

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

I, General the Honourable David Hurley AC DSC (Retd), Governor‑General of the Commonwealth of Australia, acting with the advice of the Federal Executive Council, make the following regulations.

Dated 11 June 2020

David Hurley

Governor‑General

By His Excellency’s Command

Greg Hunt

Minister for Health

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Health Insurance (Diagnostic Imaging Services Table) Regulations (No. 1) 2020 83

1 Name

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

2 Commencement

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

| Commencement information |
| --- |
| Column 1 | Column 2 | Column 3 |
| Provisions | Commencement | Date/Details |
| 1. The whole of this instrument | 1 July 2020. | 1 July 2020 |

Note: This table relates only to the provisions of this instrument as originally made.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

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

3 Authority

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

4 Diagnostic imaging services table

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

5 Schedule 2

 Each instrument that is specified in Schedule 2 to this instrument is amended or repealed as set out in the applicable items in that Schedule, and any other item in that Schedule has effect according to its terms.

Schedule 1—Diagnostic imaging services table

Note: See 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

 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.

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:

| Table 1.2.2—Life ages |
| --- |
| Item | Column 1Type of equipment | Column 2Definition of type of equipment | Column 3New effective life age (years) | Column 4Maximum 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 new effective life age for the equipment that improves the overall performance of the imaging system so that it is equivalent to new equipment supplied in Australia at the time of the improvement; or

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

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

Subdivision B—Exemptions from capital sensitivity requirements

1.2.3 Outer regional, remote and very remote areas and Norfolk Island

 (1) Clause 1.2.1 does not apply to a service that is performed on diagnostic imaging equipment if:

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

 (b) the diagnostic imaging premises are located in an area that is:

 (i) Outer Regional Australia; or

 (ii) Remote Australia; or

 (iii) Very Remote Australia; or

 (iv) Norfolk Island.

 (2) Clause 1.2.1 does not apply to a service that is performed on diagnostic imaging equipment if:

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

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

 (c) the base is located in an area that is:

 (i) Outer Regional Australia; or

 (ii) Remote Australia; or

 (iii) Very Remote Australia; or

 (iv) Norfolk Island.

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.

1.2.5 Inner regional areas—applying for exemptions

Scope of this clause

 (1) This clause applies to diagnostic imaging equipment if:

 (a) all of the following subparagraphs apply:

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

 (ii) the diagnostic imaging premises are located in an area that is Inner Regional Australia;

 (iii) the diagnostic imaging premises are located in an area that is RRMA4 or RRMA5; or

 (b) all of the following subparagraphs apply:

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

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

 (iii) the base is located in an area that is Inner Regional Australia;

 (iv) the base is located in an area that is RRMA4 or RRMA5.

Applying for exemption

 (2) The relevant proprietor for the equipment may apply to the Secretary for an exemption under clause 1.2.6 in respect of the equipment.

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

 (3) The application must:

 (a) be in writing; and

 (b) be made no later than 3 years after the end of the maximum extended life age of the equipment.

Notifying proprietor of receipt of application

 (4) 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 (3);

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

 (5) To avoid doubt, the Secretary is not required to notify the relevant proprietor under subclause (4) if the equipment does not meet the requirements of subclause (1).

Effect of application on capital sensitivity requirements

 (6) 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 1.2.6, or the application is withdrawn.

1.2.6 Inner regional areas—granting exemptions

Scope of this clause

 (1) This clause applies if, under subclause 1.2.5(4), 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 subclause (3) of this clause, grant the exemption; or

 (b) refuse to grant the exemption.

 (3) The Secretary must not grant the exemption unless the Secretary is satisfied that the equipment:

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

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

 (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).

Effect of exemption on capital sensitivity requirements

 (5) If the Secretary grants the exemption, clause 1.2.1 does not apply to a service that is performed on the equipment while the exemption is in force.

 (6) 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.

1.2.7 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 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.

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:

 (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; and

 (b) the proprietor will be able 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 3 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 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 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 the exemption period of the exemption under clause 1.2.10.

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 reasons why the proprietor continues to be unable to replace or upgrade the equipment.

Notifying proprietor of receipt of application

 (4) If:

 (a) the Secretary receives an application under subclause (2) of this clause for an 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 of the exemption period of an exemption in respect of the equipment.

Secretary may extend extension period

 (2) The Secretary must, by notice in writing given to the proprietor:

 (a) subject to subclauses (3) and (4) of this clause, extend the exemption period for a specified period; or

 (b) refuse to extend the exemption period.

 (3) The Secretary must not extend the exemption period unless the Secretary is satisfied that:

 (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; and

 (b) the proprietor will be able to replace the equipment (or upgrade the equipment, if it has not already been upgraded) before the end of the exemption period as extended.

 (4) The 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 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 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 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).

1.2.11 Reconsideration by Secretary—applying for reconsideration

Scope of this clause

 (1) This clause applies to:

 (a) a decision under clause 1.2.6 or 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 the exemption period of an exemption 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

 (6) 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 (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 decision on capital sensitivity requirements

 (4) If the Secretary affirms the decision, clause 1.2.1 does not apply to a service that is performed on the equipment 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 Appeals 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 paragraph 29(1)(d) and subsection 29(2) of the *Administrative Appeals Tribunal Act 1975*.

1.2.13 Review by AAT

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

1.2.14 Delegation

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

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 2.4 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.

1.2.19 Bulk‑billing—magnetic resonance imaging

 (1) This clause applies if:

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

1.2.20 Multiple services—vascular ultrasound

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

 (a) the second highest fee is reduced by 40%;

 (b) any other fee, except the highest, is reduced by 50%.

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

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

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

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

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

 (c) if a reduced fee calculated under subclause (1) is not a multiple of 5 cents—the reduced fee is taken to be the nearest amount that is a multiple of 5 cents.

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

1.2.21 Multiple services

 (1) If a medical practitioner renders 2 or more diagnostic imaging services for the same patient on the same day, the fees set out in the items that apply to the services, other than the item with the highest fee, are reduced by $5.

