Health Insurance (Diagnostic Imaging Services Table) Regulations (No. 2) 2020

made under the

Health Insurance Act 1973

Compilation No. 18

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About this compilation

This compilation

This is a compilation of the *Health Insurance (Diagnostic Imaging Services Table) Regulations (No. 2) 2020* that shows the text of the law as amended and in force on 14 October 2024 (the ***compilation date***).

The notes at the end of this compilation (the ***endnotes***) include information about amending laws and the amendment history of provisions of the compiled law.

Uncommenced amendments

The effect of uncommenced amendments is not shown in the text of the compiled law. Any uncommenced amendments affecting the law are accessible on the Register (www.legislation.gov.au). The details of amendments made up to, but not commenced at, the compilation date are underlined in the endnotes. For more information on any uncommenced amendments, see the Register for the compiled law.

Application, saving and transitional provisions for provisions and amendments

If the operation of a provision or amendment of the compiled law is affected by an application, saving or transitional provision that is not included in this compilation, details are included in the endnotes.

Editorial changes

For more information about any editorial changes made in this compilation, see the endnotes.

Modifications

If the compiled law is modified by another law, the compiled law operates as modified but the modification does not amend the text of the law. Accordingly, this compilation does not show the text of the compiled law as modified. For more information on any modifications, see the Register for the compiled law.

Self-repealing provisions

If a provision of the compiled law has been repealed in accordance with a provision of the law, details are included in the endnotes.

Contents

1 Name

This instrument is the *Health Insurance (Diagnostic Imaging Services Table) Regulations (No. 2) 2020*.

3 Authority

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

4 Diagnostic imaging services table

For the purposes of section 4AA of the *Health Insurance Act 1973*, Schedule 1 is prescribed as a table of diagnostic imaging services.

Schedule 1—Diagnostic imaging services table

Note: See section 4.

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.

1.1.2 References in this Schedule to items include items determined under section 3C of the Act

A reference in this Schedule to an item includes a reference to an item relating to a health service that, under a determination in force under subsection 3C(1) of the Act, is treated as if there were an item in the table that relates to the service.

1.1.3 Dictionary

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

Division 1.2—General application provisions

Subdivision A—Capital sensitivity requirements

1.2.1 Restriction on items—services performed on aged equipment

(1) Subject to Subdivision B, an item in this Schedule does not apply to a service that is performed on diagnostic imaging equipment if the age of the equipment exceeds the applicable life age of the equipment.

(2) If reinstatement under clause 1.2.10B is granted in respect of diagnostic imaging equipment, an item in this Schedule does not apply to a service that is performed on that equipment on a day:

(a) that is before the day the reinstatement was granted; and

(b) on which the age of the equipment exceeded its new effective life age.

(3) If:

(a) reinstatement under clause 1.2.10B is granted in respect of diagnostic imaging equipment that has not been upgraded; and

(b) the equipment is not upgraded within 3 months after the end of the equipment's new effective life age;

an item in this Schedule does not apply to a service that is performed on that equipment on a day that is after the end of 3 months after the end of the equipment's new effective life age.

1.2.2 Age of equipment

Working out age of equipment

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

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

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

(2) The ***applicable life age***:

(a) for diagnostic imaging equipment that has not been upgraded—is the new effective life age of the equipment; and

(b) for diagnostic imaging equipment that has been upgraded—is the maximum extended life age of the equipment.

(3) The ***new effective life age*** and ***maximum extended life age*** for diagnostic imaging equipment are the periods set out in table 1.2.2 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:

Clause 1.2.2

Table 1.2.2—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

Upgrades

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

(a) an additional reasonable investment has been made, within the period mentioned in subclause (5), 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.

(5) For the purposes of paragraph (4)(a), the period is:

(a) the new effective life age for the equipment; or

(b) for equipment for which an exemption under clause 1.2.8 has been granted—the exemption period of the exemption; or

(c) for equipment for which reinstatement under clause 1.2.10B has been granted—3 months after the end of the equipment's new effective life age.

1.2.4 Meaning of *relevant proprietor*

The ***relevant proprietor*** for diagnostic imaging equipment is:

(a) if the equipment is ordinarily located at diagnostic imaging premises—the proprietor of the premises; or

(b) if the equipment:

(i) is not ordinarily located at diagnostic imaging premises; and

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

the proprietor of the base.

Subdivision B—Exemptions from capital sensitivity requirements

1.2.7 Equipment unable to be replaced etc. before end of applicable life age—applying for exemptions

Applying for exemption

(1) The relevant proprietor for diagnostic imaging equipment may apply to the Secretary for an exemption under clause 1.2.8 in respect of the equipment.

Note: For ***relevant proprietor***, see clause 1.2.4.

(2) The application must:

(a) be in writing; and

(b) be made before the end of the equipment's applicable life age; and

(c) set out:

(i) reasons why the proprietor is unable to replace the equipment (or upgrade the equipment, if it has not already been upgraded) before the end of the equipment's applicable life age; and

(ii) the steps taken by the proprietor to replace the equipment (or upgrade the equipment, if it has not already been upgraded).

Notifying proprietor of receipt of application

(3) If:
(a) the Secretary receives an application under subclause (2) of this clause for an exemption in respect of the equipment; and
(b) the application complies with subclause (2);
the Secretary must notify the relevant proprietor for the equipment in writing that the Secretary has received the application.

Effect of application on capital sensitivity requirements

(4) Clause 1.2.1 does not apply to a service that is performed on the equipment during the period:
(a) starting when the Secretary notifies the relevant proprietor under subclause (3) of this clause that the Secretary has received an application in respect of the equipment; and
(b) ending when the Secretary makes a decision on the application under clause 1.2.8, or the application is withdrawn.

1.2.8 Equipment unable to be replaced etc. before end of applicable life age—granting exemptions

Scope of this clause

(1) This clause applies if, under subclause 1.2.7(3), the Secretary notifies the relevant proprietor for diagnostic imaging equipment that the Secretary has received an application for an exemption in respect of the equipment.

Granting exemption

(2) The Secretary must, by notice in writing given to the proprietor:
(a) subject to subclauses (3) and (4) of this clause, grant the exemption for a specified period; or
(b) refuse to grant the exemption.

(3) The Secretary must not grant the exemption unless the Secretary is satisfied that both of the following apply:
(a) due to circumstances beyond the control of the proprietor, the proprietor is unable to replace the equipment (or upgrade the equipment, if it has not already been upgraded) before the end of its applicable life age;
(b) the proprietor is taking reasonable steps to replace the equipment (or upgrade the equipment, if it has not already been upgraded) before the end of the period specified under paragraph (2)(a).

(4) The period specified under paragraph (2)(a) must end no later than 6 months after the end of the equipment's applicable life age.

Note: The period specified under paragraph (2)(a) is the initial ***exemption period*** of the exemption: see clause 3.1. The exemption period can be extended or further extended under clause 1.2.10.

(5) The Secretary must make a decision on the application under subclause (2) within 28 days after notifying the proprietor as mentioned in subclause (1).

Effect of exemption or refusal on capital sensitivity requirements

(6) If the Secretary grants the exemption, clause 1.2.1 does not apply to a service that is performed on the equipment during the exemption period of the exemption (including the exemption period as extended or further extended under clause 1.2.10, if applicable).

(7) If the Secretary refuses to grant the exemption, clause 1.2.1 does not apply to a service that is performed on the equipment during the period:
  (a) starting when the Secretary refuses to grant the exemption; and
  (b) ending:
    (i) when the relevant proprietor for the equipment applies under clause 1.2.11 for reconsideration of the decision to refuse to grant the exemption; or
    (ii) if the relevant proprietor does not apply for such consideration—at the end of the period in which the proprietor could have applied for such reconsideration.

1.2.9 Equipment unable to be replaced etc. before end of applicable life age—applying for extensions of exemption periods

Scope of this clause

(1) This clause applies if an exemption under clause 1.2.8 in respect of diagnostic imaging equipment is in force.

Applying for extension of exemption period

(2) The relevant proprietor for the equipment may apply to the Secretary to extend or further extend under clause 1.2.10 the exemption period of the exemption.

Note: For ***relevant proprietor***, see clause 1.2.4.

(3) The application must:
  (a) be in writing; and
  (b) be made before the end of the current exemption period of the exemption; and
  (c) set out:
    (i) reasons why the proprietor continues to be unable to replace or upgrade the equipment; and
    (ii) the steps taken by the proprietor to replace the equipment (or upgrade the equipment, if it has not already been upgraded).

Notifying proprietor of receipt of application

(4) If:
  (a) the Secretary receives an application under subclause (2) of this clause for an extension or further extension of the exemption; and
  (b) the application complies with subclause (3);

the Secretary must notify the relevant proprietor for the equipment in writing that the Secretary has received the application.

Effect of application on capital sensitivity requirements

(5) Clause 1.2.1 does not apply to a service that is performed on the equipment during the period:
  (a) starting when the Secretary notifies the relevant proprietor under subclause (4) of this clause that the Secretary has received an application in respect of the equipment; and
  (b) ending when the Secretary makes a decision on the application under clause 1.2.10, or the application is withdrawn.

1.2.10 Equipment unable to be replaced etc. before end of applicable life age—extending exemption periods

Scope of this clause

(1) This clause applies if, under subclause 1.2.9(4), the Secretary notifies the relevant proprietor for diagnostic imaging equipment that the Secretary has received an application for an extension or further extension of the exemption period of an exemption in respect of the equipment.

Secretary may extend exemption period

(2) The Secretary must, by notice in writing given to the proprietor:
  (a) subject to subclauses (3) and (4) of this clause, extend or further extend the exemption period for a specified period; or
  (b) refuse to extend, or further extend, the exemption period.

(3) The Secretary must not extend or further extend the exemption period unless the Secretary is satisfied that both of the following apply:
  (a) due to circumstances beyond the control of the proprietor, the proprietor is unable to replace the equipment (or upgrade the equipment, if it has not already been upgraded) before the end of the current exemption period of the exemption;
  (b) the proprietor is taking reasonable steps to replace the equipment (or upgrade the equipment, if it has not already been upgraded) before the end of the exemption period as extended or further extended.

(4) The extension or further extension must be for no more than 3 months.

(5) The Secretary must make a decision on the application under subclause (2) within 28 days after notifying the proprietor as mentioned in subclause (1).

Effect of refusal on capital sensitivity requirements

(6) If the Secretary refuses to extend, or further extend, the exemption period, clause 1.2.1 does not apply to a service that is performed on the equipment during the period:
  (a) starting when the Secretary refuses to extend, or further extend, the exemption period; and
  (b) ending:
    (i) when the relevant proprietor for the equipment applies under clause 1.2.11 for reconsideration of the decision to refuse to extend, or further extend, the exemption period; or
    (ii) if the relevant proprietor does not apply for such consideration—at the end of the period in which the proprietor could have applied for such reconsideration.

Note: Clause 1.2.1 does not apply to a service provided using the equipment during the extended exemption period: see subclause 1.2.8(6).

Subdivision BA—Reinstatement for capital sensitivity requirements

1.2.10A Equipment not upgraded before end of new effective life age—applying for reinstatement of subsequently upgraded equipment

Applying for reinstatement

(1) The relevant proprietor for diagnostic imaging equipment may apply to the Secretary for reinstatement under clause 1.2.10B in respect of the equipment if:
  (a) the equipment was not upgraded before the end of its new effective life age; and
  (b) the relevant proprietor did not apply for an exemption under clause 1.2.8 in respect of the equipment before the end of its new effective life age.

Note: For ***relevant proprietor***, see clause 1.2.4.

(2) The application must:
  (a) be in writing; and
  (b) be made before the later of the following:
    (i) the end of 3 months after the end of the equipment's new effective life age;
    (ii) the end of 30 November 2024; and
  (c) set out:
    (i) reasons why the proprietor was unable to upgrade the equipment before the end of its new effective life age; and
    (ii) reasons why the proprietor was unable to apply for an exemption under clause 1.2.8 in respect of the equipment before the end of its new effective life age; and
    (iii) an explanation of how the equipment has been, or will be, upgraded; and

(iv) if the equipment has not been upgraded—the steps taken by the proprietor to ensure that it will be upgraded within 3 months after the end of its new effective life age, and the date on which the upgrade will occur.

Notifying proprietor of receipt of application

(3) If:
(a) the Secretary receives an application under subclause (1) of this clause for reinstatement in respect of the equipment; and
(b) the application complies with subclause (2);
the Secretary must notify the relevant proprietor for the equipment in writing that the Secretary has received the application.

1.2.10B Equipment not upgraded before end of new effective life age—granting reinstatement of subsequently upgraded equipment

Scope of this clause

(1) This clause applies if, under subclause 1.2.10A(3), the Secretary notifies the relevant proprietor for diagnostic imaging equipment that the Secretary has received an application for reinstatement in respect of the equipment.

Granting reinstatement

(2) The Secretary must, by notice in writing given to the proprietor:
(a) subject to subclause (3) of this clause, grant the reinstatement; or
(b) refuse to grant the reinstatement.

(3) The Secretary must not grant the reinstatement unless the Secretary is satisfied that both of the following apply:
(a) the proprietor was unable to upgrade the equipment before the end of its new effective life age;
(b) the equipment has been or will be upgraded within 3 months after the end of its new effective life age.

(4) The Secretary must make a decision on the application under subclause (2) within 28 days after notifying the proprietor as mentioned in subclause (1).

Subdivision BB—Reconsideration and review of decisions

1.2.11 Reconsideration by Secretary—applying for reconsideration

Scope of this clause

(1) This clause applies to:
(a) a decision under clause 1.2.8 to refuse to grant an exemption in respect of diagnostic imaging equipment; or

(b) a decision under clause 1.2.10 to refuse to extend, or further extend, the exemption period of an exemption in respect of diagnostic imaging equipment; or

(c) a decision under clause 1.2.10B to refuse to grant reinstatement in respect of diagnostic imaging equipment.

Applying for reconsideration of decision

(2) The relevant proprietor for the equipment may apply to the Secretary for reconsideration of the decision under clause 1.2.12.

Note: For ***relevant proprietor***, see clause 1.2.4.

(3) The application must:

(a) be in writing; and

(b) be made within:

(i) 28 days after the Secretary makes the decision; or

(ii) if the Secretary is satisfied that special circumstances exist—within such further period (if any) as the Secretary allows; and

(c) identify the decision for reconsideration; and

(d) set out the reasons for the application.

(4) The application may provide new material for the Secretary to consider.

Notifying proprietor of receipt of application

(5) If:

(a) the Secretary receives an application under subclause (2) of this clause for reconsideration of the decision; and

(b) the application complies with subclause (3);

the Secretary must notify the relevant proprietor for the equipment in writing that the Secretary has received the application.

Effect of application on capital sensitivity requirements—exemption decisions

(6) Clause 1.2.1 does not apply to a service that is performed on equipment to which a decision mentioned in paragraph (1)(a) or (b) relates during the period:

(a) starting when the Secretary notifies the relevant proprietor under subclause (5) of this clause that the Secretary has received an application in respect of the equipment; and

(b) ending when the Secretary makes a decision on the application under clause 1.2.12, or the application is withdrawn.

1.2.12 Reconsideration by Secretary—reconsidering decisions

Scope of this clause

(1) This clause applies if, under subclause 1.2.11(5), the Secretary notifies the relevant proprietor of diagnostic imaging equipment that the Secretary has

received an application for reconsideration of a decision in respect of the equipment.

Reconsidering decisions

(2) The Secretary must:
  (a) reconsider the decision; and
  (b) by notice in writing given to the proprietor:
    (i) affirm the decision; or
    (ii) set aside the decision and make a decision in substitution for it.

(3) The Secretary must make a decision on the application under subclause (2) within 28 days after notifying the proprietor as mentioned in subclause (1).

Effect of affirmation of exemption decisions on capital sensitivity requirements

(4) If the Secretary affirms a decision mentioned in paragraph 1.2.11(1)(a) or (b), clause 1.2.1 does not apply to a service that is performed on equipment to which the decision relates during the period:
  (a) starting when the Secretary affirms the decision; and
  (b) ending:
    (i) if an application for review of the decision to affirm is made under clause 1.2.13—when each party to the proceeding has been given a copy of the decision of the Administrative Review Tribunal on review; or
    (ii) otherwise—when the time for making such an application for review expires.

Note: For the time for making an application for review, see section 18 of the *Administrative Review Tribunal Act 2024*.

1.2.13 Review by ART

Applications may be made to the Administrative Review Tribunal for review of decisions of the Secretary under clause 1.2.12.

Subdivision C—Other provisions

1.2.15 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.

1.2.16 Who may provide a diagnostic imaging service

Items in this Schedule 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.

1.2.17 Restriction on items—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 55054, 55130, 55135, 55848, 57341, 59312, 59314, 60506, 60509 and 61109; 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.

1.2.18 Bulk-billing incentive

(1) This clause applies if:

(a) a service that is mentioned in an item in Divisions 2.1 to 2.5 of this Schedule 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 Schedule 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, 61466 or 61485.

1.2.21 Reduction in fees—multiple services on same day—general

(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 2.1.2A, 2.1.17 and 2.5.8 apply, subject to subclauses (7), (8) and (8A), in addition to this clause.

(7) For the purposes of clause 2.1.2A, 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 Group I5 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.

(8A) For the purposes of clause 2.1.17, if a medical practitioner provides:
(a) 2 or more echocardiogram services mentioned in subclause 2.1.17(1) 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 echocardiogram 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, 64990, 64991, 64992, 64993, 64994 or 64995.

(11) In this Schedule:

consultation means a service under an item listed in Divisions 2.2 to 2.30 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 2.2 to 2.30 of the general medical services table.

1.2.22 Restriction on items—services provided with autologous injections of blood or blood products

An item in this Schedule 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.

1.2.23 Restriction on items—services provided with harvesting, storage, in vitro processing or injection of non-haematopoietic stem cells

An item in this Schedule 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 Restriction on items—ultrasound services

Items in this Division (except items 55600 and 55603) 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 Restriction on items—R-type ultrasound services

(1) Items in this Division (except items 55600 and 55603) 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

2.1.2A Reduction in fees—multiple services on same day—vascular ultrasounds

(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 reduced 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.

2.1.3 Items in Subgroups 1 to 4 of Group I1

This clause sets out items in Subgroups 1 to 4 of Group I1.

Note: The fees in Group I1 are indexed in accordance with clause 2.7.1.

Group I1—Ultrasound		
Column 1	**Column 2**	**Column 3**
Item	**Description**	**Fee ($)**
Subgroup 1—General		
55028	Head, ultrasound scan of (R)	110.75
55029	Head, ultrasound scan of (NR)	38.40
55030	Orbital contents, ultrasound scan of (R)	110.75
55031	Orbital contents, ultrasound scan of (NR)	38.40

Clause 2.1.3

Group I1—Ultrasound

Column 1 Item	Column 2 Description	Column 3 Fee ($)
55032	Neck, one or more structures of, ultrasound scan of (R)	110.75
55033	Neck, one or more structures of, ultrasound scan of (NR)	38.40
55036	Abdomen, ultrasound scan of (including scan of urinary tract when performed), for morphological assessment, if: (a) the service is not solely a transrectal ultrasonic examination of any of the following: (i) prostate gland; (ii) bladder base; (iii) urethra; and (b) within 24 hours of the service, a service mentioned in item 55038 is not performed on the same patient by the providing practitioner (R)	112.95
55037	Abdomen, ultrasound scan of (including scan of urinary tract when performed), for morphological assessment, if the service is not solely a transrectal ultrasonic examination of any of the following: (a) prostate gland; (b) bladder base; (c) urethra (NR)	38.40
55038	Urinary tract, ultrasound scan of, if: (a) the service is not solely a transrectal ultrasonic examination of any of the following: (i) prostate gland; (ii) bladder base; (iii) urethra; and (b) within 24 hours of the service, a service mentioned in item 55036 or 55065 is not performed on the same patient by the providing practitioner (R)	110.75
55039	Urinary tract, ultrasound scan of, if the service is not solely a transrectal ultrasonic examination of any of the following: (a) prostate gland; (b) bladder base; (c) urethra (NR)	38.40
55048	Scrotum, ultrasound scan of (R)	111.15
55049	Scrotum, ultrasound scan of (NR)	38.40
55054	Ultrasonic cross-sectional echography, in conjunction with a surgical procedure (other than a procedure to which item 55848 or 55850 applies) using interventional techniques, not being a service associated with a service to which any other item in this Group applies (R)	110.75
55065	Pelvis, ultrasound scan of, by any or all approaches, if: (a) the service is not solely a service to which an item (other than item 55736 or 55739) in Subgroup 5 of this Group applies or a transrectal ultrasonic examination of any of the following: (i) prostate gland; (ii) bladder base;	99.70

Group I1—Ultrasound		
Column 1	**Column 2**	**Column 3**
Item	**Description**	**Fee ($)**
	(iii) urethra; and (b) within 24 hours of the service, a service mentioned in item 55038 is not performed on the same patient by the providing practitioner (R)	
55066	Breasts, both, ultrasound scan of, in conjunction with a surgical procedure using interventional techniques, if: (a) the request for the scan indicates that an ultrasound-guided breast intervention be performed; and (b) the service is not performed in conjunction with any other item in this Group (R)	221.45
55068	Pelvis, ultrasound scan of, by any or all approaches, if the service is not solely a service to which an item (other than item 55736 or 55739) in Subgroup 5 of this Group applies or a transrectal ultrasonic examination of any of the following: (a) prostate gland; (b) bladder base; (c) urethra (NR)	35.50
55070	Breast, one, ultrasound scan of (R)	99.70
55071	Breast, one, ultrasound scan of, in conjunction with a surgical procedure using interventional techniques, if: (a) the request for the scan indicates that an ultrasound-guided breast intervention be performed; and (b) the service is not performed in conjunction with any other item in this group (R)	210.45
55073	Breast, one, ultrasound scan of (NR)	34.55
55076	Breasts, both, ultrasound scan of (including an ultrasound scan for post mastectomy surveillance) (R)	110.75
55079	Breasts, both, ultrasound scan of (including an ultrasound scan for post mastectomy surveillance) (NR)	38.40
55084	Urinary bladder, ultrasound scan of, by any or all approaches, if within 24 hours of the service, a service mentioned in item 11917, 55036, 55038, 55065, 55600 or 55603 is not performed on the same patient by the providing practitioner (R)	99.70
55085	Urinary bladder, ultrasound scan of, by any or all approaches, if within 24 hours of the service, a service mentioned in item 11917, 55037, 55039, 55068, 55600 or 55603 is not performed on the same patient by the providing practitioner (NR)	34.55
Subgroup 2—Cardiac		
55118	Heart, two-dimensional or three-dimensional real time transoesophageal examination of, from at least 2 levels, and in more than one plane at each level, if: (a) the service includes: (i) real time colour flow mapping and, if indicated, pulsed wave Doppler examination; and	279.65

