



Health Insurance Legislation Amendment (2024 Measures No. 1) Regulations 2024

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 1 February 2024

David Hurley
Governor-General

By His Excellency's Command

Mark Butler
Minister for Health and Aged Care

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1 Name

This instrument is the *Health Insurance Legislation Amendment (2024 Measures No. 1) Regulations 2024*.

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 March 2024.	1 March 2024

Note: This table relates only to the provisions of this instrument as originally made.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 Schedules

Each instrument that is specified in a Schedule to this instrument is amended or repealed as set out in the applicable items in the Schedule concerned, and any other item in a Schedule to this instrument has effect according to its terms.

Schedule 1—Amendments

Part 1—Plastic, reconstructive and spinal surgery

Health Insurance (General Medical Services Table) Regulations 2021

1 Schedule 1 (items 31344, 31386, 31387 and 31388, column 2)

Before “(Anaes.)”, insert “(H)”.

2 Schedule 1 (item 45027, column 2)

After “hospital”, insert “(H)”.

3 Schedule 1 (item 45209, column 2)

After “procedure”, insert “(H)”.

4 Schedule 1 (item 45562, column 2)

After “applies”, insert “(H)”.

5 Schedule 1 (item 45563, column 2)

After “keystone”, insert “(H)”.

6 Schedule 1 (item 45614, column 2)

After “required”, insert “(H)”.

7 Schedule 1 (item 45671, column 2)

After “respectively”, insert “(H)”.

8 Schedule 1 (item 45855, column 2)

After “that joint”, insert “(H)”.

9 Schedule 1 (item 45857, column 2)

After “the temporomandibular joint”, insert “(H)”.

10 Schedule 1 (item 46092, column 2)

After “applies”, insert “(H)”.

11 Schedule 1 (item 46094, column 2)

After “products”, insert “(H)”.

12 Schedule 1 (item 51021, column 2)

After “segment,”, insert “excluding vertebral body tethering for the treatment of scoliosis and”.

13 Schedule 1 (items 51022, 51023, 51024, 51025 and 51026, column 2)

After “segments,”, insert “excluding vertebral body tethering for the treatment of scoliosis and”.

14 Schedule 1 (item 51165, column 2)

After “segment,” insert “excluding vertebral body tethering for the treatment of scoliosis and”.

Part 2—Surgical operations

Health Insurance (General Medical Services Table) Regulations 2021

15 Subclause 1.2.4(1) of Schedule 1

Omit “and 16404”, substitute “16404, 91823, 91825, 91826, 91833, 91836, 92611, 92612, 92613 and 92618”.

16 At the end of subclause 1.2.4(1) of Schedule 1

Add:

Note: Some of these items are specified in determinations made under subsection 3C(1) of the Act.

17 After clause 5.10.5 of Schedule 1

Insert:

5.10.5A Meaning of *treatment cycle*

In item 30665:

treatment cycle, for a patient, means a series of treatments for the patient that:

- (a) begins on the day of the initial failed attempt at biliary stone removal via ERCP extraction techniques; and
- (b) ends at the conclusion of the aftercare period for the procedure (being either the lithotripsy procedure or a definitive surgical management procedure) that has resulted in removal of the biliary stones.

18 Schedule 1 (item 30484, column 2)

Omit “cholangio-pancreatography”, substitute “cholangiopancreatography, other than a service to which item 30664 or 30665 applies”.

19 Schedule 1 (at the end of the cell at item 30662, column 2)

Add “(Assist.)”.

20 Schedule 1 (after item 30663)

Insert:

30664	Endoscopic retrograde cholangiopancreatography (ERCP), with single operator, single use peroral cholangiopancreatography (POCPS) and biopsy, for the diagnosis of biliary strictures for a patient for whom: (a) a previous ERCP service has been provided; and (b) results from guided brush cytology or intraductal biopsy (or both) are indeterminate Applicable not more than 2 times in a 12 month period, or not more than 3 times in a 12 month period if the patient has been diagnosed with primary sclerosing cholangitis (PSC) (H) (Anaes.) (Assist.)	644.40
30665	Endoscopic retrograde cholangiopancreatography (ERCP), with single operator, single use peroral cholangiopancreatography (POCPS) and electrohydraulic or laser lithotripsy for the removal of biliary stones that are:	901.35

- (a) greater than 10mm in diameter; or
 - (b) proximal to a stricture;
- for a patient for whom there has been at least one failed attempt at removal via ERCP extraction techniques
- Applicable not more than 2 times per treatment cycle
- (H) (Anaes.) (Assist.)

21 Schedule 1 (after item 31536)

Insert:

31537	Insertion of a marker clip into a breast, including axilla, following a breast biopsy and using imaging (but not including the associated imaging), if additional surgery, neoadjuvant systemic therapy, follow up imaging or radiation may be required and the insertion is for any of the following reasons: <ul style="list-style-type: none">(a) to mark the site of a lesion that has been totally or almost completely removed;(b) to confirm biopsy site if multiple lesions are present;(c) to confirm biopsy site of an ill-defined lesion;(d) future surgery or preoperative localisation is considered to be potentially difficult due to lesion conspicuity;(e) preoperative localisation is likely to be carried out using a modality different from the biopsy modality;(f) for correlation across modalities for diagnostic reasons (Anaes.)	208.50
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22 Schedule 1 (after item 32117)

Insert:

32118	Treatment of external rectal prolapse, or of symptomatic high grade rectal intussusception (the rectum descends to the level of or into the anal canal, confirmed by diagnostic imaging): <ul style="list-style-type: none">(a) by minimally invasive surgery involving:<ul style="list-style-type: none">(i) ventral dissection of the extra-peritoneal rectum; and(ii) suspension of the rectum from the sacral promontory by means of a prosthesis; and(b) including suspension of the vagina if performed, and any associated repair; other than a service associated with a service to which item 30390, 35595 or 35597 applies (H) (Anaes.) (Assist.)	1,621.50
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23 Schedule 1 (items 36504 and 36836, column 2)

Omit “, 37206, 37215, 37230 or 37233”, substitute “or 37215”.

24 Schedule 1 (item 36842, column 2)

Omit “, 37203, 37206, 37230 and 37233”, substitute “and 37203”.

25 Schedule 1 (item 37201, column 2)

Omit “37206,”.

26 Schedule 1 (item 37202)

Repeal the item.

27 Schedule 1 (item 37203, column 2)

Omit “37202,”.

28 Schedule 1 (after item 37203)

Insert:

37204	Cytoscopy with insertion of prostatic implants for the treatment of benign prostatic hyperplasia (Anaes.)	876.75
37205	Prostate, ablation by water vapour with or without cytoscopy and with or without urethrosocopy (Anaes.)	355.95

29 Schedule 1 (item 37206)

Repeal the item.

30 Schedule 1 (item 37207, column 2)

Omit “37202, 37203, 37206,”, substitute “37203,”.

31 Schedule 1 (item 37224, column 2)

Omit “37202, 37203, 37206, 37207, 37208, 37215, 37230 or 37233”, substitute “37203, 37207, 37208 or 37215”.

32 Schedule 1 (items 37230 and 37233)

Repeal the items.

33 Schedule 1 (item 37245, column 2)

Omit “37202, 37203, 37206,”, substitute “37203,”.

34 Clause 7.1.1 of Schedule 1 (definition of *treatment cycle*)

Repeal the definition, substitute:

treatment cycle:

- (a) in relation to assisted reproductive services—has the meaning given by clause 5.2.3; and
- (b) for item 30665—has the meaning given by clause 5.10.5A.

Part 3—Psychiatry services

Health Insurance (General Medical Services Table) Regulations 2021

35 Clause 2.11.1 of Schedule 1

Repeal the clause.

36 Schedule 1 (items 291 and 293)

Repeal the items, substitute:

291	<p>Professional attendance lasting more than 45 minutes at consulting rooms by a consultant physician in the practice of the consultant physician’s specialty of psychiatry, if:</p> <p>(a) the attendance follows referral of the patient to the consultant, by a medical practitioner in general practice (including a general practitioner, but not a specialist or consultant physician) or a participating nurse practitioner, for an assessment or management; and</p> <p>(b) during the attendance, the consultant:</p> <p style="padding-left: 20px;">(i) if it is clinically appropriate to do so—uses an appropriate outcome tool; and</p> <p style="padding-left: 20px;">(ii) carries out a mental state examination; and</p> <p style="padding-left: 20px;">(iii) undertakes a comprehensive diagnostic assessment; and</p> <p>(c) the consultant decides that it is clinically appropriate for the patient to be managed by the referring practitioner without ongoing management by the consultant; and</p> <p>(d) within 2 weeks after the attendance, the consultant prepares and gives to the referring practitioner a written report, which includes:</p> <p style="padding-left: 20px;">(i) the comprehensive diagnostic assessment of the patient; and</p> <p style="padding-left: 20px;">(ii) a management plan for the patient for the next 12 months that comprehensively evaluates the patient’s biopsychosocial factors and makes recommendations to the referring practitioner to manage the patient’s ongoing care in a biopsychosocial model; and</p> <p>(e) if clinically appropriate, the consultant explains the diagnostic assessment and management plan, and gives a copy, to:</p> <p style="padding-left: 20px;">(i) the patient; and</p> <p style="padding-left: 20px;">(ii) the patient’s carer (if any), if the patient agrees; and</p> <p>(f) in the preceding 12 months, a service to which this item or item 92435 applies has not been provided to the patient</p>	505.70
293	<p>Professional attendance lasting more than 30 minutes, but not more than 45 minutes, at consulting rooms by a consultant physician in the practice of the consultant physician’s specialty of psychiatry, if:</p> <p>(a) the patient is being managed by a medical practitioner or a participating nurse practitioner in accordance with a management plan prepared by the consultant in accordance with item 291 or item 92435; and</p> <p>(b) the attendance follows referral of the patient to the consultant, by the medical practitioner or participating nurse practitioner managing the patient, for review of the management plan and the associated comprehensive diagnostic assessment; and</p> <p>(c) during the attendance, the consultant:</p> <p style="padding-left: 20px;">(i) if it is clinically appropriate to do so—uses an appropriate outcome tool; and</p>	316.15

