

**Australian Government
Department of Social Security**

**MEDICAL BENEFITS
SCHEDULE BOOK**

Medicare Benefits Schedule

1 November 1979

Amendments

July 1980

COMMONWEALTH DEPARTMENT OF HEALTH

Medical Benefits Schedule Book REPLACEMENT PAGES 1 JULY 1980 — AMENDMENTS

1. As a result of recommendations made by the Medical Benefits Schedule Revision Committee the Medical Benefits Schedule is being amended from 1 July 1980. The amendments will apply to services rendered on and after that date.
2. Attached is a set of replacement pages incorporating the amendments, for insertion into Section 2 "Medical Benefits Schedule" of the Medical Benefits Schedule Book. The replacement pages are printed on white paper and are further identified by the date 1 July 1980 appearing at the bottom left hand corner of each page.
3. New and amended services have been identified in the Schedule in Section 2 by the following symbols in the margin
 - (a) New services †
 - (b) Description of service amended (item number unchanged) ‡
4. While the majority of the amendments are self explanatory, some items require clarification. Accordingly the following notes have been prepared for guidance —

ITEMS 140, 142, 150, 152 — CONSULTATION BY CONSULTANT PSYCHIATRIST

The time spans in these items referring to attendances by consultant psychiatrists have been amended.

ITEM 792 — REAL-TIME ULTRASONIC ECHOGRAPHY

A new item has been introduced to cover ultrasonic scanning using the real-time technique. While this is a form of bidimensional cross-sectional echography, Item 797 should not be itemised when a real-time scan is performed. When a compound B-mode service (Item 797) is performed in conjunction with a real-time examination, Item 797 alone applies; Item 792 should not be itemised as well.

ITEM 913 — ECHOCARDIOGRAPHY

This item refers to an M-mode study. It should not be used for a real-time examination of the heart. Item 913 does not apply to foetal cardiotocography (foetal heart monitoring).

COMMONWEALTH DEPARTMENT OF HEALTH



MEDICAL BENEFITS SCHEDULE BOOK

**SCHEDULE FEES
AT 1 NOVEMBER 1979**

AUSTRALIAN GOVERNMENT PUBLISHING SERVICE
CANBERRA 1979

COMMONWEALTH DEPARTMENT OF HEALTH

Preface

This Book provides information on the arrangements under which the Medical Benefits Scheme will operate as from 1 November 1979.

Section 1 of this Book contains explanatory notes on changes to the Scheme together with an outline of the arrangements.

The Medical Benefits Schedule, contained in Section 2, shows for each service the item number, description of medical service and Schedule fee as at 1 November 1979 for each State. In the case of services which have an associated anaesthetic, the number of relevant anaesthetic units together with the anaesthetic item number is shown. A break-up of the various levels of medical benefits is contained in a detailed "Ready Reckoner" which is located at the front of Section 2 of this Book.

The Index of the Book is in two sections. Section 3A provides an index to items in Parts 1 to 6, 9 and 10 of the Schedule, while Section 3B provides an index to Part 7 Pathology Services, Part 7A Nuclear Medicine, Part 8 Radiological Services, Part 8A Radiotherapy and Part 9A Computerised Axial Tomography.

This edition of the Book has been printed for use by medical practitioners and private medical benefit organisations.

The maximum benefits payable for "gap" or supplementary insurance by private medical benefits organisations providing such insurance can be calculated by subtracting the appropriate benefits, as shown in the Ready Reckoner, from the Schedule fees shown in the Schedule.

It should be noted that the fees and benefits shown in this edition of the Book are the Schedule fees and benefits in force at 1 November 1979 and apply to medical services rendered on and after that date.

The Book has four sections:-

Section	Content
1	Outline of the Medical Benefits Scheme and Notes for General Guidance of Medical Practitioners Part A — Explanation of Changes Part B — Outline of Medical Benefits Scheme Part C — Compilation and Information on Interpretation of the Medical Benefits Schedule Part D — Notes to assist in the Completion of Claims for Assigned Benefits
2	The Schedule
3A	Index to Parts 1 to 6, 9 and 10 of the Schedule
3B	Index to Parts 7, 7A, 8, 8A and 9A of the Schedule
3C	List of Acceptable Terms and Abbreviations in Pathology
4A	Addresses of the State Headquarters, Health Benefits and Services Branches and Processing Centres of the Department of Health
4B	Names and Addresses of registered private medical benefits organisations

SECTION 1

OUTLINE of the MEDICAL BENEFITS SCHEME and NOTES FOR THE GUIDANCE OF MEDICAL PRACTITIONERS

SECTION 1

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SECTION 1 PART A EXPLANATORY NOTES

INCREASE IN SCHEDULE FEES AND BENEFITS — 1 NOVEMBER 1979.

1. The Government has approved an increase in medical benefits for all medical services listed in the Medical Benefits Schedule. The new benefits are based on Schedule fees determined by an Enquiry conducted by Mr. Justice J.T. Ludeke, established to determine fees to apply for medical benefit purposes from 1 November 1979.
2. The Schedule fees which have applied since 1 January 1978 (15 March 1979 in relation to Pathology services) will be increased as follows:—

	SCHEDULE ITEM NUMBERS	PERCENTAGE INCREASE
GROUP A.	3-78, 82, 190, 192, 242, 246, 273, 3006, 6816, 7601, 7694, 7701, 7774 and 7781.	14.5%
GROUP B.	85-164, 194-241, 250-267, 274-383, 401-989, 2430-2500, 2950, 2955, 3012-6810, 6818-7597, 7605-7691, 7697, 7706-7766, 7777 and 7785-8656.	11.7%
GROUP C.	1006-2392	12.9%
GROUP D.	2502-2941	10.7%

3. The new benefits will apply to all medical services rendered on or after 1 November 1979.

Amendments to the Medical Benefits Schedule — 1 November 1979

4. Several additions, deletions and amendments recommended by the Medical Benefits Schedule Revision Committee have been made in this edition of the Medical Benefits Schedule Book. These adjustments become effective from 1 November 1979 and apply to services rendered on and after that date.
5. New and amended services are identified in the Schedule in Part 2 by the following symbols in the margin —

(a) New services	†
(b) Description of service amended (Item number unchanged)	‡
6. While the majority of the amendments are self explanatory, some items require clarification. Accordingly the following notes have been prepared for guidance.

Item 198

7. The item covers any separate attendance(s) related to the confinement made by the specialist obstetrician. Hence benefits would not also be attracted for Item 88 in addition to Item 198.

Items 1080/1081 1089/1090

8. Repeat blood grouping may be performed each time cross-matching of fresh units of blood for transfusion is carried out. This is an internal quality control measure and should not attract benefits on each occasion. Benefits are payable for blood grouping once only during any period of hospitalisation.

1 NOVEMBER 1979

Items 1640/1641

9. Where two organisms require identification, say staphylococcus and B.coli, Item 1640 or 1641 may be itemised for the former and Item 1644 or 1645 for the latter.

Items 1644/1648

10. Identification of M. tuberculosis should be undertaken at a public health reference laboratory. It does not attract medical benefits.

Items 1712/1713

11. The services covered by these items are considered to be the function of a public health reference laboratory and have been deleted from the Schedule.

Items 1839/1840

12. Benefits are not payable for this test in addition to benefits for Items 1843/1844, the quantitative test. The streptozyme test is covered by this item.

Items 1851/1852

13. Addis count will attract benefits under these items except when associated with Items 1536/1537 or Items 1673/1674.

Items 2060/2061

14. Benefits are not payable for this service in addition to benefits for Items 2041-2057.

15. A number of composite items e.g., items 4370/4375, 5221, 5225, 5370/5374, 5378/5383, 5415/5424, 6379/6384, 6428/6434, 6501/6506, 6528/6530, 7023, 8131 and 8140/8143 have been deleted from the Schedule. On and from 1 November 1979, benefits in respect of groups of services previously covered by these items will be assessed under the individual items on a multiple operation basis.

Acceptable Groups of Pathology Tests

16. Attention is drawn to the inclusion in Section 3C, Part B of additional acceptable groups of tests. These include requests for calcium, catecholamine and muramidase.

Special Arrangements — Transitional Period

17. Where an item refers to a service (rendered since 1 September 1979) in which treatment continues over a period of time in excess of one day and the treatment commenced before 1 November 1979 and continues beyond that date, the general rule is that the 1 September 1979 level of benefits would be payable.

18. However, as with previous fee increases in the case of relevant obstetric items a special rule will apply in that the rate of benefit will depend on the date of the actual confinement. If the confinement takes place before 1 November 1979, medical benefits will be paid at the 1 September 1979 benefit level. If the confinement takes place on or after 1 November 1979 medical benefits will be payable at the new (1 November 1979) level.

Department of Health,
CANBERRA. A.C.T. 2606

SECTION 1

PART B

OUTLINE OF THE MEDICAL BENEFITS SCHEME

1. Under the current health insurance arrangements Commonwealth medical benefits are payable in respect of both insured and uninsured persons. There is no requirement to take out private health insurance, however, those with private insurance will be able to claim both Commonwealth and fund benefits.

Commonwealth Medical Benefit (\$20 Maximum gap)

2. From 1 September 1979, medical benefits are paid by the Commonwealth for the amount (if any) by which the Schedule fee exceeds \$20, i.e. the maximum gap to be met by the patient for any one medical service will be \$20 where the doctor charges the Schedule fee. The Commonwealth no longer pays benefits where the Schedule fee is \$20 or less. However, special arrangements apply in respect of persons covered by Pensioner Health Benefit Cards and uninsured persons identified as disadvantaged by medical practitioners (see below).

Basic Fund Benefit (\$10 Maximum gap)

3. As a condition of registration, private health insurance organisations are required to offer a basic medical benefit table which, together with the Commonwealth benefit, will cover at least 75% of the Schedule fee for each medical service with a maximum patient payment of \$10 for any one service where the Schedule fee is charged.

4. A basic or higher medical benefit cover and basic or higher hospital benefit cover (i.e. covering hospital charges for shared or private room accommodation and treatment by the patient's own doctor in a recognised (public) hospital or in a private hospital) may be purchased from one or more registered private health benefit organisations.

Pensioner Health Benefit Card Holders (85%/\$5)

5. Pensioners with Pensioner Health Benefit entitlements and the dependants of such pensioners are eligible to receive medical benefits from the Government at 85% of the Schedule fee for each medical service with a maximum patient payment of \$5 for any one service where the Schedule fee is charged. The benefit is paid as a Commonwealth benefit.

6. Bulk-billing facilities in respect of these persons are available provided the patient is not privately insured.

Disadvantaged Persons (75% flat)

7. Bulk-billing arrangements are also available in respect of persons identified by medical practitioners as disadvantaged (provided the patient is not privately insured).

8. Medical practitioners may bulk-bill the Commonwealth for all services rendered to such persons and receive 75% of the Schedule fee for each service rendered. However, the medical practitioner must accept the 75% benefit as full payment for the service and is not permitted to recover any further amount from such patients.

Eligibility for Medical Benefits

9. All Australian residents are eligible for Commonwealth medical benefits in accordance with the Health Insurance Act. Australian residents include persons whose permanent place of abode is in Australia and visitors to Australia who come for non-recreational purposes and whose stay exceeds six months. Australian residents temporarily absent overseas are also eligible.

10. Commonwealth medical benefits are paid on behalf of the Commonwealth by registered medical benefit organisations. To receive this benefit, registration with an

organisation is necessary for all except bulk-billed claims.

11. Commonwealth medical benefits are generally available only in respect of permanent residents of Australia. To obtain cover for medical expenses, visitors to Australia who come for recreational purposes and other visitors who come for less than six months will need to make their own arrangements.

Contributors to Registered Private Medical Benefit Organisations

12. Persons who are privately insured for medical benefit purposes with a private registered medical benefits organisation will claim benefits from that organisation. Insured and uninsured patients can claim benefits from the medical benefits organisation with which they are registered.

Schedule Fees and Table of Benefits

13. Medical benefits are based on fees determined for each medical service in each State. Fees for the Australian Capital Territory and Northern Territory are the same as for New South Wales and for medical benefit purposes the term New South Wales should be read as including these two territories. The fees to which benefits are related are those applicable in the State where the service was rendered, irrespective of the State of residence of the medical practitioner or the patient. These fees are shown in the Schedule in Section 2 of this Book. The fee is referred to in these notes as the "Schedule fee".

14. The various levels of medical benefit for each medical service (as explained at paragraphs 2 to 8) are set out in detail in the "Ready Reckoner" located at the front of Section 2. Where appropriate, the calculated benefit has been rounded to the nearest higher 5 cents. However, in no circumstances will the benefit payable for any service exceed the amount of the fee actually charged for that service.

Professional Services

15. Professional services which attract medical benefits are medical services rendered by or on behalf of a medical practitioner. Medical services which may be rendered "on behalf of" a medical practitioner include pathology and radiology services where portion of the service is performed by a technologist employed by the medical practitioner.

16. Certain other services, such as manipulations performed by physiotherapists, do not qualify for medical benefit even though they may be done on the advice of a medical practitioner.

17. The notes in this book relate to professional services by or on behalf of medical practitioners. Separate books are issued in relation to the payment of benefits for:—

- certain medical services of a dental nature rendered by approved dental practitioners in an operating theatre of a hospital;
- consultations by participating optometrists.

Aggregate Items

18. The Schedule includes a number of items which apply only in conjunction with another specified service listed in the Schedule. These items provide for the application of a fixed loading or factor to the fee and benefit for the service with which they are rendered. Item 2863 — Superficial radiotherapy of two or more fields — is an example.

19. When these particular procedures are rendered in conjunction, the legislation provides for the procedures to be regarded as one service and for a single patient gap to apply. The Schedule fee for the service will be ascertained in accordance with the particular rules shown in the relevant items. When the appropriate fee has been determined, medical benefits applicable may be ascertained by reference to the "Ready Reckoner" located at the front of Section 2.

20. Examples of the services to which this aggregation principle applies are items 482, 483, 484, 485, 553, 554, 556, 557, 2732, 2782, 2798, 2863, 2867, 2871, 2877, 2881, 2885, 2889, 2893, 2897, 7483, 7803, 7809, 7817, 7823, 7828, 7834, 7839, 7844 and 7847.

Where Medical Benefits are not Payable

21. Commonwealth medical benefits are not payable in respect of a professional service in the following circumstances —

- (i) where the medical expenses for the service are paid or payable to a recognised (public) hospital;
- (ii) where the doctor who rendered the service was acting on behalf of an organisation prescribed for the purposes of Section 17 of the Health Insurance Act;
- (iii) where the service was rendered on the premises of an organisation prescribed for the purposes of Section 17;
- (iv) where the service was rendered on the premises of an organisation approved for the purposes of a Health Program Grant;
- (v) where the service was rendered to a hospital patient occupying an approved bed in respect of which a supplementary daily bed payment is payable in accordance with Section 34 of the Health Insurance Act. (Section 34 relates to certain private non-profit hospitals which provide comprehensive care and treatment free of charge to hospital patients in approved beds);
- (vi) where the medical expenses for the service are wholly payable by way of compensation or damages under a State or Commonwealth or Territorial law or under a legal claim. However, where medical expenses are only partly recoverable in such cases, the amount of medical benefit payable will be determined by the Department of Health in respect of Commonwealth medical benefits and by medical benefit organisations in the case of fund benefits;
- (vii) where the service is a medical examination for the purposes of —
 - life insurance,
 - superannuation or provident account scheme, or
 - admission to membership of a friendly society;
- (viii) where the service was rendered in the course of the carrying out of a mass immunisation.

22. Commonwealth medical benefits are not payable for services rendered to a "hospital patient". The Health Insurance Act defines "hospital patient" in relation to an approved hospital as —

"An in-patient in respect of whom the hospital provides comprehensive care, including all necessary medical, nursing and diagnostic services and, if they are available at the hospital, dental and paramedical services, by means of its own staff or by other agreed arrangements."

23. Commonwealth medical benefits are therefore not payable where a recognised hospital provides a hospital in-patient with free standard ward treatment by doctors employed by the hospital on a salaried, sessional or contract basis.

24. Commonwealth medical benefits are not payable for out-patient services provided by a recognised (public) hospital. In those States/Territories where out-patient charges are raised hospital fund benefits are payable.

25. Unless the Minister for Health otherwise directs, Commonwealth medical benefit is not payable in respect of a professional service where —

- (a) the service has been rendered by or on behalf of, or under an arrangement with, the Commonwealth, a State or a local governing body or an authority established by a law of the Commonwealth, a law of a State or a law of an internal Territory;
- (b) the medical expenses were incurred by the employer of the person to whom the service was rendered;

- (c) the person to whom that service was rendered was employed in an industrial undertaking and that service was rendered to him for purposes connected with the operation of that undertaking; or
- (d) the service was a health screening service (see below).

26. The legislation empowers the Minister for Health to make regulations to preclude the payment of Commonwealth medical benefits for professional services rendered in prescribed circumstances. Such regulations, however, may only be made in accordance with a recommendation made by the Medical Benefits Advisory Committee.

Health Screening Service

27. A health screening service is defined as a medical examination or test that is not reasonably required for the treatment of the medical condition of the patient. Services covered by this proscription include — multiphasic health screening (except services by Medichex in Sydney, the Shepherd Foundation in Melbourne and services requested by the National Heart Foundation of Australia as part of their Risk Evaluation Service); programs for testing fitness to undertake physical training courses, sport, vocational activities; examination and diagnostic tests for driving, flying and other licences, entrance to schools and other educational facilities, for the purposes of legal proceedings.

Services Rendered to a Doctor's Dependents, Partner, or Partner's Dependents

28. Commonwealth medical benefits are not generally payable in respect of professional services rendered by a medical practitioner to his dependants or his partners or their dependants. However, benefits are not necessarily excluded in all such cases. Each individual case has to be examined having regard to the particular circumstances which apply.

Workers' Compensation, Third Party Insurance, Damages, etc.

29. Where the medical expenses for a professional service are wholly covered by way of compensation or damages under a State or Commonwealth or Territorial law, medical benefit is not payable in respect of that service.

30. Where the medical expenses for a service to a person who is not privately insured are only partly covered by such compensation etc., medical benefits may be paid in respect of that portion of the expense for which the person was not compensated.

31. Where a settlement has been made and the Minister or his delegate considers that the settlement has had regard to any medical expenses incurred or likely to be incurred, the Minister or his delegate may determine that the whole or a specified part of the settlement relates to medical expenses.

32. Where a claim is made for medical benefits and it appears to the Minister or his delegate that the service may be subject to a claim for compensation, damages, etc., the Minister or his delegate may direct that a provisional payment of medical benefit may be made in respect of that service. If the claimant subsequently receives compensation payment in respect of the medical expenses, he will be required to refund all or part of the provisional payment made.

33. The matter of provisional payment to contributors to private medical funds of fund benefits in respect of services which may become subject to compensation or damages is a matter for determination by each medical benefits fund having regard to its rules, policies and procedures.

Limiting Rule

34. In no circumstances will the benefit payable for a professional service exceed the fee charged for the service. Furthermore, the total benefits payable for any service from all sources, including any additional benefit payable by a medical benefit fund under gap or supplementary insurance arrangements, shall not exceed the

Schedule fee for that service in the State in which the service was rendered.

Waiting Periods

35. Generally, a waiting period of two months (including obstetric cases) applies for persons who join a registered private medical benefits fund. Such persons are not eligible for fund benefits for medical services rendered during that first two months after joining the fund. Longer waiting periods may be invoked in respect of tables with higher levels of benefits. No waiting period applies in respect of the payment of Commonwealth benefits.

36. Registered medical benefits organisations may waive waiting periods in respect of persons who lose their entitlement to Pensioner Health Benefits.

Diagnostic Services

37. Where a private doctor provides a medical service (including a diagnostic service) to a private patient in a recognised (public) hospital and bills the patient for the service, medical benefits are payable.

38. However, where the medical expenses for a service are paid or payable to a recognised (public) hospital, medical benefits are not payable.

Service of Unusual Length or Complexity

39. The fee for any item listed in the Schedule is that which is regarded as being reasonable on average for that service having regard to usual and reasonable variations in the time involved in performing the service on different occasions and to reasonable ranges of complexity and technical difficulty encountered. Section 11 of the Health Insurance Act provides that the medical practitioner or the patient may apply to the Commonwealth Department of Health for higher benefits by the fixation of a higher fee, where a medical practitioner considers that special consideration is warranted because of the unusual length or complexity of the service in the particular case. The term "unusual length or complexity" in this context refers to instances where these factors significantly exceed those usually encountered for the service listed in the Schedule.

40. Any such application for a higher fee under Section 11 of the Health Insurance Act should be made to the Commonwealth Department of Health and should be supported by a statement by the medical practitioner indicating in detail those unusual features which are the basis for the claim for a higher fee. The doctor rendering the service should advise the patient to forward this statement with the claim form and account to the relevant medical benefits organisation. Where the doctor direct bills the Department of Health, in respect of eligible pensioners or disadvantaged persons who are uninsured, his statement should be attached to the assignment form.

41. To reduce delays and to facilitate consideration of such an application, it is essential that medical practitioners give precise details of those unusual features of length of time, complexity and technical difficulty which might warrant approval of a higher fee. The statement should include:

- the time taken;
- the factors causing the undue length of time taken;
- special difficulties or complexities encountered beyond those which would normally be expected in the procedure;
- other significant factors, such as the general condition of the patient, anaesthetic problems and need for resuscitation.

42. Generally, such applications are referred for consideration by the Medical Benefits Advisory Committee which may determine the payment of a higher benefit by approval of a fee higher than the Schedule fee in the particular case. In reporting on such applications, the Committee may state the principles it followed in fixing the amount of any increased fee and benefit for the service which was the subject of the application.

43. Subsequent applications to which the principles determined by the Committee can be applied, may be dealt with by the Department in accordance with those principles, without further reference to the Committee.

44. Where the Department notifies a person of a decision based on the application of principles determined by the Committee, that person may, within one month after receipt of notification of the Department's decision in the matter of an increased fee, appeal to the Minister to have the decision reviewed.

45. The Minister will forward the appeal to the Medical Benefits Advisory Committee for consideration and recommendation. The Minister shall, in accordance with the recommendation of the Committee, either allow or dismiss the appeal and direct the Department to give effect to the recommendation of the Committee. The Minister will also notify the appellant in writing of the decision regarding the appeal.

Visitors to Australia

46. Commonwealth medical benefits are available only to residents of Australia. To obtain cover for medical expenses, visitors to Australia who come for recreational purposes and other visitors who come for less than six months will need to make their own arrangements.

47. The contribution rates and the conditions under which benefits are available are a matter for arrangement between the visitor and the selected insurer.

Medical Expenses Incurred Overseas

48. Commonwealth medical benefits are generally payable for medical expenses incurred for medical services rendered outside Australia to permanent residents of Australia. In these circumstances a medical service rendered by a person authorised to practise as a medical practitioner under the law of the place where the medical service was rendered will rank for benefit as if that medical service had been rendered in Australia by a medical practitioner.

49. In such cases, the amount of medical benefit payable will be the amount which would be payable if the medical service had been rendered in New South Wales.

Penalties

50. The legislation provides penalties for persons who make false statements either orally or in writing, or issue or present false or misleading documents capable of being used in connection with a claim for benefits.

Billing of the Patient

Itemised Accounts

51. Where the doctor bills the patient for medical services rendered, the patient needs a properly itemised account and receipt to enable him to claim Commonwealth and/or fund medical benefits. Doctors' accounts should therefore show the following details for each service —

- (a) Name of patient;
- (b) Medical Benefits Schedule Item Number;
- (c) Description of service;
- (d) Date of service;
- (e) The fee for each service;
- (f) Where the account contains the name of more than one doctor (e.g. the account is issued by a group practice), the name of the doctor who rendered the service should be clearly identified;
- (g) In the case of pathology services, the name of the doctor requesting those services and the date on which the request was made.

52. Where the account relates to the administration of an anaesthetic or assistance at an operation, the name of the surgeon who performed the operation

and the nature or item number of the operation should also be shown on the account.

53. It will facilitate the payment of medical benefits if doctors in their accounts describe the particular services in the words used in the Medical Benefits Schedule as well as by Schedule Item Number.

54. Payment of medical benefits will also be facilitated if doctors include provider code numbers on their accounts and receipts. Details of provider numbers may be obtained from local Commonwealth Director's of Health.

55. Where a doctor wishes to apportion his total fee between the appropriate medical fee and any balance outstanding in respect of services rendered previously, he should ensure that the balance is described in such a way (e.g. balance of account) that it cannot be mistaken as being a separate medical service. In particular no item number should be shown against the balance.

56. Only one original itemised account should be issued in respect of any one medical service and any duplicates of accounts or receipts should be clearly marked "duplicate" and should be issued only where the original has been lost. Duplicates should not be issued as a routine system for "accounts rendered".

Claiming of Benefits

57. The patient, upon receipt of a doctor's account, has two courses open to him for paying the account and receiving benefits.

Paid Accounts

58. Firstly, he may pay the account and subsequently present the account, supporting receipt (and referral notice where applicable) and a covering claim form to the registered private medical benefits fund with which he is insured or registered. The fund will assess and pay to the contributor the benefits to which he is entitled (i.e., Commonwealth only, fund only or Commonwealth and fund).

Unpaid Accounts

59. Where the Schedule fee for the service is in excess of \$20 and the patient has not paid the account he may present the unpaid account (and referral notice where applicable) to his fund with a claim form. In such cases the fund will arrange to provide the claimant with a cheque, made payable to the doctor, for the level of medical benefits appropriate to the insurance status of the patient i.e., if the patient is uninsured — the appropriate Commonwealth medical benefits and if the patient is insured — the appropriate fund medical benefits in addition to Commonwealth benefits. In instances where no Commonwealth medical benefits are payable i.e., the Schedule fee is \$20 or less, the fund may arrange to provide the claimant with a pay doctor cheque.

60. It will be the patient's responsibility to forward the cheque to the doctor and make arrangements for payment of the balance of the account if any. "Pay doctor cheques" involving Commonwealth medical benefits are not to be sent by private health funds direct to medical practitioners or to patients at a doctor's address (even if requested by the patient to do so). Pay doctor cheques should be forwarded to the contributor's normal address.

61. Special arrangements apply in the case of eligible pensioners and their dependants and of disadvantaged persons who may enter into an agreement or an arrangement to assign the medical benefits to the doctor who performed the service. The Department of Health is responsible for the payment of assigned medical benefits through a direct billing facility (see below).

Direct-Billing on the Department of Health

62. Direct-billing facilities are available for services provided to persons covered by a Pensioner Health Benefits Card and their dependants and for uninsured persons identified by their doctor as being disadvantaged.

63. Under these arrangements a doctor may arrange with the patient for the assignment by the patient of the benefit for a service. The doctor may then claim payment of the benefit for the service directly from the Department of Health.

64. A claim for assignment of benefit comprises one or more Assignment Forms, which describe the services rendered, attached to a Claim for Assigned Medical Benefits Form which identifies the doctor who rendered the services.

65. Assignment Forms are provided by the Department of Health to doctors who wish to claim direct for services to patients eligible for medical benefits from the Department of Health. Different types of Assignment Forms are available to meet the needs of particular doctors or particular types of medical practice e.g. pathologists and radiologists who typically provide a larger number of services for each patient.

Completion and Submission of Claims for Assignment of Benefits

66. When a doctor direct-bills on the Department of Health, the Assignment Forms take the place of the conventional accounts and receipts. It is important therefore that the Assignment Forms should show in respect of each service to each patient the information which is required in patients' accounts as mentioned in paragraphs 51 and 52.

67. Detailed instructions regarding the requirements for completion and submission of assignment claims are included with the Assignment stationery provided by the Department of Health. In addition procedures for completion and submission of assignment claims are included in Section 1D of this book.

68. The Assignment Form should generally be signed by both the patient and the doctor. The doctor's name should also be shown against the statement "I assign to ..."

69. The claim form must be signed and dated by the doctor who rendered the services described on the Assignment Forms attached to the claim form.

70. A claim form together with corresponding Assignment Forms should be forwarded to the Department of Health at intervals which corresponds to the completion of a book of assignment forms or once per month.

Cheques and Statements for Assignments Claims

71. Assignment of benefit claims are paid by cheque sent by post to the doctor. Cheques and statements in respect of assignment of benefit claims are forwarded in the same envelope. A statement is prepared in respect of each assignment claim to enable the doctor to reconcile the payments made with the amounts claimed. The statement identifies the medical services and shows the amount paid in respect of each service. Where necessary, the statement includes an explanation for any adjustment to the amount claimed.

72. When, for some reason, it is not possible to make an immediate payment of benefit for one or more services included in the claim, this will not delay payment of benefits for other services which are claimed. Any benefits payable for services omitted in these circumstances will automatically be included in future payments.

Direct Billing Stationery Supplies

73. Doctors who wish to direct-bill will be supplied with the necessary stationery by the Department of Health. The address of the local Processing Centres of the Department of Health who will provide stationery supplies are contained in Section 4A of this Book.

Eligible Pensioner Patients

74. Special arrangements apply in the case of eligible pensioners and their dependants. For this purpose an eligible pensioner is a pensioner who holds a current Pensioner Health Benefits Card. Pensioner Health Benefit Cards are renewed annually.

75. Doctors providing medical services in Australia have been invited to enter into

an undertaking that they will ask eligible pensioners (who are not covered by private medical insurance) and their dependants whether they wish to assign the medical benefits to the doctor, and that, if the eligible pensioner wishes to so assign the benefits, then the doctor will arrange for the making and acceptance of such an assignment in accordance with the arrangements outlined in paragraphs 62 to 65.

76. Where a doctor has given an undertaking to offer direct billing for eligible pensioners, that undertaking only legally applies in the case of eligible pensioners who are not contributors to a medical benefits fund. In these cases, collection of a patient moiety is not permitted.

77. In the case of **any** pensioner patient who holds a Pensioner Health Benefit Card, however, the Government expects that doctors will not charge any amount in excess of the medical benefits payable even where the pensioner is privately insured for medical benefits.

78. An undertaking given by a doctor under the former arrangements will continue in force and will be binding on the doctor until such time as he revokes the undertaking, which he may do at any time by notifying the Minister in writing.

79. The undertaking does not apply in the case of unreferral specialist or consultant physician services where higher fees and benefits would apply if the pensioner had been referred. The benefits payable in such cases are related to the lower fees applicable. However, if in such a case the consultant physician or specialist is willing to accept the amount of benefit payable in full payment for his services, he may do so by making an assignment arrangement.

80. It should be noted that, even if a doctor has not entered into an undertaking he may nevertheless arrange for eligible pensioner patients who are not covered by private medical insurance to complete Assignment Forms for medical services rendered and he may forward such Assignment Forms to the Department of Health and claim payment of medical benefits in accordance with the procedures in paragraphs 62 to 72.

81. Eligible pensioners who are not covered by hospital insurance will be accommodated and treated without charge in recognised (public) hospitals. The treatment will be provided by doctors employed by the hospital or by private doctors who have entered into a contract arrangement with the hospital. The hospital will be responsible for remunerating the doctors.

82. Where a privately insured eligible pensioner is treated in hospital as a private patient, fees rendered by the attending doctors will attract medical benefits and the fee raised by the hospital will be covered by hospital benefits.

Disadvantaged persons

83. Special arrangements also apply in the case of persons identified by the doctor as disadvantaged where the doctor agrees to direct-bill.

84. Under these arrangements, doctors may direct-bill the Department of Health for non-medically insured patients identified by him as being disadvantaged and he will receive a flat 75% of the Schedule fee in full payment. The doctor is not permitted to recover any additional amount from the patient.

85. Although there are no legislative guidelines for the classification of disadvantaged persons, persons in the following categories could be included:—

- persons on low income, including social security, unemployment, sickness or special beneficiaries;
- newly arrived migrants and some other ethnic group;
- refugees who are financially disadvantaged;
- persons who suffer financial misfortune because of substantial medical expenses caused by prolonged or severe illness.

SECTION 1 PART C COMPILATION AND INFORMATION ON INTERPRETATION OF MEDICAL BENEFITS SCHEDULE

COMPILATION OF THE MEDICAL BENEFITS SCHEDULE

86. The professional services have been grouped into Parts 1 to 10 according to the general nature of the services. Within some Parts the services have been further grouped into Divisions according to the particular nature of the services concerned. For example, Part 10 covering operations has been divided into thirteen divisions corresponding generally to the usual classifications of surgical procedures. Certain divisions contain sections under sub-headings, e.g., vascular surgery, operations on the prostate, etc., which allow for suitable grouping of specific services. A Table of Contents appears in the front of Section 2 of this Book.

87. The professional services have been expressed in general terms, even though the name of one or more physicians or surgeons may have become linked, by usage, with a particular procedure. For example, "Bassini's operation" is not listed as such in the Schedule but is covered by "repair of inguinal hernia" in Items 4222/4227.

88. An index to Parts 1 to 6, 9 and 10 of the Schedule appears in Section 3A of this Book while an index to Parts 7, 7A, 8, 8A and 9A of the Schedule appears in Section 3B.

Medical Benefits

89. The amounts of medical benefit have been based on the Schedule fee for each medical service in each State. (The N.S.W. fees apply for services in the Australian Capital Territory and the Northern Territory.) Details of the Schedule fees for each medical service are contained in the Schedule at Section 2 of this book. The various levels of medical benefits may be ascertained by reference to the "Ready Reckoner" at the front of Section 2.

90. In some cases two levels of fees (special arrangements apply in respect of Pathology services — see under Pathology heading) are shown for the same service with each level being allocated separate item numbers in the Medical Benefits Schedule. The first item (identified by the letter "G") applies to the procedure when rendered by either a general practitioner or by a specialist whose patient has not been referred, and the second (identified by the letter "S") applies in the case where the procedure has been rendered by a recognised specialist in the practice of his specialty where the patient has been referred. It should be noted that a referral is not required in the case of anaesthetic services (Part 3) or radiology services (Part 8 — with the exception of items 2734 and 2736 — See paragraph 210.)

91. Higher rates of benefit are also provided for consultations by a recognised consultant physician where the patient has been referred by another medical practitioner.

92. Conditions of referral for medical benefits purposes are set out in paragraphs 207 to 216.

MEDICAL SERVICES NOT LISTED IN THE SCHEDULE

93. Instances may arise where a particular medical service rendered by a medical practitioner is not listed in the Schedule or in the index to the Schedule. Cases of this nature should be referred to the local Commonwealth Director of Health for consideration.

INTERPRETATION OF THE SCHEDULE

Principles of Interpretation

94. Each professional service listed in the Schedule is a complete medical service

in itself. However, it may also form part of a more comprehensive service covered by another item, in which case the benefit provided for the latter service covers the former as well. For example, benefit is not payable for a bronchoscopy (Schedule Item 5605) where a foreign body is removed from the bronchus (Schedule Item 5613) since the bronchoscopy is an integral part of the removal operation.

95. Where a service is rendered partly by one medical practitioner and partly by another, only the one amount of benefit is payable. This may be instanced by the case in which a pathology examination is partly completed by one medical practitioner and finalised by another, the only benefit payable being that for the total examination.

96. Where separate services covered by individual items in the Schedule are rendered by different medical practitioners the individual items apply. For example, if antenatal care is provided by one medical practitioner and the confinement and postnatal care are provided by another medical practitioner, the benefits for the first practitioner's services are payable under Item 190 or 192 while benefits for the latter services are payable under Item 194 or 196. However, where a medical practitioner who has provided antenatal care for a patient finds it necessary to call in a specialist during the confinement, benefit is payable under Item 200 as well as under Item 198.

97. There are some services which are not listed in the Schedule because they are regarded as forming part of a normal consultation. Some of these services are identified in the index to this Book, e.g.:—

- Amputation stump, trimming of
- Colostomy, lavage of
- Ear, syringe of
- Hypodermic intramuscular or intravenous injections
- Proctoscopy
- Resuturing of surgical wounds (excluding repair of burst abdomen)
- Trimming of ileostomy.

Consultation and Procedures Rendered at the One Attendance

98. Where there are rendered, during the course of a single attendance, a consultation (under Part 1 of the Medical Benefits Schedule) and another medical service (under any other Part of the Schedule), benefits are payable subject to certain exceptions, for both the consultation and the other service. Examples of items of service in the Medical Benefits Schedule excluded from this rule are:—

- (i) those items the descriptions of which are qualified by the words
 - (a) "Each Attendance . . .," "At an Attendance" or "Attendance at which," e.g., Items 886, 920, *2861, 2863, 2865, 2867, 2869, 2871, 2873, 2875, 2877, 2879, 2881, 2883, 2885, 2887, 2889, 2891, 2893, 2895, 2897, 2926, 2933, 3330, 3332, 3338, 3342, 3346, 5229, 6904, 7601, 7605, 7694, 7697, 7701, 7706, 7774, 7777, 7781, 7785 — * see para. 99 in relation to radiotherapy;
 - (b) "Including all associated attendances" e.g., Items 198, 818, 821, 824; and
 - (c) "Including associated consultation" e.g., Items 888, 3006, 3012, 3016, 3022, 3027, 3033, 4629, 5264, 6313, 6835;
- (ii) those items in Part 2 of the Schedule which cover or include a component for antenatal or postnatal care, e.g., Items 192, 194, 196, 200, 207, 208, 209, 211, 213, 216, 217, 234, 241;
- (iii) those items in the Schedule which provide separate benefit for special services for the treatment of obstetrical complications, e.g., 242, 246, 273; and
- (iv) all items in Parts 3, 5 and 9 of the Schedule.

99. Where a service excluded from this rule is performed in conjunction with a consultation, benefit is payable for either the consultation or the service but not for

both. However, in the case of radiotherapy treatment, benefits are payable for both the radiotherapy and an initial referred consultation.

100. In cases where the level of benefit for an attendance depends upon consultation time (i.e., attendances by general practitioners and consultant physicians in psychiatry), the time spent in carrying out a procedure must not be included in the consultation time.

101. Medical practitioners should ensure that a fee for a consultation is charged only when a consultation actually takes place. It is not expected that a consultation fee will be charged on every occasion a procedure is performed.

PART 1 — PROFESSIONAL ATTENDANCES

102. The physical attendance of the medical practitioner upon the patient is necessary before a "consultation" may be regarded as a professional attendance. Telephone or wireless consultations, letters of advice by medical practitioners, counselling of relatives (Note — Items 890 and 893 are not counselling services) or the issue of repeat prescriptions when the patient is not in attendance do not therefore qualify for benefit. Post mortem examinations or the issue of death or cremation certificates do not qualify for benefit.

103. An IN HOURS consultation or visit is a reference to an attendance between 8 a.m. and 8 p.m. on a week day not being a public holiday, or between 8 a.m. and 1 p.m. on a Saturday.

104. An AFTER HOURS consultation or visit is a reference to an attendance on a public holiday, on a Sunday, before 8 a.m. or after 1 p.m. on a Saturday, or at any time other than between 8 a.m. and 8 p.m. on a week day not being a public holiday.

105. To facilitate the payment of claims, medical practitioners are requested to indicate on the patient's account the time at which the service was rendered whenever an "after hours" general practitioner attendance is itemised.

106. The definitions of "standard", "long" and "prolonged" consultations in the Health Insurance legislation differ from those which the Australian Medical Association has included in its List. Medical practitioners are requested to ensure that when itemising a "standard", "long" or "prolonged" service on a patient's account the service is identified by reference to the appropriate Medical Benefits Schedule item number.

Acupuncture

107. Benefits for acupuncture are payable on an attendance basis. The attendance includes the accompanying consultation and the performance of the acupuncture. Where the benefit is related to a time-tiered structure, only that time where the practitioner is actively engaged in the procedure is counted. Time occupied by electropulsation of the needles in the absence of the practitioner should not enter into the estimation of the duration of the attendance.

PART 2 — OBSTETRICS

General

108. Where the medical practitioner undertakes the antenatal care, confinement and postnatal care, Items 200/207, 208/209, 211/213 or 216/217 are appropriate. Items 190, 192 or 194/196 apply only where the medical practitioner has not provided all three services.

Antenatal Care

109. The following services where rendered during the antenatal period also attract benefits:—

- (a) Items 242, 246 (when the treatment is given in a hospital or nursing home) 250/258, 267, 273 (but not normally before the 24th week of pregnancy), 278, 284, 295, 298 and 354.

- (b) Medical services covered by Parts 3-10 of the Schedule.
- (c) The initial consultation at which pregnancy is diagnosed.
- (d) The first referred consultation by a specialist obstetrician when called in to advise on the pregnancy.
- (e) Treatment of an intercurrent condition not directly related to the pregnancy.

Confinement

110. Benefits for the confinement for which there is a component in Items 194/196, 200/207, 211/213 and 216/217 also cover a low forceps delivery, episiotomy or repair of first or second degree tear when these services are necessary.

111. Mid-cavity forceps or vacuum extraction, breech delivery or management of multiple deliveries attract benefits under Items 208/209.

112. As a rule, 24 weeks would be the period distinguishing a miscarriage from a premature confinement. However, if a live birth has taken place before 24 weeks and the foetus survives for a reasonable period, benefit would be payable under the appropriate confinement item.

113. Where, during the course of a confinement, a general practitioner hands the patient over to a specialist obstetrician, benefits are payable for the appropriate confinement item in addition to Item 198 (i.e., confinement as an independent procedure by a specialist). If, at the time of the confinement but before the general practitioner has undertaken the actual confinement, the specialist is called in for the full management of the confinement, benefits for the general practitioner's services should be assessed under Items 190 or 192 for the antenatal attendances and on a consultation basis for the postnatal attendances.

114. At a high risk delivery benefits will be payable for the attendance of any medical practitioner (called in by the doctor in charge of the delivery) for the purposes of resuscitation and subsequent supervision of the neonate. Examples of high risk deliveries include cases of difficult vaginal delivery, caesarean section or the delivery of babies with Rh problems and babies of toxæmic mothers.

Postnatal Care —

Schedule Items 194/196, 200/207, 208/209, 211/213, 216/217, 234/241

115. The Schedule fees and benefits payable for those items in Part 2 (Obstetrics) of the Schedule which include the words, "confinement and postnatal care for nine days", cover all attendances on the mother and the baby during that period, except in the following circumstances:—

- (i) where the medical services rendered are outside those covered by a consultation, e.g., repair of third degree tear, blood transfusion, etc.;
- (ii) where the condition of the mother and/or baby during the nine day postnatal period is such as to require the services of a consultant (e.g., paediatrician, specialist gynaecologist, etc.); and
- (iii) where it is necessary during the postnatal period to treat a condition not directly related to the pregnancy or the confinement or the neonatal condition of the baby.

Other Services

116. Item 242 relates to the treatment of habitual miscarriage by injection of hormones. A case becomes one of habitual miscarriage following two consecutive spontaneous miscarriages or where progesterone deficiency has been proved by hormonal assay of cells obtained from a smear of the lateral vaginal wall.

PART 3 — ADMINISTRATION OF ANAESTHETICS

117. The Health Insurance Act provides that where an anaesthetic is administered to a patient, the premedication of the patient in preparation for anaesthesia is

deemed to form part of the administration of the anaesthetic. The administration of an anaesthetic also includes the pre-operative examination of the patient in preparation for that administration except where such examination entails a separate prior attendance on the patient.

118. Each medical service likely to be performed under anaesthesia has been assigned a number of anaesthetic units which reflect the skill and responsibility exercised by the anaesthetist plus the average time taken for each service without regard to the type of anaesthetic agent employed.

119. The Schedule fees for the administration of an anaesthetic in connection with a procedure (when performed by a specialist anaesthetist or by a medical practitioner other than a specialist anaesthetist) have been derived by applying unit values to the number of anaesthetic units assigned to the procedure. Part 3 of the Schedule lists the derived fees and the benefits. The appropriate anaesthetic units and item numbers are also shown below each procedure likely to be performed under anaesthesia.

120. An anaesthetic (other than a dental anaesthetic listed in Division 3 of Part 3) must be administered in connection with another professional service listed in the Schedule (or a prescribed medical service rendered by an approved dentist or dental practitioner) if it is to attract benefit.

121. Except in special circumstances, benefit is not payable for the administration of an anaesthetic listed in Division 1 or 2 of Part 3 of the Schedule unless the anaesthetic is administered by a medical practitioner other than the medical practitioner who renders the medical service in connection with which the anaesthetic is administered.

122. Fees and benefits established for anaesthetic services cover all essential components in the administration of the anaesthetic. Separate benefit may be attracted, however, for complementary services such as central venous pressure and direct arterial pressure reading, estimations of respiratory function by complicated techniques (but not simple techniques covered by Item 921) or intravenous infusion. It should be noted that extra benefit is not payable for electrocardiographic monitoring, provision for which has been made in the value determined for the anaesthetic units.

123. The amount of benefit specified for the administration of an anaesthetic is the benefit payable for that service irrespective of whether one or more than one medical practitioner administers it. However, benefit is provided under Part 5 for the services of one assistant anaesthetist (who must not be either the surgeon or assistant surgeon) where the Schedule fee for the administration of the anaesthetic is not less than \$130.00.

124. Before benefit will be paid for the administration of an anaesthetic, or for the services of an assistant anaesthetist, the item number, the nature of the operation and the name of the medical practitioner who performed the operation must be shown on the anaesthetist's account.

125. Where a regional nerve block or field block is administered by a medical practitioner other than the practitioner carrying out the operation, the block is assessed as an anaesthetic item according to the advice in paragraph 118. When a block is carried out in cases not associated with a surgical procedure, such as for intractable pain or during labour, the service falls under Part 4.

126. When a regional nerve block or field block covered by an item in Part 4 of the Schedule is administered by a medical practitioner in the course of a surgical procedure undertaken by him, then such a block will attract benefit under the appropriate item in Part 4.

127. It is to be noted that where a procedure is carried out with local infiltration or digital block as the means of anaesthesia, that anaesthesia is considered to be part of the procedure and an additional benefit is therefore not payable.

128. Before an operation is decided on, a surgeon may refer a patient to a specialist anaesthetist for an opinion as to the patient's fitness to undergo

anaesthesia. Such an attendance will attract benefit as follows:—

- (i) If, as a result of the consultation, anaesthesia and surgery are proceeded with in the ordinary way, then Item 85 applies;
- (ii) If, as a result of the consultation, surgery is contra-indicated or is postponed for some days or weeks and if the anaesthetist supervises any necessary treatment during the postponement period, such attendances attract benefit either under Item 88, 94, 100 or 103. In such a case, to qualify for the specialist rate of benefit, the patient must present a Notice of Referral by the referring doctor.

129. It may happen that the professional service for which the anaesthetic is administered does not itself attract a benefit because it is part of the after-care of an operation. This does not, however, affect the benefit payable for the anaesthetic. Benefit is payable for the anaesthetic administered in connection with such a surgical procedure (or combination of surgical procedures) even though no benefit is payable for the surgical procedure.

130. Where a general anaesthetic is administered in connection with a confinement, benefit is attracted for the anaesthetic on the basis of 7 anaesthetic units (Item 408 or 514) provided the anaesthetic is administered by a medical practitioner other than the medical practitioner undertaking the confinement.

131. The administration of epidural anaesthesia during labour is covered by Items 748 or 752 in Part 4 of the Schedule whether administered by the medical practitioner undertaking the confinement or by another medical practitioner.

132. As a general rule, where an anaesthetic is administered in connection with a medical service which attracts benefits on a consultation basis, benefit for the administration of the anaesthetic, provided it is administered by a medical practitioner other than the medical practitioner rendering the professional service, is to be determined on the basis of 4 anaesthetic units (Item 405 or 509).

Multiple Anaesthetic Rule

133. The fee for an anaesthetic administered in connection with two or more operations performed on a patient on the one occasion is calculated by the following rule applied to the anaesthetic items for the individual operations:—

- 100% for the item with the greatest anaesthetic fee
- plus 20% for the item with the next greatest anaesthetic fee
- plus 10% for each other item.

- Note: (a) Fees so calculated which result in a sum which is not a multiple of 5 cents are to be taken to the next higher multiple of 5 cents.
- (b) Where the anaesthetic items for two or more operations performed on the one occasion have fees which are equal, one of these amounts shall be treated as being greater than the other or others of those amounts.
- (c) The multiple anaesthetic rule also applies to combinations of items in Division 3 of Part 3 (dental anaesthetics) with items in Divisions 1 and 2.

134. Where fees have been derived by using this formula, calculation of the relevant benefit may be assisted by reference to the ready reckoner located at the front of Section 2. The rounding rule set out in Note (a) above applies.

ANAESTHETIC SERVICES OF UNUSUAL LENGTH

135. The Medical Benefits Advisory Committee has formulated principles for the determination of increased Schedule fees in respect of individual anaesthetic services (not multiple anaesthetic services) which are of unusual length.

136. These principles are based solely on the unusual length of time involved in the administration of the anaesthetic, rather than considerations of unusual complexity

and applications will, as a general rule, be finalised by registered medical benefit organisations. However, applications relating to anaesthetic services involving unusual complexity or multiple anaesthetic services should be forwarded, in the usual manner, to the Department of Health for consideration by the Medical Benefits Advisory Committee.

137. Details of the principles formulated by the Committee and which also apply to dental anaesthetics are:—

- (i) if the time involved in the administration of the anaesthetic in the particular case does not exceed the usual time allowed in the M.B. Schedule item for the service (see Explanatory Note (a)) by more than 2 time units (i.e. 30 minutes) the claim should be disallowed;
- (ii) if the claim satisfies the requirements of (i), the benefit may be determined by dividing the total time involved (see Explanatory Note (b)) into units of 15 minutes and, to the total of these units, adding 4 additional units. Benefit may then be determined by reference to the Schedule item corresponding to the equivalent number of anaesthetic units (see Explanatory Note (c)).

Explanatory Notes

- (a) The usual time allowed in the Schedule item may be determined by deducting 4 anaesthetic units from the total provided under the Item, and multiplying the resultant number of units by 15 to arrive at the time expressed in minutes.
- (b) "Total time involved" is defined as the time in which the anaesthetist is in continuous attendance on the patient and incorporates the supervised period of recovery.
- (c) Where the total anaesthetic units derived from the application of the statement of principles produces an anaesthetic unit value which is not currently covered by an item in the Schedule, the procedure to be followed is to take the Schedule item covering the number of anaesthetic units nearest to but **below**, the anaesthetic unit value derived and then to add the Schedule item covering the number of anaesthetic units necessary to make up the balance. For example, the fee for an anaesthetic unit value of 35 units (N.S.W. specialist rate) would be calculated as follows:—

Item 546 (32 units) —	\$200.00
Item 506 (3 units) —	\$ 18.60
	\$218.60 (Total fee)

138. Where fees have been derived by using this formula, calculation of the relevant benefit may be assisted by reference to the Ready Reckoner located at the front of Section 2. The rounding rule set out in Note (a) of paragraph 133 applies.

139. In respect of dental anaesthetics it should be noted that the increased benefits for prolonged dental anaesthetics are calculated in the same manner as for other prolonged anaesthetics. The increased benefits should be paid under the appropriate general anaesthetic items and not under the dental anaesthetic items.

Appeals

140. Appeals against assessments made in accordance with the above principles should be referred through the Department of Health for consideration by the Medical Benefits Advisory Committee.

PART 6 — MISCELLANEOUS PROCEDURES

Venepuncture (Item 955)

141. Medical benefits are available for the collection of a blood specimen by venepuncture for sending away for pathology investigation. Conditions of eligibility for benefits are set out hereunder.

142. Medical benefits are payable once only under this item irrespective of the number of blood samples collected during any one attendance and provided that:—

- (a) the collection is done for forwarding to an approved pathology practitioner

outside the requesting practitioner's partnership or group practice; and

- (b) the collection is not associated with the performance of pathology test(s) for the same patient episode by any member including an approved pathology practitioner within the requesting practitioner's partnership or group practice.

143. Medical benefits will NOT be payable for this item in the following circumstances:—

- (a) when the service is rendered in conjunction with any of the items in Division 9 of Part 7 nor with procedural services in Division 2 (Procedural Services) of Part 7 of the Schedule;
- (b) when the service is in respect of in-patients or out-patients of private or recognised hospitals;
- (c) when the collection is done on private or recognised hospital premises (excepting rooms privately rented from the hospital which are defined as not being hospital premises);
- (d) when the collection is done by Governmental or non-profit instrumentalities or institutions (including university departments).

Multiphasic Health Screening (Item 994)

144. This item covers multiphasic screening services rendered only by the Medichcek Referral Centre in Sydney and the Shepherd Foundation in Melbourne. Claims for medical benefits in respect of screening services rendered by other than the above two organisations will be rejected.

PART 7 — PATHOLOGY SERVICES

145. Pathology items listed in Divisions 1 to 8 of Part 7 apply only where the pathology services are rendered by approved pathology practitioners. The pathology items in Division 9 of Part 7 apply where the services are performed by medical practitioners who are not approved pathology practitioners.

Recognised Specialist Pathologists

146. Recognised specialist pathologists (see paragraph 147) must become approved pathology practitioners for services in Divisions 1-8 performed and billed in their own right to be eligible for medical benefits.

147. A recognised specialist in pathology means a medical practitioner recognised for the purposes of the Health Insurance Act as a specialist in pathology (see paragraphs 196 to 201). The principal specialty of pathology includes a number of sectional specialties. Accordingly, a medical practitioner who is recognised as a specialist in a sectional specialty of pathology is recognised as a specialist pathologist for this purpose.

Approved Pathology Practitioner Scheme

148. For pathology services in Divisions 1 to 8 of Part 7 of the Schedule, medical benefits are not payable unless these services are performed by an approved pathology practitioner. Medical practitioners, or persons employing medical practitioners, seeking to become approved pathology practitioners will be required to:

- (i) Complete an undertaking to comply with a Code of Conduct (see paragraph 152) and the other conditions specified in the undertaking.
- (ii) Pay a fee, currently \$10.

149. Where a medical practitioner, or a person employing a medical practitioner, completes an undertaking and pays the prescribed fee, the Minister may approve the practitioner, or the person employing a medical practitioner, as an approved pathology practitioner. The application fee is not refundable if the undertaking is not approved.

150. Forms of undertaking are available from the office of the Commonwealth

Director of Health in each State capital city. Enquiries about the Scheme should be directed to the office of the local Commonwealth Director of Health.

151. The following are eligible to be applicants to give an undertaking:

- (i) A medical practitioner (note that recognised specialists in pathology must become approved pathology practitioners in their own right for their patients to be able to obtain medical benefits).
- (ii) A person employing a medical practitioner to perform pathology services.
- (iii) A State, or an authority established under a State or Territory law, which is so specified by the Commonwealth Minister for Health for this purpose.

152. In summary, the common form of undertaking requires that —

- (a) there is no sharing of fees or benefits between practitioners ordering tests and an approved practitioner rendering pathology services;
- (b) no approved practitioner provides free services, payments or other considerations as incentives to a practitioner ordering tests;
- (c) the approved practitioner rendering the service should bill the patient direct; he should not bill the practitioner requesting the service;
- (d) the approved practitioner does not enter into any arrangement whereby multiple services rules built into the structure of the Schedule are knowingly avoided; or
- (e) the approved practitioner will not render or request excessive services.

153. An approved pathology practitioner would not be in breach of an undertaking by way of the ordinary partnership/group practice arrangements regarding costs and income, where the pathology services are necessary for the adequate medical care of patients. That is, bona fide arrangements where pathology services are necessary in the terms of the Health Insurance Act would not be regarded as breaches of undertakings.

154. The critical issue, whether partnership or group practice arrangements are involved or not, is whether the requesting or rendering of pathology services eligible for medical benefits is influenced by considerations other than the need for the services for the adequate medical care of the patients concerned.

Pathology Services must be necessary

155. The Health Insurance Act stipulates that medical benefits are not payable in respect of a pathology service unless a practitioner has determined that the service is reasonably necessary for the adequate medical care of the patient concerned, whether he performs the service or requests another practitioner to perform the pathology tests.

156. Matters which may be referred to a Medical Services Committee of Inquiry for consideration include questions of initiation of unnecessary pathology services by referring practitioners, and breaching of undertakings by approved pathology practitioners as well as the rendering of excessive services.

Conditions relating to medical benefits

157. For the purposes of calculating medical benefits for an item listed in Part 7 which is requested or determined to be necessary on or after 1 August 1977, the following rules apply:

- (1) Divisions 1-8 are applicable only where the service is performed by an approved pathology practitioner.
- (2) Division 9 is applicable only where the service is performed by a medical practitioner who is not an approved pathology practitioner. Benefit is payable in respect of a pathology item in Division 9 only where the service is determined as being necessary by the medical practitioner rendering the service, or is rendered in response to a request by a member of a group of

practitioners to which that practitioner belongs (providing the member making the request was not himself an approved pathology practitioner).

- (3) The "SP" Schedule fee in Divisions 1-8 applies only where:
 - (a) the service was performed by an approved pathology practitioner, who was a recognised specialist pathologist, or by a recognised specialist pathologist employed by an approved pathology practitioner;
 - (b) the approved pathology practitioner has a request in writing (which conforms to the requirements of the regulations under the Health Insurance Act — see paragraphs 163 to 165) from another medical practitioner or a dental practitioner;
 - (c) the person in respect of whom the service was rendered, was not at the time of the request a private in-patient or in receipt of an out-patient service at a recognised hospital; and
 - (d) recognised hospital or Government (including university and Government authority) laboratory facilities and/or staff were not used in the performance of the pathology service.
- (4) The "HP" Schedule fee applies to specified items in Division 1-8 where pathology services are rendered to private in-patients of recognised hospitals where recognised hospital or Government laboratory equipment and/or staff is used. (See paragraph 162 for details of prescribed laboratories.)
- (5) The "OP" Schedule fee in Divisions 1-8 applies in other circumstances, namely —
 - (a) the service was performed by an approved pathology practitioner who is not a recognised specialist pathologist, and he does not employ a recognised specialist pathologist; or
 - (b) the service was performed by an approved pathology practitioner who is, or employs a recognised specialist in pathology but all the conditions of rule 3 above were not met.
- (6) Benefit is not payable in respect of a pathology item in Divisions 1-8 unless the approved pathology practitioner —
 - (a) has a request in writing from a medical or dental practitioner for the services requested and records on his account, receipt or direct billing assignment form the following additional details —
 - (i) the name and address* of the requesting practitioner (the practitioner's surname and initials will be satisfactory unless there is more than one practitioner with the same surname and initials at the same address);
 - (ii) the date on which the request was made; and
 - (iii) where the approved pathology practitioner is not a medical practitioner, but employs a medical practitioner, the surname, initials and provider number of the medical practitioner* rendering the service.

(* It would assist if provider numbers are shown — provider numbers may be obtained by enquiry to the Office of the Commonwealth Department of Health in the nearest State capital city. The requesting doctor's provider number is acceptable in lieu of address.)

or —

 - (b) determined that the service was necessary if he is a medical practitioner, or the need was determined by a medical practitioner who is an employee and records the date the service was determined as being necessary on his account, receipt or direct billing assignment form. In practice this requirement would be met by a notation "Determined necessary 25 August" or words or abbreviations to that effect.
- (7) Benefit is not payable in respect of a pathology item in Division 9 unless the

medical practitioner who renders the service includes on his account, receipt or direct billing assignment form in addition to the normal particulars of the patient, the services performed and the fee charged —

- (a) the date on which he determined the service was necessary; or
- (b) (i) the date on which he was requested to render the service by a partner or another member of a group of practitioners, to which he belongs; and
- (ii) the surname and initials of that medical practitioner (provided that request is not made by a person who is an approved pathology practitioner).

158. An approved pathology practitioner who has been requested to perform one or more pathology services may deem it necessary in the interest of the patient to carry out additional tests to those requested. This situation may be handled in two ways:

- (a) The approved pathology practitioner may arrange with the referring practitioner to forward an amended or a second request. His account will then be issued in the ordinary way and the additional services will attract full benefits at the "SP" rate where the approved pathology practitioner is a recognised specialist.
- (b) He may determine that the services were necessary. In this case his account or receipt for the requested services will observe the requirements of paragraph 157 (6) (a). His account or receipt for the additional services will indicate that he determined the services were necessary and the date the determination was made (paragraph 157 (6) (b)). These services attract benefit at the "OP" rate.

159. For those items where the fee and benefit are related to the number of services performed in relation to the one patient episode, a patient episode is defined as covering:

- (a) services requested by a medical or dental practitioner on the one calendar day although they may be rendered by another approved pathology practitioner on one day or over a number of days; or
- (b) the need for the items is determined on the one calendar day and rendered by the medical practitioner himself on that day or over a number of days.

160. Exemption may be sought to the inbuilt multiple services rule under Section 4B(3) of the Health Insurance Act in the case of seriously ill patients whose condition requires a series of pathology investigations at various times throughout the day, provided that these services constitute distinct and separate collections and performances, involving substantial additional expense for the approved pathology practitioner. An exemption may be sought by the initiating practitioner endorsing the request with the notation "S4B3" and the approved pathology practitioner performing the pathology tests endorsing his account similarly and by indicating the times the services were performed. Alternatively, an exemption may be sought by the approved pathology practitioner approaching the office of the local Commonwealth Director of Health. If exemption is granted, the approved pathology practitioner will have to endorse his accounts that the exemption was approved by . . . on Approval is not automatic. The practitioner may be asked to verify that the patient was seriously ill, that the special tests were necessary, that substantial additional expenses were incurred, and that they were requested. Exemptions would not normally apply in the instance of tests provided in a recognised (public) hospital nor in respect of tests listed under procedural services (Items 1504-1517). A typical case for exemption would be where a pathology practitioner is required to make special visits at intervals to a hospital to collect specimens from a critically ill person.

161. Exemption may also be made to the requirement that tests requested to be performed at intervals over a period of days or weeks should be supported by separate individual request forms each time they are rendered. An example is regular prothrombin time estimations. The initial request should be endorsed with the

notation "S16A1" and the period for which the request is intended to apply should be stated. The approved pathology practitioner's account should show the original date of the request and the endorsement "S16A2" against the relevant items.

162. The following laboratories have been prescribed for the purposes of payment of medical benefits as outlined in paragraphs 157(3) (d) and (4):

- (a) Laboratories operated by the Commonwealth (these include Commonwealth health laboratories operated by the Department of Health as well as the laboratories operated by other Departments e.g. the Departments of Defence and Veterans' Affairs conduct laboratories from which pathology services are provided).
- (b) Laboratories operated by a State Government or authority of a State. (Laboratories operated or associated with recognised hospitals are also included.)
- (c) Laboratories operated by Capital Territory Health Commission.
- (d) Laboratories operated by the following universities —
 - University of N.S.W.
 - University of Sydney
 - University of New England
 - Monash University
 - University of Melbourne
 - University of Queensland
 - University of Adelaide
 - University of Western Australia
 - University of Tasmania
 - Australian National University

Requests in writing

163. Approved pathology practitioners must hold a request in writing for all services requested by any other practitioner before billing patients. This includes requests from partners and other members of a group practice. Requests in writing are not required for self-determined tests or for items listed in Division 9 of Part 7. The request in writing must show:

1. In the requesting practitioner's own handwriting —
 - "The individual pathology services, or recognised groups of pathology tests of particular organ or physiological function to be rendered" (see Section 3C for list of acceptable terms and abbreviations);
2. the requesting practitioner's signature;
3. the name and address of the requesting practitioner (the practitioner's surname and initials will be satisfactory unless there is more than one practitioner with the same surname and initials at the same address; it is acceptable that the doctor's provider number be shown in lieu of address — the provider number may be obtained by enquiry to the Office of the Commonwealth Department of Health in the nearest State capital city);
4. the name and address of the patient;
5. the date the pathology services were determined to be necessary;
6. that the patient was a private in-patient or out-patient of a recognised hospital where this is the case at the time of the request; and
7. the name and address of the approved pathology practitioner requested to perform the pathology services.

164. There is no official "request in writing" form, and the doctor's own stationery, or pre-printed forms supplied by approved pathology practitioners are acceptable (provided there are no check lists or "tick-a-box" lists of individual or groups of pathology services on the forms). Oral requests must be confirmed by a request in writing (conforming with paragraph 163 above) before an account is issued. A request in writing is required within a partnership or group practice for services in

Divisions 1-8 — see also paragraph 166 below for referrals as between approved pathology practitioners.

165. Approved pathology practitioners must retain requests in writing for a period of 18 months and must produce any requests specified if so required by a notice in writing by the Minister.

166. Where an approved pathology practitioner refers some or all services requested to another approved pathology practitioner the following applies —

- (a) where all the services are referred, he forwards the initial request to the second approved pathology practitioner who bills the patient;
- (b) where some of the services are referred, he should issue his own request in writing, which should show in addition to the particulars listed in paragraph 169 above —
 - (i) name and address of the original requesting practitioner;
 - (ii) date of initial request;
- (c) the patient is billed by each approved pathology practitioner for the services he performs.

HAEMATOLOGY

Blood Grouping (Items 1080/1081 and 1089/1090)

167. Repeat blood grouping may be performed each time cross-matching of fresh units of blood for transfusion is carried out. This is an internal quality control measure and should not attract benefits on each occasion. Benefits are payable for blood grouping once only during any period of hospitalisation.

Compatibility Testing (Items 1111-1117)

168. If further blood is requested after the initial compatibility testing and a separate attendance is involved, benefits are again attracted under Items 1111-1113 for one or two units of blood.

Blood Culture (Items 1633/1634)

169. The usual practice is to take one set of cultures every 2-3 hours for a total of 3-4 sets. One set consists of aerobic or anaerobic or both media. Benefits under the items are attracted for each set to a maximum of three sets.

PART 8 — RADIOLOGY

170. A "Notice of Referral" is not required in the case of services contained in Part 8 of the Schedule (except in relation to items 2734 and 2736) to which higher fees apply when rendered by specialist radiologists.

Radiography of the Breast (Items 2734 and 2736)

171. The descriptions of these items were recommended by the Medical Benefits Advisory Committee. The Committee's recommendation was based on the generally accepted view that mammography should not be used as a primary screening procedure in apparently well people and that it should only be performed by specialist radiologists on patients referred specifically for the examination.

172. To facilitate these requirements the Regulations to the Health Insurance Act require the referring medical practitioner to complete a Notice of Referral (to be personally signed by the medical practitioner) indicating that the patient has been referred for mammography in accordance with the requirements outlined in the descriptions of the items.

PART 8A — RADIOTHERAPY

173. The level of benefits for radiotherapy depends not only on the number of fields irradiated but also on the frequency of irradiation. In the items related to

additional fields, it is to be noted that treatment by rotational therapy is considered to be equivalent to the irradiation of three fields (i.e., irradiation of one field plus two additional fields). For example, each attendance for orthovoltage rotational therapy, at the rate of 3 or more treatments per week would attract benefit under Item 2875 plus twice Item 2877.

174. Benefits are attracted for an initial referred consultation and radiotherapy treatment where both take place at the same attendance.

PART 9 — ASSISTANCE AT OPERATIONS

175. For an operation (or combination of operations) for which the Schedule fee does not exceed \$158.00 benefits for assistance have been based on a fee of \$31.50. Where the Schedule fee for the operation (or combination of operations) exceeds \$158.00 an assistance fee of one-fifth of the Schedule fee has been determined for benefit purposes.

176. Benefit in respect of assistance at an operation is not payable unless the assistance is rendered by a medical practitioner other than the anaesthetist or assistant anaesthetist.

177. The amount of benefit specified for assistance at an operation is the amount payable whether the assistance is rendered by one or more than one medical practitioner.

