii) a consultant physician in medical oncology;  who has:  (iii) examined the patient in the 60 days before the scan; and  (iv) recommended the scan for the management of the patient’s current prostatic disease  (R) (K) | 109.10 |
| 55601 | Prostate, bladder base and urethra, ultrasound scan of, if performed:  (a) personally by a medical practitioner (not being the medical practitioner who assessed the patient as specified in paragraph (c)) using one or more transducer probes that can obtain both axial and sagittal scans in 2 planes at right angles; and  (b) after a digital rectal examination of the prostate by that medical practitioner; and  (c) on a patient who has been assessed by:  (i) a specialist in urology, radiation oncology or medical oncology; or  (ii) a consultant physician in medical oncology;  who has:  (iii) examined the patient in the 60 days before the scan; and  (iv) recommended the scan for the management of the patient’s current prostatic disease  (R) (NK) | 54.55 |
| 55603 | Prostate, bladder base and urethra, ultrasound scan of, if performed:  (a) personally by a medical practitioner who made the assessment mentioned in paragraph (c) using one or more transducer probes that can obtain both axial and sagittal scans in 2 planes at right angles; and  (b) after a digital rectal examination of the prostate by that medical practitioner; and  (c) on a patient who has been assessed by:  (i) a specialist in urology, radiation oncology or medical oncology; or  (ii) a consultant physician in medical oncology;  who has:  (iii) examined the patient in the 60 days before the scan; and  (iv) recommended the scan for the management of the patient’s current prostatic disease  (R) (K) | 109.10 |
| 55604 | Prostate, bladder base and urethra, ultrasound scan of, if performed:  (a) personally by a medical practitioner who made the assessment mentioned in paragraph (c) using one or more transducer probes that can obtain both axial and sagittal scans in 2 planes at right angles; and  (b) after a digital rectal examination of the prostate by that medical practitioner; and  (c) on a patient who has been assessed by:  (i) a specialist in urology, radiation oncology or medical oncology; or  (ii) a consultant physician in medical oncology;  who has:  (iii) examined the patient in the 60 days before the scan; and  (iv) recommended the scan for the management of the patient’s current prostatic disease  (R) (NK) | 54.55 |

Subdivision C—Subgroup 5 of Group I1: obstetric and gynaecological

2.1.4 Obstetric and gynaecological ultrasound services—limits

(1) For NR‑type diagnostic imaging services mentioned in an item in this Subdivision, the specified fee for no more than 3 services provided to the same patient in any one pregnancy applies.

(2) For any patient, items 55706, 55707, 55708, 55709, 55713, 55714, 55716, 55717, 55718, 55722, 55723, 55726, 55759, 55760, 55762, 55763, 55768, 55769, 55770 and 55771 are applicable only once in a pregnancy.

2.1.5 Obstetric and gynaecological services—referrals and clinical notes

(1) A referral for a service mentioned in item 55700, 55701, 55704, 55707, 55710, 55712, 55714, 55718, 55719, 55721, 55722, 55724, 55759, 55760, 55764, 55765, 55768, 55769, 55772 or 55773 must state the relevant condition or clinical indication for the service.

(2) If a referral for a service mentioned in item 55712, 55719, 55721, 55724, 55764, 55765, 55772 or 55773 is given by a medical practitioner who has obstetric privileges at a non‑metropolitan hospital, the referral must also state the words ‘non‑metropolitan obstetric privileges’.

(3) A medical practitioner’s clinical notes for a service mentioned in item 55702, 55703, 55705, 55708, 55711, 55715, 55716, 55720, 55723, 55725, 55726, 55727, 55762, 55763, 55766, 55767, 55770, 55771, 55774 or 55775 must state the relevant condition or clinical indication for the service.

2.1.6 Obstetric and gynaecological services—conditions

(1) The conditions for items 55700, 55701, 55702, 55703, 55704, 55705, 55707, 55708, 55710, 55711, 55714 and 55716, are as follows:

(a) hyperemesis gravidarum;

(b) diabetes mellitus;

(c) hypertension;

(d) toxaemia of pregnancy;

(e) liver or renal disease;

(f) autoimmune disease;

(g) cardiac disease;

(h) alloimmunisation;

(i) maternal infection;

(j) inflammatory bowel disease;

(k) bowel stoma;

(l) abdominal wall scarring;

(m) previous spinal or pelvic trauma or disease;

(n) drug dependency;

(o) thrombophilia;

(p) significant maternal obesity;

(q) advanced maternal age;

(r) abdominal pain or mass;

(s) uncertain dates;

(t) high risk pregnancy;

(u) previous post dates delivery;

(v) previous caesarean section;

(w) poor obstetric history;

(x) suspicion of ectopic pregnancy;

(y) risk of miscarriage;

(z) diminished symptoms of pregnancy;

(za) suspected or known cervical incompetence;

(zb) suspected or known uterine abnormality;

(zc) pregnancy after assisted reproduction;

(zd) risk of fetal abnormality.

(2) The conditions for items 55718, 55722, 55723 and 55726, are as follows:

(a) known or suspected fetal abnormality or fetal cardiac arrhythmia;

(b) fetal anatomy (late booking or incomplete mid‑trimester scan);

(c) malpresentation;

(d) cervical assessment;

(e) clinical suspicion of amniotic fluid abnormality;

(f) clinical suspicion of placental or umbilical cord abnormality;

(g) previous complicated delivery;

(h) uterine scar assessment;

(i) uterine fibroid;

(j) previous fetal death in utero or neonatal death;

(k) antepartum haemorrhage;

(l) clinical suspicion of intrauterine growth retardation;

(m) clinical suspicion of macrosomia;

(n) reduced fetal movements;

(o) suspected fetal death;

(p) abnormal cardiotocography;

(q) prolonged pregnancy;

(r) premature labour;

(s) fetal infection;

(t) pregnancy after assisted reproduction;

(u) trauma;

(v) diabetes mellitus;

(w) hypertension;

(x) toxaemia of pregnancy;

(y) liver or renal disease;

(z) autoimmune disease;

(za) cardiac disease;

(zb) alloimmunisation;

(zc) maternal infection;

(zd) inflammatory bowel disease;

(ze) bowel stoma;

(zf) abdominal wall scarring;

(zg) previous spinal or pelvic trauma or disease;

(zh) drug dependency;

(zi) thrombophilia;

(zj) gross maternal obesity;

(zk) advanced maternal age;

(zl) abdominal pain or mass.

| Group I1—Ultrasound | | |
| --- | --- | --- |
| Column 1  Item | Column 2  Diagnostic imaging service | Column 3  Fee ($) |
| Subgroup 5—Obstetric and gynaecological | | |
| 55700 | Pelvis or abdomen, pregnancy‑related or pregnancy complication, ultrasound scan of, by any or all approaches, if:  (a) the patient is referred by a medical practitioner or participating midwife; 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) if the patient is referred by a medical practitioner—the medical practitioner is not a member of a group of practitioners of which the providing practitioner is a member; and  (e) if the patient is referred by a participating midwife—the midwife does not have a business or financial arrangement with the providing practitioner; and  (f) one or more of the conditions mentioned in subclause 2.1.6(1) are present (R) (K) | 60.00 |
| 55701 | Pelvis or abdomen, pregnancy‑related or pregnancy complication, ultrasound scan of, by any or all approaches, if:  (a) the patient is referred by a medical practitioner or participating midwife; 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) if the patient is referred by a medical practitioner—the medical practitioner is not a member of a group of practitioners of which the providing practitioner is a member; and  (e) if the patient is referred by a participating midwife—the midwife does not have a business or financial arrangement with the providing practitioner; and  (f) one or more of the conditions mentioned in subclause 2.1.6(1) are present (R) (NK) | 30.00 |
| 55702 | Pelvis or abdomen, pregnancy‑related or pregnancy complication, ultrasound scan of, by any or all approaches, if:  (a) the patient is not referred by a medical practitioner or participating midwife; 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) one or more of the conditions mentioned in subclause 2.1.6(1) are present (NR) (NK) | 17.50 |
| 55703 | Pelvis or abdomen, pregnancy‑related or pregnancy complication, ultrasound scan of, by any or all approaches, if:  (a) the patient is not referred by a medical practitioner or participating midwife; 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) one or more of the conditions mentioned in subclause 2.1.6(1) are present (NR) (K) | 35.00 |
| 55704 | Pelvis or abdomen, pregnancy‑related or pregnancy complication, fetal development and anatomy, ultrasound scan of, by any or all approaches, if:  (a) the patient is referred by a medical practitioner or participating midwife; 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) if the patient is referred by a medical practitioner—the medical practitioner is not a member of a group of practitioners of which the providing practitioner is a member; and  (e) if the patient is referred by a participating midwife—the midwife does not have a business or financial arrangement with the providing practitioner; and  (f) one or more of the conditions mentioned in subclause 2.1.6(1) are present (R) (K) | 70.00 |
| 55705 | Pelvis or abdomen, pregnancy‑related or pregnancy complication, fetal development and anatomy, ultrasound scan of, by any or all approaches, if:  (a) the patient is not referred by a medical practitioner or participating midwife; 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) one or more of the conditions mentioned in subclause 2.1.6(1) are present (NR) (K) | 35.00 |
| 55706 | 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:  (a) the patient is referred by a medical practitioner or participating midwife; 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) if the patient is referred by a medical practitioner—the medical practitioner is not a member of a group of practitioners of which the providing practitioner is a member; and  (e) if the patient is referred by a participating midwife—the midwife does not have a business or financial arrangement with the providing practitioner; and  (f) the service is not performed in the same pregnancy as item 55709 or 55717 (R) (K) | 100.00 |
| 55707 | Pelvis or abdomen, pregnancy‑related or pregnancy complication, fetal development and anatomy, ultrasound scan of, by any or all approaches, if:  (a) the patient is referred by a medical practitioner or participating midwife; 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) if the patient is referred by a medical practitioner—the medical practitioner is not a member of a group of practitioners of which the providing practitioner is a member; and  (e) if the patient is referred by a participating midwife—the midwife does not have a business or financial arrangement with the providing practitioner; and  (f) nuchal translucency measurement is performed to assess the risk of fetal abnormality; and  (g) the service is not performed with item 55700, 55701, 55702, 55703, 55704, 55705, 55710 or 55711 on the same patient within 24 hours; and  (h) one or more of the conditions mentioned in subclause 2.1.6(1) are present (R) (K) | 70.00 |
| 55708 | Pelvis or abdomen, pregnancy‑related or pregnancy complication, fetal development and anatomy, ultrasound scan of, by any or all approaches, if:  (a) the patient is not referred by a medical practitioner or participating midwife; 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) nuchal translucency measurement is performed to assess the risk of fetal abnormality; and  (e) the service is not performed with item 55700, 55701, 55702, 55703, 55704, 55705, 55710 or 55711 on the same patient within 24 hours; and  (f) one or more of the conditions mentioned in subclause 2.1.6(1) are present (NR) (K) | 35.00 |
| 55709 | 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:  (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 or 55713 (NR) (K) | 38.00 |
| 55710 | Pelvis or abdomen, pregnancy‑related or pregnancy complication, fetal development and anatomy, ultrasound scan of, by any or all approaches, if:  (a) the patient is referred by a medical practitioner or participating midwife; 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) if the patient is referred by a medical practitioner—the medical practitioner is not a member of a group of practitioners of which the providing practitioner is a member; and  (e) if the patient is referred by a participating midwife—the midwife does not have a business or financial arrangement with the providing practitioner; and  (f) one or more of the conditions mentioned in subclause 2.1.6(1) are present (R) (NK) | 35.00 |
| 55711 | Pelvis or abdomen, pregnancy‑related or pregnancy complication, fetal development and anatomy, ultrasound scan of, by any or all approaches, if:  (a) the patient is not referred by a medical practitioner or participating midwife; 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) one or more of the conditions mentioned in subclause 2.1.6(1) are present (NR) (NK) | 17.50 |
| 55712 | 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:  (a) the patient is referred by a medical practitioner who:  (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 medical practitioner is not a member of a group of practitioners of which the providing practitioner is a member; 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 after performance, in the same pregnancy, of a scan mentioned in item 55706, 55709, 55713 or 55717 (R) (K) | 115.00 |
| 55713 | 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:  (a) the patient is referred by a medical practitioner or participating midwife; 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) if the patient is referred by a medical practitioner—the medical practitioner is not a member of a group of practitioners of which the providing practitioner is a member; and  (e) if the patient is referred by a participating midwife—the midwife does not have a business or financial arrangement with the providing practitioner; and  (f) the service is not performed in the same pregnancy as item 55709 or 55717 (R) (NK) | 50.00 |
| 55714 | Pelvis or abdomen, pregnancy‑related or pregnancy complication, fetal development and anatomy, ultrasound scan of, by any or all approaches, if:  (a) the patient is referred by a medical practitioner or participating midwife; 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) if the patient is referred by a medical practitioner—the medical practitioner is not a member of a group of practitioners of which the providing practitioner is a member; and  (e) if the patient is referred by a participating midwife—the midwife does not have a business or financial arrangement with the providing practitioner; and  (f) nuchal translucency measurement is performed to assess the risk of fetal abnormality; and  (g) the service is not performed with item 55700, 55701, 55702, 55703, 55704, 55705, 55710 or 55711 on the same patient within 24 hours; and  (h) one or more of the conditions mentioned in subclause 2.1.6(1) are present (R) (NK) | 35.00 |
| 55715 | 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:  (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, 55709, 55713 or 55717 (NR) (K) | 40.00 |
| 55716 | Pelvis or abdomen, pregnancy‑related or pregnancy complication, fetal development and anatomy, ultrasound scan of, by any or all approaches, if:  (a) the patient is not referred by a medical practitioner or participating midwife; 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) nuchal translucency measurement is performed to assess the risk of fetal abnormality; and  (e) the service is not performed with item 55700, 55701, 55702, 55703, 55704, 55705, 55710 or 55711on the same patient within 24 hours; and  (f) one or more of the conditions mentioned in subclause 2.1.6(1) are present (NR) (NK) | 17.50 |
| 55717 | 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:  (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 or 55713 (NR) (NK) | 19.00 |
| 55718 | Pelvis or abdomen, pregnancy‑related or pregnancy complication, fetal development and anatomy, ultrasound scan of, by any or all approaches, if:  (a) the patient is referred by a medical practitioner or participating midwife; 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) if the patient is referred by a medical practitioner—the medical practitioner is not a member of a group of practitioners of which the providing practitioner is a member; and  (e) if the patient is referred by a participating midwife—the midwife does not have a business or financial arrangement with the providing practitioner; and  (f) the service is not performed in the same pregnancy as item 55723 or 55726; and  (g) one or more of the conditions mentioned in subclause 2.1.6(2) are present (R) (K) | 100.00 |
| 55719 | 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:  (a) the patient is referred by a medical practitioner who:  (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 medical practitioner is not a member of a group of practitioners of which the providing practitioner is a member; 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 after performance, in the same pregnancy, of a scan mentioned in item 55706, 55709, 55713 or 55717 (R) (NK) | 57.50 |
| 55720 | 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:  (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, 55709, 55713 or 55717 (NR) (NK) | 20.00 |
| 55721 | Pelvis or abdomen, pregnancy‑related or pregnancy complication, fetal development and anatomy, ultrasound scan of, by any or all approaches, if:  (a) the patient is referred by a medical practitioner who:  (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 medical practitioner is not a member of a group of practitioners of which the providing practitioner is a member; and  (c) the dating of the pregnancy (as confirmed by ultrasound) is after 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 to which item 55718, 55722, 55723 or 55726 applies (R) (K) | 115.00 |
| 55722 | Pelvis or abdomen, pregnancy‑related or pregnancy complication, fetal development and anatomy, ultrasound scan of, by any or all approaches, if:  (a) the patient is referred by a medical practitioner or participating midwife; 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) if the patient is referred by a medical practitioner—the medical practitioner is not a member of a group of practitioners of which the providing practitioner is a member; and  (e) if the patient is referred by a participating midwife—the midwife does not have a business or financial arrangement with the providing practitioner; and  (f) the service is not performed in the same pregnancy as item 55723 or 55726; and  (g) one or more of the conditions mentioned in subclause 2.1.6(2) are present (R) (NK) | 50.00 |
| 55723 | Pelvis or abdomen, pregnancy‑related or pregnancy complication, fetal development and anatomy, ultrasound scan of, by any or all approaches, if:  (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 or 55722; and  (e) one or more of the conditions mentioned in subclause 2.1.6(2) are present (NR) (K) | 38.00 |
| 55724 | Pelvis or abdomen, pregnancy‑related or pregnancy complication, fetal development and anatomy, ultrasound scan of, by any or all approaches, if:  (a) the patient is referred by a medical practitioner who:  (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 medical practitioner is not a member of a group of practitioners of which the providing practitioner is a member; and  (c) the dating of the pregnancy (as confirmed by ultrasound) is after 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 to which item 55718, 55722, 55723 or 55726 applies (R) (NK) | 57.50 |
| 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:  (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, 55722, 55723 or 55726 applies (NR) (K) | 40.00 |
| 55726 | Pelvis or abdomen, pregnancy‑related or pregnancy complication, fetal development and anatomy, ultrasound scan of, by any or all approaches, if:  (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 or 55722; and  (e) one or more of the conditions mentioned in subclause 2.1.6(2) are present (NR) (NK) | 19.00 |
| 55727 | 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:  (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, 55722, 55723 or 55726 applies (NR) (NK) | 30.00 |
| 55729 | Duplex scanning, if:  (a) the service involves:  (i) B mode ultrasound imaging and integrated Doppler flow measurements by spectral analysis of the umbilical artery; and  (ii) measured assessment of amniotic fluid volume after the 24th week of gestation; and  (b) the patient is referred by a medical practitioner for this procedure; and  (c) there is reason to suspect intrauterine growth retardation or a significant risk of fetal death; and  (d) the service is not associated with a service to which an item in this group applies;  —examination and report (R) (K) | 27.25 |
| 55730 | Duplex scanning, if:  (a) the service involves:  (i) B mode ultrasound imaging and integrated Doppler flow measurements by spectral analysis of the umbilical artery; and  (ii) measured assessment of amniotic fluid volume after the 24th week of gestation; and  (b) the patient is referred by a medical practitioner for this procedure; and  (c) there is reason to suspect intrauterine growth retardation or a significant risk of fetal death; and  (d) the service is not associated with a service to which an item in this group applies;  —examination and report (R) (NK) | 13.65 |
| 55735 | Pelvis, ultrasound scan of, in association with saline infusion of the endometrial cavity, by any or all approaches, 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 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) (NK) | 63.50 |
| 55736 | Pelvis, ultrasound scan of, in association with saline infusion of the endometrial cavity, by any or all approaches, 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 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) (K) | 127.00 |
| 55737 | Pelvis, ultrasound scan of, in association with saline infusion of the endometrial cavity, by any or all approaches, 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; and  (c) a previous transvaginal ultrasound has revealed an abnormality of the uterus or fallopian tube (NR) (NK) | 28.50 |
| 55739 | Pelvis, ultrasound scan of, in association with saline infusion of the endometrial cavity, by any or all approaches, 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; and  (c) a previous transvaginal ultrasound has revealed an abnormality of the uterus or fallopian tube (NR) (K) | 57.00 |
| 55759 | 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:  (a) the patient is referred by a medical practitioner; and  (b) the medical practitioner is not a member of a group of practitioners of which the providing practitioner is a member; and  (c) ultrasound of the same pregnancy confirms a multiple pregnancy; and  (d) the dating of the pregnancy (as confirmed by ultrasound) is 17 to 22 weeks gestation; and  (e) the service is not associated with a service to which an item in Subgroup 2 or 3 applies; and  (f) the service mentioned in item 55706, 55709, 55712, 55713, 55715, 55717, 55719, 55720, 55762 or 55763 is not performed in conjunction with the scan during the same pregnancy (R) (K) | 150.00 |
| 55760 | 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:  (a) the patient is referred by a medical practitioner; and  (b) the medical practitioner is not a member of a group of practitioners of which the providing practitioner is a member; and  (c) ultrasound of the same pregnancy confirms a multiple pregnancy; and  (d) the dating of the pregnancy (as confirmed by ultrasound) is 17 to 22 weeks gestation; and  (e) the service is not associated with a service to which an item in Subgroup 2 or 3 applies; and  (f) the service mentioned in item 55706, 55709, 55712, 55713, 55715, 55717, 55719, 55720, 55762 or 55763 is not performed in conjunction with the scan during the same pregnancy (R) (NK) | 75.00 |
| 55762 | 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:  (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 mentioned in item 55706, 55709, 55712, 55713, 55715, 55717, 55719, 55720, 55759 or 55760 is not performed in conjunction with the scan during the same pregnancy (NR) (K) | 60.00 |
| 55763 | 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:  (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 mentioned in item 55706, 55709, 55712, 55713, 55715, 55717, 55719, 55720, 55759 or 55760 is not performed in conjunction with the scan during the same pregnancy (NR) (NK) | 30.00 |
| 55764 | 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:  (a) the patient is referred by a medical practitioner who:  (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) the medical practitioner is not a member of a group of practitioners of which the providing practitioner is a member; and  (c) ultrasound of the same pregnancy confirms a multiple pregnancy; and  (d) the dating of the pregnancy (as confirmed by ultrasound) is 17 to 22 weeks gestation; and  (e) the service is not associated with a service to which an item in Subgroup 2 or 3 applies; and  (f) further examination is clinically indicated in the same pregnancy in which item 55759, 55760, 55762 or 55763 has been performed; and  (g) the service mentioned in item 55706, 55709, 55712, 55713, 55715, 55717, 55719 or 55720 is not performed in conjunction with the scan during the same pregnancy (R) (K) | 160.00 |
| 55765 | 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:  (a) the patient is referred by a medical practitioner who:  (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) the medical practitioner is not a member of a group of practitioners of which the providing practitioner is a member; and  (c) ultrasound of the same pregnancy confirms a multiple pregnancy; and  (d) the dating of the pregnancy (as confirmed by ultrasound) is 17 to 22 weeks gestation; and  (e) the service is not associated with a service to which an item in Subgroup 2 or 3 applies; and  (f) further examination is clinically indicated in the same pregnancy in which item 55759, 55760, 55762 or 55763 has been performed; and  (g) the service mentioned in item 55706, 55709, 55712, 55713, 55715, 55717, 55719 or 55720 is not performed in conjunction with the scan during the same pregnancy (R) (NK) | 80.00 |
| 55766 | 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:  (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 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, 55760, 55762 or 55763 has been performed; and  (f) the service mentioned in item 55706, 55709, 55712, 55713, 55715, 55717, 55719 or 55720 is not performed in conjunction with the scan during the same pregnancy (NR) (K) | 65.00 |
| 55767 | 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:  (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 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, 55760, 55762 or 55763 has been performed; and  (f) the service mentioned in item 55706, 55709, 55712, 55713, 55715, 55717, 55719 or 55720 is not performed in conjunction with the scan during the same pregnancy (NR) (NK) | 32.50 |
| 55768 | Pelvis or abdomen, pregnancy‑related or pregnancy complication, fetal development and anatomy, ultrasound scan of, by any or all approaches, if:  (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 or 55771; and  (e) the service is not associated with a service to which an item in Subgroup 2 or 3 applies; and  (f) the medical practitioner is not a member of a group of practitioners of which the providing practitioner is a member; and  (g) the service mentioned in item 55718, 55721, 55722, 55723, 55724, 55725, 55726 or 55727 is not performed in conjunction with the scan during the same pregnancy (R) (K) | 150.00 |
| 55769 | Pelvis or abdomen, pregnancy‑related or pregnancy complication, fetal development and anatomy, ultrasound scan of, by any or all approaches, if:  (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 or 55771; and  (e) the service is not associated with a service to which an item in Subgroup 2 or 3 applies; and  (f) the medical practitioner is not a member of a group of practitioners of which the providing practitioner is a member; and  (g) the service mentioned in item 55718, 55721, 55722, 55723, 55724, 55725, 55726 or 55727 is not performed in conjunction with the scan during the same pregnancy (R) (NK) | 75.00 |
| 55770 | Pelvis or abdomen, pregnancy‑related or pregnancy complication, fetal development and anatomy, ultrasound scan of, by any or all approaches, if:  (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 not referred by a medical practitioner; and  (d) the service is not performed in the same pregnancy as item 55768 or 55769; and  (e) the service is not associated with a service to which an item in Subgroup 2 or 3 applies; and  (f) the service mentioned in item 55718, 55721, 55722, 55723, 55724, 55725, 55726 or 55727 is not performed in conjunction with the scan during the same pregnancy (NR) (K) | 60.00 |
| 55771 | Pelvis or abdomen, pregnancy‑related or pregnancy complication, fetal development and anatomy, ultrasound scan of, by any or all approaches, if:  (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 not referred by a medical practitioner; and  (d) the service is not performed in the same pregnancy as item 55768 or 55769; and  (e) the service is not associated with a service to which an item in Subgroup 2 or 3 applies; and  (f) the service mentioned in item 55718, 55721, 55722, 55723, 55724, 55725, 55726 or 55727 is not performed in conjunction with the scan during the same pregnancy (NR) (NK) | 30.00 |
| 55772 | Pelvis or abdomen, pregnancy‑related or pregnancy complication, fetal development and anatomy, ultrasound scan of, by any or all approaches, if:  (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:  (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) the medical practitioner is not a member of a group of practitioners of which the providing practitioner is a member; and  (d) further examination is clinically indicated in the same pregnancy to which item 55768, 55769, 55770 or 55771 has been performed; and  (e) the pregnancy as confirmed by ultrasound is a multiple pregnancy; and  (f) the service is not associated with a service to which an item in Subgroup 2 or 3 applies; and  (g) the service mentioned in item 55718, 55721, 55722, 55723, 55724, 55725, 55726 or 55727 is not performed in conjunction with the scan during the same pregnancy (R) (K) | 160.00 |
| 55773 | Pelvis or abdomen, pregnancy‑related or pregnancy complication, fetal development and anatomy, ultrasound scan of, by any or all approaches, if:  (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:  (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) the medical practitioner is not a member of a group of practitioners of which the providing practitioner is a member; and  (d) further examination is clinically indicated in the same pregnancy to which item 55768, 55769, 55770 or 55771 has been performed; and  (e) the pregnancy as confirmed by ultrasound is a multiple pregnancy; and  (f) the service is not associated with a service to which an item in Subgroup 2 or 3 applies; and  (g) the service mentioned in item 55718, 55721, 55722, 55723, 55724, 55725, 55726 or 55727 is not performed in conjunction with the scan during the same pregnancy (R) (NK) | 80.00 |
| 55774 | 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:  (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, 55769, 55770 or 55771 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 mentioned in item 55718, 55721, 55722, 55723, 55724, 55725, 55726 or 55727 is not performed in conjunction with the scan during the same pregnancy (NR) (K) | 65.00 |
| 55775 | 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:  (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, 55769, 55770 or 55771 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 mentioned in item 55718, 55721, 55722, 55723, 55724, 55725, 55726 or 55727 is not performed in conjunction with the scan during the same pregnancy (NR) (NK) | 32.50 |