- (ii) carries out a mental state examination; and
- (iii) reviews the comprehensive diagnostic assessment and undertakes additional assessment as required; and
- (iv) reviews the management plan; and
- (d) within 2 weeks after the attendance, the consultant prepares and gives to the referring practitioner a written report, which includes:
 - (i) the revised comprehensive diagnostic assessment of the patient; and
 - (ii) a revised management plan including updated recommendations to the referring practitioner to manage the patient's ongoing care in a biopsychosocial model; and
- (e) if clinically appropriate, the consultant explains the diagnostic assessment and management plan, and gives a copy, to:
 - (i) the patient; and
 - (ii) the patient's carer (if any), if the patient agrees; and
- (f) in the preceding 12 months, a service to which item 291 or item 92435 applies has been provided to the patient; and
- (g) in the preceding 12 months, a service to which this item or item 92436 applies has not been provided to the patient

37 Schedule 1 (item 294, column 2, paragraph (b))

Omit "348, 350 or 352".

38 Schedule 1 (item 296, column 2)

Omit ", or item 297 or 299 or any of items of 300 to 308", substitute "or any of items 297, 299, 300, 302, 304, 306, 308, 91827 to 91831, 91837 to 91839 and 92437".

39 Schedule 1 (item 297, column 2)

Omit ", or item 296 or 299 or any of items 300 to 308", substitute "or any of items 296, 299, 300, 302, 304, 306, 308, 91827 to 91831, 91837 to 91839 and 92437".

40 Schedule 1 (item 299, column 2)

Omit ", or item 296 or 297 or any of items 300 to 308", substitute "or any of items 296, 297, 300, 302, 304, 306, 308, 91827 to 91831, 91837 to 91839 and 92437".

41 Schedule 1 (items 300, 302, 304, 306, 308, 310, 312, 314, 316 and 318, column 2)

Omit "item 296 or any of items 300 to 308", substitute "any of items 296, 297, 299, 300, 302, 304, 306, 308, 91827 to 91831, 91837 to 91839 and 92437".

42 Schedule 1 (item 319)

Repeal the item, substitute:

319	Professional attendance by a consultant physician in the practice of the consultant physician's specialty of psychiatry following referral of the patient to the consultant physician by a referring practitioner—an attendance lasting more than 45 minutes at consulting rooms, if: <ul style="list-style-type: none">(a) the formulation of the patient's clinical presentation indicates intensive psychotherapy is a clinically appropriate and indicated treatment; and	205.20
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- (b) that attendance and another attendance to which any of items 296, 297, 299, 300, 302, 304, 306, 308, 91827 to 91831, 91837 to 91839, 91873 and 92437 applies have not exceeded 160 attendances in a calendar year for the patient

43 Schedule 1 (after item 338)

Insert:

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| 341 | An interview, lasting not more than 15 minutes, of a person other than the patient when the patient is not in attendance, by a consultant physician in the practice of the consultant physician's specialty of psychiatry following referral of the patient to the consultant physician by a referring practitioner, for the purposes of:
(a) initial diagnostic evaluation; or
(b) continuing management of the patient;
if that service and another service to which this item or any of items 343, 345, 347, 349, 91874 to 91878 and 91882 to 91884 applies have not exceeded 15 services in a calendar year in relation to the patient | 48.40 |
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44 Schedule 1 (after item 342)

Insert:

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| 343 | An interview, lasting more than 15 minutes but not more than 30 minutes, of a person other than the patient when the patient is not in attendance, by a consultant physician in the practice of the consultant physician's specialty of psychiatry following referral of the patient to the consultant physician by a referring practitioner, for the purposes of:
(a) initial diagnostic evaluation; or
(b) continuing management of the patient;
if that service and another service to which this item or any of items 341, 345, 347, 349, 91874 to 91878 and 91882 to 91884 applies have not exceeded 15 services in a calendar year in relation to the patient | 96.60 |
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45 Schedule 1 (after item 344)

Insert:

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| 345 | An interview, lasting more than 30 minutes but not more than 45 minutes, of a person other than the patient when the patient is not in attendance, by a consultant physician in the practice of the consultant physician's specialty of psychiatry following referral of the patient to the consultant physician by a referring practitioner, for the purposes of:
(a) initial diagnostic evaluation; or
(b) continuing management of the patient;
if that service and another service to which this item or any of items 341, 343, 347, 349, 91874 to 91878 and 91882 to 91884 applies have not exceeded 15 services in a calendar year in relation to the patient | 148.70 |
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46 Schedule 1 (after item 346)

Insert:

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| 347 | An interview, lasting more than 45 minutes but not more than 75 minutes, of a person other than the patient when the patient is not in attendance, by a consultant physician in the practice of the consultant physician's specialty of psychiatry following referral of the patient to the consultant physician by a referring practitioner, for the purposes of: | 205.20 |
|-----|--|--------|

- (a) initial diagnostic evaluation; or
 - (b) continuing management of the patient;
- if that service and another service to which this item or any of items 341, 343, 345, 349, 91874 to 91878 and 91882 to 91884 applies have not exceeded 15 services in a calendar year in relation to the patient

47 Schedule 1 (items 348, 350 and 352)

Repeal the items, substitute:

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| 349 | An interview, lasting more than 75 minutes, of a person other than the patient when the patient is not in attendance, by a consultant physician in the practice of the consultant physician's specialty of psychiatry following referral of the patient to the consultant physician by a referring practitioner, for the purposes of: <ul style="list-style-type: none">(a) initial diagnostic evaluation; or(b) continuing management of the patient; if that service and another service to which this item or any of items 341, 343, 345, 347, 91874 to 91878 and 91882 to 91884 applies have not exceeded 15 services in a calendar year in relation to the patient | 238.15 |
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48 Schedule 1 (item 14224, column 2)

After "consultation", insert "(H)".

49 Schedule 1 (item 14224, column 3)

Omit "73.20", substitute "169.25".

Part 4—Services performed with imaging or anaesthesia

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

50 Schedule 1 (item 55135, column 2, paragraph (e))

After “which item”, insert “22054,”.

51 Schedule 1 (after item 63010)

Insert:

63019	MRI—scan of head (including MRA if performed) for the assessment of suitability for the treatment of medically refractory essential tremor with magnetic resonance imaging-guided focused ultrasound Applicable once per patient per lifetime (R) (Anaes.) (Contrast)	426.50
63020	MRI—scan of head (including MRA if performed) for the post-procedure assessment of the patient following magnetic resonance imaging-guided focused ultrasound for the treatment of medically refractory essential tremor Applicable once per patient per lifetime (R) (Anaes.) (Contrast)	426.50

Health Insurance (General Medical Services Table) Regulations 2021

52 Schedule 1 (at the end of the cell at item 13703, column 2)

Add “, other than a service associated with a service to which item 22052 applies”.

53 At the end of clause 5.9.4 of Schedule 1

Add:

Restriction on item 22054

- (4) Item 22054 does not apply to a service if the service is performed on diagnostic imaging equipment that exceeds the applicable life age of the equipment within the meaning of the diagnostic imaging services table.

54 Schedule 1 (after item 22051)

Insert:

22052	Transfusion of blood by an anaesthetist, including collection from donor, when used for intra-operative normovolaemic haemodilution, where the service is provided on the same occasion as the administration of anaesthesia by the same anaesthetist, other than a service associated with a service to which item 13703 applies	6 base units
22053	Insertion of lumbar cerebrospinal fluid drain, by an anaesthetist at the request of the treating specialist, where the service is provided on the same occasion as the administration of anaesthesia by the same anaesthetist, other than a service associated with a service to which item 40018 applies	6 base units
22054	Intraoperative two-dimensional or three-dimensional real time transoesophageal echocardiography by an anaesthetist, where the service:	18 base units

Schedule 1 Amendments

Part 4 Services performed with imaging or anaesthesia

- (a) is provided on the same day as a service to which item 38477, 38484, 38499, 38516 or 38517 applies; and
- (b) includes Doppler techniques with colour flow mapping and recordings on digital media; and
- (c) is performed during cardiac valve surgery (replacement or repair); and
- (d) incorporates sequential assessment of cardiac function and valve competence before and after the surgical procedure; and
- (e) is not associated with a service to which item 21936, 22051, 55118, 55130 or 55135 applies; and
- (f) is provided on the same occasion as the administration of anaesthesia by the same anaesthetist

55 Schedule 1 (item 40018, column 2)

After “insertion of”, insert “, other than a service associated with a service to which item 22053 applies”.