PART 9A — COMPUTERISED AXIAL TOMOGRAPHY

178. It will be noted that there are two levels of fees in respect of computerised axial tomography, i.e. "HR" and "OR".

179. The "HR" Schedule fee applies to specified items in Part 9A where the service is rendered using any computerised axial tomography equipment of a recognised hospital or a radiology unit included in a prescribed class of radiology units.

180. The "OR" Schedule fee applies to specified items in Part 9A in other circumstances, i.e. where the service is rendered without using any computerised axial tomography equipment of a recognised hospital or a radiology unit included in a prescribed class of radiology units.

181. Each of the following classes of radiology units is a prescribed class of radiology units:

- (a) radiology units operated by the Commonwealth;
- (b) radiology units operated by a State or an authority of a State;
- (c) radiology units operated by the Northern Territory of Australia;
- (d) radiology units operated by the Australian Capital Territory Health Commission; and
- (e) radiology units operated by an Australian University.

PART 10 — OPERATIONS

Multiple Operation Formula

182. The fees for two or more operations, other than amputations, performed on a patient on the one occasion (except as provided in paragraph 184) are calculated by the following rule:—

100 per cent for the item with the greatest Schedule fee, plus 50 per cent for the item with the next greatest Schedule fee, plus 25 per cent for each other item.

Note: (a) Fees so calculated which result in a sum which is not a multiple of 5 cents are to be taken to the next higher multiple of 5 cents.

(b) Where two or more operations performed on the one occasion have Schedule fees which are equal, one of these amounts shall be treated as being greater than the other or others of those amounts.

183. Where fees have been derived by using this formula, calculation of the

relevant benefit may be assisted by reference to the Ready Reckoner located at the front of Section 2. The rounding rule set out in Note (a) above applies.

184. This rule does not apply to an operation which is one of two or more operations performed under the one anaesthetic on the same patient if the medical practitioner who performed the operation did not perform or assist at the other operation or any of the other operations, or administer the anaesthetic. In such cases the fees specified in the Schedule apply.

185. Where two medical practitioners operate independently and either performs more than one operation, the method of assessment outlined in paragraph 182 would apply in respect of the services performed by each medical practitioner. For these purposes the term "operation" includes all items in Part 10 (other than Division 2 of that Part) and Items 234 and 241 in Part 2 covering Caesarean section.

186. If the operation comprises a combination of procedures which are commonly performed together and for which a specific combined item is provided in the Schedule, it is regarded as the one item and service in applying the multiple operation rule.

After-care

187. As a general rule, the fee specified for each of the operations listed in the Schedule contains a component for the consequential after-care customarily provided, unless otherwise indicated.

188. After-care is deemed to include all post-operative treatment rendered by medical practitioners and need not necessarily be limited to treatment given by the surgeon or to treatment given by any one medical practitioner.

189. The amount and duration of after-care consequent on an operation may vary as between patients for the same operation, as well as between different operations which range from minor procedures performed in the medical practitioner's surgery, to major surgery carried out in hospital. As a guide to interpretation, after-care includes all normal post-operative attendances up to the healing of the wound or normal union of a fracture plus the final check or examination, regardless of whether the attendances are at the hospital, rooms, or the patient's home.

190. Attendances which form part of normal after-care, whether at hospitals, rooms, or at the patient's home, should not be shown on the doctor's account. Only those attendances which do not form part of normal after-care, i.e., those services attracting separate medical benefits, should be itemised. When additional services are itemised, the doctor should show against those services on the account the words "not normal after-care".

191. Subject to the approval of the local Commonwealth Director of Health, benefits may be paid for professional services for the treatment of an intercurrent condition or an unusual complication arising from the operation.

192. Some minor operations are merely stages in the treatment of a particular condition. Attendances subsequent to such operations should not be regarded as after-care but rather as a continuation of the treatment of the original condition and attract benefits. Items to which this policy applies are Items 3371, 3379/3384, 4578/4585, 5162, 6816, 6824, 6940 and 7864.

193. The following table shows the period which has been adopted as reasonable for the after-care of fractures:—

Item No.	Treatment of fracture of	After-care Period
7505	Terminal phalanx of finger or thumb	6 weeks
7508/7512	Proximal phalanx of finger or thumb	6 "
7516	Middle phalanx of finger	6 "
7520/7524	One or more metacarpals not involving base of first carpometacarpal joint	6 "

Item No.	Treatment of fracture of	After-care Period
7527/7530	First metacarpal involving carpometacarpal joint (Bennett's fracture)	8 "
7533	Carpus (excluding navicular)	6 "
7535/7538	Navicular or carpal scaphoid	3 months
7540/7544	Colles' fracture of wrist	3 "
7547	Distal end of radius or ulna, involving wrist	8 weeks
7550/7552	Radius	8 "
7559/7563	Ulna	8 "
7567/7572	Both shafts of forearm or humerus	3 months
7588/7593	Clavicle or sternum	4 weeks
7597	Scapula	6 "
7608/7610	Pelvis (excluding symphysis pubis) or sacrum	4 months
7615/7619	Symphysis pubis	4 "
7624/7627	Femur	6 "
7632/7637	Fibula or tarsus (excepting os calcis or os talus)	8 weeks
7641/7643	Tibia or patella	4 months
7647/7652	Both shafts of leg, ankle (Potts fracture) with or without dislocation, os calcis (calcaneus) or os talus	4 months
7673/7677	Metatarsals — one or more	6 weeks
7681	Phalanx of toe (other than great toe)	6 "
7683	More than one phalanx of toe (other than great toe)	6 "
7687	Distal phalanx of great toe	8 "
7691	Proximal phalanx of great toe	8 "
7709/7712	Nasal bones, requiring reduction	4 "
7715	Nasal bones, requiring reduction and involving osteotomies	4 "
7718/7721	Maxilla — not requiring splinting	6 "
7727	Maxilla — with external fixation, wiring of teeth or internal fixation	3 months
7739/7743	Mandible — not requiring splinting	6 weeks
7749	Mandible — by means of wiring of teeth, internal fixation, or skeletal pinning with external fixation	3 months
7764/7766	Zygoma	6 weeks
7789	Spine (excluding sacrum), transverse process or bone other than vertebral body requiring immobilisation in plaster or traction by skull calipers	3 months
7793	Spine (excluding sacrum), vertebral body, without involvement of cord, requiring immobilisation in plaster or traction by skull calipers	6 "
7798	Spine (excluding sacrum), vertebral body, with involvement of cord	6 "

Laparotomy and other procedures (Item 3722)

194. This item covers several operations on abdominal viscera not dissimilar in time and complexity. Where more than one of the procedures are performed during the one operation, each procedure may be itemised according to the multiple operation formula except for (with reservations) division of peritoneal adhesions.

195. Although the division of peritoneal adhesions carries the restriction "where no other listed intra-abdominal procedure is performed", benefits on the multiple

operation basis will be attracted under Item 3722 when itemised in association with another intra-abdominal operation where:—

- (i) extensive peritoneal adhesions are encountered;
- (ii) the division of the adhesions is not related solely to the course of the principal procedure (e.g. removal of a retro-caecal appendix or a closely adherent gall-bladder would not qualify);
- (iii) the additional time required is in excess of 45 minutes; and
- (iv) the surgeon provides sufficient details on his account to indicate that the requirements of sub-paragraphs (i), (ii) and (iii) have been met.

Local Skin Flap — Definition

196. A local skin flap is an area of skin and subcutaneous tissue designed to be elevated from the skin adjoining a defect needing closure. The flap remains partially attached by its pedicle and is moved into the defect by rotation, advancement or transposition, or a combination of these manoeuvres. A secondary defect will be created which may be closed by direct suture, skin grafting or sometimes a further local skin flap. This latter procedure will also attract benefit if closed by graft or flap repair but not when closed by direct suture.

197. By definition, direct wound closure (e.g. by suture) does not constitute skin flap repair. Similarly angled, curved or trapdoor incisions which are used for exposure and which are sutured back in the same position relative to the adjacent tissues are not skin flap repairs. Undermining of the edges of a wound prior to suturing is considered a normal part of wound closure and is not considered a skin flap repair.

198. A "Z" plasty is a particular type of transposition flap repair. Although 2 flaps are created, rebate will be paid on the basis of Item 8480 or 8484 once only.

199. Common Items where local skin flap repair is payable include:

3041	3276	7815	8470
3219/3220	3295	7817	8472
3221/3222	3301	7821	8474
3233/3237	3314	7823	8522
3247/3253	3320	8298	8524
3261/3265	3477	8462	8588
3271	6044	8466	

Note: This list is not all-inclusive and there are circumstances where other services might involve flap repair.

200. Items where a local flap repair should not be payable in addition are:

3046-3101	3223-3226	8530	8594-8600
3104	3309-3311	8532	8608
3173-3183	3597	8542	8612
3194-3217	8528	8550	8622-8652

RECOGNITION AS A SPECIALIST OR CONSULTANT PHYSICIAN

201. Where a medical practitioner is registered as a specialist or consultant physician under State or Territory law, he is also recognised as such, in the appropriate specialty, for the purposes of the Health Insurance Act.

202. In addition, a medical practitioner who:—

- practises as a specialist or consultant physician in a State or Territory which does not have specialist registration laws; or
- practises as a specialist or consultant physician in a State or Territory which has specialist registration laws but who is not registered under those laws;

may be recognised as a specialist or consultant physician for the purposes of the Health Insurance Act.

203. The Minister for Health may request a Specialist Recognition Advisory Committee to advise him whether a medical practitioner should be recognised as a specialist or consultant physician for the purposes of the Health Insurance Act, having regard to his qualifications, his experience and standing in the medical profession and the nature of his practice.

204. There is provision for appeal to a Specialist Recognition Appeal Committee by medical practitioners who have not been granted recognition as specialists or consultant physicians by the Advisory Committee.

205. Where a medical practitioner has been recognised as a specialist or consultant physician for the purposes of the Health Insurance Act, medical benefits are payable at the appropriate higher rate in respect of certain services rendered by him in the practice of the specialty in which he is so recognised, provided (other than in the case of services by specialist anaesthetists or radiologists — see paragraph 215) the patient has been referred in accordance with paragraphs 207 to 215.

206. All enquiries concerning the recognition of specialists and consultant physicians should be directed to the local Commonwealth Director of Health. (The addresses of State Headquarters and Health Benefits and Services Branches of the Department are contained in Section 4.A).

REFERRAL OF PATIENTS TO SPECIALISTS OR CONSULTANT PHYSICIANS

207. For the purpose of payment of medical benefits at the higher rate, referrals are required to be made as follows:—

- (a) to a recognised consultant physician — by another medical practitioner.
- (b) to a recognised specialist —
 - (i) by another medical practitioner; or
 - (ii) by a registered dental practitioner, where the referral arises out of a dental service; or
 - (iii) by a registered optometrist or a registered optician, where the specialist is an ophthalmologist.

208. Benefits are only payable at the consultant physician rate if the referral is made by a medical practitioner. Where a dentist refers a patient to a consultant physician benefits are payable at the specialist referred rate only.

209. The referral system involves the use of special forms known as Notices of Referral.

210. The procedure for use of Notices of Referral when a patient is referred by a doctor to a specialist is as follows:—

- When the doctor refers a patient to a specialist, he will complete one of these Notices and hand it to the patient.
- The patient will produce the Notice when he first consults the specialist.
- The specialist will note on his history card for the patient the serial number shown on the Notice.
- Where the specialist has made arrangements with the patient for the assignment of the benefit for the particular service, the Notice should be retained by the specialist and attached to the appropriate "Claim for Assigned Medical Benefits Form". However, where the specialist prefers to bill the patient, the Notice should be returned to the patient. This would usually be done when the specialist issues his account for the first specialist service. This account should show the name of the referring doctor in the usual manner.
- In cases where the Notice has been returned to the patient it should be

produced by him with the account for the first specialist service when a claim is made for medical benefits in respect of that service (see also Part B paragraphs 57 to 61).

211. For medical benefits purposes, a Notice of Referral will be acceptable for subsequent services by a specialist or consultant physician only during the following periods, commencing from the date of the patient's first consultation with the specialist or consultant physician:—

- (a) where the patient was referred for "opinion" or "immediate treatment" — three months, and
- (b) where the patient was referred for "continuing management of present condition" — twelve months.

212. The specialist should quote in his accounts for the initial and subsequent services the name of the referring doctor and the serial number of the original Notice (e.g., "Referred by Dr. J. Jones — Notice of Referral No. E05751-26").

213. The procedure outlined above also applies to the referral of patients by medical practitioners to consultant physicians and to referrals by dental practitioners and optometrists/opticians.

214. Except as described in paragraph 215, a Notice of Referral must have been issued by the referring doctor, dental practitioner or optometrist/optician in respect of all services provided by specialists and consultant physicians in order that patients may be eligible for medical benefits at the higher rate. Unless such a Notice has been issued, the referral requirements will be regarded as not having been satisfied and benefits will be paid at the unreferral rate.

215. A Notice of Referral is not required in the case of specialist radiologist (except in the case of items 2734 and 2736 — see paragraphs 171 and 172) or anaesthetist services (including Item 85 — Pre-operative examination of a patient in preparation for the administration of an anaesthetic). The higher rate of benefits in these cases is payable provided the services are rendered by a specialist radiologist or anaesthetist. However, for benefits to be payable at the specialist rate for consultations by specialist anaesthetists (other than for a pre-operative examination) a Notice of Referral is required. (See paragraph 128.)

216. A Notice of Referral is not required in the case of a specialist pathologist service in Part 7 of the Schedule. However, for benefits to be payable at the higher rate for such services, the conditions set out in Part 7 of the Schedule must be satisfied and the patient's account must show the name of the practitioner requesting the service(s) and the date on which the request was made. (See paragraphs 145 et seq.)

SECTION 1 PART D NOTES TO ASSIST IN THE COMPLETION OF CLAIMS FOR ASSIGNED BENEFITS

Types of Assignment Forms

(a) Individual Assignment Forms HO500

Books of 50 of these forms in triplicate are available for normal use. The top (GREEN) copy should be detached and submitted to the Department of Health. The second (PINK) copy should be given to the assignor (patient). The third (YELLOW) copy should be retained in the book for record purposes. Each voucher should be used to record only those services performed at one patient attendance. Where more than one patient attendance occurs, even on the same day, a second assignment form must be completed.

(b) Continuous Assignment Forms HO501

These are available in continuous stationery designed for use in a typewriter or computer printer. The information required on individual assignment Forms (HO500) and continuous assignment Forms HO501 is the same.

Assignment Forms replace Accounts and Receipts

When a doctor direct bills on the Department of Health, the Assignment Forms take the place of the conventional accounts and receipts. It is important therefore that the Assignment Forms should show in respect of each service to each patient the information which is required in patients' accounts as mentioned in paragraphs 51 and 52 of the Notes for Guidance of Medical Practitioners.

How to complete Assignment Forms (HO500) (HO501)

The following information should be completed in the appropriate sections of the Assignment Form at the time of each attendance. An illustrated copy of an Assignment Form is shown at page 1D-3.

- SECTION 1.** **Patient's Name** — Complete one patient name per voucher. Print the patient's surname including any second Christian or given name.
- SECTION 2.** **Patient's Sex** — Indicate the patient's sex by placing a tick in the appropriate square.
- SECTION 3.** **Patient Health Insurance Number** should be shown if known. Where the number is unknown the patient's date of birth should be shown.
- SECTION 4.** **Patient's Date of Birth** should be given. Forms which quote a patient's date of birth may be paid without the need for further reference to the doctor even though an incorrect Health Insurance Number has been quoted.
- SECTION 5.** **Date of Service** is necessary for correct levels of benefit.
- SECTION 6.** **A description of service** in brief should be provided. The "Description of Service" space on the form should also be used to include information which would otherwise be included on the doctor's accounts and receipts. Refer to paragraphs 51 and 52 of the Notes for Guidance of Medical Practitioners.
- SECTION 7.** **An M.B.S. Item Number** is necessary to identify the correct service provided.
- SECTION 8.** **The amount of benefit claimed** must be entered against each service. Benefit should equal 75 per cent (flat) of the Schedule fee for Disadvantaged persons or 85 per cent of the Schedule fee (or the Schedule fee less \$5.00) for P.H.B. card holders.
- SECTION 9.** **Amount payable by a patient** should be shown where an amount is

charged in addition to the benefit claimed. N.B. This is not applicable for disadvantaged persons.

SECTION 10. The "OFFICE USE ONLY" area should be left blank.

SECTION 11. The patient's address should be shown.

SECTION 12. The P.H.B. number must be shown when claiming 85 per cent/\$5 level of benefit. Where a P.H.B. number is not quoted the claim will be regarded as being in respect of a disadvantaged person and the 75 per cent (flat) principle will apply.

SECTION 13. I ASSIGN TO — should be completed by showing the name of the doctor to whom benefits have been assigned.

SECTION 14. A signature must be obtained from the patient. In addition he must indicate in the space provided the number of services, i.e. 1, 2, 3 or 4. If the patient is unable to sign personally, an explanation should be made in the "Practitioner's Use" space on the form.

SECTION 15. Signature of practitioner or agent should be completed at the time of the attendance in conjunction with the patient's signature.

SECTION 16. Referral details should be provided when applicable to allow Specialist rates of benefit to be paid. Refer paragraphs 207-216 of the Notes for Guidance of Medical Practitioners.

SECTION 17. Pathology request or date deemed necessary details are required when claiming benefit for a pathology service. It would assist if the provider number of the requesting practitioner is shown, otherwise, show requesting doctor's name and address. Refer to paragraph 157 of the Notes for Guidance of Medical Practitioners.

COMMONWEALTH MEDICAL BENEFITS ASSIGNMENT FORM

(SECTION 20a HEALTH INSURANCE ACT 1973)

DO NOT USE IF CLAIM HAS BEEN OR IS
INTENDED TO BE MADE FOR WORKERS'
COMPENSATION OR DAMAGES

H0500
(MD2)
1/79

PATIENT'S SURNAME ①			CHRISTIAN OR GIVEN NAMES ①			SEX M ☐ F ☐ ②					
HEALTH INSURANCE NUMBER ③			DATE OF BIRTH DAY MTH ④ YR 1			U S R P No. ⑩					
DATE OF SERVICE Day M'th Year		DESCRIPTION OF SERVICE ⑥	ITEM NO. ⑦	AMOUNT OF BENEFIT ⑧	AMOUNT PAYABLE BY PATIENT ⑨	OFFICE USE ONLY					
⑤						AMOUNT	MP	R	N	C	OR
PATIENT'S ADDRESS ⑪						PHB No. ⑫					

Patient to complete this section and retain copy of completed form

I assign to ⑬ _____ my right to payment of Commonwealth medical benefits for the above mentioned professional services. Number of services _____
I declare that—

- (a) I am not entitled to benefits for the above mentioned service(s) under a medical benefits table conducted by a registered medical benefits organisation, providing benefits for professional services;
(b) the patient in respect of whom the service was provided is an Australian resident or is a person to whom the Health Insurance Act 1973 applies by virtue of an approval under Section 6 of that Act; and
(c) I do not have an entitlement to, or a right to claim compensation or damages in respect of these services.

Signature of Patient ⑭ _____ Date _____/_____/_____

Practitioner to complete

I accept this assignment and the amounts specified above as being payable by the patient for the above mentioned services in full payment of all amounts due to me in respect of those services. The services were rendered by me or on my behalf. I undertake to provide a copy of this completed form to the patient.

Signature of Practitioner or Agent ⑮ _____ Date _____/_____/_____

REFERRING PRACTITIONER

REFERRAL NUMBER ⑯ _____

EITHER date of Request _____/_____/_____
and Requesting Practitioner ⑰ _____

OR Date Need for Test Determined
_____/_____/_____

PRACTITIONER'S USE

DEPT. OF HEALTH COPY

How to submit Claims for Assigned Benefits (HO502)

A **CLAIM FOR ASSIGNED MEDICAL BENEFITS FORM** should be completed and forwarded to the Department of Health together with assignment forms at intervals corresponding to the completion of a book of assignment forms or once per month. The following information should be completed in the appropriate sections of the Claim for Assigned Medical Benefits Form. An illustrated copy of the form is shown at page 1D-5.

- SECTION A.** **Practitioner's name and practice address.** Adhesive labels bearing the practitioner's name, provider number and practice address are available on request from the Department of Health.
- SECTION B.** The first and last serial numbers of the attached Assignment Forms.
- SECTION C.** The total number of attached Assignment Forms.
- SECTION D.** The claimant's signature should be that of the person who rendered the services indicated on the attached Assignment Forms or that of the person on whose behalf the services were rendered.

Assignment Forms included in a claim should be in a numerical sequence and preferably from the same book to expedite any subsequent inquiry made by a practitioner about a claim. Assignment Forms within a claim should all be for the same practice location and should not include services performed other than by or on behalf of the practitioner whose signature appears on the Claim Form.

COMMONWEALTH MEDICAL BENEFITS CLAIM FOR ASSIGNED MEDICAL BENEFITS

(Section 20B Health Insurance Act 1973)

H0502
(MC2)
1/79

CLAIMANT'S NAME

(A)

CLAIMANT'S ADDRESS

(A)

FIRST ASSIGNMENT
FORM NUMBER

(B)

LAST NUMBER

NUMBER OF
ASSIGNMENT FORMS

(C)

I HEREBY CLAIM IN RESPECT OF THE PROFESSIONAL SERVICES RENDERED BY ME OR ON MY BEHALF SPECIFIED IN THE ATTACHED ASSIGNMENT FORMS THE AMOUNTS SPECIFIED IN THOSE FORMS IN THE COLUMN HEADED "AMOUNT OF BENEFIT".
I DECLARE THAT TO THE BEST OF MY KNOWLEDGE AND BELIEF, THE PATIENTS IN RESPECT OF WHOM ASSIGNMENTS HAVE BEEN RECEIVED ARE ENTITLED TO MAKE SUCH ASSIGNMENTS UNDER SECTION 20A OF THE HEALTH INSURANCE ACT 1973.
I DECLARE THAT A COPY OF THE ASSIGNMENT OR AGREEMENT FORM HAS BEEN RETAINED BY THE PATIENT IN ACCORDANCE WITH SECTION 20B OF THE HEALTH INSURANCE ACT 1973.

I DECLARE THAT NONE OF THE AMOUNTS CLAIMED IS IN RESPECT OF A PROFESSIONAL SERVICE—

- (A) THAT WAS RENDERED IN A RECOGNIZED HOSPITAL TO A PATIENT WHO WAS NOT A PRIVATE PATIENT,
(B) THAT WAS RENDERED IN CARRYING OUT A MASS IMMUNIZATION,

- (C) THAT WAS A MEDICAL EXAMINATION FOR THE PURPOSES OF LIFE INSURANCE, A SUPERANNUATION OR PROVIDENT ACCOUNT SCHEME OR ADMISSION TO MEMBERSHIP OF A FRIENDLY SOCIETY; OR

- (D) IN RESPECT OF WHICH TO THE BEST OF MY KNOWLEDGE AND BELIEF, A COMMONWEALTH MEDICAL BENEFIT IS OTHERWISE NOT PAYABLE UNDER THE HEALTH INSURANCE ACT 1973.

I FURTHER DECLARE THAT NO OTHER PAYMENTS HAVE BEEN SOUGHT FROM THE PATIENT OTHER THAN THOSE SPECIFIED IN THE COLUMNS HEADED "AMOUNT PAYABLE BY THE PATIENT" ON THE ATTACHED ASSIGNMENT FORMS.

CLAIMANT'S SIGNATURE (D)

DATE ____/____/____

SECTION 2

**MEDICAL BENEFITS
SCHEDULE FEES**

ALL STATES

1 NOVEMBER 1979

THE SCHEDULE
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Medical Benefits Schedule — Parts 1-10
Ready Reckoner showing 1 November 1979
Schedule Fees and Medical Benefit Levels.

**SCHEDULE
FEE**

MEDICAL BENEFIT LEVELS

	Commonwealth Medical Benefit @0% / \$20 maximum gap	Basic Fund Medical Benefit *	Combined Medical Benefit @75% / \$10 maximum gap	Commonwealth Medical Benefit @85% / \$5 maximum gap	Commonwealth Medical Benefit @75% flat
\$	\$	\$	\$	\$	\$
1.05	0.00	0.80	0.80	0.90	0.80
2.20	0.00	1.65	1.65	1.90	1.65
2.70	0.00	2.05	2.05	2.30	2.05
2.90	0.00	2.20	2.20	2.50	2.20
3.25	0.00	2.45	2.45	2.80	2.45
3.60	0.00	2.70	2.70	3.10	2.70
3.70	0.00	2.80	2.80	3.15	2.80
4.30	0.00	3.25	3.25	3.70	3.25
4.35	0.00	3.30	3.30	3.70	3.30
4.90	0.00	3.70	3.70	4.20	3.70
5.00	0.00	3.75	3.75	4.25	3.75
5.10	0.00	3.85	3.85	4.35	3.85
5.40	0.00	4.05	4.05	4.60	4.05
5.80	0.00	4.35	4.35	4.95	4.35
6.00	0.00	4.50	4.50	5.10	4.50
6.10	0.00	4.60	4.60	5.20	4.60
6.20	0.00	4.65	4.65	5.30	4.65
6.55	0.00	4.95	4.95	5.60	4.95
6.60	0.00	4.95	4.95	5.65	4.95
6.70	0.00	5.05	5.05	5.70	5.05
7.00	0.00	5.25	5.25	5.95	5.25
7.10	0.00	5.35	5.35	6.05	5.35
7.20	0.00	5.40	5.40	6.15	5.40
7.40	0.00	5.55	5.55	6.30	5.55
7.90	0.00	5.95	5.95	6.75	5.95
8.00	0.00	6.00	6.00	6.80	6.00
8.10	0.00	6.10	6.10	6.90	6.10
8.20	0.00	6.15	6.15	7.00	6.15
8.50	0.00	6.40	6.40	7.25	6.40
8.60	0.00	6.45	6.45	7.35	6.45
8.70	0.00	6.55	6.55	7.40	6.55
8.80	0.00	6.60	6.60	7.50	6.60
9.00	0.00	6.75	6.75	7.65	6.75
9.10	0.00	6.85	6.85	7.75	6.85
9.30	0.00	7.00	7.00	7.95	7.00

1 November 1979

\$1.05 to \$9.30

Page i

* Basic Fund Medical Benefit is the difference between Combined Medical Benefit at 75% / \$10 maximum gap of the Schedule Fee, and Commonwealth Medical Benefit at 0% / \$20 maximum gap of the Schedule Fee.

Medical Benefits Schedule — Parts 1-10
Ready Reckoner showing 1 November 1979
Schedule Fees and Medical Benefit Levels.

SCHEDULE FEE	MEDICAL BENEFIT LEVELS				
	Commonwealth Medical Benefit @0% / \$20 maximum gap	Basic Fund Medical Benefit *	Combined Medical Benefit @75% / \$10 maximum gap	Commonwealth Medical Benefit @85% / \$5 maximum gap	Commonwealth Medical Benefit @75% flat
\$	\$	\$	\$	\$	\$
9.50	0.00	7.15	7.15	8.10	7.15
9.70	0.00	7.30	7.30	8.25	7.30
9.75	0.00	7.35	7.35	8.30	7.35
9.90	0.00	7.45	7.45	8.45	7.45
10.00	0.00	7.50	7.50	8.50	7.50
10.20	0.00	7.65	7.65	8.70	7.65
10.25	0.00	7.70	7.70	8.75	7.70
10.40	0.00	7.80	7.80	8.85	7.80
10.75	0.00	8.10	8.10	9.15	8.10
10.80	0.00	8.10	8.10	9.20	8.10
11.00	0.00	8.25	8.25	9.35	8.25
11.40	0.00	8.55	8.55	9.70	8.55
11.60	0.00	8.70	8.70	9.90	8.70
11.80	0.00	8.85	8.85	10.05	8.85
12.00	0.00	9.00	9.00	10.20	9.00
12.20	0.00	9.15	9.15	10.40	9.15
12.40	0.00	9.30	9.30	10.55	9.30
12.60	0.00	9.45	9.45	10.75	9.45
12.80	0.00	9.60	9.60	10.90	9.60
13.00	0.00	9.75	9.75	11.05	9.75
13.20	0.00	9.90	9.90	11.25	9.90
13.40	0.00	10.05	10.05	11.40	10.05
13.55	0.00	10.20	10.20	11.55	10.20
13.60	0.00	10.20	10.20	11.60	10.20
13.65	0.00	10.25	10.25	11.65	10.25
13.80	0.00	10.35	10.35	11.75	10.35
14.00	0.00	10.50	10.50	11.90	10.50
14.40	0.00	10.80	10.80	12.25	10.80
14.50	0.00	10.90	10.90	12.35	10.90
14.60	0.00	10.95	10.95	12.45	10.95
14.80	0.00	11.10	11.10	12.60	11.10
15.00	0.00	11.25	11.25	12.75	11.25
15.20	0.00	11.40	11.40	12.95	11.40
15.40	0.00	11.55	11.55	13.10	11.55
15.60	0.00	11.70	11.70	13.30	11.70

1 November 1979

\$9.50 to \$15.60

Page 1

* Basic Fund Medical Benefit is the difference between Combined Medical Benefit at 75% / \$10 maximum gap of the Schedule Fee, and Commonwealth Medical Benefit at 0% / \$20 maximum gap of the Schedule Fee.

**Medical Benefits Schedule — Parts 1-10
Ready Reckoner showing 1 November 1979
Schedule Fees and Medical Benefit Levels.**

**SCHEDULE
FEE**

MEDICAL BENEFIT LEVELS

	Commonwealth Medical Benefit @0% / \$20 maximum gap	Basic Fund Medical Benefit *	Combined Medical Benefit @75% / \$10 maximum gap	Commonwealth Medical Benefit @85% / \$5 maximum gap	Commonwealth Medical Benefit @75% flat
\$	\$	\$	\$	\$	\$
15.80	0.00	11.85	11.85	13.45	11.85
16.00	0.00	12.00	12.00	13.60	12.00
16.15	0.00	12.15	12.15	13.75	12.15
16.20	0.00	12.15	12.15	13.80	12.15
16.60	0.00	12.45	12.45	14.15	12.45
16.80	0.00	12.60	12.60	14.30	12.60
17.00	0.00	12.75	12.75	14.45	12.75
17.20	0.00	12.90	12.90	14.65	12.90
17.40	0.00	13.05	13.05	14.80	13.05
17.60	0.00	13.20	13.20	15.00	13.20
17.80	0.00	13.35	13.35	15.15	13.35
18.00	0.00	13.50	13.50	15.30	13.50
18.20	0.00	13.65	13.65	15.50	13.65
18.40	0.00	13.80	13.80	15.65	13.80
18.60	0.00	13.95	13.95	15.85	13.95
18.80	0.00	14.10	14.10	16.00	14.10
19.00	0.00	14.25	14.25	16.15	14.25
19.15	0.00	14.40	14.40	16.30	14.40
19.20	0.00	14.40	14.40	16.35	14.40
19.40	0.00	14.55	14.55	16.50	14.55
19.60	0.00	14.70	14.70	16.70	14.70
19.80	0.00	14.85	14.85	16.85	14.85
20.00	0.00	15.00	15.00	17.00	15.00
20.50	0.50	14.90	15.40	17.45	15.40
21.00	1.00	14.75	15.75	17.85	15.75
21.50	1.50	14.65	16.15	18.30	16.15
21.75	1.75	14.60	16.35	18.50	16.35
22.00	2.00	14.50	16.50	18.70	16.50
22.50	2.50	14.40	16.90	19.15	16.90
23.00	3.00	14.25	17.25	19.55	17.25
23.50	3.50	14.15	17.65	20.00	17.65
24.00	4.00	14.00	18.00	20.40	18.00
24.40	4.40	13.90	18.30	20.75	18.30
24.50	4.50	13.90	18.40	20.85	18.40
25.00	5.00	13.75	18.75	21.25	18.75

1 November 1979

\$15.80 to \$25.00

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* Basic Fund Medical Benefit is the difference between Combined Medical Benefit at 75% / \$10 maximum gap of the Schedule Fee, and Commonwealth Medical Benefit at 0% / \$20 maximum gap of the Schedule Fee.

Medical Benefits Schedule — Parts 1-10
Ready Reckoner showing 1 November 1979
Schedule Fees and Medical Benefit Levels.

**SCHEDULE
FEE**

MEDICAL BENEFIT LEVELS

	Commonwealth Medical Benefit @0% / \$20 maximum gap	Basic Fund Medical Benefit *	Combined Medical Benefit @75% / \$10 maximum gap	Commonwealth Medical Benefit @85% / \$5 maximum gap	Commonwealth Medical Benefit @75% flat
\$	\$	\$	\$	\$	\$
25.50	5.50	13.65	19.15	21.70	19.15
26.00	6.00	13.50	19.50	22.10	19.50
26.50	6.50	13.40	19.90	22.55	19.90
27.00	7.00	13.25	20.25	22.95	20.25
27.50	7.50	13.15	20.65	23.40	20.65
28.00	8.00	13.00	21.00	23.80	21.00
28.50	8.50	12.90	21.40	24.25	21.40
29.00	9.00	12.75	21.75	24.65	21.75
29.50	9.50	12.65	22.15	25.10	22.15
30.00	10.00	12.50	22.50	25.50	22.50
30.50	10.50	12.40	22.90	25.95	22.90
31.00	11.00	12.25	23.25	26.35	23.25
31.50	11.50	12.15	23.65	26.80	23.65
32.00	12.00	12.00	24.00	27.20	24.00
32.50	12.50	11.90	24.40	27.65	24.40
32.65	12.65	11.85	24.50	27.80	24.50
33.00	13.00	11.75	24.75	28.05	24.75
33.50	13.50	11.65	25.15	28.50	25.15
34.00	14.00	11.50	25.50	29.00	25.50
34.50	14.50	11.40	25.90	29.50	25.90
35.00	15.00	11.25	26.25	30.00	26.25
35.50	15.50	11.15	26.65	30.50	26.65
36.00	16.00	11.00	27.00	31.00	27.00
36.50	16.50	10.90	27.40	31.50	27.40
37.00	17.00	10.75	27.75	32.00	27.75
37.50	17.50	10.65	28.15	32.50	28.15
38.00	18.00	10.50	28.50	33.00	28.50
38.25	18.25	10.45	28.70	33.25	28.70
38.50	18.50	10.40	28.90	33.50	28.90
39.00	19.00	10.25	29.25	34.00	29.25
39.50	19.50	10.15	29.65	34.50	29.65
40.00	20.00	10.00	30.00	35.00	30.00
40.50	20.50	10.00	30.50	35.50	30.40
41.00	21.00	10.00	31.00	36.00	30.75
41.50	21.50	10.00	31.50	36.50	31.15

1 November 1979

\$25.50 to \$41.50

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* Basic Fund Medical Benefit is the difference between Combined Medical Benefit at 75% / \$10 maximum gap of the Schedule Fee, and Commonwealth Medical Benefit at 0% / \$20 maximum gap of the Schedule Fee.

Medical Benefits Schedule — Parts 1-10
Ready Reckoner showing 1 November 1979
Schedule Fees and Medical Benefit Levels.

SCHEDULE FEE	MEDICAL BENEFIT LEVELS				
	Commonwealth Medical Benefit @0% / \$20 maximum gap	Basic Fund Medical Benefit *	Combined Medical Benefit @75% / \$10 maximum gap	Commonwealth Medical Benefit @85% / \$5 maximum gap	Commonwealth Medical Benefit @75% flat
	\$	\$	\$	\$	\$
42.00	22.00	10.00	32.00	37.00	31.50
42.50	22.50	10.00	32.50	37.50	31.90
43.00	23.00	10.00	33.00	38.00	32.25
43.50	23.50	10.00	33.50	38.50	32.65
44.00	24.00	10.00	34.00	39.00	33.00
44.50	24.50	10.00	34.50	39.50	33.40
45.00	25.00	10.00	35.00	40.00	33.75
45.50	25.50	10.00	35.50	40.50	34.15
46.00	26.00	10.00	36.00	41.00	34.50
46.50	26.50	10.00	36.50	41.50	34.90
47.00	27.00	10.00	37.00	42.00	35.25
47.50	27.50	10.00	37.50	42.50	35.65
48.00	28.00	10.00	38.00	43.00	36.00
48.50	28.50	10.00	38.50	43.50	36.40
48.75	28.75	10.00	38.75	43.75	36.60
49.00	29.00	10.00	39.00	44.00	36.75
49.50	29.50	10.00	39.50	44.50	37.15
50.00	30.00	10.00	40.00	45.00	37.50
51.00	31.00	10.00	41.00	46.00	38.25
52.00	32.00	10.00	42.00	47.00	39.00
54.00	34.00	10.00	44.00	49.00	40.50
55.00	35.00	10.00	45.00	50.00	41.25
56.00	36.00	10.00	46.00	51.00	42.00
57.00	37.00	10.00	47.00	52.00	42.75
58.00	38.00	10.00	48.00	53.00	43.50
59.00	39.00	10.00	49.00	54.00	44.25
60.00	40.00	10.00	50.00	55.00	45.00
61.00	41.00	10.00	51.00	56.00	45.75
62.00	42.00	10.00	52.00	57.00	46.50
63.00	43.00	10.00	53.00	58.00	47.25
64.00	44.00	10.00	54.00	59.00	48.00
65.00	45.00	10.00	55.00	60.00	48.75
65.25	45.25	10.00	55.25	60.25	48.95
66.00	46.00	10.00	56.00	61.00	49.50
67.00	47.00	10.00	57.00	62.00	50.25

1 November 1979

\$42.00 to \$67.00

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Medical Benefits Schedule — Parts 1-10
Ready Reckoner showing 1 November 1979
Schedule Fees and Medical Benefit Levels.

SCHEDULE FEE	MEDICAL BENEFIT LEVELS				
	Commonwealth Medical Benefit @0% / \$20 maximum gap	Basic Fund Medical Benefit *	Combined Medical Benefit @75% / \$10 maximum gap	Commonwealth Medical Benefit @85% / \$5 maximum gap	Commonwealth Medical Benefit @75% flat
\$	\$	\$	\$	\$	\$
68.00	48.00	10.00	58.00	63.00	51.00
69.00	49.00	10.00	59.00	64.00	51.75
70.00	50.00	10.00	60.00	65.00	52.50
70.50	50.50	10.00	60.50	65.50	52.90
71.00	51.00	10.00	61.00	66.00	53.25
72.00	52.00	10.00	62.00	67.00	54.00
73.00	53.00	10.00	63.00	68.00	54.75
74.00	54.00	10.00	64.00	69.00	55.50
75.00	55.00	10.00	65.00	70.00	56.25
76.00	56.00	10.00	66.00	71.00	57.00
77.00	57.00	10.00	67.00	72.00	57.75
78.00	58.00	10.00	68.00	73.00	58.50
79.00	59.00	10.00	69.00	74.00	59.25
80.00	60.00	10.00	70.00	75.00	60.00
81.00	61.00	10.00	71.00	76.00	60.75
82.00	62.00	10.00	72.00	77.00	61.50
83.00	63.00	10.00	73.00	78.00	62.25
84.00	64.00	10.00	74.00	79.00	63.00
85.00	65.00	10.00	75.00	80.00	63.75
86.00	66.00	10.00	76.00	81.00	64.50
87.00	67.00	10.00	77.00	82.00	65.25
88.00	68.00	10.00	78.00	83.00	66.00
89.00	69.00	10.00	79.00	84.00	66.75
90.00	70.00	10.00	80.00	85.00	67.50
91.00	71.00	10.00	81.00	86.00	68.25
92.00	72.00	10.00	82.00	87.00	69.00
93.00	73.00	10.00	83.00	88.00	69.75
94.00	74.00	10.00	84.00	89.00	70.50
95.00	75.00	10.00	85.00	90.00	71.25
96.00	76.00	10.00	86.00	91.00	72.00
97.00	77.00	10.00	87.00	92.00	72.75
98.00	78.00	10.00	88.00	93.00	73.50
99.00	79.00	10.00	89.00	94.00	74.25
100.00	80.00	10.00	90.00	95.00	75.00
102.00	82.00	10.00	92.00	97.00	76.50

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\$68.00 to \$102.00

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* Basic Fund Medical Benefit is the difference between Combined Medical Benefit at 75% / \$10 maximum gap of the Schedule Fee, and Commonwealth Medical Benefit at 0% / \$20 maximum gap of the Schedule Fee.

Medical Benefits Schedule — Parts 1-10
Ready Reckoner showing 1 November 1979
Schedule Fees and Medical Benefit Levels.

**SCHEDULE
FEE**

MEDICAL BENEFIT LEVELS

	Commonwealth Medical Benefit @0% / \$20 maximum gap	Basic Fund Medical Benefit *	Combined Medical Benefit @75% / \$10 maximum gap	Commonwealth Medical Benefit @85% / \$5 maximum gap	Commonwealth Medical Benefit @75% flat
\$	\$	\$	\$	\$	\$
104.00	84.00	10.00	94.00	99.00	78.00
106.00	86.00	10.00	96.00	101.00	79.50
108.00	88.00	10.00	98.00	103.00	81.00
110.00	90.00	10.00	100.00	105.00	82.50
112.00	92.00	10.00	102.00	107.00	84.00
114.00	94.00	10.00	104.00	109.00	85.50
116.00	96.00	10.00	106.00	111.00	87.00
118.00	98.00	10.00	108.00	113.00	88.50
120.00	100.00	10.00	110.00	115.00	90.00
122.00	102.00	10.00	112.00	117.00	91.50
124.00	104.00	10.00	114.00	119.00	93.00
126.00	106.00	10.00	116.00	121.00	94.50
128.00	108.00	10.00	118.00	123.00	96.00
130.00	110.00	10.00	120.00	125.00	97.50
132.00	112.00	10.00	122.00	127.00	99.00
134.00	114.00	10.00	124.00	129.00	100.50
136.00	116.00	10.00	126.00	131.00	102.00
138.00	118.00	10.00	128.00	133.00	103.50
140.00	120.00	10.00	130.00	135.00	105.00
141.00	121.00	10.00	131.00	136.00	105.75
142.00	122.00	10.00	132.00	137.00	106.50
144.00	124.00	10.00	134.00	139.00	108.00
146.00	126.00	10.00	136.00	141.00	109.50
148.00	128.00	10.00	138.00	143.00	111.00
150.00	130.00	10.00	140.00	145.00	112.50
152.00	132.00	10.00	142.00	147.00	114.00
153.00	133.00	10.00	143.00	148.00	114.75
154.00	134.00	10.00	144.00	149.00	115.50
156.00	136.00	10.00	146.00	151.00	117.00
158.00	138.00	10.00	148.00	153.00	118.50
159.00	139.00	10.00	149.00	154.00	119.25
160.00	140.00	10.00	150.00	155.00	120.00
162.00	142.00	10.00	152.00	157.00	121.50
164.00	144.00	10.00	154.00	159.00	123.00
166.00	146.00	10.00	156.00	161.00	124.50

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\$104.00 to \$166.00

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Medical Benefits Schedule — Parts 1-10
Ready Reckoner showing 1 November 1979
Schedule Fees and Medical Benefit Levels.

SCHEDULE FEE	MEDICAL BENEFIT LEVELS				
	Commonwealth Medical Benefit @0% / \$20 maximum gap	Basic Fund Medical Benefit *	Combined Medical Benefit @75% / \$10 maximum gap	Commonwealth Medical Benefit @85% / \$5 maximum gap	Commonwealth Medical Benefit @75% flat
\$	\$	\$	\$	\$	\$
168.00	148.00	10.00	158.00	163.00	126.00
170.00	150.00	10.00	160.00	165.00	127.50
171.00	151.00	10.00	161.00	166.00	128.25
172.00	152.00	10.00	162.00	167.00	129.00
174.00	154.00	10.00	164.00	169.00	130.50
175.00	155.00	10.00	165.00	170.00	131.25
176.00	156.00	10.00	166.00	171.00	132.00
178.00	158.00	10.00	168.00	173.00	133.50
180.00	160.00	10.00	170.00	175.00	135.00
182.00	162.00	10.00	172.00	177.00	136.50
184.00	164.00	10.00	174.00	179.00	138.00
186.00	166.00	10.00	176.00	181.00	139.50
187.00	167.00	10.00	177.00	182.00	140.25
188.00	168.00	10.00	178.00	183.00	141.00
190.00	170.00	10.00	180.00	185.00	142.50
191.00	171.00	10.00	181.00	186.00	143.25
192.00	172.00	10.00	182.00	187.00	144.00
193.00	173.00	10.00	183.00	188.00	144.75
194.00	174.00	10.00	184.00	189.00	145.50
196.00	176.00	10.00	186.00	191.00	147.00
198.00	178.00	10.00	188.00	193.00	148.50
200.00	180.00	10.00	190.00	195.00	150.00
205.00	185.00	10.00	195.00	200.00	153.75
210.00	190.00	10.00	200.00	205.00	157.50
215.00	195.00	10.00	205.00	210.00	161.25
219.00	199.00	10.00	209.00	214.00	164.25
220.00	200.00	10.00	210.00	215.00	165.00
225.00	205.00	10.00	215.00	220.00	168.75
230.00	210.00	10.00	220.00	225.00	172.50
235.00	215.00	10.00	225.00	230.00	176.25
240.00	220.00	10.00	230.00	235.00	180.00
245.00	225.00	10.00	235.00	240.00	183.75
246.00	226.00	10.00	236.00	241.00	184.50
250.00	230.00	10.00	240.00	245.00	187.50
253.00	233.00	10.00	243.00	248.00	189.75

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\$168.00 to \$253.00

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Medical Benefits Schedule — Parts 1-10
Ready Reckoner showing 1 November 1979
Schedule Fees and Medical Benefit Levels.

**SCHEDULE
FEE**

MEDICAL BENEFIT LEVELS

	Commonwealth Medical Benefit @0% / \$20 maximum gap	Basic Fund Medical Benefit *	Combined Medical Benefit @75% / \$10 maximum gap	Commonwealth Medical Benefit @85% / \$5 maximum gap	Commonwealth Medical Benefit @75% flat
\$	\$	\$	\$	\$	\$
255.00	235.00	10.00	245.00	250.00	191.25
260.00	240.00	10.00	250.00	255.00	195.00
270.00	250.00	10.00	260.00	265.00	202.50
280.00	260.00	10.00	270.00	275.00	210.00
285.00	265.00	10.00	275.00	280.00	213.75
295.00	275.00	10.00	285.00	290.00	221.25
300.00	280.00	10.00	290.00	295.00	225.00
305.00	285.00	10.00	295.00	300.00	228.75
315.00	295.00	10.00	305.00	310.00	236.25
320.00	300.00	10.00	310.00	315.00	240.00
325.00	305.00	10.00	315.00	320.00	243.75
330.00	310.00	10.00	320.00	325.00	247.50
335.00	315.00	10.00	325.00	330.00	251.25
345.00	325.00	10.00	335.00	340.00	258.75
355.00	335.00	10.00	345.00	350.00	266.25
365.00	345.00	10.00	355.00	360.00	273.75
370.00	350.00	10.00	360.00	365.00	277.50
395.00	375.00	10.00	385.00	390.00	296.25
400.00	380.00	10.00	390.00	395.00	300.00
410.00	390.00	10.00	400.00	405.00	307.50
415.00	395.00	10.00	405.00	410.00	311.25
425.00	405.00	10.00	415.00	420.00	318.75
430.00	410.00	10.00	420.00	425.00	322.50
435.00	415.00	10.00	425.00	430.00	326.25
440.00	420.00	10.00	430.00	435.00	330.00
444.00	424.00	10.00	434.00	439.00	333.00
450.00	430.00	10.00	440.00	445.00	337.50
460.00	440.00	10.00	450.00	455.00	345.00
465.00	445.00	10.00	455.00	460.00	348.75
485.00	465.00	10.00	475.00	480.00	363.75
495.00	475.00	10.00	485.00	490.00	371.25
510.00	490.00	10.00	500.00	505.00	382.50
515.00	495.00	10.00	505.00	510.00	386.25
535.00	515.00	10.00	525.00	530.00	401.25
539.00	519.00	10.00	529.00	534.00	404.25

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\$255.00 to \$539.00

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Basic Fund Medical Benefit is the difference between Combined Medical Benefit at 75% / \$10 maximum gap of the Schedule Fee, and Commonwealth Medical Benefit at 0% / \$20 maximum gap of the Schedule Fee.

Medical Benefits Schedule — Parts 1-10
Ready Reckoner showing 1 November 1979
Schedule Fees and Medical Benefit Levels.

SCHEDULE FEE	MEDICAL BENEFIT LEVELS				
	Commonwealth Medical Benefit @0% / \$20 maximum gap	Basic Fund Medical Benefit *	Combined Medical Benefit @75% / \$10 maximum gap	Commonwealth Medical Benefit @85% / \$5 maximum gap	Commonwealth Medical Benefit @75% flat
\$	\$	\$	\$	\$	\$
545.00	525.00	10.00	535.00	540.00	408.75
555.00	535.00	10.00	545.00	550.00	416.25
610.00	590.00	10.00	600.00	605.00	457.50
615.00	595.00	10.00	605.00	610.00	461.25
635.00	615.00	10.00	625.00	630.00	476.25
640.00	620.00	10.00	630.00	635.00	480.00
695.00	675.00	10.00	685.00	690.00	521.25
735.00	715.00	10.00	725.00	730.00	551.25
795.00	775.00	10.00	785.00	790.00	596.25
875.00	855.00	10.00	865.00	870.00	656.25
1000.00	980.00	10.00	990.00	995.00	750.00

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\$545.00 to \$1000.00

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* Basic Fund Medical Benefit is the difference between Combined Medical Benefit at 75% / \$10 maximum gap of the Schedule Fee, and Commonwealth Medical Benefit at 0% / \$20 maximum gap of the Schedule Fee.

Item No.	Medical Service																		
	PART 1 — PROFESSIONAL ATTENDANCES NOT COVERED BY AN ITEM IN ANY OTHER PART OF THIS SCHEDULE NOTE (1) An <i>IN HOURS</i> consultation or visit is a reference to an attendance between 8 a.m. and 8 p.m. on a week day not being a public holiday or between 8 a.m. and 1 p.m. on a Saturday. (2) An <i>AFTER HOURS</i> consultation or visit is a reference to an attendance on a public holiday, on a Sunday, before 8 a.m. or after 1 p.m. on a Saturday, or at any time other than between 8 a.m. and 8 p.m. on a week day not being a public holiday.																		
	GENERAL PRACTITIONER — SURGERY CONSULTATIONS Professional attendance at consulting rooms BRIEF CONSULTATION of not more than 5 minutes duration — IN HOURS <table border="1"> <thead> <tr> <th></th> <th></th> <th></th> <th>NSW</th> <th>VIC</th> <th>QLD</th> <th>SA</th> <th>WA</th> <th>TAS</th> </tr> </thead> <tbody> <tr> <td>3</td> <td>FEE</td> <td>\$</td> <td>7.40</td> <td>7.00</td> <td>7.00</td> <td>7.00</td> <td>7.00</td> <td>7.00</td> </tr> </tbody> </table>				NSW	VIC	QLD	SA	WA	TAS	3	FEE	\$	7.40	7.00	7.00	7.00	7.00	7.00
			NSW	VIC	QLD	SA	WA	TAS											
3	FEE	\$	7.40	7.00	7.00	7.00	7.00	7.00											
	— AFTER HOURS <table border="1"> <thead> <tr> <th></th> <th></th> <th></th> <th>NSW</th> <th>VIC</th> <th>QLD</th> <th>SA</th> <th>WA</th> <th>TAS</th> </tr> </thead> <tbody> <tr> <td>4</td> <td>FEE</td> <td>\$</td> <td>13.00</td> <td>12.40</td> <td>12.40</td> <td>12.40</td> <td>12.40</td> <td>12.40</td> </tr> </tbody> </table>				NSW	VIC	QLD	SA	WA	TAS	4	FEE	\$	13.00	12.40	12.40	12.40	12.40	12.40
			NSW	VIC	QLD	SA	WA	TAS											
4	FEE	\$	13.00	12.40	12.40	12.40	12.40	12.40											
	STANDARD CONSULTATION of more than 5 minutes duration but not more than 25 minutes duration — IN HOURS <table border="1"> <thead> <tr> <th></th> <th></th> <th></th> <th>NSW</th> <th>VIC</th> <th>QLD</th> <th>SA</th> <th>WA</th> <th>TAS</th> </tr> </thead> <tbody> <tr> <td>14</td> <td>FEE</td> <td>\$</td> <td>10.20</td> <td>9.50</td> <td>9.00</td> <td>9.00</td> <td>9.00</td> <td>9.50</td> </tr> </tbody> </table>				NSW	VIC	QLD	SA	WA	TAS	14	FEE	\$	10.20	9.50	9.00	9.00	9.00	9.50
			NSW	VIC	QLD	SA	WA	TAS											
14	FEE	\$	10.20	9.50	9.00	9.00	9.00	9.50											
	— AFTER HOURS <table border="1"> <thead> <tr> <th></th> <th></th> <th></th> <th>NSW</th> <th>VIC</th> <th>QLD</th> <th>SA</th> <th>WA</th> <th>TAS</th> </tr> </thead> <tbody> <tr> <td>19</td> <td>FEE</td> <td>\$</td> <td>15.60</td> <td>14.60</td> <td>14.40</td> <td>14.40</td> <td>14.40</td> <td>14.60</td> </tr> </tbody> </table>				NSW	VIC	QLD	SA	WA	TAS	19	FEE	\$	15.60	14.60	14.40	14.40	14.40	14.60
			NSW	VIC	QLD	SA	WA	TAS											
19	FEE	\$	15.60	14.60	14.40	14.40	14.40	14.60											
	LONG CONSULTATION of more than 25 minutes duration but not more than 45 minutes duration — IN HOURS <table border="1"> <thead> <tr> <th></th> <th></th> <th></th> <th>NSW</th> <th>VIC</th> <th>QLD</th> <th>SA</th> <th>WA</th> <th>TAS</th> </tr> </thead> <tbody> <tr> <td>25</td> <td>FEE</td> <td>\$</td> <td>19.40</td> <td>18.00</td> <td>17.40</td> <td>17.40</td> <td>17.40</td> <td>18.00</td> </tr> </tbody> </table>				NSW	VIC	QLD	SA	WA	TAS	25	FEE	\$	19.40	18.00	17.40	17.40	17.40	18.00
			NSW	VIC	QLD	SA	WA	TAS											
25	FEE	\$	19.40	18.00	17.40	17.40	17.40	18.00											

26	— AFTER HOURS							
	FEE	\$	NSW 24.50	VIC 23.50	QLD 23.00	SA 23.00	WA 23.00	TAS 23.50
33	PROLONGED CONSULTATION of more than 45 minutes duration							
	— IN HOURS							
	FEE	\$	NSW 29.00	VIC 27.50	QLD 26.50	SA 26.50	WA 26.50	TAS 27.50
35	— AFTER HOURS							
	FEE	\$	NSW 35.00	VIC 33.00	QLD 32.50	SA 32.50	WA 32.50	TAS 33.00
43	GENERAL PRACTITIONER — HOME VISITS							
	Professional attendance at a place other than consulting rooms, hospital or nursing home							
44	BRIEF HOME VISIT of not more than 5 minutes duration							
	— IN HOURS							
	FEE	\$	NSW 11.40	VIC 10.40	QLD 10.40	SA 10.40	WA 10.40	TAS 10.40
44	— AFTER HOURS							
	FEE	\$	NSW 16.80	VIC 16.00	QLD 16.00	SA 16.00	WA 16.00	TAS 16.00
51	STANDARD HOME VISIT of more than 5 minutes duration but not more than 20 minutes duration							
	— IN HOURS							
	FEE	\$	NSW 14.80	VIC 14.00	QLD 13.80	SA 13.80	WA 13.80	TAS 14.00
53	— AFTER HOURS							
	FEE	\$	NSW 21.00	VIC 19.40	QLD 19.20	SA 19.20	WA 19.20	TAS 19.40

PART 1

ATTENDANCES

LONG HOME VISIT of more than 25 minutes duration but not more than 45 minutes duration

— IN HOURS

			NSW	VIC	QLD	SA	WA	TAS
57	FEE	\$	24.50	24.00	23.50	23.50	23.50	24.00

— AFTER HOURS

			NSW	VIC	QLD	SA	WA	TAS
59	FEE	\$	30.00	29.00	28.50	28.50	28.50	29.00

PROLONGED HOME VISIT of more than 45 minutes duration

— IN HOURS

			NSW	VIC	QLD	SA	WA	TAS
65	FEE	\$	35.00	33.00	33.00	33.00	33.00	33.00

— AFTER HOURS

			NSW	VIC	QLD	SA	WA	TAS
66	FEE	\$	40.00	39.00	37.00	37.00	37.00	39.00

**GENERAL PRACTITIONER — CONSULTATION AT HOSPITAL OR
NURSING HOME
(one patient)**

Professional attendance at a **HOSPITAL** or **NURSING HOME** when only one patient is seen — **EACH ATTENDANCE**

— IN HOURS

			NSW	VIC	QLD	SA	WA	TAS
69	FEE	\$	14.80	14.00	13.80	13.80	13.80	14.00

— AFTER HOURS

			NSW	VIC	QLD	SA	WA	TAS
71	FEE	\$	21.00	19.40	19.20	19.20	19.20	19.40

**GENERAL PRACTITIONER — CONSULTATION AT HOSPITAL
(two patients)**

Professional attendance on two patients in the one **HOSPITAL** on the one occasion — **EACH PATIENT**

— IN HOURS

			NSW	VIC	QLD	SA	WA	TAS
72	FEE	\$	10.20	9.50	9.00	9.00	9.00	9.50

PART 1			ATTENDANCES					
74	— AFTER HOURS							
	FEE	\$	NSW 14.40	VIC 13.60	QLD 13.20	SA 13.20	WA 13.20	TAS 13.60
75	GENERAL PRACTITIONER - CONSULTATION AT HOSPITAL (three or more patients) Professional attendance on three or more patients in the one HOSPITAL on the one occasion - EACH PATIENT							
	FEE	\$	NSW 10.20	VIC 9.50	QLD 9.00	SA 9.00	WA 9.00	TAS 9.50
76	GENERAL PRACTITIONER - CONSULTATION AT NURSING HOME (two patients) Professional attendance on two patients in the one NURSING HOME on the one occasion - EACH PATIENT							
	FEE	\$	NSW 8.80	VIC 8.20	QLD 8.00	SA 8.00	WA 8.00	TAS 8.20
78	GENERAL PRACTITIONER — CONSULTATION AT NURSING HOME (three or more patients) Professional attendance on three or more patients in the one NURSING HOME on the one occasion - EACH PATIENT							
	FEE	\$	NSW 7.40	VIC 7.00	QLD 7.00	SA 7.00	WA 7.00	TAS 7.00
82	PRE-OPERATIVE EXAMINATION BY ANAESTHETIST PRE-OPERATIVE EXAMINATION OF A PATIENT IN PREPARATION FOR THE ADMINISTRATION OF AN ANAESTHETIC, being an examination carried out at an attendance other than at which the anaesthetic is administered							
	G. FEE	\$	NSW 10.20	VIC 9.50	QLD 9.00	SA 9.00	WA 9.00	TAS 9.50
85	S. FEE	\$	14.60	13.80	13.80	13.80	13.80	12.20
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SPECIALIST, REFERRED CONSULTATION — SURGERY, HOSPITAL OR NURSING HOME

Professional attendance at consulting rooms, hospital or nursing home by a specialist in the practice of his specialty where the patient is referred to him

— **INITIAL** attendance in a single course of treatment

88	FEE	\$	NSW 29.00	VIC 27.50	QLD 27.50	SA 27.50	WA 27.50	TAS 24.00
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— Each attendance **SUBSEQUENT** to the first in a single course of treatment

94	FEE	\$	NSW 14.60	VIC 13.80	QLD 13.80	SA 13.80	WA 13.80	TAS 12.20
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SPECIALIST, REFERRED CONSULTATION — HOME VISITS

Professional attendance at a place other than consulting rooms, hospital or nursing home by a specialist in the practice of his specialty where the patient is referred to him

— **INITIAL** attendance in a single course of treatment

100	FEE	\$	NSW 42.50	VIC 40.00	QLD 40.00	SA 40.00	WA 40.00	TAS 36.50
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— Each attendance **SUBSEQUENT** to the first in a single course of treatment

103	FEE	\$	NSW 27.50	VIC 27.00	QLD 27.00	SA 27.00	WA 27.00	TAS 24.50
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CONSULTANT PHYSICIAN (OTHER THAN IN PSYCHIATRY), REFERRED CONSULTATION — SURGERY, HOSPITAL OR NURSING HOME

Professional attendance at consulting rooms, hospital or nursing home by a consultant physician in the practice of his specialty (other than in psychiatry) where the patient is referred to him by a medical practitioner

— **INITIAL** attendance in a single course of treatment

110	FEE	\$	NSW 51.00	VIC 47.00	QLD 47.00	SA 47.00	WA 47.00	TAS 47.00
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— Each attendance **SUBSEQUENT** to the first in a single course of treatment

116	ALL STATES: FEE \$25.50							
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CONSULTANT PHYSICIAN (OTHER THAN IN PSYCHIATRY), REFERRED CONSULTATION — HOME VISITS

Professional attendance at a place other than consulting rooms, hospital or nursing home by a consultant physician in the practice of his specialty (other than in psychiatry) where the patient is referred to him by a medical practitioner

— **INITIAL** attendance in a single course of treatment

122	FEE	\$	NSW 63.00	VIC 59.00	QLD 59.00	SA 59.00	WA 59.00	TAS 59.00
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— Each attendance **SUBSEQUENT** to the first in a single course of treatment

128	ALL STATES: FEE \$38.00							
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CONSULTANT PHYSICIAN IN PSYCHIATRY, REFERRED CONSULTATION — SURGERY, HOSPITAL OR NURSING HOME

Professional attendance at consulting rooms, hospital or nursing home by a consultant physician in the practice of his recognised specialty of PSYCHIATRY where the patient is referred to him by a medical practitioner

— An attendance of not more than 15 minutes duration

134	FEE	\$	NSW 14.60	VIC 13.80	QLD 13.80	SA 13.80	WA 13.80	TAS 13.80
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— An attendance of more than 15 minutes duration but not more than 30 minutes duration

136	FEE	\$	NSW 29.00	VIC 27.50	QLD 27.50	SA 27.50	WA 27.50	TAS 27.50
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— An attendance of more than 30 minutes duration but not more than 45 minutes duration

138	FEE	\$	NSW 44.00	VIC 41.00	QLD 41.00	SA 41.00	WA 41.00	TAS 41.00
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— An attendance of more than 45 minutes duration but not more than 75 minutes duration

140	FEE	\$	NSW 59.00	VIC 55.00	QLD 55.00	SA 55.00	WA 55.00	TAS 55.00
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— An attendance of more than 75 minutes duration

142	FEE	\$	NSW 73.00	VIC 69.00	QLD 69.00	SA 69.00	WA 69.00	TAS 69.00
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SPECIALIST, REFERRED CONSULTATION — SURGERY, HOSPITAL OR NURSING HOME

Professional attendance at consulting rooms, hospital or nursing home by a specialist in the practice of his specialty where the patient is referred to him

— **INITIAL** attendance in a single course of treatment

88	FEE	\$	NSW 29.00	VIC 27.50	QLD 27.50	SA 27.50	WA 27.50	TAS 24.00
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— Each attendance **SUBSEQUENT** to the first in a single course of treatment

94	FEE	\$	NSW 14.60	VIC 13.80	QLD 13.80	SA 13.80	WA 13.80	TAS 12.20
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SPECIALIST, REFERRED CONSULTATION — HOME VISITS

Professional attendance at a place other than consulting rooms, hospital or nursing home by a specialist in the practice of his specialty where the patient is referred to him

— **INITIAL** attendance in a single course of treatment

100	FEE	\$	NSW 42.50	VIC 40.00	QLD 40.00	SA 40.00	WA 40.00	TAS 36.50
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— Each attendance **SUBSEQUENT** to the first in a single course of treatment

103	FEE	\$	NSW 27.50	VIC 27.00	QLD 27.00	SA 27.00	WA 27.00	TAS 24.50
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CONSULTANT PHYSICIAN (OTHER THAN IN PSYCHIATRY), REFERRED CONSULTATION — SURGERY, HOSPITAL OR NURSING HOME

Professional attendance at consulting rooms, hospital or nursing home by a consultant physician in the practice of his specialty (other than in psychiatry) where the patient is referred to him by a medical practitioner

— **INITIAL** attendance in a single course of treatment

110	FEE	\$	NSW 51.00	VIC 47.00	QLD 47.00	SA 47.00	WA 47.00	TAS 47.00
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— Each attendance **SUBSEQUENT** to the first in a single course of treatment

116	ALL STATES: FEE \$25.50							
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**CONSULTANT PHYSICIAN (OTHER THAN IN PSYCHIATRY),
REFERRED CONSULTATION — HOME VISITS**

Professional attendance at a place other than consulting rooms, hospital or nursing home by a consultant physician in the practice of his specialty (other than in psychiatry) where the patient is referred to him by a medical practitioner

— **INITIAL** attendance in a single course of treatment

122	FEE	\$	NSW 63.00	VIC 59.00	QLD 59.00	SA 59.00	WA 59.00	TAS 59.00
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— Each attendance **SUBSEQUENT** to the first in a single course of treatment

128	ALL STATES: FEE \$38.00							
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**CONSULTANT PHYSICIAN IN PSYCHIATRY, REFERRED CONSULTATION
— SURGERY, HOSPITAL OR NURSING HOME**

Professional attendance at consulting rooms, hospital or nursing home by a consultant physician in the practice of his recognised specialty of PSYCHIATRY where the patient is referred to him by a medical practitioner

— An attendance of not more than 15 minutes duration

134	FEE	\$	NSW 14.60	VIC 13.80	QLD 13.80	SA 13.80	WA 13.80	TAS 13.80
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— An attendance of more than 15 minutes duration but not more than 30 minutes duration

136	FEE	\$	NSW 29.00	VIC 27.50	QLD 27.50	SA 27.50	WA 27.50	TAS 27.50
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— An attendance of more than 30 minutes duration but not more than 45 minutes duration

138	FEE	\$	NSW 44.00	VIC 41.00	QLD 41.00	SA 41.00	WA 41.00	TAS 41.00
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— An attendance of more than 45 minutes duration but not more than 75 minutes duration

140	FEE	\$	NSW 59.00	VIC 55.00	QLD 55.00	SA 55.00	WA 55.00	TAS 55.00
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— An attendance of more than 75 minutes duration

142	FEE	\$	NSW 73.00	VIC 69.00	QLD 69.00	SA 69.00	WA 69.00	TAS 69.00
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CONSULTANT PHYSICIAN IN PSYCHIATRY, REFERRED CONSULTATION — HOME VISITS

Professional attendance by a consultant physician in the practice of his recognised specialty of **PSYCHIATRY** where the patient is referred to him by a medical practitioner — where that attendance is at a place other than consulting rooms, hospital or nursing home

— An attendance of not more than 15 minutes duration

144	FEE	\$	NSW 27.50	VIC 27.00	QLD 27.00	SA 27.00	WA 27.00	TAS 27.00
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— An attendance of more than 15 minutes duration but not more than 30 minutes duration

146	FEE	\$	NSW 42.50	VIC 40.00	QLD 40.00	SA 40.00	WA 40.00	TAS 40.00
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— An attendance of more than 30 minutes duration but not more than 45 minutes duration

148	FEE	\$	NSW 58.00	VIC 54.00	QLD 54.00	SA 54.00	WA 54.00	TAS 54.00
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— An attendance of more than 45 minutes duration but not more than 60 minutes duration