Clause 2.1.3

Group I1—Ultrasound		
Column 1	**Column 2**	**Column 3**
Item	**Description**	**Fee ($)**
	(ii) recordings on digital media; and (b) the service is not: (i) an intra-operative service; or (ii) a service associated with a service to which an item in Subgroup 3 of this Group applies (R) (Anaes.)	
55130	Intraoperative two-dimensional or three-dimensional real time transoesophageal echocardiography, if the service: (a) includes Doppler techniques with colour flow mapping and recordings on digital media; and (b) is performed during cardiac surgery; and (c) incorporates sequential assessment of cardiac function before and after the surgical procedure; and (d) is not associated with a service to which item 55135, or an item in Subgroup 3, applies (R) (Anaes.)	172.55
55135	Intraoperative two-dimensional or three-dimensional real time transoesophageal echocardiography, if the service: (a) is provided on the same day as a service to which item 38477, 38484, 38499, 38516 or 38517 applies; and (b) includes Doppler techniques with colour flow mapping and recordings on digital media; and (c) is performed during cardiac valve surgery (replacement or repair); and (d) incorporates sequential assessment of cardiac function and valve competence before and after the surgical procedure; and (e) is not associated with a service to which item 22054, 55130, or an item in Subgroup 3, applies (R) (Anaes.)	358.90
Subgroup 3—Vascular		
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 any of the following: (a) a service to which an item in Subgroup 4 applies; (b) a service to which item 55880, 55881, 55882, 55883, 55884, 55885, 55886, 55887, 55888, 55889, 55890, 55891, 55892, 55893, 55894 or 55895 applies (R)	172.05
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 item 55246 applies; (b) a service to which an item in Subgroup 4 applies; (c) a service to which item 55880, 55881, 55882, 55883, 55884, 55885, 55886, 55887, 55888, 55889, 55890, 55891, 55892, 55893, 55894 or	172.05

Group I1—Ultrasound

Column 1 Item	Column 2 Description	Column 3 Fee ($)
	55895 (R)	
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 item 55244 applies; (b) a service to which an item in Subgroup 4 applies; (c) a service to which item 55880, 55881, 55882, 55883, 55884, 55885, 55886, 55887, 55888, 55889, 55890, 55891, 55892, 55893, 55894 or 55895 (R)	172.05
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 4 applies (R)	172.05
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 4 applies (R)	172.05
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 4 applies (R)	172.05
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 4 applies (R)	172.05
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 4 applies (R)	172.05
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 4 applies (R)	172.05
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	172.05

Clause 2.1.3

Group I1—Ultrasound

Column 1 Item	Column 2 Description	Column 3 Fee ($)
	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 4 applies (R)	
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 4 applies (R)	172.05
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 4 applies (R)	172.05
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 any of the following: (a) a service to which an item in Subgroup 3 or 4 applies; (b) a service to which item 55880, 55881, 55882, 55883, 55884, 55885, 55886, 55887, 55888, 55889, 55890, 55891, 55892, 55893, 55894 or 55895 applies (R)	172.05
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 any of the following: (a) a service to which an item in Subgroup 3 or 4 applies; (b) a service to which item 55880, 55881, 55882, 55883, 55884, 55885,	112.70

Group I1—Ultrasound		
Column 1	**Column 2**	**Column 3**
Item	**Description**	**Fee ($)**
	55886, 55887, 55888, 55889, 55890, 55891, 55892, 55893, 55894 or 55895 applies (R)	
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)	110.75
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)	110.75

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 (other than item 55758), 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, 55718, 55723, 55742, 55743, 55759, 55762, 55768 and 55770 are applicable only once in a pregnancy.

Clause 2.1.5

2.1.5 Obstetric and gynaecological services—referrals and clinical notes

(1) A referral for a service mentioned in item 55700, 55704, 55707, 55712, 55718, 55721, 55740, 55742, 55757, 55759, 55764, 55768 and 55772 must state the relevant condition or clinical indication for the service.

(2) If a referral for a service mentioned in item 55712, 55721, 55764 or 55772 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 55703, 55705, 55708, 55715, 55723, 55725, 55741, 55743, 55758, 55762, 55766, 55770 or 55774 must state the relevant condition or clinical indication for the service.

2.1.6 Items in Subgroup 5 of Group I1

This clause sets out items in Subgroup 5 of Group I1.

Note: The fees in Group I1 are indexed in accordance with clause 2.7.1.

Group I1—Ultrasound		
Column 1	**Column 2**	**Column 3**
Item	**Diagnostic imaging service**	**Fee ($)**
Subgroup 5—Obstetric and gynaecological		
55700	Pelvis or abdomen, pregnancy-related or pregnancy complication, ultrasound (the ***current ultrasound***) scan of, by any or all approaches, for determining the gestation, location, viability or number of fetuses, if: (a) the dating of the pregnancy (as confirmed by the current ultrasound) is less than 12 weeks of gestation; and (b) the current ultrasound is not performed on the same patient within 24 hours of a service mentioned in item 55704, 55705, 55707, 55708, 55740, 55741, 55742 or 55743 (R)	60.90
55703	Pelvis or abdomen, pregnancy-related or pregnancy complication, ultrasound (the ***current ultrasound***) scan of, by any or all approaches, for determining the gestation, location, viability or number of fetuses, if: (a) the dating of the pregnancy (as confirmed by the current ultrasound) is less than 12 weeks of gestation; and (b) the current ultrasound is not performed on the same patient within 24 hours of a service mentioned in item 55704, 55705, 55707, 55708, 55740, 55741, 55742 or 55743 (NR)	35.50
55704	Pelvis or abdomen, pregnancy-related or pregnancy complication, fetal development and anatomy, ultrasound (the ***current ultrasound***) scan of, by any or all approaches, for determining the structure, gestation, location, viability or number of fetuses, if: (a) the dating of the pregnancy (as confirmed by the current ultrasound) is 12 to 16 weeks of gestation; and (b) the current ultrasound is not performed on the same patient within 24 hours of a service mentioned in another item in this Subgroup (R)	71.05

Group I1—Ultrasound

Column 1 Item	Column 2 Diagnostic imaging service	Column 3 Fee ($)
55705	Pelvis or abdomen, pregnancy-related or pregnancy complication, fetal development and anatomy, ultrasound (the ***current ultrasound***) scan of, by any or all approaches, for determining the structure, gestation, location, viability or number of fetuses, if: (a) the dating of the pregnancy (as confirmed by the current ultrasound) is 12 to 16 weeks of gestation; and (b) the current ultrasound is not performed on the same patient within 24 hours of a service mentioned in another item in this Subgroup (NR)	35.50
55706	Pelvis or abdomen, pregnancy-related or pregnancy complication, fetal development and anatomy, ultrasound (the ***current ultrasound***) scan of, by any or all approaches, with measurement of all parameters for dating purposes, if: (a) the dating for the pregnancy (as confirmed by the current ultrasound) is 17 to 22 weeks of gestation; and (b) the current ultrasound: (i) is not performed in the same pregnancy as item 55709; and (ii) is not performed on the same patient within 24 hours of a service mentioned in item 55757 or 55758 (R)	101.50
55707	Pelvis or abdomen, pregnancy-related or pregnancy complication, fetal development and anatomy, ultrasound (the ***current ultrasound***) scan of, by any or all approaches, if: (a) the pregnancy (as confirmed by the current ultrasound) is dated by a fetal crown rump length of 45 to 84 mm; and (b) nuchal translucency measurement is performed to assess the risk of fetal abnormality; and (c) the current ultrasound is not performed on the same patient within 24 hours of a service mentioned in another item in this Subgroup (R)	71.05
55708	Pelvis or abdomen, pregnancy-related or pregnancy complication, fetal development and anatomy, ultrasound (the ***current ultrasound***) scan of, by any or all approaches, if: (a) the pregnancy (as confirmed by the current ultrasound) is dated by a crown rump length of 45 to 84 mm; and (b) nuchal translucency measurement is performed to assess the risk of fetal abnormality; and (c) the current ultrasound is not performed on the same patient within 24 hours of a service mentioned in another item in this Subgroup (NR)	35.50
55709	Pelvis or abdomen, pregnancy-related or pregnancy complication, fetal development and anatomy, ultrasound (the ***current ultrasound***) scan of, by any or all approaches, with measurement of all parameters for dating purposes, if: (a) the dating of the pregnancy (as confirmed by the current ultrasound) is 17 to 22 weeks of gestation; and (b) the current ultrasound: (i) is not performed in the same pregnancy as item 55706; and (ii) is not performed on the same patient within 24 hours of a service	38.55

Clause 2.1.6

Group I1—Ultrasound

Column 1 Item	Column 2 Diagnostic imaging service	Column 3 Fee ($)
	mentioned in item 55757 or 55758 (NR)	
55712	Pelvis or abdomen, pregnancy-related or pregnancy complication, fetal development and anatomy, ultrasound (the ***current ultrasound***) scan of, by any or all approaches, with measurement of all parameters for dating purposes, if: (a) the current ultrasound is requested 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 dating of the pregnancy (as confirmed by the current ultrasound) is 17 to 22 weeks of gestation; and (c) further examination is clinically indicated after performance, in the same pregnancy, of a scan mentioned in item 55706 or 55709; and (d) the current ultrasound is not performed on the same patient within 24 hours of a service mentioned in item 55757 or 55758 (R)	116.70
55715	Pelvis or abdomen, pregnancy-related or pregnancy complication, fetal development and anatomy, ultrasound (the ***current 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 dating of the pregnancy (as confirmed by the current ultrasound) is 17 to 22 weeks of gestation; and (b) further examination is clinically indicated after performance, in the same pregnancy, of a scan mentioned in item 55706 or 55709; and (c) the current ultrasound is not performed on the same patient within 24 hours of a service mentioned in item 55757 or 55758 (NR)	40.60
55718	Pelvis or abdomen, pregnancy-related or pregnancy complication, fetal development and anatomy, ultrasound (the ***current ultrasound***) scan of, by any or all approaches, if: (a) the dating of the pregnancy (as confirmed by the current ultrasound) is after 22 weeks of gestation; and (b) the current ultrasound: (i) is not performed in the same pregnancy as item 55723; and (ii) is not performed on the same patient within 24 hours of a service mentioned in item 55757 or 55758 (R)	101.50
55721	Pelvis or abdomen, pregnancy-related or pregnancy complication, fetal development and anatomy, ultrasound (the ***current ultrasound***) scan of, by any or all approaches, if: (a) the current ultrasound is requested by a medical practitioner who: (i) is a Member or a Fellow of the Royal Australian and New Zealand	116.70

Group I1—Ultrasound

Column 1 Item	Column 2 Diagnostic imaging service	Column 3 Fee ($)
	College of Obstetricians and Gynaecologists; or (ii) has a Diploma of Obstetrics; or (iii) has a qualification recognised by the Royal Australian and New Zealand College of Obstetricians and Gynaecologists as being equivalent to a Diploma of Obstetrics; or (iv) has obstetric privileges at a non-metropolitan hospital; and (b) the dating of the pregnancy (as confirmed by current ultrasound) is after 22 weeks of gestation; and (c) further examination is clinically indicated in the same pregnancy to which item 55718 or 55723 applies; and (d) the current ultrasound is not performed on the same patient within 24 hours of a service mentioned in item 55757 or 55758 (R)	
55723	Pelvis or abdomen, pregnancy-related or pregnancy complication, fetal development and anatomy, ultrasound (the ***current ultrasound***) scan of, by any or all approaches, if: (a) the dating of the pregnancy (as confirmed by the current ultrasound) is after 22 weeks of gestation; and (b) the current ultrasound: (i) is not performed in the same pregnancy as item 55718; and (ii) is not performed on the same patient within 24 hours of a service mentioned in item 55757 or 55758 (NR)	38.55
55725	Pelvis or abdomen, pregnancy-related or pregnancy complication, fetal development and anatomy, ultrasound (the ***current 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 dating of the pregnancy (as confirmed by the current ultrasound) is after 22 weeks of gestation; and (b) further examination is clinically indicated in the same pregnancy to which item 55718 or 55723 applies; and (c) the current ultrasound is not performed on the same patient within 24 hours of a service mentioned in item 55757 or 55758 (NR)	40.60
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) there is reason to suspect intrauterine growth retardation or a significant risk of fetal death; —examination and report (R)	27.65
55736	Pelvis, ultrasound scan of, in association with saline infusion of the endometrial cavity, by any or all approaches, if a previous transvaginal ultrasound has revealed an abnormality of the uterus or fallopian tube (R)	128.90
55739	Pelvis, ultrasound scan of, in association with saline infusion of the	57.85

Clause 2.1.6

Group I1—Ultrasound

Column 1 Item	Column 2 Diagnostic imaging service	Column 3 Fee ($)
	endometrial cavity, by any or all approaches, if a previous transvaginal ultrasound has revealed an abnormality of the uterus or fallopian tube (NR)	
55740	Pelvis or abdomen, pregnancy-related or pregnancy complication, fetal development and anatomy, ultrasound (the ***current ultrasound***) scan of, by any or all approaches, for determining the structure, gestation, location, viability or number of fetuses, if: (a) an ultrasound of the same pregnancy confirms a multiple pregnancy; and (b) the dating of the pregnancy (as confirmed by the current ultrasound) is 12 to 16 weeks of gestation; and (c) the current ultrasound is not performed on the same patient within 24 hours of a service mentioned in another item in this Subgroup (R)	108.30
55741	Pelvis or abdomen, pregnancy-related or pregnancy complication, fetal development and anatomy, ultrasound (the ***current ultrasound***) scan of, by any or all approaches, for determining the structure, gestation, location, viability or number of fetuses, if: (a) an ultrasound of the same pregnancy confirms a multiple pregnancy; and (b) the dating of the pregnancy (as confirmed by the current ultrasound) is 12 to 16 weeks of gestation; and (c) the current ultrasound is not performed on the same patient within 24 hours of a service mentioned in another item in this Subgroup (NR)	54.10
55742	Pelvis or abdomen, pregnancy-related or pregnancy complication, fetal development and anatomy, ultrasound (the ***current ultrasound***) scan of, by any or all approaches, if: (a) an ultrasound of the same pregnancy confirms a multiple pregnancy; and (b) the pregnancy (as confirmed by the current ultrasound) is dated by a fetal crown rump length of 45 to 84 mm; and (c) nuchal translucency measurement is performed to assess the risk of fetal abnormality; and (d) the current ultrasound is not performed on the same patient within 24 hours of a service mentioned in another item in this Subgroup (R)	108.30
55743	Pelvis or abdomen, pregnancy-related or pregnancy complication, fetal development and anatomy, ultrasound (the ***current ultrasound***) scan of, by any or all approaches, if: (a) an ultrasound of the same pregnancy confirms a multiple pregnancy; and (b) the pregnancy (as confirmed by the current ultrasound) is dated by a fetal crown rump length of 45 to 84 mm; and (c) nuchal translucency measurement is performed to assess the risk of fetal abnormality; and (d) the current ultrasound is not performed on the same patient within 24 hours of a service mentioned in another item in this Subgroup (NR)	54.10
55757	Pelvis or abdomen, ultrasound (the ***current ultrasound***) scan of, for cervical length assessment for risk of preterm labour, by any or all approaches, if: (a) the dating of the pregnancy (as confirmed by the current ultrasound) is between 14 and 30 weeks of gestation; and	51.55

Group I1—Ultrasound

Column 1 Item	Column 2 Diagnostic imaging service	Column 3 Fee ($)
	(b) any of the following apply: (i) the patient has a history indicating high risk of preterm labour or birth or second trimester fetal loss; (ii) the patient has symptoms suggestive of threatened preterm labour or second trimester fetal loss; (iii) the patient's cervical length is less than 25 mm on an ultrasound before 28 weeks gestation; and (c) the current ultrasound is not performed on the same patient within 24 hours of a service mentioned in another item in this Subgroup (R)	
55758	Pelvis or abdomen, ultrasound (the ***current ultrasound***) scan of, for cervical length assessment for risk of preterm labour, by any or all approaches, if: (a) the dating of the pregnancy (as confirmed by the current ultrasound) is between 14 and 30 weeks of gestation; and (b) any of the following apply: (i) the patient has a history indicating high risk of preterm labour or birth or second trimester fetal loss; (ii) the patient has symptoms suggestive of threatened preterm labour or second trimester fetal loss; (iii) the patient's cervical length is less than 25 mm on an ultrasound before 28 weeks gestation; and (c) the current ultrasound is not performed on the same patient within 24 hours of a service mentioned in another item in this Subgroup (NR)	19.60
55759	Pelvis or abdomen, pregnancy-related or pregnancy complication, fetal development and anatomy, ultrasound (the ***current ultrasound***) scan of, by any or all approaches, with measurement of all parameters for dating purposes, if: (a) an ultrasound of the same pregnancy confirms a multiple pregnancy; and (b) the dating of the pregnancy (as confirmed by the current ultrasound) is 17 to 22 weeks gestation; and (c) the service mentioned in item 55706, 55709, 55712, 55715 or 55762 is not performed in conjunction with the current ultrasound during the same pregnancy; and (d) the current ultrasound is not performed on the same patient within 24 hours of a service mentioned in item 55757 or 55758 (R)	152.25
55762	Pelvis or abdomen, pregnancy-related or pregnancy complication, fetal development and anatomy, ultrasound (the ***current ultrasound***) scan of, by any or all approaches, with measurement of all parameters for dating purposes, if: (a) an ultrasound of the same pregnancy confirms a multiple pregnancy; and (b) the dating of the pregnancy (as confirmed by the current ultrasound) is 17 to 22 weeks gestation; and (c) the service mentioned in item 55706, 55709, 55712, 55715 or 55759 is not performed in conjunction with the current ultrasound during the same pregnancy; and (d) the current ultrasound is not performed on the same patient within 24 hours	60.90

Clause 2.1.6

Group I1—Ultrasound

Column 1 Item	Column 2 Diagnostic imaging service	Column 3 Fee ($)
	of a service mentioned in item 55757 or 55758 (NR)	
55764	Pelvis or abdomen, pregnancy-related or pregnancy complication, fetal development and anatomy, ultrasound (the ***current ultrasound***) scan of, by any or all approaches, with measurement of all parameters for dating purposes, if: (a) the service is requested 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) an ultrasound of the same pregnancy confirms a multiple pregnancy; and (c) the dating of the pregnancy (as confirmed by the current ultrasound) is 17 to 22 weeks gestation; and (d) further examination is clinically indicated in the same pregnancy in which item 55759 or 55762 has been performed; and (e) the service mentioned in item 55706, 55709, 55712 or 55715 is not performed in conjunction with the current ultrasound during the same pregnancy; and (f) the current ultrasound is not performed on the same patient within 24 hours of a service mentioned in item 55757 or 55758 (R))	162.40
55766	Pelvis or abdomen, pregnancy-related or pregnancy complication, fetal development and anatomy, ultrasound (the ***current 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) an ultrasound of the same pregnancy confirms a multiple pregnancy; and (b) the dating of the pregnancy (as confirmed by the current ultrasound) is 17 to 22 weeks of gestation; and (c) further examination is clinically indicated in the same pregnancy in which item 55759 or 55762 has been performed; and (d) the service mentioned in item 55706, 55709, 55712 or 55715 is not performed in conjunction with the current ultrasound during the same pregnancy; and (e) the current ultrasound is not performed on the same patient within 24 hours of a service mentioned in item 55757 or 55758 (NR)	65.95
55768	Pelvis or abdomen, pregnancy-related or pregnancy complication, fetal development and anatomy, ultrasound (the ***current ultrasound***) scan of, by any or all approaches, if: (a) dating of the pregnancy (as confirmed by the current ultrasound) is after 22 weeks of gestation; and (b) an ultrasound confirms a multiple pregnancy; and	152.25

Group I1—Ultrasound

Column 1 Item	Column 2 Diagnostic imaging service	Column 3 Fee ($)
	(c) the service is not performed in the same pregnancy as item 55770; and (d) the service mentioned in item 55718, 55721, 55723 or 55725 is not performed in conjunction with the current ultrasound during the same pregnancy; and (e) the current ultrasound is not performed on the same patient within 24 hours of a service mentioned in item 55757 or 55758 (R)	
55770	Pelvis or abdomen, pregnancy-related or pregnancy complication, fetal development and anatomy, ultrasound (the ***current ultrasound***) scan of, by any or all approaches, if: (a) dating of the pregnancy (as confirmed by the current ultrasound) is after 22 weeks of gestation; and (b) an ultrasound confirms a multiple pregnancy; and (c) the service is not performed in the same pregnancy as item 55768; and (d) the service mentioned in item 55718, 55721, 55723 or 55725 is not performed in conjunction with the current ultrasound during the same pregnancy; and (e) the current ultrasound is not performed on the same patient within 24 hours of a service mentioned in item 55757 or 55758 (NR)	60.90
55772	Pelvis or abdomen, pregnancy-related or pregnancy complication, fetal development and anatomy, ultrasound (the ***current ultrasound***) scan of, by any or all approaches, if: (a) dating of the pregnancy as confirmed by the current ultrasound is after 22 weeks of gestation; and (b) the service is requested 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) further examination is clinically indicated in the same pregnancy to which item 55768 or 55770 has been performed; and (d) the pregnancy as confirmed by an ultrasound is a multiple pregnancy; and (e) the service mentioned in item 55718, 55721, 55723 or 55725 is not performed in conjunction with the current ultrasound during the same pregnancy; and (f) the current ultrasound is not performed on the same patient within 24 hours of a service mentioned in item 55757 or 55758 (R)	162.40
55774	Pelvis or abdomen, pregnancy-related or pregnancy complication, fetal development and anatomy, ultrasound (the ***current 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 the current ultrasound is after 22	65.95

Clause 2.1.8

Group I1—Ultrasound		
Column 1	**Column 2**	**Column 3**
Item	**Diagnostic imaging service**	**Fee ($)**
	weeks of gestation; and (b) further examination is clinically indicated in the same pregnancy to which item 55768 or 55770 has been performed; and (c) the pregnancy as confirmed by an ultrasound is a multiple pregnancy; and (d) the service mentioned in item 55718, 55721, 55723 or 55725 is not performed in conjunction with the current ultrasound during the same pregnancy; and (e) the current ultrasound is not performed on the same patient within 24 hours of a service mentioned in item 55757 or 55758 (NR)	

Subdivision D—Subgroup 6 of Group I1: musculoskeletal ultrasound

2.1.8 Unilateral item cannot be claimed twice if bilateral item could have been claimed

If:

(a) 2 services (the ***unilateral services***) to which an item listed in column 1 of an item of table 2.1.8 applies are provided in conjunction with each other; and

(b) a service to which an item in column 2 of the item applies could have been provided instead of the 2 unilateral services;

only one of the unilateral services may be claimed.