56 Schedule 1 (after item 40803)

Insert:

40804	Magnetic resonance imaging—scan of head (including magnetic resonance angiography if performed) by a radiologist on request by a specialist or consultant physician, for the sole purpose of guiding focused ultrasound for the treatment of medically refractory essential tremor in association with the services described in items 40805 and 40806, including: <ul style="list-style-type: none">(a) stereotactic scan of brain, with frame in place; and(b) assistance with computerised planning; and(c) interpretation of intraprocedural imaging Applicable once per patient per lifetime (H) (Anaes.)	1,035.55
40805	Neurological assessment and evaluation during the treatment of medically refractory essential tremor with magnetic resonance imaging-guided focused ultrasound, performed by a neurologist in association with the services described in items 40804 and 40806, including: <ul style="list-style-type: none">(a) assistance with target localisation incorporating anatomical and physiological techniques; and(b) continuous intraprocedural neurological assessment and evaluation Applicable once per patient per lifetime (H) (Anaes.)	2,139.70
40806	Treatment of medically refractory essential tremor with magnetic resonance imaging-guided focused ultrasound, performed by a neurosurgeon in association with the services described in items 40804 and 40805, including: <ul style="list-style-type: none">(a) computer assisted anatomical localisation; and(b) frame placement; and(c) target verification using anatomical and physiological techniques; and(d) delivery of treatment with lesion production in the basal ganglia, brain stem, thalamus or deep white matter tracts Applicable once per patient per lifetime (H) (Anaes.)	3,295.85

Part 5—Cardiac and arterial procedures

Health Insurance (General Medical Services Table) Regulations 2021

57 Subclause 1.2.11(1) of Schedule 1

After “11730,”, insert “11732,”.

58 Subclause 1.2.13(1) of Schedule 1

After “11729”, insert “, 11732”.

59 Clause 4.1.3D of Schedule 1 (heading)

Omit “11729 and 11730”, substitute “11729, 11730 and 11732”.

60 Subclause 4.1.3D(1) of Schedule 1

Omit “11729 and 11730”, substitute “11729, 11730 and 11732”.

61 Clause 4.1.3E of Schedule 1 (heading)

Omit “11729 and 11730”, substitute “11729, 11730 and 11732”.

62 Subclause 4.1.3E(1) of Schedule 1

Omit “11729 and 11730”, substitute “11729, 11730 and 11732”.

63 Schedule 1 (after item 11731)

Insert:

11732	Multi-channel electrocardiogram monitoring and recording during exercise (motorised treadmill or cycle ergometer capable of quantifying external workload in watts), performed by a cardiologist with relevant expertise in genetic heart disease, if: (a) the patient is: (i) under investigation or treatment for long QT syndrome, catecholaminergic polymorphic ventricular tachycardia or arrhythmogenic cardiomyopathy; or (ii) a first degree relative of a person with confirmed long QT syndrome, catecholaminergic polymorphic ventricular tachycardia, arrhythmogenic cardiomyopathy or unexplained sudden cardiac death at 40 years of age or younger; and (b) the monitoring and recording: (i) is for at least 20 minutes; and (ii) includes resting electrocardiogram; and (c) the cardiologist produces a report that includes interpretation of the monitoring and recording data (commenting on the significance of the data) and discussion of the relationship of the data to clinical decision making for the patient in the clinical context; and (d) the service is not provided on the same occasion as a service to which item 11704, 11705, 11707, 11714, 11729 or 11730 applies Applicable once per day	167.55
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64 Schedule 1 (item 35412, column 2)

Omit “item 60009, 60072, 60075 or 60078”, substitute “item 60009 and one of items 60072, 60075 and 60078”.

65 Schedule 1 (after item 38323)

Insert:

- 38325 Use of intravascular ultrasound (IVUS) during transluminal insertion of stents, to optimise procedural strategy, appropriate stent size and assessment of stent apposition, for a patient documented with: 508.70
- (a) one or more left main coronary artery lesions; or
 - (b) one or more lesions at least 28mm in length in other locations;
- if performed in association with a service to which item 38307, 38308, 38310, 38311, 38313, 38314, 38316, 38317, 38319, 38320, 38322 or 38323 applies
- Applicable once per episode of care (for one or more lesions) (H) (Anaes.)

66 Schedule 1 (item 38373, cell at column 2)

Repeal the cell, substitute:

- Leadless permanent cardiac pacemaker, single-chamber ventricular, percutaneous retrieval and replacement of, including cardiac electrophysiological services, during the same percutaneous procedure, if:
- (a) the service is performed by a specialist or consultant physician who has undertaken training to perform the service; and
 - (b) if the service is performed at least 4 weeks after the pacemaker was inserted—the service is performed in a facility where cardiothoracic surgery is available and a thoracotomy can be performed immediately and without transfer; and
 - (c) if the service is performed by an interventional cardiologist at least 4 weeks after the pacemaker was inserted—a cardiothoracic surgeon is in attendance during the service;
- other than a service associated with a service to which item 38350 applies (H) (Anaes.)

67 Schedule 1 (item 38374, cell at column 2)

Repeal the cell, substitute:

- Leadless permanent cardiac pacemaker, single-chamber ventricular, percutaneous retrieval of, if:
- (a) the service is performed by a specialist or consultant physician who has undertaken training to perform the service; and
 - (b) if the service is performed at least 4 weeks after the pacemaker was inserted—the service is performed in a facility where cardiothoracic surgery is available and a thoracotomy can be performed immediately and without transfer; and
 - (c) if the service is performed by an interventional cardiologist at least 4 weeks after the pacemaker was inserted—a cardiothoracic surgeon is in attendance during the service
- (H) (Anaes.)

68 Schedule 1 (item 38557, column 2)

After “with a service”, insert “, performed by any medical practitioner,”.

Part 6—Thoracic surgery

Health Insurance (General Medical Services Table) Regulations 2021

69 Schedule 1 (item 38425, cell at column 2)

Repeal the cell, substitute:

Endoscopic resection of endobronchial tumours for relief of obstruction including any associated endoscopic procedures, other than a service associated with a service to which another item in Group T8 applies (H) (Anaes.) (Assist.)

70 Schedule 1 (item 38815, cell at column 2)

Repeal the cell, substitute:

Thoracoscopy, with or without division of pleural adhesions, with or without biopsy, including insertion of intercostal catheter where necessary, other than a service associated with:

- (a) a service to which item 18258, 18260 or 38828 applies; or
 - (b) a service to which item 38816 applies that is performed on the same lung
- (H) (Anaes.) (Assist.)

71 Schedule 1 (item 38816, cell at column 2)

Repeal the cell, substitute:

Thoracotomy, exploratory, with or without biopsy, including insertion of an intercostal catheter where necessary, other than a service associated with:

- (a) a service to which item 18258, 18260 or 38828 applies; or
 - (b) a service to which item 38815 applies that is performed on the same lung
- (H) (Anaes.) (Assist.)

72 Schedule 1 (item 38859, column 2)

Omit “33815”, substitute “38815”.

Part 7—Orthopaedic services

Health Insurance (General Medical Services Table) Regulations 2021

73 Schedule 1 (item 39303, column 2)

Omit “applies—”, substitute “applies that is performed at the same site—”.

74 Schedule 1 (cell at item 39309, column 2)

Repeal the cell, substitute:

Nerve trunk, delayed repair of, using microsurgical techniques, including either or both of the following (if performed):

- (a) neurolysis;
 - (b) transposition of nerve or nerve transfer to facilitate repair; other than a service associated with:
 - (c) a service to which item 39321 applies; or
 - (d) a service to which item 30023 applies that is performed at the same site
- (H) (Anaes.) (Assist.)

75 Schedule 1 (item 39312, column 2)

After “applies”, insert “that is performed at the same site”.

76 Schedule 1 (cell at item 39315, column 2)

Repeal the cell, substitute:

Nerve trunk, nerve graft to, by cable graft, using microsurgical techniques, including any of the following (if performed):

- (a) harvesting of nerve graft;
 - (b) proximal and distal anastomosis of nerve graft;
 - (c) transposition of nerve to facilitate grafting;
 - (d) neurolysis;
- other than a service associated with:
- (e) a service to which item 39330 applies; or
 - (f) a service to which item 30023 applies that is performed at the same site
- (H) (Anaes.) (Assist.)

77 Schedule 1 (cell at item 39329, column 2)

Repeal the cell, substitute:

Extensive neurolysis of radial, median or ulnar nerve trunk nerve in the forearm or arm, other than a service associated with:

- (a) a service to which item 39303, 39309, 39312, 39315, 39318, 39324 or 39327 applies; or
 - (b) a service to which item 30023 applies that is performed at the same site
- (Anaes.) (Assist.)

78 Schedule 1 (cell at item 39330, column 2)

Repeal the cell, substitute:

Neurolysis by open operation without transposition, other than a service associated with:

- (a) a service to which item 39321, 39328, 39329, 39332, 39336, 39339, 39342, 39345, 49774 or 49775 applies; or
 - (b) a service to which item 30023 applies that is performed at the same site
- (H) (Anaes.) (Assist.)

79 Schedule 1 (cell at item 39331, column 2)

Repeal the cell, substitute:

Carpal tunnel release, including division of transverse carpal ligament or release of median nerve, by any method, including either or both of the following (if performed):

- (a) synovectomy;
- (b) neurolysis;

other than a service associated with:

- (c) a service to which item 46339 applies; or
 - (d) a service to which item 30023 applies that is performed at the same site
- (Anaes.) (Assist.)

80 Schedule 1 (cell at item 39332, column 2)

Repeal the cell, substitute:

Revision of carpal tunnel release, including division of transverse carpal ligament or release of median nerve, by any method, including either or both of the following (if performed):

- (a) synovectomy;
- (b) neurolysis;

other than a service associated with:

- (c) a service to which item 46339 applies; or
 - (d) a service to which item 30023 applies that is performed at the same site
- (Anaes.) (Assist.)