150	FEE	\$	NSW 71.00	VIC 68.00	QLD 68.00	SA 68.00	WA 68.00	TAS 68.00
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— An attendance of more than 60 minutes duration

152	FEE	\$	NSW 86.00	VIC 82.00	QLD 82.00	SA 82.00	WA 82.00	TAS 82.00
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PROLONGED PROFESSIONAL ATTENDANCE

Professional attendance (not covered by any other item in this Part) on a patient in a critical condition that requires constant attention to the exclusion of all other patients

— For a period of not less than **ONE** hour but less than **TWO** hours

160	ALL STATES: FEE \$41.00							
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— For a period of not less than **TWO** hours but less than **THREE** hours

161	ALL STATES: FEE \$67.00							
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162	— For a period of not less than THREE hours but less than FOUR hours ALL STATES: FEE \$93.00
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163	— For a period of not less than FOUR hours but less than FIVE hours ALL STATES: FEE \$118.00
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164	— For a period of FIVE hours or more ALL STATES: FEE \$142.00
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CONSULTANT PHYSICIAN IN PSYCHIATRY, REFERRED CONSULTATION — HOME VISITS

Professional attendance by a consultant physician in the practice of his recognised specialty of **PSYCHIATRY** where the patient is referred to him by a medical practitioner — where that attendance is at a place other than consulting rooms, hospital or nursing home

— An attendance of not more than 15 minutes duration

144	FEE	\$	NSW 27.50	VIC 27.00	QLD 27.00	SA 27.00	WA 27.00	TAS 27.00
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— An attendance of more than 15 minutes duration but not more than 30 minutes duration

146	FEE	\$	NSW 42.50	VIC 40.00	QLD 40.00	SA 40.00	WA 40.00	TAS 40.00
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— An attendance of more than 30 minutes duration but not more than 45 minutes duration

148	FEE	\$	NSW 58.00	VIC 54.00	QLD 54.00	SA 54.00	WA 54.00	TAS 54.00
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‡ — An attendance of more than 45 minutes duration but not more than 75 minutes duration

150	FEE	\$	NSW 71.00	VIC 68.00	QLD 68.00	SA 68.00	WA 68.00	TAS 68.00
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‡ — An attendance of more than 75 minutes duration

152	FEE	\$	NSW 86.00	VIC 82.00	QLD 82.00	SA 82.00	WA 82.00	TAS 82.00
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PROLONGED PROFESSIONAL ATTENDANCE

Professional attendance (not covered by any other item in this Part) on a patient in a critical condition that requires constant attention to the exclusion of all other patients

— For a period of not less than **ONE** hour but less than **TWO** hours

160	ALL STATES: FEE \$41.00							
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— For a period of not less than **TWO** hours but less than **THREE** hours

161	ALL STATES: FEE \$67.00							
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PART 1

ATTENDANCES

162	— For a period of not less than THREE hours but less than FOUR hours ALL STATES: FEE \$93.00
163	— For a period of not less than FOUR hours but less than FIVE hours ALL STATES: FEE \$118.00
164	— For a period of FIVE hours or more ALL STATES: FEE \$142.00

PART 2 DIVISION 1 — GENERAL

OBSTETRICS

Item No.	Medical Service
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PART 2 — OBSTETRICS

DIVISION 1 — GENERAL

ANTENATAL CARE (not including any service or services covered by Item 200 or 207 or by any item in Division 2 of this Part) where the attendances do not exceed ten - each attendance

			NSW	VIC	QLD	SA	WA	TAS
190	FEE	\$	10.20	9.50	9.00	9.00	9.00	9.50

ANTENATAL CARE (not including any service or services covered by Item 200 or 207 or by any item in Division 2 of this Part) where attendances exceed ten

			NSW	VIC	QLD	SA	WA	TAS
192	FEE	\$	102.00	95.00	90.00	90.00	90.00	95.00

CONFINEMENT AND POSTNATAL CARE for nine days (not including any service or services covered by Item 200 or 207 or by any item in Division 2 of this Part) where the medical practitioner has not given the antenatal care

			NSW	VIC	QLD	SA	WA	TAS
194	G. FEE	\$	88.00	79.00	79.00	68.00	68.00	68.00
196	S. FEE	\$	130.00	98.00	98.00	88.00	88.00	88.00

‡ CONFINEMENT AS AN INDEPENDENT PROCEDURE BY A SPECIALIST in the practice of his specialty, where the patient is referred by another medical practitioner including all attendances related to the confinement

			NSW	VIC	QLD	SA	WA	TAS
198	FEE	\$	88.00	79.00	79.00	79.00	79.00	79.00

ANTENATAL CARE, CONFINEMENT AND POSTNATAL CARE for nine days (not including any service or services covered by Division 2 of this Part)

			NSW	VIC	QLD	SA	WA	TAS
200	G. FEE	\$	148.00	136.00	130.00	118.00	118.00	118.00
207	S. FEE	\$	196.00	168.00	148.00	168.00	148.00	136.00

PART 2 DIVISION 1 — GENERAL
OBSTETRICS

ANTENATAL CARE, CONFINEMENT and POSTNATAL CARE for nine days with MID-CAVITY FORCEPS or VACUUM EXTRACTION, BREECH DELIVERY OR MANAGEMENT OF MULTIPLE DELIVERY (not including any service or services covered by Division 2 of this Part other than Items 295, 298 and 360 when performed at time of delivery)

			NSW	VIC	QLD	SA	WA	TAS
208	G. FEE	\$	210.00	186.00	174.00	170.00	160.00	158.00
209	S. FEE	\$	255.00	215.00	192.00	215.00	192.00	176.00

DIVISION 2 — SPECIAL SERVICES

ANTENATAL CARE, CONFINEMENT AND POSTNATAL CARE for nine days WITH SURGICAL INDUCTION OF LABOUR

			NSW	VIC	QLD	SA	WA	TAS
211	G. FEE	\$	171.00	159.00	153.00	141.00	141.00	141.00
213	S. FEE	\$	219.00	191.00	171.00	191.00	171.00	159.00

ANTENATAL CARE, CONFINEMENT AND POSTNATAL CARE for nine days WITH SURGICAL INDUCTION OF LABOUR INCLUDING MAJOR REGIONAL OR FIELD BLOCK

			NSW	VIC	QLD	SA	WA	TAS
216	G. FEE	\$	205.00	193.00	187.00	175.00	175.00	175.00
217	S. FEE	\$	253.00	225.00	205.00	225.00	205.00	193.00

CAESAREAN SECTION and postnatal care for nine days

			NSW	VIC	QLD	SA	WA	TAS
234	G. FEE	\$	188.00	188.00	176.00	176.00	176.00	168.00
241	S. FEE	\$	245.00	220.00	220.00	220.00	220.00	196.00

Anaesthetic 10 units — Item Nos 450G / 521S

‡ TREATMENT OF HABITUAL MISCARRIAGE by injection of hormones - each injection up to a maximum of twelve injections, not associated with a routine antenatal attendance

			NSW	VIC	QLD	SA	WA	TAS
242	FEE	\$	7.40	7.00	7.00	7.00	7.00	7.00

PART 2 DIVISION 2 — SPECIAL SERVICES

OBSTETRICS

‡ THREATENED ABORTION, THREATENED MISCARRIAGE OR HYPEREMESIS GRAVIDARUM, requiring admission to hospital, treatment of - each attendance not associated with a routine antenatal attendance

			NSW	VIC	QLD	SA	WA	TAS
246	FEE	\$	7.40	7.00	7.00	7.00	7.00	7.00

CERVIX, purse string ligation of, for threatened miscarriage

250 G. ALL STATES: FEE \$59.00

258 S. ALL STATES: FEE \$79.00

Anaesthetic 6 units — Item Nos 407G / 513S

CERVIX, removal of purse string ligature of, under general anaesthesia

267 ALL STATES: FEE \$23.00

Anaesthetic 5 units — Item Nos 406G / 510S

‡ PRE-ECLAMPSIA, ECLAMPSIA OR ANTEPARTUM HAEMORRHAGE, treatment of — each attendance not associated with a routine antenatal attendance

			NSW	VIC	QLD	SA	WA	TAS
273	FEE	\$	7.40	7.00	7.00	7.00	7.00	7.00

INDUCTION and MANAGEMENT of SECOND TRIMESTER LABOUR

274 G. ALL STATES: FEE \$87.00

275 S. ALL STATES: FEE \$108.00

‡ AMNIOSCOPY or AMNIOCENTESIS

278 ALL STATES: FEE \$23.00

AMNIOSCOPY with surgical induction of labour

284 ALL STATES: FEE \$32.00

Anaesthetic 6 units — Item Nos 407G / 513S

295	VERSION, EXTERNAL, under general anaesthesia, not covered by Items 208/209 ALL STATES: FEE \$23.00 Anaesthetic 6 units — Item Nos 407G / 513S
298	VERSION, INTERNAL, under general anaesthesia, not covered by Items 208/209 ALL STATES: FEE \$41.50 Anaesthetic 6 units — Item Nos 407G / 513S
354	SURGICAL INDUCTION of labour ALL STATES: FEE \$23.00 Anaesthetic 5 units — Item Nos 406G / 510S
360	DECAPITATION, CRANIOTOMY, CLEIDOTOMY OR EVISCERATION OF FOETUS or any two or more of those services, not covered by Items 208/209 ALL STATES: FEE \$88.00 Anaesthetic 8 units — Item Nos 409G / 517S
‡ 362	EVACUATION OF PRODUCTS OF CONCEPTION (such as retained foetus, placenta, membranes or mole) by intrauterine manual removal or TREATMENT OF POSTPARTUM HAEMORRHAGE by special procedures such as packing of uterus ALL STATES: FEE \$28.00 Anaesthetic 7 units — Item Nos 408G / 514S
365	MANIPULATIVE CORRECTION OF ACUTE INVERSION OF UTERUS, by vaginal approach, with or without incision of cervix ALL STATES: FEE \$98.00 Anaesthetic 8 units — Item Nos 409G / 517S
368	MANIPULATIVE CORRECTION OF ACUTE INVERSION OF UTERUS, by abdominal approach, with or without incision of cervix ALL STATES: FEE \$148.00 Anaesthetic 9 units — Item Nos 443G / 518S
383	THIRD DEGREE TEAR, repair of, involving anal sphincter muscles ALL STATES: FEE \$46.00 Anaesthetic 7 units — Item Nos 408G / 514S

Item No.	Medical Service
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PART 3 — ANAESTHETICS**NOTE**

(1) Where an anaesthetic is administered to a patient the pre-medication of the patient in preparation for anaesthesia is deemed to form part of the administration of the anaesthetic. The administration of an anaesthetic also includes the pre-operative examination of the patient in preparation for that administration except where such examination entails a separate attendance on the patient.

(2) The amount of benefit specified for the administration of an anaesthetic or for assistance in the administration of an anaesthetic is the amount payable whether that service is rendered by one or more than one medical practitioner.

(3) Fees for anaesthetics administered when two or more operations are performed on a patient, on the one occasion are to be calculated by the following rule applied to the listed anaesthetic items for the individual operations:

100 per cent for the item with the greatest anaesthetic fee;
plus 20 per cent for the item with the next greatest anaesthetic fee;
plus 10 per cent for each other item.

For convenience in assessing anaesthetic services, Items 82 and 85 have been repeated in this Part.

PRE-OPERATIVE EXAMINATION OF A PATIENT IN PREPARATION FOR THE ADMINISTRATION OF AN ANAESTHETIC, being an examination carried out at an attendance other than at which the anaesthetic is administered

			NSW	VIC	QLD	SA	WA	TAS
82	G. FEE	\$	10.20	9.50	9.00	9.00	9.00	9.50
85	S. FEE	\$	14.60	13.80	13.80	13.80	13.80	12.20

DIVISION 1 — ADMINISTRATION OF AN ANAESTHETIC by a medical practitioner OTHER THAN A SPECIALIST ANAESTHETIST — in connection with a medical service which has been assigned an anaesthetic unit value of

— ONE UNIT

			NSW	VIC	QLD	SA	WA	TAS
401	FEE	\$	5.10	5.00	5.00	4.90	4.90	4.30

— TWO UNITS

			NSW	VIC	QLD	SA	WA	TAS
403	FEE	\$	10.20	10.00	10.00	9.90	9.90	8.70

— THREE UNITS

			NSW	VIC	QLD	SA	WA	TAS
404	FEE	\$	15.40	15.20	15.20	14.80	14.80	13.00

405	— FOUR UNITS							
	FEE	\$	NSW 20.50	VIC 20.00	QLD 20.00	SA 19.80	WA 19.80	TAS 17.40
406	— FIVE UNITS							
	FEE	\$	NSW 25.50	VIC 25.00	QLD 25.00	SA 24.50	WA 24.50	TAS 21.50
407	— SIX UNITS							
	FEE	\$	NSW 31.00	VIC 30.50	QLD 30.50	SA 29.50	WA 29.50	TAS 26.00
408	— SEVEN UNITS							
	FEE	\$	NSW 36.00	VIC 35.50	QLD 35.50	SA 34.50	WA 34.50	TAS 30.50
409	— EIGHT UNITS							
	FEE	\$	NSW 41.00	VIC 40.50	QLD 40.50	SA 39.50	WA 39.50	TAS 35.00
443	— NINE UNITS							
	FEE	\$	NSW 46.00	VIC 45.50	QLD 45.50	SA 44.50	WA 44.50	TAS 39.00
450	— TEN UNITS							
	FEE	\$	NSW 51.00	VIC 50.00	QLD 50.00	SA 49.50	WA 49.50	TAS 43.50
453	— ELEVEN UNITS							
	FEE	\$	NSW 57.00	VIC 56.00	QLD 56.00	SA 54.00	WA 54.00	TAS 48.00
454	— TWELVE UNITS							
	FEE	\$	NSW 62.00	VIC 61.00	QLD 61.00	SA 59.00	WA 59.00	TAS 52.00
457	— THIRTEEN UNITS							
	FEE	\$	NSW 67.00	VIC 66.00	QLD 66.00	SA 64.00	WA 64.00	TAS 56.00

— FOURTEEN UNITS

458	FEE	\$	NSW 72.00	VIC 71.00	QLD 71.00	SA 69.00	WA 69.00	TAS 61.00
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— FIFTEEN UNITS

459	FEE	\$	NSW 77.00	VIC 76.00	QLD 76.00	SA 74.00	WA 74.00	TAS 65.00
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— SIXTEEN UNITS

460	FEE	\$	NSW 82.00	VIC 81.00	QLD 81.00	SA 79.00	WA 79.00	TAS 70.00
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— SEVENTEEN UNITS

461	FEE	\$	NSW 87.00	VIC 86.00	QLD 86.00	SA 84.00	WA 84.00	TAS 74.00
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— EIGHTEEN UNITS

462	FEE	\$	NSW 92.00	VIC 91.00	QLD 91.00	SA 89.00	WA 89.00	TAS 78.00
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— NINETEEN UNITS

463	FEE	\$	NSW 98.00	VIC 96.00	QLD 96.00	SA 94.00	WA 94.00	TAS 83.00
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— TWENTY UNITS

464	FEE	\$	NSW 102.00	VIC 100.00	QLD 100.00	SA 99.00	WA 99.00	TAS 87.00
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— TWENTY-ONE UNITS

465	FEE	\$	NSW 108.00	VIC 106.00	QLD 106.00	SA 104.00	WA 104.00	TAS 91.00
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— TWENTY-TWO UNITS

466	FEE	\$	NSW 114.00	VIC 112.00	QLD 112.00	SA 108.00	WA 108.00	TAS 96.00
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— TWENTY-THREE UNITS

467	FEE	\$	NSW 118.00	VIC 116.00	QLD 116.00	SA 114.00	WA 114.00	TAS 100.00
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— TWENTY-FOUR UNITS

468	FEE	\$	NSW 124.00	VIC 122.00	QLD 122.00	SA 118.00	WA 118.00	TAS 104.00
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— TWENTY-FIVE UNITS

469	FEE	\$	NSW 128.00	VIC 126.00	QLD 126.00	SA 124.00	WA 124.00	TAS 108.00
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— TWENTY-SIX UNITS

470	FEE	\$	NSW 134.00	VIC 132.00	QLD 132.00	SA 128.00	WA 128.00	TAS 112.00
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— TWENTY-SEVEN UNITS

471	FEE	\$	NSW 138.00	VIC 136.00	QLD 136.00	SA 134.00	WA 134.00	TAS 118.00
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— TWENTY-EIGHT UNITS

472	FEE	\$	NSW 144.00	VIC 142.00	QLD 142.00	SA 138.00	WA 138.00	TAS 122.00
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— TWENTY-NINE UNITS

473	FEE	\$	NSW 150.00	VIC 146.00	QLD 146.00	SA 144.00	WA 144.00	TAS 126.00
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— THIRTY UNITS

474	FEE	\$	NSW 154.00	VIC 152.00	QLD 152.00	SA 148.00	WA 148.00	TAS 130.00
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— THIRTY-TWO UNITS

475	FEE	\$	NSW 164.00	VIC 162.00	QLD 162.00	SA 158.00	WA 158.00	TAS 140.00
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— THIRTY-SIX UNITS

476	FEE	\$	NSW 184.00	VIC 182.00	QLD 182.00	SA 178.00	WA 178.00	TAS 156.00
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— THIRTY-EIGHT UNITS

477	FEE	\$	NSW 196.00	VIC 192.00	QLD 192.00	SA 188.00	WA 188.00	TAS 166.00
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— THIRTY-NINE UNITS

478	FEE	\$	NSW 200.00	VIC 196.00	QLD 196.00	SA 192.00	WA 192.00	TAS 170.00
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In connection with electroconvulsive therapy
(based on 2.5 units)

479	FEE	\$	NSW 12.80	VIC 12.60	QLD 12.60	SA 12.40	WA 12.40	TAS 10.80
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In connection with radio-therapy
(based on 6 units)

480	FEE	\$	NSW 31.00	VIC 30.50	QLD 30.50	SA 29.50	WA 29.50	TAS 26.00
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In connection with forceps delivery
(based on 7 units)

481	FEE	\$	NSW 36.00	VIC 35.50	QLD 35.50	SA 34.50	WA 34.50	TAS 30.50
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In connection with the treatment of a dislocation requiring open operation, being a dislocation referred to in Items 7397 to 7476

482	DERIVED FEE — The fee for the administration of the anaesthetic for the treatment of the dislocation plus one-half of that fee.							
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In connection with the treatment of a simple and uncomplicated fracture requiring open operation being a fracture referred to in Items 7505 to 7798

483	DERIVED FEE — The fee for the administration of the anaesthetic for the treatment of the fracture plus one-third of that fee.							
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In connection with the treatment of a simple and uncomplicated fracture requiring internal fixation or with the treatment of a compound fracture requiring open operation, being in either case a fracture referred to in Items 7505 to 7798

484	DERIVED FEE — The fee for the administration of the anaesthetic for the treatment of the fracture plus one-half of that fee.							
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In connection with the treatment of a complicated fracture involving viscera, blood vessels or nerves and requiring open operation, being a fracture referred to in Items 7505 to 7798

485	DERIVED FEE — The fee for the administration of the anaesthetic for the treatment of the fracture plus three-quarters of that fee.							
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DIVISION 2 — ADMINISTRATION OF AN ANAESTHETIC BY A SPECIALIST ANAESTHETIST — in connection with a medical service which has been assigned an anaesthetic unit value of

— ONE UNIT

500	FEE	\$	NSW 6.20	VIC 6.10	QLD 6.10	SA 6.00	WA 6.00	TAS 5.40
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— TWO UNITS

505	FEE	\$	NSW 12.40	VIC 12.20	QLD 12.20	SA 12.00	WA 12.00	TAS 10.80
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— THREE UNITS

506	FEE	\$	NSW 18.60	VIC 18.40	QLD 18.40	SA 18.00	WA 18.00	TAS 16.20
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— FOUR UNITS

509	FEE	\$	NSW 25.00	VIC 24.50	QLD 24.50	SA 24.00	WA 24.00	TAS 21.50
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— FIVE UNITS

510	FEE	\$	NSW 31.00	VIC 30.50	QLD 30.50	SA 30.00	WA 30.00	TAS 27.00
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— SIX UNITS

513	FEE	\$	NSW 37.50	VIC 37.00	QLD 37.00	SA 36.00	WA 36.00	TAS 32.50
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— SEVEN UNITS

514	FEE	\$	NSW 43.50	VIC 43.00	QLD 43.00	SA 42.00	WA 42.00	TAS 38.00
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— EIGHT UNITS

517	FEE	\$	NSW 50.00	VIC 49.00	QLD 49.00	SA 48.50	WA 48.50	TAS 43.50
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PART 3 DIVISION 2

ANAESTHETICS — S

— NINE UNITS								
518	FEE	\$	NSW 56.00	VIC 55.00	QLD 55.00	SA 54.00	WA 54.00	TAS 49.00
— TEN UNITS								
521	FEE	\$	NSW 62.00	VIC 61.00	QLD 61.00	SA 60.00	WA 60.00	TAS 54.00
— ELEVEN UNITS								
522	FEE	\$	NSW 69.00	VIC 67.00	QLD 67.00	SA 66.00	WA 66.00	TAS 60.00
— TWELVE UNITS								
523	FEE	\$	NSW 75.00	VIC 74.00	QLD 74.00	SA 72.00	WA 72.00	TAS 65.00
— THIRTEEN UNITS								
524	FEE	\$	NSW 81.00	VIC 80.00	QLD 80.00	SA 78.00	WA 78.00	TAS 71.00
— FOURTEEN UNITS								
525	FEE	\$	NSW 87.00	VIC 86.00	QLD 86.00	SA 84.00	WA 84.00	TAS 76.00
— FIFTEEN UNITS								
526	FEE	\$	NSW 93.00	VIC 92.00	QLD 92.00	SA 90.00	WA 90.00	TAS 81.00
— SIXTEEN UNITS								
527	FEE	\$	NSW 100.00	VIC 98.00	QLD 98.00	SA 97.00	WA 97.00	TAS 87.00
— SEVENTEEN UNITS								
528	FEE	\$	NSW 106.00	VIC 104.00	QLD 104.00	SA 102.00	WA 102.00	TAS 92.00
— EIGHTEEN UNITS								
529	FEE	\$	NSW 112.00	VIC 110.00	QLD 110.00	SA 108.00	WA 108.00	TAS 98.00

531	— NINETEEN UNITS							
	FEE	\$	NSW 118.00	VIC 116.00	QLD 116.00	SA 114.00	WA 114.00	TAS 104.00
533	— TWENTY UNITS							
	FEE	\$	NSW 124.00	VIC 122.00	QLD 122.00	SA 120.00	WA 120.00	TAS 108.00
535	— TWENTY-ONE UNITS							
	FEE	\$	NSW 130.00	VIC 128.00	QLD 128.00	SA 126.00	WA 126.00	TAS 114.00
537	— TWENTY-TWO UNITS							
	FEE	\$	NSW 138.00	VIC 134.00	QLD 134.00	SA 132.00	WA 132.00	TAS 120.00
538	— TWENTY-THREE UNITS							
	FEE	\$	NSW 144.00	VIC 142.00	QLD 142.00	SA 138.00	WA 138.00	TAS 124.00
539	— TWENTY-FOUR UNITS							
	FEE	\$	NSW 150.00	VIC 148.00	QLD 148.00	SA 144.00	WA 144.00	TAS 130.00
540	— TWENTY-FIVE UNITS							
	FEE	\$	NSW 156.00	VIC 154.00	QLD 154.00	SA 150.00	WA 150.00	TAS 136.00
541	— TWENTY-SIX UNITS							
	FEE	\$	NSW 162.00	VIC 160.00	QLD 160.00	SA 156.00	WA 156.00	TAS 142.00
542	— TWENTY-SEVEN UNITS							
	FEE	\$	NSW 168.00	VIC 166.00	QLD 166.00	SA 162.00	WA 162.00	TAS 146.00
543	— TWENTY-EIGHT UNITS							
	FEE	\$	NSW 174.00	VIC 172.00	QLD 172.00	SA 168.00	WA 168.00	TAS 152.00

— TWENTY-NINE UNITS								
544	FEE	\$	NSW 180.00	VIC 178.00	QLD 178.00	SA 174.00	WA 174.00	TAS 158.00
— THIRTY UNITS								
545	FEE	\$	NSW 186.00	VIC 184.00	QLD 184.00	SA 180.00	WA 180.00	TAS 162.00
— THIRTY-TWO UNITS								
546	FEE	\$	NSW 200.00	VIC 196.00	QLD 196.00	SA 194.00	WA 194.00	TAS 174.00
— THIRTY-SIX UNITS								
547	FEE	\$	NSW 225.00	VIC 220.00	QLD 220.00	SA 215.00	WA 215.00	TAS 196.00
— THIRTY-EIGHT UNITS								
548	FEE	\$	NSW 235.00	VIC 235.00	QLD 235.00	SA 230.00	WA 230.00	TAS 205.00
— THIRTY-NINE UNITS								
549	FEE	\$	NSW 245.00	VIC 240.00	QLD 240.00	SA 235.00	WA 235.00	TAS 210.00
In connection with electroconvulsive therapy (based on 2.5 units)								
550	FEE	\$	NSW 15.60	VIC 15.40	QLD 15.40	SA 15.00	WA 15.00	TAS 13.60
In connection with radio-therapy (based on 6 units)								
551	FEE	\$	NSW 37.50	VIC 37.00	QLD 37.00	SA 36.00	WA 36.00	TAS 32.50
In connection with forceps delivery (based on 7 units)								
552	FEE	\$	NSW 43.50	VIC 43.00	QLD 43.00	SA 42.00	WA 42.00	TAS 38.00

553	In connection with the treatment of a dislocation requiring open operation, being a dislocation referred to in Items 7397 to 7476 — DERIVED FEE — The fee for the administration of the anaesthetic for the treatment of the dislocation plus one-half of that fee.
554	In connection with the treatment of a simple and uncomplicated fracture requiring open operation being a fracture referred to in Items 7505 to 7798 — DERIVED FEE — The fee for the administration of the anaesthetic for the treatment of the fracture plus one-third of that fee.
556	In connection with the treatment of a simple and uncomplicated fracture requiring internal fixation or with the treatment of a compound fracture requiring open operation, being in either case a fracture referred to in Items 7505 to 7798 — DERIVED FEE — The fee for the administration of the anaesthetic for the treatment of the fracture plus one-half of that fee.
557	In connection with the treatment of a complicated fracture involving viscera, blood vessels or nerves and requiring open operation, being a fracture referred to in Items 7505 to 7798 — DERIVED FEE — The fee for the administration of the anaesthetic for the treatment of the fracture plus three-quarters of that fee.
DIVISION 3 — DENTAL ANAESTHETICS (IN CONNECTION WITH A DENTAL SERVICE NOT BEING A MEDICAL SERVICE PRESCRIBED FOR THE PAYMENT OF MEDICAL BENEFITS.) ADMINISTRATION BY A MEDICAL PRACTITIONER OF AN ANAESTHETIC OTHER THAN AN ENDOTRACHEAL ANAESTHETIC in connection with a dental operation	
566	G. FEE \$ NSW VIC QLD SA WA TAS 20.50 20.00 20.00 19.80 19.80 17.40
567	S. FEE \$ 25.00 24.50 24.50 24.00 24.00 21.50
ADMINISTRATION BY A MEDICAL PRACTITIONER OF AN ENDOTRACHEAL ANAESTHETIC FOR EXTRACTION OF TEETH NOT COVERED BY ITEMS 570 AND 571 BELOW	
568	G. FEE \$ NSW VIC QLD SA WA TAS 31.00 30.50 30.50 29.50 29.50 26.00
569	S. FEE \$ 37.50 37.00 37.00 36.00 36.00 32.50

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PART 3 DIVISION 3

DENTAL ANAESTHETICS

ADMINISTRATION BY A MEDICAL PRACTITIONER OF AN ENDOTRACHEAL ANAESTHETIC FOR REMOVAL OF TEETH REQUIRING INCISION OF SOFT TISSUE AND REMOVAL OF BONE								
570	G. FEE	\$	NSW 41.00	VIC 40.50	QLD 40.50	SA 39.50	WA 39.50	TAS 35.00
571	S. FEE	\$	50.00	49.00	49.00	48.50	48.50	43.50
ADMINISTRATION BY A MEDICAL PRACTITIONER OF AN ENDOTRACHEAL ANAESTHETIC FOR RESTORATIVE DENTAL WORK OF NOT MORE THAN 30 MINUTES DURATION								
572	G. FEE	\$	NSW 31.00	VIC 30.50	QLD 30.50	SA 29.50	WA 29.50	TAS 26.00
573	S. FEE	\$	37.50	37.00	37.00	36.00	36.00	32.50
ADMINISTRATION BY A MEDICAL PRACTITIONER OF AN ENDOTRACHEAL ANAESTHETIC FOR RESTORATIVE DENTAL WORK OF MORE THAN 30 MINUTES DURATION								
574	G. FEE	\$	NSW 51.00	VIC 50.00	QLD 50.00	SA 49.50	WA 49.50	TAS 43.50
575	S. FEE	\$	62.00	61.00	61.00	60.00	60.00	54.00

PART 4 ANAESTHETICS**NERVE OR FIELD BLOCK**

Item No.	Medical Service
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**PART 4
REGIONAL NERVE OR FIELD BLOCK**

INITIAL MAJOR REGIONAL OR FIELD BLOCK, including abdominal; brachial plexus; caudal; cervical plexus (not including the uterine cervix); epidural (peridural); paravertebral (thoracic or lumbar); pudendal; sacral; spinal

748	ALL STATES: FEE \$34.00
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SUBSEQUENT MAJOR REGIONAL OR FIELD BLOCK, including abdominal; brachial plexus; caudal; cervical plexus (not including the uterine cervix); epidural (peridural); paravertebral (thoracic or lumbar); pudendal; sacral; spinal

752	ALL STATES: FEE \$24.50
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NERVE BLOCK with local anaesthetic agent of the coeliac plexus, lumbar sympathetic chain, thoracic sympathetic chain, glossopharyngeal or obturator nerve, with or without X-ray control

755	FEE	\$	NSW 50.00	VIC 49.00	QLD 49.00	SA 48.50	WA 48.50	TAS 43.50
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NERVE BLOCK with neurolytic agent (alcohol, phenol or other neurolytic agent) of the coeliac plexus nerve, the splanchnic nerves, the lumbar sympathetic chain, the thoracic sympathetic chain, or a cranial nerve (other than the trigeminal nerve) or an epidural or caudal block with or without X-ray control localisation by electrical stimulator or preliminary block with local anaesthetic

756	FEE	\$	NSW 56.00	VIC 55.00	QLD 55.00	SA 54.00	WA 54.00	TAS 49.00
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INTRAVENOUS REGIONAL ANAESTHESIA OF LIMB BY RETROGRADE PERFUSION

760	G.	ALL STATES: FEE \$25.00
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764	S.	ALL STATES: FEE \$32.00
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PART 5 ANAESTHETICS		ASSISTANCE
Item No.	Medical Service	
	PART 5 ASSISTANCE IN THE ADMINISTRATION OF AN ANAESTHETIC ‡ Assistance in the administration of an anaesthetic for which the established fee for the administration of the anaesthetic is not less than \$130.00	
767	ALL STATES: FEE \$49.50	

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PART 4 ANAESTHETICS				NERVE OR FIELD BLOCK				
Item No.	Medical Service							
	PART 4 REGIONAL NERVE OR FIELD BLOCK INITIAL MAJOR REGIONAL OR FIELD BLOCK, including abdominal; brachial plexus; caudal; cervical plexus (not including the uterine cervix); epidural (peridural); paravertebral (thoracic or lumbar); pudendal; sacral; spinal							
748	ALL STATES: FEE \$34.00							
	SUBSEQUENT MAJOR REGIONAL OR FIELD BLOCK, including abdominal; brachial plexus; caudal; cervical plexus (not including the uterine cervix); epidural (peridural); paravertebral (thoracic or lumbar); pudendal; sacral; spinal							
752	ALL STATES: FEE \$24.50							
	NERVE BLOCK with local anaesthetic agent of the coeliac plexus, lumbar sympathetic chain, thoracic sympathetic chain, glossopharyngeal or obturator nerve, with or without X-ray control							
755	FEE	\$	NSW 50.00	VIC 49.00	QLD 49.00	SA 48.50	WA 48.50	TAS 43.50
	NERVE BLOCK with neurolytic agent (alcohol, phenol or other neurolytic agent) of the coeliac plexus nerve, the splanchnic nerves, the lumbar sympathetic chain, the thoracic sympathetic chain, or a cranial nerve (other than the trigeminal nerve) or an epidural or caudal block with or without X-ray control localisation by electrical stimulator or preliminary block with local anaesthetic							
756	FEE	\$	NSW 56.00	VIC 55.00	QLD 55.00	SA 54.00	WA 54.00	TAS 49.00
	INTRAVENOUS REGIONAL ANAESTHESIA OF LIMB BY RETROGRADE PERFUSION							
760	G.	ALL STATES: FEE \$25.00						
764	S.	ALL STATES: FEE \$32.00						

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Item
No.

Medical Service

PART 5
ASSISTANCE IN THE ADMINISTRATION OF AN ANAESTHETIC

Assistance in the administration of an anaesthetic for which the established fee for the administration of the anaesthetic is not less than \$130.00

767

ALL STATES: FEE \$49.50

PART 6 DIVISION 1				MISCELLANEOUS				
Item No.	Medical Service							
	PART 6 MISCELLANEOUS PROCEDURES DIVISION 1 BLOOD PRESSURE RECORDING by intravascular cannula							
770	FEE	\$	NSW 24.50	VIC 24.50	QLD 24.50	SA 23.50	WA 23.50	TAS 22.00
	Anaesthetic 4 units — Item Nos 405G / 509S							
774	HYPERBARIC OXYGEN THERAPY where the medical practitioner is NOT in the chamber ALL STATES: FEE \$49.50							
777	HYPERBARIC OXYGEN THERAPY where the medical practitioner is confined to the chamber ALL STATES: FEE \$80.00							
787	GENERAL ANAESTHESIA (including oxygen administration) during HYPERBARIC THERAPY where the medical practitioner is NOT confined to the chamber ALL STATES: FEE \$68.00							
790	GENERAL ANAESTHESIA (including oxygen administration) DURING HYPERBARIC THERAPY where the medical practitioner is confined to the chamber ALL STATES: FEE \$99.00							
	DIVISION 2 ULTRASONIC ECHOGRAPHY, UNIDIMENSIONAL (including echoencephalography)							
794	ALL STATES: FEE \$30.50							
	ULTRASONIC CROSS-SECTIONAL ECHOGRAPHY, BIDIMENSIONAL							
797	ALL STATES: FEE \$67.00							
803	ELECTROENCEPHALOGRAPHY not covered by Item 794, 797, 806 or 809 in this Schedule ALL STATES: FEE \$48.50 Anaesthetic 6 units — Item Nos 407G / 513S							
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806	ELECTROENCEPHALOGRAPHY, temporosphenoidal ALL STATES: FEE \$60.00
809	ELECTROCORTICOGRAPHY ALL STATES: FEE \$83.00
812	ELECTROMYOGRAPHY—involving estimation of nerve conduction times or stimulating response recording, including sampling of muscle activity ALL STATES: FEE \$36.50
815	ELECTROMYOGRAPHY — involving sampling of muscle activity of one or more muscles — not covered by Item 812 ALL STATES: FEE \$23.00
816	CORTICAL EVOKED RESPONSES — one or two studies ALL STATES: FEE \$41.50
817	CORTICAL EVOKED RESPONSES — three or more studies ALL STATES: FEE \$61.00
	DIVISION 3
818	HAEMODIALYSIS in hospital where prolonged and constant specialist medical supervision of the dialysis is required for the duration of the dialysis ALL STATES: FEE \$140.00
821	HAEMODIALYSIS in hospital where intermittent specialist medical supervision of the dialysis is required ALL STATES: FEE \$70.00
824	HAEMODIALYSIS in hospital, stabilised maintenance dialysis for chronic renal failure where a separate account is not rendered for an attendance under Part 1 of this Schedule ALL STATES: FEE \$25.50
831	DECLOTING OF AN ARTERIOVENOUS SHUNT ALL STATES: FEE \$44.50
833	INDWELLING PERITONEAL CATHETER (Tenckhoff or similar) FOR DIALYSIS — INSERTION AND FIXATION OF ALL STATES: FEE \$83.00

836	PERITONEAL DIALYSIS, establishment of by abdominal puncture and insertion of temporary catheter including associated consultation ALL STATES: FEE \$48.50						
839	BLADDER WASHOUT TEST for localisation of urinary infection - not including bacterial counts for organisms in specimens ALL STATES: FEE \$27.50						
844	DIVISION 4 TONOGRAPHY — in the investigation or management of glaucoma						
	FEE	\$	NSW 24.50	VIC 20.50	QLD 24.50	SA 24.50	WA 20.50 TAS 20.50
849	PROVOCATIVE TEST OR TESTS FOR GLAUCOMA, including water drinking ALL STATES: FEE \$14.60						
853	ELECTRORETINOGRAPHY ALL STATES: FEE \$39.50						
856	OPTIC FUNDI, examination of, following intravenous dye injection ALL STATES: FEE \$25.00						
859	RETINAL PHOTOGRAPHY, multiple exposures of one eye with intravenous dye injection ALL STATES: FEE \$48.50						
860	RETINAL PHOTOGRAPHY, multiple exposures of both eyes with intravenous dye injection ALL STATES: FEE \$61.00						
863	DIVISION 5 AUDIOGRAM, air conduction ALL STATES: FEE \$9.30						
865	AUDIOGRAM, air conduction and bone conduction ALL STATES: FEE \$13.40						

PART 6 DIVISION 5		MISCELLANEOUS
870	AUDIOGRAM, air conduction, bone conduction and speech ALL STATES: FEE \$18.00	
874	AUDIOGRAM, air conduction, bone conduction and speech, with other Cochlear tests ALL STATES: FEE \$22.50	
877	IMPEDANCE AUDIOGRAM ALL STATES: FEE \$13.40	
879	IMPEDANCE AUDIOGRAM with either air conduction audiogram or air conduction and bone conduction audiogram ALL STATES: FEE \$19.80	
882	CALORIC TEST OF LABYRINTH OR LABYRINTHS ALL STATES: FEE \$15.80	
884	ELECTRONYSTAGMOGRAPHY ALL STATES: FEE \$15.80	
DIVISION 6		
886	ELECTROCONVULSIVE THERAPY — each attendance at which treatment is given ALL STATES: FEE \$20.50	
887	CONSULTANT PHYSICIAN IN PSYCHIATRY — GROUP PSYCHOTHERAPY Group psychotherapy (including associated consultation) of not less than ONE hour's duration given under the continuous direct supervision of a consultant physician in the practice of his recognised specialty of psychiatry where the patients are referred to him by a medical practitioner GROUP PSYCHOTHERAPY on a group of 2-9 patients or FAMILY GROUP psychotherapy on a group of more than THREE patients, EACH PATIENT ALL STATES: FEE \$18.00	
888	CONSULTANT PHYSICIAN IN PSYCHIATRY—FAMILY GROUP PSYCHOTHERAPY on a group of THREE patients, EACH PATIENT ALL STATES: FEE \$23.50	
889	CONSULTANT PHYSICIAN IN PSYCHIATRY—FAMILY GROUP PSYCHOTHERAPY on a group of TWO patients, EACH PATIENT ALL STATES: FEE \$35.00	
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CONSULTANT PHYSICIAN IN PSYCHIATRY — INTERVIEW OF A PERSON OTHER THAN A PATIENT—SURGERY, HOSPITAL OR NURSING HOME

Professional attendance by a consultant physician in the practice of his recognised specialty of psychiatry, where the patient is referred to him by a medical practitioner involving an interview of a person other than the patient of not less than 20 minutes duration but less than 45 minutes duration, in the course of initial diagnostic evaluation of a patient, where that interview is at consulting rooms, hospital or nursing home

			NSW	VIC	QLD	SA	WA	TAS
890	FEE	\$	19.40	17.80	17.80	17.80	17.80	17.80

CONSULTANT PHYSICIAN IN PSYCHIATRY — INTERVIEW OF A PERSON OTHER THAN A PATIENT — SURGERY, HOSPITAL OR NURSING HOME

Professional attendance by a consultant physician in the practice of his recognised specialty of psychiatry where the patient is referred to him by a medical practitioner involving an interview of a person other than the patient of not less than 45 minutes duration, in the course of initial diagnostic evaluation of a patient, where that interview is at consulting rooms, hospital or nursing home

			NSW	VIC	QLD	SA	WA	TAS
893	FEE	\$	42.50	38.50	38.50	38.50	38.50	38.50

DIVISION 7

‡ UMBILICAL OR SCALP VEIN CATHETERISATION with or without infusion

895 ALL STATES: FEE \$20.50

UMBILICAL ARTERY CATHETERISATION with or without infusion

897 ALL STATES: FEE \$30.50

BLOOD TRANSFUSION with venesection and complete replacement of blood, including collection from donor

902 ALL STATES: FEE \$120.00

BLOOD TRANSFUSION with venesection and complete replacement of blood, using blood already collected

904 ALL STATES: FEE \$102.00

BLOOD for pathology test, collection of, BY FEMORAL OR EXTERNAL JUGULAR VEIN PUNCTURE IN INFANTS

907 ALL STATES: FEE \$10.20

	DIVISION 8
908	ELECTROCARDIOGRAPHY, tracing and report ALL STATES: FEE \$17.60
909	ELECTROCARDIOGRAPHY, tracing or report only ALL STATES: FEE \$8.80
912	PHONOCARDIOGRAPHY ALL STATES: FEE \$26.00
913	ECHOCARDIOGRAPHY ALL STATES: FEE \$44.00
914	EXERCISE ELECTROCARDIOGRAPHY, without monitoring (Master's test) — INCLUDING RESTING ELECTROCARDIOGRAPHY ALL STATES: FEE \$43.50
915	ELECTROCARDIOGRAPHIC MONITORING (continuous) of ambulatory patient INCLUDING RESTING ELECTROCARDIOGRAPHY and the recording of other parameters ALL STATES: FEE \$67.00
916	ELECTROCARDIOGRAPHIC MONITORING during exercise (bicycle ergometer or treadmill) INCLUDING RESTING ELECTROCARDIOGRAPHY and the recording of other parameters ALL STATES: FEE \$61.00
917	RESTORATION OF CARDIAC RHYTHM by electrical stimulation (cardioversion), other than in the course of cardiac surgery ALL STATES: FEE \$35.00 Anaesthetic 4 units — Item Nos 405G / 509S
918	BRONCHOSPIROMETRY, including gas analysis ALL STATES: FEE \$60.00
920	ESTIMATION OF RESPIRATORY FUNCTION requiring complicated techniques - each attendance at which one or more tests are performed ALL STATES: FEE \$49.50

921	ESTIMATION OF RESPIRATORY FUNCTION, involving a graphic record, performed before and after inhalation of a bronchodilator, a cholinergic substance or a sensitising agent, or before and after exercise — one or more such tests performed on the one occasion ALL STATES: FEE \$14.80
922	PERFUSION OF LIMB OR ORGAN using heart-lung machine or equivalent ALL STATES: FEE \$160.00
923	WHOLE BODY PERFUSION, CARDIAC BY-PASS, using heart-lung machine or equivalent ALL STATES: FEE \$230.00
925	INDUCED CONTROLLED HYPOTHERMIA - total body ALL STATES: FEE \$40.00
927	FLUIDS, intravenous infusion of - PERCUTANEOUS ALL STATES: FEE \$13.00
929	FLUIDS, intravenous infusion of - BY OPEN EXPOSURE ALL STATES: FEE \$22.00
932	INTRAVENOUS INFUSION or INJECTION of a substance incorporating a CYTOTOXIC AGENT ALL STATES: FEE \$22.00
934	INTRA-ARTERIAL INFUSION or INJECTION of a substance incorporating a CYTOTOXIC AGENT, PREPARATION FOR ALL STATES: FEE \$30.50
936	INTRALYMPHATIC INFUSION or INJECTION of a fluid containing a CYTOTOXIC AGENT, with or without the incorporation of an opaque medium ALL STATES: FEE \$47.00
938	INTRALYMPHATIC INSERTION OF NEEDLE OR CANNULA for the purpose of introduction of radio-active material ALL STATES: FEE \$47.00
940	ADMINISTRATION OF BLOOD, including collection from donor ALL STATES: FEE \$43.50

DIVISION 8

ELECTROCARDIOGRAPHY, tracing and report

908

ALL STATES: FEE \$17.60

ELECTROCARDIOGRAPHY, tracing or report only

909

ALL STATES: FEE \$8.80

PHONOCARDIOGRAPHY

912

ALL STATES: FEE \$26.00

‡ ECHOCARDIOGRAPHY — not covered by Item 792

913

ALL STATES: FEE \$44.00

EXERCISE ELECTROCARDIOGRAPHY, without monitoring (Master's test) —
INCLUDING RESTING ELECTROCARDIOGRAPHY

914

ALL STATES: FEE \$43.50

ELECTROCARDIOGRAPHIC MONITORING (continuous) of ambulatory patient
INCLUDING RESTING ELECTROCARDIOGRAPHY and the recording of other
parameters

915

ALL STATES: FEE \$67.00

ELECTROCARDIOGRAPHIC MONITORING during exercise (bicycle ergometer or
treadmill) INCLUDING RESTING ELECTROCARDIOGRAPHY and the recording of
other parameters

916

ALL STATES: FEE \$61.00

RESTORATION OF CARDIAC RHYTHM by electrical stimulation (cardioversion), other
than in the course of cardiac surgery

917

ALL STATES: FEE \$35.00

Anaesthetic 4 units — Item Nos 405G / 509S

BRONCHOSPIROMETRY, including gas analysis

918

ALL STATES: FEE \$60.00

ESTIMATION OF RESPIRATORY FUNCTION requiring complicated techniques - each
attendance at which one or more tests are performed

920

ALL STATES: FEE \$49.50

PART 6 DIVISION 8**MISCELLANEOUS**

921

ESTIMATION OF RESPIRATORY FUNCTION, involving a graphic record, performed before and after inhalation of a bronchodilator, a cholinergic substance or a sensitising agent, or before and after exercise — one or more such tests performed on the one occasion

ALL STATES: FEE \$14.80

922

PERFUSION OF LIMB OR ORGAN using heart-lung machine or equivalent

ALL STATES: FEE \$160.00

923

WHOLE BODY PERFUSION, CARDIAC BY-PASS, using heart-lung machine or equivalent

ALL STATES: FEE \$230.00

925

INDUCED CONTROLLED HYPOTHERMIA - total body

ALL STATES: FEE \$40.00

927

FLUIDS, intravenous infusion of - PERCUTANEOUS

ALL STATES: FEE \$13.00

929

FLUIDS, intravenous infusion of - BY OPEN EXPOSURE

ALL STATES: FEE \$22.00

932

INTRAVENOUS INFUSION or INJECTION of a substance incorporating a CYTOTOXIC AGENT

ALL STATES: FEE \$22.00

934

INTRA-ARTERIAL INFUSION or INJECTION of a substance incorporating a CYTOTOXIC AGENT, PREPARATION FOR

ALL STATES: FEE \$30.50

936

INTRALYMPHATIC INFUSION or INJECTION of a fluid containing a CYTOTOXIC AGENT, with or without the incorporation of an opaque medium

ALL STATES: FEE \$47.00

938

INTRALYMPHATIC INSERTION OF NEEDLE OR CANNULA for the purpose of introduction of radio-active material

ALL STATES: FEE \$47.00

940

ADMINISTRATION OF BLOOD, including collection from donor

ALL STATES: FEE \$43.50

944	ADMINISTRATION OF BLOOD already collected ALL STATES: FEE \$30.00
947	INTRA-UTERINE FOETAL BLOOD TRANSFUSION using blood already collected, INCLUDING NECESSARY AMNIOCENTESIS ALL STATES: FEE \$83.00
949	COLLECTION OF BLOOD for purposes of tranfusion ALL STATES: FEE \$17.60
952	BLOOD DYE - DILUTION INDICATOR TEST ALL STATES: FEE \$41.50
955	VENEPUNCTURE AND THE COLLECTION OF BLOOD for the performance by an APPROVED PATHOLOGY PRACTITIONER of a pathology service — one or more such procedures during the one attendance ALL STATES: FEE \$2.20
956	ARTERIAL PUNCTURE for collection of blood ALL STATES: FEE \$8.00
958	COLLECTION OF SPECIMEN OF SWEAT by iontophoresis ALL STATES: FEE \$12.80
960	HORMONE OR LIVING TISSUE IMPLANTATION - by incision ALL STATES: FEE \$18.60
963	HORMONE OR LIVING TISSUE IMPLANTATION - by cannula ALL STATES: FEE \$12.20
966	OESOPHAGEAL MOTILITY TEST, manometric ALL STATES: FEE \$34.00
968	GASTRIC HYPOTHERMIA by closed circuit circulation of refrigerant IN THE ABSENCE OF GASTROINTESTINAL HAEMORRHAGE ALL STATES: FEE \$65.00

970	GASTRIC HYPOTHERMIA by closed circuit circulation of refrigerant FOR UPPER GASTROINTESTINAL HAEMORRHAGE ALL STATES: FEE \$130.00
974	GASTRIC LAVAGE in the treatment of ingested poison ALL STATES: FEE \$22.00
976	COUNTERPULSATION BY INTRA-AORTIC BALLOON: management on the first day, including initial and subsequent consultations and monitoring of various parameters ALL STATES: FEE \$198.00
977	COUNTERPULSATION BY INTRA-AORTIC BALLOON: management on each subsequent day, including associated consultations and monitoring of various parameters ALL STATES: FEE \$47.00
DIVISION 9	
987	SKIN SENSITIVITY TESTING for allergens, USING ONE TO TWENTY ALLERGENS ALL STATES: FEE \$14.00.
989	SKIN SENSITIVITY TESTING for allergens, USING MORE THAN TWENTY ALLERGENS ALL STATES: FEE \$21.50
DIVISION 10	
994	MULTIPHASIC HEALTH SCREENING SERVICE involving the performance of 10 or more medical services specified in items in Parts 6, 7 and 8 (including any associated consultation) ALL STATES: FEE \$110.00

PART 7 — PATHOLOGY SERVICES

NOTE (This note should be read in conjunction with paragraphs 145 to 169 of Section 1 of this Book — Notes for General Guidance of Medical Practitioners)

For the purposes of calculating medical benefits for an item listed in Part 7 which is requested or determined to be necessary on or after 1 November 1977, the following rules apply:

- (1) Divisions 1-8 are applicable only where the service is performed by an approved pathology practitioner.
- (2) Division 9 is applicable only where the service is performed by a medical practitioner who is not an approved pathology practitioner.
Benefit is payable in respect of a pathology item in Division 9 only where the service is determined as being necessary by the medical practitioner rendering the service, or is rendered in response to a request by a member of a group of practitioners to which that practitioner belongs (providing the member making the request was not himself an approved pathology practitioner).
- (3) The "SP" Schedule fee in Divisions 1-8 applies only where:
 - (a) the service was performed by an approved pathology practitioner, who was a recognised specialist pathologist, or by a recognised specialist pathologist employed by an approved pathology practitioner;
 - (b) the approved pathology practitioner has a request in writing (which conforms to the requirements of the regulations under the Health Insurance Act — see paragraph 163 to 165) from another medical practitioner or a dental practitioner.
 - (c) the person in respect of whom the service was rendered, was not at the time of the request a private inpatient or in receipt of an outpatient service at a recognised hospital; and
 - (d) recognised hospital or Government (including universities and Government authorities) laboratory facilities and/or staff were not used in the performance of the pathology service.
- (4) The "HP" Schedule fee applies to specified items in Divisions 1-8 where pathology services are rendered to private inpatients of recognised hospitals where recognised hospital or Government laboratory equipment and/or staff is used. (See para. 162 for details of prescribed laboratories.)
- (5) The "OP" Schedule fee in Divisions 1-8 applies in other circumstances, namely —
 - (a) the service was performed by an approved pathology practitioner who is not a recognised specialist pathologist, and he does not employ a recognised specialist pathologist; or
 - (b) the service was performed by an approved pathology practitioner who is, or employs a recognised specialist in pathology but all the conditions of rule 3 above were not met.
- (6) Benefit is not payable in respect of a pathology item in Divisions 1-8 unless the approved pathology practitioner —
 - (a) has a request in writing from a medical or dental practitioner for the services requested and records on his account, receipt or direct billing assignment form the following additional details —

- (i) the name and address* of the requesting practitioner (the practitioner's surname and initials will be satisfactory unless there is more than one practitioner with the same surname and initials at the same address);
- (ii) the date on which the request was made; and
- (iii) where the approved pathology practitioner is not a medical practitioner, but employs a medical practitioner, the surname, initials and provider number of the medical practitioner* rendering the service.

(* It would assist if provider numbers are shown — provider numbers may be obtained by enquiry to the Office of the Commonwealth Department of Health in the nearest State capital city. The requesting doctor's provider number is acceptable in lieu of address).

or —

- (b) determined that the service was necessary if he is a medical practitioner, or the need was determined by a medical practitioner, who is an employee and records the date the service was determined as being necessary on his account, receipt or direct billing assignment form. In practice this requirement would be met by a notation "Determined necessary 25 August" or words or abbreviations to that effect.
- (7) Benefit is not payable in respect of a pathology item in Division 9 unless the medical practitioner who renders the service includes on his account, receipt or direct billing assignment form in addition to the normal particulars of the patient, the services performed and the fee charged —
- (a) the date on which he determined the service was necessary; or
 - (b)
 - (i) the date on which he was requested to render the service by a partner or another member of a group of practitioners, to which he belongs; and
 - (ii) the surname and initials of that medical practitioner (provided that request is not made by a person who is an approved pathology practitioner).
- (8) For those items where the fee and benefit are related to the number of services performed in relation to the one patient episode, a patient episode is defined as covering:
- (a) services requested by a medical or dental practitioner on the one calendar day although they may be rendered by another approved pathology practitioner on one day or over a number of days; or
 - (b) the need for the items is determined on the one calendar day and rendered by the medical practitioner himself on that day or over a number of days.

It should be noted that, while the above rules apply specifically in relation to items listed in Part 7 of the Schedule, payment of medical benefits in respect of such services is also subject to the general rules governing the circumstances in which medical benefits are not payable as set out in Section 1 of this Book.

Item No.	Medical Service
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PART 7 — PATHOLOGY**DIVISION 1 — HAEMATOLOGY**

Blood count consisting of — Erythrocyte count; Erythrocyte sedimentation rate; Haematocrit estimation; Haemoglobin estimation; Platelet count; or Leucocyte count

One procedure (excluding haemoglobin estimation or erythrocyte sedimentation rate when not referred by another medical practitioner)

1006	SP.	ALL STATES: FEE \$3.60
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1007	OP.	ALL STATES: FEE \$2.70
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Two procedures to which Item 1006 or 1007 applies

1008	SP.	ALL STATES: FEE \$5.80
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1009	OP.	ALL STATES: FEE \$4.35
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1010	HP.	ALL STATES: FEE \$3.70
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Three or more procedures to which Item 1006 or 1007 applies including calculation of erythrocyte indices

1011	SP.	ALL STATES: FEE \$8.70
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1012	OP.	ALL STATES: FEE \$6.55
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1013	HP.	ALL STATES: FEE \$4.35
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Blood film, examination of - including erythrocyte morphology, differential count by one or more methods and the qualitative estimation of platelets

1014	SP.	ALL STATES: FEE \$7.20
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1015	OP.	ALL STATES: FEE \$5.40
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1016	HP.	ALL STATES: FEE \$3.60
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Blood film, examination by special stains to demonstrate the presence of — Basophilic stippling; Eosinophils (wet preparation or film); Haemoglobin H; Reticulocytes; or similar conditions, cells or substances

One procedure

1019	SP.	ALL STATES: FEE \$2.90
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1020	OP.	ALL STATES: FEE \$2.20
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Two or more procedures to which Item 1019 or 1020 applies	
1021	SP. ALL STATES: FEE \$4.30
1022	OP. ALL STATES: FEE \$3.25
Blood film, examination by special stains to demonstrate the presence of — Foetal haemoglobin; Heinz bodies; Iron; Malarial or other parasites; Neutrophil alkaline phosphatase; PAS; Sudan black positive granules; Sick cells; or similar cells, substances or parasites	
One procedure	
1028	SP. ALL STATES: FEE \$4.30
1029	OP. ALL STATES: FEE \$3.25
Two or more procedures to which Item 1028 or 1029 applies	
1030	SP. ALL STATES: FEE \$7.20
1032	OP. ALL STATES: FEE \$5.40
Erythrocytes, qualitative assessment of metabolism or haemolysis by — Erythrocyte autohaemolysis test; Erythrocyte fragility test (mechanical); Glucose-6-phosphate dehydrogenase estimation; Glutathione deficiencies test; Pyruvate kinase estimation; Sugar water test (or similar) for paroxysmal nocturnal haemoglobinuria	
One procedure	
1036	SP. ALL STATES: FEE \$7.20
1037	OP. ALL STATES: FEE \$5.40
Two or more procedures to which Item 1036 or 1037 applies	
1038	SP. ALL STATES: FEE \$14.40
1040	OP. ALL STATES: FEE \$10.80

Erythrocytes, quantitative assessment of metabolism or haemolysis by —
 Acid haemolysis test (or similar) for paroxysmal nocturnal haemoglobinuria;
 Erythrocyte fragility to hypotonic saline test without incubation; Erythrocyte fragility to
 hypotonic saline test after incubation; Glutathione stability test; Glucose-6-phosphate
 dehydrogenase estimation; Pyruvate kinase estimation

One procedure

1044 SP. ALL STATES: FEE \$14.40

1045 OP. ALL STATES: FEE \$10.80

Two or more procedures to which Item 1044 or 1045 applies

1048 SP. ALL STATES: FEE \$29.00

1049 OP. ALL STATES: FEE \$21.75

BONE MARROW EXAMINATION

(Excluding Collection Fee)

Bone marrow examination, (including use of special stains where indicated), of —
 Bone marrow aspirate; Clot section; Trephine section

One procedure

1062 SP. ALL STATES: FEE \$43.50

1063 OP. ALL STATES: FEE \$32.65

Two or more procedures to which Item 1062 or 1063 applies

1064 SP. ALL STATES: FEE \$72.00

1065 OP. ALL STATES: FEE \$54.00

BLOOD TRANSFUSION PROCEDURES

NOTE: Benefit for these items is payable once only during any one period of
 hospitalisation

Blood grouping (including back grouping when performed) — ABO and Rh (D antigen)
 not covered by Item 1089 or 1090

1080 SP. ALL STATES: FEE \$7.20

1081 OP. ALL STATES: FEE \$5.40

NOTE: Benefit for these items is payable once only during any one period of hospitalisation

Blood grouping (including back grouping when performed) — ABO and Rh (D antigen) when performed in association with compatibility testing covered by Item 1111, 1112, 1113, 1114, 1116 or 1117

1089 SP. ALL STATES: FEE \$13.00

1090 OP. ALL STATES: FEE \$9.75

‡ Blood grouping — Rh phenotypes; Kell system; Duffy system; M and N factors; or any other blood group system

One procedure

1101 SP. ALL STATES: FEE \$14.40

1102 OP. ALL STATES: FEE \$10.80

‡ Two systems to which Item 1101 or 1102 applies

1104 SP. ALL STATES: FEE \$29.00

1105 OP. ALL STATES: FEE \$21.75

‡ Each system to which Item 1101 or 1102 applies in excess of two

1106 SP. ALL STATES: FEE \$7.20

1108 OP. ALL STATES: FEE \$5.40

Compatibility testing (by saline, papain, albumin or indirect Coombs techniques), including auto-cross match and donor group check where performed —

Testing involving one or two units of blood

1111 SP. ALL STATES: FEE \$29.00

1112 OP. ALL STATES: FEE \$21.75

1113 HP. ALL STATES: FEE \$14.50

PART 7 — PATHOLOGY**DIVISION 1 — HAEMATOLOGY**

Compatibility testing (by saline, papain, albumin or indirect Coombs techniques), including auto-cross match and donor group check where performed —

Each unit of blood tested in excess of two

1114 SP. ALL STATES: FEE \$10.80

1116 OP. ALL STATES: FEE \$8.10

1117 HP. ALL STATES: FEE \$5.40

Examination of serum for Rh and/or other blood group antibodies —

Screening test (including all indicated techniques)

1121 SP. ALL STATES: FEE \$10.80

1122 OP. ALL STATES: FEE \$8.10

Examination of serum for Rh and/or other blood group antibodies —

Screening test (including all indicated techniques) and quantitative estimation of first antibody

1124 SP. ALL STATES: FEE \$29.00

1125 OP. ALL STATES: FEE \$21.75

Examination of serum for Rh and/or other blood group antibodies —

Quantitative estimation — one antibody

1126 SP. ALL STATES: FEE \$21.50

1128 OP. ALL STATES: FEE \$16.15

Examination of serum for Rh and/or other blood group antibodies —

Quantitative estimation — each antibody in excess of one

1129 SP. ALL STATES: FEE \$14.40

1130 OP. ALL STATES: FEE \$10.80

Coombs test, direct

1136 SP. ALL STATES: FEE \$7.20

1137 OP. ALL STATES: FEE \$5.40

PART 7 — PATHOLOGY**DIVISION 1 — HAEMATOLOGY**

Coombs test, indirect (not associated with Item 1111, 1112, 1113, 1114, 1116, 1117, 1121, 1122, 1124, 1125, 1126, 1128, 1129 or 1130 except where part of neo-natal screening or in investigation of haemolytic anaemia)

1144 SP. ALL STATES: FEE \$10.80

1145 OP. ALL STATES: FEE \$8.10

Examination of serum for blood group haemolysins

1152 SP. ALL STATES: FEE \$14.40

1153 OP. ALL STATES: FEE \$10.80

Leucocyte agglutinins, detection of

1159 SP. ALL STATES: FEE \$14.40

1160 OP. ALL STATES: FEE \$10.80

Platelet agglutinins, detection of

1166 SP. ALL STATES: FEE \$14.40

1167 OP. ALL STATES: FEE \$10.80

MISCELLANEOUS

Heterophile antibodies, qualitative estimation of (test for infectious mononucleosis)

1190 SP. ALL STATES: FEE \$5.80

1191 OP. ALL STATES: FEE \$4.35

Heterophile antibodies quantitative estimation by serial dilutions with specific absorption (including qualitative estimation covered by Item 1190 or 1191)

1194 SP. ALL STATES: FEE \$14.40

1195 OP. ALL STATES: FEE \$10.80

Cold agglutinins, qualitative estimation of

1202 SP. ALL STATES: FEE \$5.80

1203 OP. ALL STATES: FEE \$4.35

Cold agglutinins quantitative estimation by serial dilutions (including qualitative estimation covered by Item 1202 or 1203 where performed)

1206 SP. ALL STATES: FEE \$14.40

1207 OP. ALL STATES: FEE \$10.80

	Blood volume, estimation of by dye method	
1211	SP.	ALL STATES: FEE \$7.20
1212	OP.	ALL STATES: FEE \$5.40
	Blood, spectroscopic examination of	
1215	SP.	ALL STATES: FEE \$7.20
1216	OP.	ALL STATES: FEE \$5.40
	HAEMOSTASIS	
	Bleeding time; Coagulation time, (including clot retraction); Prothrombin time (one stage); Thromboplastin time (partial) with or without kaolin and/or Kaolin clotting time	
	One procedure	
1234	SP.	ALL STATES: FEE \$7.20
1235	OP.	ALL STATES: FEE \$5.40
	Two procedures to which Item 1234 or 1235 applies	
1236	SP.	ALL STATES: FEE \$10.80
1237	OP.	ALL STATES: FEE \$8.10
	Three or more procedures to which Item 1234 or 1235 applies	
1238	SP.	ALL STATES: FEE \$14.40
1239	OP.	ALL STATES: FEE \$10.80
	Platelet aggregation, qualitative test for	
1242	SP.	ALL STATES: FEE \$7.20
1243	OP.	ALL STATES: FEE \$5.40
	Estimation of — Thrombin time (including test for presence of an inhibitor and serial test for fibrinogenolysis); or recalcified plasma clotting time — each procedure	
1244	SP.	ALL STATES: FEE \$7.20
1246	OP.	ALL STATES: FEE \$5.40
	Fibrinogen titre, determination of	
1247	SP.	ALL STATES: FEE \$7.20
1248	OP.	ALL STATES: FEE \$5.40

PART 7 — PATHOLOGY**DIVISION 1 — HAEMATOLOGY**

	Factor 13, test for presence of	
1251	SP.	ALL STATES: FEE \$10.80
1252	OP.	ALL STATES: FEE \$8.10
	Thromboplastin generation screening test	
1255	SP.	ALL STATES: FEE \$10.80
1256	OP.	ALL STATES: FEE \$8.10
	Prothrombin time, estimation of (two stage)	
1259	SP.	ALL STATES: FEE \$10.80
1260	OP.	ALL STATES: FEE \$8.10
	Quantitative estimation of — Fibrin degeneration products; Platelet adhesion; Prothrombin consumption; or Protamine sulphate — each procedure	
1263	SP.	ALL STATES: FEE \$10.80
1264	OP.	ALL STATES: FEE \$8.10
	Euglobulin lysis time, estimation of	
1267	SP.	ALL STATES: FEE \$21.50
1268	OP.	ALL STATES: FEE \$16.15
	Quantitative estimation of — Platelet antibodies (by one or more techniques); Platelet Factor III availability; or one or more blood coagulation factors (including antihæmophilic globulin) — each procedure	
1271	SP.	ALL STATES: FEE \$21.50
1272	OP.	ALL STATES: FEE \$16.15
	Platelet aggregation test using — ADP; Collagen; 5HT; Ristocetin; or similar substance One procedure	
1277	SP.	ALL STATES: FEE \$21.50
1278	OP.	ALL STATES: FEE \$16.15
	Two or more procedures to which Item 1277 or 1278 applies	
1279	SP.	ALL STATES: FEE \$43.50
1280	OP.	ALL STATES: FEE \$32.65

DIVISION 2 - CHEMISTRY OF BODY FLUIDS AND TISSUES

NOTE:

(i) The estimation of any substance specified in any item in this Division performed on a multichannel analyser system must be itemised under Items 1301-1312.

(ii) Items 1301-1312 refer to estimations performed by any means, i.e. on a multichannel analyser system or by any other method. If, in the one episode, some tests are performed on a multichannel analyser and some by other methods, the total number of tests undertaken, irrespective of method, is the relevant factor in allotting the appropriate item.