Table 2.1.8—Unilateral and bilateral services

Item	Column 1 The service in this item cannot be claimed twice …	Column 2 if the service in this item could have been provided …
1	55856	55858
2	55857	55859
3	55860	55862
4	55861	55863
5	55864	55866
6	55865	55867
7	55868	55870
8	55869	55871
9	55872	55874
10	55873	55875
11	55876	55878
12	55877	55879
13	55880	55882
14	55881	55883

Table 2.1.8—Unilateral and bilateral services		
Item	**Column 1** **The service in this item cannot be claimed twice …**	**Column 2** **if the service in this item could have been provided …**
15	55884	55886
16	55885	55887
17	55888	55890
18	55889	55891
19	55892	55894
20	55893	55895

2.1.9 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.

2.1.10 Items in Subgroup 6 of Group I1

This clause sets out items in Subgroup 6 of Group I1.

Note: The fees in Group I1 are indexed in accordance with clause 2.7.1.

Group I1—Ultrasound		
Column 1 **Item**	**Column 2** **Description**	**Column 3** **Fee ($)**
Subgroup 6—Musculoskeletal ultrasound		
55812	Chest or abdominal wall, one or more areas, ultrasound scan of, if the service is not performed in conjunction with a service mentioned in item 55070, 55073, 55076 or 55079 (R)	110.75
55814	Chest or abdominal wall, one or more areas, ultrasound scan of, if the service is not performed in conjunction with a service mentioned in item 55070, 55073, 55076 or 55079 (NR)	38.40
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 (R)	88.65
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 (NR)	38.40
55848	Musculoskeletal ultrasound, 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 a service mentioned in item 55054 (R)	138.65
55850	Musculoskeletal ultrasound, in conjunction with a surgical procedure using interventional techniques, inclusive of a diagnostic musculoskeletal ultrasound service, if: (a) a medical practitioner or nurse practitioner has indicated on a referral for a	183.05

Clause 2.1.10

Group I1—Ultrasound

Column 1 Item	Column 2 Description	Column 3 Fee ($)
	musculoskeletal ultrasound that an ultrasound guided intervention be performed if clinically indicated; and (b) the service is not performed in conjunction with a service mentioned in item 55054 or any other item in this Subgroup (R)	
55852	Paediatric spine, spinal cord and overlying subcutaneous tissues, ultrasound scan of (R)	110.75
55854	Paediatric spine, spinal cord and overlying subcutaneous tissues, ultrasound scan of (NR)	38.40
55856	Hand or wrist, or both, left or right, ultrasound scan of, if the service is not performed in conjunction with a service mentioned in item 55858 (R)	110.75
55857	Hand or wrist, or both, left or right, ultrasound scan of, if the service is not performed in conjunction with a service mentioned in item 55859 (NR)	38.40
55858	Hand or wrist, or both, left and right, ultrasound scan of, if the service is not performed in conjunction with a service mentioned in item 55856 (R)	122.90
55859	Hand or wrist, or both, left and right, ultrasound scan of, if the service is not performed in conjunction with a service mentioned in item 55857 (NR)	42.65
55860	Forearm or elbow, or both, left or right, ultrasound scan of, if the service is not performed in conjunction with a service mentioned in item 55862 (R)	110.75
55861	Forearm or elbow, or both, left or right, ultrasound scan of, if the service is not performed in conjunction with a service mentioned in item 55863 (NR)	38.40
55862	Forearm or elbow, or both, left and right, ultrasound scan of, if the service is not performed in conjunction with a service mentioned in item 55860 (R)	122.90
55863	Forearm or elbow, or both, left and right, ultrasound scan of, if the service is not performed in conjunction with a service mentioned in item 55861 (NR)	42.65
55864	Shoulder or upper arm, or both, left or right, ultrasound scan of, if (a) 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 or infraspinatus); (iii) biceps subluxation; (iv) capsulitis and bursitis; (v) a mass, including a ganglion; (vi) an occult fracture; (vii) acromioclavicular joint pathology; and (b) the service is not performed in conjunction with a service mentioned in item 55866 (R)	110.75
55865	Shoulder or upper arm, or both, left or right, ultrasound scan of, if: (a) 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 or infraspinatus); (iii) biceps subluxation;	38.40

Group I1—Ultrasound

Column 1 Item	Column 2 Description	Column 3 Fee ($)
	(iv) capsulitis and bursitis; (v) a mass, including a ganglion; (vi) an occult fracture; (vii) acromioclavicular joint pathology; and (b) the service is not performed in conjunction with a service mentioned in item 55867 (NR)	
55866	Shoulder or upper arm, or both, left and right, ultrasound scan of, if: (a) 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 or infraspinatus); (iii) biceps subluxation; (iv) capsulitis and bursitis; (v) a mass, including a ganglion; (vi) an occult fracture; (vii) acromioclavicular joint pathology; and (b) the service is not performed in conjunction with a service mentioned in item 55864 (R)	122.90
55867	Shoulder or upper arm, or both, left and right, ultrasound scan of, if: (a) 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 or infraspinatus); (iii) biceps subluxation; (iv) capsulitis and bursitis; (v) a mass, including a ganglion; (vi) an occult fracture; (vii) acromioclavicular joint pathology; and (c) the service is not performed in conjunction with a service mentioned in item 55865 (NR)	42.65
55868	Hip or groin, or both, left or right, ultrasound scan of, if the service is not performed in conjunction with a service mentioned in item 55870 (R)	110.75
55869	Hip or groin, or both, left or right, ultrasound scan of, if the service is not performed in conjunction with a service mentioned in item 55871 (NR)	38.40
55870	Hip or groin, or both, left and right, ultrasound scan of, if the service is not performed in conjunction with a service mentioned in item 55868 (R)	122.90
55871	Hip or groin, or both, left and right, ultrasound scan of, if the service is not performed in conjunction with a service mentioned in item 55869 (NR)	42.65
55872	Paediatric hip examination for dysplasia, left or right, ultrasound scan of, if the service is not performed in conjunction with a service mentioned in item 55874 (R)	110.75
55873	Paediatric hip examination for dysplasia, left or right, ultrasound scan of, if the service is not performed in conjunction with a service mentioned in	38.40

Clause 2.1.10

Group I1—Ultrasound

Column 1 Item	Column 2 Description	Column 3 Fee ($)
	item 55875 (NR)	
55874	Paediatric hip examination for dysplasia, left and right, ultrasound scan of, if the service is not performed in conjunction with a service mentioned in item 55872 (R)	122.90
55875	Paediatric hip examination for dysplasia, left and right, ultrasound scan of, if the service is not performed in conjunction with a service mentioned in item 55873 (NR)	42.65
55876	Buttock or thigh, or both, left or right, ultrasound scan of, if the service is not performed in conjunction with a service mentioned in item 55878 (R)	110.75
55877	Buttock or thigh or both, left or right, ultrasound scan of, if the service is not performed in conjunction with a service mentioned in item 55879 (NR)	38.40
55878	Buttock or thigh, or both, left and right, ultrasound scan of, if the service is not performed in conjunction with a service mentioned in item 55876 (R)	122.90
55879	Buttock or thigh, or both, left and right, ultrasound scan of, if the service is not performed in conjunction with a service mentioned in item 55877 (NR)	42.65
55880	Knee, left or right, ultrasound scan of, if: (a) 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; and (b) the service is not performed in conjunction with a service mentioned in item 55882 (R)	110.75
55881	Knee, left or right, ultrasound scan of, if: (a) 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; and (b) the service is not performed in conjunction with a service mentioned in item 55883 (NR)	38.40
55882	Knee, left and right, ultrasound scan of, if: (a) 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; and (b) the service is not performed in conjunction with a service mentioned in item 55880 (R)	122.90
55883	Knee, left and right, ultrasound scan of, if: (a) the service is used for the assessment of one or more of the following	42.65

Group I1—Ultrasound		
Column 1	**Column 2**	**Column 3**
Item	**Description**	**Fee ($)**
	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; and (b) the service is not performed in conjunction with a service mentioned in item 55881 (NR)	
55884	Lower leg, left or right, ultrasound scan of, if the service is not performed in conjunction with a service mentioned in item 55886 (R)	110.75
55885	Lower leg, left or right, ultrasound scan of, if the service is not performed in conjunction with a service mentioned in item 55887 (NR)	38.40
55886	Lower leg, left and right, ultrasound scan of, if the service is not performed in conjunction with a service mentioned in item 55884 (R)	122.90
55887	Lower leg, left and right, ultrasound scan of, if the service is not performed in conjunction with a service mentioned in item 55885 (NR)	42.65
55888	Ankle or hind foot, or both, left or right, ultrasound scan of, if the service is not performed in conjunction with a service mentioned in item 55890 (R)	110.75
55889	Ankle or hind foot, or both, left or right, ultrasound scan of, if the service is not performed in conjunction with a service mentioned in item 55891 (NR)	38.40
55890	Ankle or hind foot, or both, left and right, ultrasound scan of, if the service is not performed in conjunction with a service mentioned in item 55888 (R)	122.90
55891	Ankle or hind foot, or both, left and right, ultrasound scan of, if the service is not performed in conjunction with a service mentioned in item 55889 (NR)	42.65
55892	Mid foot or fore foot, or both, left or right, ultrasound scan of, if the service is not performed in conjunction with a service mentioned in item 55894 (R)	110.75
55893	Mid foot or fore foot, or both, left or right, ultrasound scan of, if the service is not performed in conjunction with a service mentioned in item 55895 (NR)	38.40
55894	Mid foot or fore foot, or both, left and right, ultrasound scan of, if the service is not performed in conjunction with a service mentioned in item 55892 (R)	122.90
55895	Mid foot or fore foot, or both, left and right, ultrasound scan of, if the service is not performed in conjunction with a service mentioned in item 55893 (NR)	42.65

Subdivision E—Subgroup 7 of Group I1: Transthoracic and stress echocardiograms

2.1.11 Restrictions on items for transthoracic echocardiograms—assessments

Items 55126, 55127, 55128, 55129, 55133 and 55134

(1) Items 55126, 55127, 55128, 55129, 55133 and 55134 apply to a service only if the service includes assessments of each of the following, to the extent possible:

(a) the left ventricular structure and function, including quantification of systolic function using M-mode, 2-dimensional or 3-dimensional imaging and diastolic function;

(b) the right ventricular structure and function, with quantitative assessment;
(c) the left and right atrial structure, including quantification of atrial sizes;
(d) the vascular connections of the heart, including the great vessels and systemic venous structures;
(e) the pericardium and any haemodynamic consequences of pericardial abnormalities;
(f) all present valves, including structural assessment and measurement of blood flow velocities across the valves using pulsed wave and continuous wave Doppler techniques with quantification of stenosis or regurgitation;
(g) additional haemodynamic parameters, including the assessment of pulmonary pressures.

Item 55132

(2) Item 55132 applies to a service only if the service includes assessments of each of the following, to the extent possible:
(a) the ventricular structure and function, including quantification of systolic function (if the ventricular configuration allows accurate quantification) using at least one of M-mode, 2-dimensional or 3-dimensional imaging;
(b) the diastolic function;
(c) the atrial structure, including quantification of atrial sizes;
(d) the vascular connections of the heart, including the great vessels and systemic venous structures;
(e) the pericardium and any haemodynamic consequences of pericardial abnormalities;
(f) all present valves, including structural assessment and measurement of blood flow velocities across the valves using relevant Doppler techniques with quantification;
(g) subxiphoid views where recommended for congenital heart lesions;
(h) additional haemodynamic parameters relevant to the clinical condition under review.

Item 55137

(3) Item 55137 applies to a service only if the service includes assessments of each of the following, to the extent possible:
(a) the ventricular structure and function;
(b) the atrial structure;
(c) the vascular connections of the heart, including the great vessels and systemic venous structures;
(d) the pericardium and any haemodynamic consequences of pericardial abnormalities;
(e) all present valves, including structural assessment and measurement of blood flow velocities across the valves using pulsed wave and continuous wave Doppler techniques with quantification of stenosis or regurgitation.

2.1.12 Restriction on item 55126—timing

Item 55126 does not apply to a service provided to a patient if, in the previous 24 months, a service associated with a service to which item 55127, 55128, 55129, 55132, 55133 or 55134 applies has been provided to the patient.

2.1.13 Restriction on items for stress echocardiograms—patients, requests and requirements

(1) Items 55141, 55143, 55145 and 55146 apply to a service performed on a patient only if:
  (a) one or more of subclauses 2.1.14(1), (2) and (3) apply to the patient; and
  (b) the request for the service identifies any symptoms or clinical indications mentioned in those subclauses that apply to the patient; and
  (c) the service is performed in accordance with clause 2.1.15; and
  (d) subclause (2) does not apply to the patient.

(2) This subclause applies to a patient if:
  (a) stress echocardiography would not provide adequate information about the patient because of:
    (i) the patient's body habitus, or other physical conditions (including heart rhythm disturbance); or
    (ii) the patient's inability to exercise to the required extent; or
  (b) the results of a previous imaging service indicate that a stress echocardiogram service would not provide adequate information.

2.1.14 Stress echocardiograms—patients

(1) This subclause applies to a patient if:
  (a) the patient displays symptoms of typical or atypical angina, including constricting discomfort of one or more of the following:
    (i) the front of the chest;
    (ii) the neck;
    (iii) the shoulders;
    (iv) the jaw;
    (v) the arms; or
  (b) the patient's symptoms are:
    (i) precipitated by physical exertion; or
    (ii) relieved within 5 minutes or less by rest or glyceryl trinitrate.

(2) This subclause applies to a patient if:
  (a) the patient has known coronary artery disease; and
  (b) the patient displays one or more symptoms that are suggestive of ischaemia; and
  (c) the symptoms:
    (i) are not adequately controlled with medical therapy; or
    (ii) have evolved since the last functional study undertaken of the patient.

(3) This subclause applies to a patient if one or more of the following clinical indications apply to the patient:

(a) assessment of myocardial ischaemia with exercise is required because the patient has congenital heart lesions, has undergone surgery and reversal of ischemia is considered possible;

(b) the patient does not have a known coronary artery disease but assessment indicates that resting twelve-lead electrocardiogram changes are consistent with coronary artery disease or ischaemia;

(c) coronary artery disease related lesions, of uncertain functional significance, have previously been identified on a computed tomography coronary angiography or invasive coronary angiography;

(d) an assessment by a specialist or consultant physician indicates that the patient has potential non-coronary artery disease, where a stress echocardiography study is likely to assist the diagnosis;

(e) an assessment indicates that the patient has undue exertional dyspnoea of uncertain aetiology;

(f) a pre-operative assessment of the patient, who has a functional capacity of less than 4 metabolic equivalents, confirms that surgery is an intermediate to high risk, and the patient also has at least one of the following conditions:

(i) ischaemic heart disease;

(ii) previous myocardial infarction;

(iii) heart failure;

(iv) stroke;

(v) transient ischaemic attack;

(vi) renal dysfunction (serum creatinine greater than 170umol/L or 2 mg/dL or a creatinine clearance of less than 60 mL/min);

(vii) diabetes mellitus requiring insulin therapy;

(g) assessment is required before cardiac surgery or catheter-based interventions to:

(i) increase the cardiac output to assess the severity of aortic stenosis; or

(ii) determine whether valve regurgitation worsens with exercise or correlates with functional capacity; or

(iii) correlate functional capacity with the ischaemic threshold;

(h) either silent myocardial ischaemia is suspected or, due to the patient's cognitive capacity or expressive language impairment, it is not possible to accurately assess symptom frequency based on medical history.

2.1.15 Stress echocardiograms—requirements

Safety requirements

(1) A stress echocardiogram service must be performed:

(a) on premises equipped with resuscitation equipment, including a defibrillator; and

(b) by a person trained in the matters mentioned in subclause (4) and cardiopulmonary resuscitation who is in continuous personal attendance during the procedure.

(2) At the time the service is performed, a second person trained in the matters mentioned in subclause (4) and cardiopulmonary resuscitation must be located at the premises, and must be immediately available to respond if required.

(3) One of the persons mentioned in subclauses (1) and (2) must be a medical practitioner.

(4) For the purposes of paragraph (1)(b) and subclause (2), the matters are:
(a) how to safely perform exercise or pharmacological stress monitoring and recording; and
(b) how to recognise the symptoms and signs of cardiac disease.

Other requirements

(5) A stress echocardiogram service must include all of the following:
(a) for an exercise stress echocardiogram:
(i) two-dimensional recordings before exercise (baseline) from at least 2 acoustic windows; and
(ii) matching recordings at, or immediately after, peak exercise, including at least parasternal short and long axis views, and apical 4-chamber and 2-chamber views;
(b) for a pharmacological stress echocardiogram:
(i) two-dimensional recordings before drug infusion (baseline) from at least 2 acoustic windows; and
(ii) at least 2 matching recordings during drug infusion (with one recording at the time of the peak drug dose), including at least parasternal short and long axis views, and apical 4-chamber and 2-chamber views;
(c) recordings on digital media with equipment permitting display of baseline and matching peak images on the same screen;
(d) resting electrocardiogram and continuous multi-channel electrocardiogram monitoring and recording during stress;
(e) blood pressure monitoring and the recording of other parameters (including heart rate).

2.1.16 Restrictions on items for stress echocardiograms—timing

(1) Item 55141 does not apply to a service provided to a patient if, in the previous 24 months, a service associated with a service to which item 55143, 55145 or 55146 applies has been provided to the patient.

(2) Item 55145 does not apply to a service provided to a patient if, in the previous 24 months, a service associated with a service to which item 55141, 55143 or 55146 applies has been provided to the patient.

(3) Item 55146 does not apply to a service provided to a patient if, in the previous 24 months, a service associated with a service to which item 55143 or 55145 applies has been provided to the patient.

2.1.17 Reduction in fees—multiple services on same day—transthoracic and stress echocardiograms

(1) If a medical practitioner provides 2 or more echocardiogram services mentioned in items 55126, 55127, 55128, 55129, 55132, 55133, 55134, 55137, 55141, 55143, 55145 or 55146 for the same patient on the same day, any fees specified for the items that apply to the services, except the highest fee, are reduced by 40%.

(2) For the purposes of subclause (1):
- (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 (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.

2.1.18 Items in Subgroup 7 of Group I1

This clause sets out items in Subgroup 7 of Group I1.

Note: The fees in Group I1 are indexed in accordance with clause 2.7.1.

Group I1—Ultrasound		
Column 1 **Item**	**Column 2** **Description**	**Column 3** **Fee ($)**
Subgroup 7—Transthoracic and stress echocardiograms		
55126	Initial real time transthoracic echocardiographic examination of the heart with real time colour flow mapping from at least 3 acoustic windows, with recordings on digital media, if the service: (a) is for the investigation of any of the following: (i) symptoms or signs of cardiac failure; (ii) suspected or known ventricular hypertrophy or dysfunction; (iii) pulmonary hypertension; (iv) valvular, aortic, pericardial, thrombotic or embolic disease; (v) heart tumour; (vi) symptoms or signs of congenital heart disease; (vii) other rare indications; and (b) is not associated with a service to which: (i) another item in this Subgroup applies (except items 55137, 55141, 55143, 55145 and 55146); or (ii) an item in Subgroup 2 applies (except items 55118 and 55130); or (iii) an item in Subgroup 3 applies Applicable not more than once in a 24 month period (R)	234.15
55127	Repeat serial real time transthoracic echocardiographic examination of the	234.15

Group I1—Ultrasound

Column 1 Item	Column 2 Description	Column 3 Fee ($)
	heart with real time colour flow mapping from at least 3 acoustic windows, with recordings on digital media, if the service: (a) is for the investigation of known valvular dysfunction; and (b) is requested by a specialist or consultant physician; and (c) is not associated with a service to which: (i) another item in this Subgroup applies (except items 55137, 55141, 55143, 55145 and 55146); or (ii) an item in Subgroup 2 applies (except items 55118 and 55130); or (iii) an item in Subgroup 3 applies (R)	
55128	Repeat serial real time transthoracic echocardiographic examination of the heart with real time colour flow mapping from at least 3 acoustic windows, with recordings on digital media, if the service: (a) is for the investigation of known valvular dysfunction; and (b) is requested by a medical practitioner (other than a specialist or consultant physician) at, or from, a practice located in a Modified Monash 3, 4, 5, 6 or 7 area; and (c) is not associated with a service to which: (i) another item in this Subgroup applies (except items 55137, 55141, 55143, 55145 and 55146); or (ii) an item in Subgroup 2 applies (except items 55118 and 55130); or (iii) an item in Subgroup 3 applies (R)	234.15
55129	Repeat serial real time transthoracic echocardiographic examination of the heart with real time colour flow mapping from at least 3 acoustic windows, with recordings on digital media, if: (a) valvular dysfunction is not the primary issue for the patient (although it may be a secondary issue); and (b) the service is for the investigation of any of the following: (i) symptoms or signs of cardiac failure; (ii) suspected or known ventricular hypertrophy or dysfunction; (iii) pulmonary hypertension; (iv) aortic, thrombotic, embolic disease or pericardial disease (excluding isolated pericardial effusion or pericarditis); (v) heart tumour; (vi) structural heart disease; (vii) other rare indications; and (c) the service is requested by a specialist or consultant physician; and (d) the service is not associated with a service to which: (i) another item in this Subgroup applies (except items 55137, 55141, 55143, 55145 and 55146); or (ii) an item in Subgroup 2 applies (except items 55118 and 55130); or (iii) an item in Subgroup 3 applies (R)	234.15
55132	Serial real time transthoracic echocardiographic examination of the heart	234.15

Clause 2.1.18

Group I1—Ultrasound		
Column 1 **Item**	**Column 2** **Description**	**Column 3** **Fee ($)**
	with real time colour flow mapping from at least 4 acoustic windows, with recordings on digital media, if the service: (a) is for the investigation of a patient who: (i) is under 17 years of age; or (ii) has complex congenital heart disease; and (b) is performed by a specialist or consultant physician practising in the speciality of cardiology; and (c) is not associated with a service to which: (i) another item in this Subgroup applies (except items 55137, 55141, 55143, 55145 and 55146); or (ii) an item in Subgroup 2 applies (except items 55118 and 55130); or (iii) an item in Subgroup 3 applies (R)	
55133	Frequent repetition serial real time transthoracic echocardiographic examination of the heart with real time colour flow mapping from at least 3 acoustic windows, with recordings on digital media, if the service: (a) is for the investigation of a patient who: (i) has an isolated pericardial effusion or pericarditis; or (ii) has a normal baseline study, and has commenced medication for non-cardiac purposes that has cardiotoxic side effects and is a pharmaceutical benefit (within the meaning of Part VII of the *National Health Act 1953*) for the writing of a prescription for the supply of which under that Part an echocardiogram is required; and (b) is not associated with a service to which: (i) another item in this Subgroup applies (except items 55137, 55141, 55143, 55145 and 55146); or (ii) an item in Subgroup 2 applies (except items 55118 and 55130); or (iii) an item in Subgroup 3 applies (R)	210.75
55134	Repeat real time transthoracic echocardiographic examination of the heart with real time colour flow mapping from at least 3 acoustic windows, with recordings on digital media, for the investigation of rare cardiac pathologies, if the service: (a) is requested by a specialist or consultant physician; and (b) is not associated with a service to which: (i) another item in this Subgroup applies (except items 55137, 55141, 55143, 55145 and 55146); or (ii) an item in Subgroup 2 applies (except items 55118 and 55130); or (iii) an item in Subgroup 3 applies (R)	234.15
55137	Serial real time transthoracic echocardiographic examination of the heart with real time colour flow mapping from at least 4 acoustic windows, with recordings on digital media, if the service: (a) is for the investigation of a fetus with suspected or confirmed: (i) complex congenital heart disease; or	234.15

Group I1—Ultrasound

Column 1 Item	Column 2 Description	Column 3 Fee ($)
	(ii) functional heart disease; or (iii) fetal cardiac arrhythmia; or (iv) cardiac structural abnormality requiring confirmation; and (b) is performed by a specialist or consultant physician practising in the speciality of cardiology with advanced training and expertise in fetal cardiac imaging; and (c) is not associated with a service to which: (i) an item in Subgroup 2 applies (except items 55118 and 55130); or (ii) an item in Subgroup 3 applies (R)	
55141	Exercise stress echocardiography focused study, other than a service associated with a service to which: (a) item 11704, 11705, 11707, 11714, 11729 or 11730 applies; or (b) an item in Subgroup 3 applies Applicable not more than once in a 24 month period (R)	417.45
55143	Repeat pharmacological or exercise stress echocardiography if: (a) a service to which item 55141, 55145 or 55146, or this item, applies has been performed on the patient in the previous 24 months; and (b) the patient has symptoms of ischaemia that have evolved and are not adequately controlled with optimal medical therapy; and (c) the service is requested by a specialist or a consultant physician; and (d) the service is not associated with a service to which: (i) item 11704, 11705, 11707, 11714, 11729 or 11730 applies; or (ii) an item in Subgroup 3 applies Applicable not more than once in a 12 month period (R)	417.45
55145	Pharmacological stress echocardiography, other than a service associated with a service to which: (a) item 11704, 11705, 11707, 11714, 11729 or 11730 applies; or (b) an item in Subgroup 3 applies Applicable not more than once in a 24 month period (R)	483.85
55146	Pharmacological stress echocardiography if: (a) a service to which item 55141 applies has been performed on the patient in the previous 4 weeks, and the test has failed due to an inadequate heart rate response; and (b) the service is not associated with a service to which: (i) item 11704, 11705, 11707, 11714, 11729 or 11730 applies; or (ii) an item in Subgroup 3 applies Applicable not more than once in a 24 month period (R)	483.85

Division 2.2—Group I2: computed tomography (examination)

Subdivision A—General

2.2.1 CT services—eligible services

(1) Items in this Division (other than items 57360 and 57364) 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 57364 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 Restriction on items—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 Application of items 56001 and 56007 if axial scan performed for 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 Schedule 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 56036 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 56238 and 56620 to 56630 apply once only for a service mentioned in any of those items, regardless of the number of patient attendances required to complete the service.