Subdivision D—Subgroup 6 of Group I1: musculoskeletal ultrasound

2.1.7 Musculoskeletal ultrasound services—personal attendance

Items in this Subdivision 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.

2.1.8 Musculoskeletal ultrasound services—comparison ultra‑sonography

The fee applicable for items in this Subdivision includes any views of another part of the patient taken for comparison purposes.

| Group I1—Ultrasound | | |
| --- | --- | --- |
| Column 1  Item | Column 2  Description | Column 3  Fee ($) |
| Subgroup 6—Musculoskeletal ultrasound | | |
| 55800 | Hand or wrist, one 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 or participating nurse practitioner; and  (c) if the patient is referred by a medical practitioner—the medical practitioner is not a member of a group of practitioners of which the providing practitioner is a member; and  (d) if the patient is referred by a participating nurse practitioner—the nurse practitioner does not have a business or financial arrangement with the providing practitioner (R) (K) | 109.10 |
| 55801 | Hand or wrist, one 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 or participating nurse practitioner; and  (c) if the patient is referred by a medical practitioner—the medical practitioner is not a member of a group of practitioners of which the providing practitioner is a member; and  (d) if the patient is referred by a participating nurse practitioner—the nurse practitioner does not have a business or financial arrangement with the providing practitioner (R) (NK) | 54.55 |
| 55802 | Hand or wrist, one 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 or participating nurse practitioner (NR) (K) | 37.85 |
| 55803 | Hand or wrist, one 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 or participating nurse practitioner (NR) (NK) | 18.95 |
| 55804 | Forearm or elbow, one 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 or participating nurse practitioner; and  (c) if the patient is referred by a medical practitioner—the medical practitioner is not a member of a group of practitioners of which the providing practitioner is a member; and  (d) if the patient is referred by a participating nurse practitioner—the nurse practitioner does not have a business or financial arrangement with the providing practitioner (R) (K) | 109.10 |
| 55805 | Forearm or elbow, one 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 or participating nurse practitioner; and  (c) if the patient is referred by a medical practitioner—the medical practitioner is not a member of a group of practitioners of which the providing practitioner is a member; and  (d) if the patient is referred by a participating nurse practitioner—the nurse practitioner does not have a business or financial arrangement with the providing practitioner (R) (NK) | 54.55 |
| 55806 | Forearm or elbow, one 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 or participating nurse practitioner (NR) (K) | 37.85 |
| 55807 | Forearm or elbow, one 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 or participating nurse practitioner (NR) (NK) | 18.95 |
| 55808 | Shoulder or upper arm, one 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 or participating nurse practitioner; and  (c) if the patient is referred by a medical practitioner—the medical practitioner is not a member of a group of practitioners of which the providing practitioner is a member; and  (d) if the patient is referred by a participating nurse practitioner—the nurse practitioner does not have a business or financial arrangement with the providing practitioner; and  (e) the service is used for the assessment of one 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) (K) | 109.10 |
| 55809 | Shoulder or upper arm, one 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 or participating nurse practitioner; and  (c) if the patient is referred by a medical practitioner—the medical practitioner is not a member of a group of practitioners of which the providing practitioner is a member; and  (d) if the patient is referred by a participating nurse practitioner—the nurse practitioner does not have a business or financial arrangement with the providing practitioner; and  (e) the service is used for the assessment of one 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) (NK) | 54.55 |
| 55810 | Shoulder or upper arm, one 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 or participating nurse practitioner; and  (c) the service is used for the assessment of one 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 (NR) (K) | 37.85 |
| 55811 | Shoulder or upper arm, one 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 or participating nurse practitioner; and  (c) the service is used for the assessment of one 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 (NR) (NK) | 18.95 |
| 55812 | Chest or abdominal wall, one or more areas, 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 or participating nurse practitioner; and  (c) if the patient is referred by a medical practitioner—the medical practitioner is not a member of a group of practitioners of which the providing practitioner is a member; and  (d) if the patient is referred by a participating nurse practitioner—the nurse practitioner does not have a business or financial arrangement with the providing practitioner (R) (K) | 109.10 |
| 55813 | Chest or abdominal wall, one or more areas, 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 or participating nurse practitioner; and  (c) if the patient is referred by a medical practitioner—the medical practitioner is not a member of a group of practitioners of which the providing practitioner is a member; and  (d) if the patient is referred by a participating nurse practitioner—the nurse practitioner does not have a business or financial arrangement with the providing practitioner (R) (NK) | 54.55 |
| 55814 | Chest or abdominal wall, one or more areas, 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 or participating nurse practitioner (NR) (K) | 37.85 |
| 55815 | Chest or abdominal wall, one or more areas, 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 or participating nurse practitioner (NR) (NK) | 18.95 |
| 55816 | Hip or groin, one 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 or participating nurse practitioner; and  (c) if the patient is referred by a medical practitioner—the medical practitioner is not a member of a group of practitioners of which the providing practitioner is a member; and  (d) if the patient is referred by a participating nurse practitioner—the nurse practitioner does not have a business or financial arrangement with the providing practitioner (R) (K) | 109.10 |
| 55817 | Hip or groin, one 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 or participating nurse practitioner; and  (c) if the patient is referred by a medical practitioner—the medical practitioner is not a member of a group of practitioners of which the providing practitioner is a member; and  (d) if the patient is referred by a participating nurse practitioner—the nurse practitioner does not have a business or financial arrangement with the providing practitioner (R) (NK) | 54.55 |
| 55818 | Hip or groin, one 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 or participating nurse practitioner (NR) (K) | 37.85 |
| 55819 | Hip or groin, one 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 or participating nurse practitioner (NR) (NK) | 18.95 |
| 55820 | Paediatric hip examination for dysplasia, one 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 or participating nurse practitioner; and  (c) if the patient is referred by a medical practitioner—the medical practitioner is not a member of a group of practitioners of which the providing practitioner is a member; and  (d) if the patient is referred by a participating nurse practitioner—the nurse practitioner does not have a business or financial arrangement with the providing practitioner (R) (K) | 109.10 |
| 55821 | Paediatric hip examination for dysplasia, one 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 or participating nurse practitioner; and  (c) if the patient is referred by a medical practitioner—the medical practitioner is not a member of a group of practitioners of which the providing practitioner is a member; and  (d) if the patient is referred by a participating nurse practitioner—the nurse practitioner does not have a business or financial arrangement with the providing practitioner (R) (NK) | 54.55 |
| 55822 | Paediatric hip examination for dysplasia one 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 or participating nurse practitioner (NR) (K) | 37.85 |
| 55823 | Paediatric hip examination for dysplasia one 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 or participating nurse practitioner (NR) (NK) | 18.95 |
| 55824 | Buttock or thigh, one 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 or participating nurse practitioner; and  (c) if the patient is referred by a medical practitioner—the medical practitioner is not a member of a group of practitioners of which the providing practitioner is a member; and  (d) if the patient is referred by a participating nurse practitioner—the nurse practitioner does not have a business or financial arrangement with the providing practitioner (R) (K) | 109.10 |
| 55825 | Buttock or thigh, one 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 or participating nurse practitioner; and  (c) if the patient is referred by a medical practitioner—the medical practitioner is not a member of a group of practitioners of which the providing practitioner is a member; and  (d) if the patient is referred by a participating nurse practitioner—the nurse practitioner does not have a business or financial arrangement with the providing practitioner (R) (NK) | 54.55 |
| 55826 | Buttock or thigh, one 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 or participating nurse practitioner (NR) (K) | 37.85 |
| 55827 | Buttock or thigh, one 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 or participating nurse practitioner (NR) (NK) | 18.95 |
| 55828 | Knee, one 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 or participating nurse practitioner; and  (c) if the patient is referred by a medical practitioner—the medical practitioner is not a member of a group of practitioners of which the providing practitioner is a member; and  (d) if the patient is referred by a participating nurse practitioner—the nurse practitioner does not have a business or financial arrangement with the providing practitioner; and  (e) the service is used for the assessment of one 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) (K) | 109.10 |
| 55829 | Knee, one 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 or participating nurse practitioner; and  (c) if the patient is referred by a medical practitioner—the medical practitioner is not a member of a group of practitioners of which the providing practitioner is a member; and  (d) if the patient is referred by a participating nurse practitioner—the nurse practitioner does not have a business or financial arrangement with the providing practitioner; and  (e) the service is used for the assessment of one 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) (NK) | 54.55 |
| 55830 | Knee, one 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 or participating nurse practitioner; and  (c) the service is used for the assessment of one 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) (K) | 37.85 |
| 55831 | Knee, one 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 or participating nurse practitioner; and  (c) the service is used for the assessment of one 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) (NK) | 18.95 |
| 55832 | Lower leg, one 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 or participating nurse practitioner; and  (c) if the patient is referred by a medical practitioner—the medical practitioner is not a member of a group of practitioners of which the providing practitioner is a member; and  (d) if the patient is referred by a participating nurse practitioner—the nurse practitioner does not have a business or financial arrangement with the providing practitioner (R) (K) | 109.10 |
| 55833 | Lower leg, one 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 or participating nurse practitioner; and  (c) if the patient is referred by a medical practitioner—the medical practitioner is not a member of a group of practitioners of which the providing practitioner is a member; and  (d) if the patient is referred by a participating nurse practitioner—the nurse practitioner does not have a business or financial arrangement with the providing practitioner (R) (NK) | 54.55 |
| 55834 | Lower leg, one 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 or participating nurse practitioner (NR) (K) | 37.85 |
| 55835 | Lower leg, one 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 or participating nurse practitioner (NR) (NK) | 18.95 |
| 55836 | Ankle or hind foot, one 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, participating nurse practitioner or podiatrist; and  (c) if the patient is referred by a medical practitioner—the medical practitioner is not a member of a group of practitioners of which the providing practitioner is a member; and  (d) if the patient is referred by a participating nurse practitioner—the nurse practitioner does not have a business or financial arrangement with the providing practitioner (R) (K) | 109.10 |
| 55837 | Ankle or hind foot, one 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, participating nurse practitioner or podiatrist; and  (c) if the patient is referred by a medical practitioner—the medical practitioner is not a member of a group of practitioners of which the providing practitioner is a member; and  (d) if the patient is referred by a participating nurse practitioner—the nurse practitioner does not have a business or financial arrangement with the providing practitioner (R) (NK) | 54.55 |
| 55838 | Ankle or hind foot, one 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 or participating nurse practitioner (NR) (K) | 37.85 |
| 55839 | Ankle or hind foot, one 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 or participating nurse practitioner (NR) (NK) | 18.95 |
| 55840 | Mid foot or fore foot, one 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, participating nurse practitioner or podiatrist; and  (c) if the patient is referred by a medical practitioner—the medical practitioner is not a member of a group of practitioners of which the providing practitioner is a member; and  (d) if the patient is referred by a participating nurse practitioner—the nurse practitioner does not have a business or financial arrangement with the providing practitioner (R) (K) | 109.10 |
| 55841 | Mid foot or fore foot, one 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, participating nurse practitioner or podiatrist; and  (c) if the patient is referred by a medical practitioner—the medical practitioner is not a member of a group of practitioners of which the providing practitioner is a member; and  (d) if the patient is referred by a participating nurse practitioner—the nurse practitioner does not have a business or financial arrangement with the providing practitioner (R) (NK) | 54.55 |
| 55842 | Mid foot or fore foot, one 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 or participating nurse practitioner (NR) (K) | 37.85 |
| 55843 | Mid foot or fore foot, one 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 or participating nurse practitioner (NR) (NK) | 18.95 |
| 55844 | Assessment of a mass associated with the skin or subcutaneous structures, not being a part of the musculoskeletal system, one or more areas, 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, participating nurse practitioner or podiatrist; and  (c) if the patient is referred by a medical practitioner—the medical practitioner is not a member of a group of practitioners of which the providing practitioner is a member; and  (d) if the patient is referred by a participating nurse practitioner—the nurse practitioner does not have a business or financial arrangement with the providing practitioner (R) (K) | 87.35 |
| 55845 | Assessment of a mass associated with the skin or subcutaneous structures, not being a part of the musculoskeletal system, one or more areas, 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, participating nurse practitioner or podiatrist; and  (c) if the patient is referred by a medical practitioner—the medical practitioner is not a member of a group of practitioners of which the providing practitioner is a member; and  (d) if the patient is referred by a participating nurse practitioner—the nurse practitioner does not have a business or financial arrangement with the providing practitioner (R) (NK) | 43.70 |
| 55846 | Assessment of a mass associated with the skin or subcutaneous structures, not being a part of the musculoskeletal system, one or more areas, 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 or participating nurse practitioner (NR) (K) | 37.85 |
| 55847 | Assessment of a mass associated with the skin or subcutaneous structures, not being a part of the musculoskeletal system, one or more areas, 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 or participating nurse practitioner (NR) (NK) | 18.95 |
| 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 55026 or 55054 (R) (K) | 109.10 |
| 55849 | 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 55026 or 55054 (R) (NK) | 54.55 |
| 55850 | Musculoskeletal cross‑sectional echography, in conjunction with a surgical procedure using interventional techniques, inclusive of a diagnostic musculoskeletal ultrasound service, if:  (a) the patient is referred by a medical practitioner or participating nurse practitioner; and  (b) if the patient is referred by a medical practitioner—the medical practitioner is not a member of a group of practitioners of which the providing practitioner is a member; and  (c) if the patient is referred by a participating nurse practitioner—the nurse practitioner does not have a business or financial relationship with the providing practitioner; and  (d) the medical practitioner or nurse practitioner has indicated on a referral for a musculoskeletal ultrasound that an ultrasound guided intervention be performed if clinically indicated; and  (e) the service is not performed in conjunction with item 55026, 55054 or 55800 to 55849 (R) (K) | 152.85 |
| 55851 | Musculoskeletal cross‑sectional echography, in conjunction with a surgical procedure using interventional techniques, inclusive of a diagnostic musculoskeletal ultrasound service, if:  (a) the patient is referred by a medical practitioner or participating nurse practitioner; and  (b) if the patient is referred by a medical practitioner—the medical practitioner is not a member of a group of practitioners of which the providing practitioner is a member; and  (c) if the patient is referred by a participating nurse practitioner—the nurse practitioner does not have a business or financial relationship with the providing practitioner; and  (d) the medical practitioner or nurse practitioner has indicated on a referral for a musculoskeletal ultrasound that an ultrasound guided intervention be performed if clinically indicated; and  (e) the service is not performed in conjunction with item 55026, 55054 or 55800 to 55849 (R) (NK) | 76.45 |
| 55852 | Paediatric spine, spinal cord and overlying subcutaneous tissues, 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 or participating nurse practitioner; and  (c) if the patient is referred by a medical practitioner—the medical practitioner is not a member of a group of practitioners of which the providing practitioner is a member; and  (d) if the patient is referred by a participating nurse practitioner—the nurse practitioner does not have a business or financial arrangement with the providing practitioner (R) (K) | 109.10 |
| 55853 | Paediatric spine, spinal cord and overlying subcutaneous tissues, 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 or participating nurse practitioner; and  (c) if the patient is referred by a medical practitioner—the medical practitioner is not a member of a group of practitioners of which the providing practitioner is a member; and  (d) if the patient is referred by a participating nurse practitioner—the nurse practitioner does not have a business or financial arrangement with the providing practitioner (R) (NK) | 54.55 |
| 55854 | Paediatric spine, spinal cord and overlying subcutaneous tissues, 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 or participating nurse practitioner (NR) (K) | 37.85 |
| 55855 | Paediatric spine, spinal cord and overlying subcutaneous tissues, 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 or participating nurse practitioner (NR) (NK) | 18.95 |