 (2) If a medical practitioner renders at least one R‑type diagnostic imaging service and at least one consultation service for the same patient on the same day, the highest fee, set out in the items that apply to diagnostic imaging services rendered by the practitioner for that patient on that day, is reduced:

 (a) if the fee for the relevant consultation is at least $40—by $35; or

 (b) if that fee is less than $40 but more than $15—by $15; or

 (c) if that fee is less than $15—by the amount of that fee.

 (3) For the purposes of subclause (2), if more than one consultation has occurred, the relevant consultation is the consultation having the highest fee set out in the items that apply to the consultation.

 (4) If a medical practitioner renders at least one R‑type diagnostic imaging service and at least one non‑consultation service for the same patient on the same day, the highest fee that applies to any diagnostic imaging services performed by the medical practitioner for the same patient on the same day, is reduced by $5.

 (5) If a medical practitioner renders an R‑type diagnostic imaging service, a consultation and a non‑consultation service for the same patient on the same day, the sum of the reductions under subclauses (2) and (4) must not exceed the highest fee that applies to any diagnostic imaging services rendered by the medical practitioner for the same patient on the same day.

 (6) Clauses 1.2.20 and 2.5.8 apply, subject to subclauses (7) and (8), in addition to this clause.

 (7) For the purposes of clause 1.2.20, 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.

 (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 or 64991.

 (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

2.1.3 Items in Subgroups 1 to 4 of Group I1

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

| Group I1—Ultrasound |
| --- |
| Column 1Item | Column 2Description | Column 3Fee ($) |
| 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 |
| 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 in Subgroup 5 of this Group applies or 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) | 99.70 |
| 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 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 |
| 55113 | M‑mode and two‑dimensional real time echocardiographic examination of the heart from at least 2 acoustic windows for the investigation of symptoms or signs of cardiac failure, or suspected or known ventricular hypertrophy or dysfunction, or chest pain, if:(a) the service involves all of the following:(i) measurement of blood flow velocities across the cardiac valves using pulsed wave and continuous wave Doppler techniques;(ii) real time colour flow mapping from at least 2 acoustic windows;(iii) recordings on video tape or digital media; and(b) the service is not associated with a service to which another item in this Subgroup (except items 55118 and 55130), applies (R) | 234.10 |
| 55114 | M‑mode and two‑dimensional real time echocardiographic examination of the heart from at least 2 acoustic windows for the investigation of suspected or known acquired valvular, aortic, pericardial, thrombotic or embolic disease or heart tumour, if:(a) the service involves all of the following:(i) measurement of blood flow velocities across the cardiac valves using pulsed wave and continuous wave Doppler techniques;(ii) real time colour flow mapping from at least 2 acoustic windows;(iii) recordings on video tape or digital media; and(b) the service is not associated with a service to which another item in this Subgroup (except items 55118 and 55130), applies (R) | 234.10 |
| 55115 | M‑mode and two‑dimensional real time echocardiographic examination of the heart from at least 2 acoustic windows for the investigation of symptoms or signs of congenital heart disease, if:(a) the service involves all of the following:(i) measurement of blood flow velocities across the cardiac valves using pulsed wave and continuous wave Doppler techniques;(ii) real time colour flow mapping from at least 2 acoustic windows;(iii) recordings on video tape or digital media; and(b) the service is not associated with a service to which another item in this Subgroup (except items 55118 and 55130), applies (R) | 234.10 |
| 55116 | Exercise stress echocardiography performed in conjunction with a service mentioned in item 11712, if:(a) the service involves all of the following:(i) two‑dimensional recordings before exercise (baseline) from at least 3 acoustic windows;(ii) matching recordings from the same windows at, or immediately after, peak exercise;(iii) recordings on digital media with equipment permitting display of baseline and matching peak images on the same screen; and(b) the service is not associated with a service to which another item in this Subgroup (except items 55118 and 55130), applies (R) | 265.55 |
| 55117 | Pharmacological stress echocardiography performed in conjunction with a service mentioned in item 11712, if:(a) the service involves all of the following:(i) two‑dimensional recordings before drug infusion (baseline) from at least 3 acoustic windows;(ii) matching recordings from the same windows at least twice during drug infusion, including a recording at the peak drug dose;(iii) recordings on digital media with equipment permitting display of baseline and matching peak images on the same screen; and(b) the service is not associated with a service to which another item in this Subgroup (except items 55118 and 55130), applies (R) | 265.55 |
| 55118 | Heart, two‑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(ii) recordings on video tape or digital medium; and(b) the service is not an intra‑operative service (R) (Anaes.) | 279.65 |
| 55130 | Intra‑operative two‑dimensional real time transoesophageal echocardiography incorporating Doppler techniques with colour flow mapping and recording onto video tape or digital medium, performed during cardiac surgery incorporating sequential assessment of cardiac function before and after the surgical procedure, not being a service associated with a service to which item 55135 applies (R) (Anaes.) | 172.55 |
| 55135 | Intra‑operative two‑dimensional real time transoesophageal echocardiography incorporating Doppler techniques with colour flow mapping and recording onto video tape or digital medium, performed during cardiac valve surgery (replacement or repair) incorporating sequential assessment of cardiac function and valve competence before and after the surgical procedure, not being a service associated with a service to which item 55130 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 55895 (R) | 172.05 |
| 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 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 |
| 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 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 |
| 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 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 |
| 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 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 |
| 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 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 |
| 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 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 |
| 55282 | Duplex scanning involving B mode ultrasound imaging and integrated Doppler flow measurements:(a) by spectral analysis of cavernosal artery of the penis following intracavernosal administration of a vasoactive agent; and(b) performed during the period of pharmacological activity of the injected agent, to confirm a diagnosis of vascular aetiology for impotence; and(c) if a specialist in diagnostic radiology, nuclear medicine, urology, general surgery (sub‑specialising in vascular surgery) or a consultant physician in nuclear medicine attends the patient in person at the practice location where the service is performed, immediately before or for a period during the performance of the service; and(d) if the specialist or consultant physician interprets the results and prepares a report, not being a service associated with any of the following:(i) a service to which an item in Subgroup 4 applies;(ii) 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 |
| 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 any of the following:(i) a service to which an item in Subgroup 4 applies;(ii) 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 |
| 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 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 |
| 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, 55886, 55887, 55888, 55889, 55890, 55891, 55892, 55893, 55894 or 55895 applies (R) | 112.70 |
| 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, 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, 55759, 55762, 55768 and 55770 are applicable only once in a pregnancy.