2.2.5A Restriction on item 57360—patients

Item 57360 does not apply to a service provided to a patient if:
  (a) in the previous 5 years, a service to which item 57360 or 57364 applies has been provided to the patient; and
  (b) no obstructive coronary artery disease was detected as part of that service;

unless the patient is:
  (c) eligible, under clause 5.10.17A of the general medical services table, for a service to which item 38244 or 38247 applies; or
  (d) eligible, under clause 5.10.17B of the general medical services table, for a service to which item 38248 or 38249 applies.

Subdivision B—Subgroups 1 to 13 of Group I2

2.2.6 Items in Subgroups 1 to 13 of Group I2

This clause sets out items in Subgroups 1 to 13 of Group I2.

Note: The fees in Group I2 are indexed in accordance with clause 2.7.1.

Group I2—Computed tomography—examination		
Column 1	**Column 2**	**Column 3**
Item	**Description**	**Fee ($)**
Subgroup 1—Head		
56001	Computed tomography—scan of brain without intravenous contrast medium, not being a service to which item 57001 applies (R) (Anaes.)	198.00

Clause 2.2.6

Group I2—Computed tomography—examination		
Column 1	**Column 2**	**Column 3**
Item	**Description**	**Fee ($)**
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) (Anaes.)	253.75
56010	Computed tomography—scan of pituitary fossa with or without intravenous contrast medium and with or without brain scan when performed (R) (Anaes.)	255.90
56013	Computed tomography—scan of orbits with or without intravenous contrast medium and with or without brain scan when performed (R) (Anaes.)	253.75
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) (Anaes.)	294.35
56022	Computed tomography—scan of facial bones, para nasal sinuses or both without intravenous contrast medium (R) (Anaes.)	228.35
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) (Anaes.)	341.85
56030	Computed tomography—scan of facial bones, para nasal sinuses or both, with scan of brain, without intravenous contrast medium (R) (Anaes.)	228.35
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) (Anaes.)	341.85
Subgroup 2—Neck		
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) (Anaes.)	233.45
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) (Anaes.)	345.10
Subgroup 3—Spine		
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 applies (R) (Anaes.)	331.10
56220	Computed tomography—scan of spine, cervical region, without intravenous contrast medium (R) (Anaes.)	243.60
56221	Computed tomography—scan of spine, thoracic region, without intravenous contrast medium (R) (Anaes.)	243.60

Group I2—Computed tomography—examination		
Column 1	**Column 2**	**Column 3**
Item	**Description**	**Fee ($)**
56223	Computed tomography—scan of spine, lumbosacral region, without intravenous contrast medium (R) (Anaes.)	243.60
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) (Anaes.)	356.65
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) (Anaes.)	356.65
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) (Anaes.)	356.65
56233	Computed tomography—scan of spine, 2 examinations of the kind referred to in items 56220, 56221 and 56223, without intravenous contrast medium (R) (Anaes.)	243.60
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) (Anaes.)	356.65
56237	Computed tomography—scan of spine, 3 regions cervical, thoracic and lumbosacral, without intravenous contrast medium (R) (Anaes.)	243.60
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) (Anaes.)	356.65
Subgroup 4—Chest and upper abdomen		
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) (Anaes.)	299.40
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) (Anaes.)	406.00
Subgroup 5—Upper abdomen only		
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) (Anaes.)	253.75
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,	365.40

Clause 2.2.6

Group I2—Computed tomography—examination		
Column 1	**Column 2**	**Column 3**
Item	**Description**	**Fee ($)**
	when undertaken, not being a service to which item 56307, 56507, 56807 or 57007 applies (R) (Anaes.)	
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) (Anaes.)	253.75
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) (Anaes.)	365.40
Subgroup 6—Upper abdomen and pelvis		
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) (Anaes.)	390.75
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) (Anaes.)	487.25
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 service is requested 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 (R) (Anaes.)	527.80
Subgroup 7—Extremities		
56620	Computed tomography—scan of knee, without intravenous contrast medium, not being a service to which item 56622 or 56629 applies (R) (Anaes.)	223.30
56622	Computed tomography—scan of lower limb, left or right or both, one region (other than knee), or more than one region (which may include knee), without intravenous contrast medium, not being a service to which item 56620 applies (R) (Anaes.)	223.30
56623	Computed tomography—scan of lower limb, left or right or both, one region (other than knee), or more than one region (which may include knee), with intravenous contrast medium and with any scans of the lower limb before intravenous contrast injection, when performed, not being a service to which item 56626 applies (R) (Anaes.)	339.65
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 to which item 56623 or 56630 applies (R) (Anaes.)	339.65

Group I2—Computed tomography—examination		
Column 1	**Column 2**	**Column 3**
Item	**Description**	**Fee ($)**
56627	Computed tomography—scan of upper limb, left or right or both, any one region, or more than one region, without intravenous contrast medium (R) (Anaes.)	223.30
56628	Computed tomography—scan of upper limb, left or right or both, any one region, or more than one region, with intravenous contrast medium and with any scans of the upper limb before intravenous contrast injection, when performed (R) (Anaes.)	339.65
56629	Computed tomography—scan of upper limb and lower limb, left or right or both, any one region (other than knee), or more than one region (which may include knee) without intravenous contrast medium not being a service to which item 56620 applies (R) (Anaes.)	223.30
56630	Computed tomography—scan of upper limb and lower limb, left or right or both, any one region (other than knee), or more than one region (which may include knee) with intravenous contrast medium with any scans of the limbs before intravenous contrast injection, when performed, not being a service to which item 56626 applies (R) (Anaes.)	339.65
Subgroup 8—Chest, abdomen, pelvis and neck		
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) (Anaes.)	473.55
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) (Anaes.)	568.40
Subgroup 9—Brain, chest and upper abdomen		
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) (Anaes.)	473.65
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) (Anaes.)	576.25
Subgroup 10—Pelvimetry		
57201	Computed tomography—pelvimetry (R) (Anaes.)	157.55
Subgroup 11—Interventional techniques		
57341	Computed tomography, in conjunction with a surgical procedure using interventional techniques (R) (Anaes.)	477.05
Subgroup 12—Angiography		
57352	Computed tomography—angiography with intravenous contrast medium of	517.65

Clause 2.2.6

Group I2—Computed tomography—examination		
Column 1	**Column 2**	**Column 3**
Item	**Description**	**Fee ($)**
	any or all, or any part, of: (a) the arch of the aorta; or (b) the carotid arteries; or (c) the vertebral arteries and their branches (head and neck); including any scans performed before intravenous contrast injection—one or more data acquisitions, including image editing, and maximum intensity projections or 3 dimensional surface shaded display, with hardcopy or digital recording of multiple projections, if: (d) either: (i) the service is requested by a specialist or consultant physician; or (ii) the service is requested by a medical practitioner (other than a specialist or consultant physician) and the request indicates that the patient's case has been discussed with a specialist or consultant physician; and (e) the service is not a service to which another item in this group applies; and (f) the service is performed for the exclusion of arterial stenosis, occlusion, aneurysm or embolism; and (g) the service is not a study performed to image the coronary arteries (R) (Anaes.)	
57353	Computed tomography—angiography with intravenous contrast medium of any or all, or any part, of: (a) the ascending and descending aorta; or (b) the common iliac and abdominal branches including upper limbs (chest, abdomen and upper limbs); including any scans performed before intravenous contrast injection—one or more data acquisitions, including image editing, and maximum intensity projections or 3 dimensional surface shaded display, with hardcopy or digital recording of multiple projections, if: (c) either: (i) the service is requested by a specialist or consultant physician; or (ii) the service is requested by a medical practitioner (other than a specialist or consultant physician) and the request indicates that the patient's case has been discussed with a specialist or consultant physician; and (d) the service is not a service to which another item in this group applies; and (e) the service is performed for the exclusion of arterial stenosis, occlusion, aneurysm or embolism; and (f) the service is not a study performed to image the coronary arteries (R) (Anaes.)	517.65
57354	Computed tomography—angiography with intravenous contrast medium of any or all, or any part, of: (a) the descending aorta; or (b) the pelvic vessels (aorto-iliac segment) and lower limbs; including any scans performed before intravenous contrast injection—one or	517.65

Group I2—Computed tomography—examination

Column 1 Item	Column 2 Description	Column 3 Fee ($)
	more data acquisitions, including image editing, and maximum intensity projections or 3 dimensional surface shaded display, with hardcopy or digital recording of multiple projections, if: (c) either: (i) the service is requested by a specialist or consultant physician; or (ii) the service is requested by a medical practitioner (other than a specialist or consultant physician) and the request indicates that the patient's case has been discussed with a specialist or consultant physician; and (d) the service is not a service to which another item in this group applies; and (e) the service is performed for the exclusion of arterial stenosis, occlusion, aneurysm or embolism; and (f) the service is not a study performed to image the coronary arteries (R) (Anaes.)	
57357	Computed tomography—angiography with intravenous contrast medium of any or all, or any part, of the pulmonary arteries and their branches, including any scans performed before intravenous contrast injection—one or more data acquisitions, including image editing, and maximum intensity projections or 3 dimensional surface shaded display, with hardcopy or digital recording of multiple projections, if: (a) the service is: (i) performed for the exclusion of pulmonary arterial stenosis, occlusion, aneurysm or embolism and is requested by a specialist or consultant physician; or (ii) performed for the exclusion of pulmonary arterial stenosis, occlusion or aneurysm, is requested by a medical practitioner (other than a specialist or consultant physician) and the request indicates that the patient's case has been discussed with a specialist or consultant physician; or (iii) performed for the exclusion of pulmonary embolism and is requested by a medical practitioner (other than a specialist or consultant physician); and (b) the service is not: (i) a service to which another item in this group applies; or (ii) a study performed to image the coronary arteries (R) (Anaes)	517.65
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) the patient has stable or acute symptoms consistent with coronary ischaemia; and (c) the patient is at low to intermediate risk of an acute coronary event, including having no significant cardiac biomarker elevation and no electrocardiogram changes indicating acute ischaemia (R) (Anaes.)	710.50
57364	Computed tomography of the coronary arteries performed on a minimum of a 64 slice (or equivalent) scanner, if:	710.50

Clause 2.2.6

Group I2—Computed tomography—examination		
Column 1 **Item**	**Column 2** **Description**	**Column 3** **Fee ($)**
	(a) the service is requested by a specialist or consultant physician; and (b) at least one of the following apply to the patient: (i) the patient has stable symptoms and newly recognised left ventricular systolic dysfunction of unknown aetiology; (ii) the patient requires exclusion of coronary artery anomaly or fistula; (iii) the patient will be undergoing non-coronary cardiac surgery; (iv) the patient meets the criteria to be eligible for a service to which item 38247, 38249 or 38252 applies, but as an alternative to selective coronary angiography will require an assessment of the patency of one or more bypass grafts (R) (Anaes)	
Subgroup 13—Cone beam computed tomography		
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 57960 to 57969 apply, and not being a service associated with another service in Group I2 (R) (Anaes.)	114.85

Division 2.3—Group I3: diagnostic radiology

Subdivision A—General

2.3.1 Application of items in Subdivision B, D, E or G to services rendered using diagnostic imaging procedures carried out in metropolitan areas and certain inner regional areas

(1) This clause applies to a service described in an item in Subdivision B, D, E or G if the diagnostic imaging procedure used to render the service is carried out in an area other than area that is:

(a) both:

(i) Inner Regional Australia; and

(ii) RRMA4 or RRMA5; or

(b) Outer Regional Australia; or

(c) Remote Australia; or

(d) Very Remote Australia; or

(e) Norfolk Island.

(2) The item applies to the service only if the procedure is carried out as permitted by subclause (3) or (4).

(3) For the purposes of subclause (2), the procedure used to render a service described in an item in Subdivision B, D, E or G may be carried out:

(a) by a medical practitioner; or

(b) by a person who is registered as a medical radiation practitioner under a law of a State or Territory, if the person carries out the procedure under the supervision of a medical practitioner in accordance with accepted medical practice.

(4) For the purposes of subclause (2), the procedure used to render a service described in an item in Subgroup 3 of Group I3 may also be carried out by a dental practitioner if the dental practitioner carries out the procedure under the supervision of a medical practitioner in accordance with accepted medical practice.

2.3.2 Restriction on 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 and 58112.

Clause 2.3.3

2.3.3 Increased fees for certain diagnostic radiology services carried out at residential aged care facilities

(1) This clause applies to a service to which item 57509, 57515, 57521, 57527, 57703, 57709, 57712, 57715, 58503, 58521, 58524, 58527 or 58903 applies.

(2) If:

(a) a providing practitioner renders a service to a care recipient of a residential aged care facility during an attendance at the facility; and

(b) subclause (3) does not apply in relation to that attendance; and

(c) the service was requested during a personal attendance on the care recipient at the facility by the requesting practitioner; and

(d) subclause (4) applies to the service;

the fee for the service is the amount listed in the item that applies to the service plus $74.75.

(3) If:

(a) a providing practitioner renders 2 or more services to one or more care recipients of a residential aged care facility during an attendance at the facility; and

(b) the services were requested during personal attendances on the care recipients by one or more requesting practitioners at the facility; and

(c) subclause (4) applies to at least one of the services;

the fee for the first service carried out during the attendance by the providing practitioner is the amount listed in the item that applies to the service plus $74.75.

(4) This subclause applies to a service if the service is requested because a care recipient of a residential aged care facility:

(a) for a service to which item 57509, 57515, 57521, 57527, 57703, 57709, 57712, 57715, 58521, 58524 or 58527 applies—has had a fall; and

(b) for a service to which item 58503 applies—is suspected of having pneumonia or heart failure; and

(c) for a service to which item 58903 applies—is suspected of having an acute abdomen or bowel obstruction.

Subdivision B—Subgroups 1 to 9 of Group I3

2.3.4 Items in Subgroups 1 to 9 of Group I3

This clause sets out items in Subgroups 1 to 9 of Group I3.

Note: The fees in Group I3 are indexed in accordance with clause 2.7.1.

Group I3—Diagnostic radiology		
Column 1	**Column 2**	**Column 3**
Item	**Description**	**Fee ($)**
Subgroup 1—Radiographic examination of extremities		
57506	Hand, wrist, forearm, elbow or humerus (NR)	30.20
57509	Hand, wrist, forearm, elbow or humerus (R)	40.35
57512	Hand and wrist, or hand, wrist and forearm, or forearm and elbow, or elbow and humerus (NR)	41.10
57515	Hand and wrist, or hand, wrist and forearm, or forearm and elbow, or elbow and humerus (R)	54.80
57518	Foot, ankle, leg or femur (NR)	33.00
57521	Foot, ankle, leg or femur (R)	44.05
57522	Knee (NR)	33.00
57523	Knee (R)	44.05
57524	Foot and ankle, or ankle and leg, or leg and knee, or knee and femur (NR)	50.15
57527	Foot and ankle, or ankle and leg, or leg and knee, or knee and femur (R)	66.75
Subgroup 2—Radiographic examination of shoulder or pelvis		
57700	Shoulder or scapula (NR)	41.10
57703	Shoulder or scapula (R)	54.80
57706	Clavicle (NR)	33.00
57709	Clavicle (R)	44.05
57712	Hip joint (R)	47.85
57715	Pelvic girdle (R)	61.80
57721	Femur, internal fixation of neck or intertrochanteric (pertrochanteric) fracture (R)	100.75
Subgroup 3—Radiographic examination of head		
57901	Skull, not in association with item 57902 (R)	65.45
57902	Cephalometry, not in association with item 57901 (R)	65.45
57905	Mastoids or petrous temporal bones (R)	65.45
57907	Sinuses, or facial bones—orbit, maxilla or malar, any or all (R)	48.00
57915	Mandible, not by orthopantomography technique (R)	47.85
57918	Salivary calculus (R)	47.85
57921	Nose (R)	47.85
57924	Eye (R)	47.85
57927	Temporo-mandibular joints (R)	50.40
57930	Teeth—single area (R)	33.40
57933	Teeth—full mouth (R)	79.40
57939	Palato-pharyngeal studies with fluoroscopic screening (R)	65.45
57942	Palato-pharyngeal studies without fluoroscopic screening (R)	50.40
57945	Larynx, lateral airways and soft tissues of the neck, not being a service associated with a service to which item 57939 or 57942 applies (R)	44.05
57960	Orthopantomography for diagnosis or management (or both) of trauma,	48.10

Clause 2.3.4

Group I3—Diagnostic radiology		
Column 1	**Column 2**	**Column 3**
Item	**Description**	**Fee ($)**
	infection, tumour or a congenital or surgical condition of the teeth or maxillofacial region (R)	
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)	48.10
57966	Orthopantomography for diagnosis or management (or both) of missing or crowded teeth, or developmental anomalies of the teeth or jaws (R)	48.10
57969	Orthopantomography for diagnosis or management (or both) of temporo-mandibular joint arthroses or dysfunction (R)	48.10
Subgroup 4—Radiographic examination of spine		
58100	Spine—cervical (R)	68.15
58103	Spine—thoracic (R)	55.95
58106	Spine—lumbosacral (R)	78.15
58108	Spine—4 regions, cervical, thoracic, lumbosacral and sacrococcygeal (R)	111.65
58109	Spine—sacrococcygeal (R)	47.70
58112	Spine—2 examinations of the kind mentioned in items 58100, 58103, 58106 and 58109 (R)	98.70
58115	Spine—3 examinations of the kind mentioned in items 58100, 58103, 58106 and 58109 (R)	111.65
58120	Spine—4 regions, cervical, thoracic, lumbosacral and sacrococcygeal, if the service to which item 58120 or 58121 applies has not been performed on the same patient within the same calendar year (R)	111.65
58121	Spine—3 examinations of the kind mentioned in items 58100, 58103, 58106 and 58109, if the service to which item 58120 or 58121 applies has not been performed on the same patient within the same calendar year (R)	111.65
Subgroup 5—Bone age study and skeletal survey		
58300	Bone age study (R)	40.70
58306	Skeletal survey (R)	90.75
Subgroup 6—Radiographic examination of thoracic region		
58500	Chest (lung fields) by direct radiography (NR)	35.90
58503	Chest (lung fields) by direct radiography (R)	47.85
58506	Chest (lung fields) by direct radiography with fluoroscopic screening (R)	61.65
58509	Thoracic inlet or trachea (R)	40.35
58521	Left ribs, right ribs or sternum (R)	44.05
58524	Left and right ribs, left ribs and sternum, or right ribs and sternum (R)	57.35
58527	Left ribs, right ribs and sternum (R)	70.45

Group I3—Diagnostic radiology		
Column 1	**Column 2**	**Column 3**
Item	**Description**	**Fee ($)**
Subgroup 7—Radiographic examination of urinary tract		
58700	Plain renal only (R)	46.75
58706	Intravenous pyelography, with or without preliminary plain films and with or without tomography (R)	160.25
58715	Antegrade or retrograde pyelography with or without preliminary plain films and with preparation and contrast injection, one side (R)	153.80
58718	Retrograde cystography or retrograde urethrography with or without preliminary plain films and with preparation and contrast injection (R) (Anaes.)	128.00
58721	Retrograde micturating cysto-urethrography, with preparation and contrast injection (R) (Anaes.)	140.30
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, 58912 or 58915 applies (NR)	36.25
58903	Plain abdominal only, not being a service associated with a service to which item 58909, 58912 or 58915 applies (R)	48.30
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 or 57945 applies (R)	91.30
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)	111.90
58915	Barium or other opaque meal, small bowel series only, with or without preliminary plain film (R)	80.15
58916	Small bowel enema, barium or other opaque study of the small bowel, including duodenal intubation, with or without preliminary plain films, not being a service associated with a service to which item 30488 applies (R) (Anaes.)	140.60
58921	Opaque enema, with or without air contrast study and with or without preliminary plain films (R)	137.30
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)	77.60
58933	Cholegraphy, percutaneous transhepatic, with or without preliminary plain films and with preparation and contrast injection (R)	208.70
58936	Cholegraphy, drip infusion, with or without preliminary plain films, with preparation and contrast injection and with or without tomography (R)	198.90
58939	Defaecogram (R)	141.40
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)	21.60

Clause 2.3.5

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

2.3.5 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.