81 Schedule 1 (items 39336, 39339, 39342 and 39345, column 2)

After “applies”, insert “that is performed at the same site”.

82 Schedule 1 (item 46324, column 2)

Omit “Trapezium replacement arthroplasty or prosthetic interpositional replacement of carpometacarpal joint of thumb”, substitute “Prosthetic interpositional replacement of carpometacarpal joint”.

83 Schedule 1 (cell at item 46325, column 2)

Repeal the cell, substitute:

Excisional arthroplasty of carpometacarpal joint, including any of the following (if performed):

- (a) ligament and tendon transfers;
 - (b) realignment procedures;
 - (c) excision of adjacent trapezoid
- (H) (Anaes.) (Assist.)

84 Schedule 1 (cell at item 46335, column 2)

Repeal the cell, substitute:

Synovectomy of digital extensor tendons of hand, distal to wrist, for diagnosed inflammatory arthritis, including any of the following (if performed):

- (a) reconstruction of extensor retinaculum;
- (b) removal of tendon nodules;
- (c) tenolysis;
- (d) tenoplasty;

other than a service associated with:

- (e) a service to which item 39330 applies; or
- (f) a service to which item 30023 applies that is performed at the same site

Applicable once per hand per occasion on which the service is performed
(Anaes.) (Assist.)

85 Schedule 1 (cell at item 46339, column 2)

Repeal the cell, substitute:

Synovectomy of digital flexor tendons at wrist level, for diagnosed inflammatory arthritis, including either or both of the following (if performed):

- (a) tenolysis;
- (b) release of median nerve and carpal tunnel;

other than a service associated with:

- (c) a service to which item 39330 or 39331 applies; or
- (d) a service to which item 30023 applies that is performed at the same site

Applicable once per wrist per occasion on which the service is performed
(H) (Anaes.) (Assist.)

86 Schedule 1 (cell at item 46340, column 2)

Repeal the cell, substitute:

Synovectomy of wrist flexor or extensor tendons of hand or wrist, for diagnosed inflammatory tenosynovitis, including any of the following (if performed):

- (a) reconstruction of flexor or extensor retinaculum;
- (b) removal of tendon nodules;
- (c) tenolysis;
- (d) tenoplasty;

other than a service associated with:

- (e) a service to which item 39330 applies; or
- (f) if this service is performed on the wrist flexor tendons—a service to which item 39331 applies; or
- (g) a service to which item 30023 applies that is performed at the same site

—one or more compartments per limb (H) (Anaes.) (Assist.)

87 Schedule 1 (cell at item 46341, column 2)

Repeal the cell, substitute:

Synovectomy of wrist flexor or extensor tendons of hand or wrist, for non-inflammatory tenosynovitis or post traumatic synovitis, including any of the following (if performed):

- (a) reconstruction of flexor or extensor retinaculum;
 - (b) removal of tendon nodules;
 - (c) tenolysis;
 - (d) tenoplasty;
- other than a service associated with:
- (e) a service to which item 39330 applies; or
 - (f) if this service is performed on the wrist flexor tendons—a service to which item 39331 applies; or
 - (g) a service to which item 30023 applies that is performed at the same site—
—one or more compartments per limb (H) (Anaes.) (Assist.)

88 Schedule 1 (cell at item 46348, column 2)

Repeal the cell, substitute:

Flexor tenosynovectomy of hand, distal to lumbrical origin, including any of the following (if performed):

- (a) removal of intratendinous nodules;
 - (b) tenolysis;
 - (c) tenoplasty;
- other than a service associated with:
- (d) a service to which item 30023 applies that is performed at the same site; or
 - (e) a service to which item 46363 applies that is performed on the same ray
—one ray (H) (Anaes.) (Assist.)

89 Schedule 1 (cell at item 46351, column 2)

Repeal the cell, substitute:

Flexor tenosynovectomy of hand, distal to lumbrical origin, including any of the following (if performed):

- (a) removal of intratendinous nodules;
 - (b) tenolysis;
 - (c) tenoplasty;
- other than a service associated with:
- (d) a service to which item 30023 applies that is performed at the same site; or
 - (e) a service to which item 46363 applies that is performed on one of the same rays
—2 rays of one hand (H) (Anaes.) (Assist.)

90 Schedule 1 (cell at item 46354, column 2)

Repeal the cell, substitute:

Flexor tenosynovectomy of hand, distal to lumbrical origin, including any of the following (if performed):

- (a) removal of intratendinous nodules;
 - (b) tenolysis;
 - (c) tenoplasty;
- other than a service associated with:

- (d) a service to which item 30023 applies that is performed at the same site; or
 - (e) a service to which item 46363 applies that is performed on one of the same rays
- 3 rays of one hand (H) (Anaes.) (Assist.)

91 Schedule 1 (cell at item 46357, column 2)

Repeal the cell, substitute:

Flexor tenosynovectomy of hand, distal to lumbrical origin, including any of the following (if performed):

- (a) removal of intratendinous nodules;
- (b) tenolysis;
- (c) tenoplasty;

other than a service associated with:

- (d) a service to which item 30023 applies that is performed at the same site; or
- (e) a service to which item 46363 applies that is performed on one of the same rays

—4 rays of one hand (H) (Anaes.) (Assist.)

92 Schedule 1 (cell at item 46360, column 2)

Repeal the cell, substitute:

Flexor tenosynovectomy of hand, distal to lumbrical origin, including any of the following (if performed):

- (a) removal of intratendinous nodules;
- (b) tenolysis;
- (c) tenoplasty;

other than a service associated with:

- (d) a service to which item 30023 applies that is performed at the same site; or
- (e) a service to which item 46363 applies that is performed on one of the same rays

—5 rays of one hand (H) (Anaes.) (Assist.)

93 Schedule 1 (item 46363, column 2)

Omit “tenosynoviti”, substitute “tenosynovitis”.

94 Schedule 1 (cell at item 46364, column 2)

Repeal the cell, substitute:

Digital sympathectomy of hand, using microsurgical techniques, other than a service associated with:

- (a) a service to which item 46363 applies; or
- (b) a service to which item 30023 applies that is performed at the same site

—one digit or palmer arch (or both) or radial or ulnar artery (or both) (Anaes.)(Assist.)

95 Schedule 1 (items 46387, 46390, 46393, 46394 and 46395, column 2)

Omit “applies—”, substitute “applies that is performed at the same site—”.

96 Schedule 1 (items 46408, 46414 and 46423, column 2)

After “applies”, insert “that is performed at the same site”.

97 Schedule 1 (item 46426, column 2)

Omit “, other than a service to repair a tendon of a digit if 2 tendons of the same digit have been repaired during the same procedure”.

98 Schedule 1 (item 46432, column 2)

Omit “or wrist”.

99 Schedule 1 (item 46434, column 2)

After “applies”, insert “that is performed at the same site”.

100 Schedule 1 (item 46450, column 2, paragraph (b))

Omit “applies;”, substitute “applies that is performed at the same site;”.

101 Schedule 1 (item 46453, column 2, at the end of paragraph (b))

Add “that is performed at the same site”.

102 Schedule 1 (cell at item 46498, column 2)

Repeal the cell, substitute:

Excision of ganglion of flexor tendon sheath of hand, including any of the following (if performed):

- (a) flexor tenosynovectomy;
- (b) sheath excision;
- (c) skin closure by any method;

other than a service associated with:

- (d) a service to which item 30107 applies; or
- (e) a service to which item 46363 applies that is performed on the same ray

(Anaes.) (Assist.)

103 Schedule 1 (item 46522, column 2)

Omit “applies—”, substitute “applies that is performed at the same site—”.

104 Schedule 1 (item 46525, column 2, subparagraph (a)(ii))

Omit “applies;”, substitute “applies that is performed at the same site;”.

105 Schedule 1 (item 47357, column 2)

Omit “open reduction, with internal or percutaneous fixation”, substitute “reduction, with fixation by any means”.

106 Schedule 1 (after item 47573)

Insert:

47577	Treatment of fracture of fibula proximal to ankle, by open reduction, with internal fixation, including any of the following (if performed): (a) internal fixation; (b) arthrotomy; (c) capsule repair;	621.75
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- (d) removal of loose fragments or intervening soft tissue;
- (e) washout of joint
- (H) (Anaes.)(Assist.)

107 Schedule 1 (cells at items 47615 and 47618, column 2)

Omit “foot”, substitute “hindfoot bone”.

108 Schedule 1 (item 47639, column 2)

After “one metatarsal”, insert “of one foot”.

109 Schedule 1 (item 47792, column 2)

Omit “acromio-clavicular joint or scapulo-thoracic”, substitute “acromioclavicular joint or sternoclavicular”.

110 Schedule 1 (item 47792, column 2)

After “applies”, insert “(H)”.