2.1.5 Obstetric and gynaecological services—referrals and clinical notes

 (1) A referral for a service mentioned in item 55700, 55704, 55707, 55712, 55718, 55721, 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, 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.

| Group I1—Ultrasound |
| --- |
| Column 1Item | Column 2Diagnostic imaging service | Column 3Fee ($) |
| Subgroup 5—Obstetric and gynaecological |
| 55700 | Pelvis or abdomen, pregnancy‑related or pregnancy complication, ultrasound scan of, by any or all approaches, for determining the gestation, location, viability or number of foetuses, if the dating of the pregnancy (as confirmed by ultrasound) is less than 12 weeks of gestation (R) | 60.90 |
| 55703 | Pelvis or abdomen, pregnancy‑related or pregnancy complication, ultrasound scan of, by any or all approaches, for determining the gestation, location, viability or number of foetuses, if the dating of the pregnancy (as confirmed by ultrasound) is less than 12 weeks of gestation (NR) | 35.50 |
| 55704 | Pelvis or abdomen, pregnancy‑related or pregnancy complication, fetal development and anatomy, ultrasound scan of, by any or all approaches, for determining the structure, gestation, location, viability or number of foetuses, if the dating of the pregnancy (as confirmed by ultrasound) is 12 to 16 weeks of gestation (R) | 71.05 |
| 55705 | Pelvis or abdomen, pregnancy‑related or pregnancy complication, fetal development and anatomy, ultrasound scan of, by any or all approaches, for determining the structure, gestation, location, viability or number of foetuses, if the dating of the pregnancy (as confirmed by ultrasound) is 12 to 16 weeks of gestation (NR) | 35.50 |
| 55706 | Pelvis or abdomen, pregnancy‑related or pregnancy complication, fetal development and anatomy, ultrasound scan of, by any or all approaches, with measurement of all parameters for dating purposes, if:(a) the dating for the pregnancy (as confirmed by ultrasound) is 17 to 22 weeks of gestation; and(b) the service is not performed in the same pregnancy as item 55709 (R) | 101.50 |
| 55707 | Pelvis or abdomen, pregnancy‑related or pregnancy complication, fetal development and anatomy, ultrasound scan of, by any or all approaches, if:(a) the pregnancy (as confirmed by 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 service is not performed with item 55700, 55703, 55704 or 55705 on the same patient within 24 hours (R) | 71.05 |
| 55708 | Pelvis or abdomen, pregnancy‑related or pregnancy complication, fetal development and anatomy, ultrasound scan of, by any or all approaches, if:(a) the pregnancy (as confirmed by 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 service is not performed with item 55700, 55703, 55704 or 55705, on the same patient within 24 hours (NR) | 35.50 |
| 55709 | Pelvis or abdomen, pregnancy‑related or pregnancy complication, fetal development and anatomy, ultrasound scan of, by any or all approaches, with measurement of all parameters for dating purposes, if:(a) the dating of the pregnancy (as confirmed by ultrasound) is 17 to 22 weeks of gestation; and(b) the service is not performed in the same pregnancy as item 55706 (NR) | 38.55 |
| 55712 | Pelvis or abdomen, pregnancy‑related or pregnancy complication, fetal development and anatomy, ultrasound scan of, by any or all approaches, with measurement of all parameters for dating purposes, if:(a) the service 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 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 (R) | 116.70 |
| 55715 | Pelvis or abdomen, pregnancy‑related or pregnancy complication, fetal development and anatomy, ultrasound scan of, by any or all approaches, with measurement of all parameters for dating purposes, performed by or on behalf of a medical practitioner who is a Member or a Fellow of the Royal Australian and New Zealand College of Obstetricians and Gynaecologists, if:(a) the dating of the pregnancy (as confirmed by 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 (NR) | 40.60 |
| 55718 | Pelvis or abdomen, pregnancy‑related or pregnancy complication, fetal development and anatomy, ultrasound scan of, by any or all approaches, if:(a) the dating of the pregnancy (as confirmed by ultrasound) is after 22 weeks of gestation; and(b) the service is not performed in the same pregnancy as item 55723 (R) | 101.50 |
| 55721 | Pelvis or abdomen, pregnancy‑related or pregnancy complication, fetal development and anatomy, ultrasound scan of, by any or all approaches, if:(a) the service 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 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 (R) | 116.70 |
| 55723 | Pelvis or abdomen, pregnancy‑related or pregnancy complication, fetal development and anatomy, ultrasound scan of, by any or all approaches, if:(a) the dating of the pregnancy (as confirmed by ultrasound) is after 22 weeks of gestation; and(b) the service is not performed in the same pregnancy as item 55718 (NR) | 38.55 |
| 55725 | Pelvis or abdomen, pregnancy‑related or pregnancy complication, fetal development and anatomy, ultrasound scan of, by any or all approaches, performed by or on behalf of a medical practitioner who is a Member or a Fellow of the Royal Australian and New Zealand College of Obstetricians and Gynaecologists, if:(a) the dating of the pregnancy (as confirmed by 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 (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 endometrial cavity, by any or all approaches, if a previous transvaginal ultrasound has revealed an abnormality of the uterus or fallopian tube (NR) | 57.85 |
| 55759 | Pelvis or abdomen, pregnancy‑related or pregnancy complication, fetal development and anatomy, ultrasound scan of, by any or all approaches, with measurement of all parameters for dating purposes, if:(a) ultrasound of the same pregnancy confirms a multiple pregnancy; and(b) the dating of the pregnancy (as confirmed by 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 scan during the same pregnancy (R) | 152.25 |
| 55762 | Pelvis or abdomen, pregnancy‑related or pregnancy complication, fetal development and anatomy, ultrasound scan of, by any or all approaches, with measurement of all parameters for dating purposes, if:(a) ultrasound of the same pregnancy confirms a multiple pregnancy; and(b) the dating of the pregnancy (as confirmed by 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 scan during the same pregnancy (NR) | 60.90 |
| 55764 | Pelvis or abdomen, pregnancy‑related or pregnancy complication, fetal development and anatomy, ultrasound scan of, by any or all approaches, with measurement of all parameters for dating purposes, if:(a) the 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) ultrasound of the same pregnancy confirms a multiple pregnancy; and(c) the dating of the pregnancy (as confirmed by ultrasound) is 17 to 22 weeks gestation; and(d) 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 scan during the same pregnancy (R) | 162.40 |
| 55766 | Pelvis or abdomen, pregnancy‑related or pregnancy complication, fetal development and anatomy, ultrasound scan of, by any or all approaches, with measurement of all parameters for dating purposes, performed by or on behalf of a medical practitioner, who is a Member or Fellow of the Royal Australian and New Zealand College of Obstetricians and Gynaecologists, if:(a) ultrasound of the same pregnancy confirms a multiple pregnancy; and(b) the dating of the pregnancy (as confirmed by 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 scan during the same pregnancy (NR) | 65.95 |
| 55768 | Pelvis or abdomen, pregnancy‑related or pregnancy complication, fetal development and anatomy, ultrasound scan of, by any or all approaches, if:(a) dating of the pregnancy (as confirmed by ultrasound) is after 22 weeks of gestation; and(b) the ultrasound confirms a multiple pregnancy; and(c) the 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 scan during the same pregnancy (R) | 152.25 |
| 55770 | Pelvis or abdomen, pregnancy‑related or pregnancy complication, fetal development and anatomy, ultrasound scan of, by any or all approaches, if:(a) dating of the pregnancy (as confirmed by ultrasound) is after 22 weeks of gestation; and(b) the ultrasound confirms a multiple pregnancy; and(c) the 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 scan during the same pregnancy (NR) | 60.90 |
| 55772 | Pelvis or abdomen, pregnancy‑related or pregnancy complication, fetal development and anatomy, ultrasound scan of, by any or all approaches, if:(a) dating of the pregnancy as confirmed by ultrasound is after 22 weeks of gestation; and(b) the 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 ultrasound is a multiple pregnancy; and(e) the service mentioned in item 55718, 55721, 55723 or 55725 is not performed in conjunction with the scan during the same pregnancy (R) | 162.40 |
| 55774 | Pelvis or abdomen, pregnancy‑related or pregnancy complication, fetal development and anatomy, ultrasound scan of, by any or all approaches, performed by or on behalf of a medical practitioner who is a Member or a Fellow of the Royal Australian and New Zealand College of Obstetricians and Gynaecologists, if:(a) dating of the pregnancy as confirmed by ultrasound is after 22 weeks of gestation; and(b) 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 ultrasound is a multiple pregnancy; and(d) the service mentioned in item 55718, 55721, 55723 or 55725 is not performed in conjunction with the scan during the same pregnancy (NR) | 65.95 |