2.3.6 Items in Subgroup 10 of Group I3

This clause sets out items in Subgroup 10 of Group I3.

Note: The fees in Group I3 are indexed in accordance with clause 2.7.1.

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 (b) significant history of breast or ovarian malignancy in the patient's family; or (c) symptoms or indications of breast disease found on examination of the patient by a medical practitioner (R)	90.85
59302	Three dimensional tomosynthesis 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 (b) significant history of breast or ovarian malignancy in the patient's family; or (c) symptoms or indications of breast disease found on examination of the patient by a medical practitioner; not being a service to which item 59300 applies (R)	217.75
59303	Mammography of one breast if: (a) the service is specifically requested 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 (ii) significant history of breast or ovarian malignancy in the patient's family; or	54.75

Group I3—Diagnostic radiography		
Column 1	**Column 2**	**Column 3**
Item	**Description**	**Fee ($)**
	(ii) symptoms or indications of breast disease found on examination of the patient by a medical practitioner (R)	
59305	Three dimensional tomosynthesis of one breast, if there is reason to suspect the presence of malignancy because of: (a) the past occurrence of breast malignancy in the patient; or (b) significant history of breast or ovarian malignancy in the patient's family; or (c) symptoms or indications of breast disease found on examination of the patient by a medical practitioner; not being a service to which item 59303 applies (R)	122.85
59312	Radiographic examination of both breasts, in conjunction with a surgical procedure on each breast, using interventional techniques (R)	88.30
59314	Radiographic examination of one breast, in conjunction with a surgical procedure using interventional techniques (R)	53.30
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)	47.75

Subdivision D—Subgroups 12 and 13 of Group I3

2.3.7 Items in Subgroups 12 and 13 of Group I3

This clause sets out items in Subgroups 12 and 13 of Group I3.

Note: The fees in Group I3 are indexed in accordance with clause 2.7.1.

Group I3—Diagnostic radiography		
Column 1	**Column 2**	**Column 3**
Item	**Description**	**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) (Anaes.)	98.00
59703	Dacryocystography, one side, with or without preliminary plain film and with preparation and contrast injection (R)	77.05
59712	Hysterosalpingography, with or without preliminary plain films and with preparation and contrast injection (R)(Anaes.)	115.40
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) (Anaes.)	145.70
59718	Phlebography, one side, with or without preliminary plain films and with preparation and contrast injection (R) (Anaes.)	136.65
59724	Myelography, one or more regions, with or without preliminary plain films and with preparation and contrast injection, not being a service associated	229.85

Clause 2.3.7

Group I3—Diagnostic radiography		
Column 1	**Column 2**	**Column 3**
Item	**Description**	**Fee ($)**
	with a service to which item 56219 applies (R)(Anaes.)	
59733	Sialography, one side, with preparation and contrast injection, not being a service associated with a service to which item 57918 applies (R)	109.30
59739	Sinogram or fistulogram, one or more regions, with or without preliminary plain films and with preparation and contrast injection (R))	74.85
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)	141.25
59754	Lymphangiography, one or both sides, with preliminary plain films and follow-up radiography and with preparation and contrast injection (R)	222.65
59763	Air insufflation during video—fluoroscopic imaging including associated consultation (R)	135.90
Subgroup 13—Angiography		
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) (Anaes.)	170.80
60000	Digital subtraction angiography, examination of head and neck with or without arch aortography—1 to 3 data acquisition runs (R) (Anaes.)	572.45
60003	Digital subtraction angiography, examination of head and neck with or without arch aortography—4 to 6 data acquisition runs (R) (Anaes.)	839.50
60006	Digital subtraction angiography, examination of head and neck with or without arch aortography—7 to 9 data acquisition runs (R) (Anaes.)	1,193.75
60009	Digital subtraction angiography, examination of head and neck with or without arch aortography—10 or more data acquisition runs (R) (Anaes.)	1,396.95
60012	Digital subtraction angiography, examination of thorax—1 to 3 data acquisition runs (R) (Anaes.)	572.45
60015	Digital subtraction angiography, examination of thorax—4 to 6 data acquisition runs (R) (Anaes.)	839.50
60018	Digital subtraction angiography, examination of thorax—7 to 9 data acquisition runs (R) (Anaes.)	1,193.75
60021	Digital subtraction angiography, examination of thorax—10 or more data acquisition runs (R) (Anaes.)	1,396.95
60024	Digital subtraction angiography, examination of abdomen—1 to 3 data acquisition runs (R) (Anaes.)	572.45
60027	Digital subtraction angiography, examination of abdomen—4 to 6 data acquisition runs (R) (Anaes.)	839.50
60030	Digital subtraction angiography, examination of abdomen—7 to 9 data acquisition runs (R) (Anaes.)	1,193.75
60033	Digital subtraction angiography, examination of abdomen—10 or more data acquisition runs (R) (Anaes.)	1,396.95
60036	Digital subtraction angiography, examination of upper limb or limbs—1 to 3 data acquisition runs (R) (Anaes.)	572.45

Group I3—Diagnostic radiography		
Column 1	**Column 2**	**Column 3**
Item	**Description**	**Fee ($)**
60039	Digital subtraction angiography, examination of upper limb or limbs—4 to 6 data acquisition runs (R) (Anaes.)	839.50
60042	Digital subtraction angiography, examination of upper limb or limbs—7 to 9 data acquisition runs (R) (Anaes.)	1,193.75
60045	Digital subtraction angiography, examination of upper limb or limbs—10 or more data acquisition runs (R) (Anaes.)	1,396.95
60048	Digital subtraction angiography, examination of lower limb or limbs—1 to 3 data acquisition runs (R) (Anaes.)	572.45
60051	Digital subtraction angiography, examination of lower limb or limbs—4 to 6 data acquisition runs (R) (Anaes.)	839.50
60054	Digital subtraction angiography, examination of lower limb or limbs—7 to 9 data acquisition runs (R) (Anaes.)	1,193.75
60057	Digital subtraction angiography, examination of lower limb or limbs—10 or more data acquisition runs (R) (Anaes.)	1,396.95
60060	Digital subtraction angiography, examination of aorta and lower limb or limbs—1 to 3 data acquisition runs (R) (Anaes.)	572.45
60063	Digital subtraction angiography, examination of aorta and lower limb or limbs—4 to 6 data acquisition runs (R) (Anaes.)	839.50
60066	Digital subtraction angiography, examination of aorta and lower limb or limbs—7 to 9 data acquisition runs (R) (Anaes.)	1,193.75
60069	Digital subtraction angiography, examination of aorta and lower limb or limbs—10 or more data acquisition runs (R) (Anaes.)	1,396.95
60072	Selective arteriography or selective venography by digital subtraction angiography technique—one vessel (NR) (Anaes.)	48.80
60075	Selective arteriography or selective venography by digital subtraction angiography technique—2 vessels (NR) (Anaes.)	97.55
60078	Selective arteriography or selective venography by digital subtraction angiography technique—3 or more vessels (NR) (Anaes.)	146.40

Subdivision E—Subgroup 15 of Group I3: fluoroscopic examination

2.3.8 Items in Subgroup 15 of Group I3

This clause sets out items in Subgroup 15 of Group I3.

Note: The fees in Group I3 are indexed in accordance with clause 2.7.1.

Group I3—Diagnostic radiography		
Column 1	**Column 2**	**Column 3**
Item	**Description**	**Fee ($)**
Subgroup 15—Fluoroscopic examination		
60500	Fluoroscopy, with general anaesthesia (not being a service associated with a radiographic examination) (R) (Anaes.)	44.05

Clause 2.3.9

Group I3—Diagnostic radiography		
Column 1	**Column 2**	**Column 3**
Item	**Description**	**Fee ($)**
60503	Fluoroscopy, without general anaesthesia (not being a service associated with a radiographic examination) (R)	30.20
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 Group applies (R)	64.70
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 Group applies (R)	100.40

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

2.3.9 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 item 59970 applies 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.

2.3.10 Items in Subgroup 16 of Group I3

This clause sets out items in Subgroup 16 of Group I3.

Note: The fees in Group I3 are indexed in accordance with clause 2.7.1.

Group I3—Diagnostic radiography		
Column 1	**Column 2**	**Column 3**
Item	**Description**	**Fee ($)**
Subgroup 16—Preparation for radiological procedure		
60918	Arteriography (peripheral) or phlebography—one vessel, when used in association with a service to which item 59970 applies, not being a service associated with a service to which any of items 60000 to 60078 apply (NR) (Anaes.)	47.85
60927	Selective arteriogram or phlebogram, when used in association with a service to which item 59970 applies, not being a service associated with a service to which any of items 60000 to 60078 apply (NR) (Anaes.)	38.60

Subdivision G—Subgroup 17 of Group I3: interventional techniques

2.3.11 Meaning of *angiography suite*

In this Schedule:

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

2.3.12 Items in Subgroup 17 of Group I3

This clause sets out items in Subgroup 17 of Group I3.

Note: The fees in Group I3 are indexed in accordance with clause 2.7.1.

Group I3—Diagnostic radiography		
Column 1	**Column 2**	**Column 3**
Item	**Description**	**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 Group applies (R)	262.80

Division 2.4—Group I4: nuclear medicine imaging

Subdivision A—General

2.4.1 Nuclear scanning services (other than PET nuclear scanning services) and adjunctive services

(1) An item in Subgroup 1 or 3 of Group I4 applies 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 under the supervision of a nuclear medicine credentialled specialist who is available to monitor and influence the conduct and diagnostic quality of the examination; and
  (c) a nuclear medicine credentialled specialist or a specialist in the specialty of diagnostic radiology is available, if necessary, to attend on the patient personally; and
  (d) the service is reported by a nuclear medicine credentialled specialist.

(2) Paragraphs (1)(a) to (c) do not apply if the service is performed:
  (a) in an emergency; or
  (b) because of medical necessity, in a remote location.

2.4.1A Restriction on items for stress myocardial perfusion studies—patients, requests and requirements

Items 61324, 61329, 61345, 61349, 61357, 61394, 61398, 61406, 61410 and 61414 apply to a service performed on a patient only if:
  (a) one or more of subclauses 2.4.1B(1), (2) and (3) apply to the patient; and
  (b) the request for the service identifies any symptoms or clinical indications mentioned in those subclauses that apply to the patient; and
  (c) the service is performed in accordance with clause 2.4.1C.

2.4.1B Stress myocardial perfusion studies—patients

(1) This subclause applies to a patient if:
  (a) the patient displays symptoms of typical or atypical angina, including constricting discomfort of one or more of the following:
    (i) the front of the chest;
    (ii) the neck;
    (iii) the shoulders;
    (iv) the jaw;
    (v) the arms; or
  (b) the patient's symptoms are:
    (i) precipitated by physical exertion; or
    (ii) relieved within 5 minutes or less by rest or glyceryl trinitrate.

(2) This subclause applies to a patient if:
  (a) the patient has known coronary artery disease; and
  (b) the patient displays one or more symptoms that are suggestive of ischaemia; and
  (c) the symptoms:
    (i) are not adequately controlled with medical therapy; or
    (ii) have evolved since the last functional study undertaken of the patient.

(3) This subclause applies to a patient if one or more of the following clinical indications apply to the patient:
  (a) the patient does not have a known coronary artery disease but assessment indicates that resting twelve-lead electrocardiogram changes are consistent with coronary artery disease or ischaemia;
  (b) coronary artery disease related lesions, of uncertain functional significance, have previously been identified on a computed tomography coronary angiography or invasive coronary angiography;
  (c) an assessment by a specialist or consultant physician indicates that the patient has possible painless myocardial ischaemia, where a stress myocardial perfusion study is likely to assist the diagnosis;
  (d) an assessment indicates that the patient has undue exertional dyspnoea of uncertain aetiology;
  (e) a pre-operative assessment of the patient, who has a functional capacity of less than 4 metabolic equivalents, confirms that surgery is an intermediate to high risk, and the patient also has at least one of the following conditions:
    (i) ischaemic heart disease;
    (ii) previous myocardial infarction;
    (iii) heart failure;
    (iv) stroke;
    (v) transient ischaemic attack;
    (vi) renal dysfunction (serum creatinine greater than 170umol/L or 2 mg/dL or a creatinine clearance of less than 60 mL/min);
    (vii) diabetes mellitus requiring insulin therapy;
  (f) assessment, including quantification, is required before either percutaneous coronary intervention or coronary bypass surgery to quantify the extent and severity of myocardial ischaemia, and to ensure the criteria for intervention are met;
  (g) assessment is required of relative amounts of ischaemic viable myocardium and non-viable (infarcted) myocardium because the patient has a previous myocardial infarction;
  (h) assessment of myocardial ischaemia with exercise is required because the patient has congenital heart lesions, has undergone surgery and ischemia is considered possible;
  (i) the patient is under 17 years old, with coronary anomalies, and assessment of myocardial perfusion is required before and after cardiac surgery:
    (i) for congenital heart disease; or

(ii) where there is a probable or confirmed coronary artery abnormality;

(j) myocardial perfusion abnormality is suspected but, due to the patient's cognitive capacity or expressive language impairment, it is not possible to accurately assess symptom frequency based on medical history.

2.4.1C Stress myocardial perfusion studies—requirements

(1) A stress myocardial perfusion study must be performed:

(a) on premises equipped with resuscitation equipment, including a defibrillator; and

(b) by a person trained in cardiopulmonary resuscitation who is in continuous personal attendance during the procedure.

(2) At the time the service is performed, a second person trained in the matters mentioned in subclause (4) and cardiopulmonary resuscitation must be located at the premises while the exercise test is performed, and must be immediately available to respond if required.

(3) One of the persons mentioned in subclauses (1) and (2) must be a medical practitioner.

(4) For the purposes of subclause (2), the matters are:

(a) how to safely perform exercise or pharmacological stress monitoring and recording; and

(b) how to recognise the symptoms and signs of cardiac disease.

2.4.2 PET nuclear scanning services

(1) An item in Subgroup 2 of Group I4 applies 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 supervision

For the purposes of paragraph 2.4.2(1)(c), the service is performed in accordance with this clause if:

(a) all of the following subparagraphs apply:

(i) the service is performed under the supervision of a PET credentialled specialist who is available to monitor and influence the conduct and diagnostic quality of the examination;

(ii) a PET credentialled specialist, a nuclear medicine credentialled specialist or a specialist in the specialty of diagnostic radiology is available, if necessary, to attend on the patient personally;

(iii) the service is reported by a PET credentialled specialist; or

(b) the service is performed:

(i) in an emergency; or

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

2.4.4 PET nuclear scanning services—equipment

For the purposes of paragraph 2.4.2(1)(c), the service is performed in accordance with this clause if the service is 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 2020.

Note: The *Requirements for PET Accreditation (Instrumentation & Radiation Safety) 3rd Edition (2017)* could in 2020 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 PET credentialled specialist;

(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.

Subdivision B—Subgroups 1, 2 and 3 of Group I4

2.4.6 Items in Subgroups 1, 2 and 3 of Group I4

This clause sets out items in Subgroups 1, 2 and 3 of Group I4.

Clause 2.4.6

Group I4—Nuclear medicine imaging		
Column 1 **Item**	**Column 2** **Description**	**Column 3** **Fee ($)**
Subgroup 1—Nuclear medicine—non PET		
61310	Myocardial infarct avid study (R)	367.30
61313	Gated cardiac blood pool study, (equilibrium) (R)	303.35
61314	Gated cardiac blood pool study, with or without intervention, and first pass blood flow or cardiac shunt study (R)	420.00
61321	Single rest myocardial perfusion study for the assessment of the extent and severity of viable and non-viable myocardium, with single photon emission tomography, with or without planar imaging, if: (a) the patient has left ventricular systolic dysfunction and probable or confirmed coronary artery disease; and (b) the service uses a single rest technetium-99m (Tc-99m) protocol; and (c) the service is requested by a specialist or a consultant physician; and (d) the service is not associated with a service to which item 11704, 11705, 11707, 11714, 11729, 11730, 61325, 61329, 61345, 61398 or 61406 applies; and (e) if the patient is 17 years or older—a service to which this item, or item 61325, 61329, 61345, 61398 or 61406, applies has not been provided to the patient in the previous 24 months (R)	329.00
61324	Single stress myocardial perfusion study, with single photon emission tomography, with or without planar imaging, if: (a) the patient has symptoms of cardiac ischaemia; and (b) at least one of the following applies: (i) the patient has body habitus or other physical conditions (including heart rhythm disturbance) to the extent that a stress echocardiography would not provide adequate information; (ii) the patient is unable to exercise to the extent required for a stress echocardiography to provide adequate information; (iii) the patient has had a failed stress echocardiography provided in a service to which item 55141, 55143, 55145 or 55146 applies; and (c) the service includes resting ECG, continuous ECG monitoring during exercise (with recording), blood pressure monitoring and the recording of other parameters (including heart rate); and (d) the service is requested by a specialist or consultant physician; and (e) the service is not associated with a service to which item 11704, 11705, 11707, 11714, 11729, 11730, 61321, 61325, 61329, 61345, 61357, 61394, 61398, 61406 or 61414 applies; and (f) if the patient is 17 years or older—a service to which this item, or item 61329, 61345, 61357, 61394, 61398, 61406 or 61414, applies has not been provided to the patient in the previous 24 months (R)	653.05
61325	Single rest myocardial perfusion study for the assessment of the extent and severity of viable and non-viable myocardium, with single photon emission tomography, with or without planar imaging, if: (a) the patient has left ventricular systolic dysfunction and probable or confirmed coronary artery disease; and	329.00

Group I4—Nuclear medicine imaging		
Column 1	**Column 2**	**Column 3**
Item	**Description**	**Fee ($)**
	(b) the service uses: (i) an initial rest study followed by a redistribution study on the same day; and (ii) a thallous chloride-201 (Tl-201) protocol; and (c) the service is requested by a specialist or a consultant physician; and (d) the service is not associated with a service to which item 11704, 11705, 11707, 11714, 11729, 11730, 61321, 61329, 61345, 61398 or 61406 applies; and (e) if the patient is 17 years or older: (i) a service to which item 61321, 61329, 61345, 61398 or 61406 applies has not been provided to the patient in the previous 24 months; and (ii) the service is applicable only twice each 24 months (R)	
61328	Lung perfusion study (R)	227.65
61329	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, with or without planar imaging, if: (a) the patient has symptoms of cardiac ischaemia; and (b) at least one of the following applies: (i) the patient has body habitus or other physical conditions (including heart rhythm disturbance) to the extent that a stress echocardiography would not provide adequate information; (ii) the patient is unable to exercise to the extent required for a stress echocardiography to provide adequate information; (iii) the patient has had a failed stress echocardiography provided in a service to which item 55141, 55143, 55145 or 55146 applies; and (c) the service includes resting electrocardiograph, continuous electrocardiograph monitoring during exercise (with recording), blood pressure monitoring and the recording of other parameters (including heart rate); and (d) the service is requested by a medical practitioner (other than a specialist or consultant physician); and (e) the service is not associated with a service to which item 11704, 11705, 11707, 11714, 11729, 11730, 61321, 61324, 61325, 61345, 61357, 61394, 61398, 61406 or 61414 applies; and (f) if the patient is 17 years or older—a service to which this item, or item 61321, 61324, 61325, 61345, 61357, 61394, 61398, 61406 or 61414, applies has not been provided to the patient in the previous 24 months (R)	982.05
61340	Lung ventilation study using aerosol, technegas or xenon gas (R)	253.00
61345	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, with or without planar imaging, if:	982.05

Clause 2.4.6

Group I4—Nuclear medicine imaging		
Column 1	**Column 2**	**Column 3**
Item	**Description**	**Fee ($)**
	(a) the patient has symptoms of cardiac ischaemia; and (b) at least one of the following applies: (i) the patient has body habitus or other physical conditions (including heart rhythm disturbance) to the extent that a stress echocardiography would not provide adequate information; (ii) the patient is unable to exercise to the extent required for a stress echocardiography to provide adequate information; (iii) the patient has had a failed stress echocardiography provided in a service to which item 55141, 55143, 55145 or 55146 applies; and (c) the service includes resting electrocardiograph, continuous electrocardiograph monitoring during exercise (with recording), blood pressure monitoring and the recording of other parameters (including heart rate); and (d) the service is requested by a specialist or consultant physician; and (e) the service is not associated with a service to which item 11704, 11705, 11707, 11714, 11729, 11730, 61321, 61324, 61325, 61329, 61357, 61394, 61398, 61406 or 61414 applies; and (f) if the patient is 17 years or older—a service to which this item, or item 61321, 61324, 61325, 61329, 61357, 61394, 61398, 61406 or 61414, applies has not been provided to the patient in the previous 24 months (R)	
61348	Lung perfusion study and lung ventilation study using aerosol, technegas or xenon gas (R)	443.35
61349	Repeat 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, with or without planar imaging, if: (a) both: (i) a service has been provided to the patient in the previous 24 months to which this item, or item 61324, 61329, 61345, 61357, 61394, 61398, 61406, 61410 or 61414, applies; and (ii) the patient has subsequently undergone a revascularisation procedure; and (b) the patient has one or more symptoms of cardiac ischaemia that have evolved and are not adequately controlled with optimal medical therapy; and (c) at least one of the following applies: (i) the patient has body habitus or other physical conditions (including heart rhythm disturbance) to the extent that a stress echocardiography would not provide adequate information; (ii) the patient is unable to exercise to the extent required for a stress echocardiography to provide adequate information; (iii) the patient has had a failed stress echocardiography provided in a service to which item 55141, 55143, 55145 or 55146 applies; and (d) the service is requested by a specialist or a consultant physician; and (e) the service is not associated with a service to which item 11704, 11705,	982.05

Group I4—Nuclear medicine imaging

Column 1 Item	Column 2 Description	Column 3 Fee ($)
	11707, 11714, 11729, 11730 or 61410 applies; and (f) if the patient is 17 years or older—a service to which this item, or item 61410, applies has not been provided to the patient in the previous 12 months Applicable not more than once in 12 months (R)	
61353	Liver and spleen study (colloid) (R)	386.60
61356	Red blood cell spleen or liver study (R)	392.80
61357	Single stress myocardial perfusion study, with single photon emission tomography, with or without planar imaging, if: (a) the patient has symptoms of cardiac ischaemia; and (b) at least one of the following applies: (i) the patient has body habitus or other physical conditions (including heart rhythm disturbance) to the extent that a stress echocardiography would not provide adequate information; (ii) the patient is unable to exercise to the extent required for a stress echocardiography to provide adequate information; (iii) the patient has had a failed stress echocardiography provided in a service to which items 55141, 55143, 55145 or 55146 applies; and (c) the service includes resting electrocardiograph, continuous electrocardiograph monitoring during exercise (with recording), blood pressure monitoring and the recording of other parameters (including heart rate); and (d) the service is requested by a medical practitioner (other than a specialist or consultant physician); and (e) the service is not associated with a service to which item 11704, 11705, 11707, 11714, 11729, 11730, 61321, 61324, 61325, 61329, 61345, 61394, 61398, 61406 or 61414 applies; and (f) if the patient is 17 years or older—a service to which this item, or item 61324, 61329, 61345, 61394, 61398, 61406, or 61414, applies has not been provided to the patient in the previous 24 months (R)	653.05
61360	Hepatobiliary study, including morphine administration or pre-treatment with a cholagogue when performed (R)	403.35
61361	Hepatobiliary study with formal quantification following baseline imaging, using a cholagogue (R)	461.40
61364	Bowel haemorrhage study (R)	496.95
61368	Meckel's diverticulum study (R)	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	2,015.75