Division 2.2—Group I2: computed tomography (examination)

2.2.1 CT services—eligible services

(1) Items in this Division (other than items 57360 and 57361) apply to a CT service that is:

(a) performed under the 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 57360 and 57361 apply to a CT service that is:

(a) performed under the supervision of a specialist or consultant physician who is recognised by the Conjoint Committee for the Recognition of Training in CT Coronary Angiography and 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 or consultant physician who is recognised by the Conjoint Committee for the Recognition of Training in CT Coronary Angiography.

(3) However, items in this Division apply to a CT service that does not comply with the requirements mentioned in subclause (1) or (2) if the service is performed:

(a) in an emergency; or

(b) because of medical necessity, in a remote location.

2.2.2 CT services—exclusion of attenuation correction and anatomical correlation

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

2.2.3 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.

2.2.4 CT services—assessment of headache

(1) If the service mentioned in item 56007 or 56047 is used for the assessment of a headache of a patient to whom this clause 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 clause 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.

2.2.5 CT services—number of services

Items 56220 to 56240 and 56619 to 56666 apply once only for a service mentioned in any of those items, regardless of the number of patient attendances required to complete the service.

2.2.6 Cone beam computed tomography—items 57362 and 57363

Item 57362 or 57363 applies to the service mentioned in that item only if the service is performed with diagnostic imaging equipment that is not used to perform any other diagnostic imaging service.

| Group I2—Computed tomography—examination | | |
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| Column 1  Item | Column 2  Description | Column 3  Fee ($) |
| 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 |
| 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 |
| 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:  (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 |
| 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, one 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 or 59275 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 |
| 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 |
| 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, one 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 or 59275 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 |
| 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 |
| 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 |
| 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 |
| 56553 | Computed tomography—scan of colon for exclusion or diagnosis of colorectal neoplasia in a symptomatic or high risk patient if:  (a) one or more of the following applies:  (i) the patient has had an incomplete colonoscopy in the 3 months before the scan;  (ii) there is a high‑grade colonic obstruction;  (iii) the patient is referred by a specialist or consultant physician who performs colonoscopies in the practice of the specialist’s or consultant physician’s speciality; and  (b) the service is not a service to which item 56301, 56307, 56401, 56407, 56409, 56412, 56501, 56507, 56801, 56807 or 57001 applies; and  (c) the service has not been performed on the patient in the 36 months before the scan (R) (K) (Anaes.) | 520.00 |
| 56555 | Computed tomography—scan of colon for exclusion or diagnosis of colorectal neoplasia in a symptomatic or high risk patient if:  (a) one or more of the following applies:  (i) the patient has had an incomplete colonoscopy in the 3 months before the scan;  (ii) there is a high‑grade colonic obstruction;  (iii) the patient is referred by a specialist or consultant physician who performs colonoscopies in the practice of the specialist’s or consultant physician’s speciality; and  (b) the service is not a service to which item 56301, 56307, 56401, 56407, 56409, 56412, 56501, 56507, 56801, 56807 or 57001 applies; and  (c) the service has not been performed on the patient in the 36 months before the scan (R) (NK) (Anaes.) | 260.00 |
| 56619 | Computed tomography—scan of extremities, one region (other than knee), or more than one region (which may include knee), without intravenous contrast medium, not being a service to which any of items 56620, 56626, 56660 or 56666 apply (R) (K) (Anaes.) | 220.00 |
| 56620 | Computed tomography—scan of knee, without intravenous contrast medium, not being a service to which any of items 56619, 56625, 56659 or 56665 apply (R) (K) (Anaes.) | 220.00 |
| 56625 | Computed tomography—scan of extremities, one region (other than knee), or more than one region (which may include knee), with intravenous contrast medium and with any scans of extremities before intravenous contrast injection, when performed, not being a service to which any of items 56620, 56626, 56660 or 56666 apply (R) (K) (Anaes.) | 334.65 |
| 56626 | Computed tomography—scan of knee, with intravenous contrast medium and with any scans of the knee before intravenous contrast injection, when performed, not being a service to which any of items 56619, 56625, 56659 or 56665 apply (R) (K) (Anaes.) | 334.65 |
| 56659 | Computed tomography—scan of extremities, one region (other than knee), or more than one region (which may include knee), without intravenous contrast medium, not being a service to which any of items 56620, 56626, 56660 or 56666 apply (R) (NK) (Anaes.) | 112.10 |
| 56660 | Computed tomography—scan of knee, without intravenous contrast medium, not being a service to which any of items 56619, 56625, 56659 or 56665 apply (R) (NK) (Anaes.) | 112.10 |
| 56665 | Computed tomography—scan of extremities, one region (other than knee), or more than one region (which may include knee), with intravenous contrast medium and with any scans of extremities before intravenous contrast injection, when performed, not being a service to which any of items 56620, 56626, 56660 or 56666 apply (R) (NK) (Anaes.) | 167.40 |
| 56666 | Computed tomography—scan of knee, with intravenous contrast medium and with any scans of the knee before intravenous contrast injection, when performed, not being a service to which any of items 56619, 56625, 56659 or 56665 apply (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 |
| 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—one 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  (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.) | 510.00 |
| 57351 | Computed tomography—spiral angiography with intravenous contrast medium, including any scans performed before intravenous contrast injection—one 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  (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 | Computed tomography—spiral angiography with intravenous contrast medium including any scans performed before intravenous contrast injection—one 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  (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) (NK) (Anaes.) | 264.15 |
| 57356 | Computed tomography—spiral angiography with intravenous contrast medium, including any scans performed before intravenous contrast injection—one 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  (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 |
| 57360 | Computed tomography of the coronary arteries performed on a minimum of a 64 slice (or equivalent) scanner if:  (a) the request is made by a specialist or consultant physician; and  (b) one of the following subparagraphs applies to the patient:  (i) the patient has stable symptoms consistent with coronary ischaemia, is at low to intermediate risk of coronary artery disease and would have been considered for coronary angiography;  (ii) the patient requires exclusion of coronary artery anomaly or fistula;  (iii) the patient will be undergoing non‑coronary cardiac surgery (R) (K) (Anaes.) | 700.00 |
| 57361 | Computed tomography of the coronary arteries performed on a minimum of a 64 slice (or equivalent) scanner if:  (a) the request is made by a specialist or consultant physician; and  (b) one of the following applies to the patient:  (i) the patient has stable symptoms consistent with coronary ischaemia, is at low to intermediate risk of coronary artery disease and would have been considered for coronary angiography;  (ii) the patient requires exclusion of coronary artery anomaly or fistula;  (iii) the patient will be undergoing non‑coronary cardiac surgery (R) (NK) (Anaes.) | 350.00 |
| 57362 | Cone beam computed tomography—dental and temporo‑mandibular joint imaging (without contrast medium) for diagnosis and management of any of the following:  (a) mandibular and dento‑alveolar fractures;  (b) dental implant planning;  (c) orthodontics;  (d) endodontic conditions;  (e) periodontal conditions;  (f) temporo‑mandibular joint conditions  Applicable once per patient per day, not being for a service to which any of items 57959 to 57969 apply, and not being a service associated with another service in Group I2 (R) (K) (Anaes.) | 113.15 |
| 57363 | Cone beam computed tomography—dental and temporo‑mandibular joint imaging (without contrast medium) for diagnosis and management of any of the following:  (a) mandibular and dento‑alveolar fractures;  (b) dental implant planning;  (c) orthodontics;  (d) endodontic conditions;  (e) periodontal conditions;  (f) temporo‑mandibular joint conditions  Applicable once per patient per day, not being for a service to which any of items 57959 to 57969 apply, and not being a service associated with services in Group I2 (R) (NK) (Anaes.) | 56.60 |

Division 2.3—Group I3: diagnostic radiology

Subdivision A—General

2.3.1 Who must perform diagnostic imaging procedure

(1) For a service mentioned in an item in Subdivision B, D, E or G of this Division, a diagnostic imaging procedure must be performed by:

(a) a medical practitioner; or

(b) a person who:

(i) is registered as a medical radiation practitioner under a law of a State or Territory; and

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

(2) However, for a service mentioned in items 57901 to 57969, a diagnostic imaging procedure may also be performed by a dental practitioner who:

(a) may request the service because of the operation of subsection 16B(2) of the Act; and

(b) provides the service under the supervision of a medical practitioner in accordance with accepted medical practice.

(3) Subclauses (1) and (2) do not apply if the procedure is performed:

(a) in RA2, RA3 or RA4; or

(b) in:

(i) RA1; and

(ii) RRMA4 or RRMA5.

2.3.2 Limitation of items—certain services requested by chiropractors, osteopaths and physiotherapists

For any particular patient, if the service mentioned in any of the following items is requested more than once on the same day by the same chiropractor, physiotherapist, or osteopath, the item applies to the service only once on that day:

(a) items 58100 to 58106;

(b) items 58109, 58111, 58112, 58117 and 58123.

Subdivision B—Subgroups 1 to 9 of Group I3

| Group I3—Diagnostic radiology | | |
| --- | --- | --- |
| Column 1  Item | Column 2  Description | Column 3  Fee ($) |
| Subgroup 1—Radiographic examination of extremities | | |
| 57506 | Hand, wrist, forearm, elbow or humerus (NR) (K) | 29.75 |
| 57509 | Hand, wrist, forearm, elbow or humerus (R) (K) | 39.75 |
| 57512 | Hand and wrist, or hand, wrist and forearm, or forearm and elbow, or elbow and humerus (NR) (K) | 40.50 |
| 57515 | Hand and wrist, or hand, wrist and forearm, or forearm and elbow, or elbow and humerus (R) (K) | 54.00 |
| 57518 | Foot, ankle, leg or femur (NR) (K) | 32.50 |
| 57521 | Foot, ankle, leg or femur (R) (K) | 43.40 |
| 57522 | Knee (NR) (K) | 32.50 |
| 57523 | Knee (R) (K) | 43.40 |
| 57524 | Foot and ankle, or ankle and leg, or leg and knee, or knee and femur (NR) (K) | 49.40 |
| 57527 | Foot and ankle, or ankle and leg, or leg and knee, or knee and femur (R) (K) | 65.75 |
| 57529 | Hand, wrist, forearm, elbow or humerus (NR) (NK) | 14.90 |
| 57530 | Hand, wrist, forearm, elbow or humerus (R) (NK) | 19.90 |
| 57532 | Hand and wrist, or hand, wrist and forearm, or forearm and elbow, or elbow and humerus (NR) (NK) | 20.25 |
| 57533 | Hand and wrist, or hand, wrist and forearm, or forearm and elbow, or elbow and humerus (R) (NK) | 27.00 |
| 57535 | Foot, ankle, leg or femur (NR) (NK) | 16.25 |
| 57536 | Foot, ankle, leg or femur (R) (NK) | 21.70 |
| 57537 | Knee (NR) (NK) | 16.25 |
| 57538 | Foot and ankle, or ankle and leg, or leg and knee, or knee and femur (NR) (NK) | 24.70 |
| 57539 | Foot and ankle, or ankle and leg, or leg and knee, or knee and femur (R) (NK) | 32.90 |
| 57540 | Knee (R) (NK) | 21.70 |
| Subgroup 2—Radiographic examination of shoulder or pelvis | | |
| 57700 | Shoulder or scapula (NR) (K) | 40.50 |
| 57702 | Shoulder or scapula (NR) (NK) | 20.25 |
| 57703 | Shoulder or scapula (R) (K) | 54.00 |
| 57705 | Shoulder or scapula (R) (NK) | 27.00 |
| 57706 | Clavicle (NR) (K) | 32.50 |
| 57708 | Clavicle (NR) (NK) | 16.25 |
| 57709 | Clavicle (R) (K) | 43.40 |
| 57711 | Clavicle (R) (NK) | 21.70 |
| 57712 | Hip joint (R) (K) | 47.15 |
| 57714 | Hip joint (R) (NK) | 23.60 |
| 57715 | Pelvic girdle (R) (K) | 60.90 |
| 57717 | Pelvic girdle (R) (NK) | 30.45 |
| 57721 | Femur, internal fixation of neck or intertrochanteric (pertrochanteric) fracture (R) (K) | 99.25 |
| 57723 | Femur, internal fixation of neck or intertrochanteric (pertrochanteric) fracture (R) (NK) | 49.65 |
| Subgroup 3—Radiographic examination of head | | |
| 57901 | Skull, not in association with item 57902 or 57914 (R) (K) | 64.50 |
| 57902 | Cephalometry, not in association with item 57901 or 57911 (R) (K) | 64.50 |
| 57903 | Sinuses (R) (K) | 47.30 |
| 57906 | Mastoids (R) (K) | 64.50 |
| 57909 | Petrous temporal bones (R) (K) | 64.50 |
| 57911 | Skull, not in association with item 57902 or 57914 (R) (NK) | 32.25 |
| 57912 | Facial bones—orbit, maxilla or malar, any or all (R) (K) | 47.15 |
| 57914 | Cephalometry, not in association with item 57901 or 57911 (R) (NK) | 32.25 |
| 57915 | Mandible, not by orthopantomography technique (R) (K) | 47.15 |
| 57917 | Sinuses (R) (NK) | 23.65 |
| 57918 | Salivary calculus (R) (K) | 47.15 |
| 57920 | Mastoids (R) (NK) | 32.25 |
| 57921 | Nose (R) (K) | 47.15 |
| 57923 | Petrous temporal bones (R) (NK) | 32.25 |
| 57924 | Eye (R) (K) | 47.15 |
| 57926 | Facial bones—orbit, maxilla or malar, any or all (R) (NK) | 23.60 |
| 57927 | Temporo‑mandibular joints (R) (K) | 49.65 |
| 57929 | Mandible, not by orthopantomography technique (R) (NK) | 23.60 |
| 57930 | Teeth—single area (R) (K) | 32.90 |
| 57932 | Salivary calculus (R) (NK) | 23.60 |
| 57933 | Teeth—full mouth (R) (K) | 78.25 |
| 57935 | Nose (R) (NK) | 23.60 |
| 57938 | Eye (R) (NK) | 23.60 |
| 57939 | Palato‑pharyngeal studies with fluoroscopic screening (R) (K) | 64.50 |
| 57941 | Temporo‑mandibular joints (R) (NK) | 24.85 |
| 57942 | Palato‑pharyngeal studies without fluoroscopic screening (R) (K) | 49.65 |
| 57944 | Teeth—single area (R) (NK) | 16.45 |
| 57945 | Larynx, lateral airways and soft tissues of the neck, not being a service associated with a service to which item 57939, 57942, 57950 or 57953 applies (R) (K) | 43.40 |
| 57947 | Teeth—full mouth (R) (NK) | 39.15 |
| 57950 | Palato‑pharyngeal studies with fluoroscopic screening (R) (NK) | 32.25 |
| 57953 | Palato‑pharyngeal studies without fluoroscopic screening (R) (NK) | 24.85 |
| 57956 | Larynx, lateral airways and soft tissues of the neck, not being a service associated with a service to which item 57939, 57942, 57950 or 57953 applies (R) (NK) | 21.70 |
| 57959 | Orthopantomography for diagnosis or management (or both) of trauma, infection, tumour or a congenital or surgical condition of the teeth or maxillofacial region (R) (NK) | 23.70 |
| 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) (K) | 47.40 |
| 57962 | 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) (NK) | 23.70 |
| 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) (K) | 47.40 |
| 57965 | Orthopantomography for diagnosis or management (or both) of missing or crowded teeth, or developmental anomalies of the teeth or jaws (R) (NK) | 23.70 |
| 57966 | Orthopantomography for diagnosis or management (or both) of missing or crowded teeth, or developmental anomalies of the teeth or jaws (R) (K) | 47.40 |
| 57968 | Orthopantomography for diagnosis or management (or both) of temporo‑mandibular joint arthroses or dysfunction (R) (NK) | 23.70 |
| 57969 | Orthopantomography for diagnosis or management (or both) of temporo‑mandibular joint arthroses or dysfunction (R) (K) | 47.40 |
| Subgroup 4—Radiographic examination of spine | | |
| 58100 | Spine—cervical (R) (K) | 67.15 |
| 58102 | Spine—cervical (R) (NK) | 33.60 |
| 58103 | Spine—thoracic (R) (K) | 55.10 |
| 58105 | Spine—thoracic (R) (NK) | 27.55 |
| 58106 | Spine—lumbosacral (R) (K) | 77.00 |
| 58108 | Spine—4 regions, cervical, thoracic, lumbosacral and sacrococcygeal (R) (K) | 110.00 |
| 58109 | Spine—sacrococcygeal (R) (K) | 47.00 |
| 58111 | Spine—lumbosacral (R) (NK) | 38.50 |
| 58112 | Spine—2 examinations of the kind mentioned in items 58100, 58102, 58103, 58105, 58106, 58109, 58111 and 58117 (R) (K) | 97.25 |
| 58114 | Spine—4 regions, cervical, thoracic, lumbosacral and sacrococcygeal (R) (NK) | 55.00 |
| 58115 | Spine—3 examinations of the kind mentioned in items 58100, 58102, 58103, 58105, 58106, 58109, 58111 and 58117 (R) (K) | 110.00 |
| 58117 | Spine—sacrococcygeal (R) (NK) | 23.50 |
| 58120 | Spine—4 regions, cervical, thoracic, lumbosacral and sacrococcygeal, if the service to which item 58120, 58121, 58126 or 58127 applies has not been performed on the same patient within the same calendar year (R) (K) | 110.00 |
| 58121 | Spine—3 examinations of the kind mentioned in items 58100, 58102, 58103, 58105, 58106, 58109, 58111 and 58117, if the service to which item 58120, 58121, 58126 or 58127 applies has not been performed on the same patient within the same calendar year (R) (K) | 110.00 |
| 58123 | Spine—2 examinations of the kind mentioned in items 58100, 58102, 58103, 58105, 58106, 58109, 58111 and 58117 (R) (NK) | 48.65 |
| 58124 | Spine—3 examinations of the kind mentioned in items 58100, 58102, 58103, 58105, 58106, 58109, 58111 and 58117 (R) (NK) | 55.00 |
| 58126 | Spine—4 regions, cervical, thoracic, lumbosacral and sacrococcygeal, if the service to which item 58120, 58121, 58126 or 58127 applies has not been performed on the same patient within the same calendar year (R) (NK) | 55.00 |
| 58127 | Spine—3 examinations of the kind mentioned in items 58100, 58102, 58103, 58105, 58106, 58109, 58111 and 58117, if the service to which item 58120, 58121, 58126 or 58127 applies has not been performed on the same patient within the same calendar year (R) (NK) | 55.00 |
| Subgroup 5—Bone age study and skeletal survey | | |
| 58300 | Bone age study (R) (K) | 40.10 |
| 58302 | Bone age study (R) (NK) | 20.05 |
| 58306 | Skeletal survey (R) (K) | 89.40 |
| 58308 | Skeletal survey (R) (NK) | 44.70 |
| Subgroup 6—Radiographic examination of thoracic region | | |
| 58500 | Chest (lung fields) by direct radiography (NR) (K) | 35.35 |
| 58502 | Chest (lung fields) by direct radiography (NR) (NK) | 17.70 |
| 58503 | Chest (lung fields) by direct radiography (R) (K) | 47.15 |
| 58505 | Chest (lung fields) by direct radiography (R) (NK) | 23.60 |
| 58506 | Chest (lung fields) by direct radiography with fluoroscopic screening (R) (K) | 60.75 |
| 58508 | Chest (lung fields) by direct radiography with fluoroscopic screening (R) (NK) | 30.40 |
| 58509 | Thoracic inlet or trachea (R) (K) | 39.75 |
| 58511 | Thoracic inlet or trachea (R) (NK) | 19.90 |
| 58521 | Left ribs, right ribs or sternum (R) (K) | 43.40 |
| 58523 | Left ribs, right ribs or sternum (R) (NK) | 21.70 |
| 58524 | Left and right ribs, left ribs and sternum, or right ribs and sternum (R) (K) | 56.50 |
| 58526 | Left and right ribs, left ribs and sternum, or right ribs and sternum (R) (NK) | 28.25 |
| 58527 | Left ribs, right ribs and sternum (R) (K) | 69.40 |
| 58529 | Left ribs, right ribs and sternum (R) (NK) | 34.70 |
| Subgroup 7—Radiographic examination of urinary tract | | |
| 58700 | Plain renal only (R) (K) | 46.05 |
| 58702 | Plain renal only (R) (NK) | 23.05 |
| 58706 | Intravenous pyelography, with or without preliminary plain films and with or without tomography (R) (K) | 157.90 |
| 58708 | Intravenous pyelography, with or without preliminary plain films and with or without tomography (R) (NK) | 78.95 |
| 58715 | Antegrade or retrograde pyelography with or without preliminary plain films and with preparation and contrast injection, one side (R) (K) | 151.55 |
| 58717 | Antegrade or retrograde pyelography with or without preliminary plain films and with preparation and contrast injection, one side (R) (NK) | 75.80 |
| 58718 | Retrograde cystography or retrograde urethrography with or without preliminary plain films and with preparation and contrast injection (R) (K) (Anaes.) | 126.10 |
| 58720 | Retrograde cystography or retrograde urethrography with or without preliminary plain films and with preparation and contrast injection (R) (NK) (Anaes.) | 63.05 |
| 58721 | Retrograde micturating cysto‑urethrography, with preparation and contrast injection (R) (K) (Anaes.) | 138.25 |
| 58723 | Retrograde micturating cysto‑urethrography, with preparation and contrast injection (R) (NK) (Anaes.) | 69.15 |
| Subgroup 8—Radiographic examination of alimentary tract and biliary system | | |
| 58900 | Plain abdominal only, not being a service associated with a service to which item 58909, 58911, 58912, 58914, 58915 or 58917 applies (NR) (K) | 35.70 |
| 58902 | Plain abdominal only, not being a service associated with a service to which item 58909, 58911, 58912, 58914, 58915 or 58917 applies (NR) (NK) | 17.85 |
| 58903 | Plain abdominal only, not being a service associated with a service to which item 58909, 58911, 58912, 58914, 58915 or 58917 applies (R) (K) | 47.60 |
| 58905 | Plain abdominal only, not being a service associated with a service to which item 58909, 58911,58912, 58914, 58915 or 58917 applies (R) (NK) | 23.80 |
| 58909 | Barium or other opaque meal of one 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, 57945, 57950, 57953 or 57956 applies (R) (K) | 89.95 |
| 58911 | Barium or other opaque meal of one 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, 57945, 57950, 57953 or 57956 applies (R) (NK) | 45.00 |
| 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) (K) | 110.25 |
| 58914 | 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) (NK) | 55.15 |
| 58915 | Barium or other opaque meal, small bowel series only, with or without preliminary plain film (R) (K) | 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) (K) (Anaes.) | 138.50 |
| 58917 | Barium or other opaque meal, small bowel series only, with or without preliminary plain film (R) (NK) | 39.50 |
| 58920 | 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) (NK) (Anaes.) | 69.25 |
| 58921 | Opaque enema, with or without air contrast study and with or without preliminary plain films (R) (K) | 135.25 |
| 58923 | Opaque enema, with or without air contrast study and with or without preliminary plain films (R) (NK) | 67.65 |
| 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) (K) | 76.45 |
| 58929 | 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) (NK) | 38.25 |
| 58933 | Cholegraphy, percutaneous transhepatic, with or without preliminary plain films and with preparation and contrast injection (R) (K) | 205.60 |
| 58935 | Cholegraphy, percutaneous transhepatic, with or without preliminary plain films and with preparation and contrast injection (R) (NK) | 102.80 |
| 58936 | Cholegraphy, drip infusion, with or without preliminary plain films, with preparation and contrast injection and with or without tomography (R) (K) | 195.95 |
| 58938 | Cholegraphy, drip infusion, with or without preliminary plain films, with preparation and contrast injection and with or without tomography (R) (NK) | 98.00 |
| 58939 | Defaecogram (R) (K) | 139.30 |
| 58941 | Defaecogram (R) (NK) | 69.65 |
| Subgroup 9—Radiographic examination for localisation of foreign bodies | | |
| 59103 | Localisation of foreign body, if provided in conjunction with a service mentioned in Subgroups 1 to 12 of Group I3 (R) (K) | 21.30 |
| 59104 | Localisation of foreign body, if provided in conjunction with a service mentioned in Subgroups 1 to 12 of Group I3 (R) (NK) | 10.65 |