Subdivision D—Subgroup 6 of Group I1: musculoskeletal ultrasound

2.1.7 Musculoskeletal ultrasound services—personal attendance

 Items in this Subdivision apply to a musculoskeletal ultrasound service only if:

 (a) the medical practitioner responsible for the conduct and report of the examination personally attends during the performance of the scan and personally examines the patient; or

 (b) the service is performed, because of medical necessity, in a location that is more than 30 kilometres by the most direct road route from another practice where services that comply with paragraph (a) are available.

2.1.8 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 1The service in this item cannot be claimed twice … | Column 2if 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 |
| 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.

| Group I1—Ultrasound |
| --- |
| Column 1Item | Column 2Description | Column 3Fee ($) |
| 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 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) | 183.05 |
| 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;(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) | 38.40 |
| 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 item 55875 (NR) | 38.40 |
| 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 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) | 42.65 |
| 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 |

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 item 57360) 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) Item 57360 applies 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.

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.

| Group I2—Computed tomography—examination |
| --- |
| Column 1Item | Column 2Description | Column 3Fee ($) |
| 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 |
| 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 or 59275 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 |
| 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, when undertaken, not being a service to which item 56307, 56507, 56807 or 57007 applies (R) (Anaes.) | 365.40 |
| 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; and(c) the service has not been performed on the patient in the 36 months before the scan (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 |
| 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 |
| 57351 | Computed tomography—angiography with intravenous contrast medium, 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 not a service to which another item in this group applies; and(b) the service is performed for the exclusion of acute or recurrent pulmonary embolism, acute symptomatic arterial occlusion, post‑operative complication of arterial surgery, acute ruptured aneurysm, or acute dissection of the aorta, carotid or vertebral artery; and(c) a service to which item 57352, 57353 or 57354 applies has been performed on the same patient within the previous 12 months; and(d) the service is not a study performed to image the coronary arteries (R) (Anaes.) | 517.65 |
| 57352 | Computed tomography—angiography with intravenous contrast medium of 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 general practitioner 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.) | 517.65 |
| 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 general practitioner 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 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 general practitioner 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 |
| 57360 | Computed tomography of the coronary arteries performed on a minimum of a 64 slice (or equivalent) scanner if:(a) the request is made by a specialist or consultant physician; and(b) one of the following subparagraphs applies to the patient:(i) the patient has stable symptoms consistent with coronary ischaemia, is at low to intermediate risk of coronary artery disease and would have been considered for coronary angiography;(ii) the patient requires exclusion of coronary artery anomaly or fistula;(iii) the patient will be undergoing non‑coronary cardiac surgery (R) (Anaes.) | 710.50 |
| 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 conditionsApplicable 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.