Estimation BY ANY METHOD of - Albumin; Alkaline phosphatase; ALT; AST; Bicarbonate; Bilirubin (direct); Bilirubin (indirect); Calcium; Chloride; Cholesterol; CK; Creatinine; GGTP; Globulin; Glucose; HBD; LD; Phosphate; Potassium; Protein (total); Sodium; Triglycerides; Urate; Urea

Estimation of a substance referred to in any other item in this Division where the estimation is performed on a multichannel analyser

One estimation —

1301	SP.	ALL STATES: FEE \$10.80
1302	OP.	ALL STATES: FEE \$8.10
1303	HP.	ALL STATES: FEE \$5.40

Two estimations — of a kind specified in Item 1301, 1302 or 1303 —

1304	SP.	ALL STATES: FEE \$14.40
1305	OP.	ALL STATES: FEE \$10.80
1306	HP.	ALL STATES: FEE \$7.20

Three to five estimations — of a kind specified in Item 1301, 1302 or 1303 —

1307	SP.	ALL STATES: FEE \$18.20
1308	OP.	ALL STATES: FEE \$13.65
1309	HP.	ALL STATES: FEE \$9.10

Six or more estimations — of a kind specified in Item 1301, 1302 or 1303 —

1310	SP.	ALL STATES: FEE \$20.00
1311	OP.	ALL STATES: FEE \$15.00
1312	HP.	ALL STATES: FEE \$10.00

PART 7 — PATHOLOGY

DIVISION 2 — CHEMISTRY

Qualitative estimation of — Acidity (by pH meter or titration); Blood in faeces (occult blood); Cryoglobulins; Cryoproteins; Euglobins; Macroglobulins (Sia test); PBG; UBG or Any other substance not specified in any other item in this Division —

One estimation

1319 SP. ALL STATES: FEE \$3.60

1320 OP. ALL STATES: FEE \$2.70

Two or more estimations to which Item 1319 or 1320 applies

1322 SP. ALL STATES: FEE \$7.20

1323 OP. ALL STATES: FEE \$5.40

Qualitative estimation of — Foetoprotein; Gastric acidity (by dye method); or Porphyrins

Each estimation

1327 SP. ALL STATES: FEE \$14.40

1328 OP. ALL STATES: FEE \$10.80

Chromatography, qualitative estimation of a substance not specified in any other item in this Division

1330 SP. ALL STATES: FEE \$14.40

1331 OP. ALL STATES: FEE \$10.80

Electrophoresis, qualitative

1333 SP. ALL STATES: FEE \$14.40

1334 OP. ALL STATES: FEE \$10.80

Australia antigen or similar antigen, detection of by any method including radioimmunoassay

1336 SP. ALL STATES: FEE \$14.40

1337 OP. ALL STATES: FEE \$10.80

	Osmolality, estimation of, in serum or urine	
1339	SP.	ALL STATES: FEE \$14.40
1340	OP.	ALL STATES: FEE \$10.80
‡	Quantitative estimation of — Acid phosphatase; Aldolase; Amylase; Lipase; Amylase and Lipase; Bromide; BSP; Caeruloplasmin; Carotene; Complement (total or fraction); Any other specific protein (excluding immunoglobulins) (where estimated by immunodiffusion, nephelometry, Laurell rocket or similar technique); Creatine; Hexosamine; Lactate; Lithium; Magnesium; Pyruvate; Salicylate; or Xylose —	
	Each estimation	
1342	SP.	ALL STATES: FEE \$14.40
1343	OP.	ALL STATES: FEE \$10.80
‡	Quantitative estimation of — Arsenic; Copper; Gold; Lead; Mercury; Strontium; Zinc; Any other element not specified elsewhere in this Division; Folic acid; Vitamin B12; Any other vitamin not specified elsewhere in this Division; Alcohol; Ammonia; Neo-natal bilirubin (direct and indirect); Cholinesterase; Coproporphyrin; Erythroporphyrin; Uroporphyrin; Other porphyrin factor; Delta ALA; 5HIAA; Iron (including iron-binding capacity); Oxalate; Oxosteroids; Oxogenic steroids; PBG; Urine oestriol; Transketolase; Any other substance not specified in any other item in this Division —	
	Each estimation	
1345	SP.	ALL STATES: FEE \$21.50
1346	OP.	ALL STATES: FEE \$16.15
	Dibucaine number or similar, determination of	
1348	SP.	ALL STATES: FEE \$21.50
1349	OP.	ALL STATES: FEE \$16.15
	Indican, qualitative test for	
1351	SP.	ALL STATES: FEE \$21.50
1352	OP.	ALL STATES: FEE \$16.15
	Calculus, analysis of	
1354	SP.	ALL STATES: FEE \$21.50
1355	OP.	ALL STATES: FEE \$16.15

PART 7 — PATHOLOGY

DIVISION 2 — CHEMISTRY

	Amniotic fluid, spectrophotometric analysis of	
1357	SP.	ALL STATES: FEE \$21.50
1358	OP.	ALL STATES: FEE \$16.15
	Electrophoresis, quantitative (including qualitative test)	
1360	SP.	ALL STATES: FEE \$21.50
1362	OP.	ALL STATES: FEE \$16.15
	Quantitative estimation of — Catecholamines (each component); Faecal fat; HMMA; Hydroxyproline; Blood gases (including pO ₂ , oxygen saturation; pCO ₂ and estimation of bicarbonate and pH); Non-pregnancy oestrogens; Pregnanediol; Pregnanetriol; Any other steroid fraction (where not estimated in the same process as another steroid fraction); or Multiple steroid fractions estimated in the same process —	
	Each estimation	
1364	SP.	ALL STATES: FEE \$29.00
1366	OP.	ALL STATES: FEE \$21.75
	Chromatography, quantitative estimation (including qualitative test) of any substance not specified in any other item in this Division	
1368	SP.	ALL STATES: FEE \$29.00
1370	OP.	ALL STATES: FEE \$21.75
	Lecithin/sphingomyelin ratio of amniotic fluid, determination of	
1372	SP.	ALL STATES: FEE \$29.00
1374	OP.	ALL STATES: FEE \$21.75
	Drug assays - qualitative estimations or screening procedures	
	One or more estimations or procedures on each specimen	
1376	SP.	ALL STATES: FEE \$7.20
1378	OP.	ALL STATES: FEE \$5.40
	Barbiturates; Carbamazepine; Digoxin; Phenytoin; - assay by radioimmunoassay, enzyme linked immunoassay, gas liquid chromatography or any other methods	
	Estimation of one substance using one or more of the methods specified	
1380	SP.	ALL STATES: FEE \$18.20
1381	OP.	ALL STATES: FEE \$13.65

Estimation of two substances referred to in Item 1380 or 1381 using one or more of the methods specified in those items —

1382 SP. ALL STATES: FEE \$29.00

1384 OP. ALL STATES: FEE \$21.75

Estimation of three or more substances referred to in Item 1380 or 1381 using one or more of the methods specified in those items —

1385 SP. ALL STATES: FEE \$36.00

1387 OP. ALL STATES: FEE \$27.00

Diazepam; Ethosuximide; Methotrexate; Morphine; Procainamide; Quinidine; or similar substances not covered by any other item in this Division — assay by radioimmunoassay, enzyme linked immunoassay, gas liquid chromatography or any other method

Estimation of one substance using one or more of the methods specified

1392 SP. ALL STATES: FEE \$21.50

1393 OP. ALL STATES: FEE \$16.15

Estimation of two substances referred to in Item 1392 or 1393 using one or more of the methods specified in those items —

1394 SP. ALL STATES: FEE \$36.00

1395 OP. ALL STATES: FEE \$27.00

Estimation of three or more substances referred to in Item 1392 or 1393 using one or more of the methods specified in those items —

1397 SP. ALL STATES: FEE \$43.50

1398 OP. ALL STATES: FEE \$32.65

HORMONE ASSAYS

(not covered by any other item in this Division)

Thyroxine (T4) OR T3 resin uptake — assay of, (or equivalent function test) — using any technique

1419 SP. ALL STATES: FEE \$10.80

1420 OP. ALL STATES: FEE \$8.10

Thyroxine (T4) AND T3 resin uptake — assay of, (or equivalent function test) — using any technique

1427 SP. ALL STATES: FEE \$18.20

1428 OP. ALL STATES: FEE \$13.65

PART 7 — PATHOLOGY

DIVISION 2 — CHEMISTRY

	Normalised thyroxine (Effective thyroxine ratio or similar assay) when not associated with Item 1419, 1420, 1427 or 1428 — assay using any technique	
1434	SP.	ALL STATES: FEE \$14.40
1435	OP.	ALL STATES: FEE \$10.80
	Thyroxine (T4) and T3 resin uptake (or equivalent function test) and Normalised thyroxine (Effective thyroxine ratio or similar assay) performed by a different procedure — assay using any technique	
1441	SP.	ALL STATES: FEE \$25.50
1442	OP.	ALL STATES: FEE \$19.15
‡	Hormone assays (including insulin, growth hormone, TSH, LH, FSH, T3, prolactin, HCG, beta-HCG, renin, gastrin, cortisol [selenium labelled], ACTH and HPL) using gamma emitting labels or any other unspecified technique (excluding thyroid hormones covered by Item 1419, 1420, 1427, 1428, 1434, 1435, 1441 or 1442)	
	One estimation of any one hormone	
1452	SP.	ALL STATES: FEE \$21.50
1453	OP.	ALL STATES: FEE \$16.15
	Two estimations of any one hormone using any technique referred to in Item 1452 or 1453	
1455	SP.	ALL STATES: FEE \$32.50
1456	OP.	ALL STATES: FEE \$24.40
	Three estimations of any one hormone using any technique referred to in Item 1452 or 1453	
1458	SP.	ALL STATES: FEE \$43.50
1459	OP.	ALL STATES: FEE \$32.65
	Each estimation of any one hormone in excess of three using any technique referred to in Item 1452 or 1453	
1461	SP.	ALL STATES: FEE \$4.30
1462	OP.	ALL STATES: FEE \$3.25

PART 7 — PATHOLOGY

DIVISION 2 — CHEMISTRY

‡	Hormone assays (including progesterone, testosterone, cortisol [tritium labelled], 17-hydroxyprogesterone, oestradiol and aldosterone) using beta emitting labels or bioassay	
	One estimation of any one hormone	
1475	SP.	ALL STATES: FEE \$36.00
1476	OP.	ALL STATES: FEE \$27.00
	Two estimations of any one hormone using a technique referred to in Item 1475 or 1476	
1478	SP.	ALL STATES: FEE \$58.00
1479	OP.	ALL STATES: FEE \$43.50
	Three estimations of any one hormone using a technique referred to in Item 1475 or 1476	
1481	SP.	ALL STATES: FEE \$72.00
1482	OP.	ALL STATES: FEE \$54.00
	Each estimation of any one hormone in excess of three using a technique referred to in Item 1475 or 1476	
1484	SP.	ALL STATES: FEE \$7.20
1485	OP.	ALL STATES: FEE \$5.40

PROCEDURAL SERVICES

NOTE:

(i) Benefit is not payable for a procedural service (Items 1504/1505, 1511/1512 and 1516/1517) in addition to benefit for an attendance under Part 1 of Schedule on the same calendar day

(ii) Benefit is not payable for a procedural service in respect of a person who is a patient in a recognised hospital or when performed using recognised hospital facilities

(iii) Where a procedural service is itemised, the investigation undertaken as well as the individual services performed should be specified

ACTH stimulation test; Adrenaline tolerance test; Arginine infusion test; Bromsulphthalein test; Carbohydrate tolerance test; Creatinine clearance test; Gastric function test requiring intubation; Glucagon tolerance test; Histidine loaded Figlu test; L-dopa stimulation test; Phenolsulphthalein excretion test; TSH stimulation test; Urea clearance test; Urea concentration test; Vasopressin stimulation test; Xylose absorption test; or similar test

Procedural service associated with any one of these tests

1504 SP. ALL STATES: FEE \$7.20

1505 OP. ALL STATES: FEE \$5.40

Tolbutamide test; Insulin hypoglycaemia stimulation test; Gonadotrophin releasing hormone stimulation test; Thyrotrophin releasing hormone stimulation test; Urine acidification test; or similar test

Procedural service associated with any one of these tests

1511 SP. ALL STATES: FEE \$21.50

1512 OP. ALL STATES: FEE \$16.15

Thyrotrophin releasing hormone; Gonadotrophin releasing hormone; Thyroid stimulating hormone - administration of

Procedural service associated with the administration of any one of these drugs

1516 SP. ALL STATES: FEE \$18.20

1517 OP. ALL STATES: FEE \$13.65

DIVISION 3 — MICROBIOLOGY

Microscopical examination — wet film, other than urine

1529 SP. ALL STATES: FEE \$4.30

1530 OP. ALL STATES: FEE \$3.25

PART 7 — PATHOLOGY**DIVISION 3 — MICROBIOLOGY**

Microscopical examination of urine (where the patient is referred by another medical practitioner) and examination for one or more of pH, specific gravity, blood, albumin, urobilinogen, sugar, acetone and bile pigments

1536 SP. ALL STATES: FEE \$5.80

1537 OP. ALL STATES: FEE \$4.35

Microscopical examination using Gram stain or similar stain (e.g. Loeffler, methylene blue, Giemsa)

One stain

1545 SP. ALL STATES: FEE \$5.80

1546 OP. ALL STATES: FEE \$4.35

Microscopical examination using stains referred to in Item 1545 or 1546 —

Two or more stains

1548 SP. ALL STATES: FEE \$7.20

1549 OP. ALL STATES: FEE \$5.40

Microscopical examination using special stain, (e.g. Ziehl-Neelsen or similar stain) -

One stain

1556 SP. ALL STATES: FEE \$7.20

1557 OP. ALL STATES: FEE \$5.40

Microscopical examination using two or more stains one or more of which is a special stain referred to in Item 1556 or 1557

1566 SP. ALL STATES: FEE \$10.80

1567 OP. ALL STATES: FEE \$8.10

PART 7 — PATHOLOGY

DIVISION 3 — MICROBIOLOGY

Microscopical examination for dermatophytes

Examination of material from one site

1586 SP. ALL STATES: FEE \$7.20

1587 OP. ALL STATES: FEE \$5.40

Microscopical examination referred to in Item 1586 or 1587 —

Examination of material from two or more sites

1588 SP. ALL STATES: FEE \$14.40

1589 OP. ALL STATES: FEE \$10.80

Microscopical examination of exudate by dark ground illumination for *Treponema pallidum*

1604 SP. ALL STATES: FEE \$18.20

1606 OP. ALL STATES: FEE \$13.65

Cultural examination of a specimen other than urine for aerobic micro-organisms (including fungi) with, where indicated — the use of relevant stains, and/or use of selective media and sensitivity testing

1609 SP. ALL STATES: FEE \$14.40

1610 OP. ALL STATES: FEE \$10.80

1611 HP. ALL STATES: FEE \$9.10

Cultural examination of a specimen other than blood or urine for aerobic and anaerobic micro-organisms, using an anaerobic atmosphere for the culture of anaerobes with, where indicated the use of relevant stains and/or use of selective media and/or sensitivity testing

1615 SP. ALL STATES: FEE \$21.50

1616 OP. ALL STATES: FEE \$16.15

1618 HP. ALL STATES: FEE \$13.55

Cultural examination for mycobacteria - each specimen

1622 SP. ALL STATES: FEE \$14.40

1623 OP. ALL STATES: FEE \$10.80

Blood culture, including sub-culture, using both aerobic and anaerobic media, with, where indicated the use of relevant stains and/or sensitivity testing but not involving organism identification

Each set of cultures to a maximum of three sets

1633 SP. ALL STATES: FEE \$21.50

1634 OP. ALL STATES: FEE \$16.15

1636 HP. ALL STATES: FEE \$10.75

† Coagulase test for organism identification by slide or tube method, not associated with the use of Items 1644/1645, 1647/1648, 1661/1662, 1664/1665, for identification of the same organism

1640 SP. ALL STATES: FEE \$3.60

1641 OP. ALL STATES: FEE \$2.70

‡ Identification of pathogenic micro-organisms, excluding M tuberculosis, using biochemical tests and/or other special techniques involving sub-culture

Identification of one organism

1644 SP. ALL STATES: FEE \$7.20

1645 OP. ALL STATES: FEE \$5.40

‡ Identification of two or more organisms, excluding M tuberculosis, by the method referred to in Item 1644 or 1645

1647 SP. ALL STATES: FEE \$14.40

1648 OP. ALL STATES: FEE \$10.80

Identification of pathogenic micro-organisms using specific serological techniques, (including immunofluorescent and immunoenzymic methods)

One procedure

1661 SP. ALL STATES: FEE \$7.20

1662 OP. ALL STATES: FEE \$5.40

PART 7 — PATHOLOGY

DIVISION 3 — MICROBIOLOGY

Two or more of any procedures of a kind referred to in Item 1661 or 1662

1664 SP. ALL STATES: FEE \$10.80

1665 OP. ALL STATES: FEE \$8.10

Microscopical examination of urine, with cell count, relevant stains (if indicated), cultural examination and colony count of micro-organisms (other than by simple microscopy and simple culture, e.g., dip slide and microbiological kit tests, covered by Item 1682 or 1683), with sensitivity testing where indicated and with general examination for one or more of the following —

pH, specific gravity, blood, albumin, urobilinogen, sugar, acetone and bile pigments

1673 SP. ALL STATES: FEE \$20.50

1674 OP. ALL STATES: FEE \$15.40

1676 HP. ALL STATES: FEE \$10.25

Microscopical examination of urine and simple culture by means of dip slide or microbiological kit tests (where the patient is referred by another medical practitioner)

1682 SP. ALL STATES: FEE \$7.20

1683 OP. ALL STATES: FEE \$5.40

Microscopical examination of faeces or body fluids for parasites, cysts or ova, with or without simple stains and concentration techniques

1687 SP. ALL STATES: FEE \$10.80

1688 OP. ALL STATES: FEE \$8.10

Identification of helminths

1693 SP. ALL STATES: FEE \$7.20

1694 OP. ALL STATES: FEE \$5.40

Cultural examination for parasites other than trichomonas

Culture of one parasite

1702 SP. ALL STATES: FEE \$14.40

1703 OP. ALL STATES: FEE \$10.80

PART 7 — PATHOLOGY**DIVISION 3 — MICROBIOLOGY**

Cultural examination for parasites referred to in Item 1702 or 1703 —

Culture of two or more parasites

1705 SP. ALL STATES: FEE \$25.50

1706 OP. ALL STATES: FEE \$19.15

‡ Determination of the minimum inhibitory concentration of an antibiotic or chemotherapeutic agent by tube technique or by agar plate dilution

One organism

1721 SP. ALL STATES: FEE \$14.40

1722 OP. ALL STATES: FEE \$10.80

Determination referred to in Item 1721 or 1722 —

Two or more organisms

1724 SP. ALL STATES: FEE \$18.20

1725 OP. ALL STATES: FEE \$13.65

Detection of substances inhibitory to micro-organisms in a body fluid (including urine)

1732 SP. ALL STATES: FEE \$3.60

1733 OP. ALL STATES: FEE \$2.70

Quantitative assay of an antibiotic or chemotherapeutic agent in a body fluid (including urine)

1743 SP. ALL STATES: FEE \$14.40

1744 OP. ALL STATES: FEE \$10.80

† Agglutination tests (screening)

One test

1756 SP. ALL STATES: FEE \$3.60

1757 OP. ALL STATES: FEE \$2.70

† Agglutination tests (screening)

Two or more tests

1758 SP. ALL STATES: FEE \$4.30

1759 OP. ALL STATES: FEE \$3.25

PART 7 — PATHOLOGY

DIVISION 3 — MICROBIOLOGY

Agglutination tests (quantitative), including those for enteric fever and brucellosis
One antigen

1760 SP. ALL STATES: FEE \$10.80

1761 OP. ALL STATES: FEE \$8.10

Agglutination tests (quantitative) referred to in Item 1760 or 1761 —
Second to sixth antigen — each antigen

1763 SP. ALL STATES: FEE \$5.80

1764 OP. ALL STATES: FEE \$4.35

Agglutination tests (quantitative) referred to in Item 1760 or 1761 —
Each antigen in excess of six

1766 SP. ALL STATES: FEE \$2.90

1767 OP. ALL STATES: FEE \$2.20

Flocculation tests, including V.D.R.L., Kahn, Kline or similar tests
One test

1772 SP. ALL STATES: FEE \$3.60

1773 OP. ALL STATES: FEE \$2.70

Flocculation tests referred to in Item 1772 or 1773 —
Two or more tests

1775 SP. ALL STATES: FEE \$4.30

1776 OP. ALL STATES: FEE \$3.25

Complement fixation tests
One test

1781 SP. ALL STATES: FEE \$14.40

1782 OP. ALL STATES: FEE \$10.80

Each test referred to in Item 1781 or 1782 in excess of one

1784 SP. ALL STATES: FEE \$3.60

1785 OP. ALL STATES: FEE \$2.70

Fluorescent serum antibody test (FTA test, FTA — absorbed test or similar)

One test

1793 SP. ALL STATES: FEE \$10.80

1794 OP. ALL STATES: FEE \$8.10

Each test referred to in Item 1793 or 1794 in excess of one

1796 SP. ALL STATES: FEE \$5.80

1797 OP. ALL STATES: FEE \$4.35

Haemagglutination tests —

One test

1805 SP. ALL STATES: FEE \$7.20

1806 OP. ALL STATES: FEE \$5.40

Each test referred to in Item 1805 or 1806 in excess of one

1808 SP. ALL STATES: FEE \$3.60

1809 OP. ALL STATES: FEE \$2.70

Haemagglutination inhibition tests —

One test

1823 SP. ALL STATES: FEE \$7.20

1824 OP. ALL STATES: FEE \$5.40

Each test referred to in Item 1823 or 1824 in excess of one

1826 SP. ALL STATES: FEE \$3.60

1827 OP. ALL STATES: FEE \$2.70

PART 7 — PATHOLOGY**DIVISION 3 — MICROBIOLOGY**

†	Antistreptolysin O titre or similar test (qualitative) not associated with Items 1843 and 1844	
1839	SP.	ALL STATES: FEE \$3.60
1840	OP.	ALL STATES: FEE \$2.70
	Antistreptolysin O titre test	
1843	SP.	ALL STATES: FEE \$10.80
1844	OP.	ALL STATES: FEE \$8.10
‡	Total and differential cell count on any body fluid	
1851	SP.	ALL STATES: FEE \$7.20
1852	OP.	ALL STATES: FEE \$5.40
	Autogenous vaccine, preparation of — each organism	
1858	SP.	ALL STATES: FEE \$29.00
1859	OP.	ALL STATES: FEE \$21.75
	DIVISION 4 — IMMUNOLOGY	
	Immunoelectrophoresis using polyvalent antisera	
1877	SP.	ALL STATES: FEE \$21.50
1878	OP.	ALL STATES: FEE \$16.15
	Immunoelectrophoresis using monovalent antiserum — each antiserum	
1884	SP.	ALL STATES: FEE \$3.60
1885	OP.	ALL STATES: FEE \$2.70
	Immunoglobulins G, A, M or D, quantitative estimation of, by immunodiffusion or any other method	
	Estimation of one immunoglobulin	
1888	SP.	ALL STATES: FEE \$14.40
1889	OP.	ALL STATES: FEE \$10.80

Estimation of each immunoglobulin referred to in Item 1888 or 1889 in excess of one

1891 SP. ALL STATES: FEE \$7.20

1892 OP. ALL STATES: FEE \$5.40

Immunoglobulin E, quantitative estimation of

1897 SP. ALL STATES: FEE \$21.50

1898 OP. ALL STATES: FEE \$16.15

Radioallergosorbent tests for allergen identification

Identification of one to four allergens — each allergen

1903 SP. ALL STATES: FEE \$7.20

1904 OP. ALL STATES: FEE \$5.40

Identification of each allergen referred to in Item 1903 or 1904 in excess of four

1905 SP. ALL STATES: FEE \$3.60

1906 OP. ALL STATES: FEE \$2.70

Immunofluorescent detection of tissue antibodies — qualitative not associated with the service specified in Item 1918 or 1919

Detection of one antibody

1911 SP. ALL STATES: FEE \$14.40

1912 OP. ALL STATES: FEE \$10.80

Detection of each antibody referred to in Item 1911 or 1912 in excess of one — each antibody

1913 SP. ALL STATES: FEE \$7.20

1914 OP. ALL STATES: FEE \$5.40

Immunofluorescent detection of tissue antibodies — qualitative and quantitative —

Detection and estimation of each antibody

1918 SP. ALL STATES: FEE \$18.20

1919 OP. ALL STATES: FEE \$13.65

	Complement fixation tests on human tissue antibody — One antibody	
1924	SP.	ALL STATES: FEE \$14.40
1925	OP.	ALL STATES: FEE \$10.80
	Each antibody referred to in Item 1924 or 1925 in excess of one	
1926	SP.	ALL STATES: FEE \$7.20
1927	OP.	ALL STATES: FEE \$5.40
	Latex flocculation test — qualitative and/or quantitative	
1935	SP.	ALL STATES: FEE \$7.20
1936	OP.	ALL STATES: FEE \$5.40
	Rose Waaler test, quantitative, using sheep cells	
1941	SP.	ALL STATES: FEE \$14.40
1942	OP.	ALL STATES: FEE \$10.80
	Lupus erythematosus cells, preparation and examination of film for	
1948	SP.	ALL STATES: FEE \$10.80
1949	OP.	ALL STATES: FEE \$8.10
	Tanned erythrocyte haemagglutination test for tissue antibodies — One antibody	
1955	SP.	ALL STATES: FEE \$14.40
1956	OP.	ALL STATES: FEE \$10.80
	Each antibody referred to in Item 1955 or 1956 in excess of one	
1957	SP.	ALL STATES: FEE \$7.20
1958	OP.	ALL STATES: FEE \$5.40
	Leucocyte fractionation as preliminary test to specific tests of leucocyte function (by density gradient centrifugation or other method) —	
1965	SP.	ALL STATES: FEE \$21.50
1966	OP.	ALL STATES: FEE \$16.15

	‡ Neutrophil or monocyte tests for phagocytic activity — Visual techniques	
	1971 SP.	ALL STATES: FEE \$21.50
	1972 OP.	ALL STATES: FEE \$16.15
	Neutrophil function tests for phagocytic activity — Radioactive techniques	
	1973 SP.	ALL STATES: FEE \$36.00
	1974 OP.	ALL STATES: FEE \$27.00
	Lymphocyte cell count — E. rosette technique or similar	
	1981 SP.	ALL STATES: FEE \$29.00
	1982 OP.	ALL STATES: FEE \$21.75
	B lymphocyte cell count — by immunofluorescence or immunoperoxidase	
	1987 SP.	ALL STATES: FEE \$29.00
	1988 OP.	ALL STATES: FEE \$21.75
	Lymphocyte function tests — Visual transformation	
	1995 SP.	ALL STATES: FEE \$29.00
	1996 OP.	ALL STATES: FEE \$21.75
	Radioactive techniques	
	1997 SP.	ALL STATES: FEE \$43.50
	1998 OP.	ALL STATES: FEE \$32.65
	Tissue group typing (HLA phenotypes)	
	2006 SP.	ALL STATES: FEE \$36.00
	2007 OP.	ALL STATES: FEE \$27.00

PART 7 — PATHOLOGY		DIVISION 4 — IMMUNOLOGY
	Skin sensitivity testing (Mantoux, Schick, Casoni test or similar test) — each test	
2013	SP.	ALL STATES: FEE \$7.20
2014	OP.	ALL STATES: FEE \$5.40
	Skin sensitivity — induction and detection of sensitivity to chemical antigens	
2022	SP.	ALL STATES: FEE \$14.40
2023	OP.	ALL STATES: FEE \$10.80
DIVISION 5 — HISTOPATHOLOGY NOTE: <i>The words 'biopsy material' cover all the tissue forwarded to the pathologist from any operation or group of operations performed on a patient at the one time</i> Histopathology examination of biopsy material — processing of one or more paraffin blocks with all appropriate stains and provision of professional opinion		
2041	SP.	ALL STATES: FEE \$51.00
2042	OP.	ALL STATES: FEE \$38.25
	Immediate frozen section diagnosis of biopsy material performed at the pathologist's laboratory and confirmatory histopathology examination on this material after the frozen section using all appropriate stains	
2048	SP.	ALL STATES: FEE \$65.00
2049	OP.	ALL STATES: FEE \$48.75
	Immediate frozen section diagnosis of biopsy material performed at a distance of one or more kilometres from the pathologist's laboratory and confirmatory histopathology examination on this material after the frozen section using all appropriate stains	
2056	SP.	ALL STATES: FEE \$94.00
2057	OP.	ALL STATES: FEE \$70.50
†	Immunofluorescent investigation of biopsy specimen, including any other histopathology examination of tissue obtained from the one patient at the one time	
2060	SP.	ALL STATES: FEE \$65.00
2061	OP.	ALL STATES: FEE \$48.75
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DIVISION 6 — CYTOLOGY

Cytological examination for pathological change of smears from — Cervix and vagina; Skin; or Mucous membrane —

Each examination

2081 SP. ALL STATES: FEE \$10.80

2082 OP. ALL STATES: FEE \$8.10

Cytological examination for malignant cells — examination of — Sputum; Urine; Bronchial secretion; Cerebrospinal fluid; Peritoneal fluid; or similar fluid —

Each examination

2091 SP. ALL STATES: FEE \$21.50

2092 OP. ALL STATES: FEE \$16.15

‡ Cytological examination for malignant cells — examination of (including collection of specimen) — Gastric washings; Duodenal washings; Oesophageal washings; Colonic washings

Each examination

2096 SP. ALL STATES: FEE \$29.00

2097 OP. ALL STATES: FEE \$21.75

Hormonal assessment by cytological examination of vaginal epithelium involving cell count and/or index

2104 SP. ALL STATES: FEE \$10.80

2105 OP. ALL STATES: FEE \$8.10

Cytological examination for pathological change of smears from cervix and vagina with hormonal assessment by cytological examination of vaginal epithelium involving cell count and/or index

2111 SP. ALL STATES: FEE \$18.20

2112 OP. ALL STATES: FEE \$13.65

DIVISION 7 — CYTOGENETICS

Cytological sex determination from blood film

2131 SP. ALL STATES: FEE \$7.20

2132 OP. ALL STATES: FEE \$5.40

PART 7 — PATHOLOGY**DIVISION 7 — CYTOGENETICS**

Cytological sex chromatin studies (Barr or Y bodies) — other than from blood film —

Each tissue examined

2141 SP. ALL STATES: FEE \$7.20

2142 OP. ALL STATES: FEE \$5.40

Chromosome studies, including preparation, count and karyotyping of amniotic fluid

2148 SP. ALL STATES: FEE \$108.00

2149 OP. ALL STATES: FEE \$81.00

Chromosome studies, including preparation, count and karyotyping of bone marrow

2155 SP. ALL STATES: FEE \$72.00

2156 OP. ALL STATES: FEE \$54.00

Chromosome studies, including preparation, count and karyotyping of blood, skin or any other tissue or fluid NOT referred to in Item 2148, 2149, 2155 or 2156 —

Each study

2161 SP. ALL STATES: FEE \$87.00

2162 OP. ALL STATES: FEE \$65.25

Chromosome identification by banding techniques (using fluorescein, Giemsa or centromeres staining) —

One method

2170 SP. ALL STATES: FEE \$72.00

2171 OP. ALL STATES: FEE \$54.00

Two or more methods referred to in Item 2170 or 2171

2173 SP. ALL STATES: FEE \$108.00

2174 OP. ALL STATES: FEE \$81.00

DIVISION 8 — INFERTILITY AND PREGNANCY TESTS

Semen examination for presence of spermatozoa

2201 SP. ALL STATES: FEE \$4.30

2202 OP. ALL STATES: FEE \$3.25

PART 7 — PATHOLOGY**DIVISION 8 — INFERTILITY AND PREGNANCY TESTS**

Huhner's Test (Post-coital test) — collection of sample and examination of wet preparation

2211 SP. ALL STATES: FEE \$14.40

2212 OP. ALL STATES: FEE \$10.80

Semen examination — involving measurement of volume, sperm count, motility (including duration) and/or viability, Gram stain or similar, morphology by differential count

2215 SP. ALL STATES: FEE \$21.50

2216 OP. ALL STATES: FEE \$16.15

Semen analysis, chemical —

Analysis of one substance

2225 SP. ALL STATES: FEE \$10.80

2226 OP. ALL STATES: FEE \$8.10

Analysis of two or more substances referred to in Item 2225 or 2226

2227 SP. ALL STATES: FEE \$18.20

2228 OP. ALL STATES: FEE \$13.65

Spermagglutinating and immobilising antibodies, tests for —

One test

2247 SP. ALL STATES: FEE \$10.80

2248 OP. ALL STATES: FEE \$8.10

Two or more tests referred to in Item 2247 or 2248

2249 SP. ALL STATES: FEE \$14.40

2250 OP. ALL STATES: FEE \$10.80

Sperm penetrability, one or more tests for

2264 SP. ALL STATES: FEE \$7.20

2265 OP. ALL STATES: FEE \$5.40

PART 7 — PATHOLOGY**DIVISION 8 — INFERTILITY AND PREGNANCY TESTS**

Chorionic gonadotrophin, qualitative estimation of, for diagnosis of pregnancy or hormone-producing neoplasm by one or more methods

2272 SP. ALL STATES: FEE \$7.20

2273 OP. ALL STATES: FEE \$5.40

Chorionic gonadotrophin, quantitative estimation of, by serial dilution, for assessment of hormone-producing neoplasm, one or more methods (not associated with Item 2272 or 2273) —

2285 SP. ALL STATES: FEE \$21.50

2286 OP. ALL STATES: FEE \$16.15

DIVISION 9 — 17 SPECIFIED SIMPLE BASIC PATHOLOGY TESTS**INTRODUCTION**

The following items cover the 17 specified simple basic pathology tests a practitioner may perform in respect of patients of his own practice, including patients of his partners or other members of a group, if the practitioner is not an approved pathology provider. The Schedule fees in most cases correspond to the "O.P." rates in the preceding eight Divisions, except that the items for haemoglobin estimation, determinations of erythrocyte sedimentation rate and microscopical examination of urine concentrate do not require referral by another medical practitioner for the services to be eligible for medical benefits, and the Schedule fees for the items are based on lower relative value units. The items below for the basic blood tests are differently structured in respect of multiple tests to the corresponding items in Division 1

Haemoglobin estimation and/or haematocrit and/or erythrocyte count; leucocyte count; erythrocyte sedimentation rate; examination of blood film and/or differential leucocyte count —

One procedure

2334 ALL STATES: FEE \$2.20

Two procedures to which Item 2334 applies

2335 ALL STATES: FEE \$3.25

Three or more procedures to which Item 2334 applies

2336 ALL STATES: FEE \$4.35

Microscopical examination of urine

2342 ALL STATES: FEE \$2.20

Pregnancy test by one or more immunochemical methods

2346 ALL STATES: FEE \$5.40

PART 7 — PATHOLOGY**DIVISION 9 — 17 SPECIFIED BASIC TESTS**

2352	Microscopical examination of wet film other than urine ALL STATES: FEE \$3.25
2357	Microscopical examination of Gram stained film ALL STATES: FEE \$4.35
2362	Chemical tests for occult blood in faeces by reagent stick, strip, tablet or similar ALL STATES: FEE \$1.05
2369	Microscopical examination screening for fungi in skin, hair, nails - one or more sites ALL STATES: FEE \$3.25
2374	Mantoux test ALL STATES: FEE \$5.40
2382	Casoni test for hydatid disease ALL STATES: FEE \$5.40
2388	Schick test ALL STATES: FEE \$5.40
2392	Seminal examination for presence of spermatozoa ALL STATES: FEE \$3.25

Item No.	Medical Service
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PART 7A — NUCLEAR MEDICINE

Note: In order for the medical services in this Part to qualify for benefit, the medical practitioner performing the service must estimate the dosage, supervise the administration of the dose and in addition, provide the final report.

ERYTHROCYTE RADIOACTIVE UPTAKE SURVIVAL TIME

2430	ALL STATES: FEE \$47.50
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BLOOD VOLUME Cr51

2432	FEE	\$	NSW 19.00	VIC 19.00	QLD 19.00	SA 19.00	WA 16.80	TAS 19.00
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RADIOIODINE THYROID UPTAKE

2434	FEE	\$	NSW 19.00	VIC 19.00	QLD 19.00	SA 19.00	WA 16.80	TAS 16.80
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GASTROINTESTINAL BLOOD LOSS ESTIMATION with radioactive chromium involving serial examinations of stool specimens

2438	ALL STATES: FEE \$38.00
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RADIOIODINE, URINARY ESTIMATION

2441	ALL STATES: FEE \$13.00
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PROTEIN BOUND RADIOACTIVE IODINE TEST

2443	ALL STATES: FEE \$19.00
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RADIOACTIVE B12 ABSORPTION TEST (Schilling test)

2448	ALL STATES: FEE \$21.00
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BRAIN SCAN

2451	ALL STATES: FEE \$59.00
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CISTERNAL SCAN

2454	ALL STATES: FEE \$94.00
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SPINAL CORD SCAN

2457	ALL STATES: FEE \$40.00
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PART 7A**NUCLEAR MEDICINE**

2462	PARATHYROID SCAN ALL STATES: FEE \$33.50
2470	THYROID SCAN ALL STATES: FEE \$25.50
2473	MEDIASTINAL SCAN ALL STATES: FEE \$32.00
2474	SCAN OF LUNG OR LUNGS ALL STATES: FEE \$61.00
2476	SCAN OF HEART AND LIVER ALL STATES: FEE \$59.00
2477	HEART SCAN ALL STATES: FEE \$32.00
2479	SCAN OF LIVER AND LUNGS ALL STATES: FEE \$104.00
2480	LIVER SCAN ALL STATES: FEE \$47.50
2481	PANCREAS SCAN ALL STATES: FEE \$59.00
2483	SPLEEN SCAN ALL STATES: FEE \$33.50
2484	RENAL SCAN ALL STATES: FEE \$40.00
2486	SCAN OF LIVER AND SPLEEN ALL STATES: FEE \$61.00
2487	DIFFERENTIAL RENAL SCAN ALL STATES: FEE \$23.50

PART 7A**NUCLEAR MEDICINE**

2489	RENAL SCAN AND DIFFERENTIAL RENAL SCAN ALL STATES: FEE \$64.00
2491	PLACENTAL SCAN ALL STATES: FEE \$59.00
2493	SCAN OF SKULL ALL STATES: FEE \$40.00
2495	SCAN OF VERTEBRAL COLUMN AND SACRUM ALL STATES: FEE \$59.00
2496	SCAN OF PELVIS ALL STATES: FEE \$59.00
2498	SCAN OF JOINT OR LONG BONE ALL STATES: FEE \$40.00
2499	SCAN OF BONE OR BONES NOT COVERED by any other item in this Part ALL STATES: FEE \$40.00
2500	SCAN OF REGION OR ORGAN NOT COVERED by any other item in this Part ALL STATES: FEE \$33.50

PART 8 — RADIOLOGY

DIVISION 1 — EXTREMITIES

Item No.	Medical Service
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PART 8 — RADIOLOGICAL SERVICES

Note: In this Part 'S.' denotes a service rendered by a specialist radiologist.

**DIVISION 1 — RADIOGRAPHIC EXAMINATION OF EXTREMITIES AND REPORT
(WITH OR WITHOUT FLUOROSCOPY)**

DIGITS OR PHALANGES - all or any of either hand or either foot

			NSW	VIC	QLD	SA	WA	TAS
2502	G. FEE	\$	18.80	18.80	14.80	14.80	14.80	14.80
2505	S. FEE	\$	22.00	22.00	17.80	17.80	17.80	17.80

HAND, WRIST, FOREARM, ELBOW OR ARM (elbow to shoulder)

			NSW	VIC	QLD	SA	WA	TAS
2508	G. FEE	\$	18.80	18.80	14.80	14.80	14.80	14.80
2512	S. FEE	\$	22.00	22.00	17.80	17.80	17.80	17.80

HAND WRIST AND LOWER FOREARM; UPPER FOREARM AND ELBOW; OR ELBOW AND ARM (elbow to shoulder)

			NSW	VIC	QLD	SA	WA	TAS
2516	G. FEE	\$	25.50	25.50	22.00	22.00	22.00	22.00
2520	S. FEE	\$	29.00	29.00	25.00	25.00	25.00	25.00

FOOT, ANKLE, LOWER LEG, UPPER LEG, KNEE OR THIGH (femur)

			NSW	VIC	QLD	SA	WA	TAS
2524	G. FEE	\$	18.80	18.80	16.60	16.60	16.60	16.60
2528	S. FEE	\$	23.00	23.00	19.80	19.80	19.80	19.80

FOOT, ANKLE AND LOWER LEG; OR UPPER LEG AND KNEE

			NSW	VIC	QLD	SA	WA	TAS
2532	G. FEE	\$	27.00	27.00	23.00	23.00	23.00	23.00
2537	S. FEE	\$	35.50	35.50	27.00	27.00	27.00	27.00

PART 8 — RADIOLOGY**DIVISION 2 — SHOULDER OR HIP****DIVISION 2 — RADIOGRAPHIC EXAMINATION OF SHOULDER OR HIP JOINT AND REPORT****SHOULDER OR SCAPULA**

			NSW	VIC	QLD	SA	WA	TAS
2539	G. FEE	\$	25.50	25.50	22.00	22.00	22.00	22.00
2541	S. FEE	\$	29.00	29.00	25.00	25.00	25.00	25.00

CLAVICLE

			NSW	VIC	QLD	SA	WA	TAS
2543	G. FEE	\$	20.50	20.50	16.60	16.60	16.60	16.60
2545	S. FEE	\$	23.00	23.00	19.80	19.80	19.80	19.80

HIP JOINT

			NSW	VIC	QLD	SA	WA	TAS
2548	FEE	\$	25.50	25.50	22.00	22.00	22.00	22.00

PELVIC GIRDLE

			NSW	VIC	QLD	SA	WA	TAS
2551	FEE	\$	32.50	32.50	22.50	22.50	22.50	22.50

SACRO-ILIAC JOINTS

			NSW	VIC	QLD	SA	WA	TAS
2554	FEE	\$	32.50	32.50	22.50	22.50	22.50	22.50

SMITH-PETERSEN NAIL - insertion or similar procedure

2557 ALL STATES: FEE \$54.00

DIVISION 3 — RADIOGRAPHIC EXAMINATION OF HEAD AND REPORT**SKULL (calvarium)**

			NSW	VIC	QLD	SA	WA	TAS
2560	FEE	\$	32.50	34.50	27.00	27.00	27.00	27.00

SINUSES

			NSW	VIC	QLD	SA	WA	TAS
2563	FEE	\$	25.50	25.50	22.50	22.50	22.50	22.50

MASTOIDS

			NSW	VIC	QLD	SA	WA	TAS
2566	FEE	\$	32.50	34.50	27.00	27.00	27.00	27.00

PART 8 — RADIOLOGY

DIVISION 3 — HEAD

PETROUS TEMPORAL BONES

			NSW	VIC	QLD	SA	WA	TAS
2569	FEE	\$	32.50	34.50	27.00	27.00	27.00	27.00

FACIAL BONES — orbit, maxilla or malar, any or all

			NSW	VIC	QLD	SA	WA	TAS
2573	FEE	\$	25.50	25.50	22.50	22.50	22.50	22.50

MANDIBLE

			NSW	VIC	QLD	SA	WA	TAS
2576	FEE	\$	25.50	25.50	22.50	25.50	22.50	22.50

SALIVARY CALCULUS

			NSW	VIC	QLD	SA	WA	TAS
2579	FEE	\$	25.50	25.50	22.50	25.50	22.50	22.50

NOSE

			NSW	VIC	QLD	SA	WA	TAS
2581	FEE	\$	22.00	25.50	19.80	19.80	19.80	19.80

EYE

			NSW	VIC	QLD	SA	WA	TAS
2583	FEE	\$	22.00	25.50	19.80	19.80	19.80	19.80

TEMPORO-MANDIBULAR JOINTS

			NSW	VIC	QLD	SA	WA	TAS
2585	FEE	\$	27.00	27.00	25.00	27.00	25.00	25.00

TEETH - SINGLE AREA

			NSW	VIC	QLD	SA	WA	TAS
2587	FEE	\$	17.80	17.80	16.00	17.80	16.00	16.00

TEETH - FULL MOUTH

			NSW	VIC	QLD	SA	WA	TAS
2589	FEE	\$	43.00	43.00	41.00	43.00	41.00	41.00

PALATO-PHARYNGEAL STUDIES with fluoroscopic screening

2591	ALL STATES: FEE \$34.50							
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PALATO-PHARYNGEAL STUDIES without fluoroscopic screening

2593	ALL STATES: FEE \$27.00							
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PART 8 — RADIOLOGY			DIVISION 3 — HEAD					
	LARYNX							
2595	FEE	\$	NSW 23.00	VIC 23.00	QLD 19.80	SA 19.80	WA 20.50	TAS 19.80
	DIVISION 4 — RADIOGRAPHIC EXAMINATION OF SPINE AND REPORT							
	SPINE — CERVICAL							
2597	FEE	\$	NSW 34.50	VIC 34.50	QLD 29.00	SA 29.00	WA 29.00	TAS 29.00
	SPINE — THORACIC							
2599	FEE	\$	NSW 30.00	VIC 30.00	QLD 25.00	SA 25.00	WA 25.00	TAS 25.00
	SPINE — LUMBO-SACRAL							
2601	FEE	\$	NSW 41.00	VIC 41.00	QLD 33.00	SA 33.00	WA 33.00	TAS 33.00
	SPINE — SACRO-COCCYGEAL							
2604	FEE	\$	NSW 25.00	VIC 25.00	QLD 20.50	SA 20.50	WA 20.50	TAS 20.50
	SPINE — TWO REGIONS							
2607	FEE	\$	NSW 52.00	VIC 52.00	QLD 44.50	SA 44.50	WA 44.50	TAS 44.50
	SPINE — THREE OR MORE REGIONS							
2609	FEE	\$	NSW 71.00	VIC 71.00	QLD 58.00	SA 58.00	WA 58.00	TAS 58.00
	SPINE — FUNCTIONAL VIEWS OF ONE AREA							
2611	ALL STATES: FEE \$11.00							
	DIVISION 5 — BONE AGE STUDY AND SKELETAL SURVEYS							
	BONE AGE STUDY, WRIST AND KNEE							
2614	ALL STATES: FEE \$25.50							
	BONE AGE STUDY, WRIST							
2617	FEE	\$	NSW 22.00	VIC 22.00	QLD 17.80	SA 17.80	WA 17.80	TAS 17.80
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SKELETAL SURVEY INVOLVING FOUR OR MORE REGIONS

2621

ALL STATES: FEE \$47.00

DIVISION 6 — RADIOGRAPHIC EXAMINATION OF THORACIC REGION AND REPORT

CHEST (lung fields) by direct radiography

			NSW	VIC	QLD	SA	WA	TAS
2625	G. FEE	\$	20.50	22.50	18.80	18.80	18.80	18.80
2627	S. FEE	\$	23.00	25.50	22.00	22.00	22.00	22.00

CHEST (lung fields) by direct radiography WITH FLUOROSCOPIC SCREENING

			NSW	VIC	QLD	SA	WA	TAS
2630	FEE	\$	32.50	32.50	26.50	26.50	26.50	26.50

THORACIC INLET OR TRACHEA

			NSW	VIC	QLD	SA	WA	TAS
2634	FEE	\$	22.00	22.00	19.80	22.00	22.00	20.50

CHEST, BY MINIATURE RADIOGRAPHY

			NSW	VIC	QLD	SA	WA	TAS
2638	FEE	\$	11.80	11.80	11.00	11.00	11.00	11.00

CARDIAC EXAMINATION (including barium swallow)

			NSW	VIC	QLD	SA	WA	TAS
2642	G. FEE	\$	27.00	27.00	23.00	23.00	23.00	23.00
2646	S. FEE	\$	32.50	32.50	29.00	29.00	29.00	29.00

STERNUM OR ONE OR MORE RIBS OF ANY ONE SIDE

			NSW	VIC	QLD	SA	WA	TAS
2650	G. FEE	\$	20.50	22.50	18.80	18.80	18.80	18.80
2654	S. FEE	\$	23.00	25.50	22.00	22.00	22.00	22.00

ONE OR MORE RIBS OF BOTH SIDES

			NSW	VIC	QLD	SA	WA	TAS
2659	G. FEE	\$	25.50	27.00	23.00	23.00	23.00	23.00
2662	S. FEE	\$	30.50	32.50	29.00	29.00	29.00	29.00

DIVISION 7 — RADIOGRAPHIC EXAMINATION OF URINARY TRACT AND REPORT
PLAIN RENAL ONLY

			NSW	VIC	QLD	SA	WA	TAS
2665	FEE	\$	23.00	25.50	22.00	22.00	22.00	22.00

DRIP-INFUSION PYELOGRAPHY

2672	ALL STATES: FEE \$71.00							
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INTRAVENOUS PYELOGRAPHY, including preliminary plain film

			NSW	VIC	QLD	SA	WA	TAS
2676	FEE	\$	64.00	64.00	61.00	61.00	61.00	61.00

INTRAVENOUS PYELOGRAPHY, including preliminary plain film and limited tomography involving up to three tomographic cuts

			NSW	VIC	QLD	SA	WA	TAS
2678	FEE	\$	81.00	81.00	77.00	77.00	77.00	77.00

INTRAVENOUS PYELOGRAPHY, including preliminary plain film with delayed examination for the CYSTO-URETERIC REFLEX

			NSW	VIC	QLD	SA	WA	TAS
2681	FEE	\$	82.00	82.00	75.00	75.00	75.00	75.00

ANTEGRADE OR RETROGRADE PYELOGRAPHY — including preliminary plain film

			NSW	VIC	QLD	SA	WA	TAS
2687	FEE	\$	54.00	54.00	51.00	51.00	51.00	51.00

RETROGRADE CYSTOGRAPHY OR RETROGRADE URETHROGRAPHY

			NSW	VIC	QLD	SA	WA	TAS
2690	FEE	\$	35.50	35.50	34.50	34.50	34.50	34.50

RETROGRADE MICTURATING CYSTO-URETHROGRAPHY

2694	ALL STATES: FEE \$43.00							
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RETRO-PERITONEAL PNEUMOGRAM

			NSW	VIC	QLD	SA	WA	TAS
2697	FEE	\$	25.50	27.00	23.00	23.00	23.00	22.50

DIVISION 8 — RADIOGRAPHIC EXAMINATION OF ALIMENTARY TRACT AND BILIARY SYSTEM (WITH OR WITHOUT FLUOROSCOPY) AND REPORT
PLAIN ABDOMINAL ONLY

			NSW	VIC	QLD	SA	WA	TAS
2699	G. FEE	\$	20.50	22.50	18.80	18.80	18.80	18.80
2703	S. FEE	\$	23.00	25.50	22.00	22.00	22.00	22.00

OESOPHAGUS, with or without examination for foreign body or barium swallow

			NSW	VIC	QLD	SA	WA	TAS
2706	FEE	\$	36.50	36.50	32.50	32.50	32.50	32.50

BARIUM or other opaque meal OF OESOPHAGUS, STOMACH AND DUODENUM, with or without screening of chest

			NSW	VIC	QLD	SA	WA	TAS
2709	FEE	\$	47.00	49.50	43.00	43.00	43.00	43.00

BARIUM or other opaque meal OF OESOPHAGUS, STOMACH, DUODENUM AND FOLLOW THROUGH TO COLON, with or without screening of chest

			NSW	VIC	QLD	SA	WA	TAS
2711	FEE	\$	58.00	59.00	51.00	51.00	51.00	51.00

BARIUM or other opaque meal, SMALL BOWEL SERIES ONLY

2714	ALL STATES: FEE \$43.00							
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OPAQUE ENEMA

			NSW	VIC	QLD	SA	WA	TAS
2716	FEE	\$	47.00	49.50	43.00	43.00	43.00	43.00

OPAQUE ENEMA, including air contrast study

			NSW	VIC	QLD	SA	WA	TAS
2718	FEE	\$	58.00	59.00	54.00	54.00	54.00	54.00

GRAHAM'S TEST (cholecystography)

			NSW	VIC	QLD	SA	WA	TAS
2720	FEE	\$	37.00	43.00	35.50	35.50	35.50	35.50

CHOLEGRAPHY DIRECT - operative or post operative

			NSW	VIC	QLD	SA	WA	TAS
2722	FEE	\$	37.50	41.00	36.50	36.50	34.50	34.50

PART 8 — RADIOLOGY

DIVISION 8 — ALIMENTARY TRACT

2724	CHOLEGRAPHY - intravenous							
	FEE	\$	NSW 58.00	VIC 59.00	QLD 54.00	SA 54.00	WA 54.00	TAS 54.00
2726	CHOLEGRAPHY - percutaneous transhepatic							
	FEE	\$	NSW 41.00	VIC 47.00	QLD 37.50	SA 37.50	WA 37.50	TAS 37.50
2728	CHOLEGRAPHY - drip infusion							
	FEE	\$	NSW 69.00	VIC 80.00	QLD 64.00	SA 64.00	WA 64.00	TAS 64.00
2730	DIVISION 9 — RADIOGRAPHIC EXAMINATION FOR LOCALISATION OF FOREIGN BODIES AND REPORT							
	FOREIGN BODY IN EYE (special method, Sweet's or other)							
	ALL STATES: FEE \$35.50							
2732	FOREIGN BODY, LOCALISATION OF AND REPORT, not covered by any other item in this Part							
	DERIVED FEE — The fee for the radiographic examination of the area and report plus an amount of \$11.00.							
2734	DIVISION 10 — RADIOGRAPHIC EXAMINATION OF BREASTS AND REPORT							
	RADIOGRAPHIC EXAMINATION OF BOTH BREASTS (with or without thermography) AND REPORT where the patient is referred with a specific request for this procedure and there is reason to suspect the presence of malignancy in the breasts because of the past occurrence of breast malignancy in the patient or members of the patient's family or because symptoms or indications of malignancy were found on an examination of the patient by a medical practitioner							
	S. ALL STATES: FEE \$43.00							
2736	RADIOGRAPHIC EXAMINATION OF ONE BREAST (with or without thermography) AND REPORT where the patient is referred with a specific request for this procedure and there is reason to suspect the presence of malignancy in the breast because of the past occurrence of breast malignancy in the patient or members of the patient's family or because symptoms or indications of malignancy were found on an examination of the patient by a medical practitioner							
	S. ALL STATES: FEE \$25.50							

DIVISION 11 — RADIOGRAPHIC EXAMINATION IN CONNECTION WITH PREGNANCY AND REPORT**PREGNANT UTERUS**

			NSW	VIC	QLD	SA	WA	TAS
2738	FEE	\$	23.00	26.50	22.00	22.00	22.00	22.00

PELVIMETRY OR PLACENTOGRAPHY

			NSW	VIC	QLD	SA	WA	TAS
2740	FEE	\$	47.00	47.00	35.50	35.50	35.50	35.50

CONTROL X-RAYS ASSOCIATED WITH INTRAUTERINE FOETAL BLOOD TRANSFUSION

2742 ALL STATES: FEE \$35.50

DIVISION 12 — RADIOGRAPHIC EXAMINATION WITH OPAQUE OR CONTRAST MEDIA, AND REPORT**SERIAL ANGIOCARDIOGRAPHY (rapid cassette changing) - each series**

2744 ALL STATES: FEE \$43.00

Anaesthetic 8 units — Item Nos 409G / 517S

SERIAL ANGIOCARDIOGRAPHY (SINGLE PLANE - direct roll-film method) - each series

2746 ALL STATES: FEE \$59.00

Anaesthetic 8 units — Item Nos 409G / 517S

SERIAL ANGIOCARDIOGRAPHY (BI-PLANE - direct roll-film method) - each series

2748 ALL STATES: FEE \$59.00

Anaesthetic 8 units — Item Nos 409G / 517S

SERIAL ANGIOCARDIOGRAPHY (INDIRECT ROLL-FILM METHOD) - each series

2750 ALL STATES: FEE \$59.00

Anaesthetic 8 units — Item Nos 409G / 517S

SELECTIVE CORONARY ARTERIOGRAPHY

2751 ALL STATES: FEE \$160.00

PART 8 — RADIOLOGY				DIVISION 12 — CONTRAST MEDIA				
	DISCOGRAPHY - one disc							
2752	FEE	\$	NSW 35.50	VIC 37.50	QLD 32.50	SA 32.50	WA 37.50	TAS 35.50
2754	DACRYOCYSTOGRAPHY - one side ALL STATES: FEE \$25.50							
2756	ENCEPHALOGRAPHY ALL STATES: FEE \$55.00							
2758	CEREBRAL ANGIOGRAPHY - one side ALL STATES: FEE \$43.00							
2760	CEREBRAL VENTRICULOGRAPHY ALL STATES: FEE \$47.00							
2762	FEE	\$	NSW 36.50	VIC 36.50	QLD 29.00	SA 32.50	WA 29.00	TAS 29.00
2764	FEE	\$	NSW 54.00	VIC 54.00	QLD 43.00	SA 43.00	WA 43.00	TAS 43.00
2766	FEE	\$	NSW 54.00	VIC 54.00	QLD 43.00	SA 43.00	WA 43.00	TAS 43.00
2768	FEE	\$	NSW 54.00	VIC 54.00	QLD 43.00	SA 43.00	WA 43.00	TAS 43.00
2770	FEE	\$	NSW 54.00	VIC 54.00	QLD 43.00	SA 43.00	WA 43.00	TAS 43.00
2772	FEE	\$	NSW 54.00	VIC 54.00	QLD 43.00	SA 43.00	WA 43.00	TAS 43.00
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2773	MYELOGRAPHY, one region ALL STATES: FEE \$64.00
2774	MYELOGRAPHY, two regions ALL STATES: FEE \$108.00
2775	MYELOGRAPHY, three regions ALL STATES: FEE \$148.00
2776	SELECTIVE ARTERIOGRAPHY - per injection and film run FEE \$ NSW VIC QLD SA WA TAS 54.00 54.00 43.00 43.00 43.00 43.00
2778	SIALOGRAPHY - one gland ALL STATES: FEE \$36.50
2780	VASOEPIDIDYMOGRAPHY - one side ALL STATES: FEE \$36.50
2782	SINUSES AND FISTULAE DERIVED FEE — The fee for the radiographic examination of the area and report plus an amount of \$11.80.
2784	LARYNGOGRAPHY with contrast media ALL STATES: FEE \$27.00
2786	PNEUMOARTHROGRAPHY ALL STATES: FEE \$22.50
2788	ARTHROGRAPHY - contrast ALL STATES: FEE \$27.00
2790	ARTHROGRAPHY - double contrast ALL STATES: FEE \$46.00
2792	LYMPHANGIOGRAPHY, including follow up radiography ALL STATES: FEE \$35.50

PART 8 — RADIOLOGY

DIVISION 12 — CONTRAST MEDIA

	PNEUMOMEDIASTINUM							
2794	FEE	\$	NSW 32.50	VIC 32.50	QLD 30.00	SA 30.00	WA 30.00	TAS 29.00

DIVISION 13 — TOMOGRAPHY AND REPORT

TOMOGRAPHY OF ANY PART AND REPORT

2796

ALL STATES: FEE \$32.50

DIVISION 14 — STEREOSCOPIC EXAMINATION AND REPORT

STEREOSCOPIC EXAMINATION AND REPORT

2798

DERIVED FEE — The fee for the radiographic examination of the area and report plus an amount of \$6.90.

DIVISION 15 — FLUOROSCOPIC EXAMINATION AND REPORT

(Fluoroscopic examination and report not covered by any other item in this Part — where radiograph is not taken)

EXAMINATION WITH GENERAL ANAESTHESIA

2800

ALL STATES: FEE \$23.00

Anaesthetic 7 units — Item Nos 408G / 514S

EXAMINATION WITHOUT GENERAL ANAESTHESIA

2802

ALL STATES: FEE \$16.00

DIVISION 16 — PREPARATION FOR RADIOLOGICAL PROCEDURE, BEING THE INJECTION OF OPAQUE OR CONTRAST MEDIA OR THE REMOVAL OF FLUID AND ITS REPLACEMENT BY AIR, OXYGEN OR OTHER CONTRAST MEDIA OR OTHER SIMILAR PREPARATION

ENCEPHALOGRAPHY

2805

FEE	\$	NSW 75.00	VIC 96.00	QLD 75.00	SA 75.00	WA 75.00	TAS 75.00
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Anaesthetic 10 units — Item Nos 450G / 521S

‡ CEREBRAL ANGIOGRAPHY, (one side) - percutaneous, catheter or open exposure

2807

ALL STATES: FEE \$64.00

Anaesthetic 9 units — Item Nos 443G / 518S

PART 8 - RADIOLOGY**DIVISION 16 - PREPARATION**

	CEREBRAL VENTRICULOGRAPHY						
2811	FEE	\$	NSW 89.00	VIC 80.00	QLD 80.00	SA 80.00	WA 80.00 TAS 80.00
	Anaesthetic 10 units — Item Nos 450G / 521S						
	DACRYOCYSTOGRAPHY - ONE SIDE						
2813	ALL STATES: FEE \$22.00						
	BRONCHOGRAPHY - one or both sides						
2815	ALL STATES: FEE \$32.50						
	Anaesthetic 8 units — Item Nos 409G / 517S						
	AORTOGRAPHY						
2817	ALL STATES: FEE \$32.50						
	Anaesthetic 8 units — Item Nos 409G / 517S						
‡	ARTERIOGRAPHY (peripheral) or PHLEBOGRAPHY - one vessel						
2819	ALL STATES: FEE \$25.50						
	Anaesthetic 6 units — Item Nos 407G / 513S						
	SPLENOGRAPHY						
2823	ALL STATES: FEE \$20.50						
	Anaesthetic 6 units — Item Nos 407G / 513S						
	RETROPERITONEAL PNEUMOGRAM						
2825	ALL STATES: FEE \$25.50						
‡	SELECTIVE or ARTERIOGRAM PHLEBOGRAM						
2827	ALL STATES: FEE \$20.50						
	Anaesthetic 6 units — Item Nos 407G / 513S						
	PERCUTANEOUS INJECTION of radio-opaque material into RENAL CYST (including aspiration) or RENAL PELVIS for antegrade pyelography						
2831	ALL STATES: FEE \$32.50						
‡	PNEUMOARTHROGRAPHY or PNEUMOPERITONEUM						
2833	ALL STATES: FEE \$26.50						

PART 8 - RADIOLOGY

DIVISION 16 - PREPARATION

2837	DRIP-INFUSION PYELOGRAPHY OR CHOLEGRAPHY ALL STATES: FEE \$16.60
2839	RETROGRADE MICTURATING CYSTOURETHROGRAPHY ALL STATES: FEE \$37.00
2841	HYSTEROSALPINGOGRAPHY ALL STATES: FEE \$32.50 Anaesthetic 6 units — Item Nos 407G / 513S
2843	DISCOGRAPHY - one disc ALL STATES: FEE \$22.00 Anaesthetic 5 units — Item Nos 406G/ 510S
2845	INTRA-OSSEOUS VENOGRAPHY ALL STATES: FEE \$22.00
2847	MYELOGRAPHY ALL STATES: FEE \$64.00 Anaesthetic 11 units — Item Nos 453G / 522S
2849	CISTERNAL PUNCTURE ALL STATES: FEE \$43.00
2851	SINUS OR FISTULA, INJECTION INTO ALL STATES: FEE \$11.00
2853	LYMPHANGIOGRAPHY - one side ALL STATES: FEE \$64.00
2855	LARYNGOGRAPHY ALL STATES: FEE \$32.50
2857	PNEUMOMEDIASTINUM ALL STATES: FEE \$43.00
2859	CHOLEGRAM (CHOLANGIOGRAM) - percutaneous transhepatic ALL STATES: FEE \$64.00

Item No.	Medical Service
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PART 8A — RADIOTHERAPY

(Benefits for administration of general anaesthetic for radiotherapy are payable under Items 480/551)

RADIOTHERAPY, SUPERFICIAL, (including treatment with x-rays, radium rays or other radioactive substances) not covered by any other item in this Part. Each attendance at which fractionated treatment is given at 3 or more treatments per week

— one field

2861 ALL STATES: FEE \$13.80

— two or more fields up to a maximum of five additional fields

2863 **DERIVED FEE** — The fee for Item 2861 plus for each field in excess of one an amount of \$2.70.

RADIOTHERAPY, SUPERFICIAL, each attendance at which fractionated treatment is given at 2 treatments per week or less frequently

— one field

2865 ALL STATES: FEE \$16.60

— two or more fields up to a maximum of five additional fields

2867 **DERIVED FEE** - The fee for Item 2865 plus for each field in excess of one an amount of \$3.40.

RADIOTHERAPY, SUPERFICIAL, attendance at which single dose technique is applied

— one field

2869 ALL STATES: FEE \$33.00

— two or more fields up to a maximum of five additional fields

2871 **DERIVED FEE** - The fee for Item 2869 plus for each field in excess of one an amount of \$6.60.