Clause 2.4.6

Group I4—Nuclear medicine imaging		
Column 1	**Column 2**	**Column 3**
Item	**Description**	**Fee ($)**
	(ii) the study is to exclude additional disease sites (R)	
61372	Salivary study (R)	223.10
61373	Gastro-oesophageal reflux study, including delayed imaging on a separate occasion when performed (R)	489.70
61376	Oesophageal clearance study (R)	143.35
61381	Gastric emptying study, using single tracer (R)	574.35
61383	Combined solid and liquid gastric emptying study using dual isotope technique or the same isotope on separate days (R)	624.95
61384	Radionuclide colonic transit study (R)	687.70
61386	Renal study, including perfusion and renogram images and computer analysis or cortical study with planar imaging (R)	332.50
61387	Renal cortical study, with single photon emission tomography and planar quantification (R)	430.75
61389	Single renal study with pre-procedural administration of a diuretic or angiotensin converting enzyme (ACE) inhibitor (R)	370.55
61390	Renal study with diuretic administration after a baseline study (R)	409.95
61393	Combined examination involving a renal study following angiotensin converting enzyme (ACE) inhibitor provocation and a baseline study, in either order and related to a single referral episode (R)	605.50
61394	Single stress myocardial perfusion study, with single photon emission tomography, with or without planar imaging, if: (a) the patient has symptoms of cardiac ischaemia; and (b) the service is provided at, or from, a practice located in a Modified Monash 3, 4, 5, 6 or 7 area; and (c) a stress echocardiography service is not available in the Modified Monash area where the service is provided; and (d) the service includes resting electrocardiograph, continuous electrocardiograph monitoring during exercise (with recording), blood pressure monitoring and the recording of other parameters (including heart rate); and (e) the service is requested by a specialist or consultant physician; and (f) the service is not associated with a service to which item 11704, 11705, 11707, 11714, 11729, 11730, 61321, 61324, 61325, 61329, 61345, 61357, 61398, 61406 or 61414 applies; and (g) if the patient is 17 years or older—a service to which this item, or item 61324, 61329, 61345, 61357, 61398, 61406 or 61414, applies has not been provided to the patient in the previous 24 months (R)	653.05
61397	Cystoureterogram (R)	246.85
61398	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, with or without planar imaging, if: (a) the patient has symptoms of cardiac ischaemia; and	982.05

Group I4—Nuclear medicine imaging

Column 1 Item	Column 2 Description	Column 3 Fee ($)
	(b) the service is provided at, or from, a practice located in a Modified Monash 3, 4, 5, 6 or 7 area; and (c) a stress echocardiography service is not available in the Modified Monash area where the services is provided; and (d) the service includes resting electrocardiograph, continuous electrocardiograph monitoring during exercise (with recording), blood pressure monitoring and the recording of other parameters (including heart rate); and (e) the service is requested by a medical practitioner (other than a specialist or consultant physician); and (f) the service is not associated with a service to which item 11704, 11705, 11707, 11714, 11729, 11730, 61321, 61324, 61325, 61329, 61345, 61357, 61394, 61406 or 61414 applies; and (g) if the patient is 17 years or older—a service to which this item, or item 61321, 61324, 61325, 61329, 61345, 61357, 61394, 61406 or 61414, applies has not been provided to the patient in the previous 24 months (R)	
61402	Cerebral perfusion study, with single photon emission tomography and with planar imaging when performed (R)	605.05
61406	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, with or without planar imaging, if: (a) the patient has symptoms of cardiac ischaemia; and (b) the service is provided at, or from, a practice located in a Modified Monash 3, 4, 5, 6 or 7 area; and (c) a stress echocardiography service is not available in the Modified Monash area where the service is provided; and (d) the service includes resting electrocardiograph, continuous electrocardiograph monitoring during exercise (with recording), blood pressure monitoring and the recording of other parameters (including heart rate); and (e) the service is requested by a specialist or consultant physician; and (f) the service is not associated with a service to which item 11704, 11705, 11707, 11714, 11729, 11730, 61321, 61324, 61325, 61329, 61345, 61357, 61394, 61398 or 61414 applies; and (g) if the patient is 17 years or older—a service to which this item, or item 61321, 61324, 61325, 61329, 61345, 61357, 61394, 61398 or 61414, applies has not been provided to the patient in the previous 24 months (R)	982.05
61409	Cerebro-spinal fluid transport study using technetium 99m, with imaging on 2 or more separate occasions (R)	873.50
61410	Repeat 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	982.05

Clause 2.4.6

Group I4—Nuclear medicine imaging		
Column 1	**Column 2**	**Column 3**
Item	**Description**	**Fee ($)**
	tomography, with or without planar imaging, if: (a) both: (i) a service has been provided to the patient in the previous 24 months to which this item, or item 61324, 61329, 61345, 61349, 61357, 61394, 61398, 61406 or 61414, applies; and (ii) the patient has subsequently undergone a revascularisation procedure; and (b) the patient has one or more symptoms of cardiac ischaemia that have evolved and are not adequately controlled with optimal medical therapy; and (c) the service is provided at, or from, a practice located in a Modified Monash 3, 4, 5, 6 or 7 area; and (d) a stress echocardiography service is not available in the Modified Monash area where the service is provided; and (e) the service is not associated with a service to which item 11704, 11705, 11707, 11714, 11729 or 11730 applies; and (f) if the patient is 17 years or older—a service to which item 61349 applies has not been provided to the patient in the previous 12 months Applicable not more than once in 12 months (R)	
61413	Cerebro-spinal fluid shunt patency study (R)	225.95
61414	Single stress myocardial perfusion study, with single photon emission tomography, with or without planar imaging, if: (a) the patient has symptoms of cardiac ischaemia; and (b) the service is provided at, or from, a practice located in a Modified Monash 3, 4, 5, 6 or 7 area; and (c) a stress echocardiography service is not available in the Modified Monash area where the service is provided; and (d) the service includes resting electrocardiograph, continuous electrocardiograph monitoring during exercise (with recording), blood pressure monitoring and the recording of other parameters (including heart rate); and (e) the service is requested by a medical practitioner (other than a specialist or consultant physician); and (f) the service is not associated with a service to which item 11704, 11705, 11707, 11714, 11729, 11730, 61321, 61324, 61325, 61329, 61345, 61357, 61394, 61398 or 61406 applies; and (g) if the patient is 17 years or older—a service to which this item, or item 61324, 61329, 61345, 61357, 61398 or 61406, applies has not been provided to the patient in the previous 24 months (R)	653.05
61421	Bone study—whole body, with, when undertaken, blood flow, blood pool and delayed imaging on a separate occasion (R)	479.80
61425	Bone study—whole body and single photon emission tomography, with, when undertaken, blood flow, blood pool and delayed imaging on a separate occasion (R)	600.70

Group I4—Nuclear medicine imaging

Column 1 Item	Column 2 Description	Column 3 Fee ($)
61426	Whole body study using iodine (R)	554.80
61429	Whole body study using gallium (R)	543.00
61430	Whole body study using gallium, with single photon emission tomography (R)	659.45
61433	Whole body study using cells labelled with technetium (R)	496.95
61434	Whole body study using cells labelled with technetium, with single photon emission tomography (R)	615.40
61438	Whole body study using thallium (R)	672.95
61441	Bone marrow study—whole body using technetium labelled bone marrow agents (R)	489.70
61442	Whole body study, using gallium—with single photon emission tomography of 2 or more body regions acquired separately (R)	752.35
61445	Bone marrow study—localised using technetium labelled agent (R)	286.80
61446	Regional scintigraphic study using an approved bone scanning agent, including, when undertaken, blood flow imaging, blood pool imaging and repeat imaging on a separate occasion (R)	333.55
61449	Regional scintigraphic study and single photon emission tomography, using an approved bone scanning agent, including, when undertaken, blood flow imaging, blood pool imaging and repeat imaging on a separate occasion (R)	456.20
61450	Localised study using gallium (R)	397.55
61453	Localised study using gallium, with single photon emission tomography (R)	514.70
61454	Localised study using cells labelled with technetium (R)	348.10
61457	Localised study using cells labelled with technetium, with single photon emission tomography (R)	470.45
61461	Localised study using thallium (R)	527.85
61462	Repeat planar and single photon emission tomography imaging, or repeat planar imaging or single photon emission tomography imaging on an occasion subsequent to the performance of item 61364, 61426, 61429, 61430, 61442, 61450, 61453, 61469 or 61485, if there is no additional administration of radiopharmaceutical and if the previous radionuclide scan was abnormal or equivocal (R)	129.00
61466	Cerebro-spinal fluid transport study using indium-111, with imaging on 2 or more separate occasions (R)	4,690.90
61469	Lymphoscintigraphy (R)	348.10
61473	Thyroid study (R)	175.40
61480	Parathyroid study (R)	386.85
61485	Adrenal study, with single photon emission tomography (R)	3,364.00
61495	Tear duct study (R)	223.10
61499	Particle perfusion study (infra-arterial) or Le Veen shunt study (R)	253.00
61650	LeukoScan study of the long bones and feet for suspected osteomyelitis, if: (a) the patient does not have access to ex-vivo white blood cell scanning;	878.70

Clause 2.4.6

Group I4—Nuclear medicine imaging		
Column 1	**Column 2**	**Column 3**
Item	**Description**	**Fee ($)**
	and (b) the patient is not being investigated for other sites of infection (R)	
Subgroup 2—PET		
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
61524	Whole body FDG PET study, performed for the staging of locally advanced (Stage III) breast cancer, for a patient who is considered suitable for active therapy (R)	953.00
61525	Whole body FDG PET study, performed for the evaluation of suspected metastatic or suspected locally or regionally recurrent breast carcinoma, for a patient who is considered suitable for active therapy (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
61560	FDG PET study of the brain, performed for the diagnosis of Alzheimer's disease, if: (a) clinical evaluation of the patient by a specialist, or in consultation with a specialist, is equivocal; and (b) the service includes a quantitative comparison of the results of the study with the results of an FDG PET study of a normal brain from a reference database; and (c) a service to which this item applies has not been performed on the patient in the previous 12 months; and (d) a service to which item 61402 applies has not been performed on the patient in the previous 12 months for the diagnosis or management of Alzheimer's disease Applicable not more than 3 times per lifetime (R)	605.05
61563	Whole body prostate-specific membrane antigen PET study performed for the initial staging of intermediate to high-risk prostate adenocarcinoma, for a previously untreated patient who is considered suitable for locoregional	1,300.00

Group I4—Nuclear medicine imaging

Column 1 Item	Column 2 Description	Column 3 Fee ($)
	therapy with curative intent Applicable once per lifetime (R)	
61564	Whole body prostate-specific membrane antigen PET study performed for the restaging of recurrent prostate adenocarcinoma, for a patient who: (a) has undergone prior locoregional therapy; and (b) is considered suitable for further locoregional therapy to determine appropriate therapeutic pathways and timing of treatment initiation Applicable twice per lifetime (R)	1,300.00
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
61612	Whole body FDG PET study for the initial staging of eligible cancer types, for a patient who is considered suitable for active therapy, if: (a) the eligible cancer type is: (i) a rare or uncommon cancer (less than 12 cases per 100,000 persons per year); and (ii) a typically FDG-avid cancer; and (b) there is at least a 10% likelihood that the PET study result will inform a significant change in management for the patient Applicable once per cancer diagnosis (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

Clause 2.4.6

Group I4—Nuclear medicine imaging		
Column 1	**Column 2**	**Column 3**
Item	**Description**	**Fee ($)**
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 ^{68}Ga-DOTA-peptide PET study, 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)	953.00
Subgroup 3—Adjunctive services		
61505	CT scan: (a) performed at the same time as, and covering the same body area as, single photon emission tomography or positron emission tomography; and (b) performed for the purpose of anatomic localisation or attenuation correction; and (c) performed in association with a service to which an item in Subgroup 1 or 2 of Group I4 applies; if no separate diagnostic CT report is issued (R)	100.00

Division 2.5—Group I5: magnetic resonance imaging

Subdivision A—General

2.5.1 Application of items to certain MRI and MRA 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 equipment that is:
    (i) located at the premises of a comprehensive practice; and
    (ii) if the equipment is located in a Modified Monash 1 area—eligible equipment mentioned in clause 2.5.5.

(2) Items 63395 to 63397 and the items in Subgroups 19, 20 and 21 (other than item 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 equipment that is:
    (i) located at the premises of a comprehensive practice; and
    (ii) if the equipment is located in a Modified Monash 1 area—partial eligible equipment mentioned in clause 2.5.6.

(3) The items in Subgroups 22 and 32 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 equipment that is:
    (i) located at the premises of a comprehensive practice; and
    (ii) if the equipment is located in a Modified Monash 1 area—eligible equipment mentioned in clause 2.5.5 or 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 equipment that is:
    (i) located at the premises of a comprehensive practice; and
    (ii) if the equipment is located in a Modified Monash 1 area—eligible equipment mentioned in clause 2.5.5 or partial eligible equipment mentioned in clause 2.5.6.

Clause 2.5.2

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 table 2.5.4 is an ***eligible provider*** for an MRI or MRA service mentioned in column 1 of the item.

Table 2.5.4—Eligible providers

Item	Column 1 MRI or MRA service	Column 2 Person
1	A service to which none of items 63395 to 63397 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 63397 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 made available to the comprehensive practice at which it is located by a person who is subject to a current deed with the Commonwealth that relates to the equipment; and

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

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

2.5.7 MRI and MRA services—meaning of *scan*

In items 63001 to 63563 and 63740 to 63743:

scan means a minimum of 3 sequences.

2.5.8 Restriction on items—multiple services in certain subgroups on a day

If an MRI service described in an item in Subgroup 1, 2, 4, 5 or 14 of Group I5, and an MRA service described in an item in Subgroup 3 or 15 of Group I5, are provided to the same patient on the same day, the item in Subgroup 3 or 15 of Group I5 does not apply to the MRA service.

2.5.8A Restriction on items—multiple services in certain subgroups in an attendance

Multiple services in subgroups 1 to 5

(1) If more than one service described in an item in Subgroup 1, 2, 3, 4 or 5 of Group I5 is provided to a patient in a single attendance, only the following items apply to the services:

(a) the item that describes the service with the highest fee;

(b) each item that describes a service to which subclause (4) applies (if any).

Multiple services in subgroups 6 to 10

(2) If more than one service described in an item in Subgroup 6, 7, 8, 9 or 10 of Group I5 is provided to a patient in a single attendance, only the following items apply to the services:

(a) the item that describes the service with the highest fee;

(b) each item that describes a service to which subclause (4) applies (if any).

Multiple services with same highest fee

(3) For the purposes of paragraphs (1)(a) and (2)(a), if 2 or more applicable fees are equally the highest, only one of those fees is taken to be the highest fee.

Services with documented clinical need

(4) For the purposes of paragraphs (1)(b) and (2)(b), this subclause applies to a service provided to a person in an attendance if the clinical need for the service is:

(a) stated in the request for the service; and
(b) appropriately documented in the record of the service.

2.5.8B Reduction in fees—multiple services on same day—Subgroups 12 and 13

(1) If a medical practitioner provides 2 or more MRI services described in Subgroup 12 or 13 of Group I5 for the same person 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%.

(2) For the purposes of subclause (1):
(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 (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.

2.5.9 Restriction on items—related MRI or MRA services

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 table 2.5.9; 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.

Table 2.5.9—Related services

Item	Column 1 MRI or MRA items	Column 2 Limitation period	Column 3 Maximum number of services
1	63040 to 63073	12 months	3
2	63101	12 months	3
3	63125 to 63131	12 months	3
4	63161 to 63185	12 months	3
5	63219 to 63243	12 months	3
6	63271 to 63280	12 months	3
7	63322 to 63340	12 months	3
8	63361	12 months	2
9	63385 to 63391	12 months	2

Table 2.5.9—Related services

Item	Column 1 MRI or MRA items	Column 2 Limitation period	Column 3 Maximum number of services
10	63395	12 months	1
11	63397	36 months	1
12	63401 to 63404	12 months	3
13	63416	12 months	1
14	63425 to 63428	12 months	2
15	63461 to 63467	12 months	1
15A	63541	12 months	1
16	63547	patient's lifetime	1
17	63482	12 months	3
17A	63501 and 63502	24 months	1
18	63507 to 63522 and 63551 to 63560	12 months	3

2.5.9A Circumstances for suspecting prostate cancer for item 63541

(1) For the purposes of subparagraph (a)(ii) of item 63541, the circumstances for suspecting a patient of developing prostate cancer are that:

(a) 2 PSA quantitation tests have been performed for the patient, with an interval between the tests of at least 1 month but not more than 3 months; and

(b) subclause (2), (3), (4), (5) or (6) applies to the patient.

Patients at least 70 years of age

(2) This subclause applies to a patient if:

(a) the patient is at least 70 years of age; and

(b) both PSA quantitation tests showed a PSA concentration of greater than 5.5 µg/L; and

(c) a free/total PSA ratio test performed for the patient at least 1 month but not more than 3 months after the first PSA quantitation test showed a free/total PSA ratio of less than 25%.

Patients under 70 years of age without increased risk due to family history

(3) This subclause applies to a patient if:

(a) the patient is under 70 years of age; and

(b) both PSA quantitation tests showed a PSA concentration of greater than 3 µg/L; and

(c) a free/total PSA ratio test performed for the patient at least 1 month but not more than 3 months after the first PSA quantitation test showed a free/total PSA ratio of less than 25%.

(4) This subclause applies to a patient if:

(a) the patient is under 70 years of age; and
(b) the first PSA quantitation test showed a PSA concentration of greater than 3 µg/L; and
(c) the second PSA quantitation test showed a PSA concentration of greater than 5.5 µg/L.

Patients under 70 years of age with increased risk due to family history

(5) This subclause applies to a patient if:
(a) the patient is under 70 years of age; and
(b) both PSA quantitation tests showed a PSA concentration of greater than 2 µg/L; and
(c) a free/total PSA ratio test performed for the patient at least 1 month but not more than 3 months after the first PSA quantitation test showed a free/total PSA ratio of less than 25%; and
(d) the patient has a first-degree biological relative:
(i) who has, or has had, prostate cancer; or
(ii) who is suspected of carrying a BRCA 1 or BRCA 2 mutation.

(6) This subclause applies to a patient if:
(a) the patient is under 70 years of age; and
(b) the first PSA quantitation test showed a PSA concentration of greater than 2 µg/L; and
(c) the second PSA quantitation test showed a PSA concentration of greater than 5.5 µg/L; and
(d) the patient has a first-degree biological relative:
(i) who has, or has had, prostate cancer; or
(ii) who is suspected of carrying a BRCA 1 or BRCA 2 mutation.

2.5.9B Restriction on item 63543—timing and purpose

(1) Subject to subclauses (2) and (3), item 63543 is applicable to a service described in that item for a patient with a diagnosis of prostate cancer if it is:
(a) the first service provided after the date of the diagnosis; or
(b) the first service provided after 12 months after the date of the service mentioned in paragraph (a); or
(c) the first service provided after 3 years after the date of a service to which item 63543 applied under paragraph (b) or this paragraph.

(2) Subject to subclause (3), item 63543 is also applicable to a service described in that item if the clinical need for the service is:
(a) stated in the request for the service; and
(b) appropriately documented in the record of the service.

(3) Item 63543 is not applicable to a service provided for the purposes of:
(a) treatment planning; or
(b) monitoring after treatment of prostate cancer.

Subdivision B—Subgroups 1 to 19 of Group I5

2.5.10 Items in Subgroups 1 to 19 of Group I5

This clause sets out items in Subgroups 1 to 19 of Group I5.

Note: The fees in Group I5 are indexed in accordance with clause 2.7.1.