2.3.3 Increased fee for service rendered using first eligible X‑ray procedure carried out during attendance at residential aged care facility

 (1) This clause applies if:

 (a) a person attends a residential aged care facility; and

 (b) during the attendance, the person carries out one or more eligible X‑ray procedures on one or more patients who are care recipients in the facility.

 (2) The fee for the service that is rendered using the first eligible X‑ray service carried out during the attendance is the amount listed in the item that applies to the service plus $74.75.

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.

| Group I3—Diagnostic radiology |
| --- |
| Column 1Item | Column 2Description | Column 3Fee ($) |
| 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, infection, tumour or a congenital or surgical condition of the teeth or maxillofacial region (R) | 48.10 |
| 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 |
| 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 |

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.

| Group I3—Diagnostic radiography |
| --- |
| Column 1Item | Column 2Description | Column 3Fee ($) |
| 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 |
| 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(ii) symptoms or indications of breast disease found on examination of the patient by a medical practitioner (R) | 54.75 |
| 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.

| Group I3—Diagnostic radiography |
| --- |
| Column 1Item | Column 2Description | Column 3Fee ($) |
| 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 with a service to which item 56219 applies (R)(Anaes.) | 229.85 |
| 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 |
| 59903 | Angiocardiography, including the service mentioned in item 59970 or 61109, not being a service to which item 59912 or 59925 applies (R) (Anaes.) | 116.25 |
| 59912 | Selective coronary arteriography, including the service mentioned in item 59970 or 61109, not being a service to which item 59903 or 59925 applies (R) (Anaes.) | 309.80 |
| 59925 | Selective coronary arteriography and angiocardiography, including a service mentioned in item 59903, 59912, 59970 or 61109 (R) (Anaes.) | 367.90 |
| 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 |
| 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.

| Group I3—Diagnostic radiography |
| --- |
| Column 1Item | Column 2Description | Column 3Fee ($) |
| Subgroup 15—Fluoroscopic examination |
| 60500 | Fluoroscopy, with general anaesthesia (not being a service associated with a radiographic examination) (R) (Anaes.) | 44.05 |
| 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 any of items 59903 to 59970 apply by:

 (a) injecting opaque or contrast media; or

 (b) removing fluid and replacing it with air, oxygen or other contrast media; or

 (c) a similar method.

2.3.10 Items in Subgroup 16 of Group I3

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

| Group I3—Diagnostic radiography |
| --- |
| Column 1Item | Column 2Description | Column 3Fee ($) |
| Subgroup 16—Preparation for radiological procedure |
| 60918 | Arteriography (peripheral) or phlebography—one vessel, when used in association with a service to which item 59903, 59912, 59925 or 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 59903, 59912, 59925 or 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.

| Group I3—Diagnostic radiography |
| --- |
| Column 1Item | Column 2Description | Column 3Fee ($) |
| 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

 Items 61302 to 61505 and 61650 to 61647 apply only if:

 (a) the performance of the service does not involve the use of positron‑emission radio‑isotopes or a PET scanner; and

 (b) the service is performed:

 (i) by a specialist or consultant physician whose name is included in a register, given to the Chief Executive Medicare by the JNMCAC, of participants in the Joint Nuclear Medicine Specialist Credentialling Program of the JNMCAC; or

 (ii) by a person acting on behalf of a specialist or consultant physician mentioned in subparagraph (i); and

 (c) the final report of the service is compiled by the specialist or consultant physician who performed the preliminary examination of the patient and the estimation and administration of the dosage of radiopharmaceuticals.

2.4.2 PET nuclear scanning services

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

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

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

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

 (b) in a comprehensive facility; and

 (c) in accordance with clauses 2.4.3 and 2.4.4.

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

2.4.3 PET nuclear scanning services—performance under personal supervision

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

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

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

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

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

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

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

 (2) In this clause:

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

2.4.4 PET nuclear scanning services—equipment

 For the purposes of clause 2.4.2, the service must be performed on a person using equipment that meets the requirements set out in *Requirements for PET Accreditation (Instrumentation & Radiation Safety)* *3rd* *Edition (2017)*, issued by the Australian and New Zealand Society of Nuclear Medicine Inc, as existing on 1 July 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 credentialed specialist or a medical practitioner who satisfies the requirements mentioned in subparagraphs 2.4.3(1)(b)(i) to (iv);

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

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

 (d) the facility’s address;