RADIOTHERAPY, SUPERFICIAL - Each attendance at which treatment is given to the eye

2873 ALL STATES: FEE \$18.80

PART 8A

RADIOTHERAPY

2875	RADIOTHERAPY, DEEP OR ORTHOVOLTAGE - each attendance at which fractionated treatment is given at 3 or more treatments per week — one field ALL STATES: FEE \$16.60
2877	— two or more fields up to a maximum of five additional fields (rotational therapy being three fields) DERIVED FEE - The fee for Item 2875 plus for each field in excess of one an amount of \$3.40.
2879	RADIOTHERAPY, DEEP OR ORTHOVOLTAGE - each attendance at which fractionated treatment is given at 2 treatments per week or less frequently — one field ALL STATES: FEE \$19.80
2881	— two or more fields up to a maximum of five additional fields (rotational therapy being three fields) DERIVED FEE - The fee for Item 2879 plus for each field in excess of one an amount of \$3.90.
2883	RADIOTHERAPY, DEEP OR ORTHOVOLTAGE - attendance at which single dose technique is applied — one field ALL STATES: FEE \$43.00
2885	— two or more fields up to a maximum of five additional fields (rotational therapy being three fields) DERIVED FEE - The fee for Item 2883 plus for each field in excess of one an amount of \$8.60.
2887	RADIOTHERAPY, MEGAVOLTAGE OR TELETHERAPY - each attendance at which fractionated treatment is given at 3 or more treatments per week — one field ALL STATES: FEE \$25.50

2889	— two or more fields up to a maximum of five additional fields (rotational therapy being three fields) DERIVED FEE - The fee for Item 2887 plus for each field in excess of one an amount of \$5.10.
2891	RADIOTHERAPY, MEGAVOLTAGE OR TELETHERAPY - each attendance at which fractionated treatment is given at 2 treatments per week or less frequently — one field ALL STATES: FEE \$34.50
2893	— two or more fields up to a maximum of five additional fields (rotational therapy being three fields) DERIVED FEE - The fee for Item 2891 plus for each field in excess of one an amount of \$6.90.
2895	RADIOTHERAPY MEGAVOLTAGE OR TELETHERAPY - attendance at which single dose technique is applied — one field ALL STATES: FEE \$59.00
2897	— two or more fields up to a maximum of five additional fields (rotational therapy being three fields) DERIVED FEE - The fee for Item 2895 plus for each field in excess of one an amount of \$11.80.
2899	SEALED RADIOACTIVE SOURCES INTRAUTERINE INSERTION ALONE ALL STATES: FEE \$99.00 Anaesthetic 5 units — Item Nos 406G / 510S
2901	INTRAVAGINAL INSERTION ALONE ALL STATES: FEE \$69.00 Anaesthetic 4 units — Item Nos 405G / 509S

2904	COMBINED INTRAUTERINE AND INTRAVAGINAL INSERTION ALL STATES: FEE \$138.00 Anaesthetic 5 units — Item Nos 406G / 510S
2907	IMPLANTATION OF A REGION necessitating a major anaesthetic and surgical exposure, including the eye, intra-abdominal organs, bladder or prostate ALL STATES: FEE \$205.00 Anaesthetic 7 units — Item Nos 408G / 514S
2910	COMPLEX IMPLANTATION OF A SITE not requiring separate surgical exposure, but necessitating a major anaesthetic, including mouth, tongue, salivary gland, neck, axilla or groin or other subcutaneous region ALL STATES: FEE \$160.00 Anaesthetic 6 units — Item Nos 407G / 513S
2913	SIMPLE IMPLANTATION OF A SITE not requiring separate surgical exposure, but necessitating a major anaesthetic ALL STATES: FEE \$99.00 Anaesthetic 5 units — Item Nos 406G / 510S
2915	IMPLANTATION OF A SITE not requiring separate surgical exposure or a major anaesthetic, including skin or lip ALL STATES: FEE \$41.00 Anaesthetic 4 units — Item Nos 405G / 509S
2917	PREPARATION AND SUPERVISION (but not insertion) of sources for gynaecological irradiation ALL STATES: FEE \$63.00
2919	REMOVAL OF SEALED RADIOACTIVE SOURCES under a major anaesthetic ALL STATES: FEE \$27.00 Anaesthetic 4 units — Item Nos 405G / 509S
2922	REMOVAL OF SEALED RADIOACTIVE SOURCES without major anaesthetic ALL STATES: FEE \$20.50
2924	CONSTRUCTION AND INITIAL APPLICATION OF RADIOACTIVE MOULD to intracavity, intraoral or intranasal site ALL STATES: FEE \$66.00

2926	SUBSEQUENT APPLICATIONS OF RADIO-ACTIVE MOULD referred to in Item 2924 - each attendance ALL STATES: FEE \$20.50
2928	CONSTRUCTION AND INITIAL APPLICATION OF RADIOACTIVE MOULD not exceeding 5 cm. diameter to an external surface ALL STATES: FEE \$41.00
2931	CONSTRUCTION AND INITIAL APPLICATION OF RADIOACTIVE MOULD 5 cm. or more in diameter to an external surface ALL STATES: FEE \$49.50
2933	SUBSEQUENT APPLICATIONS OF RADIOACTIVE MOULD referred to in Item 2928 or 2931 - each attendance ALL STATES: FEE \$13.80
2935	UNSEALED RADIOACTIVE SOURCES ORAL ADMINISTRATION of a therapeutic dose of a radioisotope - not covered by Item 2937 ALL STATES: FEE \$14.80
2937	ORAL ADMINISTRATION of a therapeutic dose of radio-iodine for hyperthyroidism or thyroid cancer by single dose technique ALL STATES: FEE \$59.00
2939	INTRAVENOUS ADMINISTRATION of a therapeutic dose of a radioisotope ALL STATES: FEE \$25.00
2941	INTER-CAVITARY ADMINISTRATION OF A THERAPEUTIC DOSE OF A RADIOISOTOPE (NOT INCLUDING PRELIMINARY PARACENTESIS) ALL STATES: FEE \$25.00 Anaesthetic 5 units — Item Nos 406G / 510S

PART 9		ASSISTANCE AT OPERATIONS
Item No.	Medical Service	
	PART 9 — ASSISTANCE AT OPERATIONS Note: <i>Benefit in respect of assistance at an operation is not payable unless the assistance is rendered by a medical practitioner other than the anaesthetist or assistant anaesthetist. The amount specified is the amount payable whether the assistance is rendered by one or more than one medical practitioner.</i> Assistance at any operation or series or combination of operations for which the established fee does not exceed \$158.00	
2950	ALL STATES: FEE \$31.50	
2955	Assistance at any operation or series or combination of operations for which the established fee exceeds \$158.00 DERIVED FEE — One-fifth of the established fee for the operation or operations.	
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Item No.	Medical Service
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PART 9A - COMPUTERISED AXIAL TOMOGRAPHY

COMPUTERISED AXIAL TOMOGRAPHY — brain scan on a brain scanner, plain study

2960 OR. ALL STATES: FEE \$59.00

			NSW	VIC	QLD	SA	WA	TAS
2961	HR. FEE	\$	23.50	59.00	59.00	59.00	59.00	59.00

COMPUTERISED AXIAL TOMOGRAPHY — brain scan on a brain scanner, plain study and contrast medium study

2962 OR. ALL STATES: FEE \$102.00

			NSW	VIC	QLD	SA	WA	TAS
2963	HR. FEE	\$	41.00	102.00	102.00	102.00	102.00	102.00

COMPUTERISED AXIAL TOMOGRAPHY — brain scan on a body scanner, plain study

2964 OR. ALL STATES: FEE \$86.00

			NSW	VIC	QLD	SA	WA	TAS
2965	HR. FEE	\$	34.50	86.00	86.00	86.00	86.00	86.00

COMPUTERISED AXIAL TOMOGRAPHY — brain scan on a body scanner, plain study and contrast medium study

2966 OR. ALL STATES: FEE \$162.00

			NSW	VIC	QLD	SA	WA	TAS
2967	HR. FEE	\$	65.00	162.00	162.00	162.00	162.00	162.00

COMPUTERISED AXIAL TOMOGRAPHY — body scan on a body scanner, plain study

2968 OR. ALL STATES: FEE \$162.00

			NSW	VIC	QLD	SA	WA	TAS
2969	HR. FEE	\$	65.00	162.00	162.00	162.00	162.00	162.00

COMPUTERISED AXIAL TOMOGRAPHY — body scan on a body scanner, plain study and intravenous contrast medium study

2970 OR. ALL STATES: FEE \$210.00

			NSW	VIC	QLD	SA	WA	TAS
2971	HR. FEE	\$	84.00	210.00	210.00	210.00	210.00	210.00

PART 10 — OPERATIONS

DIVISION 1 — GENERAL SURGICAL

Medical Service

PART 10 — OPERATIONS

DIVISION 1 — GENERAL SURGICAL

Note: 'Extensive' in relation to burns means more than 20% of the total body surface.

‡ DRESSING OF LOCALISED BURNS (not involving grafting) - each attendance at which the procedure is performed, including associated consultation

3006	FEE	\$	NSW 10.20	VIC 9.50	QLD 9.00	SA 9.00	WA 9.00	TAS 9.50
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‡ DRESSING OF BURNS, EXTENSIVE, without anaesthesia (not involving grafting) - each attendance at which the procedure is performed, including associated consultation

3012 ALL STATES: FEE \$16.60

‡ DRESSING OF LOCALISED BURNS UNDER GENERAL ANAESTHESIA (not involving grafting) - each attendance at which the procedure is performed, including associated consultation

3016 G. ALL STATES: FEE \$22.50

3022 S. ALL STATES: FEE \$27.00

Anaesthetic 7 units — Item Nos 408G / 514S

‡ DRESSING OF BURNS, EXTENSIVE, UNDER GENERAL ANAESTHESIA (not involving grafting) - each attendance at which the procedure is performed, including associated consultation

3027 G. ALL STATES: FEE \$46.50

3033 S. ALL STATES: FEE \$57.00

Anaesthetic 10 units — Item Nos 450G / 521S

EXCISION, under general anaesthesia, OF BURNS involving not more than 10% of body surface, not associated with grafting of the area

3038 ALL STATES: FEE \$116.00

Anaesthetic 10 units — Item Nos 450G / 521S

EXCISION, under general anaesthesia, OF BURNS involving more than 10% of body surface, not associated with grafting of the area

3039

ALL STATES: FEE \$230.00

Anaesthetic 15 units — Item Nos 459G / 526S

DEBRIDEMENT, under general anaesthesia, of deep or extensive contaminated wound of soft tissue

3041

ALL STATES: FEE \$116.00

Anaesthetic 10 units — Item Nos 450G / 521S

SKIN AND SUBCUTANEOUS TISSUE OR MUCOUS MEMBRANE, REPAIR OF RECENT WOUND OF, other than on face or neck, small (NOT MORE THAN 7 CENTIMETRES LONG), superficial, not covered by Part 2 of this Schedule

3046

ALL STATES: FEE \$19.40

Anaesthetic 5 units — Item Nos 406G / 510S

SKIN AND SUBCUTANEOUS TISSUE OR MUCOUS MEMBRANE, REPAIR OF RECENT WOUND OF, other than on face or neck, small (NOT MORE THAN 7 CENTIMETRES LONG), involving deeper tissue, not covered by Part 2 of this Schedule

3050

		NSW	VIC	QLD	SA	WA	TAS
FEE	\$	32.50	27.00	28.50	27.00	27.00	26.00

Anaesthetic 6 units — Item Nos 407G / 513S

SKIN AND SUBCUTANEOUS TISSUE OR MUCOUS MEMBRANE, REPAIR OF RECENT WOUND OF, on face or neck, small (NOT MORE THAN 7 CENTIMETRES LONG), superficial

3058

		NSW	VIC	QLD	SA	WA	TAS
FEE	\$	29.50	23.00	23.00	23.00	23.00	23.00

Anaesthetic 7 units — Item Nos 408G / 514S

SKIN AND SUBCUTANEOUS TISSUE OR MUCOUS MEMBRANE, REPAIR OF RECENT WOUND OF, on face or neck, small (NOT MORE THAN 7 CENTIMETRES LONG), involving deeper tissue

3063

ALL STATES: FEE \$43.00

Anaesthetic 7 units — Item Nos 408G / 514S

PART 10 — OPERATIONS

DIVISION 1 — GENERAL SURGICAL

3073	SKIN AND SUBCUTANEOUS TISSUE OR MUCOUS MEMBRANE, REPAIR OF RECENT WOUND OF, other than on face or neck, large (MORE THAN 7 CENTIMETRES LONG), superficial, not covered by Part 2 of this Schedule FEE \$ NSW 32.50 VIC 29.50 QLD 27.00 SA 27.00 WA 27.00 TAS 27.00 Anaesthetic 6 units — Item Nos 407G / 513S							
3082	SKIN AND SUBCUTANEOUS TISSUE OR MUCOUS MEMBRANE, REPAIR OF RECENT WOUND OF, other than on face or neck, large (MORE THAN 7 CENTIMETRES LONG), involving deeper tissue, not covered by Part 2 of this Schedule G. ALL STATES: FEE \$52.00							
3087	S. ALL STATES: FEE \$66.00 Anaesthetic 7 units — Item Nos 408G / 514S							
3092	SKIN AND SUBCUTANEOUS TISSUE OR MUCOUS MEMBRANE, REPAIR OF RECENT WOUND OF, on face or neck, large (MORE THAN 7 CENTIMETRES LONG), superficial ALL STATES: FEE \$43.00 Anaesthetic 7 units — Item Nos 408G / 514S							
3098	SKIN AND SUBCUTANEOUS TISSUE OR MUCOUS MEMBRANE, REPAIR OF RECENT WOUND OF, on face or neck, large (MORE THAN 7 CENTIMETRES LONG), involving deeper tissue G. ALL STATES: FEE \$55.00							
3101	S. ALL STATES: FEE \$67.00 Anaesthetic 8 units — Item Nos 409G / 517S							
3104	REPAIR OF FULL THICKNESS LACERATION OF NOSE, EAR OR EYELID with accurate apposition of each layer ALL STATES: FEE \$92.00 Anaesthetic 10 units — Item Nos 450G / 521S							
3106	DRESSING AND REMOVAL OF SUTURES requiring a general anaesthetic ALL STATES: FEE \$27.00 Anaesthetic 5 units — Item Nos 406G / 510S							

PART 10 — OPERATIONS

DIVISION 1 — GENERAL SURGICAL

SUPERFICIAL FOREIGN BODY, REMOVAL OF, not covered by any other item in this Part

3113	FEE	\$	NSW 8.60	VIC 7.90	QLD 7.10	SA 7.10	WA 7.10	TAS 7.10
Anaesthetic 5 units — Item Nos 406G / 510S								

SUBCUTANEOUS FOREIGN BODY, REMOVAL OF, not covered by any other item in this Part

3116	ALL STATES: FEE \$39.50	
	Anaesthetic 6 units — Item Nos 407G / 513S	

FOREIGN BODY IN MUSCLE, TENDON OR OTHER DEEP TISSUE, removal of, not covered by any other item in this Part

3120	G. FEE	\$	NSW 80.00	VIC 80.00	QLD 80.00	SA 71.00	WA 71.00	TAS 71.00
3124	S. FEE	\$	99.00	99.00	99.00	92.00	92.00	92.00
Anaesthetic 7 units — Item Nos 408G / 514S								

BIOPSY OF SKIN OR MUCOUS MEMBRANE, as an independent procedure

3130	FEE	\$	NSW 19.40	VIC 18.40	QLD 19.40	SA 18.40	WA 18.40	TAS 18.40
Anaesthetic 5 units — Item Nos 406G / 510S								

BIOPSY OF LYMPH GLAND, MUSCLE OR OTHER DEEP TISSUE OR ORGAN, as an independent procedure

3135	G. FEE	\$	NSW 43.00	VIC 41.00	QLD 41.00	SA 41.00	WA 41.00	TAS 41.00
3142	S. FEE	\$	55.00	51.00	51.00	51.00	51.00	51.00
Anaesthetic 6 units — Item Nos 407G / 513S								

ASPIRATION BIOPSY OF LYMPH GLAND, DEEP TISSUE OR ORGAN, as an independent procedure

3148	ALL STATES: FEE \$17.40
	Anaesthetic 5 units — Item Nos 406G / 510S

BIOPSY OF BONE MARROW by trephine using open approach

3157	ALL STATES: FEE \$39.50	
	Anaesthetic 5 units — Item Nos 406G / 510S	

PART 10 — OPERATIONS

DIVISION 1 — GENERAL SURGICAL

3158	BIOPSY OF BONE MARROW by trephine using percutaneous approach (e.g. Jamshidi needle) ALL STATES: FEE \$21.50								
3160	‡	BIOPSY OF BONE MARROW by aspiration or PUNCH BIOPSY OF SYNOVIAL MEMBRANE or PLEURA ALL STATES: FEE \$10.80 Anaesthetic 5 units — Item Nos 406G / 510S							
3168	SCALENE NODE BIOPSY ALL STATES: FEE \$66.00 Anaesthetic 5 units — Item Nos 406G / 510S								
3173	SINUS, excision of, involving superficial tissue only ALL STATES: FEE \$32.50 Anaesthetic 6 units — Item Nos 407G / 513S								
3178	G.	SINUS, excision of, involving muscle and deep tissue ALL STATES: FEE \$55.00							
3183	S.	ALL STATES: FEE \$66.00 Anaesthetic 7 units — Item Nos 408G / 514S							
3189	BURSA, incision of ALL STATES: FEE \$12.80 Anaesthetic 5 units — Item Nos 406G / 510S								
3194	G.	FEE	\$	NSW 57.00	VIC 57.00	QLD 57.00	SA 57.00	WA 45.00	TAS 45.00
3199	S.	FEE	\$	79.00	79.00	66.00	66.00	58.00	58.00
	Anaesthetic 6 units — Item Nos 407G / 513S								

PART 10 — OPERATIONS

DIVISION 1 — GENERAL SURGICAL

BURSA (LARGE), INCLUDING OLECRANON, CALCANEUM OR PATELLA, excision of

			NSW	VIC	QLD	SA	WA	TAS
3208	G. FEE	\$	102.00	80.00	80.00	80.00	80.00	80.00
3213	S. FEE	\$	134.00	99.00	99.00	99.00	99.00	99.00

Anaesthetic 6 units — Item Nos 407G / 513S

BURSA, SEMIMEMBRANOSUS, (or Baker's cyst), excision of

3217 ALL STATES: FEE \$134.00

Anaesthetic 7 units — Item Nos 408G / 514S

TUMOUR, CYST, ULCER OR SCAR, cutaneous, subcutaneous or in mucous membrane, up to 3 centimetres in diameter, removal by surgical excision and suture or by cryosurgery using liquid nitrogen not covered by Items 3221/3222, 3223/3224, 3225, 3226, 3330, 3332, 3338, 3342, 3346 or 3349

3219 G. ALL STATES: FEE \$34.50

3220 S. ALL STATES: FEE \$46.00

Anaesthetic 6 units — Item Nos 407G / 513S

TUMOUR, CYST, ULCER OR SCAR, cutaneous, subcutaneous or in mucous membrane, up to 3 centimetres in diameter, removal by surgical excision and suture or by cryosurgery using liquid nitrogen — MORE THAN 3 BUT NOT MORE THAN 10 LESIONS — not covered by Items 3330, 3332, 3338, 3342, 3346 or 3349

3221 G. ALL STATES: FEE \$92.00

3222 S. ALL STATES: FEE \$116.00

Anaesthetic 9 units — Item Nos 443G / 518S

TUMOUR, CYST, ULCER OR SCAR, cutaneous, subcutaneous or in mucous membrane, up to 3 centimetres in diameter, removal by surgical excision and suture or by cryosurgery using liquid nitrogen — MORE THAN 10 BUT NOT MORE THAN 20 LESIONS — not covered by Items 3330, 3332, 3338, 3342, 3346 or 3349

3223 G. ALL STATES: FEE \$122.00

3224 S. ALL STATES: FEE \$146.00

Anaesthetic 13 units — Item Nos 457G / 524S

PART 10 — OPERATIONS

DIVISION 1 — GENERAL SURGICAL

3225	TUMOUR, CYST, ULCER OR SCAR, cutaneous, subcutaneous or in mucous membrane, up to 3 centimetres in diameter, removal by surgical excision and suture or by cryosurgery using liquid nitrogen — MORE THAN 20 BUT NOT MORE THAN 50 LESIONS — not covered by Items 3330, 3332, 3338, 3342, 3346 or 3349 ALL STATES: FEE \$184.00 Anaesthetic 15 units — Item Nos 459G / 526S							
3226	TUMOUR, CYST, ULCER OR SCAR, cutaneous, subcutaneous or in mucous membrane, up to 3 centimetres in diameter, removal by surgical excision and suture or by cryosurgery using liquid nitrogen — MORE THAN 50 LESIONS — not covered by Items 3330, 3332, 3338, 3342, 3346 or 3349 ALL STATES: FEE \$245.00 Anaesthetic 17 units — Item Nos 461G / 528S							
3233	G. FEE	\$	NSW 51.00	VIC 51.00	QLD 46.50	SA 46.50	WA 46.50	TAS 46.50
3237	S. FEE	\$	63.00	63.00	57.00	57.00	57.00	57.00
	Anaesthetic 6 units — Item Nos 407G / 513S							
3247	G. FEE	\$	NSW 71.00	VIC 71.00	QLD 64.00	SA 64.00	WA 64.00	TAS 64.00
3253	S. FEE	\$	90.00	90.00	82.00	82.00	82.00	82.00
	Anaesthetic 8 units — Item Nos 409G / 517S							
3261	G. FEE	\$	NSW 97.00	VIC 116.00	QLD 97.00	SA 97.00	WA 97.00	TAS 86.00
3265	S. FEE	\$	116.00	134.00	116.00	116.00	116.00	108.00
	Anaesthetic 8 units — Item Nos 409G / 517S							
3271	SKIN, malignant tumours requiring wide deep excision ALL STATES: FEE \$142.00 Anaesthetic 8 units — Item Nos 409G / 517S							

PART 10 — OPERATIONS

DIVISION 1 — GENERAL SURGICAL

3276	SKIN, malignant tumours requiring wide deep excision with immediate block dissection of lymph glands ALL STATES: FEE \$300.00 Anaesthetic 13 units — Item Nos 457G / 524S
3281	SOFT TISSUE TUMOURS, INCLUDING MUSCLE, FASCIA AND CONNECTIVE TISSUE, EXTENSIVE EXCISION OF WITHOUT SKIN GRAFT ALL STATES: FEE \$184.00 Anaesthetic 8 units — Item Nos 409G / 517S
3289	SOFT TISSUE TUMOURS, INCLUDING MUSCLE, FASCIA AND CONNECTIVE TISSUE, EXTENSIVE EXCISION OF WITH SKIN GRAFT ALL STATES: FEE \$215.00 Anaesthetic 10 units — Item Nos 450G / 521S
3295	MISCELLANEOUS MALIGNANT TUMOUR IN ANY REGION — RADICAL OPERATION ALL STATES: FEE \$300.00 Anaesthetic 13 units — Item Nos 457G / 524S
3301	MISCELLANEOUS MALIGNANT TUMOUR IN ANY REGION — LIMITED OPERATION ALL STATES: FEE \$142.00 Anaesthetic 8 units — Item Nos 409G / 517S
3309	LIPECTOMY — transverse wedge excision of abdominal apron; <u>or</u> LIPECTOMY with wedge excision of skin elsewhere in body ALL STATES: FEE \$164.00 Anaesthetic 10 units — Item Nos 450G / 521S
3310	LIPECTOMY — subumbilical excision with undermining of skin edges and strengthening of musculo-aponeurotic wall ALL STATES: FEE \$245.00 Anaesthetic 12 units — Item Nos 454G / 523S
3311	LIPECTOMY — radical abdominoplasty (Pitanguy type or similar) with excision of skin and subcutaneous tissue, repair of musculo-aponeurotic layer and transposition of umbilicus ALL STATES: FEE \$355.00 Anaesthetic 18 units — Item Nos 462G / 529S

PART 10 — OPERATIONS

DIVISION 1 — GENERAL SURGICAL

	AXILLARY HYPERIDROSIS, wedge excision for							
3314	ALL STATES: FEE \$48.50 Anaesthetic 7 units — Item Nos 408G / 514S							
	PLANTAR WART, removal of							
3320	FEE	\$	NSW 17.20	VIC 15.80	QLD 15.80	SA 15.80	WA 15.80	TAS 15.80
	Anaesthetic 5 units — Item Nos 406G / 510S							
	KERATOSES, WARTS OR SIMILAR LESIONS, treatment by electrosurgical destruction, cryosurgery, chemotherapy or surgical removal — each attendance (including associated consultation) at which the procedure is performed ON NOT MORE THAN 5 LESIONS							
3330	FEE	\$	NSW 19.40	VIC 23.00	QLD 17.40	SA 17.40	WA 17.40	TAS 17.40
	Anaesthetic 4 units — Item Nos 405G / 509S							
	KERATOSES, WARTS OR SIMILAR LESIONS, treatment by electrosurgical destruction, cryosurgery, chemotherapy or surgical removal — each attendance (including associated consultation) at which the procedure is performed ON MORE THAN 5 BUT NOT MORE THAN 10 LESIONS							
3332	FEE	\$	NSW 25.00	VIC 25.00	QLD 19.40	SA 19.40	WA 19.40	TAS 19.40
	Anaesthetic 5 units — Item Nos 406G / 510S							
	KERATOSES, WARTS OR SIMILAR LESIONS, treatment by electrosurgical destruction, cryosurgery, chemotherapy or surgical removal — each attendance (including associated consultation) at which the procedure is performed ON MORE THAN 10 BUT NOT MORE THAN 15 LESIONS							
3338	FEE	\$	NSW 31.50	VIC 29.50	QLD 29.50	SA 29.50	WA 29.50	TAS 29.50
	Anaesthetic 6 units — Item Nos 407G / 513S							
	KERATOSES, WARTS OR SIMILAR LESIONS, treatment by electrosurgical destruction, cryosurgery, chemotherapy or surgical removal — each attendance (including associated consultation) at which the procedure is performed ON MORE THAN 15 BUT NOT MORE THAN 20 LESIONS							
3342	FEE	\$	NSW 33.50	VIC 31.50	QLD 31.50	SA 31.50	WA 31.50	TAS 31.50
	Anaesthetic 7 units — Item Nos 408G / 514S							

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DIVISION 1 — GENERAL SURGICAL

KERATOSES, WARTS OR SIMILAR LESIONS, treatment by electrosurgical destruction, cryosurgery, chemotherapy or surgical removal — each attendance (including associated consultation) at which the procedure is performed ON MORE THAN 20 LESIONS

3346	FEE	\$	NSW 39.50	VIC 34.50	QLD 34.50	SA 34.50	WA 34.50	TAS 34.50
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Anaesthetic 8 units — Item Nos 409G / 517S

CUTANEOUS NEOPLASTIC LESIONS, treatment by electrosurgical destruction, chemotherapy, curettage or shaving, ONE OR MORE LESIONS

3349	FEE	\$	NSW 19.40	VIC 23.00	QLD 17.40	SA 17.40	WA 17.40	TAS 17.40
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Anaesthetic 4 units — Item Nos 405G / 509S

SKIN LESIONS, multiple injections with hydrocortisone or similar preparations

3356 ALL STATES: FEE \$15.80

KELOID, EXTENSIVE, MULTIPLE INJECTIONS OF HYDROCORTISONE or similar preparation under general anaesthesia

3363 ALL STATES: FEE \$58.00

Anaesthetic 5 units — Item Nos 406G / 510S

HAEMATOMA, aspiration of

3366	FEE	\$	NSW 8.60	VIC 9.70	QLD 6.70	SA 6.70	WA 6.60	TAS 6.70
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Anaesthetic 4 units — Item Nos 405G / 509S

HAEMATOMA, FURUNCLE, SMALL ABSCESS OR SIMILAR LESION not requiring a general anaesthetic, INCISION WITH DRAINAGE OF (excluding after-care)

3371	FEE	\$	NSW 8.60	VIC 9.70	QLD 8.50	SA 8.50	WA 8.50	TAS 8.50
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LARGE HAEMATOMA, ABSCESS, CARBUNCLE, CELLULITIS or similar lesion requiring a general anaesthetic, INCISION WITH DRAINAGE OF (excluding after-care)

3379	G. FEE	\$	NSW 43.00	VIC 43.00	QLD 35.50	SA 35.50	WA 35.50	TAS 35.50
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3384	S. FEE	\$	58.00	58.00	48.50	45.00	45.00	45.00
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Anaesthetic 5 units — Item Nos 406G / 510S

MUSCLE, excision of (LIMITED)

3391 ALL STATES: FEE \$55.00

Anaesthetic 6 units — Item Nos 407G / 513S

PART 10 — OPERATIONS		DIVISION 1 — GENERAL SURGICAL
3399	MUSCLE, excision of (EXTENSIVE) ALL STATES: FEE \$97.00 Anaesthetic 7 units — Item Nos 408G / 514S	
3404	MUSCLE, RUPTURED, repair of (limited), not associated with external wound ALL STATES: FEE \$80.00 Anaesthetic 7 units — Item Nos 408G / 514S	
3407	MUSCLE, RUPTURED, repair of (extensive), not associated with external wound ALL STATES: FEE \$108.00 Anaesthetic 7 units — Item Nos 408G / 514S	
3417	FASCIA, DEEP, repair of, FOR HERNIATED MUSCLE ALL STATES: FEE \$55.00 Anaesthetic 7 units — Items Nos 408G / 514S	
3425	BONE TUMOUR, INNOCENT, excision of, not covered by any other item in this Part ALL STATES: FEE \$128.00 Anaesthetic 7 units — Item Nos 408G / 514S	
3431	STYLOID PROCESS OF TEMPORAL BONE, removal of ALL STATES: FEE \$128.00 Anaesthetic 7 units — Item Nos 408G / 514S	
3437	PAROTID GLAND, total extirpation of ALL STATES: FEE \$270.00 Anaesthetic 15 units — Item Nos 459G / 526S	
3444	PAROTID GLAND, total extirpation of, with preservation of facial nerve ALL STATES: FEE \$450.00 Anaesthetic 18 units — Item Nos 462G / 529S	
3450	PAROTID GLAND, SUPERFICIAL LOBECTOMY OR REMOVAL OF TUMOUR FROM, with exposure of facial nerve ALL STATES: FEE \$300.00 Anaesthetic 14 units — Item Nos 458G / 525S	
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PART 10 — OPERATIONS

DIVISION 1 — GENERAL SURGICAL

SUBMANDIBULAR GLAND, extirpation of

			NSW	VIC	QLD	SA	WA	TAS
3455	FEE	\$	128.00	158.00	128.00	128.00	128.00	128.00

Anaesthetic 8 units — Item Nos 409G / 517S

SUBLINGUAL GLAND, extirpation of

3459 ALL STATES: FEE \$71.00

Anaesthetic 7 units — Item Nos 408G / 514S

SALIVARY GLAND, DILATATION OR DIATHERMY of duct

3465 ALL STATES: FEE \$21.50

Anaesthetic 6 units — Item Nos 407G / 513S

SALIVARY GLAND, removal of CALCULUS from duct

3468 G. ALL STATES: FEE \$43.00

3472 S. ALL STATES: FEE \$55.00

Anaesthetic 7 units — Item Nos 408G / 514S

SALIVARY GLAND, repair of CUTANEOUS FISTULA OF

3477 ALL STATES: FEE \$55.00

Anaesthetic 7 units — Item Nos 408G / 514S

TONGUE, partial excision of

3480 ALL STATES: FEE \$108.00

Anaesthetic 7 units — Item Nos 408G / 514S

RADICAL EXCISION OF INTRA-ORAL TUMOUR INVOLVING RESECTION OF MANDIBLE AND LYMPH GLANDS OF NECK (commando-type operation)

3495 ALL STATES: FEE \$635.00

Anaesthetic 18 units — Item Nos 462G / 529S

TONGUE TIE, repair of

3496 ALL STATES: FEE \$16.60

Anaesthetic 6 units — Item Nos 407G / 513S

PART 10 — OPERATIONS

DIVISION 1 — GENERAL SURGICAL

3505	TONGUE TIE OR MAXILLARY FRENULUM, repair of, in a person aged not less than two years, under general anaesthesia ALL STATES: FEE \$43.50 Anaesthetic 6 units — Item Nos 407G / 513S
3509	RANULA OR MUCOUS CYST OF MOUTH, removal of G. ALL STATES: FEE \$57.00
3516	S. ALL STATES: FEE \$74.00 Anaesthetic 9 units — Item Nos 443G / 518S
3526	BRANCHIAL CYST, removal of ALL STATES: FEE \$142.00 Anaesthetic 9 units — Item Nos 443G / 518S
3530	BRANCHIAL FISTULA, removal of ALL STATES: FEE \$184.00 Anaesthetic 9 units — Item Nos 443G / 518S
3532	CYSTIC HYGROMA, extensive excision of massive lesion with or without thoracotomy ALL STATES: FEE \$345.00 Anaesthetic 11 units — Item Nos 453G / 522S
3542	THYROIDECTOMY, total ALL STATES: FEE \$355.00 Anaesthetic 14 units — Item Nos 458G / 525S
3547	PARATHYROID TUMOUR, removal of ALL STATES: FEE \$400.00 Anaesthetic 13 units — Item Nos 457G / 524S
3555	PARATHYROID GLANDS, removal of, other than for tumour ALL STATES: FEE \$450.00 Anaesthetic 16 units — Item Nos 460G / 527S
3563	† THYROIDECTOMY, HEMI or SUB-TOTAL, with or without exposure of recurrent laryngeal nerve ALL STATES: FEE \$260.00 Anaesthetic 12 units — Item Nos 454G / 523S

3576	THYROID, excision of localised tumour of						
	FEE	\$	NSW 184.00	VIC 194.00	QLD 184.00	SA 184.00	WA 184.00 TAS 184.00
	Anaesthetic 10 units — Item Nos 450G / 521S						
3581	THYROGLOSSAL CYST, removal of						
	ALL STATES: FEE \$140.00						
	Anaesthetic 10 units — Item Nos 450G / 521S						
3591	THYROGLOSSAL CYST AND FISTULA, removal of						
	ALL STATES: FEE \$210.00						
	Anaesthetic 10 units — Item Nos 450G / 521S						
‡ 3597	CERVICAL OESOPHAGOSTOMY or CLOSURE OF CERVICAL OESOPHAGOSTOMY with or without plastic repair						
	ALL STATES: FEE \$160.00						
	Anaesthetic 13 units — Item Nos 457G / 524S						
3616	CERVICAL OESOPHAGECTOMY with tracheostomy and oesophagostomy, with or without plastic reconstruction; or LARYNGOPHARYNGECTOMY with tracheostomy and plastic reconstruction.						
	ALL STATES: FEE \$635.00						
	Anaesthetic 22 units — Item Nos 466G / 537S						
3618	LYMPH GLANDS OF NECK, limited excision of						
	ALL STATES: FEE \$134.00						
	Anaesthetic 9 units — Item Nos 443G / 518S						
3622	LYMPH GLANDS OF NECK, radical excision of						
	ALL STATES: FEE \$355.00						
	Anaesthetic 20 units — Item Nos 464G / 533S						
3634	LYMPH GLANDS OF GROIN OR AXILLA, limited excision of						
	ALL STATES: FEE \$90.00						
	Anaesthetic 9 units — Item Nos 443G / 518S						

PART 10 — OPERATIONS

DIVISION 1 — GENERAL SURGICAL

LYMPH GLANDS OF GROIN OR AXILLA, radical excision of

3638

ALL STATES: FEE \$260.00

Anaesthetic 13 units — Item Nos 457G / 524S

SIMPLE MASTECTOMY with or without frozen section biopsy

3647

G. ALL STATES: FEE \$116.00

3652

S. ALL STATES: FEE \$158.00

Anaesthetic 9 units — Item Nos 443G / 518S

BREAST, excision of CYST, fibro adenoma or other local lesion or segmental resection for any other reason

3654

			NSW	VIC	QLD	SA	WA	TAS
G. FEE	\$		71.00	79.00	63.00	60.00	60.00	60.00

3664

S. FEE	\$		97.00	97.00	87.00	73.00	73.00	73.00
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Anaesthetic 7 units — Item Nos 408G / 514S

BREAST, excision of CYST, fibro adenoma or other local lesion or segmental resection for any other reason, where frozen section is performed

3668

G. ALL STATES: FEE \$93.00

3673

S. ALL STATES: FEE \$116.00

Anaesthetic 8 units — Item Nos 409G / 517S

PARTIAL MASTECTOMY, involving more than one quarter of the breast tissue with or without frozen section biopsy

3678

G. ALL STATES: FEE \$93.00

3683

S. ALL STATES: FEE \$116.00

Anaesthetic 8 units — Item Nos 409G / 517S

BREAST, extended simple mastectomy with or without frozen section biopsy

3698

ALL STATES: FEE \$215.00

Anaesthetic 12 units — Item Nos 454G / 523S

BREAST, radical or modified radical mastectomy with or without frozen section biopsy

3702

ALL STATES: FEE \$315.00

Anaesthetic 16 units — Item Nos 460G / 527S

3707	NIPPLE, INVERTED, surgical eversion of ALL STATES: FEE \$55.00 Anaesthetic 7 units — Item Nos 408G / 514S							
3713	LAPAROTOMY (EXPLORATORY) where no other procedure is performed G. ALL STATES: FEE \$128.00							
3718	S. FEE	\$	NSW 160.00	VIC 174.00	QLD 160.00	SA 160.00	WA 160.00	TAS 160.00
	Anaesthetic 9 units — Item Nos 443G / 518S							
‡	LAPAROTOMY involving Caecostomy, Enterostomy, Colostomy, Enterotomy, Colotomy, Gastrostomy (not being a gastrostomy covered by Item 3870), reduction of intussusception, Removal of Meckel's diverticulum, Division of peritoneal adhesions (where no other listed intra-abdominal procedure is performed — see Explanatory Notes covering this Item), Suture of perforated peptic ulcer, Simple repair of ruptured viscus, Reduction of volvulus OR Pyloroplasty (adult)							
3722	ALL STATES: FEE \$194.00 Anaesthetic 11 units — Item Nos 453G / 522S							
	LAPAROTOMY INVOLVING OPERATION ON ABDOMINAL VISCERA not covered by any other item in this Part							
3739	G.	ALL STATES: FEE \$186.00						
3745	S.	ALL STATES: FEE \$230.00 Anaesthetic 12 units — Item Nos 454G / 523S						
3750	SUBPHRENIC ABSCESS, drainage of ALL STATES: FEE \$194.00 Anaesthetic 10 units — Item Nos 450G / 521S							
3752	LIVER BIOPSY, percutaneous ALL STATES: FEE \$63.00 Anaesthetic 6 units — Item Nos 407G / 513S							
3754	LIVER TUMOUR, removal of other than by biopsy ALL STATES: FEE \$215.00 Anaesthetic 13 units — Item Nos 457G / 524S							

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3759	LIVER, MASSIVE RESECTION OF, or LOBECTOMY							
	ALL STATES: FEE \$545.00							
	Anaesthetic 18 units — Item Nos 462G / 529S							
3764	LIVER ABSCESS, ABDOMINAL drainage of							
	ALL STATES: FEE \$194.00							
	Anaesthetic 11 units — Item Nos 453G / 522S							
3783	HYDATID CYST OF LIVER, PERITONEUM OR VISCUS, drainage procedure for							
	ALL STATES: FEE \$215.00							
	Anaesthetic 11 units — Item Nos 453G / 522S							
3789	OPERATIVE CHOLEGRAM OR PANCREATOGRAM OR CHOLEDOCHOSCOPY							
	ALL STATES: FEE \$67.00							
	Anaesthetic 10 units — Item Nos 450G / 521S							
	CHOLECYSTECTOMY							
3793	G. FEE	\$	NSW 215.00	VIC 205.00	QLD 205.00	SA 194.00	WA 186.00	TAS 186.00
3798	S. FEE	\$	270.00	270.00	270.00	230.00	245.00	230.00
	Anaesthetic 11 units — Item Nos 453G / 522S							
	CHOLECYSTOSTOMY							
3802	G.	ALL STATES: FEE \$160.00						
3809	S.	ALL STATES: FEE \$194.00						
	Anaesthetic 10 units — Item Nos 450G / 521S							
3815	CHOLEDOCHOTOMY AFTER PREVIOUS CHOLECYSTECTOMY							
	ALL STATES: FEE \$325.00							
	Anaesthetic 14 units — Item Nos 458G / 525S							
	CHOLEDOCHOTOMY (WITH OR WITHOUT CHOLECYSTECTOMY) not covered by Item 3815							
3820	FEE	\$	NSW 315.00	VIC 315.00	QLD 315.00	SA 295.00	WA 295.00	TAS 295.00
	Anaesthetic 13 units — Item Nos 457G / 524S							

PART 10 — OPERATIONS

DIVISION 1 — GENERAL SURGICAL

3825	SPHINCTER OF ODDI — DIRECT OPERATION ON INCLUDING DILATATION, REMOVAL OF CALCULUS, SPHINCTEROTOMY AND PLASTIC REPAIR ALL STATES: FEE \$225.00 Anaesthetic 15 units — Item Nos 459G / 526S
3831	OPERATIONS ON THE BILIARY SYSTEM INCLUDING CHOLECYSTODUODENOSTOMY CHOLECYSTOGASTROSTOMY OR CHOLECYSTOENTEROSTOMY ALL STATES: FEE \$345.00 Anaesthetic 15 units — Item Nos 459G / 526S
3834	OPERATIONS ON AND/OR RECONSTRUCTION OF HEPATIC DUCT OR COMMON BILE DUCT WITH OR WITHOUT ANASTOMOSIS TO GALLBLADDER, STOMACH OR INTESTINE ALL STATES: FEE \$535.00 Anaesthetic 19 units — Item Nos 463G / 531S
3846	GASTROSCOPY or DUODENOSCOPY ALL STATES: FEE \$67.00 Anaesthetic 6 units — Item Nos 407G / 513S
3855	GASTROSCOPY with biopsy or polypectomy or removal of foreign body or more than one of these procedures; OR DUODENOSCOPY with biopsy ALL STATES: FEE \$87.00 Anaesthetic 7 units — Item Nos 408G / 514S
3857	PANENDOSCOPY ALL STATES: FEE \$97.00 Anaesthetic 6 units — Item Nos 407G / 513S
3858	PANENDOSCOPY with biopsy ALL STATES: FEE \$116.00 Anaesthetic 7 units — Item Nos 408G / 514S

PART 10 — OPERATIONS

DIVISION 1 — GENERAL SURGICAL

3860	ENDOSCOPIC PANCREATOCHOLANGIOGRAPHY; OR ENDOSCOPIC SPHINCTEROTOMY with extraction of stones from common bile duct ALL STATES: FEE \$134.00 Anaesthetic 8 units — Item Nos 409G / 517S
3870	GASTROSTOMY — for fixation of indwelling OESOPHAGEAL TUBE, FOR REMOVAL OF FOREIGN BODY OR FOR EXCISION OF BENIGN LESION ALL STATES: FEE \$205.00 Anaesthetic 10 units — Item Nos 450G / 521S
3875	VAGOTOMY — TRUNKAL ALL STATES: FEE \$215.00 Anaesthetic 11 units — Item Nos 453G / 522S
3882	VAGOTOMY — SELECTIVE ALL STATES: FEE \$250.00 Anaesthetic 12 units — Item Nos 454G / 523S
3889	VAGOTOMY — HIGHLY SELECTIVE; or VAGOTOMY — TRUNKAL OR SELECTIVE, with pyloroplasty or gastro-enterostomy ALL STATES: FEE \$300.00 Anaesthetic 13 units — Item Nos 457G / 524S
3891	VAGOTOMY — HIGHLY SELECTIVE with pyloroplasty or gastro-enterostomy ALL STATES: FEE \$355.00 Anaesthetic 13 units — Item Nos 457G / 524S
3894	GASTRO-ENTEROSTOMY (GASTRO-DUODENOSTOMY) OR ENTERO-COLOSTOMY OR ENTERO-ENTEROSTOMY G. ALL STATES: FEE \$194.00
3898	S. ALL STATES: FEE \$250.00 Anaesthetic 12 units — Item Nos 454G / 523S
3900	GASTRO-ENTEROSTOMY or GASTRO-DUODENOSTOMY, reconstruction of ALL STATES: FEE \$320.00 Anaesthetic 14 units — Item Nos 458G / 525S

3902	PANCREATIC CYST — ANASTOMOSIS TO STOMACH OR DUODENUM ALL STATES: FEE \$250.00 Anaesthetic 13 units — Item Nos 457G / 524S	
3922	PARTIAL GASTRECTOMY, with or without gastro-jejunostomy ALL STATES: FEE \$355.00 Anaesthetic 15 units — Item Nos 459G / 526S	
3930	GASTRECTOMY, TOTAL, FOR BENIGN DISEASE ALL STATES: FEE \$450.00 Anaesthetic 19 units — Item Nos 463G / 531S	
3938	GASTRECTOMY, TOTAL RADICAL, for carcinoma ALL STATES: FEE \$535.00 Anaesthetic 21 units — Item Nos 465G / 535S	
3952	PYLOROPLASTY, INFANT, OR PYLOROMYOTOMY (RAMSTEDT'S) ALL STATES: FEE \$160.00 Anaesthetic 9 units — Item Nos 443G / 518S	
3976	G.	ALL STATES: FEE \$110.00
3981	S.	ALL STATES: FEE \$138.00
	ENTEROSTOMY 11 units — Item Nos 453G / 522S	
3986	ENTEROSTOMY OR COLOSTOMY, INTRA-PERITONEAL CLOSURE, not involving resection ALL STATES: FEE \$194.00 Anaesthetic 11 units — Item Nos 453G / 522S	
4003	INTUSSUSCEPTION, reduction of, by fluid ALL STATES: FEE \$86.00	

INTUSSUSCEPTION, LAPAROTOMY and resection of

4012	FEE	\$	NSW 315.00	VIC 345.00	QLD 315.00	SA 315.00	WA 315.00	TAS 315.00
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Anaesthetic 14 units — Item Nos 458G / 525S

TRANSVERSE OR SIGMOID COLECTOMY WITH OR WITHOUT ANASTOMOSIS

4018 ALL STATES: FEE \$325.00

Anaesthetic 15 units — Item Nos 459G / 526S

BOWEL, SEGMENTAL RESECTION OF, WITH OR WITHOUT ANASTOMOSIS, NOT COVERED BY ANY OTHER ITEM IN THIS PART

4039	G. FEE	\$	NSW 245.00	VIC 260.00	QLD 245.00	SA 245.00	WA 245.00	TAS 245.00
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4043	S. FEE	\$	315.00	345.00	315.00	315.00	315.00	315.00
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Anaesthetic 15 units — Item Nos 459G / 526S

HEMICOLECTOMY, right or left

4046 ALL STATES: FEE \$355.00

Anaesthetic 15 units — Item Nos 459G / 526S

TOTAL COLECTOMY WITH ILEO-RECTAL ANASTOMOSIS OR ILEOSTOMY

4048 ALL STATES: FEE \$450.00

Anaesthetic 20 units — Item Nos 464G / 533S

TOTAL COLECTOMY WITH EXCISION OF RECTUM AND ILEOSTOMY — one surgeon

4052 ALL STATES: FEE \$539.00

Anaesthetic 20 units — Item Nos 464G / 533S

TOTAL COLECTOMY WITH EXCISION OF RECTUM AND ILEOSTOMY, SYNCHRONOUS COMBINED: ABDOMINAL RESECTION (including after care)

4054 ALL STATES: FEE \$460.00

TOTAL COLECTOMY WITH EXCISION OF RECTUM AND ILEOSTOMY, SYNCHRONOUS COMBINED: PERINEAL RESECTION

4059 ALL STATES: FEE \$158.00

Anaesthetic 17 units — Item Nos 461G / 528S

PART 10 — OPERATIONS

DIVISION 1 — GENERAL SURGICAL

RECTUM, RESTORATIVE ANTERIOR RESECTION OF, WITH
RECTOSIGMOIDECTOMY

4068

ALL STATES: FEE \$450.00

Anaesthetic 16 units — Item Nos 460G / 527S

APPENDICECTOMY, not covered by Item 4084 in this Part

4074

G. FEE

	NSW	VIC	QLD	SA	WA	TAS
\$ 128.00	116.00	116.00	116.00	116.00	116.00	108.00

4080

S. FEE

\$ 146.00	158.00	158.00	134.00	146.00	128.00
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Anaesthetic 8 units — Item Nos 409G / 517S

Note: Multiple Operation and Multiple Anaesthetic rules apply to this Item

APPENDICECTOMY, when performed in conjunction with any other intra-abdominal procedure through the same incision

4084

ALL STATES: FEE \$45.00

Anaesthetic 5 units — Item Nos 406G / 510S

DRAINAGE OF APPENDICEAL ABSCESS, or for ruptured appendix or for peritonitis with or without appendicectomy

4087

G.

ALL STATES: FEE \$142.00

4093

S.

ALL STATES: FEE \$180.00

Anaesthetic 10 units — Item Nos 450G / 521S

SMALL BOWEL INTUBATION with biopsy

4099

ALL STATES: FEE \$64.00

SMALL BOWEL INTUBATION — as an independent procedure

4104

ALL STATES: FEE \$32.50

PANCREATECTOMY, PARTIAL

4109

ALL STATES: FEE \$430.00

Anaesthetic 15 units — Item Nos 459G / 526S

PANCREATICO-DUODENECTOMY, WHIPPLE'S OPERATION

4115

ALL STATES: FEE \$635.00

Anaesthetic 30 units — Item Nos 474G / 545S

PART 10 — OPERATIONS**DIVISION 1 — GENERAL SURGICAL**

4130	PANCREAS, drainage of							
	ALL STATES: FEE \$186.00							
	Anaesthetic 11 units — Item Nos 453G / 522S							
4133	ANASTOMOSIS OF PANCREATIC DUCT TO BOWEL							
	ALL STATES: FEE \$450.00							
	Anaesthetic 18 units — Item Nos 462G / 529S							
4141	SPLENECTOMY FOR TRAUMA							
	FEE	\$	NSW	VIC	QLD	SA	WA	TAS
			250.00	260.00	250.00	250.00	250.00	250.00
	Anaesthetic 13 units — Item Nos 457G / 524S							
4144	SPLENECTOMY, OTHER THAN FOR TRAUMA							
	ALL STATES: FEE \$270.00							
	Anaesthetic 13 units — Item Nos 457G / 524S							
4165	MULTIPLE RUPTURED VISCERA (INCLUDING LIVER, KIDNEY, SPLEEN OR HOLLOW VISCUS) major repair or removal of							
	ALL STATES: FEE \$400.00							
	Anaesthetic 18 units — Item Nos 462G / 529S							
4173	RETROPERITONEAL TUMOUR, removal of							
	ALL STATES: FEE \$315.00							
	Anaesthetic 15 units — Item Nos 459G / 526S							
4179	SACROCOCCYGEAL AND PRESACRAL TUMOUR — excision of							
	ALL STATES: FEE \$315.00							
	Anaesthetic 13 units — Item Nos 457G / 524S							
4185	RETROPERITONEAL ABSCESS, drainage of, not involving laparotomy							
	ALL STATES: FEE \$166.00							
	Anaesthetic 9 units — Item Nos 443G / 518S							
4191	PERITONEOSCOPY							
	ALL STATES: FEE \$67.00							
	Anaesthetic 6 units — Item Nos 407G / 513S							
4197	PARACENTESIS ABDOMINIS							
	ALL STATES: FEE \$19.40							

PART 10 – OPERATIONS

DIVISION 1 – GENERAL SURGICAL

4202	RECTUM AND ANUS, ABDOMINO-PERINEAL RESECTION OF — one surgeon							
	ALL STATES: FEE \$444.00							
	Anaesthetic 17 units — Item Nos 461G / 528S							
4209	RECTUM AND ANUS, ABDOMINO-PERINEAL RESECTION OF, SYNCHRONOUS COMBINED — abdominal resection (including after care)							
	ALL STATES: FEE \$365.00							
4214	RECTUM AND ANUS, ABDOMINO-PERINEAL RESECTION OF, SYNCHRONOUS COMBINED — perineal resection							
	ALL STATES: FEE \$158.00							
	Anaesthetic 16 units — Item Nos 460G / 527S							
4222	FEMORAL OR INGUINAL HERNIA OR INFANTILE HYDROCELE, repair of not covered by Items 4233 or 4258/4262							
			NSW	VIC	QLD	SA	WA	TAS
	G. FEE	\$	128.00	128.00	122.00	122.00	122.00	110.00
4227	S. FEE	\$	158.00	158.00	158.00	148.00	166.00	134.00
	Anaesthetic 8 units — Item Nos 409G / 517S							
4233	STRANGULATED, INCARCERATED OR OBSTRUCTED HERNIA, repair of, without bowel resection							
	ALL STATES: FEE \$194.00							
	Anaesthetic 10 units — Item Nos 450G / 521S							
4238	DIAPHRAGMATIC HERNIA, TRAUMATIC, repair of							
	ALL STATES: FEE \$285.00							
	Anaesthetic 17 units — Item Nos 461G / 528S							
4241	DIAPHRAGMATIC HERNIA, OTHER THAN TRAUMATIC, repair of (abdominal approach)							
			NSW	VIC	QLD	SA	WA	TAS
	FEE	\$	345.00	325.00	325.00	325.00	325.00	325.00
	Anaesthetic 14 units — Item Nos 458G / 525S							

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PART 10 — OPERATIONS

DIVISION 1 — GENERAL SURGICAL

UMBILICAL, EPIGASTRIC OR LINEA ALBA HERNIA, repair of, in a person under ten years of age

4246 G. ALL STATES: FEE \$95.00

4249 S. ALL STATES: FEE \$128.00

Anaesthetic 8 units — Item Nos 409G / 517S

UMBILICAL, EPIGASTRIC OR LINEA ALBA HERNIA, repair of, in a person ten years of age or over

4251 G. ALL STATES: FEE \$110.00

4254 S. ALL STATES: FEE \$146.00

Anaesthetic 8 units — Item Nos 409G / 517S

VENTRAL, INCISIONAL, LUMBAR OR RECURRENT HERNIA, repair of

4258 G. ALL STATES: FEE \$160.00

4262 S. ALL STATES: FEE \$194.00

Anaesthetic 10 units — Item Nos 450G / 521S

HYDROCELE, tapping of

4265 ALL STATES: FEE \$12.80

‡ HYDROCELE or VARICOCELE, removal of

4269 G. ALL STATES: FEE \$86.00

4273 S. ALL STATES: FEE \$106.00

Anaesthetic 7 units — Item Nos 408G / 514S

ORCHIDECTOMY (simple)

4288 G. ALL STATES: FEE \$110.00

4293 S. ALL STATES: FEE \$146.00

Anaesthetic 7 units — Item Nos 408G / 514S

ORCHIDECTOMY AND COMPLETE EXCISION OF SPERMATIC CORD

4296 ALL STATES: FEE \$194.00

Anaesthetic 8 units — Item Nos 409G / 517S

PART 10 — OPERATIONS

DIVISION 1 — GENERAL SURGICAL

	UNDESCENDED TESTIS, orchidopexy or transplantation of, with or without associated hernial repair						
4307	FEE	\$	NSW 194.00	VIC 194.00	QLD 184.00	SA 184.00	WA 184.00 TAS 184.00
	Anaesthetic 8 units — Item Nos 409G / 517S						
4313	SECONDARY DETACHMENT OF TESTIS FROM THIGH						
	ALL STATES: FEE \$41.00						
	Anaesthetic 6 units — Item Nos 407G / 513S						
4319	CIRCUMCISION of person UNDER FOUR WEEKS of age						
	ALL STATES: FEE \$16.60						
	Anaesthetic 6 units — Item Nos 407G / 513S						
4327	CIRCUMCISION of person UNDER TEN YEARS of age but not less than four weeks of age						
	FEE	\$	NSW 39.50	VIC 39.50	QLD 35.50	SA 35.50	WA 35.50 TAS 35.50
	Anaesthetic 6 units — Item Nos 407G / 513S						
4338	CIRCUMCISION of person TEN YEARS OF AGE OR OVER						
	G.	ALL STATES: FEE \$55.00					
4345	S.	ALL STATES: FEE \$67.00					
	Anaesthetic 6 units — Item Nos 407G / 513S						
4351	PARAPHIMOSIS, reduction of, under anaesthesia, with or without dorsal incision						
	ALL STATES: FEE \$17.20						
	Anaesthetic 5 units — Item Nos 406G / 510S						
‡	SIGMOIDOSCOPIC EXAMINATION with or without biopsy						
4354	ALL STATES: FEE \$19.60						
‡	SIGMOIDOSCOPIC EXAMINATION, under general anaesthesia, with or without biopsy						
4363	ALL STATES: FEE \$30.00						
	Anaesthetic 5 units — Item Nos 406G / 510S						
4365	SIGMOIDOSCOPY with diathermy or resection OF RECTAL TUMOUR or tumours						
	ALL STATES: FEE \$71.00						
	Anaesthetic 7 units — Item Nos 408G / 514S						

PART 10 — OPERATIONS**DIVISION 1 — GENERAL SURGICAL**

4380	FULL OR PARTIAL THICKNESS RECTAL BIOPSY under general anaesthesia ALL STATES: FEE \$58.00 Anaesthetic 6 units — Item Nos 407G / 513S
4383	FIBREOPTIC COLONOSCOPY — EXAMINATION OF COLON UP TO SPLENIC FLEXURE (short colonoscopy) ALL STATES: FEE \$67.00 Anaesthetic 6 units — Item Nos 407G / 513S
4385	FIBREOPTIC COLONOSCOPY — EXAMINATION OF COLON UP TO SPLENIC FLEXURE (short colonoscopy) with biopsy ALL STATES: FEE \$87.00 Anaesthetic 7 units — Item Nos 408G / 514S
4388	FIBREOPTIC COLONOSCOPY — EXAMINATION OF COLON UP TO AND BEYOND SPLENIC FLEXURE (long colonoscopy) ALL STATES: FEE \$134.00 Anaesthetic 8 units — Item Nos 409G / 517S
4389	FIBREOPTIC COLONOSCOPY — EXAMINATION OF COLON UP TO AND BEYOND SPLENIC FLEXURE (long colonoscopy) with biopsy ALL STATES: FEE \$158.00 Anaesthetic 9 units — Item Nos 443G / 518S
4394	FIBREOPTIC COLONOSCOPY with removal of one or more polyps ALL STATES: FEE \$194.00 Anaesthetic 10 units — Item Nos 450G / 521S
4397	VILLOUS TUMOUR OF RECTUM, greater than 3 centimetres, local excision ALL STATES: FEE \$142.00 Anaesthetic 9 units — Item Nos 443G / 518S
4407	RECTUM, RADICAL OPERATION FOR PROLAPSE OF, PERINEAL APPROACH, (RECTOSIGMOIDECTOMY) ALL STATES: FEE \$215.00 Anaesthetic 9 units — Item Nos 443G / 518S

4413	RECTUM, RADICAL OPERATION FOR PROLAPSE OF, involving laparotomy ALL STATES: FEE \$335.00 Anaesthetic 13 units — Item Nos 457G / 524S
4427	RECTAL OR ANAL PROLAPSE, injection into, without anaesthesia ALL STATES: FEE \$12.80
4434	RECTAL POLYP, removal of G. ALL STATES: FEE \$51.00
4442	S. ALL STATES: FEE \$67.00 Anaesthetic 7 units — Item Nos 408G / 514S
4455	ANUS, DILATATION OF, as an independent procedure ALL STATES: FEE \$13.40 Anaesthetic 4 units — Item Nos 405G / 509S
4461	ANUS, MASSIVE DILATATION OF, UNDER ANAESTHESIA (Lord's procedure) with or without modified haemorrhoidectomy ALL STATES: FEE \$55.00 Anaesthetic 5 units — Item Nos 406G / 510S
4467	ANAL PROLAPSE — CIRCUM-ANAL SUTURE ALL STATES: FEE \$43.00 Anaesthetic 6 units — Item Nos 407G / 513S
4473	RECTAL OR ANAL PROLAPSE, submucosal injection for, under general anaesthesia ALL STATES: FEE \$30.00 Anaesthetic 5 units — Item Nos 406G / 510S
4482	ANAL STRICTURE, repair of ALL STATES: FEE \$138.00 Anaesthetic 7 units — Item Nos 408G / 514S
4490	ANAL SPHINCTEROTOMY as an independent procedure for Hirschsprung's disease ALL STATES: FEE \$95.00 Anaesthetic 6 units — Item Nos 407G / 513S

PART 10 — OPERATIONS

DIVISION 1 — GENERAL SURGICAL

‡	HAEMORRHOIDS, incision of, or rubber band ligation of							
4509	ALL STATES: FEE \$19.80 Anaesthetic 5 units — Item Nos 406G / 510S							
	HAEMORRHOIDECTOMY, RADICAL							
4523	G. FEE	\$	NSW 108.00	VIC 116.00	QLD 97.00	SA 80.00	WA 80.00	TAS 80.00
4527	S. FEE	\$	134.00	166.00	116.00	99.00	99.00	99.00
	Anaesthetic 7 units — Item Nos 408G / 514S							
	HAEMORRHOIDS, EXTERNAL, OR ANAL TAGS, one or more, REMOVAL OF, under general anaesthesia							
4534	ALL STATES: FEE \$36.50 Anaesthetic 5 units — Item Nos 406G / 510S							
	FISSURE IN ANO, excision of							
4537	G. FEE	\$	NSW 80.00	VIC 80.00	QLD 80.00	SA 66.00	WA 66.00	TAS 66.00
4544	S. FEE	\$	99.00	116.00	99.00	85.00	85.00	85.00
	Anaesthetic 6 units — Item Nos 407G / 513S							
	FISTULA IN ANO, SUBCUTANEOUS, excision of							
4552	G.	ALL STATES: FEE \$82.00						
4557	S.	ALL STATES: FEE \$108.00						
	Anaesthetic 7 units — Item Nos 408G / 514S							
	FISTULA IN ANO, excision of (involving incision of external sphincter)							
4568	G.	ALL STATES: FEE \$116.00						
4573	S.	ALL STATES: FEE \$142.00						
	Anaesthetic 7 units — Item Nos 408G / 514S							
	ISCHIO-RECTAL ABSCESS, incision of (excluding after-care)							
4578	G.	ALL STATES: FEE \$43.00						
4585	S.	ALL STATES: FEE \$55.00						
	Anaesthetic 6 units — Item Nos 407G / 513S							

4590	FAECAL FISTULA, repair of							
	ALL STATES: FEE \$250.00							
	Anaesthetic 12 units — Item Nos 454G / 523S							
4602	DISIMPACTION OF FAECES under anaesthesia							
	ALL STATES: FEE \$25.00							
	Anaesthetic 7 units — Item Nos 408G / 514S							
4606	COCCYX, excision of							
	FEE	\$	NSW 128.00	VIC 158.00	QLD 128.00	SA 128.00	WA 128.00	TAS 128.00
	Anaesthetic 8 units — Item Nos 409G / 517S							
4611	PILONIDAL SINUS OR CYST, OR SACRAL SINUS OR CYST, excision of, in a person ten years of age or over							
	G. FEE	\$	NSW 110.00	VIC 110.00	QLD 102.00	SA 102.00	WA 102.00	TAS 102.00
4617	S. FEE	\$	138.00	138.00	128.00	128.00	128.00	128.00
	Anaesthetic 8 units — Item Nos 409G / 517S							
4622	PILONIDAL SINUS, injection of sclerosant fluid under anaesthesia							
	FEE	\$	NSW 34.50	VIC 33.00	QLD 33.00	SA 33.00	WA 33.00	TAS 33.00
	Anaesthetic 6 units — Item Nos 407G / 513S							
	VASCULAR SURGERY							
‡	VARICOSE VEINS, injection into — one or more injections including associated consultation							
4629	ALL STATES: FEE \$12.80							
4633	VARICOSE VEINS, multiple simultaneous injections by continuous compression techniques (excluding after-care)							
	ALL STATES: FEE \$36.50							

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PART 10 — OPERATIONS		DIVISION 1 — GENERAL SURGICAL
4637	VARICOSE VEINS multiple ligations, with or without local stripping or excision not covered by any other item in this Part ALL STATES: FEE \$71.00 Anaesthetic 8 units — Item Nos 409G / 517S	
4640	VARICOSE VEINS, high ligation and complete stripping or excision of long saphenous vein ALL STATES: FEE \$180.00 Anaesthetic 7 units — Item Nos 408G / 514S	
4643	VARICOSE VEINS, high ligation and complete stripping or excision of short saphenous vein ALL STATES: FEE \$132.00 Anaesthetic 7 units — Item Nos 408G / 514S	
4649	VARICOSE VEINS, high ligation and complete stripping or excision of both long and short saphenous systems ALL STATES: FEE \$246.00 Anaesthetic 10 units — Item Nos 450G / 521S	
4651	VARICOSE VEINS, high ligation of long saphenous vein at sapheno-femoral junction ALL STATES: FEE \$116.00 Anaesthetic 6 units — Item Nos 407G / 513S	
4655	VARICOSE VEINS, high ligation of short saphenous vein at sapheno-popliteal junction ALL STATES: FEE \$92.00 Anaesthetic 6 units — Item Nos 407G / 513S	
4658	VARICOSE VEINS, sub-fascial ligation of single deep perforation ALL STATES: FEE \$73.00 Anaesthetic 6 units — Item Nos 407G / 513S	
4662	VARICOSE VEINS, sub-fascial ligation of multiple deep perforating veins (Cockett's operation) ALL STATES: FEE \$184.00 Anaesthetic 7 units — Item Nos 408G / 514S	
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PART 10 — OPERATIONS**DIVISION 1 — GENERAL SURGICAL**

4665	CROSS LEG BY-PASS GRAFT — saphenous to femoral vein ALL STATES: FEE \$295.00 Anaesthetic 11 units — Item Nos 453G / 522S
4670	INTRA-ARTERIAL oxygen injection ALL STATES: FEE \$18.40
4676	MEDIUM ARTERY AND/OR VEIN, LIGATION OF, by elective operation; OR REPAIR OF ARTIFICIAL ARTERIO-VENOUS FISTULA ALL STATES: FEE \$92.00 Anaesthetic 6 units — Item Nos 407G / 513S
4678	LARGE ARTERY AND/OR VEIN, LIGATION OF, by elective operation ALL STATES: FEE \$126.00 Anaesthetic 7 units — Item Nos 408G / 514S
4690	GREAT VESSEL, ARTERY OR VEIN (including jugular, sub-clavian, axillary, iliac, femoral or popliteal) ligation of ALL STATES: FEE \$184.00 Anaesthetic 8 units — Item Nos 409G / 517S
4693	MAJOR ARTERY OR VEIN OF NECK OR EXTREMITY, repair of wound of, with restoration of continuity ALL STATES: FEE \$260.00 Anaesthetic 13 units — Item Nos 457G / 524S
4695	MICROVASCULAR REPAIR USING OPERATING MICROSCOPE with restoration of continuity of artery or vein of distal extremity or digit ALL STATES: FEE \$395.00 Anaesthetic 14 units — Item Nos 458G / 525S
4696	MAJOR ARTERY OR VEIN OF ABDOMEN INCLUDING AORTA AND VENA CAVA, repair of wound of, with restoration of continuity ALL STATES: FEE \$355.00 Anaesthetic 16 units — Item Nos 460G / 527S

PART 10 — OPERATIONS

DIVISION 1 — GENERAL SURGICAL

4699	ARTERIO-VENOUS FISTULA, dissection and repair of, with restoration of continuity ALL STATES: FEE \$430.00 Anaesthetic 10 units — Item Nos 450G / 521S
4702	ARTERIO-VENOUS FISTULA, dissection and ligation of ALL STATES: FEE \$260.00 Anaesthetic 10 units — Item Nos 450G / 521S
4705	INNOMINATE, SUBCLAVIAN, OR ANY INTRA-ABDOMINAL ARTERY, endarterectomy of ALL STATES: FEE \$430.00 Anaesthetic 19 units — Item Nos 463G / 531S
4709	ARTERY OF NECK OR EXTREMITIES, endarterectomy of ALL STATES: FEE \$395.00 Anaesthetic 15 units — Item Nos 459G / 526S
4715	GREAT VESSEL, ARTERY OR VEIN (including carotid, jugular, sub-clavian, axillary, iliac, femoral or popliteal) ligation of involving gradual occlusion by mechanical device ALL STATES: FEE \$194.00 Anaesthetic 10 units — Item Nos 450G / 521S
4721	INFERIOR VENA CAVA, plication or ligation of ALL STATES: FEE \$250.00 Anaesthetic 12 units — Item Nos 454G / 523S
4733	INTERNAL CAROTID ARTERY, repositioning of ALL STATES: FEE \$215.00 Anaesthetic 13 units — Item Nos 457G / 524S
4738	ARTERIAL PATCH GRAFT ALL STATES: FEE \$260.00 Anaesthetic 12 units — Item Nos 454G / 523S

4744	AORTO-ILIAC OR AORTO-FEMORAL BIFURCATE GRAFT ALL STATES: FEE \$485.00 Anaesthetic 19 units — Item Nos 463G / 531S
4749	AXILLARY OR SUBCLAVIAN TO FEMORAL BY-PASS GRAFT ALL STATES: FEE \$465.00 Anaesthetic 16 units — Item Nos 460G / 527S
4754	ARTERIAL OR VENOUS GRAFT OR BY-PASS ALL STATES: FEE \$485.00 Anaesthetic 20 units — Item Nos 464G / 533S
4756	MICRO-ARTERIAL OR MICRO-VENOUS GRAFT using operating microscope ALL STATES: FEE \$735.00 Anaesthetic 22 units — Item Nos 466G / 537S
4762	ARTERIAL ANASTOMOSIS ALL STATES: FEE \$430.00 Anaesthetic 16 units — Item Nos 460G / 527S
4764	MICROVASCULAR ANASTOMOSIS OF ARTERY OR VEIN using operating microscope for reimplantation of limb or digit or free transfer of tissue ALL STATES: FEE \$640.00 Anaesthetic 38 units — Item Nos 477G / 548S
4766	PORTAL HYPERTENSION, vascular anastomosis for ALL STATES: FEE \$430.00 Anaesthetic 21 units — Item Nos 465G / 535S
4778	EMBOLUS, removal of, FROM ARTERY OF NECK OR EXTREMITIES ALL STATES: FEE \$250.00 Anaesthetic 12 units — Item Nos 454G / 523S
4784	EMBOLUS, removal of, FROM ARTERY OF TRUNK ALL STATES: FEE \$325.00 Anaesthetic 15 units — Item Nos 459G / 526S

4789	THROMBUS, removal of, FROM FEMORAL, ILIAC OR OTHER SIMILAR LARGE VEIN ALL STATES: FEE \$230.00 Anaesthetic 12 units — Item Nos 454G / 523S
4791	ABDOMINAL AORTIC ANEURYSM, excision of and insertion of graft ALL STATES: FEE \$535.00 Anaesthetic 26 units — Item Nos 470G / 541S
4794	RUPTURED ABDOMINAL AORTIC ANEURYSM, excision of and insertion of graft ALL STATES: FEE \$635.00 Anaesthetic 26 units — Item Nos 470G / 541S
4798	ANEURYSM OF MAJOR ARTERY, excision of with insertion of graft ALL STATES: FEE \$450.00 Anaesthetic 18 units — Item Nos 462G / 529S
4806	INTRA-AORTIC BALLOON FOR COUNTERPULSATION, operation for, insertion by arteriotomy, or removal and arterioplasty ALL STATES: FEE \$184.00 Anaesthetic 14 units — Item Nos 458G / 525S
4808	ARTERIOVENOUS SHUNT, EXTERNAL, insertion of ALL STATES: FEE \$87.00 Anaesthetic 9 units — Item Nos 443G / 518S
4812	ARTERIOVENOUS SHUNT, EXTERNAL, removal of ALL STATES: FEE \$67.00 Anaesthetic 5 units — Item Nos 406G / 510S
4817	ARTERIOVENOUS ANASTOMOSIS, direct, of upper or lower limb ALL STATES: FEE \$355.00 Anaesthetic 14 units — Item Nos 458G / 525S

INTRA-ARTERIAL INFUSION OF ARTERIES OF NECK, THORAX OR ABDOMEN, including initial operation and all post-operative management

4822

ALL STATES: FEE \$194.00

Anaesthetic 13 units — Item Nos 457G / 524S

OPERATIONS FOR ACUTE OSTEOMYELITIS

OPERATION ON TERMINAL PHALANX OF FINGER OR TOE

4828

ALL STATES: FEE \$21.50

Anaesthetic 7 units — Item Nos 408G / 514S

OPERATION ON PHALANX other than terminal, METACARPUS OR METATARSUS — ONE BONE

4832

ALL STATES: FEE \$45.00

Anaesthetic 7 units — Item Nos 408G / 514S

‡ OPERATION ON STERNUM, CLAVICLE, RIB, ULNA, RADIUS, CARPUS, TIBIA, FIBULA, TARSUS, SKULL, MANDIBLE OR MAXILLA (other than alveolar margins) — ONE BONE

4838

ALL STATES: FEE \$74.00

Anaesthetic 10 units — Item Nos 450G / 521S

OPERATION ON HUMERUS OR FEMUR — ONE BONE

4844

ALL STATES: FEE \$128.00

Anaesthetic 10 units — Item Nos 450G / 521S

OPERATION ON SPINE OR PELVIC BONES — ONE BONE

4853

ALL STATES: FEE \$128.00

Anaesthetic 13 units — Item Nos 457G / 524S

OPERATIONS FOR CHRONIC OSTEOMYELITIS

‡ OPERATION ON SCAPULA, STERNUM, CLAVICLE, RIB, ULNA, RADIUS, METACARPUS, CARPUS, PHALANX, TIBIA, FIBULA, METATARSUS, TARSUS, MANDIBLE OR MAXILLA (other than alveolar margins) — ONE BONE or COMBINATION OF BONES

4860

ALL STATES: FEE \$128.00

Anaesthetic 12 units — Item Nos 454G / 523S

PART 10 — OPERATIONS**DIVISION 1 — GENERAL SURGICAL****OPERATION ON HUMERUS OR FEMUR — ONE BONE**

4864

ALL STATES: FEE \$128.00

Anaesthetic 11 units — Item Nos 453G / 522S

OPERATION ON SPINE OR PELVIC BONES — ONE BONE

4867

ALL STATES: FEE \$215.00

Anaesthetic 12 units — Item Nos 454G / 523S

OPERATION ON SKULL

4870

ALL STATES: FEE \$166.00

Anaesthetic 12 units — Item Nos 454G / 523S

‡ OPERATION ON ANY COMBINATION OF BONES referred to in Items 4864, 4867 and 4870 in this Schedule

4877

ALL STATES: FEE \$215.00

Anaesthetic 12 units — Item Nos 454G / 523S

**DIVISION 2 — AMPUTATION OR DISARTICULATION OF LIMB
(MULTIPLE OPERATION FORMULA DOES NOT APPLY)****ONE DIGIT of hand**

4927

G.