Subdivision C—Subgroup 10 of Group I3: radiographic examination of breasts

2.3.3 Mammography services—eligible services

Items in this Subdivision apply only to a mammography service performed:

(a) under the 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.

| Group I3—Diagnostic radiography | | |
| --- | --- | --- |
| Column 1  Item | Column 2  Description | Column 3  Fee ($) |
| Subgroup 10—Radiographic examination of breasts | | |
| 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  (b) symptoms or indications of malignancy found on examination of the patient by a medical practitioner (R) (K) | 89.50 |
| 59301 | 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  (b) symptoms or indications of malignancy found on examination of the patient by a medical practitioner (R) (NK) | 44.75 |
| 59303 | Mammography of one 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) (K) | 53.95 |
| 59304 | Mammography of one 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) (NK) | 27.00 |
| 59306 | Mammary ductogram (galactography)—one breast (R) (K) | 100.30 |
| 59307 | Mammary ductogram (galactography)—one breast (R) (NK) | 50.15 |
| 59309 | Mammary ductogram (galactography)—2 breasts (R) (K) | 200.60 |
| 59310 | Mammary ductogram (galactography)—2 breasts (R) (NK) | 100.30 |
| 59312 | Radiographic examination of both breasts, in conjunction with a surgical procedure on each breast, using interventional techniques (R) (K) | 87.00 |
| 59313 | Radiographic examination of both breasts, in conjunction with a surgical procedure on each breast, using interventional techniques (R) (NK) | 43.50 |
| 59314 | Radiographic examination of one breast, in conjunction with a surgical procedure using interventional techniques (R) (K) | 52.50 |
| 59315 | Radiographic examination of one breast, in conjunction with a surgical procedure using interventional techniques (R) (NK) | 26.25 |
| 59318 | Radiographic examination of excised breast tissue to confirm satisfactory excision of one or more lesions in one breast or both following pre‑operative localisation in conjunction with a service under item 31536 (R) (K) | 47.05 |
| 59319 | Radiographic examination of excised breast tissue to confirm satisfactory excision of one or more lesions in one breast or both following pre‑operative localisation in conjunction with a service under item 31536 (R) (NK) | 23.55 |

Subdivision D—Subgroups 12 and 13 of Group I3

| Group I3—Diagnostic radiography | | |
| --- | --- | --- |
| Column 1  Item | Column 2  Description | Column 3  Fee ($) |
| Subgroup 12—Radiographic examination with opaque or contrast media | | |
| 59700 | Discography, each disc, with or without preliminary plain films and with preparation and contrast injection (R) (K) (Anaes.) | 96.55 |
| 59701 | Discography, each disc, with or without preliminary plain films and with preparation and contrast injection (R) (NK) (Anaes.) | 48.30 |
| 59703 | Dacryocystography, one side, with or without preliminary plain film and with preparation and contrast injection (R) (K) | 75.90 |
| 59704 | Dacryocystography, one side, with or without preliminary plain film and with preparation and contrast injection (R) (NK) | 37.95 |
| 59712 | Hysterosalpingography, with or without preliminary plain films and with preparation and contrast injection (R) (K) (Anaes.) | 113.70 |
| 59713 | Hysterosalpingography, with or without preliminary plain films and with preparation and contrast injection (R) (NK) (Anaes.) | 56.85 |
| 59715 | Bronchography, one side, with or without preliminary plain films and with preparation and contrast injection, on a person under 16 years of age (R) (K) (Anaes.) | 143.55 |
| 59716 | Bronchography, one side, with or without preliminary plain films and with preparation and contrast injection, on a person under 16 years of age (R) (NK) (Anaes.) | 71.80 |
| 59718 | Phlebography, one side, with or without preliminary plain films and with preparation and contrast injection (R) (K) (Anaes.) | 134.65 |
| 59719 | Phlebography, one side, with or without preliminary plain films and with preparation and contrast injection (R) (NK) (Anaes.) | 67.35 |
| 59724 | Myelography, one 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) (K) (Anaes.) | 226.45 |
| 59725 | Myelography, one 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 or 56259 applies (R) (NK) (Anaes.) | 113.25 |
| 59733 | Sialography, one side, with preparation and contrast injection, not being a service associated with a service to which item 57918 or 57932 applies (R) (K) | 107.70 |
| 59734 | Sialography, one side, with preparation and contrast injection, not being a service associated with a service to which item 57918 or 57932 applies (R) (NK) | 53.85 |
| 59739 | Sinogram or fistulogram, one or more regions, with or without preliminary plain films and with preparation and contrast injection (R) (K) | 73.75 |
| 59740 | Sinogram or fistulogram, one or more regions, with or without preliminary plain films and with preparation and contrast injection (R) (NK) | 36.90 |
| 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) (K) | 139.15 |
| 59752 | 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) (NK) | 69.60 |
| 59754 | Lymphangiography, one or both sides, with preliminary plain films and follow‑up radiography and with preparation and contrast injection (R) (K) | 219.35 |
| 59755 | Lymphangiography, one or both sides, with preliminary plain films and follow‑up radiography and with preparation and contrast injection (R) (NK) | 109.70 |
| 59763 | Air insufflation during video—fluoroscopic imaging including associated consultation (R) (K) | 133.90 |
| 59764 | Air insufflation during video—fluoroscopic imaging including associated consultation (R) (NK) | 66.95 |
| Subgroup 13—Angiography | | |
| 59903 | Angiocardiography, including the service mentioned in item 59970, 59974, 61109 or 61110, not being a service to which item 59912 or 59925 applies (R) (K) (Anaes.) | 114.55 |
| 59912 | Selective coronary arteriography, including the service mentioned in item 59970, 59974, 61109 or 61110, not being a service to which item 59903 or 59925 applies (R) (K) (Anaes.) | 305.20 |
| 59925 | Selective coronary arteriography and angiocardiography, including a service mentioned in item 59903, 59912, 59970, 59974, 61109 or 61110 (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—one or more regions (R) (K) (Anaes.) | 168.30 |
| 59971 | Angiocardiography, including the service mentioned in item 59970, 59974, 61109 or 61110, not being a service to which item 59972 or 59973 applies (R) (NK) (Anaes.) | 57.30 |
| 59972 | Selective coronary arteriography, including the service mentioned in item 59970, 59974, 61109 or 61110, not being a service to which item 59971 or 59973 applies (R) (NK) (Anaes.) | 152.60 |
| 59973 | Selective coronary arteriography and angiocardiography, including a service mentioned in item 59970, 59971, 59972, 59974, 61109 or 61110 (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—one 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) (K) (Anaes.) | 564.00 |
| 60001 | Digital subtraction angiography, examination of head and neck with or without arch aortography—1 to 3 data acquisition runs (R) (NK) (Anaes.) | 282.00 |
| 60003 | Digital subtraction angiography, examination of head and neck with or without arch aortography—4 to 6 data acquisition runs (R) (K) (Anaes.) | 827.10 |
| 60004 | Digital subtraction angiography, examination of head and neck with or without arch aortography—4 to 6 data acquisition runs (R) (NK) (Anaes.) | 413.55 |
| 60006 | Digital subtraction angiography, examination of head and neck with or without arch aortography—7 to 9 data acquisition runs (R) (K) (Anaes.) | 1,176.10 |
| 60007 | Digital subtraction angiography, examination of head and neck with or without arch aortography—7 to 9 data acquisition runs (R) (NK) (Anaes.) | 588.05 |
| 60009 | Digital subtraction angiography, examination of head and neck with or without arch aortography—10 or more data acquisition runs (R) (K) (Anaes.) | 1,376.30 |
| 60010 | Digital subtraction angiography, examination of head and neck with or without arch aortography—10 or more data acquisition runs (R) (NK) (Anaes.) | 688.15 |
| 60012 | Digital subtraction angiography, examination of thorax—1 to 3 data acquisition runs (R) (K) (Anaes.) | 564.00 |
| 60013 | Digital subtraction angiography, examination of thorax—1 to 3 data acquisition runs (R) (NK) (Anaes.) | 282.00 |
| 60015 | Digital subtraction angiography, examination of thorax—4 to 6 data acquisition runs (R) (K) (Anaes.) | 827.10 |
| 60016 | Digital subtraction angiography, examination of thorax—4 to 6 data acquisition runs (R) (NK) (Anaes.) | 413.55 |
| 60018 | Digital subtraction angiography, examination of thorax—7 to 9 data acquisition runs (R) (K) (Anaes.) | 1,176.10 |
| 60019 | Digital subtraction angiography, examination of thorax—7 to 9 data acquisition runs (R) (NK) (Anaes.) | 588.05 |
| 60021 | Digital subtraction angiography, examination of thorax—10 or more data acquisition runs (R) (K) (Anaes.) | 1,376.30 |
| 60022 | Digital subtraction angiography, examination of thorax—10 or more data acquisition runs (R) (NK) (Anaes.) | 688.15 |
| 60024 | Digital subtraction angiography, examination of abdomen—1 to 3 data acquisition runs (R) (K) (Anaes.) | 564.00 |
| 60025 | Digital subtraction angiography, examination of abdomen—1 to 3 data acquisition runs (R) (NK) (Anaes.) | 282.00 |
| 60027 | Digital subtraction angiography, examination of abdomen—4 to 6 data acquisition runs (R) (K) (Anaes.) | 827.10 |
| 60028 | Digital subtraction angiography, examination of abdomen—4 to 6 data acquisition runs (R) (NK) (Anaes.) | 413.55 |
| 60030 | Digital subtraction angiography, examination of abdomen—7 to 9 data acquisition runs (R) (K) (Anaes.) | 1,176.10 |
| 60031 | Digital subtraction angiography, examination of abdomen—7 to 9 data acquisition runs (R) (NK) (Anaes.) | 588.05 |
| 60033 | Digital subtraction angiography, examination of abdomen—10 or more data acquisition runs (R) (K) (Anaes.) | 1,376.30 |
| 60034 | Digital subtraction angiography, examination of abdomen—10 or more data acquisition runs (R) (NK) (Anaes.) | 688.15 |
| 60036 | Digital subtraction angiography, examination of upper limb or limbs—1 to 3 data acquisition runs (R) (K) (Anaes.) | 564.00 |
| 60037 | Digital subtraction angiography, examination of upper limb or limbs—1 to 3 data acquisition runs (R) (NK) (Anaes.) | 282.00 |
| 60039 | Digital subtraction angiography, examination of upper limb or limbs—4 to 6 data acquisition runs (R) (K) (Anaes.) | 827.10 |
| 60040 | Digital subtraction angiography, examination of upper limb or limbs—4 to 6 data acquisition runs (R) (NK) (Anaes.) | 413.55 |
| 60042 | Digital subtraction angiography, examination of upper limb or limbs—7 to 9 data acquisition runs (R) (K) (Anaes.) | 1,176.10 |
| 60043 | Digital subtraction angiography, examination of upper limb or limbs—7 to 9 data acquisition runs (R) (NK) (Anaes.) | 588.05 |
| 60045 | Digital subtraction angiography, examination of upper limb or limbs—10 or more data acquisition runs (R) (K) (Anaes.) | 1,376.30 |
| 60046 | Digital subtraction angiography, examination of upper limb or limbs—10 or more data acquisition runs (R) (NK) (Anaes.) | 688.15 |
| 60048 | Digital subtraction angiography, examination of lower limb or limbs—1 to 3 data acquisition runs (R) (K) (Anaes.) | 564.00 |
| 60049 | Digital subtraction angiography, examination of lower limb or limbs—1 to 3 data acquisition runs (R) (NK) (Anaes.) | 282.00 |
| 60051 | Digital subtraction angiography, examination of lower limb or limbs—4 to 6 data acquisition runs (R) (K) (Anaes.) | 827.10 |
| 60052 | Digital subtraction angiography, examination of lower limb or limbs—4 to 6 data acquisition runs (R) (NK) (Anaes.) | 413.55 |
| 60054 | Digital subtraction angiography, examination of lower limb or limbs—7 to 9 data acquisition runs (R) (K) (Anaes.) | 1,176.10 |
| 60055 | Digital subtraction angiography, examination of lower limb or limbs—7 to 9 data acquisition runs (R) (NK) (Anaes.) | 588.05 |
| 60057 | Digital subtraction angiography, examination of lower limb or limbs—10 or more data acquisition runs (R) (K) (Anaes.) | 1,376.30 |
| 60058 | Digital subtraction angiography, examination of lower limb or limbs—10 or more data acquisition runs (R) (NK) (Anaes.) | 688.15 |
| 60060 | Digital subtraction angiography, examination of aorta and lower limb or limbs—1 to 3 data acquisition runs (R) (K) (Anaes.) | 564.00 |
| 60061 | Digital subtraction angiography, examination of aorta and lower limb or limbs—1 to 3 data acquisition runs (R) (NK) (Anaes.) | 282.00 |
| 60063 | Digital subtraction angiography, examination of aorta and lower limb or limbs—4 to 6 data acquisition runs (R) (K) (Anaes.) | 827.10 |
| 60064 | Digital subtraction angiography, examination of aorta and lower limb or limbs—4 to 6 data acquisition runs (R) (NK) (Anaes.) | 413.55 |
| 60066 | Digital subtraction angiography, examination of aorta and lower limb or limbs—7 to 9 data acquisition runs (R) (K) (Anaes.) | 1,176.10 |
| 60067 | Digital subtraction angiography, examination of aorta and lower limb or limbs—7 to 9 data acquisition runs (R) (NK) (Anaes.) | 588.05 |
| 60069 | Digital subtraction angiography, examination of aorta and lower limb or limbs—10 or more data acquisition runs (R) (K) (Anaes.) | 1,376.30 |
| 60070 | Digital subtraction angiography, examination of aorta and lower limb or limbs—10 or more data acquisition runs (R) (NK) (Anaes.) | 688.15 |
| 60072 | Selective arteriography or selective venography by digital subtraction angiography technique—one vessel (NR) (K) (Anaes.) | 48.10 |
| 60073 | Selective arteriography or selective venography by digital subtraction angiography technique—one vessel (NR) (NK) (Anaes.) | 24.05 |
| 60075 | Selective arteriography or selective venography by digital subtraction angiography technique—2 vessels (NR) (K) (Anaes.) | 96.10 |
| 60076 | Selective arteriography or selective venography by digital subtraction angiography technique—2 vessels (NR) (NK) (Anaes.) | 48.05 |
| 60078 | Selective arteriography or selective venography by digital subtraction angiography technique—3 or more vessels (NR) (K) (Anaes.) | 144.25 |
| 60079 | Selective arteriography or selective venography by digital subtraction angiography technique—3 or more vessels (NR) (NK) (Anaes.) | 72.15 |