111 Schedule 1 (after item 47792)

Insert:

47795	Joint stabilisation procedure of scapulothoracic joint, other than a service associated with a service to which another item in this Group (other than item 38828 or 48406) applies (H) (Anaes.) (Assist.)	518.10
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112 Schedule 1 (after item 47967)

Insert:

47968	Open tenotomy of one or more tendons of shoulder, with or without tenoplasty, to restore shoulder function, other than a service to which another item in this Group applies—applicable once per joint per occasion on which this service is performed (Anaes.)	238.30
47970	Open tenotomy of one or more tendons of scapula, with or without tenoplasty, to restore scapula function, other than a service to which another item in this Group applies—applicable once per joint per occasion on which this service is performed (Anaes.)	238.30
47973	Open tenotomy of one or more tendons of elbow, with or without tenoplasty, to restore elbow function, other than a service to which another item in this Group applies—applicable once per joint per occasion on which this service is performed (Anaes.)	238.30

113 Schedule 1 (cell at item 48400, column 2)

Repeal the cell, substitute:

Operation on foot:

(a) with either or both of the following:

- (i) osteotomy of phalanx or metatarsal for correction of deformity;
- (ii) excision of accessory bone or sesamoid bone; and

(b) including any of the following (if performed):

- (i) removal of bone;
- (ii) excision of surrounding osteophytes;
- (iii) synovectomy;
- (iv) joint release;

—one bone (H) (Anaes.) (Assist.)

114 Schedule 1 (item 48403, column 2)

Omit “or metatarsal of first toe of foot”, substitute “of first toe or metatarsal”.

115 Schedule 1 (after item 48435)

Insert:

48436	<p>Excision of one or more exostoses of the hand, distal to the wrist, including any of the following (if performed):</p> <ul style="list-style-type: none"> (a) excision of surrounding osteophytes; (b) release of ligaments; (c) removal of one or more associated bursae or ganglia; (d) removal of bone; (e) synovectomy; <p>other than a service associated with a service to which another item in this Schedule applies that:</p> <ul style="list-style-type: none"> (f) is an arthroscopic procedure, arthrodesis, arthroplasty or osteotomy, or involves the removal of hardware; and (g) is performed on the same joint or bone; <p>—each incision (H) (Anaes.) (Assist.)</p>	295.30
48438	<p>Excision of one or more exostoses in the wrist including any of the following (if performed):</p> <ul style="list-style-type: none"> (a) capsulotomy; (b) excision of surrounding osteophytes; (c) release of ligaments; (d) removal of one or more associated bursae or ganglia; (e) removal of bone; (f) synovectomy; <p>other than:</p> <ul style="list-style-type: none"> (g) a service to which 48436 applies; or (h) a service associated with a service to which another item in this Schedule applies that: <ul style="list-style-type: none"> (i) is an arthroscopic procedure, arthrodesis, arthroplasty or osteotomy, or involves the removal of hardware; and (ii) is performed on the same joint or bone; <p>—each incision (H) (Anaes.) (Assist.)</p>	295.30
48440	<p>Excision of one or more exostoses in the arm or shoulder, including the radius, ulna, humerus, acromion, clavicle, or scapula, including any of the following (if performed):</p> <ul style="list-style-type: none"> (a) capsulotomy; (b) excision of surrounding osteophytes; (c) release of ligaments; (d) removal of one or more associated bursae or ganglia; (e) removal of bone; (f) synovectomy; <p>other than:</p> <ul style="list-style-type: none"> (g) a service to which 48438 applies; or (h) a service associated with a service to which another item in this Schedule applies that: <ul style="list-style-type: none"> (i) is an arthroscopic procedure, arthrodesis, arthroplasty or osteotomy, or involves the removal of hardware; and 	295.30

Schedule 1 Amendments
Part 7 Orthopaedic services

	(ii) is performed on the same joint or bone; —each incision (H) (Anaes.) (Assist.)	
48442	Excision of one or more exostoses in the hip, including pelvis and femur, including any of following (if performed): (a) capsulotomy; (b) excision of surrounding osteophytes; (c) release of ligaments; (d) removal of one or more associated bursae or ganglia; (e) removal of bone; (f) synovectomy; other than: (g) a service to which 48444 applies; or (h) a service associated with a service to which another item in this Schedule applies that: (i) is an arthroscopic procedure, arthrodesis, arthroplasty or osteotomy, or involves the removal of hardware; and (ii) is performed on the same joint or bone; —each incision (H) (Anaes.) (Assist.)	295.30
48444	Excision of one or more exostoses in the knee, tibia or fibula, including any of following (if performed): (a) capsulotomy; (b) excision of surrounding osteophytes; (c) release of ligaments; (d) removal of one or more associated bursae or ganglia; (e) removal of bone; (f) synovectomy; other than: (g) a service to which item 48430 applies; or (h) a service associated with a service to which another item in this Schedule applies that: (i) is an arthroscopic procedure, arthrodesis, arthroplasty or osteotomy, or involves the removal of hardware; and (ii) is performed on the same joint or bone; —each incision (H) (Anaes.) (Assist.)	295.30
48446	Treatment of non-union or malunion of fracture of pelvis, including bone graft, and including any of the following (if performed): (a) arthrotomy; (b) debridement; (c) osteotomy; (d) removal of hardware; (e) internal fixation; other than a service associated with a service to which item 48245, 48248, 48251, 48254, 48257 or 47929 applies that is performed on the same bone —one bone (H) (Anaes.) (Assist.)	1,328.20
48448	Treatment of non-union or malunion of fracture of femur, including bone graft, and including any of the following (if performed): (a) arthrotomy; (b) debridement;	1,328.20

	(c) osteotomy; (d) removal of hardware; (e) internal fixation; other than a service associated with a service to which item 48245, 48248, 48251, 48254, 48257 or 47929 applies that is performed on the same bone —one bone (H) (Anaes.) (Assist.)	
48450	Treatment of non-union or malunion of fracture of tibia or fibula, proximal to ankle, including bone graft, and including any of the following (if performed): (a) arthrotomy; (b) debridement; (c) osteotomy; (d) removal of hardware; (e) internal fixation; other than a service associated with a service to which item 48245, 48248, 48251, 48254, 48257 or 47929 applies that is performed on the same bone —one bone (H) (Anaes.) (Assist.)	1,203.80
48452	Treatment of non-union or malunion of fracture of humerus, including bone graft, and including any of the following (if performed): (a) arthrotomy; (b) debridement; (c) osteotomy; (d) removal of hardware; (e) internal fixation; other than a service associated with a service to which item 48245, 48248, 48251, 48254, 48257 or 47929 applies that is performed on the same bone —one bone (H) (Anaes.) (Assist.)	1,203.80
48454	Treatment of non-union or malunion of fracture of radius, ulna, or carpus including bone graft, and including any of the following (if performed): (a) arthrotomy; (b) debridement; (c) osteotomy; (d) removal of hardware; (e) internal fixation; other than a service associated with a service to which item 48245, 48248, 48251, 48254, 48257 or 47929 applies that is performed on the same bone —one bone (H) (Anaes.) (Assist.)	892.90
48456	Treatment of non-union or malunion of fracture of hand, distal to wrist, including bone graft, and including any of the following (if performed): (a) arthrotomy; (b) debridement; (c) osteotomy; (d) removal of hardware;	892.90

- (e) internal fixation;
other than a service associated with a service to which item 48245,
48248, 48251, 48254, 48257 or 47929 applies that is performed on the
same bone
—one bone (H) (Anaes.) (Assist.)

116 Schedule 1 (after item 48918)

Insert:

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|-------|--|----------|
| 48919 | Anatomic or reverse total shoulder replacement with bone graft,
including any of the following (if performed): <ul style="list-style-type: none">(a) associated rotator cuff repair;(b) biceps tenodesis;(c) tuberosity osteotomy; other than a service associated with: <ul style="list-style-type: none">(d) a service to which another item in this Schedule applies that is
performed on the shoulder region by open or arthroscopic means; or(e) a service to which item 48245, 48248, 48251, 48254 or 48257
applies that is performed on the same joint (H) (Anaes.) (Assist.) | 1,877.60 |
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117 Schedule 1 (after item 48924)

Insert:

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|-------|---|--------|
| 48925 | Arthroplasty of shoulder, other than: <ul style="list-style-type: none">(a) a service to which another item applies; or(b) a service associated with a service to which any of items 48900 to
48909, 48948, 48951, or 48960 applies that is performed on the same
joint (H) (Anaes.) (Assist.) | 773.25 |
|-------|---|--------|

118 Schedule 1 (after item 48927)

Insert:

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|-------|--|--------|
| 48932 | Arthroplasty of acromioclavicular joint or sternoclavicular joint, other
than: <ul style="list-style-type: none">(a) a service to which another item applies; or(b) a service associated with a service to which another item in this
Schedule applies that is performed on the same joint by arthroscopic
means —one joint (H) (Anaes.) (Assist.) | 773.25 |
|-------|--|--------|

119 Schedule 1 (after item 48942)

Insert:

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|-------|---|--------|
| 48943 | Arthrodesis of acromioclavicular or sternoclavicular joint, including
either or both of the following (if performed): <ul style="list-style-type: none">(a) joint debridement;(b) synovectomy —one joint (H) (Anaes.) (Assist.) | 518.10 |
| 48944 | Arthrodesis of scapulothoracic joint, including either or both of the
following (if performed): <ul style="list-style-type: none">(a) joint debridement; | 518.10 |
-

- (b) synovectomy
—one joint (H) (Anaes.) (Assist.)