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

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

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

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

Subdivision B—Subgroups 1 and 2 of Group I4

2.4.6 Items in Subgroups 1 and 2 of Group I4

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

| Group I4—Nuclear medicine imaging |
| --- |
| Column 1Item | Column 2Description | Column 3Fee ($) |
| Subgroup 1—Nuclear medicine—non PET |
| 61302 | Single stress or rest myocardial perfusion study—planar imaging (R) | 448.85 |
| 61303 | Single stress or rest myocardial perfusion study—with single photon emission tomography and with planar imaging when performed (R) | 565.30 |
| 61306 | Combined stress and rest, stress and re‑injection or rest and redistribution myocardial perfusion study, including delayed imaging or re‑injection protocol on a subsequent occasion—planar imaging (R) | 709.70 |
| 61307 | Combined stress and rest, stress and re‑injection or rest and redistribution myocardial perfusion study, including delayed imaging or re‑injection protocol on a subsequent occasion—with single photon emission tomography and with planar imaging when performed (R) | 834.90 |
| 61310 | Myocardial infarct avid study (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 |
| 61328 | Lung perfusion study (R) | 227.65 |
| 61340 | Lung ventilation study using aerosol, technegas or xenon gas (R) | 253.00 |
| 61348 | Lung perfusion study and lung ventilation study using aerosol, technegas or xenon gas (R) | 443.35 |
| 61353 | Liver and spleen study (colloid) (R) | 386.60 |
| 61356 | Red blood cell spleen or liver study (R) | 392.80 |
| 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(ii) the study is to exclude additional disease sites (R) | 2,015.75 |
| 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 |
| 61397 | Cystoureterogram (R) | 246.85 |
| 61402 | Cerebral perfusion study, with single photon emission tomography and with planar imaging when performed (R) | 605.05 |
| 61409 | Cerebro‑spinal fluid transport study, with imaging on 2 or more separate occasions (R) | 873.50 |
| 61413 | Cerebro‑spinal fluid shunt patency study (R) | 225.95 |
| 61421 | Bone study—whole body, with, when undertaken, blood flow, blood pool and delayed imaging on a separate occasion (R) | 479.80 |
| 61425 | Bone study—whole body and single photon emission tomography, with, when undertaken, blood flow, blood pool and delayed imaging on a separate occasion (R) | 600.70 |
| 61426 | Whole body study using iodine (R) | 554.80 |
| 61429 | Whole body study using gallium (R) | 543.00 |
| 61430 | Whole body study using gallium, with single photon emission tomography (R) | 659.45 |
| 61433 | Whole body study using cells labelled with technetium (R) | 496.95 |
| 61434 | Whole body study using cells labelled with technetium, with single photon emission tomography (R) | 615.40 |
| 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 |
| 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) | 999.20 |
| 61495 | Tear duct study (R) | 223.10 |
| 61499 | Particle perfusion study (infra‑arterial) or Le Veen shunt study (R) | 253.00 |
| 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 items 61302 to 61647;if no separate diagnostic CT report is issued (R) | 100.00 |
| 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; and(b) the patient is not being investigated for other sites of infection (R) | 878.70 |
| 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 |
| 61565 | Whole body FDG PET study, following initial therapy, performed for the evaluation of suspected residual, metastatic or recurrent ovarian carcinoma in a patient considered suitable for active therapy (R) | 953.00 |
| 61571 | Whole body FDG PET study for the further primary staging of patients with histologically proven carcinoma of the uterine cervix, at FIGO stage IB2 or greater by conventional staging, prior to planned radical radiation therapy or combined modality therapy with curative intent (R) | 953.00 |
| 61575 | Whole body FDG PET study for the further staging of patients with confirmed local recurrence of carcinoma of the uterine cervix considered suitable for salvage pelvic chemoradiotherapy or pelvic exenteration with curative intent (R) | 953.00 |
| 61577 | Whole body FDG PET study, performed for the staging of proven oesophageal or gastro‑oesophageal junction carcinoma, in a patient considered suitable for active therapy (R) | 953.00 |
| 61598 | Whole body FDG PET study performed for the staging of biopsy‑proven, newly‑diagnosed or recurrent head and neck cancer (R) | 953.00 |
| 61604 | Whole body FDG PET study performed for the evaluation of a patient with suspected residual head and neck cancer after definitive treatment, and who is suitable for active therapy (R) | 953.00 |
| 61610 | Whole body FDG PET study performed for the evaluation of metastatic squamous cell carcinoma of unknown primary site involving cervical nodes (R) | 953.00 |
| 61620 | Whole body FDG PET study for the initial staging of newly diagnosed or previously untreated Hodgkin or non‑Hodgkin lymphoma (R) | 953.00 |
| 61622 | Whole body FDG PET study to assess response to first line therapy either during treatment or within 3 months of completing definitive first line treatment for Hodgkin or non‑Hodgkin lymphoma (R) | 953.00 |
| 61628 | Whole body FDG PET study for restaging following confirmation of recurrence of Hodgkin or non‑Hodgkin lymphoma (R) | 953.00 |
| 61632 | Whole body FDG PET study to assess response to second‑line chemotherapy if haemopoietic stem cell transplantation is being considered for Hodgkin or non‑Hodgkin lymphoma (R) | 953.00 |
| 61640 | Whole body FDG PET study for initial staging of a patient with biopsy‑proven bone or soft tissue sarcoma (excluding gastrointestinal stromal tumour) considered by conventional staging to be potentially curable (R) | 999.00 |
| 61646 | Whole body FDG PET study for the evaluation of patients with suspected residual or recurrent sarcoma (excluding gastrointestinal stromal tumour) after the initial course of definitive therapy to determine suitability for subsequent therapy with curative intent (R) | 999.00 |
| 61647 | Whole body 68Ga‑DOTA‑peptide PET study, 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 |

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 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 partial eligible equipment mentioned in clause 2.5.6.

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

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

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

 (c) using:

 (i) eligible equipment mentioned in clause 2.5.5; or

 (ii) partial eligible equipment mentioned in clause 2.5.6.

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

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

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

 (c) using:

 (i) eligible equipment mentioned in clause 2.5.5; or

 (ii) partial eligible equipment mentioned in clause 2.5.6.

2.5.2 MRI and MRA services—request

 For the purposes of clause 2.5.1, a request must:

 (a) be made in writing; and

 (b) identify the clinical indications for the service.

2.5.3 MRI and MRA services—permissible circumstances for performance

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

 (a) both:

 (i) performed under the supervision of an eligible provider who is available to monitor and influence the conduct and diagnostic quality of the examination, including, if necessary, by personal attendance on the patient; and

 (ii) reported by an eligible provider; or

 (b) performed in an emergency; or

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

2.5.4 MRI and MRA services—eligible provider

 A person mentioned in column 2 of an item of 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 1MRI or MRA service | Column 2Person |
| 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 located at the premises of a comprehensive practice; and

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

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

2.5.6 MRI and MRA services—partial eligible equipment

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

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

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

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

2.5.7 MRI and MRA services—meaning of *scan*

 In items 63001 to 63560 and 63740 to 63743:

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

2.5.8 MRI and MRA services—multiple services

 (1) If an MRI service mentioned in an item in Subgroup 1, 2, 4, 5 or 14 of Group I5, and an MRA service mentioned in an item in Subgroup 3 or 15 of Group I5, are provided to the same person on the same day, only the fee specified in the item in Subgroup 1, 2, 4, 5 or 14 applies to the services.

 (2) If a medical practitioner provides 2 or more MRI services mentioned in Subgroup 12 or 13 of Group I5 for the same patient on the same day, the fees specified for the items that apply to the services, other than the item with the highest fee, are reduced by 50%.