Subdivision E—Subgroup 15 of Group I3: fluoroscopic examination

| Group I3—Diagnostic radiography | | |
| --- | --- | --- |
| Column 1  Item | Column 2  Description | Column 3  Fee ($) |
| Subgroup 15—Fluoroscopic examination | | |
| 60500 | Fluoroscopy, with general anaesthesia (not being a service associated with a radiographic examination) (R) (K) (Anaes.) | 43.40 |
| 60501 | Fluoroscopy, with general anaesthesia (not being a service associated with a radiographic examination) (R) (NK) (Anaes.) | 21.70 |
| 60503 | Fluoroscopy, without general anaesthesia (not being a service associated with a radiographic examination) (R) (K) | 29.75 |
| 60504 | Fluoroscopy, without general anaesthesia (not being a service associated with a radiographic examination) (R) (NK) | 14.90 |
| 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) (K) | 63.75 |
| 60507 | 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) (NK) | 31.90 |
| 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) (K) | 98.90 |
| 60510 | 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) (NK) | 49.45 |

Subdivision F—Subgroup 16 of Group I3: preparation for radiological procedure

2.3.4 Preparation of patients for radiological procedures

Items in this Subdivision 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.

| Group I3—Diagnostic radiography | | |
| --- | --- | --- |
| Column 1  Item | Column 2  Description | Column 3  Fee ($) |
| Subgroup 16—Preparation for radiological procedure | | |
| 60918 | Arteriography (peripheral) or phlebography—one 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 60079 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 60079 apply (NR) (Anaes.) | 38.05 |

Subdivision G—Subgroup 17 of Group I3: interventional techniques

2.3.5 Meaning of *angiography suite*

In this table:

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

| Group I3—Diagnostic radiography | | |
| --- | --- | --- |
| Column 1  Item | Column 2  Description | Column 3  Fee ($) |
| Subgroup 17—Interventional techniques | | |
| 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) (K) | 258.90 |
| 61110 | 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) (NK) | 129.45 |

Division 2.4—Group I4: nuclear medicine imaging

2.4.1 Nuclear scanning services—other than PET

Items 61302 to 61505, 61650 to 61719 and 61729 apply only if:

(a) the performance of the service does not involve the use of positron‑emission radio‑isotopes or a 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 Chief Executive Medicare by the JNMCAC, of participants in the Joint Nuclear Medicine Specialist Credentialling Program of the JNMCAC; 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.

2.4.2 PET nuclear scanning services

(1) Items 61523 to 61647 apply only if the service is performed on a person:

(a) at the written request of a specialist or consultant physician (the ***requesting practitioner***) if:

(i) the person is the requesting practitioner’s patient; and

(ii) the requesting practitioner decides that the service is necessary; and

(b) in a comprehensive facility; and

(c) in accordance with clauses 2.4.3 and 2.4.4.

(2) Also, the items apply only if the owner or operator of the equipment used to perform the service is not in breach of clause 2.4.5.

2.4.3 PET nuclear scanning services—performance under personal supervision

(1) For the purposes of clause 2.4.2, the service must be performed on a person by or under the personal supervision of:

(a) a credentialled specialist other than the requesting practitioner; or

(b) a medical practitioner other than the requesting practitioner if the medical practitioner:

(i) is a Fellow of the RACP or RANZCR; and

(ii) has reported 400 or more studies forming part of PET services for which a medicare benefit was payable; and

(iii) is authorised under State or Territory law to prescribe and administer to humans the PET radiopharmaceuticals that are to be administered to the person; and

(iv) met the requirements of subparagraphs (i), (ii) and (iii) before 1 November 2011.

(2) In this clause:

***requesting practitioner*** has the same meaning as in paragraph 2.4.2(1)(a).

2.4.4 PET nuclear scanning services—equipment

For the purposes of clause 2.4.2, the service must be performed on a person using equipment that meets the requirements set out in *Requirements for PET Accreditation (Instrumentation & Radiation Safety)* *3rd Edition (2017)*, issued by the Australian and New Zealand Society of Nuclear Medicine Inc, as existing on 1 July 2019.

Note: The *Requirements for PET Accreditation (Instrumentation & Radiation Safety)* *3rd Edition (2017)* could in 2019 be viewed on the website of the Society (https://www.anzsnm.org.au).

2.4.5 PET nuclear scanning services—statutory declaration

(1) The owner or operator mentioned in subclause 2.4.2(2) must have given a statutory declaration to the Chief Executive Medicare that includes the following information:

(a) whether the owner or operator is a credentialed specialist or a medical practitioner who satisfies the requirements mentioned in subparagraphs 2.4.3(1)(b)(i) to (iv);

(b) whether the place where the owner or operator provides the service in a comprehensive facility;

(c) whether the equipment meets the requirements mentioned in clause 2.4.4;

(d) the facility’s address;

(e) the provider number for the facility given by the Chief Executive Medicare;

(f) the location specific practice number for the facility given by the Minister;

(g) the models, serial numbers and manufacturers of the equipment.

(2) If the matters declared in the statutory declaration change, the owner or operator must give the Chief Executive Medicare written notice of the change as soon as the owner or operator knows about the change.

| Group I4—Nuclear medicine imaging | | |
| --- | --- | --- |
| Column 1  Item | Column 2  Description | Column 3  Fee ($) |
| 61302 | Single stress or rest myocardial perfusion study—planar imaging (R) (K) | 448.85 |
| 61303 | Single stress or rest myocardial perfusion study—with single photon emission tomography and with planar imaging when performed (R) (K) | 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) (K) | 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) (K) | 834.90 |
| 61310 | Myocardial infarct‑avid‑study, with planar imaging and single photon emission tomography, or planar imaging or single photon emission tomography (R) (K) | 367.30 |
| 61313 | Gated cardiac blood pool study, (equilibrium), with planar imaging and single photon emission tomography, or planar imaging or single photon emission tomography (R) (K) | 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) (K) | 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) (K) | 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) (K) | 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) (K) | 228.90 |
| 61328 | Lung perfusion study, with planar imaging and single photon emission tomography or planar imaging, or single photon emission tomography (R) (K) | 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) (K) | 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) (K) | 443.35 |
| 61352 | Liver and spleen study (colloid)—planar imaging (R) (K) | 259.35 |
| 61353 | Liver and spleen study (colloid), with single photon emission tomography and with planar imaging when performed (R) (K) | 386.60 |
| 61356 | Red blood cell spleen or liver study, including single photon emission tomography when performed (R) (K) | 392.80 |
| 61360 | Hepatobiliary study, including morphine administration or pre‑treatment with a cholagogue when performed (R) (K) | 403.35 |
| 61361 | Hepatobiliary study with formal quantification following baseline imaging, using a cholagogue (R) (K) | 461.40 |
| 61364 | Bowel haemorrhage study (R) (K) | 496.95 |
| 61368 | Meckel’s diverticulum study (R) (K) | 223.10 |
| 61369 | Indium‑labelled octreotide study (including single photon emission tomography when undertaken), if:  (a) a gastro‑entero‑pancreatic endocrine tumour is suspected on the basis of biochemical evidence with negative or equivocal conventional imaging; or  (b) both:  (i) a surgically amenable gastro‑entero‑pancreatic endocrine tumour has been identified on the basis of conventional techniques; and  (ii) the study is to exclude additional disease sites  (R) (K) | 2,015.75 |
| 61372 | Salivary study (R) (K) | 223.10 |
| 61373 | Gastro‑oesophageal reflux study, including delayed imaging on a separate occasion when performed (R) (K) | 489.70 |
| 61376 | Oesophageal clearance study (R) (K) | 143.35 |
| 61381 | Gastric emptying study, using single tracer (R) (K) | 574.35 |
| 61383 | Combined solid and liquid gastric emptying study using dual isotope technique or the same isotope on separate days (R) (K) | 624.95 |
| 61384 | Radionuclide colonic transit study (R) (K) | 687.70 |
| 61386 | Renal study, including perfusion and renogram images and computer analysis or cortical study with planar imaging (R) (K) | 332.50 |
| 61387 | Renal cortical study, with single photon emission tomography and planar quantification (R) (K) | 430.75 |
| 61389 | Single renal study with pre‑procedural administration of a diuretic or angiotensin converting enzyme (ACE) inhibitor (R) (K) | 370.55 |
| 61390 | Renal study with diuretic administration after a baseline study (R) (K) | 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) (K) | 605.50 |
| 61397 | Cystoureterogram (R) (K) | 246.85 |
| 61401 | Testicular study (R) (K) | 162.30 |
| 61402 | Cerebral perfusion study, with single photon emission tomography and with planar imaging when performed (R) (K) | 605.05 |
| 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) (K) | 346.00 |
| 61409 | Cerebro‑spinal fluid transport study, with imaging on 2 or more separate occasions (R) (K) | 873.50 |
| 61413 | Cerebro‑spinal fluid shunt patency study (R) (K) | 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) (K) | 118.85 |
| 61421 | Bone study—whole body, with, when undertaken, blood flow, blood pool and delayed imaging on a separate occasion (R) (K) | 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) (K) | 600.70 |
| 61426 | Whole body study using iodine (R) (K) | 554.80 |
| 61429 | Whole body study using gallium (R) (K) | 543.00 |
| 61430 | Whole body study using gallium, with single photon emission tomography (R) (K) | 659.45 |
| 61433 | Whole body study using cells labelled with technetium (R) (K) | 496.95 |
| 61434 | Whole body study using cells labelled with technetium, with single photon emission tomography (R) (K) | 615.40 |
| 61437 | Whole body study using thallium (R) (K) | 542.75 |
| 61438 | Whole body study using thallium, with single photon emission tomography (R) (K) | 672.95 |
| 61441 | Bone marrow study—whole body using technetium labelled bone marrow agents (R) (K) | 489.70 |
| 61442 | Whole body study, using gallium—with single photon emission tomography of 2 or more body regions acquired separately (R) (K) | 752.35 |
| 61445 | Bone marrow study—localised using technetium labelled agent (R) (K) | 286.80 |
| 61446 | Localised bone or joint study, including when undertaken, blood flow, blood pool and repeat imaging on a separate occasion (R) (K) | 333.55 |
| 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) (K) | 456.20 |
| 61450 | Localised study using gallium (R) (K) | 397.55 |
| 61453 | Localised study using gallium, with single photon emission tomography (R) (K) | 514.70 |
| 61454 | Localised study using cells labelled with technetium (R) (K) | 348.10 |
| 61457 | Localised study using cells labelled with technetium, with single photon emission tomography (R) (K) | 470.45 |
| 61458 | Localised study using thallium (R) (K) | 396.95 |
| 61461 | Localised study using thallium, with single photon emission tomography (R) (K) | 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, 61485, 61669, 61692, 61693, 61694, 61700, 61704, 61705, 61712, 61715 or 61716, if there is no additional administration of radiopharmaceutical and if the previous radionuclide scan was abnormal or equivocal (R) (K) | 129.00 |
| 61469 | Lymphoscintigraphy (R) (K) | 348.10 |
| 61473 | Thyroid study including uptake measurement when performed (R) (K) | 175.40 |
| 61480 | Parathyroid study, planar imaging and single photon emission tomography when performed (R) (K) | 386.85 |
| 61484 | Adrenal study (R) (K) | 880.85 |
| 61485 | Adrenal study, with single photon emission tomography (R) (K) | 999.20 |
| 61495 | Tear duct study (R) (K) | 223.10 |
| 61499 | Particle perfusion study (infra‑arterial) or Le Veen shunt study (R) (K) | 253.00 |
| 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 61729 (R) (K) | 100.00 |
| 61523 | Whole body FDG PET study, performed for evaluation of a solitary pulmonary nodule, if:  (a) the nodule is considered unsuitable for transthoracic fine needle aspiration biopsy; or  (b) an attempt at pathological characterisation has failed (R) | 953.00 |
| 61529 | Whole body FDG PET study, performed for the staging of proven non‑small cell lung cancer, if curative surgery or radiotherapy is planned (R) | 953.00 |
| 61538 | FDG PET study of the brain for evaluation of suspected residual or recurrent malignant brain tumour based on anatomical imaging findings, after definitive therapy (or during ongoing chemotherapy) in patients who are considered suitable for further active therapy (R) | 901.00 |
| 61541 | Whole body FDG PET study, following initial therapy, performed for the evaluation of suspected residual, metastatic or recurrent colorectal carcinoma in a patient considered suitable for active therapy (R) | 953.00 |
| 61553 | Whole body FDG PET study, following initial therapy, performed for the evaluation of suspected metastatic or recurrent malignant melanoma in a patient considered suitable for active therapy (R) | 999.00 |
| 61559 | FDG PET study of the brain, performed for the evaluation of refractory epilepsy, that is being evaluated for surgery (R) | 918.00 |
| 61565 | Whole body FDG PET study, following initial therapy, performed for the evaluation of suspected residual, metastatic or recurrent ovarian carcinoma in a patient considered suitable for active therapy (R) | 953.00 |
| 61571 | Whole body FDG PET study for the further primary staging of patients with histologically proven carcinoma of the uterine cervix, at FIGO stage IB2 or greater by conventional staging, prior to planned radical radiation therapy or combined modality therapy with curative intent (R) | 953.00 |
| 61575 | Whole body FDG PET study for the further staging of patients with confirmed local recurrence of carcinoma of the uterine cervix considered suitable for salvage pelvic chemoradiotherapy or pelvic exenteration with curative intent (R) | 953.00 |
| 61577 | Whole body FDG PET study, performed for the staging of proven oesophageal or gastro‑oesophageal junction carcinoma, in a patient considered suitable for active therapy (R) | 953.00 |
| 61598 | Whole body FDG PET study performed for the staging of biopsy‑proven, newly‑diagnosed or recurrent head and neck cancer (R) | 953.00 |
| 61604 | Whole body FDG PET study performed for the evaluation of a patient with suspected residual head and neck cancer after definitive treatment, and who is suitable for active therapy (R) | 953.00 |
| 61610 | Whole body FDG PET study performed for the evaluation of metastatic squamous cell carcinoma of unknown primary site involving cervical nodes (R) | 953.00 |
| 61620 | Whole body FDG PET study for the initial staging of newly diagnosed or previously untreated Hodgkin or non‑Hodgkin lymphoma (R) | 953.00 |
| 61622 | Whole body FDG PET study to assess response to first line therapy either during treatment or within 3 months of completing definitive first line treatment for Hodgkin or non‑Hodgkin lymphoma (R) | 953.00 |
| 61628 | Whole body FDG PET study for restaging following confirmation of recurrence of Hodgkin or non‑Hodgkin lymphoma (R) | 953.00 |
| 61632 | Whole body FDG PET study to assess response to second‑line chemotherapy if haemopoietic stem cell transplantation is being considered for Hodgkin or non‑Hodgkin lymphoma (R) | 953.00 |
| 61640 | Whole body FDG PET study for initial staging of a patient with biopsy‑proven bone or soft tissue sarcoma (excluding gastrointestinal stromal tumour) considered by conventional staging to be potentially curable (R) | 999.00 |
| 61646 | Whole body FDG PET study for the evaluation of patients with suspected residual or recurrent sarcoma (excluding gastrointestinal stromal tumour) after the initial course of definitive therapy to determine suitability for subsequent therapy with curative intent (R) | 999.00 |
| 61647 | Whole body 68Ga‑DOTA‑peptide PET study (including any associated computed tomography scans for anatomic localisation and attenuation correction), if:  (a) a gastro‑entero‑pancreatic neuroendocrine tumour is suspected on the basis of biochemical evidence with negative or equivocal conventional imaging; or  (b) both:  (i) a surgically amenable gastro‑entero‑pancreatic neuroendocrine tumour has been identified on the basis of conventional techniques; and  (ii) the study is for excluding additional disease sites  (R) | 1,053.00 |
| 61650 | LeukoScan study of the long bones and feet for suspected osteomyelitis, if patient does not have access to ex‑vivo white blood cell scanning (R) (K)  Note: LeukoScan is only indicated for diagnostic imaging in a patient suspected of infection of the long bones and feet, including those with diabetic ulcers. The descriptor does not cover a patient who is being investigated for other sites of infection. | 878.70 |
| 61651 | Single stress or rest myocardial perfusion study—planar imaging (R) (NK) | 224.45 |
| 61652 | Single stress or rest myocardial perfusion study—with single photon emission tomography and with planar imaging when performed (R) (NK) | 282.65 |
| 61653 | 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) (NK) | 354.85 |
| 61654 | 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) (NK) | 417.45 |
| 61655 | Myocardial infarct‑avid‑study, with planar imaging and single photon emission tomography, or planar imaging or single photon emission tomography (R) (NK) | 183.65 |
| 61656 | Gated cardiac blood pool study, (equilibrium), with planar imaging and single photon emission tomography, or planar imaging or single photon emission tomography (R) (NK) | 151.70 |
| 61657 | 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) (NK) | 210.00 |
| 61658 | Gated cardiac blood pool study, with intervention, with planar imaging and single photon emission tomography, or planar imaging, or single photon emission tomography (R) (NK) | 190.60 |
| 61659 | 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) (NK) | 246.20 |
| 61660 | Cardiac first pass blood flow study or cardiac shunt study, not being a service to which another item in this group applies (R) (NK) | 114.45 |
| 61661 | Lung perfusion study, with planar imaging and single photon emission tomography or planar imaging, or single photon emission tomography (R) (NK) | 113.85 |
| 61662 | 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) (NK) | 126.50 |
| 61663 | 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) (NK) | 221.70 |
| 61664 | Liver and spleen study (colloid)—planar imaging (R) (NK) | 129.70 |
| 61665 | Liver and spleen study (colloid), with single photon emission tomography and with planar imaging when performed (R) (NK) | 193.30 |
| 61666 | Red blood cell spleen or liver study, including single photon emission tomography when performed (R) (NK) | 196.40 |
| 61667 | Hepatobiliary study, including morphine administration or pre‑treatment with a cholagogue when performed (R) (NK) | 201.70 |
| 61668 | Hepatobiliary study with formal quantification following baseline imaging, using a cholagogue (R) (NK) | 230.70 |
| 61669 | Bowel haemorrhage study (R) (NK) | 248.50 |
| 61670 | Meckel’s diverticulum study (R) (NK) | 111.55 |
| 61671 | Indium‑labelled octreotide study (including single photon emission tomography when undertaken), if:  (a) a gastro‑entero‑pancreatic endocrine tumour is suspected on the basis of biochemical evidence with negative or equivocal conventional imaging; or  (b) both:  (i) a surgically amenable gastro‑entero‑pancreatic endocrine tumour has been identified on the basis of conventional techniques; and  (ii) the study is to exclude additional disease sites  (R) (NK) | 1,007.90 |
| 61672 | Salivary study (R) (NK) | 111.55 |
| 61673 | Gastro‑oesophageal reflux study, including delayed imaging on a separate occasion when performed (R) (NK) | 244.85 |
| 61674 | Oesophageal clearance study (R) (NK) | 71.70 |
| 61675 | Gastric emptying study, using single tracer (R) (NK) | 287.20 |
| 61676 | Combined solid and liquid gastric emptying study using dual isotope technique or the same isotope on separate days (R) (NK) | 312.50 |
| 61677 | Radionuclide colonic transit study (R) (NK) | 343.85 |
| 61678 | Renal study, including perfusion and renogram images and computer analysis or cortical study with planar imaging (R) (NK) | 166.25 |
| 61679 | Renal cortical study, with single photon emission tomography and planar quantification (R) (NK) | 215.40 |
| 61680 | Single renal study with pre‑procedural administration of a diuretic or angiotensin converting enzyme (ACE) inhibitor (R) (NK) | 185.30 |
| 61681 | Renal study with diuretic administration after a baseline study (R) (NK) | 205.00 |
| 61682 | 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) (NK) | 302.75 |
| 61683 | Cystoureterogram (R) (NK) | 123.45 |
| 61684 | Testicular study (R) (NK) | 81.15 |
| 61685 | Cerebral perfusion study, with single photon emission tomography and with planar imaging when performed (R) (NK) | 302.55 |
| 61686 | Brain study with blood brain barrier agent, with planar imaging and single photon emission tomography, or planar imaging, or single photon emission tomography (R) (NK) | 173.00 |
| 61687 | Cerebro‑spinal fluid transport study, with imaging on 2 or more separate occasions (R) (NK) | 436.75 |
| 61688 | Cerebro‑spinal fluid shunt patency study (R) (NK) | 113.00 |
| 61689 | 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) (NK) | 59.45 |
| 61690 | Bone study—whole body, with, when undertaken, blood flow, blood pool and delayed imaging on a separate occasion (R) (NK) | 239.90 |
| 61691 | Bone study—whole body and single photon emission tomography, with, when undertaken, blood flow, blood pool and delayed imaging on a separate occasion (R) (NK) | 300.35 |
| 61692 | Whole body study using iodine (R) (NK) | 277.40 |
| 61693 | Whole body study using gallium (R) (NK) | 271.50 |
| 61694 | Whole body study using gallium, with single photon emission tomography (R) (NK) | 329.75 |
| 61695 | Whole body study using cells labelled with technetium (R) (NK) | 248.50 |
| 61696 | Whole body study using cells labelled with technetium, with single photon emission tomography (R) (NK) | 307.70 |
| 61697 | Whole body study using thallium (R) (NK) | 271.40 |
| 61698 | Whole body study using thallium, with single photon emission tomography (R) (NK) | 336.50 |
| 61699 | Bone marrow study—whole body using technetium labelled bone marrow agents (R) (NK) | 244.85 |
| 61700 | Whole body study, using gallium—with single photon emission tomography of 2 or more body regions acquired separately (R) (NK) | 376.20 |
| 61701 | Bone marrow study—localised using technetium labelled agent (R) (NK) | 143.40 |
| 61702 | Localised bone or joint study, including when undertaken, blood flow, blood pool and repeat imaging on a separate occasion (R) (NK) | 166.80 |
| 61703 | Localised bone or joint study and single photon emission tomography, including when undertaken, blood flow, blood pool and imaging on a separate occasion (R) (NK) | 228.10 |
| 61704 | Localised study using gallium (R) (NK) | 198.80 |
| 61705 | Localised study using gallium, with single photon emission tomography (R) (NK) | 257.35 |
| 61706 | Localised study using cells labelled with technetium (R) (NK) | 174.05 |
| 61707 | Localised study using cells labelled with technetium, with single photon emission tomography (R) (NK) | 235.25 |
| 61708 | Localised study using thallium (R) (NK) | 198.50 |
| 61709 | Localised study using thallium, with single photon emission tomography (R) (NK) | 263.95 |
| 61710 | 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, 61485, 61669, 61692, 61693, 61694, 61700, 61704, 61705, 61712, 61715 or 61716, if there is no additional administration of radiopharmaceutical and if the previous radionuclide scan was abnormal or equivocal (R) (NK) | 64.50 |
| 61712 | Lymphoscintigraphy (R) (NK) | 174.05 |
| 61713 | Thyroid study including uptake measurement when performed (R) (NK) | 87.70 |
| 61714 | Parathyroid study, planar imaging and single photon emission tomography when performed (R) (NK) | 193.45 |
| 61715 | Adrenal study (R) (NK) | 440.45 |
| 61716 | Adrenal study, with single photon emission tomography (R) (NK) | 499.60 |
| 61717 | Tear duct study (R) (NK) | 111.55 |
| 61718 | Particle perfusion study (infra‑arterial) or Le Veen shunt study (R) (NK) | 126.50 |
| 61719 | 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 61729 (R) (NK) | 50.00 |
| 61729 | LeukoScan study of the long bones and feet for suspected osteomyelitis, if patient does not have access to ex‑vivo white blood cell scanning (R) (NK)  Note: LeukoScan is only indicated for diagnostic imaging in a patient suspected of infection of the long bones and feet, including those with diabetic ulcers. The descriptor does not cover a patient who is being investigated for other sites of infection. | 439.35 |