120 Schedule 1 (after item 48951)

Insert:

48952	Surgery of acromioclavicular joint or sternoclavicular joint, by arthroscopic means, including any of the following (if performed): (a) cartilage treatment; (b) removal of loose bodies; (c) synovectomy; (d) excision of joint osteophytes; other than a service associated with a service to which another item in this Group applies that is performed on the same joint by arthroscopic means (H) (Anaes.) (Assist.)	673.60
48953	Surgery of scapulothoracic joint, by arthroscopic means, including any of the following (if performed): (a) cartilage treatment; (b) removal of loose bodies; (c) synovectomy; (d) excision of joint osteophytes; other than a service associated with a service to which another item in this Group applies that is performed on the same joint by arthroscopic means (H) (Anaes.) (Assist.)	673.60

121 Schedule 1 (after item 48958)

Insert:

48959	Latarjet procedure by open or arthroscopic means, including any of the following (if performed) but excluding removal of hardware: (a) labral repair or reattachment; (b) bone grafting; (c) tendon transfer; other than a service associated with a service to which another item in this Schedule applies that is performed on the shoulder region by arthroscopic means (H) (Anaes.) (Assist.)	1,664.15
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122 Schedule 1 (after item 49112)

Insert:

49113	Removal of radial head prosthesis (H) (Anaes.) (Assist.)	773.25
49114	Revision of radial head replacement (H) (Anaes.) (Assist.)	773.25

123 Schedule 1 (after item 49124)

Insert:

49127	Elbow joint, arthroplasty of, other than a service to which another item applies (H) (Anaes.) (Assist.)	773.25
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124 Schedule 1 (items 49219 and 49220, column 2)

After “carpometacarpal”, insert “joint”.

125 Schedule 1 (item 49230, column 2)

Omit “for trauma or emergency, including all of the following”, substitute “including any of the following (if performed)”.

126 Schedule 1 (item 49233, column 2)

Omit “all of the following”, substitute “any of the following (if performed)”.

127 Schedule 1 (item 49233, column 2)

Omit “radial ulnar”, substitute “radioulnar”.

128 Schedule 1 (item 49233, column 2)

Omit “another wrist procedure”, substitute “a limited wrist fusion”.

129 Schedule 1 (item 49239, column 2)

Omit “hamate,”, substitute “hamate or sesamoid bone of hand,”.

130 Schedule 1 (item 49321, column 2)

Omit “Total”, substitute “Complex primary”.

131 Schedule 1 (item 49363, cell at column 2)

Repeal the cell, substitute:

Diagnostic arthroscopy of hip, with synovial biopsy, other than a service associated with a service to which another item in this Schedule applies that is performed on the hip joint by arthroscopic means (H) (Anaes.) (Assist.)

132 Schedule 1 (items 49518 and 49519, column 2)

Omit “replacement”.

133 Schedule 1 (item 49521, column 2)

Omit “with revision of components to femur or tibia”, substitute “using revision femoral or tibial components”.

134 Schedule 1 (item 49524, cell at column 2)

Repeal the cell, substitute:

Complex primary arthroplasty of knee:

(a) using revision femoral and tibial components; or

(b) using revision femoral or tibial components including anatomic specific allograft of femur or tibia;

including either or both of the following (if performed):

(c) ligament reconstruction;

(d) patellar resurfacing;

other than a service associated with a service to which item 48245, 48248, 48251, 48254 or 48257 applies (H) (Anaes.) (Assist.)

135 Schedule 1 (items 49527, 49530 and 49533, column 2)

Omit “replacement”, substitute “arthroplasty”.

136 Schedule 1 (item 49534, column 2)

Omit “Replacement”, substitute “Arthroplasty”.

137 Schedule 1 (after item 49590)

Insert:

49592	Excision of heterotopic ossification, myositis ossificans or post-traumatic ossification in the hip, including pelvis and proximal femur (H) (Anaes.) (Assist.)	1,256.50
<hr/>		
49594	Excision of heterotopic ossification, myositis ossificans or post-traumatic ossification in the knee, including distal femur, proximal fibula and proximal tibia (H) (Anaes.) (Assist.)	1,005.20
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49596	Excision of heterotopic ossification, myositis ossificans or post-traumatic ossification in the lower leg, other than a service to which item 49594 applies (H) (Anaes.) (Assist.)	753.90

138 Schedule 1 (item 49716, column 2, subparagraph (a)(i))

Omit “and plastic”, substitute “or plastic”.

139 Schedule 1 (items 49717, 49740 and 49744, column 2)

After “applies”, insert “that is performed at the same site”.

140 Schedule 1 (item 49762, column 3)

Omit “597.90”, substitute “854.90”.

141 Schedule 1 (item 49763, column 3)

Omit “657.00”, substitute “997.40”.

142 Schedule 1 (item 49764, column 3)

Omit “716.15”, substitute “1,139.85”.

143 Schedule 1 (item 49765, column 3)

Omit “775.20”, substitute “1,282.40”.

144 Schedule 1 (item 49766, column 3)

Omit “834.40”, substitute “1,424.85”.

145 Schedule 1 (item 49767, column 3)

Omit “893.50”, substitute “1,567.35”.

146 Schedule 1 (item 49768, column 3)

Omit “952.60”, substitute “1,709.80”.

147 Schedule 1 (items 49771, 49773, 49774, 49775 and 49776, column 2)

Omit “applies—”, substitute “applies that is performed at the same site—”.

148 Schedule 1 (item 49782, column 2)

After “applies”, insert “that is performed at the same site”.

149 Schedule 1 (items 49866 and 49881, column 2)

Omit “applies—”, substitute “applies that is performed at the same site—”.

150 Schedule 1 (item 49884, column 2)

Omit “applies—each incision.”, substitute “applies that is performed at the same site—each incision”.

151 Schedule 1 (item 49887, column 2)

Omit all the words after paragraph (b), substitute:

other than a service associated with:

(c) a service to which item 49881 applies; or

(d) a service to which item 30023 applies that is performed at the same site
—each incision (H) (Anaes.) Assist.)

152 Schedule 1 (item 49890, column 2)

Omit all the words after paragraph (b), substitute:

other than a service associated with:

(c) a service to which item 49884 applies; or

(d) a service to which item 30023 applies that is performed at the same site
—each incision (H) (Anaes.) (Assist.)

153 Schedule 1 (item 50654, cell at column 2)

Repeal the cell, substitute:

Examination or closed reduction (or both) of hip for a patient under the age of 18 years,
including any of the following (if performed):

(a) diagnostic injection;

(b) arthrography;

(c) application or reapplication of a hip spica

(H) (Anaes.) (Assist.)

Part 8—Administrative amendment

Health Insurance (General Medical Services Table) Regulations 2021

154 Division 2.18 of Schedule 1

Repeal the Division.

Part 9—Anaesthesia fees

Health Insurance (General Medical Services Table) Regulations 2021

155 Before clause 5.9.1 of Schedule 1

Insert:

5.9.1A Meaning of *base unit*

In an item in Group T10:

base unit means an amount of \$21.80.

156 Amendments of listed provisions—Group T10

The items of Schedule 1 listed in the following table are amended as set out in the table.

Amendments to convert fees to base units—amendments of Group T10			
Item	Item of Schedule 1	Omit	Substitute
1	Item 20100	109.00	5 base units
2	Item 20102	130.80	6 base units
3	Item 20104	87.20	4 base units
4	Item 20120	109.00	5 base units
5	Item 20124	87.20	4 base units
6	Item 20140	109.00	5 base units
7	Item 20142	109.00	5 base units
8	Item 20143	130.80	6 base units
9	Item 20144	152.60	7 base units
10	Item 20145	152.60	7 base units
11	Item 20146	109.00	5 base units
12	Item 20147	130.80	6 base units
13	Item 20148	87.20	4 base units
14	Item 20160	130.80	6 base units
15	Item 20162	152.60	7 base units
16	Item 20164	87.20	4 base units
17	Item 20170	130.80	6 base units
18	Item 20172	152.60	7 base units
19	Item 20174	196.20	9 base units
20	Item 20176	218.00	10 base units
21	Item 20190	109.00	5 base units
22	Item 20192	218.00	10 base units
23	Item 20210	327.00	15 base units
24	Item 20212	109.00	5 base units
25	Item 20214	196.20	9 base units
26	Item 20216	436.00	20 base units
27	Item 20220	218.00	10 base units

Amendments to convert fees to base units—amendments of Group T10			
Item	Item of Schedule 1	Omit	Substitute
28	Item 20222	130.80	6 base units
29	Item 20225	261.60	12 base units
30	Item 20230	261.60	12 base units
31	Item 20300	109.00	5 base units
32	Item 20305	327.00	15 base units
33	Item 20320	130.80	6 base units
34	Item 20321	218.00	10 base units
35	Item 20330	174.40	8 base units
36	Item 20350	218.00	10 base units
37	Item 20352	109.00	5 base units
38	Item 20355	261.60	12 base units
39	Item 20400	65.40	3 base units
40	Item 20401	87.20	4 base units
41	Item 20402	109.00	5 base units
42	Item 20403	109.00	5 base units
43	Item 20404	130.80	6 base units
44	Item 20405	174.40	8 base units
45	Item 20406	283.40	13 base units
46	Item 20410	87.20	4 base units
47	Item 20420	109.00	5 base units
48	Item 20440	87.20	4 base units
49	Item 20450	109.00	5 base units
50	Item 20452	130.80	6 base units
51	Item 20470	130.80	6 base units
52	Item 20472	218.00	10 base units
53	Item 20474	283.40	13 base units
54	Item 20475	218.00	10 base units
55	Item 20500	327.00	15 base units
56	Item 20520	130.80	6 base units
57	Item 20522	87.20	4 base units
58	Item 20524	87.20	4 base units
59	Item 20526	218.00	10 base units
60	Item 20528	174.40	8 base units
61	Item 20540	283.40	13 base units
62	Item 20542	327.00	15 base units
63	Item 20546	327.00	15 base units
64	Item 20548	327.00	15 base units
65	Item 20560	436.00	20 base units
66	Item 20600	218.00	10 base units
67	Item 20604	283.40	13 base units
68	Item 20620	218.00	10 base units
69	Item 20622	283.40	13 base units