 (3) For the purposes of subclause (2):

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

 (b) if a reduced fee calculated under subclause (2) is not a multiple of 5 cents, the reduced fee is taken to be the nearest amount that is a multiple of 5 cents.

2.5.9 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 1MRI or MRA items | Column 2Limitation period | Column 3Maximum 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 |
| 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 | 63454 to 63467 | 12 months | 1 |
| 16 | 63547 | patient’s lifetime | 1 |
| 17 | 63482 | 12 months | 3 |
| 18 | 63507 to 63522 and 63551 to 63560 | 12 months | 3 |

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.

| Group I5—Magnetic resonance imaging |
| --- |
| Column 1Item | Column 2Description | Column 3Fee ($) |
| 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 |
| 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) (Anaes.) (Contrast) | 403.20 |
| 63064 | MRI—scan of head (including MRA, if performed) for stroke (R) (Anaes.) (Contrast) | 403.20 |
| 63067 | MRI—scan of head (including MRA, if performed) for carotid or vertebral artery dissection (R) (Anaes.) (Contrast) | 403.20 |
| 63070 | MRI—scan of head (including MRA, if performed) for intracranial aneurysm (R) (Anaes.) (Contrast) | 403.20 |
| 63073 | MRI—scan of head (including MRA, if performed) for intracranial arteriovenous malformation (R) (Anaes.) (Contrast) | 403.20 |
| 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 syrinx (congenital or acquired) (R) (Anaes.) (Contrast) | 358.40 |
| 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 radiculopathy (R) (Anaes.) (Contrast) | 492.80 |
| 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 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) | 855.20 |
| 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 |
| 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 |
| 63454 | MRI—scan of the pelvis or abdomen, if:(a) the pregnancy is at, or after, 18 weeks gestation; and(b) fetal central nervous system 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 is indeterminate or requires further examination; and(e) the service is requested by a specialist practising in the specialty of obstetrics (R) (Anaes.) (Contrast) | 1,200.00 |
| 63461 | MRI—scan of the body for adrenal mass in a patient with a malignancy that is otherwise resectable (R) (Anaes.) | 358.40 |
| 63464 | MRI—scan of both breasts for the detection of cancer, if a dedicated breast coil is used, the request for the scan identifies that the person is asymptomatic and is younger than 50 years of age, and the request for the scan identifies:(a) that the patient is at high risk of developing breast cancer, due to one of the following:(i) 3 or more first or second degree relatives on the same side of the family diagnosed with breast or ovarian cancer;(ii) 2 or more first or second degree relatives on the same side of the family diagnosed with breast or ovarian cancer, if any of the relatives has been diagnosed with bilateral breast cancer, had onset of breast cancer before the age of 40 years, had onset of ovarian cancer before the age of 50 years, has been diagnosed with breast and ovarian cancer (at the same time or at different times), has Ashkenazi Jewish ancestry or is a male relative who has been diagnosed with breast cancer;(iii) one first or second degree relative diagnosed with breast cancer at age 45 years or younger, and another first or second degree relative on the same side of the family with bone or soft tissue sarcoma at age 45 years or younger; or(b) that genetic testing has identified the presence of a high risk breast cancer gene mutation (R) (Anaes.) | 690.00 |
| 63467 | MRI—scan of both breasts for the detection of cancer, if:(a) a dedicated breast coil is used; and(b) the person has had an abnormality detected as a result of a service mentioned in item 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 identify the primary cancer (R) (Anaes.) | 690.00 |
| 63489 | MRI—guided biopsy, if:(a) the request for the scan identifies that the patient has a suspicious lesion seen on MRI but not on conventional imaging; and(b) an ultrasound scan of the affected breast, performed immediately before the biopsy, confirms that the lesion is not amenable to biopsy guided by conventional imaging; and(c) a dedicated breast coil is used (R) (Anaes.) | 1,440.00 |
| 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 ofconventionalimaging 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 |
| 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.

2.5.12 MRI and MRA services—modifying items

 (1) Subject to subclauses (2), (3) and (4), if item 63491, 63494 or 63497 applies to an MRI or MRA service, the fee specified in that item applies in addition to the fee specified in the other item in Group I5 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.

2.5.13 Items in Subgroup 20 of Group I5

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

| Group I5—Magnetic resonance imaging |
| --- |
| Column 1Item | Column 2Description | Column 3Fee ($) |
| Subgroup 20—Scan of pelvis and upper abdomen—for specified conditions |
| 63470 | MRI—scan of the pelvis for the staging of histologically diagnosed cervical cancer at FIGO stage 1B or greater, if the request for scan identifies that:(a) a histological diagnosis of carcinoma of the cervix has been made; and(b) the patient has been diagnosed with cervical cancer at FIGO stage 1B or greater (R) (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 |
| 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

2.5.14 Items in Subgroups 21 and 22 of Group I5

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

| Group I5—Magnetic resonance imaging |
| --- |
| Column 1Item | Column 2Description | Column 3Fee ($) |
| 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 |
| 63545 | MRI—multiphase scans of liver (including delayed imaging, if performed) with a contrast agent, for characterisation or intervention planning, if:(a) the patient has:(i) known colorectal carcinoma; and(ii) known, suspected, or possible liver metastasis; and(b) computed tomography, or ultrasound imaging, has identified a mass lesion in patient’s liverFor any particular patient—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 diameterFor 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 |

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

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.

| Group I5—Magnetic resonance imaging |
| --- |
| Column 1Item | Column 2Description | Column 3Fee ($) |
| 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.

| Group I5—Magnetic resonance imaging |
| --- |
| Column 1Item | Column 2Description | Column 3Fee ($) |
| 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);(b) unexplained chronic headache with suspected intracranial pathology (R) (Contrast) (Anaes.) | 403.20 |
| 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 Restriction on items 64990 and 64991

 (1) If the diagnostic imaging service mentioned in item 64991 is provided to a person, either that item or item 64990, but not both those items, applies to the service.