Division 2.5—Group I5: magnetic resonance imaging

Subdivision A—General

2.5.1 MRI and MRA services—eligible services

(1) The items in Subgroups 1 to 21 apply to an MRI or MRA service performed:

(a) at the request of a specialist or consultant physician in accordance with clause 2.5.2; and

(b) in a permissible circumstance mentioned in clause 2.5.3; and

(c) using eligible equipment mentioned in clause 2.5.5.

(2) Items 63395 to 63398 and the items in Subgroups 19, 20 and 21 (other than items 63455 and 63461) also apply to an MRI service performed:

(a) at the request of a specialist or consultant physician in accordance with clause 2.5.2; and

(b) in a permissible circumstance mentioned in clause 2.5.3; and

(c) using partial eligible equipment mentioned in clause 2.5.6.

(3) The items in Subgroup 22 apply to an MRI or MRA service performed:

(a) at the request of a medical practitioner in accordance with clause 2.5.2; and

(b) in a permissible circumstance mentioned in clause 2.5.3; and

(c) using:

(i) eligible equipment mentioned in clause 2.5.5; or

(ii) partial eligible equipment mentioned in clause 2.5.6.

(4) The items in Subgroups 33 and 34 apply to an MRI service performed:

(a) at the request of a medical practitioner other than a specialist or consultant physician in accordance with clause 2.5.2; and

(b) in a permissible circumstance mentioned in clause 2.5.3; and

(c) using:

(i) eligible equipment mentioned in clause 2.5.5; or

(ii) partial eligible equipment mentioned in clause 2.5.6.

2.5.2 MRI and MRA services—request

For the purposes of clause 2.5.1, a request must:

(a) be made in writing; and

(b) identify the clinical indications for the service.

2.5.3 MRI and MRA services—permissible circumstances for performance

For the purposes of clause 2.5.1, a service is performed in a permissible circumstance only if it is:

(a) both:

(i) performed under the 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 in an emergency; or

(c) performed because of medical necessity, in a remote location.

2.5.4 MRI and MRA services—eligible provider

A person mentioned in column 2 of an item of the following table is an ***eligible provider*** for an MRI or MRA service mentioned in column 1 of the item.

| Eligible providers | | |
| --- | --- | --- |
| Item | Column 1  MRI or MRA service | Column 2  Person |
| 1 | A service to which none of items 63395 to 63398 apply | A person who:  (a) is a specialist in diagnostic radiology; and  (b) satisfies the Chief Executive Medicare that the specialist is a participant in the Royal Australian and New Zealand College of Radiologists’ Quality and Accreditation Program |
| 2 | A service to which any of items 63395 to 63398 apply | A person who is:  (a) a specialist in diagnostic radiology or a consultant physician; and  (b) recognised by the Conjoint Committee for Certification in Cardiac MRI |

2.5.5 MRI and MRA services—eligible equipment

For the purposes of clause 2.5.1, equipment is eligible equipment if:

(a) it is located at the premises of a comprehensive practice; and

(b) it is made available to the practice by a person who is subject to a current deed with the Commonwealth that relates to the equipment; and

(c) it is not identified as partial eligible equipment in the deed.

2.5.6 MRI and MRA services—partial eligible equipment

For the purposes of clause 2.5.1, equipment is partial eligible equipment if:

(a) it is located at the premises of a comprehensive practice; and

(b) it is made available to the practice by a person who is subject to a current deed with the Commonwealth that relates to the equipment; and

(c) it is identified as partial eligible equipment in the deed.

2.5.7 MRI and MRA services—meaning of *scan*

In items 63001 to 63561 and 63740 to 63747:

***scan*** means a minimum of 3 sequences.

2.5.8 MRI and MRA services—multiple services

(1) If an MRI service mentioned in an item in Subgroup 1, 2, 4, 5 or 14 of Group I5 in the table in Subdivision B, and an MRA service mentioned in an item in Subgroup 3 or 15 of that table, 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 mentioned in Subgroup 12 or 13 of Group I5 in the table in Subdivision B 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 the purposes of subclause (2):

(a) if 2 or more applicable fees are equally the highest, only one of those fees is taken to be the highest fee; and

(b) if a reduced fee calculated under subclause (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.

2.5.9 MRI or MRA services—application of items to related services provided in same period

An MRI or MRA item does not apply to a service provided to a person if:

(a) the MRI or MRA item is specified in column 1 of an item (the ***table item***) of the following table; and

(b) during the period (the ***limitation period***):

(i) specified in column 2 of the table item; and

(ii) ending immediately before the service is provided;

the person was provided with one or more services (the ***earlier services***) to which any of the MRI or MRA items mentioned in the table item applied; and

(c) the number of earlier services provided to the person in the limitation period was equal to the maximum number specified in column 3 of the table item.

| Related services | | | |
| --- | --- | --- | --- |
| Item | Column 1  MRI or MRA items | Column 2  Limitation period | Column 3  Maximum number of services |
| 1 | 63040 to 63085 | 12 months | 3 |
| 2 | 63101 and 63104 | 12 months | 3 |
| 3 | 63125 to 63136 | 12 months | 3 |
| 4 | 63161 to 63194 | 12 months | 3 |
| 5 | 63219 to 63265 | 12 months | 3 |
| 6 | 63271 to 63285 | 12 months | 3 |
| 7 | 63322 to 63348 | 12 months | 3 |
| 8 | 63361 and 63364 | 12 months | 2 |
| 9 | 63385 to 63394 | 12 months | 2 |
| 10 | 63395 and 63396 | 12 months | 1 |
| 11 | 63397 and 63398 | 36 months | 1 |
| 12 | 63401 to 63408 | 12 months | 3 |
| 13 | 63416 and 63419 | 12 months | 1 |
| 14 | 63425 to 63433 | 12 months | 2 |
| 15 | 63455 to 63467 | 12 months | 1 |
| 16 | 63547 and 63548 | patient’s lifetime | 1 |
| 17 | 63482 and 63486 | 12 months | 3 |
| 18 | 63507 to 63523 and 63551 to 63561 | 12 months | 3 |