Schedule 1 Amendments
Part 9 Anaesthesia fees

Amendments to convert fees to base units—amendments of Group T10			
Item	Item of Schedule 1	Omit	Substitute
70	Item 20630	174.40	8 base units
71	Item 20632	152.60	7 base units
72	Item 20634	218.00	10 base units
73	Item 20670	283.40	13 base units
74	Item 20680	65.40	3 base units
75	Item 20690	109.00	5 base units
76	Item 20700	65.40	3 base units
77	Item 20702	87.20	4 base units
78	Item 20703	87.20	4 base units
79	Item 20704	218.00	10 base units
80	Item 20706	152.60	7 base units
81	Item 20730	109.00	5 base units
82	Item 20740	109.00	5 base units
83	Item 20745	152.60	7 base units
84	Item 20750	109.00	5 base units
85	Item 20752	130.80	6 base units
86	Item 20754	152.60	7 base units
87	Item 20756	196.20	9 base units
88	Item 20770	327.00	15 base units
89	Item 20790	174.40	8 base units
90	Item 20791	218.00	10 base units
91	Item 20792	283.40	13 base units
92	Item 20793	327.00	15 base units
93	Item 20794	261.60	12 base units
94	Item 20798	218.00	10 base units
95	Item 20799	130.80	6 base units
96	Item 20800	65.40	3 base units
97	Item 20802	109.00	5 base units
98	Item 20803	87.20	4 base units
99	Item 20804	218.00	10 base units
100	Item 20806	152.60	7 base units
101	Item 20810	87.20	4 base units
102	Item 20815	130.80	6 base units
103	Item 20820	109.00	5 base units
104	Item 20830	87.20	4 base units
105	Item 20832	130.80	6 base units
106	Item 20840	130.80	6 base units
107	Item 20841	174.40	8 base units
108	Item 20842	87.20	4 base units
109	Item 20844	218.00	10 base units
110	Item 20845	218.00	10 base units
111	Item 20846	218.00	10 base units

Amendments to convert fees to base units—amendments of Group T10			
Item	Item of Schedule 1	Omit	Substitute
112	Item 20847	218.00	10 base units
113	Item 20848	218.00	10 base units
114	Item 20850	261.60	12 base units
115	Item 20855	327.00	15 base units
116	Item 20860	130.80	6 base units
117	Item 20862	152.60	7 base units
118	Item 20863	218.00	10 base units
119	Item 20864	218.00	10 base units
120	Item 20866	218.00	10 base units
121	Item 20867	218.00	10 base units
122	Item 20868	218.00	10 base units
123	Item 20880	327.00	15 base units
124	Item 20882	218.00	10 base units
125	Item 20884	109.00	5 base units
126	Item 20886	130.80	6 base units
127	Item 20900	65.40	3 base units
128	Item 20902	87.20	4 base units
129	Item 20904	152.60	7 base units
130	Item 20905	218.00	10 base units
131	Item 20906	87.20	4 base units
132	Item 20910	87.20	4 base units
133	Item 20911	109.00	5 base units
134	Item 20912	109.00	5 base units
135	Item 20914	152.60	7 base units
136	Item 20916	152.60	7 base units
137	Item 20920	87.20	4 base units
138	Item 20924	87.20	4 base units
139	Item 20926	87.20	4 base units
140	Item 20928	130.80	6 base units
141	Item 20930	87.20	4 base units
142	Item 20932	87.20	4 base units
143	Item 20934	130.80	6 base units
144	Item 20936	174.40	8 base units
145	Item 20938	87.20	4 base units
146	Item 20940	87.20	4 base units
147	Item 20942	109.00	5 base units
148	Item 20943	87.20	4 base units
149	Item 20944	130.80	6 base units
150	Item 20946	174.40	8 base units
151	Item 20948	87.20	4 base units
152	Item 20950	109.00	5 base units
153	Item 20952	87.20	4 base units

Schedule 1 Amendments
Part 9 Anaesthesia fees

Amendments to convert fees to base units—amendments of Group T10			
Item	Item of Schedule 1	Omit	Substitute
154	Item 20954	218.00	10 base units
155	Item 20956	87.20	4 base units
156	Item 20958	109.00	5 base units
157	Item 20960	152.60	7 base units
158	Item 21100	65.40	3 base units
159	Item 21110	109.00	5 base units
160	Item 21112	87.20	4 base units
161	Item 21114	109.00	5 base units
162	Item 21116	130.80	6 base units
163	Item 21120	130.80	6 base units
164	Item 21130	65.40	3 base units
165	Item 21140	327.00	15 base units
166	Item 21150	218.00	10 base units
167	Item 21155	218.00	10 base units
168	Item 21160	87.20	4 base units
169	Item 21170	174.40	8 base units
170	Item 21195	65.40	3 base units
171	Item 21199	87.20	4 base units
172	Item 21200	87.20	4 base units
173	Item 21202	87.20	4 base units
174	Item 21210	130.80	6 base units
175	Item 21212	218.00	10 base units
176	Item 21214	218.00	10 base units
177	Item 21215	327.00	15 base units
178	Item 21216	305.20	14 base units
179	Item 21220	87.20	4 base units
180	Item 21230	130.80	6 base units
181	Item 21232	109.00	5 base units
182	Item 21234	174.40	8 base units
183	Item 21260	87.20	4 base units
184	Item 21270	174.40	8 base units
185	Item 21272	87.20	4 base units
186	Item 21274	130.80	6 base units
187	Item 21275	218.00	10 base units
188	Item 21280	327.00	15 base units
189	Item 21300	65.40	3 base units
190	Item 21321	87.20	4 base units
191	Item 21340	87.20	4 base units
192	Item 21360	109.00	5 base units
193	Item 21380	65.40	3 base units
194	Item 21382	87.20	4 base units
195	Item 21390	65.40	3 base units

Amendments to convert fees to base units—amendments of Group T10			
Item	Item of Schedule 1	Omit	Substitute
196	Item 21392	87.20	4 base units
197	Item 21400	87.20	4 base units
198	Item 21402	152.60	7 base units
199	Item 21403	218.00	10 base units
200	Item 21404	109.00	5 base units
201	Item 21420	65.40	3 base units
202	Item 21430	87.20	4 base units
203	Item 21432	109.00	5 base units
204	Item 21440	174.40	8 base units
205	Item 21445	218.00	10 base units
206	Item 21460	65.40	3 base units
207	Item 21461	87.20	4 base units
208	Item 21462	65.40	3 base units
209	Item 21464	87.20	4 base units
210	Item 21472	109.00	5 base units
211	Item 21474	109.00	5 base units
212	Item 21480	87.20	4 base units
213	Item 21482	109.00	5 base units
214	Item 21484	109.00	5 base units
215	Item 21486	152.60	7 base units
216	Item 21490	65.40	3 base units
217	Item 21500	174.40	8 base units
218	Item 21502	130.80	6 base units
219	Item 21520	87.20	4 base units
220	Item 21522	109.00	5 base units
221	Item 21530	327.00	15 base units
222	Item 21532	174.40	8 base units
223	Item 21535	218.00	10 base units
224	Item 21600	65.40	3 base units
225	Item 21610	109.00	5 base units
226	Item 21620	87.20	4 base units
227	Item 21622	109.00	5 base units
228	Item 21630	109.00	5 base units
229	Item 21632	130.80	6 base units
230	Item 21634	196.20	9 base units
231	Item 21636	327.00	15 base units
232	Item 21638	218.00	10 base units
233	Item 21650	174.40	8 base units
234	Item 21652	218.00	10 base units
235	Item 21654	174.40	8 base units
236	Item 21656	218.00	10 base units
237	Item 21670	87.20	4 base units

Schedule 1 Amendments
Part 9 Anaesthesia fees

Amendments to convert fees to base units—amendments of Group T10			
Item	Item of Schedule 1	Omit	Substitute
238	Item 21680	65.40	3 base units
239	Item 21682	87.20	4 base units
240	Item 21685	218.00	10 base units
241	Item 21700	65.40	3 base units
242	Item 21710	87.20	4 base units
243	Item 21712	109.00	5 base units
244	Item 21714	109.00	5 base units
245	Item 21716	109.00	5 base units
246	Item 21730	65.40	3 base units
247	Item 21732	87.20	4 base units
248	Item 21740	109.00	5 base units
249	Item 21756	130.80	6 base units
250	Item 21760	152.60	7 base units
251	Item 21770	174.40	8 base units
252	Item 21772	130.80	6 base units
253	Item 21780	87.20	4 base units
254	Item 21785	218.00	10 base units
255	Item 21790	327.00	15 base units
256	Item 21800	65.40	3 base units
257	Item 21810	87.20	4 base units
258	Item 21820	65.40	3 base units
259	Item 21830	87.20	4 base units
260	Item 21832	152.60	7 base units
261	Item 21834	87.20	4 base units
262	Item 21840	174.40	8 base units
263	Item 21842	130.80	6 base units
264	Item 21850	87.20	4 base units
265	Item 21860	65.40	3 base units
266	Item 21865	218.00	10 base units
267	Item 21870	327.00	15 base units
268	Item 21872	174.40	8 base units
269	Item 21878	65.40	3 base units
270	Item 21879	109.00	5 base units
271	Item 21880	152.60	7 base units
272	Item 21881	196.20	9 base units
273	Item 21882	239.80	11 base units
274	Item 21883	283.40	13 base units
275	Item 21884	327.00	15 base units
276	Item 21885	370.60	17 base units
277	Item 21886	414.20	19 base units
278	Item 21887	457.80	21 base units
279	Item 21900	65.40	3 base units