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) (Anaes.) (Contrast)	403.20
63004	MRI—scan of head (including MRA, if performed) for inflammation of brain or meninges (R) (Anaes.) (Contrast)	403.20
63007	MRI—scan of head (including MRA, if performed) for skull base or orbital tumour (R) (Anaes.) (Contrast)	403.20
63010	MRI—scan of head (including MRA, if performed) for stereotactic scan of brain, with fiducials in place, for the sole purpose of allowing planning for stereotactic neurosurgery (R) (Anaes.) (Contrast)	336.00
63019	MRI—scan of head (including MRA if performed) for the assessment of suitability for the treatment of medically refractory essential tremor with magnetic resonance imaging-guided focused ultrasound Applicable once per patient per lifetime (R) (Anaes.) (Contrast)	426.50
63020	MRI—scan of head (including MRA if performed) for the post-procedure assessment of the patient following magnetic resonance imaging-guided focused ultrasound for the treatment of medically refractory essential tremor Applicable once per patient per lifetime (R) (Anaes.) (Contrast)	426.50
Subgroup 2—Scan of head—for specified conditions		
63040	MRI—scan of head (including MRA, if performed) for acoustic neuroma (R) (Anaes.) (Contrast)	336.00
63043	MRI—scan of head (including MRA, if performed) for pituitary tumour (R) (Anaes.) (Contrast)	358.40
63046	MRI—scan of head (including MRA, if performed) for toxic or metabolic or ischaemic encephalopathy (R) (Anaes.) (Contrast)	403.20
63049	MRI—scan of head (including MRA, if performed) for demyelinating disease of the brain (R) (Anaes.) (Contrast)	403.20
63052	MRI—scan of head (including MRA, if performed) for congenital malformation of the brain or meninges (R) (Anaes.) (Contrast)	403.20
63055	MRI—scan of head (including MRA, if performed) for venous sinus thrombosis (R) (Anaes.) (Contrast)	403.20
63058	MRI—scan of head (including MRA, if performed) for head trauma (R) (Anaes.) (Contrast)	403.20
63061	MRI—scan of head (including MRA, if performed) for epilepsy (R)	403.20

Clause 2.5.10

Group I5—Magnetic resonance imaging		
Column 1	**Column 2**	**Column 3**
Item	**Description**	**Fee ($)**
	(Anaes.) (Contrast)	
63064	MRI—scan of head (including MRA, if performed) for stroke (R) (Anaes.) (Contrast)	403.20
63067	MRI—scan of head (including MRA, if performed) for carotid or vertebral artery dissection (R) (Anaes.) (Contrast)	403.20
63070	MRI—scan of head (including MRA, if performed) for intracranial aneurysm (R) (Anaes.) (Contrast)	403.20
63073	MRI—scan of head (including MRA, if performed) for intracranial arteriovenous malformation (R) (Anaes.) (Contrast)	403.20
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) (Anaes.) (Contrast)	492.80
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) (Anaes.) (Contrast)	492.80
63114	MRI—scan of head and cervical spine (including MRA, if performed) for inflammation of the central nervous system or meninges (R) (Anaes.) (Contrast)	492.80
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) (Anaes.) (Contrast)	492.80
63128	MRI—scan of head and cervical spine (including MRA, if performed) for congenital malformation of the central nervous system or meninges (R) (Anaes.) (Contrast)	492.80
63131	MRI—scan of head and cervical spine (including MRA, if performed) for syrinx (congenital or acquired) (R) (Anaes.) (Contrast)	492.80
Subgroup 6—Scan of spine—one region or 2 contiguous regions—for infection or tumour		
63151	MRI—scan of one region or 2 contiguous regions of the spine for infection (R) (Anaes.) (Contrast)	358.40
63154	MRI—scan of one region or 2 contiguous regions of the spine for tumour (R) (Anaes.) (Contrast)	358.40
Subgroup 7—Scan of spine—one region or 2 contiguous regions—for other conditions		
63161	MRI—scan of one region or 2 contiguous regions of the spine for demyelinating disease (R) (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) (Anaes.) (Contrast)	358.40
63167	MRI—scan of one region or 2 contiguous regions of the spine for myelopathy (R) (Anaes.) (Contrast)	358.40
63170	MRI—scan of one region or 2 contiguous regions of the spine for	358.40

Group I5—Magnetic resonance imaging

Column 1 Item	Column 2 Description	Column 3 Fee ($)
	syrinx (congenital or acquired) (R) (Anaes.) (Contrast)	
63173	MRI—scan of one region or 2 contiguous regions of the spine for cervical radiculopathy (R) (Anaes.) (Contrast)	358.40
63176	MRI—scan of one region or 2 contiguous regions of the spine for sciatica (R) (Anaes.) (Contrast)	358.40
63179	MRI—scan of one region or 2 contiguous regions of the spine for spinal canal stenosis (R) (Anaes.) (Contrast)	358.40
63182	MRI—scan of one region or 2 contiguous regions of the spine for previous spinal surgery (R) (Anaes.) (Contrast)	358.40
63185	MRI—scan of one region or 2 contiguous regions of the spine for trauma (R) (Anaes.)	358.40
Subgroup 8—Scan of spine—3 contiguous or 2 non-contiguous regions—for infection or tumour		
63201	MRI—scan of 3 contiguous or 2 non-contiguous regions of the spine for infection (R) (Anaes.) (Contrast)	448.00
63204	MRI—scan of 3 contiguous or 2 non-contiguous regions of the spine for tumour (R) (Anaes.) (Contrast)	448.00
Subgroup 9—Scan of spine—3 contiguous or 2 non-contiguous regions—for other conditions		
63219	MRI—scan of 3 contiguous or 2 non-contiguous regions of the spine for demyelinating disease (R) (Anaes.) (Contrast)	448.00
63222	MRI—scan of 3 contiguous or 2 non-contiguous regions of the spine for congenital malformation of the spinal cord or the cauda equina or the meninges (R) (Anaes.) (Contrast)	448.00
63225	MRI—scan of 3 contiguous or 2 non-contiguous regions of the spine for myelopathy (R) (Anaes.) (Contrast)	448.00
63228	MRI—scan of 3 contiguous or 2 non-contiguous regions of the spine for syrinx (congenital or acquired) (R) (Anaes.) (Contrast)	448.00
63231	MRI—scan of 3 contiguous or 2 non-contiguous regions of the spine for cervical radiculopathy (R) (Anaes.) (Contrast)	448.00
63234	MRI—scan of 3 contiguous or 2 non-contiguous regions of the spine for sciatica (R) (Anaes.) (Contrast)	448.00
63237	MRI—scan of 3 contiguous or 2 non-contiguous regions of the spine for spinal canal stenosis (R) (Anaes.) (Contrast)	448.00
63240	MRI—scan of 3 contiguous or 2 non-contiguous regions of the spine for previous spinal surgery (R) (Anaes.) (Contrast)	448.00
63243	MRI—scan of 3 contiguous or 2 non-contiguous regions of the spine for trauma (R) (Anaes.)	448.00
Subgroup 10—Scan of cervical spine and brachial plexus—for specified conditions		
63271	MRI—scan of cervical spine and brachial plexus for tumour (R) (Anaes.) (Contrast)	492.80
63274	MRI—scan of cervical spine and brachial plexus for trauma (R) (Anaes.) (Contrast)	492.80
63277	MRI—scan of cervical spine and brachial plexus for cervical	492.80

Clause 2.5.10

Group I5—Magnetic resonance imaging		
Column 1	**Column 2**	**Column 3**
Item	**Description**	**Fee ($)**
	radiculopathy (R) (Anaes.) (Contrast)	
63280	MRI—scan of cervical spine and brachial plexus for previous surgery (R) (Anaes.) (Contrast)	492.80
Subgroup 11—Scan of musculoskeletal system—for tumour, infection or osteonecrosis		
63301	MRI—scan of musculoskeletal system for tumour arising in bone or musculoskeletal system, excluding tumours arising in breast, prostate or rectum (R) (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) (Anaes.) (Contrast)	380.80
63307	MRI—scan of musculoskeletal system for osteonecrosis (R) (Anaes.) (Contrast)	380.80
Subgroup 12—Scan of musculoskeletal system—for joint derangement		
63322	MRI—scan of musculoskeletal system for derangement of hip or its supporting structures (R) (Anaes.) (Contrast)	403.20
63325	MRI—scan of musculoskeletal system for derangement of shoulder or its supporting structures (R) (Anaes.) (Contrast)	403.20
63328	MRI—scan of musculoskeletal system for derangement of knee or its supporting structures (R) (Anaes.) (Contrast)	403.20
63331	MRI—scan of musculoskeletal system for derangement of ankle or foot (or both) or its supporting structures (R) (Anaes.) (Contrast)	403.20
63334	MRI—scan of musculoskeletal system for derangement of one or both temporomandibular joints or their supporting structures (R) (Anaes.) (Contrast)	336.00
63337	MRI—scan of musculoskeletal system for derangement of wrist or hand (or both) or its supporting structures (R) (Anaes.) (Contrast)	448.00
63340	MRI—scan of musculoskeletal system for derangement of elbow or its supporting structures (R) (Anaes.) (Contrast)	403.20
Subgroup 13—Scan of musculoskeletal system—for Gaucher disease		
63361	MRI—scan of musculoskeletal system for Gaucher disease (R) (Anaes.)	403.20
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) (Anaes.) (Contrast)	448.00
63388	MRI—scan of cardiovascular system for tumour of the heart or a great vessel (R) (Anaes.) (Contrast)	448.00
63391	MRI—scan of cardiovascular system for abnormality of thoracic aorta (R) (Anaes.) (Contrast)	403.20
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	855.20

Group I5—Magnetic resonance imaging		
Column 1	**Column 2**	**Column 3**
Item	**Description**	**Fee ($)**
	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) (Anaes.) (Contrast)	
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) (Anaes.) (Contrast)	855.20
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) (Anaes.) (Contrast)	403.20
63404	MRA—if the request for the scan specifically identifies the clinical indication for the scan—scan of cardiovascular system for obstruction of the superior vena cava, inferior vena cava or a major pelvic vein (R) (Anaes.) (Contrast)	403.20
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) (Anaes.) (Contrast)	403.20
Subgroup 17—Magnetic resonance imaging—person under the age of 16 years—for physeal fusion or Gaucher disease		
63425	MRI—scan of person under the age of 16 for post-inflammatory or post-traumatic physeal fusion (R) (Anaes.)	403.20
63428	MRI—scan of person under the age of 16 for Gaucher disease (R) (Anaes.)	403.20
Subgroup 18—Magnetic resonance imaging—person under the age of 16 years—for other conditions		
63440	MRI—scan of person under the age of 16 for pelvic or abdominal mass (R) (Anaes.) (Contrast)	403.20

Clause 2.5.10

Group I5—Magnetic resonance imaging		
Column 1	**Column 2**	**Column 3**
Item	**Description**	**Fee ($)**
63443	MRI—scan of person under the age of 16 for mediastinal mass (R) (Anaes.) (Contrast)	403.20
63446	MRI—scan of person under the age of 16 for congenital uterine or anorectal abnormality (R) (Anaes.) (Contrast)	403.20
Subgroup 19—Scan of body—for specified conditions		
63461	MRI—scan of the body for adrenal mass in a patient with a malignancy that is otherwise resectable (R) (Anaes.)	358.40
63464	MRI—scan of both breasts for the detection of cancer in a patient, if: (a) a dedicated breast coil is used; and (b) the request for the scan identifies that the patient is asymptomatic and is younger than 60 years of age; and (c) the request for the scan identifies that the patient is at high risk of developing breast cancer due to one or more of the following: (i) genetic testing has identified the presence of a high risk breast cancer gene mutation in the patient or in a first degree relative of the patient; (ii) both: (A) one of the patient's first or second degree relatives was diagnosed with breast cancer at age 45 years or younger; and (B) another first or second degree relative on the same side of the patient's family was diagnosed with bone or soft tissue sarcoma at age 45 years or younger; (iii) the patient has a personal history of breast cancer before the age of 50 years; (iv) the patient has a personal history of mantle radiation therapy; (v) the patient has a lifetime risk estimation greater than 30% or a 10 year absolute risk estimation greater than 5% using a clinically relevant risk evaluation algorithm; and (d) the service is not performed in conjunction with item 55076 or 55079 Applicable not more than once in a 12 month period (R) (Anaes.) (Contrast)	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 63464 performed in the previous 12 months (R) (Anaes.)	690.00
63487	MRI—scan of both breasts, if: (a) a dedicated breast coil is used; and (b) 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	690.00

Group I5—Magnetic resonance imaging

Column 1 Item	Column 2 Description	Column 3 Fee ($)
	identify the primary cancer (R) (Anaes.)	
63489	MRI—scan of one breast, performed in conjunction with a biopsy procedure on that breast and an ultrasound scan of that breast, if: (a) the request for the MRI scan identifies that the patient has a suspicious lesion seen on MRI but not on conventional imaging; and (b) the ultrasound scan is performed immediately before the MRI scan and confirms that the lesion is not amenable to biopsy guided by conventional imaging; and (c) a dedicated breast coil is used (R) (Anaes.)	1,008.00
63531	MRI—scan of both breasts, if: (a) a dedicated breast coil is used; and (b) the request for the scan identifies that: (i) the patient has a breast lesion; and (ii) the results of conventional imaging are inconclusive for the presence of breast cancer; and (iii) biopsy has not been possible (R) (Anaes.) (Contrast)	690.00
63533	MRI—scan of both breasts, if: (a) a dedicated breast coil is used; and (b) the request for the scan identifies that: (i) the patient has been diagnosed with a breast cancer; and (ii) there is a discrepancy between the clinical assessment and the conventional imaging assessment of the extent of the malignancy; and (c) the results of breast MRI imaging may alter treatment planning (R) (Anaes.) (Contrast)	690.00
63541	Multiparametric MRI—scan of the prostate for the detection of cancer, requested by a specialist in the speciality of urology, radiation oncology or medical oncology: (a) if the request for the scan identifies that the patient is suspected of developing prostate cancer: (i) on the basis of a digital rectal examination; or (ii) in the circumstances mentioned in clause 2.5.9A; and (b) using a standardised image acquisition protocol involving: (i) T2-weighted imaging; and (ii) diffusion-weighted imaging; and (iii) (unless contraindicated) dynamic contrast enhancement (R) (Anaes)	450.00
63543	Multiparametric MRI—scan of the prostate for the assessment of cancer, requested by a specialist in the speciality of urology, radiation oncology or medical oncology: (a) if the request for the scan identifies that the patient: (i) is under active surveillance following a confirmed diagnosis of prostate cancer by biopsy histopathology; and (ii) is not undergoing, or planning to undergo, treatment for	450.00

Clause 2.5.11

Group I5—Magnetic resonance imaging		
Column 1	**Column 2**	**Column 3**
Item	**Description**	**Fee ($)**
	prostate cancer; and (b) using a standardised image acquisition protocol involving: (i) T2-weighted imaging; and (ii) diffusion-weighted imaging; and (iii) (unless contraindicated) dynamic contrast enhancement (R) (Anaes)	
63547	MRI—scan of both breasts for the detection of cancer, if: (a) a dedicated breast coil is used; and (b) the request for the scan identifies that: (i) the patient has a breast implant in situ; and (ii) anaplastic large cell lymphoma has been diagnosed (R) (Anaes.) (Contrast)	690.00

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

2.5.11 Restriction on items 63470, 63473, 63740 and 63743

(1) Item 63470 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.

(2) Item 63473 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.

(3) For any patient, if the service mentioned in item 63740 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 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.

2.5.13 Items in Subgroup 20 of Group I5

This clause sets out items in Subgroup 20 of Group I5.

Note: The fees in Group I5 are indexed in accordance with clause 2.7.1.

Group I5—Magnetic resonance imaging		
Column 1	**Column 2**	**Column 3**
Item	**Description**	**Fee ($)**
Subgroup 20—Scan of pelvis and upper abdomen—for specified conditions		
63454	MRI—scan of the pelvis or abdomen, for a patient who is pregnant, if:	1,200.00

Group I5—Magnetic resonance imaging

Column 1 Item	Column 2 Description	Column 3 Fee ($)
	(a) the pregnancy is at, or after, 18 weeks gestation; and (b) fetal abnormality is suspected; and (c) an ultrasound has been performed and is provided by, or on behalf of, or at the request of, a specialist who is practising in the specialty of obstetrics; and (d) the diagnosis of fetal abnormality as a result of the ultrasound is indeterminate or requires further examination; and (e) the MRI service is requested by a specialist practising in the specialty of obstetrics (R) (Anaes.) (Contrast)	
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) (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 the 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) (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 the scan identifies that the indication is for the initial staging of rectal cancer (including cancer of the rectosigmoid and anorectum) (R) (Anaes.) (Contrast)	403.20
63539	MRI—scan of the abdomen, requested by a specialist or consultant physician, to assess the development or growth of renal tumours in a patient with a confirmed clinical or molecular diagnosis of a genetic disorder associated with an increased risk of developing renal tumours, other than a service to which item 63540 applies Applicable once in any 12 month period (R) (Anaes.) (Contrast)	686.70
63540	MRI—scan of the abdomen, requested by a specialist or consultant physician, to assess a patient with one or more known renal tumours and with a confirmed clinical or molecular diagnosis of a genetic disorder associated with an increased risk of developing renal tumours, if the service is performed: (a) to evaluate changes in clinical condition or suspected complications of the known renal tumours; or (b) where a disease specific line of treatment has been initiated and an assessment of patient responsiveness to the treatment is required Applicable once in any 3 month period	686.70

Clause 2.5.13

Group I5—Magnetic resonance imaging		
Column 1	**Column 2**	**Column 3**
Item	**Description**	**Fee ($)**
	(R) (Anaes) (Contrast)	
63549	MRI—scan of the pelvis or abdomen, for a patient with a multiple pregnancy, if: (a) the multiple pregnancy is at, or after, 18 weeks gestation; and (b) fetal abnormality is suspected; and (c) an ultrasound has been performed and is provided by, or on behalf of, or at the request of, a specialist who is practising in the specialty of obstetrics; and (d) the diagnosis of fetal abnormality as a result of the ultrasound is indeterminate or requires further examination; and (e) the MRI service is requested by a specialist practising in the specialty of obstetrics (R) (Anaes.) (Contrast)	1,828.80
63563	MRI—scan of the pelvis or abdomen, if the request for the scan identifies that the investigation is for: (a) sub-fertility that requires one or more of the following: (i) an investigation of suspected Mullerian duct anomaly seen in pelvic ultrasound or hysterosalpingogram; (ii) an assessment of uterine mass identified on pelvic ultrasound before consideration of surgery; (iii) an investigation of recurrent implantation failure in IVF (2 or more embryo transfer cycles without viable pregnancy); or (b) surgical planning of a patient with known or suspected deep endometriosis involving the bowel, bladder or ureter (or any combination of the bowel, bladder or ureter), where the results of pelvic ultrasound are inconclusive Applicable not more than once in a 2 year period (R) (Anaes.) (Contrast)	409.65
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) (Contrast)	457.20
63741	MRI—scan with enteroclysis for Crohn's disease if the service is related to item 63740 (R)	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) (Contrast)	403.20

Subdivision D—Subgroups 21 and 22 of Group I5

2.5.13A MRI and MRA services—modifying items

(1) Subject to subclauses (2) to (7), if item 63491, 63494, 63497, 63498 or 63499 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 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.

(5) If 2 or more MRI services mentioned in item 63498 are performed for a person on the same day, the fee specified in that item applies to one of those services only.

(6) If 2 or more MRI services mentioned in item 63499 are performed for a person on the same day, the fee specified in that item applies to one of those services only.

(7) If:
(a) one or more services mentioned in item 63498; and
(b) one or more services mentioned in item 63499;
are performed for a person on the same day, the fee specified in item 63498 or item 63499, but not both those items, applies to one of those services only.

2.5.14 Items in Subgroups 21 and 22 of Group I5

This clause sets out items in Subgroups 21 and 22 of Group I5.

Note: The fees in Group I5 are indexed in accordance with clause 2.7.1.

Group I5—Magnetic resonance imaging		
Column 1	**Column 2**	**Column 3**
Item	**Description**	**Fee ($)**
Subgroup 21—Scan of body—for suspected hepato-biliary or pancreatic pathology		
63482	MRI—scan of pancreas and biliary tree for suspected biliary or pancreatic pathology (R) (Anaes.)	403.20

Clause 2.5.14

Group I5—Magnetic resonance imaging		
Column 1	**Column 2**	**Column 3**
Item	**Description**	**Fee ($)**
63545	MRI—multiphase scans of liver (including delayed imaging, if performed) with a contrast agent, for characterisation, or staging where surgical resection or interventional techniques are under consideration, if: (a) the patient has a confirmed extra-hepatic primary malignancy (other than hepatocellular carcinoma); and (b) computed tomography is negative or inconclusive for hepatic metastatic disease; and (c) the identification of liver metastases would change the patient's treatment planning Applicable not more than once in a 12 month period (R) (Anaes.) (Contrast)	550.00
63546	MRI—multiphase scans of the liver (including delayed imaging, if performed) with a contrast agent, for diagnosis or staging, if: (a) the patient has: (i) known or suspected hepatocellular carcinoma; and (ii) chronic liver disease that has been confirmed by a specialist or consultant physician; and (b) the patient's liver function has been identified as Child-Pugh class A or B; and (c) the patient has an identified hepatic lesion over 10 mm in diameter For any particular patient—applicable not more than once in a 12 month period (R) (Anaes.) (Contrast)	550.00
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 using intravenous or intra muscular sedation	44.80
63496	MRI service to which item 63545 or 63546 applies if: (a) the service is performed under the supervision of an eligible provider; and (b)the service is performed using an hepatobiliary-specific contrast agent	250.00
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 under anaesthetic in the presence of a medical practitioner who is qualified to perform an anaesthetic	156.80
63498	MRI service to which item 63501, 63502, 63504 or 63505 applies, if the service is performed on a person using intravenous or intra muscular sedation	47.15
63499	MRI service to which item 63501, 63502, 63504 or 63505 applies, if the	165.05

Group I5—Magnetic resonance imaging		
Column 1	**Column 2**	**Column 3**
Item	**Description**	**Fee ($)**
	service is performed on a person under anaesthetic in the presence of a medical practitioner who is qualified to perform an anaesthetic	
Subgroup 32—Magnetic resonance imaging—PIP breast implant		
63501	MRI—scan of one or both breasts for the evaluation of implant integrity, if: (a) a dedicated breast coil is used; and (b) the request for the scan identifies that the patient: (i) has or is suspected of having a silicone breast implant manufactured by Poly Implant Prosthese (PIP); and (ii) the result of the scan confirms a loss of integrity of the implant (R)	526.30
63502	MRI—scan of one or both breasts for the evaluation of implant integrity, if: (a) a dedicated breast coil is used; and (b) the request for the scan identifies that the patient: (i) has or is suspected of having a silicone breast implant manufactured by Poly Implant Prosthese (PIP); and (ii) the result of the scan does not demonstrate a loss of integrity of the implant (R)	526.30
63504	MRI—scan of one or both breasts for the evaluation of implant integrity, if: (a) a dedicated breast coil is used; and (b) the request for the scan identifies that the patient: (i) has or is suspected of having a silicone breast implant manufactured by Poly Implant Prosthese (PIP); and (ii) presents with symptoms where implant rupture is suspected; and (iii) the result of the scan confirms a loss of integrity of the implant (R)	526.30
63505	MRI—scan of one or both breasts for the evaluation of implant integrity, if: (a) a dedicated breast coil is used; and (b) the request for the scan identifies that the patient: (i) has or is suspected of having a silicone breast implant manufactured by Poly Implant Prosthese (PIP); and (ii) presents with symptoms where implant rupture is suspected; and (iii) the result of the scan does not demonstrate a loss of integrity of the implant (R)	526.30

Subdivision E—Subgroup 33 of Group I5

2.5.15 Items in Subgroup 33 of Group I5

This clause sets out items in Subgroup 33 of Group I5.

Note: The fees in Group I5 are indexed in accordance with clause 2.7.1.

Clause 2.5.16

Group I5—Magnetic resonance imaging		
Column 1	**Column 2**	**Column 3**
Item	**Description**	**Fee ($)**
Subgroup 33—Scan of body—person under the age of 16 years—general practice requests		
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) (Anaes.) (Contrast)	403.20
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) (Anaes.) (Contrast)	448.00
63513	MRI—scan of knee for internal joint derangement for a patient under 16 years (R) (Anaes.) (Contrast)	403.20
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) (Anaes.) (Contrast)	403.20
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) (Anaes.) (Contrast)	403.20
63522	MRI—scan of wrist following radiographic examination for a patient under 16 years if a scaphoid fracture is suspected (R) (Anaes.) (Contrast)	448.00

Subdivision F—Subgroup 34 of Group I5

2.5.16 Items in Subgroup 34 of Group I5

This clause sets out items in Subgroup 34 of Group I5.

Note: The fees in Group I5 are indexed in accordance with clause 2.7.1.