Subdivision B—Subgroups 1 to 19 of Group I5

| Group I5—Magnetic resonance imaging | | |
| --- | --- | --- |
| Column 1  Item | Column 2  Description | Column 3  Fee ($) |
| Subgroup 1—Scan of head—for specified conditions | | |
| 63001 | MRI—scan of head (including MRA, if performed) for tumour of the brain or meninges (R) (K) (Anaes.) (Contrast) | 403.20 |
| 63004 | MRI—scan of head (including MRA, if performed) for inflammation of brain or meninges (R) (K) (Anaes.) (Contrast) | 403.20 |
| 63007 | MRI—scan of head (including MRA, if performed) for skull base or orbital tumour (R) (K) (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) (K) (Anaes.) (Contrast) | 336.00 |
| 63013 | MRI—scan of head (including MRA, if performed) for tumour of the brain or meninges (R) (NK) (Anaes.) (Contrast) | 201.60 |
| 63014 | MRI—scan of head (including MRA, if performed) for inflammation of brain or meninges (R) (NK) (Anaes.) (Contrast) | 201.60 |
| 63016 | MRI—scan of head (including MRA, if performed) for skull base or orbital tumour (R) (NK) (Anaes.) (Contrast) | 201.60 |
| 63017 | 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) (NK) (Anaes.) (Contrast) | 168.00 |
| Subgroup 2—Scan of head—for specified conditions | | |
| 63040 | MRI—scan of head (including MRA, if performed) for acoustic neuroma (R) (K) (Anaes.) (Contrast) | 336.00 |
| 63043 | MRI—scan of head (including MRA, if performed) for pituitary tumour (R) (K) (Anaes.) (Contrast) | 358.40 |
| 63046 | MRI—scan of head (including MRA, if performed) for toxic or metabolic or ischaemic encephalopathy (R) (K) (Anaes.) (Contrast) | 403.20 |
| 63049 | MRI—scan of head (including MRA, if performed) for demyelinating disease of the brain (R) (K) (Anaes.) (Contrast) | 403.20 |
| 63052 | MRI—scan of head (including MRA, if performed) for congenital malformation of the brain or meninges (R) (K) (Anaes.) (Contrast) | 403.20 |
| 63055 | MRI—scan of head (including MRA, if performed) for venous sinus thrombosis (R) (K) (Anaes.) (Contrast) | 403.20 |
| 63058 | MRI—scan of head (including MRA, if performed) for head trauma (R) (K) (Anaes.) (Contrast) | 403.20 |
| 63061 | MRI—scan of head (including MRA, if performed) for epilepsy (R) (K) (Anaes.) (Contrast) | 403.20 |
| 63064 | MRI—scan of head (including MRA, if performed) for stroke (R) (K) (Anaes.) (Contrast) | 403.20 |
| 63067 | MRI—scan of head (including MRA, if performed) for carotid or vertebral artery dissection (R) (K) (Anaes.) (Contrast) | 403.20 |
| 63070 | MRI—scan of head (including MRA, if performed) for intracranial aneurysm (R) (K) (Anaes.) (Contrast) | 403.20 |
| 63073 | MRI—scan of head (including MRA, if performed) for intracranial arteriovenous malformation (R) (K) (Anaes.) (Contrast) | 403.20 |
| 63074 | MRI—scan of head (including MRA, if performed) for acoustic neuroma (R) (NK) (Anaes.) (Contrast) | 168.00 |
| 63075 | MRI—scan of head (including MRA, if performed) for pituitary tumour (R) (NK) (Anaes.) (Contrast) | 179.20 |
| 63076 | MRI—scan of head (including MRA, if performed) for toxic or metabolic or ischaemic encephalopathy (R) (NK) (Anaes.) (Contrast) | 201.60 |
| 63077 | MRI—scan of head (including MRA, if performed) for demyelinating disease of the brain (R) (NK) (Anaes.) (Contrast) | 201.60 |
| 63078 | MRI—scan of head (including MRA, if performed) for congenital malformation of the brain or meninges (R) (NK) (Anaes.) (Contrast) | 201.60 |
| 63079 | MRI—scan of head (including MRA, if performed) for venous sinus thrombosis (R) (NK) (Anaes.) (Contrast) | 201.60 |
| 63080 | MRI—scan of head (including MRA, if performed) for head trauma (R) (NK) (Anaes.) (Contrast) | 201.60 |
| 63081 | MRI—scan of head (including MRA, if performed) for epilepsy (R) (NK) (Anaes.) (Contrast) | 201.60 |
| 63082 | MRI—scan of head (including MRA, if performed) for stroke (R) (NK) (Anaes.) (Contrast) | 201.60 |
| 63083 | MRI—scan of head (including MRA, if performed) for carotid or vertebral artery dissection (R) (NK) (Anaes.) (Contrast) | 201.60 |
| 63084 | MRI—scan of head (including MRA, if performed) for intracranial aneurysm (R) (NK) (Anaes.) (Contrast) | 201.60 |
| 63085 | MRI—scan of head (including MRA, if performed) for intracranial arteriovenous malformation (R) (NK) (Anaes.) (Contrast) | 201.60 |
| Subgroup 3—Scan of head and neck vessels—for specified conditions | | |
| 63101 | MRI and MRA of extracranial or intracranial circulation (or both)—scan of head and neck vessels for stroke (R) (K) (Anaes.) (Contrast) | 492.80 |
| 63104 | MRI and MRA of extracranial or intracranial circulation (or both)—scan of head and neck vessels for stroke (R) (NK) (Anaes.) (Contrast) | 246.40 |
| Subgroup 4—Scan of head and cervical spine—for specified conditions | | |
| 63111 | MRI—scan of head and cervical spine (including MRA, if performed) for tumour of the central nervous system or meninges (R) (K) (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) (K) (Anaes.) (Contrast) | 492.80 |
| 63117 | MRI—scan of head and cervical spine (including MRA, if performed) for tumour of the central nervous system or meninges (R) (NK) (Anaes.) (Contrast) | 246.40 |
| 63119 | MRI—scan of head and cervical spine (including MRA, if performed) for inflammation of the central nervous system or meninges (R) (NK) (Anaes.) (Contrast) | 246.40 |
| Subgroup 5—Scan of head and cervical spine—for specified conditions | | |
| 63125 | MRI—scan of head and cervical spine (including MRA, if performed) for demyelinating disease of the central nervous system (R) (K) (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) (K) (Anaes.) (Contrast) | 492.80 |
| 63131 | MRI—scan of head and cervical spine (including MRA, if performed) for syrinx (congenital or acquired) (R) (K) (Anaes.) (Contrast) | 492.80 |
| 63134 | MRI—scan of head and cervical spine (including MRA, if performed) for demyelinating disease of the central nervous system (R) (NK) (Anaes.) (Contrast) | 246.40 |
| 63135 | MRI—scan of head and cervical spine (including MRA, if performed) for congenital malformation of the central nervous system or meninges (R) (NK) (Anaes.) (Contrast) | 246.40 |
| 63136 | MRI—scan of head and cervical spine (including MRA, if performed) for syrinx (congenital or acquired) (R) (NK) (Anaes.) (Contrast) | 246.40 |
| Subgroup 6—Scan of spine—one region or 2 contiguous regions—for specified conditions | | |
| 63151 | MRI—scan of one region or 2 contiguous regions of the spine for infection (R) (K) (Anaes.) (Contrast) | 358.40 |
| 63154 | MRI—scan of one region or 2 contiguous regions of the spine for tumour (R) (K) (Anaes.) (Contrast) | 358.40 |
| 63157 | MRI—scan of one region or 2 contiguous regions of the spine for infection (R) (NK) (Anaes.) (Contrast) | 179.20 |
| 63158 | MRI—scan of one region or 2 contiguous regions of the spine for tumour (R) (NK) (Anaes.) (Contrast) | 179.20 |
| Subgroup 7—Scan of spine—one region or 2 contiguous regions—for specified conditions | | |
| 63161 | MRI—scan of one region or 2 contiguous regions of the spine for demyelinating disease (R) (K) (Anaes.) (Contrast) | 358.40 |
| 63164 | MRI—scan of one region or 2 contiguous regions of the spine for congenital malformation of the spinal cord or the cauda equina or the meninges (R) (K) (Anaes.) (Contrast) | 358.40 |
| 63167 | MRI—scan of one region or 2 contiguous regions of the spine for myelopathy (R) (K) (Anaes.) (Contrast) | 358.40 |
| 63170 | MRI—scan of one region or 2 contiguous regions of the spine for syrinx (congenital or acquired) (R) (K) (Anaes.) (Contrast) | 358.40 |
| 63173 | MRI—scan of one region or 2 contiguous regions of the spine for cervical radiculopathy (R) (K) (Anaes.) (Contrast) | 358.40 |
| 63176 | MRI—scan of one region or 2 contiguous regions of the spine for sciatica (R) (K) (Anaes.) (Contrast) | 358.40 |
| 63179 | MRI—scan of one region or 2 contiguous regions of the spine for spinal canal stenosis (R) (K) (Anaes.) (Contrast) | 358.40 |
| 63182 | MRI—scan of one region or 2 contiguous regions of the spine for previous spinal surgery (R) (K) (Anaes.) (Contrast) | 358.40 |
| 63185 | MRI—scan of one region or 2 contiguous regions of the spine for trauma (R) (K) (Anaes.) | 358.40 |
| 63186 | MRI—scan of one region or 2 contiguous regions of the spine for demyelinating disease (R) (NK) (Anaes.) (Contrast) | 179.20 |
| 63187 | MRI—scan of one region or 2 contiguous regions of the spine for congenital malformation of the spinal cord or the cauda equina or the meninges (R) (NK) (Anaes.) (Contrast) | 179.20 |
| 63188 | MRI—scan of one region or 2 contiguous regions of the spine for myelopathy (R) (NK) (Anaes.) (Contrast) | 179.20 |
| 63189 | MRI—scan of one region or 2 contiguous regions of the spine for syrinx (congenital or acquired) (R) (NK) (Anaes.) (Contrast) | 179.20 |
| 63190 | MRI—scan of one region or 2 contiguous regions of the spine for cervical radiculopathy (R) (NK) (Anaes.) (Contrast) | 179.20 |
| 63191 | MRI—scan of one region or 2 contiguous regions of the spine for sciatica (R) (NK) (Anaes.) (Contrast) | 179.20 |
| 63192 | MRI—scan of one region or 2 contiguous regions of the spine for spinal canal stenosis (R) (NK) (Anaes.) (Contrast) | 179.20 |
| 63193 | MRI—scan of one region or 2 contiguous regions of the spine for previous spinal surgery (R) (NK) (Anaes.) (Contrast) | 179.20 |
| 63194 | MRI—scan of one region or 2 contiguous regions of the spine for trauma (R) (NK) (Anaes.) | 179.20 |
| Subgroup 8—Scan of spine—3 contiguous or 2 non‑contiguous regions—for specified conditions | | |
| 63201 | MRI—scan of 3 contiguous or 2 non‑contiguous regions of the spine for infection (R) (K) (Anaes.) (Contrast) | 448.00 |
| 63204 | MRI—scan of 3 contiguous or 2 non‑contiguous regions of the spine for tumour (R) (K) (Anaes.) (Contrast) | 448.00 |
| 63207 | MRI—scan of 3 contiguous or 2 non‑contiguous regions of the spine for infection (R) (NK) (Anaes.) (Contrast) | 224.00 |
| 63208 | MRI—scan of 3 contiguous or 2 non‑contiguous regions of the spine for tumour (R) (NK) (Anaes.) (Contrast) | 224.00 |
| Subgroup 9—Scan of spine—3 contiguous or 2 non‑contiguous regions—for specified conditions | | |
| 63219 | MRI—scan of 3 contiguous or 2 non‑contiguous regions of the spine for demyelinating disease (R) (K) (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) (K) (Anaes.) (Contrast) | 448.00 |
| 63225 | MRI—scan of 3 contiguous or 2 non‑contiguous regions of the spine for myelopathy (R) (K) (Anaes.) (Contrast) | 448.00 |
| 63228 | MRI—scan of 3 contiguous or 2 non‑contiguous regions of the spine for syrinx (congenital or acquired) (R) (K) (Anaes.) (Contrast) | 448.00 |
| 63231 | MRI—scan of 3 contiguous or 2 non‑contiguous regions of the spine for cervical radiculopathy (R) (K) (Anaes.) (Contrast) | 448.00 |
| 63234 | MRI—scan of 3 contiguous or 2 non‑contiguous regions of the spine for sciatica (R) (K) (Anaes.) (Contrast) | 448.00 |
| 63237 | MRI—scan of 3 contiguous or 2 non‑contiguous regions of the spine for spinal canal stenosis (R) (K) (Anaes.) (Contrast) | 448.00 |
| 63240 | MRI—scan of 3 contiguous or 2 non‑contiguous regions of the spine for previous spinal surgery (R) (K) (Anaes.) (Contrast) | 448.00 |
| 63243 | MRI—scan of 3 contiguous or 2 non‑contiguous regions of the spine for trauma (R) (K) (Anaes.) | 448.00 |
| 63257 | MRI—scan of 3 contiguous or 2 non‑contiguous regions of the spine for demyelinating disease (R) (NK) (Anaes.) (Contrast) | 224.00 |
| 63258 | 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) (NK) (Anaes.) (Contrast) | 224.00 |
| 63259 | MRI—scan of 3 contiguous or 2 non‑contiguous regions of the spine for myelopathy (R) (NK) (Anaes.) (Contrast) | 224.00 |
| 63260 | MRI—scan of 3 contiguous or 2 non‑contiguous regions of the spine for syrinx (congenital or acquired) (R) (NK) (Anaes.) (Contrast) | 224.00 |
| 63261 | MRI—scan of 3 contiguous or 2 non‑contiguous regions of the spine for cervical radiculopathy (R) (NK) (Anaes.) (Contrast) | 224.00 |
| 63262 | MRI—scan of 3 contiguous or 2 non‑contiguous regions of the spine for sciatica (R) (NK) (Anaes.) (Contrast) | 224.00 |
| 63263 | MRI—scan of 3 contiguous or 2 non‑contiguous regions of the spine for spinal canal stenosis (R) (NK) (Anaes.) (Contrast) | 224.00 |
| 63264 | MRI—scan of 3 contiguous or 2 non‑contiguous regions of the spine for previous spinal surgery (R) (NK) (Anaes.) (Contrast) | 224.00 |
| 63265 | MRI—scan of 3 contiguous or 2 non‑contiguous regions of the spine for trauma (R) (NK) (Anaes.) | 224.00 |
| Subgroup 10—Scan of cervical spine and brachial plexus—for specified conditions | | |
| 63271 | MRI—scan of cervical spine and brachial plexus for tumour (R) (K) (Anaes.) (Contrast) | 492.80 |
| 63274 | MRI—scan of cervical spine and brachial plexus for trauma (R) (K) (Anaes.) (Contrast) | 492.80 |
| 63277 | MRI—scan of cervical spine and brachial plexus for cervical radiculopathy (R) (K) (Anaes.) (Contrast) | 492.80 |
| 63280 | MRI—scan of cervical spine and brachial plexus for previous surgery (R) (K) (Anaes.) (Contrast) | 492.80 |
| 63282 | MRI—scan of cervical spine and brachial plexus for tumour (R) (NK) (Anaes.) (Contrast) | 246.40 |
| 63283 | MRI—scan of cervical spine and brachial plexus for trauma (R) (NK) (Anaes.) (Contrast) | 246.40 |
| 63284 | MRI—scan of cervical spine and brachial plexus for cervical radiculopathy (R) (NK) (Anaes.) (Contrast) | 246.40 |
| 63285 | MRI—scan of cervical spine and brachial plexus for previous surgery (R) (NK) (Anaes.) (Contrast) | 246.40 |
| Subgroup 11—Scan of musculoskeletal system—for specified conditions | | |
| 63301 | MRI—scan of musculoskeletal system for tumour arising in bone or musculoskeletal system, excluding tumours arising in breast, prostate or rectum (R) (K) (Anaes.) (Contrast) | 380.80 |
| 63304 | MRI—scan of musculoskeletal system for infection arising in bone or musculoskeletal system, excluding infection arising in breast, prostate or rectum (R) (K) (Anaes.) (Contrast) | 380.80 |
| 63307 | MRI—scan of musculoskeletal system for osteonecrosis (R) (K) (Anaes.) (Contrast) | 380.80 |
| 63310 | MRI—scan of musculoskeletal system for tumour arising in bone or musculoskeletal system, excluding tumours arising in breast, prostate or rectum (R) (NK) (Anaes.) (Contrast) | 190.40 |
| 63311 | MRI—scan of musculoskeletal system for infection arising in bone or musculoskeletal system, excluding infection arising in breast, prostate or rectum (R) (NK) (Anaes.) (Contrast) | 190.40 |
| 63313 | MRI—scan of musculoskeletal system for osteonecrosis (R) (NK) (Anaes.) (Contrast) | 190.40 |
| Subgroup 12—Scan of musculoskeletal system—for specified conditions | | |
| 63322 | MRI—scan of musculoskeletal system for derangement of hip or its supporting structures (R) (K) (Anaes.) (Contrast) | 403.20 |
| 63325 | MRI—scan of musculoskeletal system for derangement of shoulder or its supporting structures (R) (K) (Anaes.) (Contrast) | 403.20 |
| 63328 | MRI—scan of musculoskeletal system for derangement of knee or its supporting structures (R) (K) (Anaes.) (Contrast) | 403.20 |
| 63331 | MRI—scan of musculoskeletal system for derangement of ankle or foot (or both) or its supporting structures (R) (K) (Anaes.) (Contrast) | 403.20 |
| 63334 | MRI—scan of musculoskeletal system for derangement of one or both temporomandibular joints or their supporting structures (R) (K) (Anaes.) (Contrast) | 336.00 |
| 63337 | MRI—scan of musculoskeletal system for derangement of wrist or hand (or both) or its supporting structures (R) (K) (Anaes.) (Contrast) | 448.00 |
| 63340 | MRI—scan of musculoskeletal system for derangement of elbow or its supporting structures (R) (K) (Anaes.) (Contrast) | 403.20 |
| 63341 | MRI—scan of musculoskeletal system for derangement of hip or its supporting structures (R) (NK) (Anaes.) (Contrast) | 201.60 |
| 63342 | MRI—scan of musculoskeletal system for derangement of shoulder or its supporting structures (R) (NK) (Anaes.) (Contrast) | 201.60 |
| 63343 | MRI—scan of musculoskeletal system for derangement of knee or its supporting structures (R) (NK) (Anaes.) (Contrast) | 201.60 |
| 63345 | MRI—scan of musculoskeletal system for derangement of ankle or foot (or both) or its supporting structures (R) (NK) (Anaes.) (Contrast) | 201.60 |
| 63346 | MRI—scan of musculoskeletal system for derangement of one or both temporomandibular joints or their supporting structures (R) (NK) (Anaes.) (Contrast) | 168.00 |
| 63347 | MRI—scan of musculoskeletal system for derangement of wrist or hand (or both) or its supporting structures (R) (NK) (Anaes.) (Contrast) | 224.00 |
| 63348 | MRI—scan of musculoskeletal system for derangement of elbow or its supporting structures (R) (NK) (Anaes.) (Contrast) | 201.60 |
| Subgroup 13—Scan of musculoskeletal system—for specified conditions | | |
| 63361 | MRI—scan of musculoskeletal system for Gaucher disease (R) (K) (Anaes.) | 403.20 |
| 63364 | MRI—scan of musculoskeletal system for Gaucher disease (R) (NK) (Anaes.) | 201.60 |
| Subgroup 14—Scan of cardiovascular system—for specified conditions | | |
| 63385 | MRI—scan of cardiovascular system for congenital disease of the heart or a great vessel (R) (K) (Anaes.) (Contrast) | 448.00 |
| 63388 | MRI—scan of cardiovascular system for tumour of the heart or a great vessel (R) (K) (Anaes.) (Contrast) | 448.00 |
| 63391 | MRI—scan of cardiovascular system for abnormality of thoracic aorta (R) (K) (Anaes.) (Contrast) | 403.20 |
| 63392 | MRI—scan of cardiovascular system for congenital disease of the heart or a great vessel (R) (NK) (Anaes.) (Contrast) | 224.00 |
| 63393 | MRI—scan of cardiovascular system for tumour of the heart or a great vessel (R) (NK) (Anaes.) (Contrast) | 224.00 |
| 63394 | MRI—scan of cardiovascular system for abnormality of thoracic aorta (R) (NK) (Anaes.) (Contrast) | 201.60 |
| 63395 | MRI—scan of cardiovascular system for assessment of myocardial structure and function involving:  (a) dedicated right ventricular views; and  (b) 3D volumetric assessment of the right ventricle; and  (c) reporting of end‑diastolic and end‑systolic volumes, ejection fraction and BSA‑indexed values;  if the request for the scan indicates that:  (d) the patient presented with symptoms consistent with arrhythmogenic right ventricular cardiomyopathy (ARVC); or  (e) investigative findings in relation to the patient are consistent with ARVC  (R) (K) (Anaes.) (Contrast) | 855.20 |
| 63396 | MRI—scan of cardiovascular system for assessment of myocardial structure and function involving:  (a) dedicated right ventricular views; and  (b) 3D volumetric assessment of the right ventricle; and  (c) reporting of end‑diastolic and end‑systolic volumes, ejection fraction and BSA‑indexed values;  if the request for the scan indicates that:  (d) the patient presented with symptoms consistent with arrhythmogenic right ventricular cardiomyopathy (ARVC); or  (e) investigative findings in relation to the patient are consistent with ARVC  (R) (NK) (Anaes.) (Contrast) | 427.60 |
| 63397 | MRI—scan of cardiovascular system for assessment of myocardial structure and function involving:  (a) dedicated right ventricular views; and  (b) 3D volumetric assessment of the right ventricle; and  (c) reporting of end‑diastolic and end‑systolic volumes, ejection fraction and BSA‑indexed values;  if the request for the scan indicates that the patient:  (d) is asymptomatic; and  (e) has one or more first degree relatives diagnosed with confirmed arrhythmogenic right ventricular cardiomyopathy (ARVC)  (R) (K) (Anaes.) (Contrast) | 855.20 |
| 63398 | MRI—scan of cardiovascular system for assessment of myocardial structure and function involving:  (a) dedicated right ventricular views; and  (b) 3D volumetric assessment of the right ventricle; and  (c) reporting of end‑diastolic and end‑systolic volumes, ejection fraction and BSA‑indexed values;  if the request for the scan indicates that the patient:  (d) is asymptomatic; and  (e) has one or more first degree relatives diagnosed with confirmed arrhythmogenic right ventricular cardiomyopathy (ARVC)  (R) (NK) (Anaes.) (Contrast) | 427.60 |
| Subgroup 15—Magnetic resonance angiography—scan of cardiovascular system—for specified conditions | | |
| 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) (K) (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) (K) (Anaes.) (Contrast) | 403.20 |
| 63407 | 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) (NK) (Anaes.) (Contrast) | 201.60 |
| 63408 | 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) (NK) (Anaes.) (Contrast) | 201.60 |
| Subgroup 16—Magnetic resonance angiography—for specified conditions—person under the age of 16 years | | |
| 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) (K) (Anaes.) (Contrast) | 403.20 |
| 63419 | 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) (NK) (Anaes.) (Contrast) | 201.60 |
| Subgroup 17—Magnetic resonance imaging—for specified conditions—person under the age of 16 years | | |
| 63425 | MRI—scan of person under the age of 16 for post‑inflammatory or post‑traumatic physeal fusion (R) (K) (Anaes.) | 403.20 |
| 63428 | MRI—scan of person under the age of 16 for Gaucher disease (R) (K) (Anaes.) | 403.20 |
| 63432 | MRI—scan of person under the age of 16 for post‑inflammatory or post‑traumatic physeal fusion (R) (NK) (Anaes.) | 201.60 |
| 63433 | MRI—scan of person under the age of 16 for Gaucher disease (R) (NK) (Anaes.) | 201.60 |
| Subgroup 18—Magnetic resonance imaging—for specified conditions—person under the age of 16 years | | |
| 63440 | MRI—scan of person under the age of 16 for pelvic or abdominal mass (R) (K) (Anaes.) (Contrast) | 403.20 |
| 63443 | MRI—scan of person under the age of 16 for mediastinal mass (R) (K) (Anaes.) (Contrast) | 403.20 |
| 63446 | MRI—scan of person under the age of 16 for congenital uterine or anorectal abnormality (R) (K) (Anaes.) (Contrast) | 403.20 |
| 63447 | MRI—scan of person under the age of 16 for pelvic or abdominal mass (R) (NK) (Anaes.) (Contrast) | 201.60 |
| 63448 | MRI—scan of person under the age of 16 for mediastinal mass (R) (NK) (Anaes.) (Contrast) | 201.60 |
| 63449 | MRI—scan of person under the age of 16 for congenital uterine or anorectal abnormality (R) (NK) (Anaes.) (Contrast) | 201.60 |
| Subgroup 19—Scan of body—for specified conditions | | |
| 63455 | MRI—scan of the body for adrenal mass in a patient with a malignancy that is otherwise resectable (R) (NK) (Anaes.) | 179.20 |
| 63457 | MRI—scan of both breasts for the detection of cancer, if a dedicated breast coil is used, the request for scan identifies that the person is asymptomatic and is younger than 50 years of age, and the request for the scan identifies:  (a) that the patient is at high risk of developing breast cancer, due to one of the following:  (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, if any of the relatives has been diagnosed with bilateral breast cancer, had onset of breast cancer before the age of 40 years, had onset of ovarian cancer before the age of 50 years, has been diagnosed with breast and ovarian cancer (at the same time or at different times), has Ashkenazi Jewish ancestry or is a male relative who has been diagnosed with breast cancer;  (iii) one first or second degree relative diagnosed with breast cancer at age 45 years or younger, and 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  (b) that genetic testing has identified the presence of a high risk breast cancer gene mutation (R) (NK) (Anaes.) | 345.00 |
| 63458 | MRI—scan of both breasts for the detection of cancer, if:  (a) a dedicated breast coil is used; and  (b) the person has had an abnormality detected as a result of a service mentioned in item 63457 or 63464 performed in the previous 12 months (R) (NK) (Anaes.) | 345.00 |
| 63461 | MRI—scan of the body for adrenal mass in a patient with a malignancy that is otherwise resectable (R) (K) (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 person is asymptomatic and is younger than 50 years of age, and the request for the scan identifies:  (a) that the patient is at high risk of developing breast cancer, due to one of the following:  (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, if any of the relatives has been diagnosed with bilateral breast cancer, had onset of breast cancer before the age of 40 years, had onset of ovarian cancer before the age of 50 years, has been diagnosed with breast and ovarian cancer (at the same time or at different times), has Ashkenazi Jewish ancestry or is a male relative who has been diagnosed with breast cancer;  (iii) one first or second degree relative diagnosed with breast cancer at age 45 years or younger, and 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  (b) that genetic testing has identified the presence of a high risk breast cancer gene mutation (R) (K) (Anaes.) | 690.00 |
| 63467 | MRI—scan of both breasts for the detection of cancer, if:  (a) a dedicated breast coil is used; and  (b) the person has had an abnormality detected as a result of a service mentioned in item 63457 or 63464 performed in the previous 12 months (R) (K) (Anaes.) | 690.00 |
| 63487 | MRI—performed under the supervision of an eligible provider at an eligible location, if:  (a) the patient is referred by a specialist or a consultant physician; and  (b) a dedicated breast coil is used; and  (c) the request for the scan identifies that:  (i) the patient has been diagnosed with metastatic cancer restricted to the regional lymph nodes; and  (ii) clinical examination and conventional imaging have failed to identify the primary cancer (R) (K) (Anaes) | 690.00 |
| 63488 | MRI—performed under the supervision of an eligible provider at an eligible location, if:  (a) the patient is referred by a specialist or a consultant physician; and  (b) a dedicated breast coil is used; and  (c) the request for the scan identifies that:  (i) the patient has been diagnosed with metastatic cancer restricted to the regional lymph nodes; and  (ii) clinical examination and conventional imaging have failed to identify the primary cancer (R) (NK) (Anaes) | 345.00 |
| 63489 | MRI—guided biopsy, performed under the supervision of an eligible provider at an eligible location, if:  (a) the patient is referred by a specialist or a consultant physician; and  (b) a dedicated breast coil is used; and  (c) the request for the scan identifies that:  (i) the patient has a suspicious lesion seen on MRI but not on conventional imaging; and  (ii) the lesion is not amenable to biopsy guided by conventional imaging; and  (d) a repeat ultrasound scan of the affected breast is performed:  (i) before the guided biopsy is performed; and  (ii) as part of the service under this item (R) (K) (Anaes.) | 1440.00 |
| 63490 | MRI—guided biopsy performed under the supervision of an eligible provider at an eligible location, if:  (a) the patient is referred by a specialist or a consultant physician; and  (b) a dedicated breast coil is used; and  (c) the request for the scan identifies that:  (i) the patient has a suspicious lesion seen on MRI but not on conventional imaging; and  (ii) the lesion is not amenable to biopsy guided by conventional imaging; and  (d) a repeat ultrasound scan of the affected breast is performed:  (i) before the guided biopsy is2.12 performed; and  (ii) as part of the service under this item (R) (NK) (Anaes.) | 720.00 |
| 63547 | MRI—scan of both breasts for the detection of cancer, if:  (a) a dedicated breast coil is used; and  (b) the request for scan identifies that:  (i) the patient has a breast implant in situ; and  (ii) anaplastic large cell lymphoma has been diagnosed  (R) (K) (Anaes.) (Contrast) | 690.00 |
| 63548 | MRI—scan of both breasts for the detection of cancer, if:  (a) a dedicated breast coil is used; and  (b) the request for scan identifies that:  (i) the patient has a breast implant in situ; and  (ii) anaplastic large cell lymphoma has been diagnosed  (R) (NK) (Anaes.) (Contrast) | 345.00 |