ALL STATES: FEE \$57.00

4930

S.

ALL STATES: FEE \$69.00

Anaesthetic 6 units — Item Nos 407G / 513S

TWO DIGITS of one hand

4934

G.

ALL STATES: FEE \$85.00

4940

S.

ALL STATES: FEE \$104.00

Anaesthetic 7 units — Item Nos 408G / 514S

THREE DIGITS of one hand

4943

G.

ALL STATES: FEE \$99.00

4948

S.

ALL STATES: FEE \$122.00

Anaesthetic 8 units — Item Nos 409G / 517S

PART 10 — OPERATIONS**DIVISION 2 — AMPUTATIONS****FOUR DIGITS of one hand**

4950 G. ALL STATES: FEE \$114.00

4954 S. ALL STATES: FEE \$138.00

Anaesthetic 9 units — Item Nos 443G / 518S

FIVE DIGITS of one hand

4957 G. ALL STATES: FEE \$128.00

4961 S. ALL STATES: FEE \$158.00

Anaesthetic 10 units — Item Nos 450G / 521S

FINGER OR THUMB, INCLUDING METACARPAL or part of metacarpal - each digit

4965 G. ALL STATES: FEE \$66.00

4969 S. ALL STATES: FEE \$82.00

Anaesthetic 6 units — Item Nos 407G / 513S

HAND, MIDCARPAL OR TRANSMETACARPAL

4972 G. ALL STATES: FEE \$82.00

4976 S. ALL STATES: FEE \$108.00

Anaesthetic 7 units — Item Nos 408G / 514S

HAND, FOREARM OR THROUGH ARM

4979 ALL STATES: FEE \$128.00

Anaesthetic 8 units — Item Nos 409G / 517S

AT SHOULDER

4983 ALL STATES: FEE \$215.00

Anaesthetic 12 units — Item Nos 454G / 523S

INTERSCAPULOTHORACIC

4987 ALL STATES: FEE \$430.00

Anaesthetic 15 units — Item Nos 459G / 526S

PART 10 — OPERATIONS**DIVISION 2 — AMPUTATIONS****ONE DIGIT of foot**

4990	G.	ALL STATES: FEE \$43.00
4993	S.	ALL STATES: FEE \$52.00
Anaesthetic 6 units — Item Nos 407G / 513S		

TWO DIGITS of one foot

4995	G.	ALL STATES: FEE \$64.00
4997	S.	ALL STATES: FEE \$79.00
Anaesthetic 7 units — Item Nos 408G / 514S		

THREE DIGITS of one foot

4999	G.	ALL STATES: FEE \$74.00
5002	S.	ALL STATES: FEE \$92.00
Anaesthetic 8 units — Item Nos 409G / 517S		

FOUR DIGITS of one foot

5006	G.	ALL STATES: FEE \$86.00
5009	S.	ALL STATES: FEE \$104.00
Anaesthetic 9 units — Item Nos 443G / 518S		

FIVE DIGITS of one foot

5015	G.	ALL STATES: FEE \$95.00
5018	S.	ALL STATES: FEE \$118.00
Anaesthetic 10 units — Item Nos 450G / 521S		

TOE, including metatarsal or part of metatarsal - each toe

5024	G.	ALL STATES: FEE \$52.00
5029	S.	ALL STATES: FEE \$66.00
Anaesthetic 7 units — Item Nos 408G / 514S		

FOOT AT ANKLE (Syme, Pirogoff types)

5034		ALL STATES: FEE \$128.00
Anaesthetic 8 units — Item Nos 409G / 517S		

5038	FOOT, MIDTARSAL OR TRANSMETATARSAL ALL STATES: FEE \$108.00 Anaesthetic 7 units — Item Nos 408G / 514S
5045	THROUGH LEG OR AT KNEE ALL STATES: FEE \$166.00 Anaesthetic 8 units — Item Nos 409G / 517S
5048	THROUGH THIGH ALL STATES: FEE \$230.00 Anaesthetic 10 units — Item Nos 450G / 521S
5051	AT HIP ALL STATES: FEE \$260.00 Anaesthetic 14 units — Item Nos 458G / 525S
5055	HINDQUARTER ALL STATES: FEE \$535.00 Anaesthetic 17 units — Item Nos 461G / 528S
5059	DIVISION 3 — EAR, NOSE AND THROAT EAR, removal of foreign body in, otherwise than by simple syringing ALL STATES: FEE \$29.50 Anaesthetic 4 units — Item Nos 405G / 509S
5062	EAR, REMOVAL OF FOREIGN BODY IN, involving incision of external auditory canal ALL STATES: FEE \$87.00 Anaesthetic 6 units — Item Nos 407G / 513S
5066	AURAL POLYP, removal of ALL STATES: FEE \$52.00 Anaesthetic 4 units — Item Nos 405G / 509S

PART 10 — OPERATIONS**DIVISION 3 — EAR, NOSE AND THROAT**

5068	EXTERNAL AUDITORY MEATUS, surgical removal of Keratosis obturans from, not covered by any other item in this Part ALL STATES: FEE \$58.00 Anaesthetic 9 units — Item Nos 443G / 518S
5072	EXTERNAL AUDITORY MEATUS, removal of EXOSTOSES IN ALL STATES: FEE \$335.00 Anaesthetic 12 units — Item Nos 454G / 523S
5075	MYRINGOPLASTY, trans-canal approach (Rosen incision) ALL STATES: FEE \$215.00 Anaesthetic 11 units — Item Nos 453G / 522S
5078	MYRINGOPLASTY, post-aural or endaural approach with or without mastoid inspection ALL STATES: FEE \$345.00 Anaesthetic 12 units — Item Nos 454G / 523S
5081	OSSICULAR CHAIN RECONSTRUCTION ALL STATES: FEE \$395.00 Anaesthetic 12 units — Item Nos 454G / 523S
5085	OSSICULAR CHAIN RECONSTRUCTION AND MYRINGOPLASTY ALL STATES: FEE \$430.00 Anaesthetic 13 units — Item Nos 457G / 524S
5087	MASTOIDECTOMY (CORTICAL) ALL STATES: FEE \$194.00 Anaesthetic 12 units — Item Nos 454G / 523S
5091	OBLITERATION OF THE MASTOID CAVITY ALL STATES: FEE \$245.00 Anaesthetic 10 units — Item Nos 450G / 521S
5095	MASTOIDECTOMY (RADICAL OR MODIFIED RADICAL) ALL STATES: FEE \$395.00 Anaesthetic 13 units — Item Nos 457G / 524S

5098	MASTOIDECTOMY (RADICAL OR MODIFIED RADICAL) AND MYRINGOPLASTY ALL STATES: FEE \$430.00 Anaesthetic 13 units — Item Nos 457G / 524S
5100	MASTOIDECTOMY (RADICAL OR MODIFIED RADICAL), MYRINGOPLASTY AND OSSICULAR CHAIN RECONSTRUCTION ALL STATES: FEE \$535.00 Anaesthetic 14 units — Item Nos 458G / 525S
5102	DECOMPRESSION OF FACIAL NERVE in its mastoid portion ALL STATES: FEE \$430.00 Anaesthetic 13 units — Item Nos 457G / 524S
5104	DECOMPRESSION OF FACIAL NERVE in its intracranial portion by intracranial or intrapetrous approach ALL STATES: FEE \$485.00 Anaesthetic 18 units — Item Nos 462G / 529S
5106	LABYRINTHOTOMY OR DESTRUCTION OF LABYRINTH ALL STATES: FEE \$370.00 Anaesthetic 12 units — Item Nos 454G / 523S
5108	CEREBELLO - PONTINE ANGLE TUMOUR, removal of by two surgeons operating conjointly, by transmastoid, translabyrinthine approach - transmastoid, translabyrinthine procedure (including after-care) ALL STATES: FEE \$875.00
5112	CEREBELLO - PONTINE ANGLE TUMOUR, removal of by two surgeons operating conjointly, by transmastoid, translabyrinthine approach - intracranial procedure (including after-care) ALL STATES: FEE \$875.00 Anaesthetic 39 units — Item Nos 478G / 549S
5116	ENDOLYMPHATIC SAC, TRANSMASTOID DECOMPRESSION with or without drainage of ALL STATES: FEE \$430.00 Anaesthetic 12 units — Item Nos 454G / 523S

PART 10 — OPERATIONS**DIVISION 3 — EAR, NOSE AND THROAT**

5122	INTERNAL AUDITORY MEATUS, exploration of, by middle cranial fossa approach with or without removal of tumour ALL STATES: FEE \$535.00 Anaesthetic 21 units — Item Nos 465G / 535S
5127	FENESTRATION OPERATION - each ear ALL STATES: FEE \$430.00 Anaesthetic 11 units — Item Nos 453G / 522S
5131	VENOUS GRAFT TO FENESTRATION CAVITY ALL STATES: FEE \$215.00 Anaesthetic 12 units — Item Nos 454G / 523S
5138	STAPEDECTOMY ALL STATES: FEE \$395.00 Anaesthetic 11 units — Item Nos 453G / 522S
5143	STAPES MOBILISATION ALL STATES: FEE \$250.00 Anaesthetic 10 units — Item Nos 450G / 521S
5147	REPAIR OF ROUND WINDOW ALL STATES: FEE \$395.00 Anaesthetic 11 units — Item Nos 453G / 522S
5152	GLOMUS TUMOUR, transtympanic removal of ALL STATES: FEE \$295.00 Anaesthetic 12 units — Item Nos 454G / 523S
5158	GLOMUS TUMOUR, transmastoid removal of, including mastoidectomy ALL STATES: FEE \$430.00 Anaesthetic 13 units — Item Nos 457G / 524S

PART 10 — OPERATIONS

DIVISION 3 — EAR, NOSE AND THROAT

ABSCESS OR INFLAMMATION OF MIDDLE EAR, operation for (excluding after-care)

			NSW	VIC	QLD	SA	WA	TAS
5162	FEE	\$	35.50	52.00	35.50	35.50	35.50	35.50
	Anaesthetic 7 units — Item Nos 408G / 514S							

MIDDLE EAR, EXPLORATION OF

			NSW	VIC	QLD	SA	WA	TAS
5166	FEE	\$	158.00	194.00	158.00	158.00	158.00	158.00
	Anaesthetic 9 units — Item Nos 443G / 518S							

MIDDLE EAR, insertion of tube for DRAINAGE OF (including myringotomy)

			NSW	VIC	QLD	SA	WA	TAS
5172	FEE	\$	87.00	79.00	63.00	63.00	63.00	63.00
	Anaesthetic 7 units — Item Nos 408G / 514S							

PERFORATION OF TYMPANUM, cauterisation or diathermy of

5176	ALL STATES: FEE \$17.20							
	Anaesthetic 6 units — Item Nos 407G / 513S							

EAR TOILET requiring use of operating microscope and microinspection of tympanic membrane with or without general anaesthesia

5182	ALL STATES: FEE \$39.50							
	Anaesthetic 7 units — Item Nos 408G / 514S							

TYMPANIC MEMBRANE, microinspection of one or both ears, as an independent procedure under general anaesthesia

5186	ALL STATES: FEE \$39.50							
	Anaesthetic 7 units — Item Nos 408G / 514S							

EXAMINATION OF NASAL CAVITY OR POST-NASAL SPACE, or nasal cavity and post-nasal space, UNDER GENERAL ANAESTHESIA, as an independent procedure

5192	ALL STATES: FEE \$26.00							
	Anaesthetic 6 units — Item Nos 407G / 513S							

NASAL HAEMORRHAGE, POSTERIOR, ARREST OF, with posterior nasal packing with or without cauterisation and with or without anterior pack (excluding after-care)

5196	ALL STATES: FEE \$45.00							
	Anaesthetic 8 units — Item Nos 409G / 517S							

PART 10 — OPERATIONS

DIVISION 3 — EAR, NOSE AND THROAT

5201	NOSE, removal of FOREIGN BODY IN, other than by simple probing							
	ALL STATES: FEE \$28.50							
	Anaesthetic 6 units — Item Nos 407G / 513S							
5205	NASAL POLYP OR POLYPI (SIMPLE), removal of							
	ALL STATES: FEE \$29.50							
5210	NASAL POLYP OR POLYPI (requiring admission to hospital), removal of							
	G. FEE	\$	NSW 63.00	VIC 63.00	QLD 51.00	SA 51.00	WA 63.00	TAS 51.00
5214	S. FEE	\$	79.00	79.00	63.00	63.00	79.00	63.00
	Anaesthetic 7 units — Item Nos 408G / 514S							
5217	NASAL SEPTUM, SEPTOPLASTY OR SUBMUCOUS RESECTION OF							
	FEE	\$	NSW 158.00	VIC 174.00	QLD 116.00	SA 116.00	WA 158.00	TAS 116.00
	Anaesthetic 9 units — Item Nos 443G / 518S							
‡	CAUTERISATION OR DIATHERMY OF SEPTUM OR TURBINATES OR PHARYNX — any one or more — each attendance at which the procedure is performed, including associated consultation							
5229	ALL STATES: FEE \$36.50							
	Anaesthetic 6 units — Item Nos 407G / 513S							
5230	CAUTERY TO BLOOD VESSELS IN NOSE during an episode of epistaxis							
	ALL STATES: FEE \$32.50							
	Anaesthetic 7 units — Item Nos 408G / 514S							
5233	CRYOTHERAPY TO NOSE in the treatment of nasal haemorrhage							
	ALL STATES: FEE \$58.00							
	Anaesthetic 7 units — Item Nos 408G / 514S							
5237	TURBINECTOMY or dislocation of turbinate							
	ALL STATES: FEE \$48.50							
	Anaesthetic 6 units — Item Nos 407G / 513S							

5241	TURBINATES, submucous resection of ALL STATES: FEE \$64.00 Anaesthetic 8 units — Item Nos 409G / 517S														
5245	MAXILLARY ANTRUM, PROOF PUNCTURE AND LAVAGE OF ALL STATES: FEE \$11.60 Anaesthetic 6 units — Item Nos 407G / 513S														
5254	MAXILLARY ANTRUM, proof puncture and lavage of, under general anaesthesia (requiring admission to hospital) ALL STATES: FEE \$33.00 Anaesthetic 6 units — Item Nos 407G / 513S														
‡ 5264	MAXILLARY ANTRUM, LAVAGE OF - each attendance, including associated consultation ALL STATES: FEE \$9.70 Anaesthetic 6 units — Item Nos 407G / 513S														
5268	MAXILLARY ARTERY, transantral ligation of ALL STATES: FEE \$158.00 Anaesthetic 9 units — Item Nos 443G / 518S														
5270	ANTROSTOMY (RADICAL) <table><tr><td>FEE</td><td>\$</td><td>NSW 158.00</td><td>VIC 194.00</td><td>QLD 158.00</td><td>SA 158.00</td><td>WA 158.00</td><td>TAS 158.00</td></tr></table> Anaesthetic 9 units — Item Nos 443G / 518S							FEE	\$	NSW 158.00	VIC 194.00	QLD 158.00	SA 158.00	WA 158.00	TAS 158.00
FEE	\$	NSW 158.00	VIC 194.00	QLD 158.00	SA 158.00	WA 158.00	TAS 158.00								
‡ 5277	ANTROSTOMY (RADICAL) with transantral ethmoidectomy or transantral vidian neurectomy ALL STATES: FEE \$225.00 Anaesthetic 10 units — Item Nos 450G / 521S														
5280	ANTRUM, intranasal operation on, or removal of foreign body from <table><tr><td>FEE</td><td>\$</td><td>NSW 97.00</td><td>VIC 97.00</td><td>QLD 108.00</td><td>SA 79.00</td><td>WA 79.00</td><td>TAS 79.00</td></tr></table> Anaesthetic 8 units — Item Nos 409G / 517S							FEE	\$	NSW 97.00	VIC 97.00	QLD 108.00	SA 79.00	WA 79.00	TAS 79.00
FEE	\$	NSW 97.00	VIC 97.00	QLD 108.00	SA 79.00	WA 79.00	TAS 79.00								

PART 10 — OPERATIONS

DIVISION 3 — EAR, NOSE AND THROAT

5284	ANTRUM, drainage of, through tooth socket ALL STATES: FEE \$43.00 Anaesthetic 7 units — Item Nos 408G / 514S							
5288	ORO-ANTRAL FISTULA, plastic closure of ALL STATES: FEE \$215.00 Anaesthetic 11 units — Item Nos 453G / 522S							
5295	FRONTO-NASAL ETHMOIDECTOMY with or without sphenoideotomy ALL STATES: FEE \$285.00 Anaesthetic 9 units — Item Nos 443G / 518S							
5298	RADICAL FRONTO-ETHMOIDECTOMY with osteoplastic flap ALL STATES: FEE \$365.00 Anaesthetic 13 units — Item Nos 457G / 524S							
5301	FEE	\$	NSW 134.00	VIC 174.00	QLD 134.00	SA 134.00	WA 134.00	TAS 134.00
	Anaesthetic 9 units — Item Nos 443G / 518S							
5305	FRONTAL SINUS, catheterisation of ALL STATES: FEE \$21.50 Anaesthetic 6 units — Item Nos 407G / 513S							
5308	FRONTAL SINUS, trephine of ALL STATES: FEE \$122.00 Anaesthetic 6 units — Item Nos 407G / 513S							
5318	FRONTAL SINUS, radical obliteration of ALL STATES: FEE \$285.00 Anaesthetic 10 units — Item Nos 450G / 521S							
5320	ETHMOIDAL SINUSES, external operation on ALL STATES: FEE \$225.00 Anaesthetic 10 units — Item Nos 450G / 521S							

PART 10 — OPERATIONS

DIVISION 3 — EAR, NOSE AND THROAT

5330	SPHENOIDAL SINUS, intranasal operation on ALL STATES: FEE \$108.00 Anaesthetic 10 units — Item Nos 450G / 521S														
5337	TRANS-SPHENOIDAL HYPOPHYSECTOMY ALL STATES: FEE \$295.00 Anaesthetic 14 units — Item Nos 458G / 525S														
5339	TRANS-SPHENOIDAL HYPOPHYSECTOMY including submucous resection of nasal septum and grafting to obliterate the pituitary fossa (including obtaining of graft) ALL STATES: FEE \$395.00 Anaesthetic 15 units — Item Nos 459G / 526S														
5343	EUSTACHIAN TUBE, catheterisation of <table> <tr> <td>FEE</td><td>\$</td><td>NSW 14.60</td><td>VIC 16.60</td><td>QLD 13.40</td><td>SA 12.80</td><td>WA 12.80</td><td>TAS 12.80</td></tr> </table> Anaesthetic 6 units — Item Nos 407G / 513S							FEE	\$	NSW 14.60	VIC 16.60	QLD 13.40	SA 12.80	WA 12.80	TAS 12.80
FEE	\$	NSW 14.60	VIC 16.60	QLD 13.40	SA 12.80	WA 12.80	TAS 12.80								
5345	DIVISION OF PHARYNGEAL ADHESIONS ALL STATES: FEE \$43.00 Anaesthetic 7 units — Item Nos 408G / 514S														
5348	POST-NASAL SPACE, direct examination of, with biopsy ALL STATES: FEE \$45.00 Anaesthetic 7 units — Item Nos 408G / 514S														
5354	PHARYNGEAL POUCH, removal of ALL STATES: FEE \$250.00 Anaesthetic 16 units — Item Nos 460G / 527S														
5357	PHARYNGEAL POUCH, ENDOSCOPIC RESECTION OF (Dohlman's operation) ALL STATES: FEE \$215.00 Anaesthetic 14 units — Item Nos 458G / 525S														

PART 10 — OPERATIONS

DIVISION 3 — EAR, NOSE AND THROAT

‡	PHARYNGOTOMY (lateral) including total excision of tongue							
5360	ALL STATES: FEE \$250.00 Anaesthetic 6 units — Item Nos 407G / 513S							
TONSILS OR TONSILS AND ADENOIDS, removal of, in a person aged LESS THAN TWELVE YEARS								
5363	G. FEE	\$	NSW 79.00	VIC 79.00	QLD 67.00	SA 67.00	WA 67.00	TAS 67.00
5366	S. FEE	\$	108.00	97.00	86.00	86.00	86.00	86.00
Anaesthetic 7 units — Item Nos 408G / 514S								
TONSILS OR TONSILS AND ADENOIDS, removal of, in a person TWELVE YEARS OF AGE OR OVER								
5389	G. FEE	\$	NSW 99.00	VIC 99.00	QLD 85.00	SA 85.00	WA 85.00	TAS 85.00
5392	S. FEE	\$	134.00	134.00	102.00	102.00	102.00	102.00
Anaesthetic 8 units — Item Nos 409G / 517S								
TONSILS, OR TONSILS AND ADENOIDS, ARREST OF HAEMORRHAGE requiring general anaesthesia, following removal of								
5396	G.	ALL STATES: FEE \$41.00						
5401	S.	ALL STATES: FEE \$52.00						
Anaesthetic 9 units — Item Nos 443G / 518S								
ADENOIDS, removal of								
5407	G. FEE	\$	NSW 43.00	VIC 34.50	QLD 34.50	SA 34.50	WA 34.50	TAS 34.50
5411	S. FEE	\$	58.00	48.50	48.50	48.50	48.50	45.00
Anaesthetic 6 units — Item Nos 407G / 513S								
LINGUAL TONSIL OR LATERAL PHARYNGEAL BANDS, removal of								
5431	ALL STATES: FEE \$32.50 Anaesthetic 7 units — Item Nos 408G / 514S							

5445	PERITONSILLAR ABSCESS (quinsy), incision of ALL STATES: FEE \$25.00 Anaesthetic 7 units — Item Nos 408G / 514S
5449	UVULOTOMY ALL STATES: FEE \$12.80 Anaesthetic 6 units — Item Nos 407G / 513S
5456	VALLECULAR OR PHARYNGEAL CYSTS, removal of ALL STATES: FEE \$128.00 Anaesthetic 8 units — Item Nos 409G / 517S
5464	OESOPHAGOSCOPY ALL STATES: FEE \$67.00 Anaesthetic 6 units — Item Nos 407G / 513S
5470	OESOPHAGOSCOPY, INITIAL, with dilatation or insertion of prosthesis ALL STATES: FEE \$130.00 Anaesthetic 7 units — Item Nos 408G / 514S
5474	OESOPHAGOSCOPY with dilatation or insertion of prosthesis — subsequent procedures in a single course of treatment ALL STATES: FEE \$64.00 Anaesthetic 7 units — Item Nos 408G / 514S
5480	OESOPHAGOSCOPY with biopsy ALL STATES: FEE \$87.00 Anaesthetic 7 units — Item Nos 408G / 514S
5486	OESOPHAGUS, removal of foreign body in ALL STATES: FEE \$128.00 Anaesthetic 7 units — Item Nos 408G / 514S
5490	OESOPHAGEAL STRICTURE, dilatation of, without oesophagoscopy ALL STATES: FEE \$19.40 Anaesthetic 6 units — Item Nos 407G / 513S

LARYNGECTOMY (TOTAL)

5498

ALL STATES: FEE \$465.00

Anaesthetic 20 units — Item Nos 464G / 533S

‡ LARYNGOPHARYNGECTOMY or PRIMARY RESTORATION OF ALIMENTARY CONTINUITY after laryngopharyngectomy USING STOMACH OR BOWEL

5508

ALL STATES: FEE \$485.00

Anaesthetic 20 units — Item Nos 464G / 533S

LARYNX, direct examination of, as an independent procedure

5520

ALL STATES: FEE \$67.00

Anaesthetic 8 units — Item Nos 409G / 517S

LARYNX, direct examination of, with biopsy

5524

FEE

\$

NSW
79.00VIC
97.00QLD
79.00SA
79.00WA
79.00TAS
79.00

Anaesthetic 8 units — Item Nos 409G / 517S

LARYNX, direct examination of, WITH REMOVAL OF TUMOUR

5530

FEE

\$

NSW
87.00VIC
108.00QLD
87.00SA
87.00WA
87.00TAS
87.00

Anaesthetic 9 units — Item Nos 443G / 518S

MICROLARYNGOSCOPY

5534

ALL STATES: FEE \$104.00

Anaesthetic 8 units — Item Nos 409G / 517S

MICROLARYNGOSCOPY WITH REMOVAL OF TUMOUR

5540

ALL STATES: FEE \$146.00

Anaesthetic 9 units — Item Nos 443G / 518S

LARYNX, FRACTURED, operation for

5545

ALL STATES: FEE \$215.00

Anaesthetic 15 units — Item Nos 459G / 526S

PART 10 — OPERATIONS**DIVISION 3 — EAR, NOSE AND THROAT**

5556	LARYNX, external operation on, OR LARYNGOFISSURE ALL STATES: FEE \$215.00 Anaesthetic 13 units — Item Nos 457G / 524S
5572	TRACHEOSTOMY G. ALL STATES: FEE \$66.00
5598	S. ALL STATES: FEE \$87.00 Anaesthetic 10 units — Item Nos 450G / 521S
5601	TRACHEA, removal of foreign body in ALL STATES: FEE \$64.00 Anaesthetic 7 units — Item Nos 408G / 514S
5605	BRONCHOSCOPY, as an independent procedure ALL STATES: FEE \$64.00 Anaesthetic 7 units — Item Nos 408G / 514S
5611	BRONCHOSCOPY with biopsy or other diagnostic or therapeutic procedure ALL STATES: FEE \$86.00 Anaesthetic 8 units — Item Nos 409G / 517S
5613	BRONCHUS, removal of foreign body in ALL STATES: FEE \$132.00 Anaesthetic 9 units — Item Nos 443G / 518S
‡ 5619	BRONCHOSCOPY with dilatation of tracheal stricture ALL STATES: FEE \$90.00 Anaesthetic 7 units — Item Nos 408G / 514S
‡ 5636	DIVISION 4 — UROLOGICAL ADRENAL GLAND, biopsy or removal of ALL STATES: FEE \$315.00 Anaesthetic 12 units — Item Nos 454G / 523S

5642	RENAL TRANSPLANT (not covered by Item 5644 or 5645)	
	ALL STATES: FEE \$535.00	
	Anaesthetic 24 units — Item Nos 468G / 539S	
5644	RENAL TRANSPLANT, performed by vascular surgeon and urologist operating together — vascular anastomosis including aftercare	
	ALL STATES: FEE \$365.00	
5645	RENAL TRANSPLANT, performed by vascular surgeon and urologist operating together — ureterovesical anastomosis including aftercare	
	ALL STATES: FEE \$305.00	
	Anaesthetic 24 units — Item Nos 468G / 539S	
5647	DONOR NEPHRECTOMY (cadaver)	
	ALL STATES: FEE \$295.00	
5654	NEPHRECTOMY complete	
	G.	ALL STATES: FEE \$285.00
5661	S.	ALL STATES: FEE \$345.00
	Anaesthetic 11 units — Item Nos 453G / 522S	
5665	‡ NEPHRECTOMY partial, NEPHRECTOMY complicated by previous surgery on the same kidney, or NEPHRO-URETERECTOMY	
	ALL STATES: FEE \$395.00	
	Anaesthetic 13 units — Item Nos 457G / 524S	
5675	NEPHRO-URETERECTOMY, COMPLETE, with bladder repair	
	ALL STATES: FEE \$435.00	
	Anaesthetic 17 units — Item Nos 461G / 528S	
5679	KIDNEY, FUSED, symphysiotomy for	
	ALL STATES: FEE \$395.00	
	Anaesthetic 14 units — Item Nos 458G / 525S	

5683	KIDNEY, EXPLORATION OF, WITH ANY PROCEDURE, not covered by any other item in this Part ALL STATES: FEE \$270.00 Anaesthetic 10 units — Item Nos 450G / 521S
5691	NEPHROLITHOTOMY OR PYELOLITHOTOMY ALL STATES: FEE \$345.00 Anaesthetic 12 units — Item Nos 454G / 523S
‡ 5699	NEPHROLITHOTOMY OR PYELOLITHOTOMY - when complicated by previous surgery on the same kidney OR for large staghorn calculus filling renal pelvis and calyces ALL STATES: FEE \$400.00 Anaesthetic 12 units — Item Nos 454G / 523S
5705	URETEROLITHOTOMY ALL STATES: FEE \$315.00 Anaesthetic 11 units — Item Nos 453G / 522S
5715	NEPHROSTOMY, nephrotomy or pyelostomy with drainage ALL STATES: FEE \$285.00 Anaesthetic 11 units — Item Nos 453G / 522S
5721	NEPHROPEXY, as an independent procedure ALL STATES: FEE \$215.00 Anaesthetic 9 units — Item Nos 443G / 518S
5724	RENAL CYST OR CYSTS, excision or unroofing of ALL STATES: FEE \$245.00 Anaesthetic 11 units — Item Nos 453G / 522S
5726	RENAL BIOPSY (closed) ALL STATES: FEE \$63.00 Anaesthetic 6 units — Item Nos 407G / 513S

PART 10 — OPERATIONS		DIVISION 4 — UROLOGICAL
5729	PYONEPHROSIS, drainage of ALL STATES: FEE \$128.00 Anaesthetic 11 units — Item Nos 453G / 522S	
5732	PERINEPHRIC ABSCESS, drainage of ALL STATES: FEE \$174.00 Anaesthetic 9 units — Item Nos 443G / 518S	
5734	PYELOPLASTY ALL STATES: FEE \$345.00 Anaesthetic 14 units — Item Nos 458G / 525S	
5737	PYELOPLASTY, COMPLICATED by previous surgery on same kidney, or by congenital kidney abnormality or solitary kidney ALL STATES: FEE \$395.00 Anaesthetic 14 units — Item Nos 458G / 525S	
5741	DIVIDED URETER, repair of ALL STATES: FEE \$345.00 Anaesthetic 13 units — Item Nos 457G / 524S	
5744	REPAIR OF KIDNEY, WOUND OR INJURY ALL STATES: FEE \$345.00 Anaesthetic 13 units — Item Nos 457G / 524S	
5747	URETERECTOMY, COMPLETE OR PARTIAL, with bladder repair ALL STATES: FEE \$285.00 Anaesthetic 12 units — Item Nos 454G / 523S	
5753	REPLACEMENT OF URETER BY BOWEL — unilateral ALL STATES: FEE \$485.00 Anaesthetic 12 units — Item Nos 454G / 523S	
5757	REPLACEMENT OF URETER BY BOWEL — bilateral ALL STATES: FEE \$635.00 Anaesthetic 17 units — Item Nos 461G / 528S	
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PART 10 — OPERATIONS**DIVISION 4 — UROLOGICAL**

5763	URETER (UNILATERAL), transplantation of, into skin ALL STATES: FEE \$285.00 Anaesthetic 10 units — Item Nos 450G / 521S
5769	URETERS (BILATERAL), transplantation of, into skin ALL STATES: FEE \$345.00 Anaesthetic 12 units — Item Nos 454G / 523S
5773	URETER (UNILATERAL), transplantation of, into bladder ALL STATES: FEE \$315.00 Anaesthetic 12 units — Item Nos 454G / 523S
5777	URETERS (BILATERAL), transplantation of, into bladder ALL STATES: FEE \$395.00 Anaesthetic 14 units — Item Nos 458G / 525S
5780	URETER, transplantation of, into bladder with bladder plastic procedure (Boari flap) ALL STATES: FEE \$345.00 Anaesthetic 12 units — Item Nos 454G / 523S
5785	URETER (UNILATERAL), transplantation of, into intestine ALL STATES: FEE \$345.00 Anaesthetic 12 units — Item Nos 454G / 523S
5792	URETERS (BILATERAL), transplantation of, into intestine ALL STATES: FEE \$425.00 Anaesthetic 14 units — Item Nos 458G / 525S
5799	URETER, transplantation of, into other ureter ALL STATES: FEE \$345.00 Anaesthetic 12 units — Item Nos 454G / 523S
5804	URETER (UNILATERAL), transplantation of, into isolated intestinal loop ALL STATES: FEE \$425.00 Anaesthetic 14 units — Item Nos 458G / 525S

PART 10 — OPERATIONS**DIVISION 4 — UROLOGICAL**

5807	URETERS (BILATERAL), transplantation of, into isolated intestinal loop ALL STATES: FEE \$485.00 Anaesthetic 16 units — Item Nos 460G / 527S
5812	URETEROTOMY, with exploration or drainage as an independent procedure ALL STATES: FEE \$245.00 Anaesthetic 11 units — Item Nos 453G / 522S
5816	URETEROTOMY, with exploration or drainage for tumour, as an independent procedure ALL STATES: FEE \$285.00 Anaesthetic 11 units — Item Nos 453G / 522S
5821	URETEROLYSIS, with or without repositioning of ureter, for retroperitoneal fibrosis, ovarian vein syndrome etc. — unilateral ALL STATES: FEE \$285.00 Anaesthetic 11 units — Item Nos 453G / 522S
5827	URETEROLYSIS, with or without repositioning of ureter, for retroperitoneal fibrosis, ovarian vein syndrome etc. — bilateral ALL STATES: FEE \$345.00 Anaesthetic 13 units — Item Nos 457G / 524S
5831	REDUCTION URETEROPLASTY, unilateral ALL STATES: FEE \$270.00 Anaesthetic 14 units — Item Nos 458G / 525S
5836	REDUCTION URETEROPLASTY, bilateral ALL STATES: FEE \$345.00 Anaesthetic 17 units — Item Nos 461G / 528S
5837	CLOSURE OF CUTANEOUS URETEROSTOMY — unilateral ALL STATES: FEE \$166.00 Anaesthetic 9 units — Item Nos 443G / 518S

OPERATIONS ON THE BLADDER (CLOSED)

BLADDER, catheterisation of — where no other surgical procedure is performed

5840	FEE	\$	NSW 10.80	VIC 11.60	QLD 10.80	SA 10.80	WA 11.60	TAS 10.40
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Anaesthetic 4 units — Item Nos 405G / 509S

CYSTOSCOPY, with or without urethral dilatation

5845	FEE	\$	NSW 54.00	VIC 52.00	QLD 52.00	SA 52.00	WA 52.00	TAS 52.00
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Anaesthetic 5 units — Item Nos 406G / 510S

CYSTOSCOPY, with ureteric catheterisation, with or without introduction of opaque medium

5851	FEE	\$	NSW 69.00	VIC 79.00	QLD 69.00	SA 69.00	WA 69.00	TAS 69.00
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Anaesthetic 5 units — Item Nos 406G / 510S

CYSTOSCOPY, with controlled hydro-dilatation of the bladder

5853 ALL STATES: FEE \$87.00

Anaesthetic 5 units — Item Nos 406G / 510S

CYSTOMETROGRAPHY

5857 ALL STATES: FEE \$34.50

Anaesthetic 5 units — Item Nos 406G / 510S

ASCENDING CYSTO-URETHROGRAPHY

5861 ALL STATES: FEE \$34.50

Anaesthetic 5 units — Item Nos 406G / 510S

CYSTOSCOPIC REMOVAL OF FOREIGN BODY

5864 ALL STATES: FEE \$104.00

Anaesthetic 6 units — Item Nos 407G / 513S

CYSTOSCOPY, with biopsy of bladder tumours

5868 ALL STATES: FEE \$87.00

Anaesthetic 6 units — Item Nos 407G / 513S

PART 10 — OPERATIONS

DIVISION 4 — UROLOGICAL

CYSTOSCOPY, with diathermy or resection of superficial bladder tumours or with other diathermy of bladder or prostate

5871 ALL STATES: FEE \$122.00

Anaesthetic 6 units — Item Nos 407G / 513S

CYSTOSCOPY, with diathermy or resection of invasive bladder tumours or solitary tumour over 2 cm in diameter

5875 ALL STATES: FEE \$260.00

Anaesthetic 6 units — Item Nos 407G / 513S

CYSTOSCOPY, with ureteric meatotomy or with resection of ureterocele

5878 ALL STATES: FEE \$97.00

Anaesthetic 5 units — Item Nos 406G / 510S

CYSTOSCOPY, with endoscopic bladder neck resection

5881 ALL STATES: FEE \$174.00

Anaesthetic 7 units — Item Nos 408G / 514S

CYSTOSCOPY, with endoscopic removal or manipulation of ureteric calculus

		NSW	VIC	QLD	SA	WA	TAS
5885	FEE	\$ 128.00	158.00	128.00	128.00	128.00	128.00

Anaesthetic 6 units — Item Nos 407G / 513S

LITHOLAPAXY, with or without cystoscopy

5888 ALL STATES: FEE \$174.00

Anaesthetic 7 units — Item Nos 408G / 514S

OPERATIONS ON THE BLADDER (OPEN)

BLADDER, repair of rupture of, or partial excision of, or plastic repair of

5891 G. ALL STATES: FEE \$215.00

5894 S. ALL STATES: FEE \$260.00

Anaesthetic 13 units — Item Nos 457G / 524S

CYSTOSTOMY OR CYSTOTOMY, suprapubic

5897 G. ALL STATES: FEE \$128.00

5901 S. ALL STATES: FEE \$158.00

Anaesthetic 8 units — Item Nos 409G / 517S

SUPRAPUBIC STAB CYSTOTOMY

5903 ALL STATES: FEE \$29.50

Anaesthetic 6 units — Item Nos 407G / 513S

BLADDER, total excision of

5905 ALL STATES: FEE \$395.00

Anaesthetic 29 units — Item Nos 473G / 544S

BLADDER NECK CONTRACTURE, operation for

5916 ALL STATES: FEE \$260.00

Anaesthetic 9 units — Item Nos 443G / 518S

BLADDER TUMOURS, suprapubic diathermy of

5919 ALL STATES: FEE \$260.00

Anaesthetic 10 units — Item Nos 450G / 521S

DIVERTICULUM OF BLADDER, excision or obliteration of

5929 ALL STATES: FEE \$285.00

Anaesthetic 10 units — Item Nos 450G / 521S

VESICAL FISTULA, cutaneous, operation for

5935 ALL STATES: FEE \$158.00

Anaesthetic 12 units — Item Nos 454G / 523S

VESICO-VAGINAL FISTULA, closure of, by abdominal approach

5941 ALL STATES: FEE \$315.00

Anaesthetic 12 units — Item Nos 454G / 523S

PART 10 — OPERATIONS**DIVISION 4 — UROLOGICAL**

5947	VESICO-COLIC FISTULA, closure of, excluding bowel resection ALL STATES: FEE \$245.00 Anaesthetic 11 units — Item Nos 453G / 522S
5956	VESICO-RECTAL FISTULA, closure of ALL STATES: FEE \$285.00 Anaesthetic 13 units — Item Nos 457G / 524S
5964	BLADDER ASPIRATION by needle ALL STATES: FEE \$17.40
5968	CYSTOTOMY, with removal of calculus as an independent procedure ALL STATES: FEE \$174.00 Anaesthetic 8 units — Item Nos 409G / 517S
5977	URETHROPEXY (Marshall-Marchetti) ALL STATES: FEE \$245.00 Anaesthetic 9 units — Item Nos 443G / 518S
5981	BLADDER ENLARGEMENT using intestine or segment of bowel ALL STATES: FEE \$635.00 Anaesthetic 23 units — Item Nos 467G / 538S
5984	CORRECTION OF VESICO-URETERIC REFLUX — operation for — unilateral ALL STATES: FEE \$345.00 Anaesthetic 12 units — Item Nos 454G / 523S
5993	CORRECTION OF VESICO-URETERIC REFLUX — operation for — bilateral ALL STATES: FEE \$425.00 Anaesthetic 14 units — Item Nos 458G / 525S

OPERATIONS ON THE PROSTATE

PROSTATECTOMY (suprapubic, perineal or retropubic)

6001	FEE	\$	NSW 395.00	VIC 395.00	QLD 365.00	SA 365.00	WA 365.00	TAS 365.00
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Anaesthetic 13 units — Item Nos 457G / 524S

PROSTATECTOMY (endoscopic), with or without cystoscopy

6005	FEE	\$	NSW 365.00	VIC 410.00	QLD 365.00	SA 365.00	WA 365.00	TAS 365.00
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Anaesthetic 10 units — Item Nos 450G / 521S

MEDIAN BAR, endoscopic resection of, with or without cystoscopy

6010 ALL STATES: FEE \$174.00

Anaesthetic 9 units — Item Nos 443G / 518S

PROSTATE, total excision of

6017 ALL STATES: FEE \$430.00

Anaesthetic 13 units — Item Nos 457G / 524S

PROSTATE, OPEN PERINEAL BIOPSY OF

6022 ALL STATES: FEE \$108.00

Anaesthetic 6 units — Item Nos 407G / 513S

PROSTATE, biopsy of, endoscopic, with or without cystoscopy

6027 ALL STATES: FEE \$158.00

Anaesthetic 6 units — Item Nos 407G / 513S

PROSTATE, needle biopsy of, or injection into

6030 ALL STATES: FEE \$52.00

Anaesthetic 5 units — Item Nos 406G / 510S

PROSTATIC ABSCESS, retropubic or endoscopic drainage of

6033 ALL STATES: FEE \$174.00

Anaesthetic 7 units — Item Nos 408G / 514S

OPERATIONS ON URETHRA, PENIS OR SCROTUM

URETHRAL SOUNDS, passage of, as an independent procedure

6036

ALL STATES: FEE \$17.40

Anaesthetic 5 units — Item Nos 406G / 510S

URETHRAL STRICTURE, dilatation of

6039

FEE

	NSW	VIC	QLD	SA	WA	TAS
\$	29.50	28.50	29.50	29.50	29.50	29.50

Anaesthetic 5 units — Item Nos 406G / 510S

URETHRA, repair of RUPTURE OF

6041

ALL STATES: FEE \$345.00

Anaesthetic 10 units — Item Nos 450G / 521S

URETHRAL FISTULA, closure of

6044

ALL STATES: FEE \$104.00

Anaesthetic 8 units — Item Nos 409G / 517S

URETHROSCOPY, as an independent procedure

6047

ALL STATES: FEE \$54.00

Anaesthetic 5 units — Item Nos 406G / 510S

URETHROSCOPY with diathermy of tumour

6053

ALL STATES: FEE \$122.00

Anaesthetic 7 units — Item Nos 408G / 514S

URETHROSCOPY with removal of stone or foreign body

6056

ALL STATES: FEE \$87.00

Anaesthetic 6 units — Item Nos 407G / 513S

URETHRA, examination of, involving the use of an urethroscope, with cystoscopy

6061

ALL STATES: FEE \$64.00

Anaesthetic 5 units — Item Nos 406G / 510S

6066	URETHRAL MEATOTOMY, EXTERNAL ALL STATES: FEE \$34.50 Anaesthetic 4 units — Item Nos 405G / 509S
6069	† URETHROTOMY, external or internal ALL STATES: FEE \$87.00 Anaesthetic 5 units — Item Nos 406G / 510S
6077	URETHRECTOMY, partial or complete, for removal of tumour ALL STATES: FEE \$245.00 Anaesthetic 9 units — Item Nos 443G / 518S
6079	URETHRO-VAGINAL FISTULA, closure of ALL STATES: FEE \$215.00 Anaesthetic 9 units — Item Nos 443G / 518S
6083	URETHRO-RECTAL FISTULA, closure of ALL STATES: FEE \$285.00 Anaesthetic 10 units — Item Nos 450G / 521S
6086	URETHROPLASTY — single stage operation ALL STATES: FEE \$285.00 Anaesthetic 10 units — Item Nos 450G / 521S
6089	URETHROPLASTY — two stage operation — first stage ALL STATES: FEE \$260.00 Anaesthetic 9 units — Item Nos 443G / 518S
6092	URETHROPLASTY — two stage operation — second stage ALL STATES: FEE \$260.00 Anaesthetic 9 units — Item Nos 443G / 518S

6095	URETHROPLASTY, not covered by any other item in this Part ALL STATES: FEE \$104.00 Anaesthetic 9 units — Item Nos 443G / 518S
6098	HYPOSPADIAS, meatotomy and hemi-circumcision ALL STATES: FEE \$66.00 Anaesthetic 7 units — Item Nos 408G / 514S
6105	HYPOSPADIAS, correction of chordee ALL STATES: FEE \$138.00 Anaesthetic 10 units — Item Nos 450G / 521S
6107	HYPOSPADIAS, correction of chordee with transplantation of prepuce ALL STATES: FEE \$174.00 Anaesthetic 10 units — Item Nos 450G / 521S
‡ 6110	HYPOSPADIAS, urethral reconstruction for, with or without urinary diversion ALL STATES: FEE \$270.00 Anaesthetic 11 units — Item Nos 453G / 522S
6118	HYPOSPADIAS, urethral reconstruction and correction of chordee, complete, one stage including urinary diversion ALL STATES: FEE \$315.00 Anaesthetic 13 units — Item Nos 457G / 524S
6122	HYPOSPADIAS, secondary correction of ALL STATES: FEE \$104.00 Anaesthetic 9 units — Item Nos 443G / 518S

6130	EPISPADIAS, repair of, not involving sphincter — each stage ALL STATES: FEE \$215.00 Anaesthetic 9 units — Item Nos 443G / 518S
6135	EPISPADIAS, repair of, INCLUDING BLADDER NECK CLOSURE ALL STATES: FEE \$345.00 Anaesthetic 10 units — Item Nos 450G / 521S
6140	URETHRA, diathermy of ALL STATES: FEE \$69.00 Anaesthetic 4 units — Item Nos 405G / 509S
6146	URETHRA, excision of prolapse of ALL STATES: FEE \$69.00 Anaesthetic 7 units — Item Nos 408G / 514S
6152	URETHRA, excision of diverticulum of ALL STATES: FEE \$174.00 Anaesthetic 8 units — Item Nos 409G / 517S
6157	URETHRA, operation for correction of male urinary incontinence ALL STATES: FEE \$285.00 Anaesthetic 9 units — Item Nos 443G / 518S
6162	PRIAPISM, decompression operation for, under general anaesthesia ALL STATES: FEE \$29.50 Anaesthetic 7 units — Item Nos 408G / 514S
6166	PRIAPISM, decompression shunt, operation for ALL STATES: FEE \$285.00 Anaesthetic 10 units — Item Nos 450G / 521S
6170	URETHRAL ABSCESS, drainage of ALL STATES: FEE \$43.00 Anaesthetic 5 units — Item Nos 406G / 510S

6175	URETHRAL VALVES OR URETHRAL MEMBRANE, endoscopic, resection of ALL STATES: FEE \$138.00 Anaesthetic 7 units — Item Nos 408G / 514S
6179	PENIS, partial amputation of ALL STATES: FEE \$174.00 Anaesthetic 8 units — Item Nos 409G / 517S
6184	PENIS, complete or radical amputation of ALL STATES: FEE \$345.00 Anaesthetic 12 units — Item Nos 454G / 523S
6189	PENIS, repair of laceration or fracture involving cavernous tissue ALL STATES: FEE \$174.00 Anaesthetic 8 units — Item Nos 409G / 517S
6194	PENIS, repair of avulsion ALL STATES: FEE \$345.00 Anaesthetic 12 units — Item Nos 454G / 523S
6199	PENIS, Peyronie's disease, injection procedure for ALL STATES: FEE \$17.40
6204	PENIS, Peyronie's disease, operation for ALL STATES: FEE \$174.00 Anaesthetic 8 units — Item Nos 409G / 517S
6208	PENIS, plastic implantation of, OR lengthening of by translocation of corpora as an independent procedure ALL STATES: FEE \$325.00 Anaesthetic 8 units — Item Nos 409G / 517S
6212	SCROTUM, partial excision of ALL STATES: FEE \$108.00 Anaesthetic 7 units — Item Nos 408G / 514S

6216	SCROTUM, drainage of abscess of ALL STATES: FEE \$69.00 Anaesthetic 4 units — Item Nos 405G / 509S
6218	OPERATIONS ON TESTES, VASA OR SEMINAL VESICLES TESTICULAR BIOPSY ALL STATES: FEE \$69.00 Anaesthetic 6 units — Item Nos 407G / 513S
6221	SPERMATOCELE OR EPIDIDYMAL CYSTS, excision of G. ALL STATES: FEE \$85.00
6224	S. ALL STATES: FEE \$104.00 Anaesthetic 6 units — Item Nos 407G / 513S
6228	EXPLORATION OF THE TESTIS, with or without fixation for torsion ALL STATES: FEE \$104.00 Anaesthetic 5 units — Item Nos 406G / 510S
6230	ORCHIDECTOMY, with excision of retroperitoneal glands or seminal vesicles ALL STATES: FEE \$345.00 Anaesthetic 12 units — Item Nos 454G / 523S
6233	ORCHIDOPLASTY ALL STATES: FEE \$128.00 Anaesthetic 8 units — Item Nos 409G / 517S
6236	EPIDIDYMECTOMY ALL STATES: FEE \$116.00 Anaesthetic 8 units — Item Nos 409G / 517S
6238	VASOEPIDIDYMOSTOMY — unilateral ALL STATES: FEE \$215.00 Anaesthetic 9 units — Item Nos 443G / 518S

PART 10 — OPERATIONS**DIVISION 4 — UROLOGICAL**

6241	VASOEPIDIDYMOSTOMY — bilateral ALL STATES: FEE \$245.00 Anaesthetic 12 units — Item Nos 454G / 523S
6244	VAS DEFERENS, reanastomosis of ALL STATES: FEE \$190.00 Anaesthetic 9 units — Item Nos 443G / 518S
6246	VASOEPIDIDYMOGRAPHY and VASOVESICULOGRAPHY as an independent operative procedure, PREPARATION FOR, BY OPEN OPERATION ALL STATES: FEE \$69.00 Anaesthetic 5 units — Item Nos 406G / 510S
6249	VASOTOMY OR VASECTOMY (unilateral or bilateral) G. ALL STATES: FEE \$69.00
6253	S. ALL STATES: FEE \$87.00 Anaesthetic 5 units — Item Nos 406G / 510S
6258	DIVISION 5 — GYNAECOLOGICAL GYNAECOLOGICAL EXAMINATION UNDER ANAESTHESIA not performed in association with any service covered by any other item in this Part ALL STATES: FEE \$30.00 Anaesthetic 5 units — Item Nos 406G / 510S
6262	INTRA-UTERINE CONTRACEPTIVE DEVICE, introduction of, as an independent procedure; or removal of under general anaesthesia, as an independent procedure ALL STATES: FEE \$19.60 Anaesthetic 5 units — Item Nos 406G / 510S
6267	SIMPLE TUMOUR OF VULVA, removal of ALL STATES: FEE \$30.00 Anaesthetic 7 units — Item Nos 408G / 514S

PART 10 — OPERATIONS

DIVISION 5 — GYNAECOLOGICAL

6271	HYMENECTOMY	ALL STATES: FEE \$33.00 Anaesthetic 5 units — Item Nos 406G / 510S
6274	BARTHOLIN'S CYST, excision of	
	G.	ALL STATES: FEE \$55.00
6277	S.	ALL STATES: FEE \$68.00 Anaesthetic 7 units — Item Nos 408G / 514S
6278	BARTHOLIN'S CYST OR GLAND, marsupialisation or cautery destruction of	
	G.	ALL STATES: FEE \$43.50
6280	S.	ALL STATES: FEE \$55.00 Anaesthetic 6 units — Item Nos 407G / 513S
6284	BARTHOLIN'S ABSCESS, incision of	ALL STATES: FEE \$22.00 Anaesthetic 5 units — Item Nos 406G / 510S
6286	SKENE'S DUCT, incision of, or removal of calculus from	ALL STATES: FEE \$33.00 Anaesthetic 6 units — Item Nos 407G / 513S
6290	URETHRA OR URETHRAL CARUNCLE, cauterisation of	ALL STATES: FEE \$22.00 Anaesthetic 4 units — Item Nos 405G / 509S
6292	URETHRAL CARUNCLE, excision of	
	G.	ALL STATES: FEE \$43.50
6296	S.	ALL STATES: FEE \$55.00 Anaesthetic 6 units — Item Nos 407G / 513S
6299	CLITORIS, amputation of	ALL STATES: FEE \$98.00 Anaesthetic 7 units — Item Nos 408G / 514S

PART 10 — OPERATIONS**DIVISION 5 — GYNAECOLOGICAL**

6302	VULVECTOMY (SIMPLE), VULVOPLASTY OR LABIOPLASTY ALL STATES: FEE \$130.00 Anaesthetic 9 units — Item Nos 443G / 518S
6306	VULVECTOMY (RADICAL) ALL STATES: FEE \$440.00 Anaesthetic 16 units — Item Nos 460G / 527S
6308	PELVIC LYMPH GLANDS, excision of (radical) ALL STATES: FEE \$250.00 Anaesthetic 15 units — Item Nos 459G / 526S
6313	‡ VAGINA, dilatation of, as an independent procedure — each attendance at which dilatation is performed, including associated consultation ALL STATES: FEE \$16.00 Anaesthetic 4 units — Item Nos 405G / 509S
6321	VAGINA, removal of simple tumour (including Gartner duct cyst) ALL STATES: FEE \$79.00 Anaesthetic 8 units — Item Nos 409G / 517S
6325	VAGINA, partial or complete removal of ALL STATES: FEE \$250.00 Anaesthetic 13 units — Item Nos 457G / 524S
6327	VAGINAL RECONSTRUCTION in congenital absence, gynatresia or urogenital sinus ALL STATES: FEE \$250.00 Anaesthetic 18 units — Item Nos 462G / 529S
6332	VAGINAL SEPTUM, excision of, for correction of double vagina ALL STATES: FEE \$148.00 Anaesthetic 12 units — Item Nos 454G / 523S

6336	PLASTIC REPAIR TO ENLARGE VAGINAL ORIFICE							
	ALL STATES: FEE \$59.00							
	Anaesthetic 9 units — Item Nos 443G / 518S							
6342	COLPOTOMY OR COLPORRHAPHY, not covered by any other item in this Part							
	ALL STATES: FEE \$46.00							
	Anaesthetic 6 units — Item Nos 407G / 513S							
6347	CYSTOCELE OR RECTOCELE, repair of, not covered by items 6358, 6363, 6367 or 6373 in this Schedule							
	G. FEE	\$	NSW 128.00	VIC 110.00	QLD 110.00	SA 110.00	WA 110.00	TAS 110.00
6352	S. FEE	\$	156.00	136.00	136.00	136.00	136.00	136.00
	Anaesthetic 10 units — Item Nos 450G / 521S							
6358	CYSTOCELE AND RECTOCELE, repair of, not covered by Items 6367 or 6373 in this Schedule							
	G.	ALL STATES: FEE \$156.00						
6363	S.	ALL STATES: FEE \$196.00						
	Anaesthetic 10 units — Item Nos 450G / 521S							
6367	COLPOPLASTY, DONALD-FOTHERGILL OR MANCHESTER OPERATION (operation for genital prolapse)							
	G.	ALL STATES: FEE \$192.00						
6373	S. FEE	\$	NSW 235.00	VIC 235.00	QLD 235.00	SA 235.00	WA 245.00	TAS 235.00
	Anaesthetic 10 units — Item Nos 450G / 521S							
6389	URETHROCELE, operation for							
	ALL STATES: FEE \$65.00							
	Anaesthetic 9 units — Item Nos 443G / 518S							
6396	ABDOMINAL APPROACH for repair of ENTEROCELE AND/OR SUSPENSION OF VAGINAL VAULT							
	ALL STATES: FEE \$196.00							
	Anaesthetic 9 units — Item Nos 443G / 518S							

PART 10 — OPERATIONS

DIVISION 5 — GYNAECOLOGICAL

FISTULA BETWEEN GENITAL AND URINARY OR ALIMENTARY TRACTS, repair of, not covered by Items 5941, 6079 or 6083

6401 ALL STATES: FEE \$250.00

Anaesthetic 13 units — Item Nos 457G / 524S

STRESS INCONTINENCE, sling operation for

6406 ALL STATES: FEE \$245.00

Anaesthetic 12 units — Item Nos 454G / 523S

STRESS INCONTINENCE, ABDOMINO-VAGINAL operation for, synchronous combined: abdominal procedure (including aftercare)

6407 ALL STATES: FEE \$245.00

STRESS INCONTINENCE, ABDOMINO-VAGINAL operation for, synchronous combined: vaginal procedure (including aftercare)

6408 ALL STATES: FEE \$136.00

Anaesthetic 12 units — Item Nos 454G / 523S

CERVIX, cauterisation, ionisation or diathermy of, with or without removal of cervical polyp, with or without dilatation of cervix

6411 ALL STATES: FEE \$23.50

Anaesthetic 5 units — Item Nos 406G / 510S

EXAMINATION OF THE UTERINE CERVIX by a magnifying colposcope of the Hinselmann type or similar instrument

6415	FEE	\$	NSW 25.00	VIC 25.00	QLD 25.00	SA 20.50	WA 20.50	TAS 20.50
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Anaesthetic 5 units — Item Nos 406G / 510S

CERVIX, cone biopsy of

6418 G. ALL STATES: FEE \$64.00

6424 S. ALL STATES: FEE \$79.00

Anaesthetic 7 units — Item Nos 408G / 514S

	CERVIX, amputation or repair of, not covered by Item 6367 or 6373 in this Schedule							
6436	G.	ALL STATES: FEE \$54.00						
6441	S.	ALL STATES: FEE \$65.00						
		Anaesthetic 7 units — Item Nos 408G / 514S						
6446	CERVIX, dilatation of, not covered by Items 6460/6464 or 6469 in this Schedule							
		ALL STATES: FEE \$30.00						
		Anaesthetic 5 units — Item Nos 406G / 510S						
6451	CULDOSCOPY							
		ALL STATES: FEE \$39.50						
		Anaesthetic 7 units — Item Nos 408G / 514S						
6460	G.	UTERUS, CURETTAGE OF, with or without dilatation, including curettage for incomplete miscarriage						
		ALL STATES: FEE \$49.00.						
6464	S. FEE	\$	NSW 64.00	VIC 68.00	QLD 64.00	SA 64.00	WA 64.00	TAS 64.00
		Anaesthetic 5 units — Item Nos 406G / 510S						
6469	EVACUATION OF THE CONTENTS OF THE GRAVID UTERUS BY CURETTAGE OR SUCTION CURETTAGE not covered by Item 6460/6464							
		ALL STATES: FEE \$80.00						
		Anaesthetic 5 units — Item Nos 406G / 510S						
6483	UTERUS, CURETTAGE OF, with COLPOSCOPY, CERVICAL BIOPSY and RADICAL DIATHERMY							
		ALL STATES: FEE \$110.00						
		Anaesthetic 8 units — Item Nos 409G / 517S						
‡	HYSTEROTOMY or MYOMECTOMY							
6508		ALL STATES: FEE \$196.00						
		Anaesthetic 10 units — Item Nos 450G / 521S						

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PART 10 — OPERATIONS

DIVISION 5 — GYNAECOLOGICAL

‡	HYSTERECTOMY — SUBTOTAL or TOTAL, by any route							
6513	G.	ALL STATES: FEE \$196.00						
6517	S.	ALL STATES: FEE \$245.00						
		Anaesthetic 11 units — Item Nos 453G / 522S						
HYSTERECTOMY, ABDOMINAL, with enucleation of ovarian cyst, one or both sides								
6532	G.	ALL STATES: FEE \$260.00						
6533	S.	ALL STATES: FEE \$330.00						
		Anaesthetic 12 units — Item Nos 454G / 523S						
HYSTERECTOMY AND DISSECTION OF PELVIC GLANDS								
6536		ALL STATES: FEE \$415.00						
		Anaesthetic 17 units — Item Nos 461G / 528S						
RADICAL HYSTERECTOMY WITHOUT GLAND DISSECTION								
6542		ALL STATES: FEE \$300.00						
		Anaesthetic 12 units — Item Nos 454G / 523S						
HYSTERECTOMY, VAGINAL, with removal of UTERINE ADNEXAE								
6544		ALL STATES: FEE \$285.00						
		Anaesthetic 12 units — Item Nos 454G / 523S						
ECTOPIC GESTATION, removal of								
6553	G.	ALL STATES: FEE \$156.00						
6557	S.	ALL STATES: FEE \$196.00						
		Anaesthetic 9 units — Item Nos 443G / 518S						
BICORNUATE UTERUS, plastic reconstruction for								
6570		ALL STATES: FEE \$220.00						
		Anaesthetic 14 units — Item Nos 458G / 525S						
UTERUS, SUSPENSION OR FIXATION OF — as an independent procedure								
6585	G. FEE	\$	NSW 130.00	VIC 130.00	QLD 118.00	SA 130.00	WA 118.00	TAS 118.00
6594	S. FEE	\$	158.00	176.00	158.00	158.00	158.00	158.00
		Anaesthetic 8 units — Item Nos 409G / 517S						

6599	RUBIN TEST for patency ALL STATES: FEE \$24.50 Anaesthetic 5 units — Item Nos 406G / 510S
6604	LAPAROSCOPY, DIAGNOSTIC, as a diagnostic procedure performed in gynaecology ALL STATES: FEE \$79.00 Anaesthetic 7 units — Item Nos 408G / 514S
6607	LAPAROSCOPY involving biopsy, puncture of cysts, diathermy of endometriosis, ventrosuspension, division of adhesions or other procedures — one or more such procedures — not associated with Item 6611 or 6612 ALL STATES: FEE \$148.00 Anaesthetic 7 units — Item Nos 408G / 514S
6611	STERILISATION BY TRANSECTION OR RESECTION OF FALLOPIAN TUBES, via abdominal or vaginal routes or via laparoscopy using diathermy or any other method G. ALL STATES: FEE \$120.00
6612	S. ALL STATES: FEE \$148.00 Anaesthetic 8 units — Item Nos 409G / 517S
6631	‡ TUBOPLASTY (salpingostomy, salpingolysis or tubal implantation into uterus), UNILATERAL or BILATERAL ALL STATES: FEE \$235.00 Anaesthetic 11 units — Item Nos 453G / 522S
6636	FALLOPIAN TUBES, hydrotubation of, as an isolated procedure ALL STATES: FEE \$23.50 Anaesthetic 7 units — Item Nos 408G / 514S
6641	FALLOPIAN TUBES, hydrotubation of, as a repetitive post-operative procedure ALL STATES: FEE \$15.80 Anaesthetic 7 units — Item Nos 408G / 514S

PART 10 — OPERATIONS**DIVISION 5 — GYNAECOLOGICAL**

LAPAROTOMY, involving OOPHORECTOMY, SALPINGECTOMY, SALPINGO-OOPHORECTOMY, removal of OVARIAN, PAROVARIAN, FIMBRIAL or BROAD LIGAMENT CYST — one such procedure, not associated with hysterectomy

6643 G. ALL STATES: FEE \$134.00

6644 S. ALL STATES: FEE \$168.00

Anaesthetic 9 units — Item Nos 443G / 518S

LAPAROTOMY, involving OOPHORECTOMY, SALPINGECTOMY, SALPINGO-OOPHORECTOMY, removal of OVARIAN, PAROVARIAN, FIMBRIAL or BROAD LIGAMENT CYST — two or more such procedures, unilateral or bilateral, not associated with hysterectomy

6648 G. ALL STATES: FEE \$160.00

6649 S. ALL STATES: FEE \$200.00

Anaesthetic 10 units — Item Nos 450G / 521S

PELVIC ABSCESS, suprapubic drainage of

6677 G. ALL STATES: FEE \$134.00

6681 S. ALL STATES: FEE \$168.00

Anaesthetic 8 units — Item Nos 409G / 517S

DIVISION 6 — OPHTHALMOLOGICAL

OPHTHALMOLOGICAL EXAMINATION under general anaesthesia as an independent procedure