Group I5—Magnetic resonance imaging		
Column 1	**Column 2**	**Column 3**
Item	**Description**	**Fee ($)**
Subgroup 34—Scan of body—person over the age of 16 years—general practice requests		
63551	Scan of head for a patient 16 years or older, after a request by a medical practitioner (other than a specialist or consultant physician), for any of the following: (a) unexplained seizure(s);	403.20

Group I5—Magnetic resonance imaging

Column 1 Item	Column 2 Description	Column 3 Fee ($)
	(b) unexplained chronic headache with suspected intracranial pathology (R) (Contrast) (Anaes.)	
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) (Contrast) (Anaes.)	358.40
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) (Contrast) (Anaes.)	492.80
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) (Contrast) (Anaes.)	403.20

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

2.6.1 Application of items 64990, 64991, 64992, 64993, 64994 and 64995

(2) If item 64990, 64991, 64992, 64993, 64994 or 64995 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 Schedule that applies to the service.

(3) In this Schedule:

Commonwealth concession card holder has the same meaning as ***concessional beneficiary*** has for the purposes of Part VII of the *National Health Act 1953*.

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.

2.6.2 Items in Group I6

This clause sets out items in Group I6.

Note: The fees in Group I6 are indexed in accordance with clause 2.7.1.

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 Schedule (other than this item or item 64991, 64992, 64993, 64994 or 64995) 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 Schedule applying to the service	7.15
64991	A diagnostic imaging service to which an item in this Schedule (other than this item or item 64990, 64992, 64993, 64994 or 64995) applies if: (a) the service is an unreferred service; and	10.80

Group I6—Management of bulk-billed services

Column 1 Item	Column 2 Description	Column 3 Fee ($)
	(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 Schedule applying to the service; and (e) the service is provided at, or from, a practice location in a Modified Monash 2 area	
64992	A diagnostic imaging service to which an item in this Schedule (other than this item or item 64990, 64991, 64993, 64994 or 64995) 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 in relation to the fees for: (i) this item; and (ii) the other item in this Schedule applying to the service; and (e) the service is provided at, or from, a practice location in: (i) a Modified Monash 3 area; or (ii) a Modified Monash 4 area	11.55
64993	A diagnostic imaging service to which an item in this Schedule (other than this item or item 64990, 64991, 64992, 64994 or 64995) 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 in relation to the fees for: (i) this item; and (ii) the other item in this Schedule applying to the service; and (e) the service is provided at, or from, a practice location in a Modified Monash 5 area	12.25
64994	A diagnostic imaging service to which an item in this Schedule (other than this item or item 64990, 64991, 64992, 64993 or 64995) 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 in relation to the fees for: (i) this item; and (ii) the other item in this Schedule applying to the service; and (e) the service is provided at, or from, a practice location in a Modified Monash 6 area	13.00
64995	A diagnostic imaging service to which an item in this Schedule (other than	14.25

Clause 2.6.2

Group I6—Management of bulk-billed services

Column 1 Item	Column 2 Description	Column 3 Fee ($)
	this item or item 64990, 64991, 64992, 64993 or 64994) 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 in relation to the fees for: (i) this item; and (ii) the other item in this Schedule applying to the service; and (e) the service is provided at, or from, a practice location in a Modified Monash 7 area	

Division 2.7—Indexation of fees

2.7.1 Indexation—1 July 2024

(1) At the start of 1 July 2024 (the ***indexation time***), each amount covered by subclause (2) is replaced by the amount worked out using the following formula:

1.035 × the amount immediately before the indexation time

Note: The indexed fees could in 2024 be viewed on the Department's MBS Online website (http://www.health.gov.au).

(2) The amounts covered by this subclause are the following:

(a) the fee for each item in the following:

(i) Group I1 (ultrasound services);

(ii) Group I2 (computer tomography services);

(iii) Group I3 (diagnostic radiology services);

(iv) Group I5 (magnetic resonance imaging services);

(v) Group I6 (bulk-billed services);

(b) the amount mentioned in each of subclauses 2.3.3(2) and (3) (increased fee for certain diagnostic radiology services carried out at residential aged care facilities).

(3) An amount worked out under subclause (1) is to be rounded up or down to the nearest 5 cents (rounding down if the amount is an exact multiple of 2.5 cents).

Part 3—Dictionary

3.1 Dictionary

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

Note 2: A number of expressions used in this Schedule are defined in subsection 3(1) of the Act, including the following:
(a) diagnostic imaging service;
(b) general medical services table;
(c) practitioner;
(d) Secretary;
(e) specialist.

Note 3: For the effect of the term (Anaes.) used in items in this Schedule, see subclause 5.9.4(1) of the general medical services table.

In this Schedule:

Act means the *Health Insurance Act 1973*.

angiography suite has the meaning given by clause 2.3.11.

applicable life age has the meaning given by subclause 1.2.2(2).

ASGC 2006 means the July 2006 edition of *Statistical Geography Volume 1 - Australian Standard Geographical Classification (ASGC)* (ABS catalogue number 1216.0), published by the Australian Statistician, as existing on 1 July 2020.

ASGC 2010 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 2020.

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.

care recipient has the meaning given by the general medical services table.

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 1.2.21.

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

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

exemption period of an exemption means the period mentioned in paragraph 1.2.8(2)(a) (as extended or further extended under clause 1.2.10 if applicable).

FDG means ^{18}F-fluorodeoxyglucose.

highest fee has the meaning given by clause 1.2.21.

Inner Regional Australia means a Remoteness Area classified as Inner Regional Australia under the ASGC 2006.

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

maximum extended life age has the meaning given by subclause 1.2.2(3).

Modified Monash 1 area means an area that is not a Modified Monash 2 to 7 area.

Modified Monash 2 area has the meaning given by the general medical services table.

Clause 3.1

Modified Monash 3 area has the meaning given by the general medical services table.

Modified Monash 4 area has the meaning given by the general medical services table.

Modified Monash 5 area has the meaning given by the general medical services table.

Modified Monash 6 area has the meaning given by the general medical services table.

Modified Monash 7 area has the meaning given by the general medical services table.

MRA means magnetic resonance angiography.

MRI means magnetic resonance imaging.

new effective life age has the meaning given by subclause 1.2.2(3).

non-consultation service has the meaning given by clause 1.2.21.

non-metropolitan hospital means a hospital that is located outside the Sydney, Melbourne, Brisbane, Adelaide, Perth, Greater Hobart, Darwin and Canberra statistical divisions, as defined in the ASGC 2010.

(NR) has the meaning given by clause 1.2.15.

nuclear medicine credentialled specialist means 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.

Outer Regional Australia means a Remoteness Area classified as Outer Regional Australia under the ASGC 2006.

PET means positron emission tomography.

PET credentialled specialist means:

(a) a specialist or consultant physician who is 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; or

(b) a specialist or consultant physician who:

(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 a person; and

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

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.

PSA is short for prostate specific antigen.

(R) has the meaning given by clause 1.2.15.

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).

relevant proprietor has the meaning given by clause 1.2.4.

Remote Australia means a Remoteness Area classified as Remote Australia under the ASGC 2006.

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.

residential aged care facility has the meaning given by the general medical services table.

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 63563 and 63740 to 63743, 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).

unreferred service has the meaning given by clause 2.6.1.

upgraded has the meaning given by subclause 1.2.2(4).

Very Remote Australia means a Remoteness Area classified as Very Remote Australia under the ASGC 2006.

Part 4—Application, saving and transitional provisions

Division 1—Health Insurance (Diagnostic Imaging Services Table) Amendment (Equipment Capital Sensitivity) Regulations 2022

4.1 Definitions

In this Division:

amending instrument means the *Health Insurance (Diagnostic Imaging Services Table) Amendment (Equipment Capital Sensitivity) Regulations 2022*.

commencement day means the day the amending instrument commences.

4.2 Application of amendments

The amendments of clauses 1.2.8 and 1.2.10 of this instrument made by the amending instrument apply in relation to a decision on an application made by the Secretary on or after the commencement day, regardless of when the application was made.

Division 2—Health Insurance Legislation Amendment (2024 Measures No. 2) Regulations 2024

4.3 Definitions

In this Division:

amending instrument means the Health Insurance Legislation Amendment (2024 Measures No. 2) Regulations 2024.

4.4 Exemptions from capital sensitivity requirements

(1) The amendments of this instrument made by items 2 to 4 and 6 to 14 of Part 1 of Schedule 2 to the amending instrument apply in relation to a decision on an application made by the Secretary on or after 1 July 2024, regardless of when the application was made.

(2) The amendments of this instrument made by items 1 and 5 of Part 1 of Schedule 2 to the amending instrument apply in relation to applications made on or after 1 July 2024.

4.5 PET nuclear scanning services—statutory declaration

The amendment of clause 2.4.5 of this instrument made by Part 1 of Schedule 2 to the amending instrument applies in relation to statutory declarations given on or after 1 July 2024.

Endnotes

Endnote 1—About the endnotes

The endnotes provide information about this compilation and the compiled law.

The following endnotes are included in every compilation:

Endnote 1—About the endnotes
Endnote 2—Abbreviation key
Endnote 3—Legislation history
Endnote 4—Amendment history

Abbreviation key—Endnote 2
The abbreviation key sets out abbreviations that may be used in the endnotes.

Legislation history and amendment history—Endnotes 3 and 4
Amending laws are annotated in the legislation history and amendment history.

The legislation history in endnote 3 provides information about each law that has amended (or will amend) the compiled law. The information includes commencement details for amending laws and details of any application, saving or transitional provisions that are not included in this compilation.

The amendment history in endnote 4 provides information about amendments at the provision (generally section or equivalent) level. It also includes information about any provision of the compiled law that has been repealed in accordance with a provision of the law.

Editorial changes
The *Legislation Act 2003* authorises First Parliamentary Counsel to make editorial and presentational changes to a compiled law in preparing a compilation of the law for registration. The changes must not change the effect of the law. Editorial changes take effect from the compilation registration date.

If the compilation includes editorial changes, the endnotes include a brief outline of the changes in general terms. Full details of any changes can be obtained from the Office of Parliamentary Counsel.

Misdescribed amendments
A misdescribed amendment is an amendment that does not accurately describe how an amendment is to be made. If, despite the misdescription, the amendment can be given effect as intended, then the misdescribed amendment can be incorporated through an editorial change made under section 15V of the *Legislation Act 2003*.

If a misdescribed amendment cannot be given effect as intended, the amendment is not incorporated and "(md not incorp)" is added to the amendment history.

Endnote 2—Abbreviation key

ad = added or inserted

am = amended

amdt = amendment

c = clause(s)

C[x] = Compilation No. x

Ch = Chapter(s)

def = definition(s)

Dict = Dictionary

disallowed = disallowed by Parliament

Div = Division(s)

ed = editorial change

exp = expires/expired or ceases/ceased to have effect

F = Federal Register of Legislation

gaz = gazette

LA = *Legislation Act 2003*

LIA = *Legislative Instruments Act 2003*

(md) = misdescribed amendment can be given effect

(md not incorp) = misdescribed amendment cannot be given effect

mod = modified/modification

No. = Number(s)

o = order(s)

Ord = Ordinance

orig = original

par = paragraph(s)/subparagraph(s) /sub-subparagraph(s)

pres = present

prev = previous

(prev…) = previously

Pt = Part(s)

r = regulation(s)/rule(s)

reloc = relocated

renum = renumbered

rep = repealed

rs = repealed and substituted

s = section(s)/subsection(s)

Sch = Schedule(s)

Sdiv = Subdivision(s)

SLI = Select Legislative Instrument

SR = Statutory Rules

Sub-Ch = Sub-Chapter(s)

SubPt = Subpart(s)

underlining = whole or part not commenced or to be commenced

Endnote 3—Legislation history

Name	Registration	Commencement	Application, saving and transitional provisions
Health Insurance (Diagnostic Imaging Services Table) Regulations (No. 2) 2020	15 June 2020 (F2020L00713)	1 July 2020 (s 2(1) item 1)	
Health Insurance Legislation Amendment (2020 Measures No. 1) Regulations 2020	6 July 2020 (F2020L00882)	Sch 1 (items 1–4): 1 Aug 2020 (s 2(1) item 1)	—
Health Insurance Legislation Amendment (Bulk-billing Incentive (No. 2)) Regulations 2020	23 Sept 2020 (F2020L01203)	Sch 1 (items 1, 2): 1 Oct 2020 (s 2(1) item 1)	—
Health Insurance Legislation Amendment (2020 Measures No. 2) Regulations 2020	20 Oct 2020 (F2020L01330)	Sch 1 (items 150–152): 1 Nov 2020 (s 2(1) item 1)	—
Health Legislation Amendment (Administration) Regulations 2020	14 Dec 2020 (F2020L01602)	Sch 1 (item 1): 15 Dec 2020 (s 2(1) item 1)	—
Health Insurance Legislation Amendment (2020 Measures No. 3) Regulations 2020	14 Dec 2020 (F2020L01608)	Sch 1 (items 10–24, 67, 69–80): 1 Mar 2021 (s 2(1) items 2, 4)	—
Health Insurance Legislation Amendment (2021 Measures No. 1) Regulations 2021	2 June 2021 (F2021L00681)	Sch 1 (items 1–5, 8–33, 40–42, 96–100): 1 July 2021 (s 2(1) items 2–4)	—
Health Insurance Legislation Amendment (2021 Measures No. 2) Regulations 2021	17 Sept 2021 (F2021L01281)	Sch 2: 1 Nov 2021 (s 2(1) item 1)	—
Health Insurance Legislation Amendment (Rural Bulk-billing Incentive) Regulations 2021	9 Dec 2021 (F2021L01748)	Sch 1 (items 1–8): 1 Jan 2022 (s 2(1) item 1)	—
Health Insurance (Diagnostic Imaging Services Table) Amendment (Equipment Capital Sensitivity) Regulations 2021	9 Dec 2021 (F2021L01749)	1 May 2022 (s 2(1) item 1)	—
Health Insurance Legislation Amendment (2021 Measures No. 3) Regulations 2021	17 Dec 2021 (F2021L01814)	Sch 1 (items 1–5): 1 Jan 2022 (s 2(1) item 1)	—
Health Insurance Legislation Amendment (2022 Measures No. 1) Regulations 2022	22 Mar 2022 (F2022L00367)	Sch 1 (items 1–3, 38, 39, 44–48): 1 July 2022 (s 2(1) items 2, 3)	—

Name	Registration	Commencement	Application, saving and transitional provisions
Health Insurance Legislation Amendment (2022 Measures No. 3) Regulations 2022	22 Aug 2022 (F2022L01099)	Sch 2: 1 Nov 2022 (s 2(1) item 2)	—
Health Insurance (Diagnostic Imaging Services Table) Amendment (Equipment Capital Sensitivity) Regulations 2022	16 Sept 2022 (F2022L01220)	17 Sept 2022 (s 2(1) item 1)	—
Health Insurance Legislation Amendment (2023 Measures No. 1) Regulations 2023	4 Apr 2023 (F2023L00416)	Sch 2 (items 1, 2) and Sch 3 (items 1–7): 1 July 2023 (s 2(1) items 3, 4)	—
Health Insurance Legislation Amendment (2023 Measures No. 2) Regulations 2023	8 June 2023 (F2023L00744)	Sch 1 (items 1–4): 1 July 2023 (s 2(1) item 1)	—
Health Insurance Legislation Amendment (2023 Measures No. 3) Regulations 2023	16 Oct 2023 (F2023L01386)	Sch 2 (items 1, 2) and Sch 3: 1 Nov 2023 (s 2(1) items 3, 4)	—
Health Insurance Legislation Amendment (2024 Measures No. 1) Regulations 2024	2 Feb 2024 (F2024L00134)	Sch 1 (items 50, 51): 1 Mar 2024 (s 2(1) item 1)	—
Health Insurance Legislation Amendment (2024 Measures No. 2) Regulations 2024	23 May 2024 (F2024L00573)	Sch 1 (items 1, 2) and Sch 2 (items 1-23): 1 July 2024 (s 2(1) items 2, 3)	—
Health Insurance (Diagnostic Imaging Services Table) Amendment (Equipment Capital Sensitivity) Regulations 2024	29 Aug 2024 (F2024L01089)	Sch 2: 1 Dec 2024 (s 2(1) item 3) Remainder: 30 Aug 2024 (s 2(1) items 1, 2)	—
Health Insurance Legislation Amendment (2024 Measures No. 4) Regulations 2024	26 Sept 2024 (F2024L01219)	Sch 1: 1 Nov 2024 (s 2(1) item 1)	—
Administrative Review Tribunal Legislation Consequential Amendments (2024 Measures No. 1) Regulations 2024	11 Oct 2024 (F2024L01299)	Sch 7 (items 7–10): 14 Oct 2024 (s 2(1) item 1)	—

Endnote 4—Amendment history

Provision affected	How affected
s 2	rep LA s 48D
s 4	am F2020L01602
s 5	rep LA s 48C
Schedule 1	
Part 1	
Division 1.2	
Subdivision A	
c 1.2.1	am F2024L01089
c 1.2.2	am F2024L01089
Subdivision B heading	rep F2024L01089
c 1.2.3	rep F2021L01749
c 1.2.5	rep F2021L01749
c 1.2.6	rep F2021L01749
Subdivision B	
Subdivision B heading	ad F2024L01089
c 1.2.7	am F2024L00573
c 1.2.8	am F2022L01220; F2024L00573
c 1.2.9	am F2024L00573
c 1.2.10	am F2022L01220; F2024L00573; F2024L01089
Subdivision BA	
Subdivision BA	ad F2024L01089
c 1.2.10A	ad F2024L01089 (Sch 2 item 1)
c 1.2.10B	ad F2024L01089
Subdivision BB heading	ad F2024L01089
c 1.2.11	am F2021L01749; F2024L00573; F2024L01089
c 1.2.12	am F2024L01089; F2024L01299
c 1.2.13	am F2024L01299
c 1.2.14	rep F2024L00573
Subdivision C	
c 1.2.18	am F2022L00367; F2022L01099; F2023L01386
c 1.2.19	rep F2022L00367
c 1.2.20	rep F2021L01281
	am F2021L01748 (amdt never applied (Sch 1 item 1))
c 1.2.21	am F2020L01608; F2021L01281; F2021L01748
	ed C8
Part 2	
Division 2.1	

Provision affected	How affected
Subdivision B	
c 2.1.2A	ad F2021L01281
c 2.1.3	am F2021L00681; F2021L01814
Group I1 Table	am F2020L00882; F2020L01330; F2020L01608; F2021L00681; F2021L01281; F2024L00134
Subdivision C	
c 2.1.4	am F2022L01099
c 2.1.5	am F2022L01099
c 2.1.6	am F2021L00681; F2021L01814
Group I1 Table	am F2022L01099
	ed C12
Subdivision D	
c 2.1.7	rep F2023L01386
c 2.1.10	am F2021L00681; F2021L01814
Subdivision E	
Subdivision E	ad F2020L01608
c 2.1.11	ad F2020L01608
c 2.1.12	ad F2020L01608
c 2.1.13	ad F2020L01608
c 2.1.14	ad F2020L01608
c 2.1.15	ad F2020L01608
c 2.1.16	ad F2020L01608
c 2.1.17	ad F2020L01608
	am F2021L01281
c 2.1.18	ad F2020L01608
	am F2022L00367
Group I1 Table	am F2021L00681
Division 2.2	
Subdivision A	
c 2.2.1	am F2021L00681
c 2.2.5A	ad F2021L01281
Subdivision B	
c 2.2.6	am F2021L00681; F2021L01814
Group I2 Table	am F2020L01608; F2021L00681; F2021L01281; F2023L01386; F2024L01219
Division 2.3	
Subdivision A	
c 2.3.3	rs F2020L01608
Subdivision B	
c 2.3.4	am F2021L00681; F2021L01814
Subdivision C	

Endnote 4—Amendment history

Provision affected	How affected
c 2.3.6	am F2021L00681; F2021L01814
Group I3 Table	am F2023L00416
Subdivision D	
c 2.3.7	am F2021L00681; F2021L01814
Group I3 Table	am F2021L00681
Subdivision E	
c 2.3.8	am F2021L00681; F2021L01814
Subdivision F	
c 2.3.9	am F2021L00681
c 2.3.10	am F2021L00681; F2021L01814
Group I3 Table	am F2021L00681
Subdivision G	
c 2.3.12	am F2021L00681; F2021L01814
Division 2.4	
Subdivision A	
c 2.4.1	am F2020L00882; F2020L01608
	rs: F2024L00573
c 2.4.1A	ad F2020L01608
c 2.4.1B	ad F2020L01608
c 2.4.1C	ad F2020L01608
c 2.4.1D	ad F2020L01608
	rep F2021L00681
c 2.4.2	am F2023L01386
c 2.4.3	rs F2024L00573
c 2.4.4	am F2024L00573
c 2.4.5	am F2024L00573
Subdivision B	
Subdivision B heading	am F2020L01608
c 2.4.6	am F2020L01608
Group I4 Table	am F2020L00882; F2020L01608; F2021L00681
	ed C6
	am F2021L01281; F2021L01814; F2022L00367; F2022L01099; F2023L00416; F2023L01386; F2024L01219
Division 2.5	
Subdivision A	
c 2.5.1	am F2022L01099; F2023L00744
c 2.5.5	am F2022L01099
c 2.5.6	am F2022L01099
c 2.5.7	am F2022L01099
c 2.5.8	rs F2021L01281

Endnote 4—Amendment history

Provision affected	How affected
c 2.5.8A	ad F2021L01281
c 2.5.8B	ad F2021L01281
c 2.5.9	am F2021L00681; F2021L01281; F2022L01099; F2023L00744
c 2.5.9A	ad F2021L01281
	am F2022L00367
c 2.5.9B	ad F2021L01281
	ed C7
Subdivision B	
c 2.5.10	am F2022L00367
Group I5 Table	am F2021L00681; F2021L01281; F2022L01099; F2024L00134
Subdivision C	
c 2.5.12	rep F2022L01099
c 2.5.13	am F2022L00367
Group I5 Table	am F2021L00681; F2022L01099; F2024L00573; F2024L01219
Subdivision D	
c 2.5.13A	ad F2022L01099
	am F2023L00744
c 2.5.14	am F2022L00367; F2023L00416
Group I5 Table	am F2022L01099; F2023L00416
Subdivision E	
c 2.5.15	am F2022L00367
Subdivision F	
c 2.5.16	am F2022L00367
Division 2.6	
c 2.6.1	am F2021L01748
c 2.6.2	am F2021L00681; F2021L01814
Group I6 table	am F2020L01203; F2021L01748
Division 2.7	
Division 2.7	ad F2021L00681
c 2.7.1	ad F2021L00681
	ed C6
	am F2022L00367; F2023L00416; F2023L01386; F2024L00573
Part 3	
c 3.1	am F2020L01608; F2021L01281; F2021L01749; F2022L01099; F2024L00573
Part 4	
Part 4	rep F2021L01749
	ad F2022L01220
Division 1	
c 4.1	rep F2021L01749
	ad F2022L01220

Endnote 4—Amendment history

Provision affected	How affected
c 4.2	rep F2021L01749
	ad F2022L01220
Division 2	
Division 2	ad F2024L00573
c 4.3	ad F2024L00573
c 4.4	ad F2024L00573
c 4.5	ad F2024L00573
Schedule 2.....	rep LA s 48C