Subdivision C—Subgroup 20 of Group I5: scans of pelvis and upper abdomen for specified conditions

2.5.10 MRI services—limits for certain items

(1) Item 63470 or 63479 does not apply to the service mentioned in that item if the person to whom the service is provided has previously been provided with that service or a service mentioned in item 63473 or 63481.

(2) Item 63473 or 63481 does not apply to the service mentioned in that item if the person to whom the service is provided has previously been provided with that service or a service mentioned in item 63470 or 63479.

(3) For any patient, if the service mentioned in item 63740 or 63744 is provided for assessment of change to therapy in a patient with small bowel Crohn’s disease, the item applies to that service only once in a 12 month period.

(4) For any patient, if the service mentioned in item 63743 or 63747 is provided for assessment of change to therapy of pelvis sepsis and fistulas from Crohn’s disease, the item applies to that service only once in a 12 month period.

2.5.11 MRI and MRA services—modifying items

(1) Subject to subclauses (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 mentioned in item 63494 are performed for a person on the same day, the fee specified in that item applies to one of those services only.

(3) If 2 or more MRI or MRA services mentioned in item 63497 are performed for a person on the same day, the fee specified in that item applies to one of those services only.

(4) If:

(a) one or more MRI or MRA services mentioned in item 63494; and

(b) one or more MRI or MRA services mentioned in item 63497;

are performed for a person on the same day, the fee specified in item 63494 or 63497, but not both those items, applies to one of those services only.

| Group I5—Magnetic resonance imaging | | |
| --- | --- | --- |
| Column 1  Item | Column 2  Description | Column 3  Fee ($) |
| Subgroup 20—Scans of pelvis and upper abdomen—for specified conditions | | |
| 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:  (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) (K) (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:  (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) (K) (Anaes.) (Contrast) | 627.20 |
| 63476 | MRI—scan of the pelvis for the initial staging of rectal cancer, if:  (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) (K) (Anaes.) (Contrast) | 403.20 |
| 63479 | 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:  (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) (NK) (Anaes.) (Contrast) | 201.60 |
| 63481 | 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:  (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) (NK) (Anaes.) (Contrast) | 313.60 |
| 63484 | MRI—scan of the pelvis for the initial staging of rectal cancer, if:  (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) (NK) (Anaes.) (Contrast) | 201.60 |
| 63740 | MRI—scan to evaluate small bowel Crohn’s disease if the service is provided to a patient for:  (a) evaluation of disease extent at time of initial diagnosis of Crohn’s disease; or  (b) evaluation of exacerbation, or suspected complications, of known Crohn’s disease; or  (c) evaluation of known or suspected Crohn’s disease in pregnancy; or  (d) assessment of change to therapy in a patient with small bowel Crohn’s disease (R) (K) (Contrast) | 457.20 |
| 63741 | MRI—scan with enteroclysis for Crohn’s disease if the service is related to item 63740 (R) (K) | 265.25 |
| 63743 | MRI—scan for fistulising perianal Crohn’s disease if the service is provided to a patient for:  (a) evaluation of pelvic sepsis and fistulas associated with established or suspected Crohn’s disease; or  (b) assessment of change to therapy of pelvis sepsis and fistulas from Crohn’s disease (R) (K) (Contrast) | 403.20 |
| 63744 | MRI—scan to evaluate small bowel Crohn’s disease if the service is provided to a patient for:  (a) evaluation of disease extent at time of initial diagnosis of Crohn’s disease; or  (b) evaluation of exacerbation, or suspected complications, of known Crohn’s disease; or  (c) evaluation of known or suspected Crohn’s disease in pregnancy; or  (d) assessment of change to therapy in a patient with small bowel Crohn’s disease (R) (NK) (Contrast) | 228.60 |
| 63746 | MRI—scan with enteroclysis for Crohn’s disease if the service is related to item 63744 (R) (NK) | 132.65 |
| 63747 | MRI—scan for fistulising perianal Crohn’s disease if the service is provided to patients for:  (a) evaluation of pelvic sepsis and fistulas associated with established or suspected Crohn’s disease; or  (b) assessment of change to therapy of pelvis sepsis and fistulas from Crohn’s disease (R) (NK) (Contrast) | 201.60 |

Subdivision D—Subgroups 21 and 22 of Group I5

| Group I5—Magnetic resonance imaging | | |
| --- | --- | --- |
| Column 1  Item | Column 2  Description | Column 3  Fee ($) |
| Subgroup 21—Scan of body—for specified conditions | | |
| 63482 | MRI—scan of pancreas and biliary tree for suspected biliary or pancreatic pathology (R) (K) (Anaes.) | 403.20 |
| 63486 | MRI—scan of pancreas and biliary tree for suspected biliary or pancreatic pathology (R) (NK) (Anaes.) | 201.60 |
| Subgroup 22—Modifying items | | |
| 63491 | MRI or MRA service to which an item in this Group (other than an item in this Subgroup) applies if:  (a) the service is performed in accordance with clause 2.5.1; 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:  (a) the service is performed in accordance with clause 2.5.1; 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:  (a) the service is performed in accordance with clause 2.5.1; 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 |

Note: Subgroups 23 to 32 of Group I5 of this table are set out in a determination made under subsection 3C(1) of the Act.

Subdivision E—Subgroup 33 of Group I5

| Group I5—Magnetic resonance imaging | | |
| --- | --- | --- |
| Column 1  Item | Column 2  Description | Column 3  Fee ($) |
| Subgroup 33—Scan of body—for specified conditions | | |
| 63507 | MRI—scan of head for a patient under 16 years if the service is for:  (a) an unexplained seizure; or  (b) an unexplained headache if significant pathology is suspected; or  (c) paranasal sinus pathology that has not responded to conservative therapy (R) (K) (Anaes.) (Contrast) | 403.20 |
| 63508 | MRI—scan of head for a patient under 16 years if the service is for:  (a) an unexplained seizure; or  (b) an unexplained headache if significant pathology is suspected; or  (c) paranasal sinus pathology that has not responded to conservative therapy (R) (NK) (Anaes.) (Contrast) | 201.60 |
| 63510 | MRI—scan of spine following radiographic examination for a patient under 16 years if the service is for:  (a) significant trauma; or  (b) unexplained neck or back pain with associated neurological signs; or  (c) unexplained back pain if significant pathology is suspected (R) (K) (Anaes.) (Contrast) | 448.00 |
| 63511 | MRI—scan of spine following radiographic examination for a patient under 16 years if the service is for:  (a) significant trauma; or  (b) unexplained neck or back pain with associated neurological signs; or  (c) unexplained back pain if significant pathology is suspected (R) (NK) (Anaes.) (Contrast) | 224.00 |
| 63513 | MRI—scan of knee for internal joint derangement for a patient under 16 years (R) (K) (Anaes.) (Contrast) | 403.20 |
| 63514 | MRI—scan of knee for internal joint derangement for a patient under 16 years (R) (NK) (Anaes.) (Contrast) | 201.60 |
| 63516 | MRI—scan of hip following radiographic examination for a patient under 16 years if any of the following is suspected:  (a) septic arthritis;  (b) slipped capital femoral epiphysis;  (c) Perthes disease (R) (K) (Anaes.) (Contrast) | 403.20 |
| 63517 | MRI—scan of hip following radiographic examination for a patient under 16 years if any of the following is suspected:  (a) septic arthritis;  (b) slipped capital femoral epiphysis;  (c) Perthes disease (R) (NK) (Anaes.) (Contrast) | 201.60 |
| 63519 | MRI—scan of elbow following radiographic examination for a patient under 16 years if a significant fracture or avulsion injury, which would change the way in which the patient is managed, is suspected (R) (K) (Anaes.) (Contrast) | 403.20 |
| 63520 | MRI—scan of elbow following radiographic examination for a patient under 16 years if a significant fracture or avulsion injury, which would change the way in which the patient is managed, is suspected (R) (NK) (Anaes.) (Contrast) | 201.60 |
| 63522 | MRI—scan of wrist following radiographic examination for a patient under 16 years if a scaphoid fracture is suspected (R) (K) (Anaes.) (Contrast) | 448.00 |
| 63523 | MRI—scan of wrist following radiographic examination for a patient under 16 years if a scaphoid fracture is suspected (R) (NK) (Anaes.) (Contrast) | 224.00 |

Subdivision F—Subgroup 34 of Group I5

| Group I5—Magnetic resonance imaging | | |
| --- | --- | --- |
| Column 1  Item | Column 2  Description | Column 3  Fee ($) |
| Subgroup 34—Magnetic resonance imaging—for specified conditions | | |
| 63551 | Scan of head for a patient 16 years or older, after referral by a medical practitioner (other than a specialist or consultant physician), for any of the following:  (a) unexplained seizure(s);  (b) unexplained chronic headache with suspected intracranial pathology (R) (K) (Contrast) (Anaes.) | 403.20 |
| 63552 | Scan of head for a patient 16 years or older, after referral by a medical practitioner (other than a specialist or consultant physician), for any of the following:  (a) unexplained seizure(s);  (b) unexplained chronic headache with suspected intracranial pathology (R) (NK) (Contrast) (Anaes.) | 201.60 |
| 63554 | Scan of spine for a patient 16 years or older, after referral by a medical practitioner (other than a specialist or consultant physician), for suspected cervical radiculopathy (R) (K) (Contrast) (Anaes.) | 358.40 |
| 63555 | Scan of spine for a patient 16 years or older, after referral by a medical practitioner (other than a specialist or consultant physician), for suspected cervical radiculopathy (R) (NK) (Contrast) (Anaes.) | 179.20 |
| 63557 | Scan of spine for a patient 16 years or older, after referral by a medical practitioner (other than a specialist or consultant physician), for suspected cervical spinal trauma (R) (K) (Contrast) (Anaes.) | 492.80 |
| 63558 | Scan of spine for a patient 16 years or older, after referral by a medical practitioner (other than a specialist or consultant physician), for suspected cervical spinal trauma (R) (NK) (Contrast) (Anaes.) | 246.40 |
| 63560 | Scan of knee following acute knee trauma, after referral by a medical practitioner (other than a specialist or consultant physician), for a patient 16 to 49 years with:  (a) inability to extend the knee suggesting the possibility of acute meniscal tear; or  (b) clinical findings suggesting acute anterior cruciate ligament tear (R) (K) (Contrast) (Anaes.) | 403.20 |
| 63561 | Scan of knee following acute knee trauma, after referral by a medical practitioner (other than a specialist or consultant physician), for a patient 16 to 49 years with:  (a) inability to extend the knee suggesting the possibility of acute meniscal tear; or  (b) clinical findings suggesting acute anterior cruciate ligament tear (R) (NK) (Contrast) (Anaes.) | 201.60 |

Division 2.6—Group I6: management of bulk‑billed services

2.6.1 Application of items 64990 and 64991

(1) If the diagnostic imaging service mentioned 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) In this table:

***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*.

***eligible area*** has the meaning given by clause 2.34.1 of the general medical services table.

***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 Chief Executive Medicare.

***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.

| Group I6—Management of bulk‑billed services | | |
| --- | --- | --- |
| Column 1  Item | Column 2  Description | Column 3  Fee ($) |
| 64990 | A diagnostic imaging service to which an item in this table (other than this item or item 64991) applies if:  (a) the service is an unreferred service; and  (b) the service is provided to a person who is under the age of 16 or is a Commonwealth concession card holder; and  (c) the person is not an admitted patient of a hospital; and  (d) the service is bulk‑billed for the fees for:  (i) this item; and  (ii) the other item in this table applying to the service | 7.05 |
| 64991 | A diagnostic imaging service to which an item in this table (other than this item or item 64990) applies if:  (a) the service is an unreferred service; and  (b) the service is provided to a person who is under the age of 16 or is a Commonwealth concession card holder; and  (c) the person is not an admitted patient of a hospital; and  (d) the service is bulk‑billed for the fees for:  (i) this item; and  (ii) the other item in this table applying to the service; and  (e) the service is provided at, or from, a practice location in an eligible area | 10.65 |

Part 3—Dictionary

3.1 Dictionary

Note 1: All references in this clause to a provision are references to a provision in this table, unless otherwise indicated.

Note 2: A number of expressions used in this instrument are defined in subsection 3(1) of the Act, including the following:

(a) diagnostic imaging service;

(b) general medical services table;

(c) participating midwife;

(d) participating nurse practitioner;

(e) pathology services table;

(f) practitioner;

(g) professional service;

(h) specialist.

Note 3: For the effect of the term (Anaes.) used in items in this table, see subclause 2.45.5(2) of the general medical services table.

In this table:

***Act*** means the *Health Insurance Act 1973*.

***angiography suite*** has the meaning given by clause 2.3.5.

***ASGC*** means the July 2010 edition of the *Australian Standard Geographical Classification (ASGC)* (ABS catalogue number 1216.0), published by the Australian Statistician, as existing on 1 July 2019.

***bulk‑billed***: a diagnostic imaging service is ***bulk‑billed*** if:

(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 medical practitioner by whom, or on whose behalf, the service is provided, the person’s right to the payment of the medicare benefit; and

(ii) the medical practitioner accepts the assignment in full payment of the medical practitioner’s fee for the service provided.

***Commonwealth concession card holder*** has the meaning given by clause 2.6.1.

***comprehensive facility*** means a facility where all of the following services are performed (whether or not other services are also performed):

(a) PET;

(b) computed tomography;

(c) diagnostic ultrasound;

(d) medical oncology;

(e) radiation oncology;

(f) surgical oncology;

(g) X‑ray.

***comprehensive practice*** means a medical practice, or a radiology department of a hospital, that provides X‑ray, ultrasound and computed tomography services (whether or not it provides other services).

***computed tomography*** or ***CT*** means a service performed (with or without intravenous contrast) using a detector:

(a) that is 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) that receives a series of data profiles depicting the degree of absorption of the X‑ray beam, which are transformed into a cross‑sectional image after the application of complex algorithms.

***cone beam computed tomography*** means a service performed on a rotating gantry to which an X‑ray source and a 2‑dimensional flat panel detector are fixed that produces multiple sequential planar projection images in a single revolution around the patient, which are reconstructed into a 3‑dimensional image.

***consultation*** has the meaning given by clause 1.2.12.

***credentialled specialist*** means a specialist or consultant physician credentialled under the Joint Nuclear Medicine Specialist Credentialling Program for the Recognition of the Credentials of Nuclear Medicine Specialists for Positron Emission Tomography overseen by the JNMCAC.

***CT***:see***computed tomography***.

***eligible area*** has the meaning given by clause 2.6.1.

***eligible provider***, for an MRI or MRA service, has the meaning given by clause 2.5.4.

***FDG*** means 18F‑fluorodeoxyglucose.

***Group***, for a Group in the table, means every item in the Group.

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

***highest fee*** has the meaning given by clause 1.2.12.

***JNMCAC*** means the Joint Nuclear Medicine Credentialling and Accreditation Committee of the RACP and RANZCR.

***(K) item*** means an item that includes the symbol (K) at the end of column 2 of the item.

***maximum extended life age*** has the meaning given by clause 1.2.2.

***MRA*** means magnetic resonance angiography.

***MRI*** means magnetic resonance imaging.

***new effective life age*** has the meaning given by clause 1.2.2.

***(NK) item*** means an item that includes the symbol (NK) at the end of column 2 of the item.

***non‑consultation service*** has the meaning given by clause 1.2.12.

***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 ASGC.

***(NR)*** has the meaning given by clause 1.2.6.

***PET*** means positron emission tomography.

***practice location*** has the meaning given by clause 2.6.1.

***providing practitioner*** has the same meaning as in subsection 16B(1) of the Act.

***(R)*** has the meaning given by clause 1.2.6.

***RA1*** means an inner regional area as classified by the ASGC.

***RA2*** means an outer regional area as classified by the ASGC.

***RA3*** means a remote area as classified by the ASGC.

***RA4*** means either of the following:

(a) a very remote area as classified by the ASGC;

(b) Norfolk Island.

***RACP*** means The Royal Australasian College of Physicians (ABN 90 270 343 237).

***RANZCR*** means The Royal Australian and New Zealand College of Radiologists (ABN 37 000 029 863).

***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.

***RRMA4*** means a small rural centre as classified by the Rural, Remote and Metropolitan Areas Classification.

***RRMA5*** means a rural centre with an urban centre population of less than 10,000 persons as classified by the Rural, Remote and Metropolitan Areas Classification.

***Rural, Remote and Metropolitan Areas Classification*** has the meaning given by the general medical services table.

***scan***, for items 63001 to 63561 and 63740 to 63747, has the meaning given by clause 2.5.7.

***sequence***, for a scan, means a series of images collected at the same time with similar image parameters (not including images designed to establish patient position and subsequently used to plan other scans).

***Subgroup***, for a Subgroup in the table, means every item in the Subgroup.

***unreferred service*** has the meaning given by clause 2.6.1.

***upgraded*** has the meaning given by subclause 1.2.2(3).

Schedule 2—Repeals

Health Insurance (Diagnostic Imaging Services Table) Regulations 2018

1 The whole of the instrument

Repeal the instrument.