Amendments to convert fees to base units—amendments of Group T10			
Item	Item of Schedule 1	Omit	Substitute
280	Item 21906	109.00	5 base units
281	Item 21908	130.80	6 base units
282	Item 21910	196.20	9 base units
283	Item 21912	109.00	5 base units
284	Item 21914	130.80	6 base units
285	Item 21915	109.00	5 base units
286	Item 21916	109.00	5 base units
287	Item 21918	109.00	5 base units
288	Item 21922	130.80	6 base units
289	Item 21925	87.20	4 base units
290	Item 21926	87.20	4 base units
291	Item 21930	130.80	6 base units
292	Item 21935	109.00	5 base units
293	Item 21936	109.00	5 base units
294	Item 21939	65.40	3 base units
295	Item 21941	152.60	7 base units
296	Item 21942	218.00	10 base units
297	Item 21943	109.00	5 base units
298	Item 21945	109.00	5 base units
299	Item 21949	109.00	5 base units
300	Item 21952	87.20	4 base units
301	Item 21955	109.00	5 base units
302	Item 21959	109.00	5 base units
303	Item 21962	109.00	5 base units
304	Item 21965	109.00	5 base units
305	Item 21969	174.40	8 base units
306	Item 21970	327.00	15 base units
307	Item 21973	109.00	5 base units
308	Item 21976	109.00	5 base units
309	Item 21980	109.00	5 base units
310	Item 21990	65.40	3 base units
311	Item 21992	87.20	4 base units
312	Item 21997	87.20	4 base units
313	Item 22002	87.20	4 base units
314	Item 22007	87.20	4 base units
315	Item 22008	87.20	4 base units
316	Item 22012	65.40	3 base units
317	Item 22014	65.40	3 base units
318	Item 22015	130.80	6 base units
319	Item 22020	87.20	4 base units
320	Item 22025	87.20	4 base units
321	Item 22031	109.00	5 base units

Schedule 1 Amendments
Part 9 Anaesthesia fees

Amendments to convert fees to base units—amendments of Group T10			
Item	Item of Schedule 1	Omit	Substitute
322	Item 22036	65.40	3 base units
323	Item 22041	43.60	2 base units
324	Item 22042	21.80	1 base unit
325	Item 22051	196.20	9 base units
326	Item 22055	261.60	12 base units
327	Item 22060	654.00	30 base units
328	Item 22065	109.00	5 base units
329	Item 22075	327.00	15 base units
330	Item 22900	130.80	6 base units
331	Item 22905	130.80	6 base units
332	Item 23010	21.80	1 base unit
333	Item 23025	43.60	2 base units
334	Item 23035	65.40	3 base units
335	Item 23045	87.20	4 base units
336	Item 23055	109.00	5 base units
337	Item 23065	130.80	6 base units
338	Item 23075	152.60	7 base units
339	Item 23085	174.40	8 base units
340	Item 23091	196.20	9 base units
341	Item 23101	218.00	10 base units
342	Item 23111	239.80	11 base units
343	Item 23112	261.60	12 base units
344	Item 23113	283.40	13 base units
345	Item 23114	305.20	14 base units
346	Item 23115	327.00	15 base units
347	Item 23116	348.80	16 base units
348	Item 23117	370.60	17 base units
349	Item 23118	392.40	18 base units
350	Item 23119	414.20	19 base units
351	Item 23121	436.00	20 base units
352	Item 23170	457.80	21 base units
353	Item 23180	479.60	22 base units
354	Item 23190	501.40	23 base units
355	Item 23200	523.20	24 base units
356	Item 23210	545.00	25 base units
357	Item 23220	566.80	26 base units
358	Item 23230	588.60	27 base units
359	Item 23240	610.40	28 base units
360	Item 23250	632.20	29 base units
361	Item 23260	654.00	30 base units
362	Item 23270	675.80	31 base units
363	Item 23280	697.60	32 base units

Amendments to convert fees to base units—amendments of Group T10			
Item	Item of Schedule 1	Omit	Substitute
364	Item 23290	719.40	33 base units
365	Item 23300	741.20	34 base units
366	Item 23310	763.00	35 base units
367	Item 23320	784.80	36 base units
368	Item 23330	806.60	37 base units
369	Item 23340	828.40	38 base units
370	Item 23350	850.20	39 base units
371	Item 23360	872.00	40 base units
372	Item 23370	893.80	41 base units
373	Item 23380	915.60	42 base units
374	Item 23390	937.40	43 base units
375	Item 23400	959.20	44 base units
376	Item 23410	981.00	45 base units
377	Item 23420	1002.80	46 base units
378	Item 23430	1024.60	47 base units
379	Item 23440	1046.40	48 base units
380	Item 23450	1068.20	49 base units
381	Item 23460	1090.00	50 base units
382	Item 23470	1111.80	51 base units
383	Item 23480	1133.60	52 base units
384	Item 23490	1155.40	53 base units
385	Item 23500	1177.20	54 base units
386	Item 23510	1199.00	55 base units
387	Item 23520	1220.80	56 base units
388	Item 23530	1242.60	57 base units
389	Item 23540	1264.40	58 base units
390	Item 23550	1286.20	59 base units
391	Item 23560	1308.00	60 base units
392	Item 23570	1329.80	61 base units
393	Item 23580	1351.60	62 base units
394	Item 23590	1373.40	63 base units
395	Item 23600	1395.20	64 base units
396	Item 23610	1417.00	65 base units
397	Item 23620	1438.80	66 base units
398	Item 23630	1460.60	67 base units
399	Item 23640	1482.40	68 base units
400	Item 23650	1504.20	69 base units
401	Item 23660	1526.00	70 base units
402	Item 23670	1547.80	71 base units
403	Item 23680	1569.60	72 base units
404	Item 23690	1591.40	73 base units
405	Item 23700	1613.20	74 base units

Schedule 1 Amendments
Part 9 Anaesthesia fees

Amendments to convert fees to base units—amendments of Group T10			
Item	Item of Schedule 1	Omit	Substitute
406	Item 23710	1635.00	75 base units
407	Item 23720	1656.80	76 base units
408	Item 23730	1678.60	77 base units
409	Item 23740	1700.40	78 base units
410	Item 23750	1722.20	79 base units
411	Item 23760	1744.00	80 base units
412	Item 23770	1765.80	81 base units
413	Item 23780	1787.60	82 base units
414	Item 23790	1809.40	83 base units
415	Item 23800	1831.20	84 base units
416	Item 23810	1853.00	85 base units
417	Item 23820	1874.80	86 base units
418	Item 23830	1896.60	87 base units
419	Item 23840	1918.40	88 base units
420	Item 23850	1940.20	89 base units
421	Item 23860	1962.00	90 base units
422	Item 23870	1983.80	91 base units
423	Item 23880	2005.60	92 base units
424	Item 23890	2027.40	93 base units
425	Item 23900	2049.20	94 base units
426	Item 23910	2071.00	95 base units
427	Item 23920	2092.80	96 base units
428	Item 23930	2114.60	97 base units
429	Item 23940	2136.40	98 base units
430	Item 23950	2158.20	99 base units
431	Item 23960	2180.00	100 base units
432	Item 23970	2201.80	101 base units
433	Item 23980	2223.60	102 base units
434	Item 23990	2245.40	103 base units
435	Item 24100	2267.20	104 base units
436	Item 24101	2289.00	105 base units
437	Item 24102	2310.80	106 base units
438	Item 24103	2332.60	107 base units
439	Item 24104	2354.40	108 base units
440	Item 24105	2376.20	109 base units
441	Item 24106	2398.00	110 base units
442	Item 24107	2419.80	111 base units
443	Item 24108	2441.60	112 base units
444	Item 24109	2463.40	113 base units
445	Item 24110	2485.20	114 base units
446	Item 24111	2507.00	115 base units
447	Item 24112	2528.80	116 base units

Amendments to convert fees to base units—amendments of Group T10			
Item	Item of Schedule 1	Omit	Substitute
448	Item 24113	2550.60	117 base units
449	Item 24114	2572.40	118 base units
450	Item 24115	2594.20	119 base units
451	Item 24116	2616.00	120 base units
452	Item 24117	2637.80	121 base units
453	Item 24118	2659.60	122 base units
454	Item 24119	2681.40	123 base units
455	Item 24120	2703.20	124 base units
456	Item 24121	2725.00	125 base units
457	Item 24122	2746.80	126 base units
458	Item 24123	2768.60	127 base units
459	Item 24124	2790.40	128 base units
460	Item 24125	2812.20	129 base units
461	Item 24126	2834.00	130 base units
462	Item 24127	2855.80	131 base units
463	Item 24128	2877.60	132 base units
464	Item 24129	2899.40	133 base units
465	Item 24130	2921.20	134 base units
466	Item 24131	2943.00	135 base units
467	Item 24132	2964.80	136 base units
468	Item 24133	2986.60	137 base units
469	Item 24134	3008.40	138 base units
470	Item 24135	3030.20	139 base units
471	Item 24136	3052.00	140 base units
472	Item 25000	21.80	1 base unit
473	Item 25005	43.60	2 base units
474	Item 25010	65.40	3 base units
475	Item 25013	21.80	1 base unit
476	Item 25014	21.80	1 base unit
477	Item 25020	43.60	2 base units