6686 ALL STATES: FEE \$37.00

Anaesthetic 5 units — Item Nos 406G / 510S

EYE, ENUCLEATION OF with or without sphere implant

6688 ALL STATES: FEE \$174.00

Anaesthetic 8 units — Item Nos 409G / 517S

EYE, ENUCLEATION OF, with insertion of integrated implant

6692 ALL STATES: FEE \$225.00

Anaesthetic 9 units — Item Nos 443G / 518S

6697	GLOBE, EVISCERATION OF ALL STATES: FEE \$174.00 Anaesthetic 8 units — Item Nos 409G / 517S
6699	GLOBE, EVISCERATION OF, AND INSERTION OF INTRASCLERAL BALL OR CARTILAGE ALL STATES: FEE \$225.00 Anaesthetic 9 units — Item Nos 443G / 518S
6701	ANOPHTHALMIC ORBIT, INSERTION OF CARTILAGE OR ARTIFICIAL IMPLANT as a delayed procedure; <u>or</u> REMOVAL OF IMPLANT FROM SOCKET ALL STATES: FEE \$128.00 Anaesthetic 9 units — Item Nos 443G / 518S
6703	ORBIT, SKIN GRAFT TO, as a delayed procedure ALL STATES: FEE \$74.00 Anaesthetic 7 units — Item Nos 408G / 514S
6705	CONTRACTED SOCKET, RECONSTRUCTION INCLUDING MUCOUS MEMBRANE GRAFTING AND STENT MOULD ALL STATES: FEE \$148.00 Anaesthetic 11 units — Item Nos 453G / 522S
6707	ORBIT, EXPLORATION with or without biopsy, requiring REMOVAL OF BONE ALL STATES: FEE \$230.00 Anaesthetic 9 units — Item Nos 443G / 518S
6709	ORBIT, EXPLORATION OF with drainage or biopsy not requiring removal of bone ALL STATES: FEE \$146.00 Anaesthetic 8 units — Item Nos 409G / 517S
‡ 6715	ORBIT, EXENTERATION OF, with or without skin graft and with or without temporalis muscle transplant ALL STATES: FEE \$300.00 Anaesthetic 10 units — Item Nos 450G / 521S

6722	ORBIT, EXPLORATION OF, with removal of tumour or foreign body, requiring removal of bone ALL STATES: FEE \$370.00 Anaesthetic 12 units — Item Nos 454G / 523S
6724	ORBIT, EXPLORATION OF, with removal of tumour or foreign body ALL STATES: FEE \$184.00 Anaesthetic 10 units — Item Nos 450G / 521S
6728	EYEBALL, PERFORATING WOUND OF, not involving intraocular structures — repair ALL STATES: FEE \$230.00 Anaesthetic 10 units — Item Nos 450G / 521S
6730	EYEBALL, PERFORATING WOUND OF, with incarceration or prolapse of uveal tissue — repair ALL STATES: FEE \$270.00 Anaesthetic 12 units — Item Nos 454G / 523S
6736	EYEBALL, PERFORATING WOUND OF, with incarceration of lens or vitreous — repair ALL STATES: FEE \$370.00 Anaesthetic 12 units — Item Nos 454G / 523S
6740	INTRA-OCULAR FOREIGN BODY, removal from anterior chamber, magnetic ALL STATES: FEE \$148.00 Anaesthetic 10 units — Item Nos 450G / 521S
6742	INTRA-OCULAR FOREIGN BODY, removal from anterior chamber, non-magnetic ALL STATES: FEE \$194.00 Anaesthetic 11 units — Item Nos 453G / 522S
6744	INTRA-OCULAR FOREIGN BODY, MAGNETIC, removal from posterior segment ALL STATES: FEE \$270.00 Anaesthetic 10 units — Item Nos 450G / 521S

6747	INTRA-OCULAR FOREIGN BODY, NON-MAGNETIC, removal from posterior segment ALL STATES: FEE \$370.00 Anaesthetic 12 units — Item Nos 454G / 523S																						
6752	ABSCESS (INTRA-ORBITAL), drainage of ALL STATES: FEE \$43.00 Anaesthetic 6 units — Item Nos 407G / 513S																						
6754	TARSAL CYST, extirpation of ALL STATES: FEE \$30.00 Anaesthetic 6 units — Item Nos 407G / 513S																						
6758	TARSAL CARTILAGE, excision of ALL STATES: FEE \$166.00 Anaesthetic 8 units — Item Nos 409G / 517S																						
6762	ECTROPION, tarsal cauterisation for ALL STATES: FEE \$43.00																						
6766	TARSORRHAPHY ALL STATES: FEE \$99.00 Anaesthetic 8 units — Item Nos 409G / 517S																						
6767	ELECTROLYSIS EPILATION for trichiasis - each treatment <table> <tr> <td>FEE</td><td>\$</td><td>NSW</td><td>VIC</td><td>QLD</td><td>SA</td><td>WA</td><td>TAS</td></tr> <tr> <td></td><td></td><td>19.40</td><td>17.00</td><td>17.00</td><td>17.00</td><td>17.00</td><td>17.00</td></tr> </table> Anaesthetic 6 units — Item Nos 407G / 513S							FEE	\$	NSW	VIC	QLD	SA	WA	TAS			19.40	17.00	17.00	17.00	17.00	17.00
FEE	\$	NSW	VIC	QLD	SA	WA	TAS																
		19.40	17.00	17.00	17.00	17.00	17.00																
6768	CANTHOPLASTY, medial or lateral ALL STATES: FEE \$122.00 Anaesthetic 9 units — Item Nos 443G / 518S																						

6772	LACRIMAL GLAND, excision of palpebral lobe ALL STATES: FEE \$74.00 Anaesthetic 8 units — Item Nos 409G / 517S
6774	LACRIMAL SAC, excision of, or operation on ALL STATES: FEE \$184.00 Anaesthetic 8 units — Item Nos 409G / 517S
6778	DACRYOCYSTORHINOSTOMY ALL STATES: FEE \$250.00 Anaesthetic 11 units — Item Nos 453G / 522S
6782	CONJUNCTIVORHINOSTOMY ALL STATES: FEE \$215.00 Anaesthetic 11 units — Item Nos 453G / 522S
6786	CONJUNCTIVORHINOSTOMY including dacryocystorhinostomy and fashioning of conjunctival flaps ALL STATES: FEE \$270.00 Anaesthetic 12 units — Item Nos 454G / 523S
6792	LACRIMAL CANALICULAR SYSTEM, reconstruction of ALL STATES: FEE \$230.00 Anaesthetic 8 units — Item Nos 409G / 517S
6796	LACRIMAL CANALICULUS, immediate repair of ALL STATES: FEE \$166.00 Anaesthetic 8 units — Item Nos 409G / 517S

PART 10 — OPERATIONS

DIVISION 6 — OPHTHALMOLOGICAL

6799	NASO-LACRIMAL DUCT, probing for obstruction, one or both ducts							
	FEE	\$	NSW 52.00	VIC 52.00	QLD 35.50	SA 35.50	WA 35.50	TAS 35.50
	Anaesthetic 4 units — Item Nos 405G / 509S							
6802	LACRIMAL PASSAGES, lavage of (excluding after-care)							
	ALL STATES: FEE \$17.40							
	Anaesthetic 4 units — Item Nos 405G / 509S							
6805	PUNCTUM SNIP operation							
	FEE	\$	NSW 48.50	VIC 41.00	QLD 29.50	SA 29.50	WA 29.50	TAS 29.50
	Anaesthetic 4 units — Item Nos 405G / 509S							
6807	CONJUNCTIVAL PERITOMY							
	ALL STATES: FEE \$43.00							
	Anaesthetic 6 units — Item Nos 407G / 513S							
6810	CONJUNCTIVAL GRAFT OVER CORNEA							
	ALL STATES: FEE \$138.00							
	Anaesthetic 7 units — Item Nos 408G / 514S							
6816	CORNEA OR SCLERA, removal of superficial foreign body from (excluding after-care)							
	FEE	\$	NSW 10.20	VIC 9.50	QLD 9.00	SA 9.00	WA 9.00	TAS 9.50
	Anaesthetic 6 units — Item Nos 407G / 513S							
6818	CORNEA OR SCLERA, removal of imbedded foreign body from (excluding after-care)							
	ALL STATES: FEE \$26.00							
	Anaesthetic 8 units — Item Nos 409G / 517S							

PART 10 — OPERATIONS

DIVISION 6 — OPHTHALMOLOGICAL

6820	CORNEAL SCARS removal of by partial keratectomy ALL STATES: FEE \$74.00 Anaesthetic 8 units — Item Nos 409G / 517S						
6824	CORNEA, epithelial debridement for dendritic ulcer (excluding after-care) ALL STATES: FEE \$26.00 Anaesthetic 8 units — Item Nos 409G / 517S						
6828	CORNEA, transplantation of, full thickness, including collection of implant ALL STATES: FEE \$485.00 Anaesthetic 13 units — Item Nos 457G / 524S						
6832	CORNEA, transplantation of, superficial or lamellar including collection of transplant ALL STATES: FEE \$325.00 Anaesthetic 11 units — Item Nos 453G / 522S						
6835	‡ CONJUNCTIVA, CAUTERY OF, INCLUDING TREATMENT OF PANNUS — each attendance at which treatment is given including associated consultation ALL STATES: FEE \$22.50 Anaesthetic 4 units — Item Nos 405G / 509S						
6837	PTERYGIUM, removal of FEE \$ NSW VIC QLD SA WA TAS 92.00 97.00 85.00 85.00 85.00 85.00 Anaesthetic 6 units — Item Nos 407G / 513S						
6842	PINGUECULA, removal of ALL STATES: FEE \$43.00 Anaesthetic 6 units — Item Nos 407G / 513S						
6846	LIMBIC TUMOUR, removal of ALL STATES: FEE \$99.00 Anaesthetic 7 units — Item Nos 408G / 514S						

PART 10 — OPERATIONS

DIVISION 6 — OPHTHALMOLOGICAL

LENS EXTRACTION

6848	FEE	\$	NSW 430.00	VIC 395.00	QLD 355.00	SA 345.00	WA 345.00	TAS 345.00
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Anaesthetic 11 units — Item Nos 453G / 522S

ARTIFICIAL LENS, insertion of

6852 ALL STATES: FEE \$230.00

Anaesthetic 11 units — Item Nos 453G / 522S

ARTIFICIAL LENS, removal of

6857 ALL STATES: FEE \$166.00

Anaesthetic 9 units — Item Nos 443G / 518S

CATARACT, JUVENILE, removal of, including subsequent needlings

6859 ALL STATES: FEE \$430.00

Anaesthetic 11 units — Item Nos 453G / 522S

CAPSULECTOMY

6861 ALL STATES: FEE \$190.00

Anaesthetic 9 units — Item Nos 443G / 518S

‡ CAPSULOTOMY, NEEDLING or PARACENTESIS for diagnosis or relief of tension

6865 ALL STATES: FEE \$112.00

Anaesthetic 7 units — Item Nos 408G / 514S

ANTERIOR CHAMBER, IRRIGATION OF BLOOD FROM, as an independent procedure

6871 ALL STATES: FEE \$230.00

Anaesthetic 7 units — Item Nos 408G / 514S

GLAUCOMA, filtering and allied operations in the treatment of

6873	FEE	\$	NSW 345.00	VIC 325.00	QLD 325.00	SA 325.00	WA 325.00	TAS 325.00
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Anaesthetic 10 units — Item Nos 450G / 521S

PART 10 — OPERATIONS		DIVISION 6 — OPHTHALMOLOGICAL																			
6879	GONIOTOMY ALL STATES: FEE \$250.00 Anaesthetic 10 units — Item Nos 450G / 521S																				
6881	DIVISION OF ANTERIOR OR POSTERIOR SYNECHIAE, as an independent procedure ALL STATES: FEE \$190.00 Anaesthetic 9 units — Item Nos 443G / 518S																				
6885	‡ IRIDECTOMY (including excision of tumour of iris) OR IRIDOTOMY, as an independent procedure ALL STATES: FEE \$194.00 Anaesthetic 10 units — Item Nos 450G / 521S																				
6889	IRIS, LIGHT COAGULATION OF ALL STATES: FEE \$128.00 Anaesthetic 6 units — Item Nos 407G / 513S																				
6894	TUMOUR, INVOLVING CILIARY BODY OR CILIARY BODY AND IRIS, excision of ALL STATES: FEE \$395.00 Anaesthetic 12 units — Item Nos 454G / 523S																				
6898	CYCLODIATHERMY OR CYCLOCRYOTHERAPY ALL STATES: FEE \$108.00 Anaesthetic 8 units — Item Nos 409G / 517S																				
6900	DETACHED RETINA, diathermy or cryotherapy for ALL STATES: FEE \$325.00 Anaesthetic 11 units — Item Nos 453G / 522S																				
6902	DETACHED RETINA, resection or buckling or revision operation for <table><tr><td></td><td>NSW</td><td>VIC</td><td>QLD</td><td>SA</td><td>WA</td><td>TAS</td></tr><tr><td>FEE</td><td>\$ 430.00</td><td>485.00</td><td>430.00</td><td>430.00</td><td>430.00</td><td>430.00</td></tr></table> Anaesthetic 15 units — Item Nos 459G / 526S								NSW	VIC	QLD	SA	WA	TAS	FEE	\$ 430.00	485.00	430.00	430.00	430.00	430.00
	NSW	VIC	QLD	SA	WA	TAS															
FEE	\$ 430.00	485.00	430.00	430.00	430.00	430.00															
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6904	PHOTOCOAGULATION, each attendance at which treatment is given ALL STATES: FEE \$128.00 Anaesthetic 10 units — Item Nos 450G / 521S																						
6906	DETACHED RETINA, removal of encircling silicone band from ALL STATES: FEE \$60.00 Anaesthetic 8 units — Item Nos 409G / 517S																						
6908	RETINA, CRYOTHERAPY TO, as an independent procedure ALL STATES: FEE \$215.00 Anaesthetic 13 units — Item Nos 457G / 524S																						
6914	RETROBULBAR TRANSILLUMINATION, as an independent procedure ALL STATES: FEE \$32.50 Anaesthetic 5 units — Item Nos 406G / 510S																						
6918	RETROBULBAR INJECTION OF ALCOHOL OR OTHER DRUG as an independent procedure ALL STATES: FEE \$25.00																						
6922	SQUINT, OPERATION FOR ON ONE OR BOTH EYES, ONE OR TWO MUSCLES <table> <tr> <td></td><td></td><td>NSW</td><td>VIC</td><td>QLD</td><td>SA</td><td>WA</td><td>TAS</td></tr> <tr> <td>FEE</td><td>\$</td><td>215.00</td><td>215.00</td><td>190.00</td><td>190.00</td><td>190.00</td><td>190.00</td></tr> </table> Anaesthetic 8 units — Item Nos 409G / 517S									NSW	VIC	QLD	SA	WA	TAS	FEE	\$	215.00	215.00	190.00	190.00	190.00	190.00
		NSW	VIC	QLD	SA	WA	TAS																
FEE	\$	215.00	215.00	190.00	190.00	190.00	190.00																
6924	SQUINT, OPERATION FOR ON ONE OR BOTH EYES, three or four muscles <table> <tr> <td></td><td></td><td>NSW</td><td>VIC</td><td>QLD</td><td>SA</td><td>WA</td><td>TAS</td></tr> <tr> <td>FEE</td><td>\$</td><td>250.00</td><td>250.00</td><td>225.00</td><td>225.00</td><td>225.00</td><td>225.00</td></tr> </table> Anaesthetic 9 units — Item Nos 443G / 518S									NSW	VIC	QLD	SA	WA	TAS	FEE	\$	250.00	250.00	225.00	225.00	225.00	225.00
		NSW	VIC	QLD	SA	WA	TAS																
FEE	\$	250.00	250.00	225.00	225.00	225.00	225.00																
6928	SQUINT, OPERATION FOR ON ONE OR BOTH EYES, more than four muscles <table> <tr> <td></td><td></td><td>NSW</td><td>VIC</td><td>QLD</td><td>SA</td><td>WA</td><td>TAS</td></tr> <tr> <td>FEE</td><td>\$</td><td>270.00</td><td>270.00</td><td>250.00</td><td>250.00</td><td>250.00</td><td>250.00</td></tr> </table> Anaesthetic 10 units — Item Nos 450G / 521S									NSW	VIC	QLD	SA	WA	TAS	FEE	\$	270.00	270.00	250.00	250.00	250.00	250.00
		NSW	VIC	QLD	SA	WA	TAS																
FEE	\$	270.00	270.00	250.00	250.00	250.00	250.00																

PART 10 — OPERATIONS

DIVISION 6 — OPHTHALMOLOGICAL

	SQUINT, muscle transplant for (Hummelsheim type, etc.)							
6930	FEE	\$	NSW 250.00	VIC 250.00	QLD 215.00	SA 194.00	WA 225.00	TAS 194.00
	Anaesthetic 9 units — Item Nos 443G / 518S							
‡	RUPTURED MEDIAL PALPEBRAL LIGAMENT or EXTRA-OCULAR MUSCLE, repair of							
6932	ALL STATES: FEE \$146.00							
	Anaesthetic 9 units — Item Nos 443G / 518S							
	RESUTURING OF WOUND FOLLOWING INTRA-OCULAR PROCEDURES with or without excision of prolapsed iris							
6938	ALL STATES: FEE \$146.00							
	Anaesthetic 9 units — Item Nos 443G / 518S							
	DIVISION 7 — THORACIC							
	THORACIC CAVITY, aspiration or paracentesis of, or both (excluding after-care)							
6940	ALL STATES: FEE \$24.50							
	PERICARDIUM, paracentesis of (excluding after-care)							
6942	ALL STATES: FEE \$40.00							
	Anaesthetic 6 units — Item Nos 407G / 513S							
	INTERCOSTAL DRAIN, insertion of, not involving resection of rib (excluding after-care)							
6953	ALL STATES: FEE \$40.00							
	Anaesthetic 7 units — Item Nos 408G / 514S							
	EMPHYEMA, radical operation for, involving resection of rib							
6955	ALL STATES: FEE \$170.00							
	Anaesthetic 13 units — Item Nos 457G / 524S							
	THORACOTOMY, exploratory, with or without biopsy							
6958	ALL STATES: FEE \$330.00							
	Anaesthetic 11 units — Item Nos 453G / 522S							

6962	THORACOTOMY, with pulmonary decortication ALL STATES: FEE \$495.00 Anaesthetic 17 units — Item Nos 461G / 528S
6964	‡ THORACOTOMY, with pleurectomy or pleurodesis, OR ENUCLEATION OF HYDATID CYSTS ALL STATES: FEE \$355.00 Anaesthetic 16 units — Item Nos 460G / 527S
6966	THORACOPLASTY (COMPLETE) ALL STATES: FEE \$495.00 Anaesthetic 21 units — Item Nos 465G / 535S
6968	THORACOPLASTY (IN STAGES) — each stage ALL STATES: FEE \$255.00 Anaesthetic 14 units — Item Nos 458G / 525S
6972	PECTUS EXCAVATUM OR PECTUS CARINATUM, radical correction of ALL STATES: FEE \$435.00 Anaesthetic 16 units — Item Nos 460G / 527S
6974	THORACOSCOPY, with or without division of pleural adhesions ALL STATES: FEE \$102.00 Anaesthetic 7 units — Item Nos 408G / 514S
6980	PNEUMONECTOMY or lobectomy ALL STATES: FEE \$495.00 Anaesthetic 18 units — Item Nos 462G / 529S
6986	OESOPHAGECTOMY, with direct anastomosis OR WITH STOMACH TRANSPOSITION ALL STATES: FEE \$495.00 Anaesthetic 23 units — Item Nos 467G / 538S

6988	ESOPHAGECTOMY, with interposition of small or large bowel ALL STATES: FEE \$610.00 Anaesthetic 27 units — Item Nos 471G / 542S
6992	MEDIASTINUM, cervical exploration of, with or without biopsy ALL STATES: FEE \$148.00 Anaesthetic 10 units — Item Nos 450G / 521S
6995	PERICARDIUM, TRANSTHORACIC DRAINAGE OF (other than for treatment of constrictive pericarditis) ALL STATES: FEE \$355.00 Anaesthetic 14 units — Item Nos 458G / 525S
6997	HERNIA, HIATUS OR OTHER DIAPHRAGMATIC, transthoracic repair of ALL STATES: FEE \$355.00 Anaesthetic 15 units — Item Nos 459G / 526S
6999	INTRATHORACIC OPERATION on heart, lungs, great vessels, bronchial tree, oesophagus or mediastinum, or on more than one of those organs, not covered by any other item in this Part ALL STATES: FEE \$495.00 Anaesthetic 28 units — Item Nos 472G / 543S
7001	RIGHT HEART CATHETERISATION — including fluoroscopy, oximetry, dye dilution curves, cardiac output measurements by any method, shunt detection and exercise stress test ALL STATES: FEE \$158.00 Anaesthetic 12 units — Item Nos 454G / 523S
7003	LEFT HEART CATHETERISATION by percutaneous arterial puncture, arteriotomy or percutaneous left ventricular puncture — including fluoroscopy, oximetry, dye dilution curves, cardiac output measurements by any method, shunt detection and exercise stress test ALL STATES: FEE \$194.00 Anaesthetic 12 units — Item Nos 454G / 523S

7006	RIGHT HEART CATHETERISATION WITH LEFT HEART CATHETERISATION via the right heart or by any other procedure — including fluoroscopy, oximetry, dye dilution curves, cardiac output measurements by any method, shunt detection and exercise stress test ALL STATES: FEE \$230.00 Anaesthetic 14 units — Item Nos 458G / 525S
7011	SELECTIVE CORONARY ARTERIOGRAPHY — placement of catheters and injection of opaque material ALL STATES: FEE \$158.00 Anaesthetic 14 units — Item Nos 458G / 525S
7013	SELECTIVE CORONARY ARTERIOGRAPHY — placement of catheters and injection of opaque material with right or left heart catheterisation, or both ALL STATES: FEE \$270.00 Anaesthetic 16 units — Item Nos 460G / 527S
7021	PERMANENT INTERNAL PACEMAKER AND MYOCARDIAL ELECTRODES, insertion or replacement of by thoracotomy ALL STATES: FEE \$435.00 Anaesthetic 11 units — Item Nos 453G / 522S
7028	PERMANENT TRANSVENOUS ELECTRODE, insertion or replacement of ALL STATES: FEE \$220.00 Anaesthetic 12 units — Item Nos 454G / 523S
7033	PERMANENT PACEMAKER, insertion or replacement of ALL STATES: FEE \$138.00 Anaesthetic 12 units — Item Nos 454G / 523S
7042	TEMPORARY TRANSVENOUS PACEMAKING ELECTRODE, insertion of ALL STATES: FEE \$110.00 Anaesthetic 11 units — Item Nos 453G / 522S

PART 10 — OPERATIONS		DIVISION 7 — THORACIC	
‡	OPEN HEART SURGERY for single valve replacement, congenital heart disease or any purpose not covered by any other item in this Part		
7046	ALL STATES: FEE \$695.00 Anaesthetic 32 units — Item Nos 475G / 546S		
7057	OPEN HEART SURGERY on more than one valve or involving more than one chamber ALL STATES: FEE \$1000.00 Anaesthetic 38 units — Item Nos 477G / 548S		
7066	CORONARY ARTERY OR ARTERIES, direct surgery to, employing cardiopulmonary by-pass ALL STATES: FEE \$795.00 Anaesthetic 36 units — Item Nos 476G / 547S		
	DIVISION 8 — NEURO-SURGICAL		
7079	INJECTION INTO TRIGEMINAL GANGLION OR PRIMARY BRANCH OF TRIGEMINAL NERVE WITH ALCOHOL ALL STATES: FEE \$97.00		
7081	INTRATHECAL INJECTION OF ALCOHOL OR PHENOL ALL STATES: FEE \$102.00		
‡	LUMBAR PUNCTURE, SPINAL OR EPIDURAL INJECTION not covered by Items 748 or 752		
7085	ALL STATES: FEE \$28.00		
7089	CISTERNAL PUNCTURE ALL STATES: FEE \$31.50		
7099	VENTRICULAR PUNCTURE (not including burr-hole) ALL STATES: FEE \$69.00		
7106	G.	ALL STATES: FEE \$46.00	
7111	S.	ALL STATES: FEE \$57.00 Anaesthetic 8 units — Item Nos 409G / 517S	
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CUTANEOUS NERVE (other than digital nerve) primary suture of by MICROSURGICAL TECHNIQUES

7112

ALL STATES: FEE \$79.00

Anaesthetic 9 units — Item Nos 443G / 518S

REPAIR OF DIVIDED DIGITAL NERVE to thumb or finger

7116

G.

ALL STATES: FEE \$73.00

7117

S.

ALL STATES: FEE \$93.00

Anaesthetic 8 units — Item Nos 409G / 517S

REPAIR OF DIVIDED DIGITAL NERVE to thumb or finger by MICROSURGICAL TECHNIQUES, primary repair

7120

ALL STATES: FEE \$128.00

Anaesthetic 9 units — Item Nos 443G / 518S

REPAIR OF DIVIDED DIGITAL NERVE to thumb or finger by MICROSURGICAL TECHNIQUES, secondary repair

7121

ALL STATES: FEE \$166.00

Anaesthetic 10 units — Item Nos 450G / 521S

NERVE TRUNK, PRIMARY suture of

7124

ALL STATES: FEE \$158.00

Anaesthetic 8 units — Item Nos 409G / 517S

NERVE TRUNK, primary suture of, by MICROSURGICAL TECHNIQUES

7129

ALL STATES: FEE \$255.00

Anaesthetic 11 units — Item Nos 453G / 522S

NERVE TRUNK, SECONDARY suture of

7132

ALL STATES: FEE \$176.00

Anaesthetic 9 units — Item Nos 443G / 518S

NERVE TRUNK, secondary suture of, by MICROSURGICAL TECHNIQUES

7138

ALL STATES: FEE \$285.00

Anaesthetic 12 units — Item Nos 454G / 523S

PART 10 — OPERATIONS

DIVISION 8 — NEURO-SURGICAL

7139	NERVE GRAFT performed with magnification ALL STATES: FEE \$315.00 Anaesthetic 9 units — Item Nos 443G / 518S								
7143	NERVE, TRANSPOSITION of ALL STATES: FEE \$158.00 Anaesthetic 8 units — Item Nos 409G / 517S								
7148	G.	ALL STATES: FEE \$67.00							
7152	S.	ALL STATES: FEE \$85.00 Anaesthetic 8 units — Item Nos 409G / 517S							
7156	NEURECTOMY, NEUROTOMY, OR REMOVAL OF TUMOUR FROM DEEP PERIPHERAL NERVE ALL STATES: FEE \$158.00 Anaesthetic 10 units — Item Nos 450G / 521S								
7170	NEURECTOMY, INTRACRANIAL OR RADICAL as in tic douloureux ALL STATES: FEE \$425.00 Anaesthetic 16 units — Item Nos 460G / 527S								
7175	EXPLORATION OF BRACHIAL PLEXUS not covered by any other item in this Part ALL STATES: FEE \$134.00 Anaesthetic 11 units — Item Nos 453G / 522S								
7178	G.	FEE	\$	NSW 93.00	VIC 93.00	QLD 79.00	SA 79.00	WA 79.00	TAS 79.00
7182	S.	FEE	\$	116.00	116.00	97.00	97.00	97.00	97.00
	Anaesthetic 7 units — Item Nos 408G / 514S								
7184	SUBDURAL HAEMORRHAGE, tap for, each tap ALL STATES: FEE \$29.50 Anaesthetic 6 units — Item Nos 407G / 513S								

PART 10 — OPERATIONS

DIVISION 8 — NEURO-SURGICAL

7186	BURR-HOLE, single, preparatory to ventricular puncture or for inspection purpose — not included in any other items ALL STATES: FEE \$86.00 Anaesthetic 11 units — Item Nos 453G / 522S
7192	INTRACRANIAL TUMOUR, BIOPSY OF, OR CYST, drainage of via burr-hole — including burr-hole ALL STATES: FEE \$170.00 Anaesthetic 10 units — Item Nos 450G / 521S
7194	INTRACRANIAL TUMOUR, biopsy and/or decompression via osteoplastic flap ALL STATES: FEE \$355.00 Anaesthetic 18 units — Item Nos 462G / 529S
7198	† INTRACEREBRAL TUMOUR, CRANIOTOMY AND REMOVAL or TEMPORAL LOBECTOMY for any reason ALL STATES: FEE \$515.00 Anaesthetic 25 units — Item Nos 469G / 540S
7203	† INTRACRANIAL EXTRACEREBRAL TUMOUR, CRANIOTOMY AND REMOVAL or HEMISPHERECTOMY for any reason ALL STATES: FEE \$875.00 Anaesthetic 25 units — Item Nos 469G / 540S
7212	INTRACRANIAL HAEMORRHAGE, burr-hole craniotomy for — including burr-hole ALL STATES: FEE \$170.00 Anaesthetic 11 units — Item Nos 453G / 522S
7216	INTRACRANIAL HAEMORRHAGE, OSTEOPLASTIC CRANIOTOMY OR EXTENSIVE CRANIECTOMY AND REMOVAL OF HAEMATOMA ALL STATES: FEE \$395.00 Anaesthetic 18 units — Item Nos 462G / 529S
7231	FRACTURE OF SKULL, depressed or comminuted, operation for ALL STATES: FEE \$260.00 Anaesthetic 12 units — Item Nos 454G / 523S
7240	FRACTURED SKULL, COMPOUND, WITHOUT DURAL PENETRATION, operation for ALL STATES: FEE \$335.00 Anaesthetic 12 units — Item Nos 454G / 523S

7244	FRACTURED SKULL, COMPOUND OR COMPLICATED, WITH DURAL PENETRATION AND BRAIN DAMAGE, operation for ALL STATES: FEE \$395.00 Anaesthetic 14 units — Item Nos 458G / 525S
7248	FRACTURED SKULL WITH RHINORRHOEA OR OTORRHEA CRANIOPLASTY AND REPAIR OF ALL STATES: FEE \$395.00 Anaesthetic 16 units — Item Nos 460G / 527S
7251	RECONSTRUCTIVE CRANIOPLASTY ALL STATES: FEE \$325.00 Anaesthetic 16 units — Item Nos 460G / 527S
7265	ANEURYSM, OR ARTERIOVENOUS MALFORMATION, CLIPPING OR REINFORCEMENT OF SAC ALL STATES: FEE \$875.00 Anaesthetic 28 units — Item Nos 472G / 543S
7270	ANEURYSM, OR ARTERIOVENOUS MALFORMATION, INTRACRANIAL PROXIMAL ARTERY CLIPPING ALL STATES: FEE \$465.00 Anaesthetic 24 units — Item Nos 468G / 539S
7274	ANEURYSM, OR ARTERIOVENOUS FISTULA, cervical carotid ligation for ALL STATES: FEE \$230.00 Anaesthetic 10 units — Item Nos 450G / 521S
7279	CRANIOTOMY involving osteoplastic flap, for re-opening post-operatively for haemorrhage, swelling etc. ALL STATES: FEE \$260.00 Anaesthetic 16 units — Item Nos 460G / 527S
7283	INTRACRANIAL ABSCESS, excision of ALL STATES: FEE \$515.00 Anaesthetic 17 units — Item Nos 461G / 528S

PART 10 — OPERATIONS**DIVISION 8 — NEURO-SURGICAL**

7287	INTRACRANIAL INFECTION, drainage of, via burr-hole — including burr-hole ALL STATES: FEE \$170.00 Anaesthetic 10 units — Item Nos 450G / 521S
7291	CRANIECTOMY FOR OSTEOMYELITIS OF SKULL ALL STATES: FEE \$260.00 Anaesthetic 10 units — Item Nos 450G / 521S
7298	LEUCOTOMY OR LOBOTOMY for psychiatric causes ALL STATES: FEE \$325.00 Anaesthetic 15 units — Item Nos 459G / 526S
7312	CHEMOPALLIDECTOMY, or other stereotactic procedure including burr-hole and air studies ALL STATES: FEE \$395.00 Anaesthetic 17 units — Item Nos 461G / 528S
7314	VENTRICULO-CISTERNOSTOMY (TORKILDSSEN'S OPERATION) ALL STATES: FEE \$330.00 Anaesthetic 15 units — Item Nos 459G / 526S
7316	VENTRICULO-ATRIAL OR VENTRICULO-PERITONEAL VALVULAR SHUNT for hydrocephalus or other lesion ALL STATES: FEE \$330.00 Anaesthetic 14 units — Item Nos 458G / 525S
7318	VENTRICULO-ATRIAL OR VENTRICULO-PERITONEAL SHUNT, revision or removal of ALL STATES: FEE \$174.00 Anaesthetic 12 units — Item Nos 454G / 523S
7320	SPINO-URETERAL, SPINO-PERITONEAL, SPINO-PLEURAL OR SIMILAR SPINAL SHUNT for hydrocephalus ALL STATES: FEE \$260.00 Anaesthetic 13 units — Item Nos 457G / 524S

PART 10 — OPERATIONS**DIVISION 8 — NEURO-SURGICAL**

7324	CRANIOSTENOSIS, operation for — single suture ALL STATES: FEE \$260.00 Anaesthetic 17 units — Item Nos 461G / 528S
7326	CRANIOSTENOSIS, operation for — more than one suture ALL STATES: FEE \$365.00 Anaesthetic 20 units — Item Nos 464G / 533S
7328	ARACHNOIDAL CYST, operation for ALL STATES: FEE \$330.00 Anaesthetic 15 units — Item Nos 459G / 526S
7331	LAMINECTOMY FOR EXPLORATION OR REMOVAL OF INTERVERTEBRAL DISC OR DISCS ALL STATES: FEE \$345.00 Anaesthetic 12 units — Item Nos 454G / 523S
7336	LAMINECTOMY FOR RECURRENT DISC LESION OR SPINAL STENOSIS ALL STATES: FEE \$345.00 Anaesthetic 13 units — Item Nos 457G / 524S
7341	LAMINECTOMY FOR EXTRADURAL TUMOUR OR ABSCESS ALL STATES: FEE \$345.00 Anaesthetic 12 units — Item Nos 454G / 523S
7346	LAMINECTOMY FOR INTRADURAL LESION OR OPEN CORDOTOMY ALL STATES: FEE \$355.00 Anaesthetic 13 units — Item Nos 457G / 524S
7353	LAMINECTOMY AND RADICAL EXCISION OF INTRA-MEDULLARY TUMOUR OR ARTERIOVENOUS MALFORMATION ALL STATES: FEE \$435.00 Anaesthetic 14 units — Item Nos 458G / 525S

7355	LAMINECTOMY FOLLOWED BY POSTERIOR FUSION — not covered by Items 7361 and 7365 ALL STATES: FEE \$395.00 Anaesthetic 18 units — Item Nos 462G / 529S
7361	LAMINECTOMY FOLLOWED BY POSTERIOR FUSION, PERFORMED BY NEUROSURGEON AND ORTHOPAEDIC SURGEON OPERATING TOGETHER — LAMINECTOMY including after care ALL STATES: FEE \$205.00
7365	LAMINECTOMY FOLLOWED BY POSTERIOR FUSION, PERFORMED BY NEUROSURGEON AND ORTHOPAEDIC SURGEON OPERATING TOGETHER — POSTERIOR FUSION, including after care ALL STATES: FEE \$205.00 Anaesthetic 18 units — Item Nos 462G / 529S
7370	SPINAL RHIZOLYSIS involving exposure of spinal nerve roots, with or without laminectomy ALL STATES: FEE \$345.00 Anaesthetic 16 units — Item Nos 460G / 527S
7376	SYMPATHECTOMY (cervical, lumbar, thoracic, sacral or presacral) ALL STATES: FEE \$255.00 Anaesthetic 10 units — Item Nos 450G / 521S
7381	PERCUTANEOUS CORDOTOMY ALL STATES: FEE \$230.00 Anaesthetic 9 units — Item Nos 443G / 518S

DIVISION 9 — TREATMENT OF DISLOCATIONS

DISLOCATIONS NOT REQUIRING OPEN OPERATION

‡	MANDIBLE	
7397		ALL STATES: FEE \$17.20 Anaesthetic 4 units — Item Nos 405G / 509S
7410	CLAVICLE	ALL STATES: FEE \$27.00 Anaesthetic 4 units — Item Nos 405G / 509S
7412	SHOULDER — first or second dislocation	ALL STATES: FEE \$32.50 Anaesthetic 4 units — Item Nos 405G / 509S
7416	SHOULDER — third or subsequent dislocation — requiring anaesthesia	ALL STATES: FEE \$27.00 Anaesthetic 4 units — Item Nos 405G / 509S
7419	SHOULDER — third or subsequent dislocation — not requiring anaesthesia	ALL STATES: FEE \$21.50
7423	ELBOW	ALL STATES: FEE \$39.50 Anaesthetic 4 units — Item Nos 405G / 509S
7426	CARPUS	ALL STATES: FEE \$25.00 Anaesthetic 4 units — Item Nos 405G / 509S
7430	G. CARPUS ON RADIUS AND ULNA	ALL STATES: FEE \$51.00
7432	S. CARPUS ON RADIUS AND ULNA	ALL STATES: FEE \$64.00 Anaesthetic 4 units — Item Nos 405G / 509S

7435	FINGER	ALL STATES: FEE \$11.00 Anaesthetic 4 units — Item Nos 405G / 509S
7436	METACARPO-PHALANGEAL JOINT OF THUMB	ALL STATES: FEE \$32.50 Anaesthetic 4 units — Item Nos 405G / 509S
7440	HIP	
	G.	ALL STATES: FEE \$82.00
7443	S.	ALL STATES: FEE \$108.00 Anaesthetic 5 units — Item Nos 406G / 510S
7446	KNEE	
	G.	ALL STATES: FEE \$60.00
7451	S.	ALL STATES: FEE \$74.00 Anaesthetic 4 units — Item Nos 405G / 509S
7457	PATELLA	ALL STATES: FEE \$25.00 Anaesthetic 4 units — Item Nos 405G / 509S
7461	ANKLE	ALL STATES: FEE \$43.00 Anaesthetic 5 units — Item Nos 406G / 510S
7464	TOE	ALL STATES: FEE \$12.80 Anaesthetic 4 units — Item Nos 405G / 509S
7468	TARSUS	ALL STATES: FEE \$32.50 Anaesthetic 4 units — Item Nos 405G / 509S

‡	SPINE (CERVICAL OR LUMBAR), without fracture	
7472	ALL STATES: FEE \$97.00 Anaesthetic 7 units — Item Nos 408G / 514S	
7480	DISLOCATIONS REQUIRING OPEN OPERATION TREATMENT OF A DISLOCATION REQUIRING OPEN OPERATION, being a dislocation referred to in Items 7397, 7410, 7416, 7419, 7426, 7435, 7457 or 7464 ALL STATES: FEE \$44.00 Anaesthetic units — Item Nos 482G / 553S	
7483	TREATMENT OF A DISLOCATION REQUIRING OPEN OPERATION, being a dislocation referred to in an item under the last preceding heading other than those items referred to in Item 7480 DERIVED FEE — The fee for the treatment of the dislocation, had such dislocation not required open operation, plus one-half of that fee. Anaesthetic units — Item Nos 482G / 553S	
7505	DIVISION 10 — TREATMENT OF FRACTURES SIMPLE AND UNCOMPLICATED FRACTURES NOT REQUIRING OPEN OPERATION TERMINAL PHALANX of finger or thumb ALL STATES: FEE \$15.80 Anaesthetic 4 units — Item Nos 405G / 509S	
7508	G.	ALL STATES: FEE \$33.00
7512	S.	ALL STATES: FEE \$48.50
		Anaesthetic 4 units — Item Nos 405G / 509S
7516	MIDDLE PHALANX OF FINGER ALL STATES: FEE \$22.50 Anaesthetic 4 units — Item Nos 405G / 509S	

PART 10 — OPERATIONS

DIVISION 10 — FRACTURES

ONE OR MORE METACARPALS, not involving base of first carpometacarpal joint

7520 G. ALL STATES: FEE \$48.50

			NSW	VIC	QLD	SA	WA	TAS
7524	S. FEE	\$	67.00	67.00	67.00	67.00	67.00	60.00

Anaesthetic 4 units — Item Nos 405G / 509S

FIRST METACARPAL involving carpometacarpal joint (Bennett's fracture)

7527 G. ALL STATES: FEE \$57.00

7530 S. ALL STATES: FEE \$79.00

Anaesthetic 4 units — Item Nos 405G / 509S

CARPUS (excluding navicular)

7533 ALL STATES: FEE \$25.00

Anaesthetic 5 units — Item Nos 406G / 510S

NAVICULAR OR CARPAL SCAPHOID

7535 G. ALL STATES: FEE \$48.50

7538 S. ALL STATES: FEE \$58.00

Anaesthetic 5 units — Item Nos 406G / 510S

COLLES' FRACTURE OF WRIST

			NSW	VIC	QLD	SA	WA	TAS
7540	G. FEE	\$	63.00	63.00	66.00	63.00	63.00	63.00

7544	S. FEE	\$	87.00	79.00	97.00	87.00	87.00	79.00
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Anaesthetic 5 units — Item Nos 406G / 510S

DISTAL END OF RADIUS OR ULNA, involving wrist

7547 ALL STATES: FEE \$48.50

Anaesthetic 5 units — Item Nos 406G / 510S

RADIUS

			NSW	VIC	QLD	SA	WA	TAS
7550	G. FEE	\$	52.00	57.00	52.00	52.00	57.00	52.00

7552	S. FEE	\$	67.00	79.00	63.00	63.00	79.00	63.00
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Anaesthetic 5 units — Item Nos 406G / 510S

PART 10 — OPERATIONS

DIVISION 10 — FRACTURES

	ULNA							
7559	G.	ALL STATES: FEE \$51.00						
7563	S.	ALL STATES: FEE \$63.00						
		Anaesthetic 5 units — Item Nos 406G / 510S						
‡	BOTH SHAFTS OF FOREARM OR HUMERUS							
7567	G.	ALL STATES: FEE \$74.00						
7572	S.	ALL STATES: FEE \$110.00						
		Anaesthetic 6 units — Item Nos 407G / 513S						
	CLAVICLE OR STERNUM							
7588	G.	ALL STATES: FEE \$34.50						
7593	S. FEE	\$	NSW 48.50	VIC 46.50	QLD 48.50	SA 43.00	WA 43.00	TAS 43.00
		Anaesthetic 6 units — Item Nos 407G / 513S						
	SCAPULA							
7597		ALL STATES: FEE \$43.00						
		Anaesthetic 6 units — Item Nos 407G / 513S						
	ONE OR MORE RIBS — each attendance							
7601	G. FEE	\$	NSW 10.20	VIC 9.50	QLD 9.00	SA 9.00	WA 9.00	TAS 9.50
7605	S. FEE	\$	14.60	13.80	13.80	13.80	13.80	12.20
		Anaesthetic 7 units — Item Nos 408G / 514S						
	PELVIS (excluding symphysis pubis) or sacrum							
7608	G.	ALL STATES: FEE \$64.00						
7610	S.	ALL STATES: FEE \$86.00						
		Anaesthetic 8 units — Item Nos 409G / 517S						
	SYMPHYSIS PUBIS							
7615	G.	ALL STATES: FEE \$48.50						
7619	S.	ALL STATES: FEE \$64.00						
		Anaesthetic 7 units — Item Nos 408G / 514S						

PART 15 - OPERATIONS									DIVISION 15 - FRACTURES								
FEMUR																	
7624	G.	ALL STATES: FEE \$146.00															
7627	S.	ALL STATES: FEE \$194.00															
Anaesthetic 8 units — Item Nos 409G / 517S																	
FIBULA OR TARSUS (excepting os calcis or os talus)																	
7632	G.	ALL STATES: FEE \$37.00															
7637	S. FEE	\$	NSW 51.00	VIC 54.00	QLD 46.50	SA 48.50	WA 48.50	TAS 48.50									
Anaesthetic 6 units — Item Nos 407G / 513S																	
TIBIA OR PATELLA																	
7641	G. FEE	\$	NSW 57.00	VIC 58.00	QLD 51.00	SA 48.50	WA 55.00	TAS 48.50									
7643	S. FEE	\$	79.00	79.00	67.00	67.00	67.00	67.00									
Anaesthetic 6 units — Item Nos 407G / 513S																	
‡	BOTH SHAFTS OF LEG, ANKLE (Pott's Fracture) with or without dislocation, OS CALCIS (calcaneus) OR OS TALUS																
7647	G.	ALL STATES: FEE \$95.00															
7652	S.	ALL STATES: FEE \$128.00															
Anaesthetic 7 units — Item Nos 408G / 514S																	
METATARSALS — one or more																	
7673	G.	ALL STATES: FEE \$33.50															
7677	S.	ALL STATES: FEE \$48.50															
Anaesthetic 5 units — Item Nos 406G / 510S																	
PHALANX OF TOE (other than great toe)																	
7681	ALL STATES: FEE \$13.40																
Anaesthetic 4 units — Item Nos 405G / 509S																	
MORE THAN ONE PHALANX OF TOE (other than great toe)																	
7683	ALL STATES: FEE \$21.50																
Anaesthetic 4 units — Item Nos 405G / 509S																	

PART 10 — OPERATIONS

DIVISION 10 — FRACTURES

	DISTAL PHALANX of great toe							
7687	ALL STATES: FEE \$33.00							
	Anaesthetic 4 units — Item Nos 405G / 509S							
	PROXIMAL PHALANX of great toe							
7691	ALL STATES: FEE \$33.00							
	Anaesthetic 4 units — Item Nos 405G / 509S							
	SKULL, not requiring operation — each attendance							
7694	G. FEE	\$	NSW 10.20	VIC 9.50	QLD 9.00	SA 9.00	WA 9.00	TAS 9.50
7697	S. FEE	\$	14.60	13.80	13.80	13.80	13.80	12.20
	NASAL BONES, not requiring reduction - each attendance							
7701	G. FEE	\$	NSW 10.20	VIC 9.50	QLD 9.00	SA 9.00	WA 9.00	TAS 9.50
7706	S. FEE	\$	14.60	13.80	13.80	13.80	13.80	12.20
	NASAL BONES, requiring reduction							
7709	G. FEE	\$	NSW 63.00	VIC 63.00	QLD 63.00	SA 48.50	WA 48.50	TAS 48.50
7712	S. FEE	\$	87.00	87.00	79.00	63.00	63.00	63.00
	Anaesthetic 6 units — Item Nos 407G / 513S							
	NASAL BONES, requiring reduction and involving osteotomies							
7715	ALL STATES: FEE \$174.00							
	Anaesthetic 8 units — Item Nos 409G / 517S							
	MAXILLA — not requiring splinting							
7718	G.	ALL STATES: FEE \$40.00						
7721	S.	ALL STATES: FEE \$54.00						
‡	MAXILLA — with external fixation, wiring of teeth or internal fixation							
7727	ALL STATES: FEE \$116.00							
	Anaesthetic 11 units — Item Nos 453G / 522S							

PART 10 — OPERATIONS

DIVISION 10 — FRACTURES

MANDIBLE — not requiring splinting

7739 G. ALL STATES: FEE \$48.50

7743 S. ALL STATES: FEE \$64.00

‡ MANDIBLE — with wiring of teeth, internal fixation, or skeletal pinning with external fixation

7749 ALL STATES: FEE \$160.00

Anaesthetic 12 units — Item Nos 454G / 523S

ZYGOMA

7764 G. ALL STATES: FEE \$43.50

7766 S. ALL STATES: FEE \$58.00

Anaesthetic 7 units — Item Nos 408G / 514S

SPINE (excluding sacrum), transverse process or bone OTHER THAN VERTEBRAL BODY, not requiring immobilisation in plaster — each attendance

			NSW	VIC	QLD	SA	WA	TAS
7774	G. FEE	\$	10.20	9.50	9.00	9.00	9.00	9.50
7777	S. FEE	\$	14.60	13.80	13.80	13.80	13.80	12.20

SPINE (excluding sacrum), VERTEBRAL BODY, without involvement of cord, not requiring immobilisation in plaster — each attendance

			NSW	VIC	QLD	SA	WA	TAS
7781	G. FEE	\$	10.20	9.50	9.00	9.00	9.00	9.50
7785	S. FEE	\$	14.60	13.80	13.80	13.80	13.80	12.20

SPINE (excluding sacrum), transverse process or bone OTHER THAN VERTEBRAL BODY requiring immobilisation in plaster or traction by skull calipers

7789 ALL STATES: FEE \$74.00

Anaesthetic 9 units — Item Nos 443G / 518S

SPINE (excluding sacrum), VERTEBRAL BODY, without involvement of cord, requiring immobilisation in plaster or traction by skull calipers

7793 ALL STATES: FEE \$128.00

Anaesthetic 9 units — Item Nos 443G / 518S

7798	SPINE (excluding sacrum), VERTEBRAL BODY, with involvement of cord ALL STATES: FEE \$325.00 Anaesthetic 9 units — Item Nos 443G / 518S
7802	SIMPLE AND UNCOMPLICATED FRACTURES REQUIRING OPEN OPERATION TREATMENT OF A SIMPLE AND UNCOMPLICATED FRACTURE REQUIRING OPEN OPERATION, being a fracture referred to in item — 7505, 7508, 7516, 7533, 7601, 7605, 7681, 7683, 7687, 7691, 7694, 7697, 7701, 7706, 7774, 7777, 7781 or 7785 ALL STATES: FEE \$44.00 Anaesthetic units — Item Nos 483G / 554S
7803	TREATMENT OF A SIMPLE AND UNCOMPLICATED FRACTURE REQUIRING OPEN OPERATION, being a fracture referred to in an item under the last preceding heading other than those items referred to in Item 7802 DERIVED FEE — The fee for the treatment of the fracture, had such fracture not required open operation, plus one-third of that fee. Anaesthetic units — Item Nos 483G / 554S
7808	TREATMENT OF A SIMPLE AND UNCOMPLICATED FRACTURE REQUIRING INTERNAL FIXATION, being a fracture referred to in item — 7505, 7516, 7533, 7601, 7605, 7681, 7683, 7694, 7697, 7701, 7706, 7774, 7777, 7781 or 7785 ALL STATES: FEE \$44.00 Anaesthetic units — Item Nos 484G / 556S
7809	TREATMENT OF A SIMPLE AND UNCOMPLICATED FRACTURE REQUIRING INTERNAL FIXATION, being a fracture referred to in an item under the last preceding heading other than those items referred to in Item 7808 DERIVED FEE — The fee for the treatment of the fracture, had such fracture not required open operation plus one-half of that fee. Anaesthetic units — Item Nos 484G / 556S

COMPOUND FRACTURES REQUIRING OPEN OPERATION

TREATMENT OF A COMPOUND FRACTURE REQUIRING OPEN OPERATION, being a fracture referred to in item — 7505, 7516, 7533, 7601, 7605, 7681, 7683, 7694, 7697, 7701, 7706, 7774, 7777, 7781 or 7785

7815

ALL STATES: FEE \$44.00

Anaesthetic units — Item Nos 484G / 556S

TREATMENT OF A COMPOUND FRACTURE REQUIRING OPEN OPERATION, being a fracture referred to in an item under the first heading in this Division other than those items referred to in Item 7815

7817

DERIVED FEE — The fee for the treatment of the fracture, had such fracture not required open operation, plus one-half of that fee.

Anaesthetic units — Item Nos 484G / 556S

COMPLICATED FRACTURES REQUIRING OPEN OPERATION

TREATMENT OF A COMPLICATED FRACTURE INVOLVING VISCERA, BLOOD VESSELS OR NERVES AND REQUIRING OPEN OPERATION, being a fracture referred to in item — 7505, 7516, 7601, 7605, 7681, 7683, 7694, 7697, 7701, 7706, 7774, 7777, 7781 or 7785

7821

ALL STATES: FEE \$44.00

Anaesthetic units — Item Nos 485G / 557S

TREATMENT OF A COMPLICATED FRACTURE INVOLVING VISCERA, BLOOD VESSELS OR NERVES AND REQUIRING OPEN OPERATION, being a fracture referred to in an item under the first heading in this Division other than those items referred to in Item 7821

7823

DERIVED FEE — The fee for the treatment of the fracture, had such fracture not required open operation, plus three-quarters of that fee.

Anaesthetic units — Item Nos 485G / 557S

GENERAL

INITIAL REDUCTION (without full post-operative treatment) in a series of two or more reductions of a fracture, being a reduction that would, but for this item, be covered by an item under a preceding heading in this Division

7828

DERIVED FEE — One-half of the amount of the fee specified for the reduction of the fracture.

Administration of anaesthetic in connection with the treatment of the initial reduction in a series of two or more reductions of a fracture, being a reduction that would, but for this item, be covered by an item under a preceding heading in this Division

DERIVED FEE — The fee specified for the administration of the anaesthetic for the reduction of the fracture.

EACH SUBSEQUENT REDUCTION (without full post-operative treatment) in the series (other than the final reduction), being a reduction that would, but for this item, be covered by an item under a preceding heading in this Division

7834

DERIVED FEE — One-half of the amount of the fee specified for the reduction of the fracture.

Administration of anaesthetic in connection with the treatment of each subsequent reduction in the series (other than the final reduction) being a reduction that would, but for this item, be covered by an item under a preceding heading in this Division

DERIVED FEE — The fee specified for the administration of the anaesthetic for the reduction of the fracture.

FINAL REDUCTION (including full post-operative treatment) in the series being a reduction that would, but for this item, be covered by an item under a preceding heading in this Division.

7839 **DERIVED FEE** — The fee specified for the reduction of the fracture.

Administration of anaesthetic in connection with the treatment of the final reduction in the series, being a reduction that would, but for this item, be covered by an item under a preceding heading in this Division

DERIVED FEE — The fee specified for the administration of the anaesthetic for the reduction of this fracture.

TREATMENT OF AVULSION OF EPIPHYSIS of any part referred to in this Division for the treatment of a simple and uncomplicated fracture of that part not requiring open operation

7844 **DERIVED FEE** — The fee specified in this Division for the treatment of a simple and uncomplicated fracture of that part not requiring open operation.

Administration of an anaesthetic in connection with the treatment of avulsion of epiphysis of any part

DERIVED FEE — The fee specified in this Division for the administration of an anaesthetic for the treatment of a simple and uncomplicated fracture of that part not requiring open operation.

TREATMENT OF A CLOSED FRACTURE INVOLVING A JOINT SURFACE referred to in an item under the first heading in this Division

7847 **DERIVED FEE** — The fee specified for the treatment of the fracture plus one-third of that fee.

DIVISION 11 — ORTHOPAEDIC

ACCESSORY OR SESAMOID BONE, removal of

7853 ALL STATES: FEE \$102.00

Anaesthetic 6 units — Item Nos 407G / 513S

7857	EPICONDYLITIS, open operation for ALL STATES: FEE \$102.00 Anaesthetic 6 units — Item Nos 407G / 513S							
7861	DIGITAL NAIL, removal of FEE	\$	NSW 12.80	VIC 12.80	QLD 10.20	SA 10.20	WA 10.20	TAS 10.20
	Anaesthetic 5 units — Item Nos 406G / 510S							
7864	INCISION OF PULP SPACE, PARONYCHIA OR OTHER ACUTE INFECTION OF HANDS OR FEET, not covered by any other item in this Part (excluding after-care) ALL STATES: FEE \$11.00 Anaesthetic 5 units — Item Nos 406G / 510S							
7868	MIDDLE PALMAR, THENAR OR HYPOTHENAR SPACES, drainage of ALL STATES: FEE \$26.00 Anaesthetic 6 units — Item Nos 407G / 513S							
7872	G. FEE	\$	NSW 60.00	VIC 45.00	QLD 45.00	SA 45.00	WA 45.00	TAS 45.00
7878	S. FEE	\$	79.00	58.00	58.00	57.00	58.00	57.00
	INGROWING TOENAIL, excision of nail bed Anaesthetic 6 units — Item Nos 407G / 513S							
7883	INSERTION OF ORTHOPAEDIC PIN OR WIRE where no other surgical procedure is performed ALL STATES: FEE \$45.00 Anaesthetic 5 units — Item Nos 406G / 510S							
7886	REMOVAL OF BURIED WIRE, PIN, SCREW, ROD, NAIL OR PLATE requiring incision under regional or general anaesthesia ALL STATES: FEE \$67.00 Anaesthetic 8 units — Item Nos 409G / 517S							
7898	OSTEOSYNTHESIS by Smith-Petersen nail ALL STATES: FEE \$355.00 Anaesthetic 11 units — Item Nos 453G / 522S							

	TEMPORO-MANDIBULAR MENISCECTOMY							
7902	ALL STATES: FEE \$132.00 Anaesthetic 9 units — Item Nos 443G / 518S							
7911	JOINT (OTHER THAN SPINE), MANIPULATION OF, under general anaesthesia G. ALL STATES: FEE \$41.00							
7915	S. ALL STATES: FEE \$51.00 Anaesthetic 4 units — Item Nos 405G / 509S							
	SPINE, MANIPULATION OF, under general anaesthesia							
7919	G. FEE	\$	NSW 52.00	VIC 45.00	QLD 45.00	SA 45.00	WA 45.00	TAS 45.00
7923	S. FEE	\$	67.00	55.00	55.00	55.00	55.00	55.00
	Anaesthetic 4 units — Item Nos 405G / 509S							
7926	SPINE, APPLICATION OF PLASTER JACKET ALL STATES: FEE \$66.00 Anaesthetic 6 units — Item Nos 407G / 513S							
7928	RISSER JACKET, localiser or turn-buckle jacket, application of, body only ALL STATES: FEE \$110.00							
7932	RISSER JACKET, localiser or turn-buckle jacket, application of, body and head ALL STATES: FEE \$110.00							
7934	SCOLIOSIS, spinal fusion for ALL STATES: FEE \$555.00 Anaesthetic 23 units — Item Nos 467G / 538S							
7937	SCOLIOSIS, re-exploration for adjustment or removal of Harrington rods or similar devices ALL STATES: FEE \$184.00 Anaesthetic 12 units — Item Nos 454G / 523S							

SCOLIOSIS, anterior correction of (Dwyer procedure), not more than four spaces; OR SPINAL FUSION FOR SCOLIOSIS OR KYPHOSIS with use of Harrington distraction rod

7938

ALL STATES: FEE \$695.00

Anaesthetic 23 units — Item Nos 467G / 538S

SCOLIOSIS, anterior correction of (Dwyer procedure), more than four spaces; OR SPINAL FUSION FOR SCOLIOSIS OR KYPHOSIS with the use of Harrington distraction and compression rods

7939

ALL STATES: FEE \$875.00

Anaesthetic 29 units — Item Nos 473G / 544S

APPLICATION OF HALO for spinal fusion in the treatment of scoliosis, not covered by Item 7934

7940

ALL STATES: FEE \$122.00

Anaesthetic 8 units — Item Nos 409G / 517S

BONE GRAFT TO SPINE, POSTERIOR, not covered by Item 7945, 7967 or 7969 in this Schedule

7942

ALL STATES: FEE \$260.00

Anaesthetic 14 units — Item Nos 458G / 525S

BONE GRAFT TO SPINE, POSTERO-LATERAL fusion

7945

ALL STATES: FEE \$460.00

Anaesthetic 14 units — Item Nos 458G / 525S

ANTERIOR INTERBODY SPINAL FUSION TO CERVICAL SPINE — ONE LEVEL

7947

ALL STATES: FEE \$400.00

Anaesthetic 14 units — Item Nos 458G / 525S

ANTERIOR INTERBODY SPINAL FUSION TO CERVICAL SPINE — MORE THAN ONE LEVEL

7951

ALL STATES: FEE \$510.00

Anaesthetic 15 units — Item Nos 459G / 526S

PART 10 – OPERATIONS**DIVISION 11 – ORTHOPAEDIC**

7957	ANTERIOR INTERBODY SPINAL FUSION TO LUMBAR OR THORACIC SPINE – ONE LEVEL ALL STATES: FEE \$460.00 Anaesthetic 15 units — Item Nos 459G / 526S
7961	ANTERIOR INTERBODY SPINAL FUSION TO LUMBAR OR THORACIC SPINE – MORE THAN ONE LEVEL ALL STATES: FEE \$615.00 Anaesthetic 15 units — Item Nos 459G / 526S
7967	BONE GRAFT TO SPINE WITH LAMINECTOMY AND POSTERIOR INTERBODY FUSION – ONE LEVEL ALL STATES: FEE \$450.00 Anaesthetic 15 units — Item Nos 459G / 526S
7969	BONE GRAFT TO SPINE WITH LAMINECTOMY AND POSTERIOR INTERBODY FUSION – MORE THAN ONE LEVEL ALL STATES: FEE \$615.00 Anaesthetic 18 units — Item Nos 462G / 529S
7975	BONE GRAFT TO FEMUR ALL STATES: FEE \$315.00 Anaesthetic 11 units — Item Nos 453G / 522S
7977	BONE GRAFT TO TIBIA ALL STATES: FEE \$245.00 Anaesthetic 10 units — Item Nos 450G / 521S
7983	‡ BONE GRAFT TO HUMERUS, OR TO RADIUS AND ULNA ALL STATES: FEE \$315.00 Anaesthetic 10 units — Item Nos 450G / 521S
7993	BONE GRAFT TO RADIUS OR ULNA ALL STATES: FEE \$225.00 Anaesthetic 8 units — Item Nos 409G / 517S

PART 10 — OPERATIONS

DIVISION 11 — ORTHOPAEDIC

BONE GRAFT TO SCAPHOID

7999

ALL STATES: FEE \$205.00

Anaesthetic 9 units — Item Nos 443G / 518S

BONE GRAFT TO OTHER BONES — not covered by any other item in this Part

8001

ALL STATES: FEE \$184.00

Anaesthetic 8 units — Item Nos 409G / 517S

CARPAL BONE, replacement of, by silicone or other implant including any necessary tendon transfers

8003

ALL STATES: FEE \$280.00

Anaesthetic 9 units — Item Nos 443G / 518S

SHOULDER — removal of calcium deposit from cuff

8009

ALL STATES: FEE \$102.00

Anaesthetic 8 units — Item Nos 409G / 517S

SHOULDER — arthrotomy

8014

ALL STATES: FEE \$110.00

Anaesthetic 7 units — Item Nos 408G / 514S

SHOULDER — arthroplasty or plastic reconstruction

8017

ALL STATES: FEE \$285.00

Anaesthetic 11 units — Item Nos 453G / 522S

SHOULDER — arthrodesis or arthrectomy

8019

ALL STATES: FEE \$330.00

Anaesthetic 11 units — Item Nos 453G / 522S

FINGER OR OTHER SMALL JOINT — arthrodesis, arthrectomy, or arthroplasty

8022

		NSW	VIC	QLD	SA	WA	TAS
FEE	\$	118.00	118.00	99.00	90.00	90.00	90.00

Anaesthetic 5 units — Item Nos 406G / 510S

PART 10 — OPERATIONS**DIVISION 11 — ORTHOPAEDIC**

8026	SMALL JOINT — arthrotomy of ALL STATES: FEE \$33.00 Anaesthetic 5 units — Item Nos 406G / 510S
8028	ZYGAPOPHYSEAL JOINTS, arthrectomy of ALL STATES: FEE \$172.00 Anaesthetic 8 units — Item Nos 409G / 517S
8032	SACRO-ILIAC JOINT — arthrodesis ALL STATES: FEE \$190.00 Anaesthetic 12 units — Item Nos 454G / 523S
8036	OTHER LARGE JOINT — arthrodesis, arthrectomy, arthroplasty or total synovectomy of ALL STATES: FEE \$172.00 Anaesthetic 10 units — Item Nos 450G / 521S
8040	OTHER LARGE JOINT — arthrotomy ALL STATES: FEE \$122.00 Anaesthetic 8 units — Item Nos 409G / 517S
8044	HIP — ARTHRODESIS ALL STATES: FEE \$435.00 Anaesthetic 15 units — Item Nos 459G / 526S
8048	HIP — ARTHRECTOMY ALL STATES: FEE \$300.00 Anaesthetic 15 units — Item Nos 459G / 526S
8053	HIP — ARTHROPLASTY (Austin Moore, Girdlestone etc.) ALL STATES: FEE \$300.00 Anaesthetic 10 units — Item Nos 450G / 521S
8061	HIP — ARTHROPLASTY, cup or mould (Smith-Petersen) ALL STATES: FEE \$370.00 Anaesthetic 10 units — Item Nos 450G / 521S

PART 10 — OPERATIONS

DIVISION 11 — ORTHOPAEDIC

8069	JOINT — ARTHROPLASTY, total replacement hip (McKee-Farrer, Charnley), knee, elbow, shoulder or ankle
	ALL STATES: FEE \$555.00
	Anaesthetic 17 units — Item Nos 461G / 528S
8074	HIP — ARTHROTOMY (including removal of prosthesis)
	ALL STATES: FEE \$225.00
	Anaesthetic 9 units — Item Nos 443G / 518S
8079	KNEE — arthrodesis, arthrectomy, arthroplasty or total synovectomy of
	ALL STATES: FEE \$300.00
	Anaesthetic 9 units — Item Nos 443G / 518S
8081	KNEE — arthrotomy
	ALL STATES: FEE \$148.00
	Anaesthetic 6 units — Item Nos 407G / 513S
8084	KNEE — diagnostic arthroscopy of, not associated with a procedure performed through the arthroscope
	ALL STATES: FEE \$80.00
	Anaesthetic 5 units — Item Nos 406G / 510S
8087	‡ KNEE — operation for internal derangement or reconstruction of capsular ligaments
	ALL STATES: FEE \$176.00
	Anaesthetic 7 units — Item Nos 408G / 514S
8089	KNEE — reconstruction of cruciate ligaments
	ALL STATES: FEE \$225.00
	Anaesthetic 9 units — Item Nos 443G / 518S
8095	G. KNEE — excision of patella
	ALL STATES: FEE \$164.00
8097	S. KNEE — excision of patella
	ALL STATES: FEE \$205.00
	Anaesthetic 7 units — Item Nos 408G / 514S