 (2) If item 64990 or 64991 applies to a diagnostic imaging service, the fee specified in that item applies in addition to the fee specified in any other item in this 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.

| Group I6—Management of bulk‑billed services |
| --- |
| Column 1Item | Column 2Description | Column 3Fee ($) |
| 64990 | A diagnostic imaging service to which an item in this Schedule (other than this item or item 64991) applies if:(a) the service is an unreferred service; and(b) the service is provided to a person who is under the age of 16 or is a Commonwealth concession card holder; and(c) the person is not an admitted patient of a hospital; and(d) the service is bulk‑billed for the fees for:(i) this item; and(ii) the other item in this Schedule applying to the service | 14.30 |
| 64991 | A diagnostic imaging service to which an item in this Schedule (other than this item or item 64990) applies if:(a) the service is an unreferred service; and(b) the service is provided to a person who is under the age of 16 or is a Commonwealth concession card holder; and(c) the person is not an admitted patient of a hospital; and(d) the service is bulk‑billed for the fees for:(i) this item; and(ii) the other item in this Schedule applying to the service; and(e) the service is provided at, or from, a practice location in:(i) a Modified Monash 2 area; or(ii) a Modified Monash 3 area; or(iii) a Modified Monash 4 area; or(iv) a Modified Monash 5 area; or(v) a Modified Monash 6 area; or(vi) a Modified Monash 7 area | 21.60 |

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.

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

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

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

***eligible X‑ray procedure*** means a diagnostic imaging procedure used in rendering a service to which item 57509, 57515, 57521, 57527, 57703, 57709, 57712, 57715, 58503, 58521, 58524, 58527 or 58903 applies.

***exemption period*** of an exemption under clause 1.2.5B means the period mentioned in paragraph 1.2.8(2)(a) (as extended under clause 1.2.10 if applicable).

***FDG*** means 18F‑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 2 area*** has the meaning given by the general medical services table.

***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.

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

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

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

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

***(R)*** has the meaning given by clause 1.2.15.

***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 63560 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—General provisions

4.1 Definitions

 In this Division:

***old table*** means Schedule 1 to the *Health Insurance (Diagnostic Imaging Services Table) Regulations (No. 1) 2020* as in force immediately before 1 July 2020.

4.2 Transitional provisions—exemptions from capital sensitivity requirements

Applications for exemptions

 (1) If:

 (a) a valid application was made under subclause 1.2.5(2) of the old table before 1 July 2020; and

 (b) the Department did not notify the relevant proprietor of receipt of the valid application as mentioned in subclause 1.2.5(4) of the old table before 1 July 2020;

subclauses 1.2.5(4) and (5) of this Schedule apply in relation to the application as if it were an application made under subclause 1.2.5(2) of this Schedule.

Notifications of receipt of valid applications

 (2) If:

 (a) the Department notified the relevant proprietor of receipt of a valid application as mentioned in subclause 1.2.5(4) of the old table before 1 July 2020; and

 (b) the Secretary did not make a decision on the application under subclause 1.2.6(2) of the old table before 1 July 2020;

subclause 1.2.5(6) and clause 1.2.6 of this Schedule apply in relation to the notification as if it were a notification given under subclause 1.2.5(4) of this Schedule.

Exemptions

 (3) An exemption:

 (a) granted under subclause 1.2.6(2) of the old table; and

 (b) in force immediately before 1 July 2020;

has effect, from 1 July 2020, as if it had been granted under clause 1.2.6 of this Schedule.

Refusals to grant exemptions

 (4) If:

 (a) the Secretary refused to grant an exemption under subclause 1.2.6(2) of the old table before 1 July 2020; and

 (b) the proprietor who applied for the exemption did not apply under clause 1.2.11 of the old table for reconsideration of the decision before 1 July 2020; and

 (c) the period to apply for such reconsideration did not end before 1 July 2020;

subclause 1.2.6(6) and clause 1.2.11 of this Schedule apply in relation to the decision to refuse to grant the exemption as if it were a decision under paragraph 1.2.6(2)(b) of this Schedule to refuse to grant an exemption.

Applications for reconsideration of refusals

 (5) If:

 (a) the Secretary refused to grant an exemption under subclause 1.2.6(2) of the old table in respect of diagnostic imaging equipment; and

 (b) the proprietor who applied for the exemption applied under clause 1.2.11 of the old table for reconsideration of the decision before 1 July 2020; and

 (c) the Secretary did not make a decision under clause 1.2.12 of the old table on the application for reconsideration before 1 July 2020;

for the purposes of subclause 1.2.11(6) and clause 1.2.12 of this Schedule, the Secretary is taken to have notified the proprietor under subclause 1.2.11(5) of this Schedule, when the Secretary received the application for reconsideration, that the Secretary had received an application for reconsideration of a decision under clause 1.2.6 of this Schedule to refuse to grant an exemption in respect of the equipment.

Affirmations of refusals

 (6) If:

 (a) the Secretary affirmed a decision under subparagraph 1.2.12(2)(b)(i) of the old table before 1 July 2020; and

 (b) application was not made for review of the decision to affirm under clause 1.2.13 of the old table before 1 July 2020; and

 (c) the time for making such an application for review did not end before 1 July 2020;

subclause 1.2.12(4) and clause 1.2.13 of this Schedule apply in relation to the decision as if it were a decision under subparagraph 1.2.12(2)(b)(i) of this Schedule to affirm a decision under paragraph 1.2.6(2)(b) of this Schedule.

Applications for AAT review

 (7) If:

 (a) an application was made under clause 1.2.13 of the old table for review of a decision before 1 July 2020; and

 (b) immediately before 1 July 2020, each party to the proceeding had not been given a copy of the decision of the Administrative Appeals Tribunal on review;

the application is taken, from 1 July 2020, to be an application made under clause 1.2.13 of this Schedule for review of a decision under subparagraph 1.2.12(2)(b)(i) of this Schedule to affirm a decision under paragraph 1.2.6(2)(b) of this Schedule.

Schedule 2—Repeals

Health Insurance (Diagnostic Imaging Services Table) Regulations (No. 1) 2020

1 The whole of the instrument

Repeal the instrument.