PART 10 — OPERATIONS

DIVISION 11 — ORTHOPAEDIC

8100	KNEE — operation for recurrent dislocation of patella ALL STATES: FEE \$245.00 Anaesthetic 9 units — Item Nos 443G / 518S														
8105	‡ JOINT, or other SYNOVIAL CAVITY - aspiration, or injection into, or both of these services ALL STATES: FEE \$11.60 Anaesthetic 5 units — Item Nos 406G / 510S														
8113	JOINT, repair of capsule or ligament of; or INTERNAL FIXATION of, to stabilize joint ALL STATES: FEE \$148.00 Anaesthetic 7 units — Item Nos 408G / 514S														
8116	FOOT OR ANKLE REGION — triple arthrodesis <table> <tr> <td>FEE</td><td>\$</td><td>NSW 225.00</td><td>VIC 245.00</td><td>QLD 225.00</td><td>SA 225.00</td><td>WA 225.00</td><td>TAS 225.00</td></tr> </table> Anaesthetic 9 units — Item Nos 443G / 518S							FEE	\$	NSW 225.00	VIC 245.00	QLD 225.00	SA 225.00	WA 225.00	TAS 225.00
FEE	\$	NSW 225.00	VIC 245.00	QLD 225.00	SA 225.00	WA 225.00	TAS 225.00								
8120	CALCANEAN SPUR, removal of ALL STATES: FEE \$132.00 Anaesthetic 6 units — Item Nos 407G / 513S														
8124	HALLUX VALGUS, correction of <table> <tr> <td>G. FEE</td><td>\$</td><td>NSW 114.00</td><td>VIC 114.00</td><td>QLD 97.00</td><td>SA 97.00</td><td>WA 97.00</td><td>TAS 97.00</td></tr> </table>							G. FEE	\$	NSW 114.00	VIC 114.00	QLD 97.00	SA 97.00	WA 97.00	TAS 97.00
G. FEE	\$	NSW 114.00	VIC 114.00	QLD 97.00	SA 97.00	WA 97.00	TAS 97.00								
8127	<table> <tr> <td>S. FEE</td><td>\$</td><td>NSW 138.00</td><td>VIC 138.00</td><td>QLD 122.00</td><td>SA 122.00</td><td>WA 122.00</td><td>TAS 122.00</td></tr> </table> Anaesthetic 7 units — Item Nos 408G / 514S							S. FEE	\$	NSW 138.00	VIC 138.00	QLD 122.00	SA 122.00	WA 122.00	TAS 122.00
S. FEE	\$	NSW 138.00	VIC 138.00	QLD 122.00	SA 122.00	WA 122.00	TAS 122.00								
8135	HALLUX VALGUS, correction of, with osteotomy or osteectomy of phalanx or metatarsal and transplantation of adductor hallucis tendon <table> <tr> <td>FEE</td><td>\$</td><td>NSW 245.00</td><td>VIC 230.00</td><td>QLD 215.00</td><td>SA 215.00</td><td>WA 215.00</td><td>TAS 215.00</td></tr> </table> Anaesthetic 8 units — Item Nos 409G / 517S							FEE	\$	NSW 245.00	VIC 230.00	QLD 215.00	SA 215.00	WA 215.00	TAS 215.00
FEE	\$	NSW 245.00	VIC 230.00	QLD 215.00	SA 215.00	WA 215.00	TAS 215.00								

PART 10 — OPERATIONS

DIVISION 11 — ORTHOPAEDIC

8148	HALLUX RIGIDUS, correction of						
	ALL STATES: FEE \$188.00						
	Anaesthetic 6 units — Item Nos 407G / 513S						
8151	HAMMER TOE, correction of						
	G.	ALL STATES: FEE \$80.00					
8153	S.	ALL STATES: FEE \$99.00					
	Anaesthetic 6 units — Item Nos 407G / 513S						
8158	CERVICAL RIB, removal of						
	ALL STATES: FEE \$225.00						
	Anaesthetic 11 units — Item Nos 453G / 522S						
8161	SCALENOTOMY						
	ALL STATES: FEE \$174.00						
	Anaesthetic 8 units — Item Nos 409G / 517S						
8166	ACROMION OR CORACO-ACROMION LIGAMENT, removal of						
	ALL STATES: FEE \$132.00						
	Anaesthetic 7 units — Item Nos 408G / 514S						
8169	EXCISION OF EXOSTOSIS OF SMALL BONE						
	G.	ALL STATES: FEE \$80.00					
8173	S.	ALL STATES: FEE \$99.00					
	Anaesthetic 6 units — Item Nos 407G / 513S						
8179	EXCISION OF EXOSTOSIS OF LARGE BONE						
	G.	ALL STATES: FEE \$97.00					
8182	S.	ALL STATES: FEE \$122.00					
	Anaesthetic 6 units — Item Nos 407G / 513S						
8185	OSTEOTOMY OR OSTEECTOMY OF PHALANX, METACARPAL OR METATARSAL						
	FEE	NSW	VIC	QLD	SA	WA	TAS
	\$	102.00	102.00	93.00	93.00	102.00	93.00
	Anaesthetic 6 units — Item Nos 407G / 513S						

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PART 10 — OPERATIONS**DIVISION 11 — ORTHOPAEDIC**

8187	OSTEOTOMY OF PHALANX, METACARPAL OR METATARSAL, with internal fixation ALL STATES: FEE \$110.00 Anaesthetic 6 units — Item Nos 407G / 513S
8190	OSTEOTOMY OR OSTEECTOMY OF FIBULA, RADIUS, ULNA, CLAVICLE, SCAPULA (OTHER THAN ACROMION), RIB, TARSUS OR CARPUS ALL STATES: FEE \$110.00 Anaesthetic 7 units — Item Nos 408G / 514S
8193	OSTEOTOMY OF FIBULA, RADIUS, ULNA, CLAVICLE, SCAPULA (OTHER THAN ACROMION), RIB, TARSUS OR CARPUS, with internal fixation ALL STATES: FEE \$132.00 Anaesthetic 7 units — Item Nos 408G / 514S
8195	OSTEOTOMY OR OSTEECTOMY OF TIBIA OR HUMERUS ALL STATES: FEE \$148.00 Anaesthetic 7 units — Item Nos 408G / 514S
8198	OSTEOTOMY OR OSTEECTOMY OF FEMUR OR PELVIC BONE ALL STATES: FEE \$245.00 Anaesthetic 8 units — Item Nos 409G / 517S
8201	OSTEOTOMY OF TIBIA, HUMERUS, FEMUR OR PELVIC BONE, with internal fixation ALL STATES: FEE \$355.00 Anaesthetic 11 units — Item Nos 453G / 522S
8206	OSTEOTOMY OF FEMUR — sub-trochanteric ALL STATES: FEE \$245.00 Anaesthetic 11 units — Item Nos 453G / 522S
8209	OSTEECTOMY OF VERTEBRAL BODIES ALL STATES: FEE \$230.00 Anaesthetic 10 units — Item Nos 450G / 521S

8211		OSTEOTOMY AND DISTRACTION FOR LENGTHENING OF LIMB ALL STATES: FEE \$245.00 Anaesthetic 8 units — Item Nos 409G / 517S
8214		REMOVAL OF DISTRACTING APPARATUS FROM LIMB, without internal fixation ALL STATES: FEE \$60.00 Anaesthetic 6 units — Item Nos 407G / 513S
8217		REMOVAL OF DISTRACTING APPARATUS FROM LIMB, with internal fixation ALL STATES: FEE \$122.00 Anaesthetic 7 units — Item Nos 408G / 514S
8219	G.	FLEXOR TENDON OF HAND, primary suture of ALL STATES: FEE \$104.00
8222	S.	ALL STATES: FEE \$132.00 Anaesthetic 8 units — Item Nos 409G / 517S
8225		FLEXOR TENDON OF HAND, secondary suture of ALL STATES: FEE \$148.00 Anaesthetic 9 units — Item Nos 443G / 518S
8227	G.	EXTENSOR TENDON OF HAND, primary suture of ALL STATES: FEE \$55.00
8230	S.	ALL STATES: FEE \$66.00 Anaesthetic 8 units — Item Nos 409G / 517S
8233		EXTENSOR TENDON OF HAND, secondary suture of ALL STATES: FEE \$102.00 Anaesthetic 9 units — Item Nos 443G / 518S
8235	G.	ACHILLES TENDON or other large tendon, suture of ALL STATES: FEE \$130.00
8238	S.	ALL STATES: FEE \$164.00 Anaesthetic 9 units — Item Nos 443G / 518S

PART 10 — OPERATIONS**DIVISION 11 — ORTHOPAEDIC**

8241	TENDON OF FOOT, primary suture of ALL STATES: FEE \$45.00 Anaesthetic 8 units — Item Nos 409G / 517S
8243	TENDON OF FOOT, secondary suture of ALL STATES: FEE \$66.00 Anaesthetic 8 units — Item Nos 409G / 517S
8246	TENOTOMY, SUBCUTANEOUS, one or more tendons ALL STATES: FEE \$41.00 Anaesthetic 4 units — Item Nos 405G / 509S
8249	TENOTOMY, OPEN, with or without tenoplasty ALL STATES: FEE \$99.00 Anaesthetic 7 units — Item Nos 408G / 514S
8251	TENDON OR LIGAMENT TRANSPLANTATION not covered by any other item in this Schedule ALL STATES: FEE \$184.00 Anaesthetic 8 units — Item Nos 409G / 517S
8257	TENDON GRAFT ALL STATES: FEE \$245.00 Anaesthetic 8 units — Item Nos 409G / 517S
8259	INSERTION OF ARTIFICIAL TENDON PROSTHESIS in preparation for tendon grafting ALL STATES: FEE \$186.00 Anaesthetic 10 units — Item Nos 450G / 521S
8262	ACHILLES TENDON or other large tendon — operation for lengthening ALL STATES: FEE \$110.00 Anaesthetic 9 units — Item Nos 443G / 518S
8267	† TENDON SHEATH, incision of, or open operation for STENOSING TENDOVAGINITIS ALL STATES: FEE \$80.00 Anaesthetic 6 units — Item Nos 407G / 513S

PART 10 — OPERATIONS**DIVISION 11 — ORTHOPAEDIC**

8275	TENOLYSIS OF FLEXOR TENDON following tendon injury, repair or graft — not covered by Item 8267 ALL STATES: FEE \$116.00 Anaesthetic 8 units — Item Nos 409G / 517S
8279	TENOLYSIS OF EXTENSOR TENDON following tendon injury, repair or graft — not covered by Item 8267 ALL STATES: FEE \$67.00 Anaesthetic 7 units — Item Nos 408G / 514S
8282	TENDON SHEATH OF FINGER OR THUMB, synovectomy of ALL STATES: FEE \$90.00 Anaesthetic 8 units — Item Nos 409G / 517S
8283	SYNOVECTOMY of metacarpophalangeal joint ALL STATES: FEE \$116.00 Anaesthetic 8 units — Item Nos 409G / 517S
8287	SYNOVECTOMY of interphalangeal joint ALL STATES: FEE \$82.00 Anaesthetic 8 units — Item Nos 409G / 517S
‡ 8290	SYNOVECTOMY of wrist, extensor or flexor tendons of wrist, carpometacarpal joint or inferior radio ulnar joint ALL STATES: FEE \$198.00 Anaesthetic 11 units — Item Nos 453G / 522S
8294	CICATRICIAL FLEXION CONTRACTURE OF JOINT, correction of, involving tissues deeper than skin and subcutaneous tissue ALL STATES: FEE \$132.00 Anaesthetic 9 units — Item Nos 443G / 518S
8296	DUPUYTREN'S CONTRACTURE, subcutaneous fasciotomy ALL STATES: FEE \$66.00 Anaesthetic 8 units — Item Nos 409G / 517S

8298	DUPUYTREN'S CONTRACTURE, radical operation for ALL STATES: FEE \$164.00 Anaesthetic 9 units — Item Nos 443G / 518S
8302	FRAGMENTATION AND RODDING IN FRAGILITAS OSSIIUM — HUMERUS, RADIUS OR ULNA ALL STATES: FEE \$245.00 Anaesthetic 11 units — Item Nos 453G / 522S
8304	FRAGMENTATION AND RODDING IN FRAGILITAS OSSIIUM — TIBIA ALL STATES: FEE \$300.00 Anaesthetic 10 units — Item Nos 450G / 521S
8306	FRAGMENTATION AND RODDING IN FRAGILITAS OSSIIUM — FEMUR ALL STATES: FEE \$400.00 Anaesthetic 12 units — Item Nos 454G / 523S
8310	EPIPHYSEODESIS — FEMUR ALL STATES: FEE \$148.00 Anaesthetic 7 units — Item Nos 408G / 514S
8312	EPIPHYSEODESIS — TIBIA AND FIBULA ALL STATES: FEE \$148.00 Anaesthetic 7 units — Item Nos 408G / 514S
8314	EPIPHYSEODESIS — COMBINED ALL STATES: FEE \$205.00 Anaesthetic 10 units — Item Nos 450G / 521S
8316	STAPLE ARREST OF HEMI-EPIPHYSIS ALL STATES: FEE \$205.00 Anaesthetic 7 units — Item Nos 408G / 514S
8320	RADICAL PLANTAR FASCIOTOMY (STEINDLER'S OPERATION) ALL STATES: FEE \$190.00 Anaesthetic 7 units — Item Nos 408G / 514S

PART 10 — OPERATIONS

DIVISION 11 — ORTHOPAEDIC

8322	TALIPES EQUINOVARUS — POSTERIOR RELEASE PROCEDURE							
	ALL STATES: FEE \$180.00							
	Anaesthetic 7 units — Item Nos 408G / 514S							
8324	TALIPES EQUINOVARUS — MEDIAL RELEASE PROCEDURE							
	ALL STATES: FEE \$205.00							
	Anaesthetic 7 units — Item Nos 408G / 514S							
8326	SUBTALAR ARTHRODESIS (EXTRA-ARTICULAR)							
	ALL STATES: FEE \$205.00							
	Anaesthetic 10 units — Item Nos 450G / 521S							
8328	CALCANEAL OSTEOTOMY							
	ALL STATES: FEE \$148.00							
	Anaesthetic 8 units — Item Nos 409G / 517S							
8330	CALCANEAL OSTEOTOMY WITH BONE GRAFT							
	ALL STATES: FEE \$205.00							
	Anaesthetic 10 units — Item Nos 450G / 521S							
8332	CONGENITAL DISLOCATION OF HIP — manipulation and plaster (one hip)							
	FEE	\$	NSW 71.00	VIC 52.00	QLD 52.00	SA 52.00	WA 52.00	TAS 52.00
	Anaesthetic 6 units — Item Nos 407G / 513S							
8334	TALIPES EQUINOVARUS, CALCANEUS VALGUS, PES PLANUS, METATARSUS VARUS, GENU VARUM OR GENU VALGUM — manipulation under general anaesthesia							
	ALL STATES: FEE \$17.60							
	Anaesthetic 5 units — Item Nos 406G / 510S							
8336	TALIPES EQUINOVARUS, CALCANEUS VALGUS, PES PLANUS, METATARSUS VARUS, GENU VARUM OR GENU VALGUM - manipulation and plaster under general anaesthesia							
	ALL STATES: FEE \$22.50							
	Anaesthetic 6 units — Item Nos 407G / 513S							

8349	EPIPHYSITIS (Perthes', Calve's or Scheuermann's) plaster for ALL STATES: FEE \$35.50 Anaesthetic 5 units — Item Nos 406G / 510S
8351	EPIPHYSITIS (Sever's, Kohler's, Kienboch's or Schlatter's), plaster for ALL STATES: FEE \$22.50 Anaesthetic 5 units — Item Nos 406G / 510S
8352	CONTRACTURES, manipulation under general anaesthesia, not covered by any other item in this Part ALL STATES: FEE \$17.60 Anaesthetic 5 units — Item Nos 406G / 510S
8354	CONTRACTURES, manipulation and plaster under general anaesthesia, not covered by any other item in this Part ALL STATES: FEE \$27.00 Anaesthetic 5 units — Item Nos 406G / 510S
8356	SPASTIC PARALYSIS — manipulation and plaster (one limb) ALL STATES: FEE \$27.00 Anaesthetic 5 units — Item Nos 406G / 510S
DIVISION 12 - PAEDIATRIC	
8378	HYPERTELORISM, correction of ALL STATES: FEE \$330.00 Anaesthetic 14 units — Item Nos 458G / 525S
8380	CHOANAL ATRESIA, plastic repair of ALL STATES: FEE \$325.00 Anaesthetic 16 units — Item Nos 460G / 527S
8382	CHOANAL ATRESIA, repair of by puncture and dilatation ALL STATES: FEE \$80.00 Anaesthetic 11 units — Item Nos 453G / 522S

8384	MACROCHEILIA, MACROGLOSSIA OR MACROSTOMIA, operation for ALL STATES: FEE \$174.00 Anaesthetic 13 units — Item Nos 457G / 524S
8386	TORTICOLLIS, operation for ALL STATES: FEE \$132.00 Anaesthetic 7 units — Item Nos 408G / 514S
8388	OESOPHAGUS, correction of congenital stenosis by oesophagectomy and anastomosis ALL STATES: FEE \$400.00 Anaesthetic 21 units — Item Nos 465G / 535S
8390	TRACHEO-OESOPHAGEAL FISTULA, with or without atresia, ligation and division of ALL STATES: FEE \$400.00 Anaesthetic 20 units — Item Nos 464G / 533S
8392	OESOPHAGEAL ATRESIA, with or without fistula, radical correction of ALL STATES: FEE \$495.00 Anaesthetic 23 units — Item Nos 467G / 538S
8394	NEONATAL ALIMENTARY OBSTRUCTION, laparotomy for, with or without resection, including reduction of volvulus ALL STATES: FEE \$345.00 Anaesthetic 15 units — Item Nos 459G / 526S
8398	HIRSCHSPRUNG'S DISEASE, rectosigmoidectomy for ALL STATES: FEE \$450.00 Anaesthetic 22 units — Item Nos 466G / 537S
8400	EXOMPHALOS OR GASTROSCHISIS, operation for ALL STATES: FEE \$395.00 Anaesthetic 13 units — Item Nos 457G / 524S

8402	EXOMPHALOS OR GASTROSCHISIS, operation for, by plastic flap ALL STATES: FEE \$440.00 Anaesthetic 14 units — Item Nos 458G / 525S
8406	ANO-RECTAL MALFORMATION, perineal anoplasty; primary or secondary repair ALL STATES: FEE \$146.00 Anaesthetic 10 units — Item Nos 450G / 521S
8408	ANO-RECTAL MALFORMATION, rectoplasty; primary or secondary repair, not covered by Item 8406 ALL STATES: FEE \$425.00 Anaesthetic 18 units — Item Nos 462G / 529S
8410	CONTRACTED BLADDER NECK (congenital), wedge excision or perurethral resection of ALL STATES: FEE \$225.00 Anaesthetic 11 units — Item Nos 453G / 522S
8412	URACHAL FISTULA, operation for ALL STATES: FEE \$194.00 Anaesthetic 11 units — Item Nos 453G / 522S
8414	SPHINCTER RECONSTRUCTION for ectopia vesicae, ectopia cloacae or congenital incontinence ALL STATES: FEE \$435.00 Anaesthetic 12 units — Item Nos 454G / 523S
8418	URETHRAL VALVES OR URETHRAL MEMBRANE, open removal of ALL STATES: FEE \$260.00 Anaesthetic 12 units — Item Nos 454G / 523S
8422	LYMPHANGIECTASIS OF LIMB (Milroy's disease) — limited excision of ALL STATES: FEE \$134.00 Anaesthetic 14 units — Item Nos 458G / 525S

8424	LYMPHANGIECTASIS OF LIMB (Milroy's disease) — radical excision of
	ALL STATES: FEE \$295.00
	Anaesthetic 18 units — Item Nos 462G / 529S
8428	EXTRA DIGIT, ligation of pedicle
	ALL STATES: FEE \$17.40
	Anaesthetic 4 units — Item Nos 405G / 509S
8430	EXTRA DIGIT, amputation of
	ALL STATES: FEE \$45.00
	Anaesthetic 6 units — Item Nos 407G / 513S
8432	DERMOID, periorbital or superficial nasal, excision of
	G. ALL STATES: FEE \$64.00
8434	S. ALL STATES: FEE \$82.00
	Anaesthetic 8 units — Item Nos 409G / 517S
8436	DERMOID, ORBITAL, excision of
	ALL STATES: FEE \$174.00
	Anaesthetic 8 units — Item Nos 409G / 517S
8440	DERMOID OF NOSE, excision of, with intranasal extension
	ALL STATES: FEE \$205.00
	Anaesthetic 8 units — Item Nos 409G / 517S
8442	MYELOMENINGOCELE — excision of sac
	ALL STATES: FEE \$245.00
	Anaesthetic 13 units — Item Nos 457G / 524S
8444	MYELOMENINGOCELE EXTENSIVE requiring formal repair with skin flaps or Z plasty
	ALL STATES: FEE \$365.00
	Anaesthetic 15 units — Item Nos 459G / 526S

DIVISION 13 — PLASTIC AND RECONSTRUCTIVE

METICULOUS PLASTIC REPAIR DESIGNED TO OBTAIN MAXIMUM FUNCTIONAL OR COSMETIC RESULTS INCLUDING THE PREPARATION OF THE DEFECT REQUIRING REPAIR

DERMO-FAT OR FASCIA GRAFT (including transplant or muscle flap)

8450

ALL STATES: FEE \$170.00

Anaesthetic 12 units — Item Nos 454G / 523S

8452

ABRASIVE THERAPY, limited area

ALL STATES: FEE \$64.00

Anaesthetic 6 units — Item Nos 407G / 513S

8454

ABRASIVE THERAPY, extensive area

ALL STATES: FEE \$142.00

Anaesthetic 7 units — Item Nos 408G / 514S

8458

ANGIOMA, cauterisation of or injection into, under general anaesthesia

ALL STATES: FEE \$33.50

Anaesthetic 7 units — Item Nos 408G / 514S

8462

ANGIOMA OF SKIN, and subcutaneous tissue or mucous surface, small, excision and repair of

FEE	NSW	VIC	QLD	SA	WA	TAS
\$	48.50	48.50	39.50	39.50	39.50	33.50

Anaesthetic 7 units — Item Nos 408G / 514S

8466

ANGIOMA OF SKIN and subcutaneous tissue or mucous surface, large, excision and repair of

ALL STATES: FEE \$58.00

Anaesthetic 9 units — Item Nos 443G / 518S

8470

ANGIOMA, INVOLVING DEEPER TISSUE, small, excision and repair of

ALL STATES: FEE \$79.00

Anaesthetic 9 units — Item Nos 443G / 518S

8472	ANGIOMA, INVOLVING DEEPER TISSUE, large, excision and repair of ALL STATES: FEE \$116.00 Anaesthetic 10 units — Item Nos 450G / 521S
8474	HAEMANGIOMA OF NECK, deep-seated, excision of ALL STATES: FEE \$205.00 Anaesthetic 10 units — Item Nos 450G / 521S
8476	MAJOR EXCISION AND GRAFTING FOR LYMPHOEDEMA ALL STATES: FEE \$285.00 Anaesthetic 15 units — Item Nos 459G / 526S
8478	FOREIGN IMPLANTS FOR CONTOUR RECONSTRUCTION ALL STATES: FEE \$170.00 Anaesthetic 10 units — Item Nos 450G / 521S
8480	SKIN FLAP SURGERY SINGLE STAGE LOCAL FLAP REPAIR, simple, small ALL STATES: FEE \$102.00 Anaesthetic 7 units — Item Nos 408G / 514S
8484	SINGLE STAGE LOCAL FLAP REPAIR, complicated or large ALL STATES: FEE \$148.00 Anaesthetic 10 units — Item Nos 450G / 521S
8485	DIRECT FLAP REPAIR (cross arm, abdominal or similar), first stage ALL STATES: FEE \$170.00 Anaesthetic 11 units — Item Nos 453G / 522S
8486	DIRECT FLAP REPAIR (cross arm, abdominal or similar), second stage ALL STATES: FEE \$85.00 Anaesthetic 9 units — Item Nos 443G / 518S

8487	DIRECT FLAP REPAIR, cross leg, first stage ALL STATES: FEE \$365.00 Anaesthetic 13 units — Item Nos 457G / 524S
8488	DIRECT FLAP REPAIR, cross leg, second stage ALL STATES: FEE \$164.00 Anaesthetic 10 units — Item Nos 450G / 521S
8490	DIRECT FLAP REPAIR, small (cross finger or similar), first stage ALL STATES: FEE \$93.00 Anaesthetic 7 units — Item Nos 408G / 514S
8492	DIRECT FLAP REPAIR, small (cross finger or similar), second stage ALL STATES: FEE \$43.00 Anaesthetic 7 units — Item Nos 408G / 514S
8494	INDIRECT FLAP OR TUBED PEDICLE, formation of ALL STATES: FEE \$160.00 Anaesthetic 10 units — Item Nos 450G / 521S
8496	INDIRECT FLAP OR TUBED PEDICLE, delay of ALL STATES: FEE \$85.00 Anaesthetic 8 units — Item Nos 409G / 517S
8498	INDIRECT FLAP OR TUBED PEDICLE, preparation of and attachment to intermediate or final site ALL STATES: FEE \$170.00 Anaesthetic 10 units — Item Nos 450G / 521S
8500	INDIRECT FLAP OR TUBED PEDICLE, spreading of pedicle, as a separate procedure ALL STATES: FEE \$134.00 Anaesthetic 8 units — Item Nos 409G / 517S
8502	DIRECT, INDIRECT OR LOCAL FLAP REPAIR, revision of graft ALL STATES: FEE \$93.00 Anaesthetic 7 units — Item Nos 408G / 514S

FREE GRAFTS

FREE GRAFTS (split skin or pinch grafts) on granulating areas, small

8504

ALL STATES: FEE \$74.00

Anaesthetic 7 units — Item Nos 408G / 514S

FREE GRAFTS (split skin) on granulating areas, extensive

8508

ALL STATES: FEE \$148.00

Anaesthetic 11 units — Item Nos 453G / 522S

FREE GRAFTS (split skin) to burns including excision of burned tissue — involving not more than 2-1/2% of total body surface

8509

ALL STATES: FEE \$110.00

Anaesthetic 8 units — Item Nos 409G / 517S

FREE GRAFTS (split skin) to burns including excision of burned tissue — involving more than 2-1/2% of total body surface

8510

ALL STATES: FEE \$250.00

Anaesthetic 14 units — Item Nos 458G / 525S

FREE GRAFTS (homograft split skin) to burns including excision of burned tissue — involving more than 2-1/2% of total body surface

8511

ALL STATES: FEE \$230.00

Anaesthetic 13 units — Item Nos 457G / 524S

FREE GRAFTS (split skin) including elective dissection, small

8512

ALL STATES: FEE \$102.00

Anaesthetic 8 units — Item Nos 409G / 517S

FREE GRAFTS (split skin) including elective dissection, extensive; or inlay graft using a mould, insertion of, and removal of mould

8516

ALL STATES: FEE \$215.00

Anaesthetic 11 units — Item Nos 453G / 522S

FREE FULL THICKNESS GRAFTS

8518

ALL STATES: FEE \$170.00

Anaesthetic 9 units — Item Nos 443G / 518S

OTHER GRAFTS AND MISCELLANEOUS PROCEDURES

REVISION under general anaesthesia of facial or neck scar NOT MORE THAN 3 CM IN LENGTH

8522

ALL STATES: FEE \$79.00

Anaesthetic 8 units — Item Nos 409G / 517S

REVISION under general anaesthesia of facial or neck scar MORE THAN 3 CM IN LENGTH

8524

ALL STATES: FEE \$108.00

Anaesthetic 9 units — Item Nos 443G / 518S

MAMMAPLASTY, reduction or repositioning (unilateral)

8528

ALL STATES: FEE \$325.00

Anaesthetic 10 units — Item Nos 450G / 521S

MAMMAPLASTY, augmentation, prosthetic (unilateral)

8530

ALL STATES: FEE \$270.00

Anaesthetic 10 units — Item Nos 450G / 521S

MAMMAPLASTY, dermo-fat (unilateral)

8532

ALL STATES: FEE \$325.00

Anaesthetic 11 units — Item Nos 453G / 522S

HAIR TRANSPLANTS, multiple punch or similar technique, involving NOT MORE THAN 40 PUNCH GRAFTS

8534

ALL STATES: FEE \$39.50

Anaesthetic 7 units — Item Nos 408G / 514S

HAIR TRANSPLANTS, multiple punch or similar technique, involving MORE THAN 40 BUT NOT MORE THAN 100 PUNCH GRAFTS

8536

ALL STATES: FEE \$79.00

Anaesthetic 8 units — Item Nos 409G / 517S

PART 10 — OPERATIONS**DIVISION 13 — PLASTIC**

8538	HAIR TRANSPLANTS, multiple punch or similar technique, involving MORE THAN 100 PUNCH GRAFTS ALL STATES: FEE \$174.00 Anaesthetic 10 units — Item Nos 450G / 521S
8540	DIGIT, transplantation of — complete procedure ALL STATES: FEE \$465.00 Anaesthetic 16 units — Item Nos 460G / 527S
8542	NEUROVASCULAR ISLAND FLAP, including repair of secondary defect ALL STATES: FEE \$400.00 Anaesthetic 15 units — Item Nos 459G / 526S
8544	MACRODACTYLY, plastic reduction of, each finger ALL STATES: FEE \$118.00 Anaesthetic 8 units — Item Nos 409G / 517S
8546	FACIAL NERVE PARALYSIS, free fascia graft for ALL STATES: FEE \$260.00 Anaesthetic 12 units — Item Nos 454G / 523S
8548	FACIAL NERVE PARALYSIS, muscle transfer or graft for ALL STATES: FEE \$300.00 Anaesthetic 13 units — Item Nos 457G / 524S
8550	MELONOPLASTY ALL STATES: FEE \$485.00 Anaesthetic 17 units — Item Nos 461G / 528S
8552	ORBITAL CAVITY, reconstruction of floor or roof of ALL STATES: FEE \$174.00 Anaesthetic 12 units — Item Nos 454G / 523S
8554	MAXILLA, resection of ALL STATES: FEE \$325.00 Anaesthetic 17 units — Item Nos 461G / 528S

PART 10 — OPERATIONS**DIVISION 13 — PLASTIC**

8556	MANDIBLE, resection of ALL STATES: FEE \$250.00 Anaesthetic 15 units — Item Nos 459G / 526S
8560	MANDIBLE, segmental resection of, for tumours ALL STATES: FEE \$215.00 Anaesthetic 13 units — Item Nos 457G / 524S
8564	MANDIBLE, section-fixation for prognathism or retrognathism ALL STATES: FEE \$215.00 Anaesthetic 14 units — Item Nos 458G / 525S
8568	MANDIBLE, hemi-mandibular reconstruction with bone graft, not associated with Item 8556 ALL STATES: FEE \$295.00 Anaesthetic 15 units — Item Nos 459G / 526S
8570	MANDIBLE, condylectomy ALL STATES: FEE \$170.00 Anaesthetic 11 units — Item Nos 453G / 522S
8574	OSTEOTOMY OR OSTEECTOMY OF MANDIBLE (other than alveolar margins) for congenital or post-traumatic malformation not covered by any other item in this Part ALL STATES: FEE \$186.00 Anaesthetic 11 units — Item Nos 453G / 522S
8578	OSTEOTOMY OR OSTEECTOMY OF MAXILLA (other than alveolar margins) AND/OR ZYGOMA for congenital or post-traumatic malformation not covered by any other item in this Part ALL STATES: FEE \$215.00 Anaesthetic 11 units — Item Nos 453G / 522S
8582	WHOLE THICKNESS RECONSTRUCTION OF EYELID other than by direct suture ALL STATES: FEE \$215.00 Anaesthetic 10 units — Item Nos 450G / 521S

PART 10 — OPERATIONS

DIVISION 13 — PLASTIC

	CORRECTION OF PTOSIS (unilateral)							
8586	FEE	\$	NSW 285.00	VIC 245.00	QLD 245.00	SA 245.00	WA 245.00	TAS 245.00
	Anaesthetic 12 units — Item Nos 454G / 523S							
8588	ECTROPION OR ENTROPION, correction of (unilateral)							
	ALL STATES: FEE \$116.00							
	Anaesthetic 9 units — Item Nos 443G / 518S							
8589	REDUCTION OF LOWER EYELID of one eye							
	ALL STATES: FEE \$116.00							
	Anaesthetic 8 units — Item Nos 409G / 517S							
8591	REDUCTION OF UPPER EYELID of one eye							
	ALL STATES: FEE \$86.00							
	Anaesthetic 7 units — Item Nos 408G / 514S							
8592	SYMBLEPHARON, grafting for							
	ALL STATES: FEE \$170.00							
	Anaesthetic 8 units — Item Nos 409G / 517S							
8594	RHINOPLASTY, correction of lateral and/or alar cartilages							
	ALL STATES: FEE \$186.00							
	Anaesthetic 10 units — Item Nos 450G / 521S							
8596	RHINOPLASTY, correction of bony vault only							
	ALL STATES: FEE \$215.00							
	Anaesthetic 10 units — Item Nos 450G / 521S							
8598	RHINOPLASTY — TOTAL, including correction of all bony and cartilaginous elements of the external nose							
	ALL STATES: FEE \$365.00							
	Anaesthetic 12 units — Item Nos 454G / 523S							

PART 10 — OPERATIONS

DIVISION 13 — PLASTIC

8600	RHINOPLASTY OR SIMILAR CONTOUR RESTORATION OF THE FACE, autogenous bone or costal cartilage graft ALL STATES: FEE \$460.00 Anaesthetic 13 units — Item Nos 457G / 524S
8602	RHINOPLASTY, secondary revision of ALL STATES: FEE \$54.00 Anaesthetic 10 units — Item Nos 450G / 521S
8604	RHINOPHYMA, correction of ALL STATES: FEE \$128.00 Anaesthetic 9 units — Item Nos 443G / 518S
8606	COMPOSITE GRAFT (Chondro-cutaneous or chondro-mucosal) to nose, ear or eyelid ALL STATES: FEE \$184.00 Anaesthetic 11 units — Item Nos 453G / 522S
8608	LOP EAR, BAT EAR OR SIMILAR DEFORMITY, correction of ALL STATES: FEE \$194.00 Anaesthetic 8 units — Item Nos 409G / 517S
8612	CONGENITAL ATRESIA, reconstruction of external auditory canal ALL STATES: FEE \$250.00 Anaesthetic 11 units — Item Nos 453G / 522S
8614	FULL THICKNESS WEDGE EXCISION OF LIP with repair by direct sutures ALL STATES: FEE \$116.00 Anaesthetic 8 units — Item Nos 409G / 517S
8616	VERMILIONECTOMY ALL STATES: FEE \$116.00 Anaesthetic 8 units — Item Nos 409G / 517S
8618	LIP OR EYELID RECONSTRUCTION using full thickness flap (Abbe or similar), first stage ALL STATES: FEE \$300.00 Anaesthetic 11 units — Item Nos 453G / 522S

PART 10 — OPERATIONS**DIVISION 13 — PLASTIC**

8620	LIP OR EYELID RECONSTRUCTION using full thickness flap (Abbe or similar), second stage ALL STATES: FEE \$89.00 Anaesthetic 4 units — Item Nos 405G / 509S
8622	CLEFT LIP, unilateral — primary repair ALL STATES: FEE \$230.00 Anaesthetic 12 units — Item Nos 454G / 523S
8624	CLEFT LIP, complete primary repair, one stage, bilateral ALL STATES: FEE \$315.00 Anaesthetic 14 units — Item Nos 458G / 525S
8628	CLEFT LIP, secondary correction, partial or incomplete ALL STATES: FEE \$97.00 Anaesthetic 10 units — Item Nos 450G / 521S
8630	CLEFT LIP, secondary correction, complete revision ALL STATES: FEE \$186.00 Anaesthetic 12 units — Item Nos 454G / 523S
8632	CLEFT LIP, secondary correction, Abbe flap ALL STATES: FEE \$430.00 Anaesthetic 12 units — Item Nos 454G / 523S
8634	CLEFT LIP, secondary correction of nostril or nasal tip ALL STATES: FEE \$128.00 Anaesthetic 10 units — Item Nos 450G / 521S
8636	CLEFT PALATE, primary repair, partial cleft ALL STATES: FEE \$230.00 Anaesthetic 13 units — Item Nos 457G / 524S
8640	CLEFT PALATE, primary repair, complete cleft or cleft requiring major repair ALL STATES: FEE \$295.00 Anaesthetic 14 units — Item Nos 458G / 525S

8644	CLEFT PALATE, secondary repair, closure of fistula ALL STATES: FEE \$148.00 Anaesthetic 13 units — Item Nos 457G / 524S
8648	CLEFT PALATE, secondary repair, lengthening procedure ALL STATES: FEE \$215.00 Anaesthetic 12 units — Item Nos 454G / 523S
8652	CLEFT PALATE, partial repair, complex cleft ALL STATES: FEE \$215.00 Anaesthetic 13 units — Item Nos 457G / 524S
8656	PHARYNGEAL FLAP OR PHARYNGOPLASTY ALL STATES: FEE \$270.00 Anaesthetic 15 units — Item Nos 459G / 526S

SECTION 3A

INDEX TO MEDICAL BENEFITS SCHEDULE

PART 1 — PROFESSIONAL ATTENDANCES

PART 2 — OBSTETRICS

PART 3 — ANAESTHETICS

PART 4 — REGIONAL NERVE OR FIELD BLOCK

PART 5 — ASSISTANCE IN ADMINISTRATION OF ANAESTHETIC

PART 6 — MISCELLANEOUS PROCEDURES

PART 9 — ASSISTANCE AT OPERATIONS

PART 10 — OPERATIONS

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peritoneal, separation of, and laparotomy	3722
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— assistance in	767
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— by a specialist anaesthetist	500-549
— in connection with a dental operation (not being a prescribed medical service)	566-575
— in connection with E.C.T.	479,550
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— in connection with the treatment of a	
— complicated fracture involving viscera, blood vessels or nerves and requiring open operation	485,557
— dislocation requiring open operation	482,553
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* Payable on attendance basis

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— by a medical practitioner other than a specialist anaesthetist	401-478
— by a specialist anaesthetist	500-549
— in connection with a dental operation (not being a prescribed medical service)	566-575
— in connection with E.C.T.	479,550
episiotomy repair	407,513
forceps delivery	481,552
radiotherapy	480,551
— in connection with the treatment of a	
— complicated fracture involving viscera, blood vessels or nerves and requiring open operation	485,557
— dislocation requiring open operation	482,553
— simple and uncomplicated fracture requiring open operation	483,554
— simple and uncomplicated fracture requiring internal fixation or with the treatment of a compound fracture requiring open operation	484,556
assistance in administration	767
separate pre-operative examination for	82/85
Anal prolapse, circum-anal suture for	4467
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* Payable on attendance basis

Service	Item
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stricture, repair of	4482
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Anastomosis, arterial	4762
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— and perineorrhaphy	6358/6363
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Antrobuccal fistula operation	5288
Antrostomy (radical)	5270
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Antrum, drainage of, through tooth socket	5284
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Service	Item
Antrum, maxillary, proof puncture and lavage of	5245,5254
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reimplantation of limb or digit or free transfer of tissue	4764
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of continuity	4693
of trunk, repair of wound of, with restoration of continuity	4696
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of extremities, endarterectomy of	4709
neck, endarterectomy of	4709
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trunk, removal of embolus from	4784
or arteries, coronary, direct surgery to	7066
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hip	8048
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Arthrodesis, finger	8022
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of these services	8108
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— at hospital or nursing home	69-78

*Payable on attendance basis

Service	Item
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consultation or home visit	
— brief	3,4,43,44
— standard	14,19,51,53
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by specialist	
— initial referred	88,100
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by consultant physician (other than in psychiatry)	
— nursing home, hospital or surgery	110,116
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— surgery, hospital or nursing home	134-142
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meatus, external, removal of exostoses in	5072
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Aural polyp, removal of	5066
Austin Moore arthroplasty of hip	8053
Avulsion, epiphysis	7844
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Axilla, lymph glands of, excision of	3634,3638
Axillary artery, ligation of	4690
hyperidrosis, wedge excision for	3314
vessel, ligation of	4690
involving gradual occlusion by mechanical device	4715

Service	Item
B	
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Baker's cyst, excision of	3217
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rubber, ligation of haemorrhoids	4509
Bands, lateral pharyngeal, removal of	5431
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Bartholin's abscess, incision of	6284
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or gland, marsupialisation or cautery destruction of	6278/6280
Basal cell carcinoma, uncomplicated, removal of	3219-3237
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renal	5726
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dye — dilution indicator test	952
pressure recording by intravascular cannula	770
transfusion	902,904,940-947
intrauterine foetal, including necessary	
amniocentesis	947
vessels in nose, cautery to during episode of epistaxis	5230
Bone, accessory, removal of	7853
carpal, replacement of by silicone or other implant including	
any necessary tendon transfers	8003
graft to femur	7975
humerus	7983
radius and ulna	7983
radius or ulna	7993
scaphoid	7999
spine	7934-7969

Service	Item
Bone, graft to spine	
postero-lateral fusion	7945
with laminectomy and posterior interbody fusion	7967-7969
tibia	7977
(not covered by any other item)	8001
with calcaneal osteotomy	8330
lunate, excision of	8190
marrow, aspiration biopsy of	3160
nasal, fracture of	7701-7715
sesamoid, removal of	7853
tumour, innocent, excision of	3425
Bowel, anastomosis of	4039/4043
mobilisation of	3739/3745
resection of	4039/4043
ruptured, repair or removal of	3722,4165
small, intubation	4104
with biopsy	4099
or large, interposition of with oesophagectomy	6988
Brachial endarterectomy	4709
plexus block, initial	748
subsequent	752
exploration of	7175
Brain, abscess of, excision of	7283
Branchial cyst, removal of	3526
fistula, removal of	3530
Breast, amputation of	3647-3702
cyst aspiration of	3366
excision of cyst, fibro adenoma, local lesion or segmental	
resection	3654/3664
— where frozen section is performed	3668/3673
mammaplasty of	8528-8532
operations on	3647-3702
partial mastectomy involving more than one quarter of breast	
tissue	3678/3683
prosthesis, removal of	3120/3124
section of, for biopsy	3135/3142
tumour, removal of	3219/3265
Breathing apparatus, mechanical efficiency of, estimation of	920
oxygen cost of, estimation of	920
Breech delivery, with antenatal care, confinement and postnatal	
care for nine days	208/209
Broad ligament cyst, excision of	6643/6644,6648/6649
removal of fatty tumour of	3739/3745
Brodie's abscess, operation for	4864
Bronchial tree, intrathoracic operation on	6999
Bronchoscopy, as an independent procedure	5605
with biopsy or other diagnostic or therapeutic	
procedure	5611
dilatation of tracheal stricture	5619
Bronchspirometry	918
Bronchus, operations on	5605,5613
removal of foreign body in	5613
Bubonocele operation	4222/4227
Buckling operation for detached retina	6902
Bunion, excision of	3194/3199
Burns, dressing of (not involving grafting)	3006-3039

Service	Item
Burns, excision of under G.A. (not involving grafting)	
— more than 10% of body surface	3039
— not more than 10% of body surface	3038
extensive free graft to	8510
free graft to	8509-8511
Burr-hole biopsy of sternum	3157
craniotomy	7186,7192,7212,7287
for intracranial haemorrhage	7212
Bursa, incision of	3189
large, excision of	3208/3213
including olecranon, calcaneum or patella, excision of	3208/3213
semimembranosus, excision of	3217
small, excision of	3194/3199
Bursitis, acromial, manipulation	7911/7915
Burst abdomen, repair of with extrusion of abdominal viscera	4258/4262
By-pass, arterial or venous	4754
crossed, of saphenous vein	4665

Service	Item
C	
Cable shunt, ventricular, for hydrocephalus, congenital	8320
Cadaver, donor nephrectomy	5647
Caecostomy	3722
extra-peritoneal closure of	3976/3981
Caesarean section	234/241
Calcaneal osteotomy	8328
with bone graft	8330
Calcanean bursa, excision of	3208/3213
spur, removal of	8120
Calcaneus, fracture of	7674/7652
valgus, manipulation and plaster under general anaesthesia	8336
under general anaesthesia	8334
Calcium, deposit, removal of, from cuff of shoulder	8009
Calculus, removal of, from bladder	5888
kidney	5691
parotid or salivary gland duct	3468/3472
Skene's duct	6286
sublingual gland duct	3468/3472
with cystotomy	5968
staghorn, nephro or pyelolithotomy for	5699
ureteric, endoscopic removal or manipulation of, with cystoscopy	5885
Caldwell-Luc operation	5270
Caloric test of labyrinth or labyrinths	882
Calve's epiphysitis, plaster for	8349
Canal, external auditory, reconstruction of, for congenital atresia	8612
Canaliculus system lacrimal, reconstruction of	6792
immediate repair of	6796
Cannula, intralymphatic insertion of, for introduction of radio-active material	938
intravascular, blood pressure recording by	770
Canthoplasty	6768
Capacity, diffusing, estimation of	920
Capsular ligaments of knee, reconstruction of	8087
Capsule, joint, repair of	8113
Capsulectomy	6861
Capsulotomy	6865
Carbolisation of eye	*
Carbon dioxide output, estimation of	920
Carbuncle, incision with drainage of, requiring a general anaesthetic	3379/3384
Carcinoma	(see tumour)
Cardiac by-pass, whole body perfusion	923
catheterisation	7001-7013
operation	6999
pacemaker, insertion or replacement of	7021,7033
rhythm, restoration of, by electrical stimulation	917
Cardiopulmonary by-pass, for direct surgery to coronary artery or arteries	7066
Cardiospasm, Heller's operation for	6999
Carinatum, pectus, radical correction of	6972
Carotid artery, endarterectomy of	4705,4709

*Payable on attendance basis

Service	Item
Carotid artery, internal, repositioning of	4733
ligation of, for aneurysm or arteriovenous fistula	7274
involving gradual occlusion by mechanical device	4715
body or carotid body tumour, removal of without anastomosis	3295
with anastomosis	4762
Carpal bone, dislocation of	7426
fracture of, excluding navicular	7533
replacement of, by silicone or other implant including any necessary tendon transfers	8003
scaphoid, fracture of	7535/7538
tunnel syndrome, radical operation for	7178/7182
Carpometacarpal joint, synovectomy of	8290
Carpus on radius and ulna, dislocation of	7430/7432
operation on, for acute osteomyelitis	4838
chronic osteomyelitis	4860
osteectomy or osteotomy of	8190
of with internal fixation	8193
Cartilage, knee, displaced, reduction of	7911/7915
removal of	8087
tarsal, excision of	6758
Caruncle, urethral, cauterisation of	6290
excision of	6292/6296
Cataract, juvenile, removal of, including subsequent needlings	6859
Catheter, peritoneal insertion and fixation of	833
Catheterisation, bladder — where no other procedure is performed	5840
cardiac	7001-7013
eustachian tube	5343
frontal sinus	5305
scalp vein	899
umbilical artery	897
vein	895
ureteric, with cystoscopy	5851
Caudal block, initial	748
subsequent	752
Cauterisation, angioma, congenital, under general anaesthesia	8458
cervix	6411
haemangioma, congenital, under general anaesthesia	8458
haemorrhoids	4523/4527
keratoses or hyperkeratoses	3330-3346
of tarsus for ectropion	6762
perforation of tympanum	5176
pyogenic granulation	3330-3346
septum or turbinates or pharynx	5229
urethra or urethral caruncle	6290
Cautery, conjunctiva, including treatment of pannus	6835
destruction of Bartholin's cyst or gland	6278/6280
to blood vessels in nose during an episode of epistaxis	5230
Cavity, nasal, and/or post-nasal space, examination of, under general anaesthesia as an independent procedure	5192
orbital, reconstruction of roof or floor of	8552
synovial, aspiration and/or intrasynovial injection of	8108
thoracic, aspiration or paracentesis of, or both	6940
Cellulitis, incision with drainage of, requiring a general anaesthetic	3379/3384
Cerebello-pontine angle tumour	
— suboccipital removal of	7203

Service	Item
Cerebello-pontine angle tumour	
— transmastoid, translabyrinthine removal of	5108,5112
Cerebral ventricle, puncture of	7099
Cervical biopsy, colposcopy and radical diathermy, with curettage of uterus	6483
with curettage of uterus	6483
exploration of mediastinum with or without biopsy	6992
oesophagectomy	3616
oesophagostomy	3597
closure or plastic repair of	3597
plexus block, initial (not including the uterine cervix)	748
subsequent (not including the uterine cervix)	752
rib, removal of	8158
spine, anterior interbody spinal fusion to	7947,7951
dislocation of, without fracture	7472
sympathectomy	7376
Cervicectomy, abdominal	3739/3745
Cervix, amputation or repair of	6436/6441
biopsy of	3135/3142
cauterisation of	6411
cone biopsy of	6418/6424
diathermy of	6411
dilatation of	6446
examination of, with Hinselmann colposcope or similar instrument	6415
ionisation of	6411
purse string ligation of for threatened miscarriage	250/258
removal of polyp from	6411
purse string ligature of under general anaesthesia	267
repair of	6367/6373, 6436/6441
uterine, examination of, with a magnifying colposcope of the Hinselmann type or similar instrument	6415
Chalazion, extirpation of	6754
Charnley arthroplasty of hip	8069
Chemopallidectomy, including burr-hole	7312
or other stereotactic procedure	7312
Chemotherapy for keratoses, warts or similar lesions	3330-3346
Chest, funnel, elevation of	6972
pigeon, correction of	6972
wall, closure of after drainage for empyema	3247/3253
Choanal atresia, repair of	8380,8382
Cholangiography pre-operative	3789
Cholecystectomy	3793/3798
with choledochotomy	3820
Cholecystoenterostomy	3831
Cholecystoduodenostomy	3831
Cholecystogastrostomy	3831
Cholecystostomy	3802/3809
Choledochoduodenostomy	3834
Choledochenterostomy	3834
Choledochogastrostomy	3834
Choledochotomy after previous cholecystectomy	3815
with or without cholecystectomy	3820
Cholera, inoculation against	*
Chondroma, removal of	3219-3253

*Payable on attendance basis

Service	Item
Chondro-cutaneous or chondro-mucosal graft	8606
Chordee, correction of — hypospadias	6105,6107
Chronic osteomyelitis, operation on scapula, sternum, clavicle, rib, ulna, radius, metacarpus, carpus, phalanx, tibia, fibula, metatarsus, tarsus, mandible or maxilla	4860
Cicatricial flexion contracture of joint, correction of	8294
Ciliary body and/or iris, excision of tumour	6894
Cingulotomy	7298
Cingulotractotomy	7298
Circum-anal suture for anal prolapse	4467
Circumcision	4319-4345
Cisternal puncture	7089
Clavicle, dislocation of	7410
fracture of	7588/7593
operation on, for acute osteomyelitis	4838
chronic osteomyelitis	4860
osteectomy of, with internal fixation	8193
or osteotomy of	8190
Cleft lip, Abbe transplant or flap, secondary correction	8632
complete primary repair	8622,8624
revision, secondary correction	8630
partial or incomplete, secondary correction	8628
secondary correction of nostril or nasal tip	8634
palate, complex cleft, partial repair	8652
complete cleft, primary repair	8640
incomplete, secondary repair	8644
lengthening procedure, secondary repair	8648
partial cleft, primary repair	8636
Cleidotomy of foetus	360
Clitoris, amputation of	6299
Closure, extra peritoneal, of colostomy, enterostomy, ileostomy or caecostomy	3976/3981
intraperitoneal of colostomy or enterostomy	3986
of bladder neck including repair of epispadias	6135
cervical oesophagostomy	3597
cutaneous ureterostomy	5837
urethral fistula	6044
Clot, evacuation of, from bladder by cystoscopy	5845
surgical removal from large vein	4789
small or medium vein	4676
Coccyx, excision of	4606
Cochlear tests	874
Cockett's operation	4662
Coeliac plexus block with alcohol	7079
Colectomy right or left hemicolectomy	4046
total, with ileo-rectal anastomosis	4048
synchronous operation	4054,4059
transverse or sigmoid	4018
with excision of rectum	4054,4059
Collection of blood for transfusion	949
specimen for pathology test	907,956
of sweat by iontophoresis	958
Colles' fracture of wrist	7540/7544
Colonic fibreoscopy	4383-4394
Colonoscopy, fibreoptic (short)	4383
with biopsy	4385

Service	Item
Colonoscopy fiberoptic (long)	4388
with biopsy	4389
with removal of one or more polyps	4394
Colostomy	3722
entero-	3894/3898
extra-peritoneal closure of	3976/3981
following exploratory laparotomy	3722
for Hirschsprung's disease	3722
intraperitoneal closure of	3986
lavage of	*
Colotomy	3/22
Colour discrimination test, Farnsworth Munsell 100 hue	*
Colpoperineorrhaphy	6347/6363
Colpopexy	6396
Colpoplasty	6367/6373
Colporrhaphy	6342
Colposcopy, cervical biopsy and radical diathermy, with curettage	
of uterus	6483
using Hinselmann or similar type of instrument	6415
with curettage of uterus	6483
Colpotomy	6342
Comminuted fracture of skull, operation for	7231
Common bile duct, operations on	3820-3831
Complete cleft palate, primary repair	8640
or partial urethrectomy for removal of tumour	6077
revision of secondary correction of cleft lip	8630
ureterectomy, complete or partial, with bladder repair	5747
Complex cleft palate, partial repair	8652
Compliance, lung, estimation of	920
Complicated fracture requiring open operation	7821,7823
Composite graft to nose, ear or eyelid	8606
Compound fracture requiring open operation	7815,7817
skull or complicated with dural penetration	
and brain damage	7244
skull without dural penetration	7240
Compression techniques, continuous, multiple simultaneous injections	
by, for varicose veins	4633
Conception, products of, evacuation of, by intrauterine manual	
removal	362
Conduction times, nerve, estimation of (electromyography)	812
Condylectomy	8185-8190
of mandible	8195,8198,8570
of maxilla	8570
Cone biopsy of cervix	6418/6424
Confinement	194-217
antenatal care and postnatal care for nine days	200/207
— with mid-cavity forceps of vacuum extraction,	
breech delivery or management of multiple	
delivery	208/209
— with surgical induction of labour	211/213
— and requiring major regional or field block	216/217
attendance by specialist at	198
Congenital abnormalities, manipulations and plaster work, for	
correction of	8332-8356

*Payable on attendance basis

Service	Item
Congenital abnormalities, operations for correction of	8428-8444
absence of vagina, reconstruction for	6327
atresia, biliary, dissection of bile ducts with reconstruction	3831
exploratory laparotomy	3739/3745
reconstruction of bile duct	3834
reconstruction of external auditory canal	8612
dislocation of hip, manipulation and plaster for	8332
heart disease, open heart, surgery for	7046
incontinence, reconstruction of sphincter for	8414
Conjunctiva, cautery of, including treatment of pannus	6835
removal of tumour from	3219-3253
Conjunctival, graft over cornea	6810
peritomy	6807
Conjunctivorhinostomy	6782,6786
Consultation by consultant physician in psychiatry	
— surgery, hospital or nursing home	134-142
— home visit	144-152
— interview of a person other than the patient	890,893
— group psychotherapy	887-889
by a consultant physician other than in psychiatry	
— surgery, hospital or nursing home	110,116
— home visit	122,128
by general practitioner	
— at hospital or nursing home	69-78
— surgery consultation or home visit	
— brief	3,4,43,44
— standard	14,19,51,53
— long	25,26,57,59
— prolonged	33,35,65,66
by specialist	
— initial referred	88,100
— subsequent	94,103
preoperative, by anaesthetist	82/85
Contaminated wound of soft tissue, debridement of under general anaesthesia	3041
Continuous compression techniques, by multiple simultaneous injections, for varicose veins	4633
Contour reconstruction, foreign implants for	8478
of the face by autogenous bone or cartilage graft	8600
Contraceptive device, intra-uterine, introduction or removal of	6262
Contracted bladder neck, congenital, wedge excision or perurethral resection of	8410
operation for	5916
socket, reconstruction	6705
Contracture cicatricial flexion, correction of	8294
Dupuytren's, radical operation for	8298
subcutaneous fasciotomy	8296
manipulation under general anaesthesia	8352
Contractures, manipulation and plaster for, under general anaesthesia	8354
Cooling, gastric (by lavage with ice-cold water)	*
Coraco-acromion ligament, removal of	8166
Cordotomy, laminectomy for	7346
percutaneous	7381
Corn, radical treatment of	3219-3253

* Payable on attendance basis

Service	Item
Cornea, conjunctival, graft over	6810
epithelial debridement for dendritic ulcer	6824
removal of foreign body from, involving deeper layers	6818
superficial foreign body from	6816
transplantation of, including collection of implant	6828,6832
Corneal scars, excision of	6820
ulcer, ionisation of	*
Coronary, artery or arteries, direct surgery to	7066
— placement of catheters and injection of opaque material	7011,7013
Correction of atresia of oesophagus	6984
hallux valgus with osteotomy or osteectomy of phalanx or metatarsal	8131
and transplantation of adductor hallucis tendon	8135
pectus excavatum or pectus carinatum, radical	6972
Cortical evoked responses	816,817
mastoidectomy	5087
Cost, oxygen, of breathing, estimation of	920
Counterpulsation by intra-aortic balloon	
— insertion by arteriotomy, or removal and arterioplasty	4806
— management of	976,977
Cranial nerve, infiltration of	755
Craniectomy and removal of haematoma	7216
extensive and removal of haematoma	7216
for osteomyelitis of skull	7291
Cranioplasty, reconstructive	7248,7251
Cranic stenosis, operation for	7324,7326
Craniotomy and tumour removal	7198,7203
burr-hole	7186
for intracranial haemorrhage	7212
foetus	360
involving osteoplastic flap	7279
Cross leg, direct flap repair	8487,8488
Cruciate ligaments of knee, reconstruction of	8089
Cryocautery for superficial lesions	3330-3346
Cryotherapy for detached retina	6900
pre-detachment of retina	6908
superficial lesions	3330-3346
to eyelids for distichiasis	pay under 6767
nose in the treatment of nasal haemorrhage	5233
retina	6908
Culdoscopy	6451
Curettage, or suction curettage for evacuation of the contents of the gravid uterus	6469
uterus (D. and C.)	6460/6464
including curettage for incomplete miscarriage	6460/6464
suction of non gravid uterus (menstrual aspiration)	6460/6464
with colposcopy, cervical biopsy and radical diathermy	6483
Cutaneous or digital nerve, primary suture of	7106/7111
nerve primary suture of by microsurgical technique	7112
ureterostomy, closure of, unilateral	5837
vesical fistula, operation for	5935
Cyclocryotherapy	6898
Cyclodiathermy	6898

* Payable on attendance basis

Service	Item
Cyst, arachnoidal, congenital, operation for	7328
Baker's, excision of	3217
Bartholin's, excision of	6274/6277
marsupialisation or cautery destruction of	6278/6280
brain, operations for	7192
branchial, removal of	3526
breast, aspiration of	3366
excision of	3654-3673
broad ligament, excision of	6643/6644, 6648/6649
dentigerous	3247-3265
epididymal, removal of	6221/6224
fimbrial, excision of	6643/6644, 6648/6649
hydatid, abdominal, removal of	3783
liver, removal from	3783
lungs, enucleation of	6964
peritoneum, removal from	3783
intracranial, needling and drainage of	7192
kidney, removal from	5724
Meibomian, incision of	6754
mucous, of mouth, removal	3509/3516
ovarian, excision of	6643/6644, 6648/6649
pancreatic, anastomosis to stomach or duodenum	3902
parovarian, excision of	6643/6644, 6648/6649
pharyngeal, removal of	5456
pilonidal, excision of	4611/4617
renal, excision of	5724
tarsal, extirpation of	6754
thyroglossal, removal of	3581
vaginal, excision of	6267, 6321
vallecular, removal of	5456
viscus (abdominal), removal of	3783
not otherwise covered, removal of	3219-3265
Cystic hygroma, removal of	3532
Cystocele, repair of	6347-6373
Cystography, preparation for	5840
Cystometrography	5857
Cystoscopic examination	5845
removal of foreign body from bladder	5864
Cystoscopy, with biopsy of bladder tumours	5868
or resection of bladder tumours	5871, 5875
endoscopic bladder neck resection	5881
removal or manipulation of ureteric calculus	5885
hydrodilatation of the bladder	5853
litholapaxy	5888
or without urethral dilatation	5845
ureteric catheterisation	5851
meatotomy	5878
urethroscopy	6061
Cystostomy, suprapubic	5897/5901
change of tube	*
Cystotomy, suprapubic	5897/5901
stab	5903
with removal of calculus	5968
Cystourethrography, ascending	5861

* Payable on attendance basis

Service	Item
Cystourethrography, ascending	
preparation for	5840
Cytotoxic agent, infusion of	932-936
intra-arterial infusion of, preparation for	934
intralymphatic infusion of fluid containing	936

Service	Item
D	
D. and C.	6460/6464
Dacryocystectomy	6774
Dacryocystorhinostomy	6778
Dead space, estimation of	920
Debridement, epithelial, of cornea for dendritic ulcer	6824
under G.A. of contaminated wound of soft tissue	3041
Decapitation of foetus	360
Decompression of facial nerve, mastoid portion	5102
intracranial portion	5104
intracranial tumour via osteoplastic flap	7194
operation for priapism under general anaesthesia	6162
suboccipital for hydrocephalus, congenital	7314
Decortication, pulmonary, with thoracotomy	6962
Deep fascia, repair of for herniated muscle	3417
seated haemangioma of neck, excision of	8474
tissue or organ, aspiration biopsy of	3148
biopsy of	3135/3142
Dendritic ulcer, epithelial debridement of cornea for	6824
Dental anaesthetic	566-575
Depressed fracture of skull, operation for	7231
Derangement, internal, operation on knee for	8087
Dermabrasion	8452,8454
Dermatome grafts	8504-8516
Dermo-fat fascia graft, including transplant or muscle flap	8450
mammaplasty	8532
Dermoid, excision of	3219-3265
of nose, congenital, excision of with intranasal extension	8440
superficial, excision of	8432/8434
orbital, congenital, excision of	8436
periorbital, congenital, excision of	8432/8434
Desiccation of mole by diathermy	3330-3346
Detached retina, diathermy or cryotherapy for	6900
light coagulation for	6904
removal of encircling silicone band from	6906
resection or buckling operation for	6902
Detachment of indirect flap or tubed pedicle, delay	8496
testis from thigh, secondary	4313
Dextrose, intravenous infusion of	927,929
Dialysis, peritoneal	836
renal, in hospital	818-824
Diaphragmatic hernia congenital, repair of	4241
pay under	4241
other than traumatic, abdominal repair of	4241
transthoracic repair of	6997
traumatic, repair of	4238
Diathermy, and laparoscopy of Fallopian tubes	6611/6612
any one or more of septum turbinates or pharynx	5229
Diathermy, bladder tumours	5871,5875
suprapubic	5919
cervix	6411
and curettage of uterus	6483
removal of polyp from cervix; with curettage of	
uterus	6501/6506
cysts, tumours, warts, etc.	3330-3346

Service	Item
Diathermy desiccation of mole by	3330-3346
detached retina	6900
or resection of rectal tumour with sigmoidoscopy	4365
perforation of tympanum for	5176
pharynx	5229
plantar wart	3320
salivary gland duct	3465
septum	5229
turbinates	5229
urethra	6140
Diffusing capacity, estimation of	920
Digit, extra, amputation of	8430
ligation of pedicle	8428
transplantation of, plastic — complete procedure	8540
Digital nail, removal of	7861
nerve, repair of, divided, to thumb or finger	7116/7117
— by microsurgical techniques	7120,7121
primary suture of	7106/7111
Dilatation, and puncture, for repair of choanal atresia	8382
anus (Lord's procedure)	4461
as an independent procedure	4455
of cervix	6446
oesophagus	5470,5474,5490
punctum, with punctum snip	6805
tracheal stricture with bronchoscopy	5619
or probing of lacrimal passages for obstruction	6799
salivary gland duct	3465
urethral stricture	6039
uterus and curettage of	6460/6464
vagina, as an independent procedure	6313
Dilution indicator test — blood dye	952
Direct arteriovenous anastomosis of upper or lower limb	4817
flap repair, cross arm, abdominal or similar	8485,8486
finger or similar	8490,8492
leg	8487,8488
revision of graft	8502
Disarticulation, finger or thumb	4927-4969
foot at ankle (Syme, Pirogoff types)	5034
midtarsal or transmetatarsal	5038
hand, forearm or through arm	4979
transmetacarpal	4972/4976
interscapulothoracic	4987
leg at hindquarter	5055
hip	5051
shoulder	4983
through leg or at knee	5045
toe or great toe	4990-5029
Disc, intervertebral, manipulation of spine for abnormality of, under	
general anaesthesia	7919/7923
laminectomy for removal of	7331
lesion, recurrent, laminectomy for	7336
slipped, manipulation of spine for, under general anaesthesia	7919/7923
Discrimination test, colour, Farnsworth Munsell 100 hue	*
Disimpaction of faeces under anaesthesia	4602
Dislocation, hip, congenital, manipulation and plaster for	8332

* Payable on attendance basis

Service	Item
Dislocation, not requiring open operation	7397-7476
recurrent, patella, operation for	8100
requiring open operation and internal fixation	8113
shoulder	7412-7419
treatment of	7397-7483, 8100, 8332
turbinate	5237
Displaced patella, fixation of	8100
Dissection and repair of arteriovenous fistula	4699
Distichiasis, cryotherapy to eyelids for	pay under 6767
Distracting apparatus with internal fixation, removal of	8217
without internal fixation, removal of	8214
Distraction and osteotomy for lengthening of limb	8211
Diverticulum, bladder, excision or obliteration of	5929
duodenum, removal of	3739/3745
Meckel's, removal of	3722
urethra, excision of	6152
Divided digital nerve to thumb or finger, repair of	7116/7117
ureter, repair of	5741
Division fibrinous bands in vitreous body	6885
of peritoneal adhesions and laparotomy	3958/3962
Dohman's operation	5357
Donald-Fothergill operation	6367/6373
Donor nephrectomy (cadaver)	5647
Double vagina, excision of vaginal septum for correction of	6332
Drainage and needling of intracranial cyst	7192
intercostal of empyema, not involving resection of rib	6953
of intracranial infection	7287
Dressing and removal of sutures under general anaesthesia	3106
of burns (not involving grafting)	3006-3033
Drip, oxytocin (Pitocin)	927,929
Duct, bile, anastomosis of	4133
reconstruction of	3834
common bile, operations on	3815-3834
hepatic, reconstruction of	3834
naso-lacrimal, probing of	6799
parotid, repair of	pay under 6796
using micro-surgical techniques	pay under 6796 x 1 1/2
salivary gland, diathermy or dilatation of	3465
removal of calculus from	3468/3472
Skene's, incision of, or removal of calculus from	6286
sublingual gland, removal of calculus from	3468/3472
tear, probing of	6742
Duodenal intubation	4104
ulcer, perforated, suture of	3722
Duodenoscopy	3846
with biopsy	3855
Duodenum, removal of diverticulum	3739/3745
Dupuytren's contracture, radical operation for	8298
subcutaneous fasciotomy	8296
Dwyer operation, anterior correction of scoliosis	7938,7939
Dye, blood — dilution indicator test	952
Dysmenorrhoea, treatment of, by dilatation of cervix	6446

Service	Item
E	
E.C.G.	908,909,914,916
E.C.T.	886
E.E.G.	794-809
Eagle's operation (removal of styloid process of temporal bone)	3431
Ear, composite graft to	8606
lop or bat, or similar deformity, correction of	8608
middle, exploration of	5166
insertion of tube for drainage of	5172
operation for abscess or inflammation of	5162
removal of foreign body from	5059,5062
syringe of	*
toilet, requiring use of operating microscope and	
micro-inspection of tympanic membrane with or without	
general anaesthesia	5182
Echocardiography	913
Echoencephalography	794
Echography	794,797
Eclampsia, treatment of	273
Ectopia, vesicae or ectopia cloacae	8414
Ectopic bladder, congenital, 'turning-in' operation	8414
gestation, removal of	6553/6557
Ectropion, correction of	8588
tarsal cauterisation for	6762
Efficiency, mechanical, of breathing apparatus, estimation of	920
Elbow, arthroplasty, total replacement	8069
dislocation of	7423
removal of foreign or loose bodies from	8040
Elective dissection with split skin, free grafts	8512,8516
Electrical stimulation, maximal perineal	*
restoration of cardiac rhythm by	917
stimulator, localisation by, with nerve blocking by alcohol or	
other agent	756
Electrocardiographic monitoring, during exercise	
— (bicycle, ergometer or treadmill)	916
— (continuous) of ambulatory patients	915
Electrocardiography, after exercise (Master's)	914
report only	909
tracing and report	908
tracing only	909
Electrocauterisation of cysts, tumours, warts, etc.	3330-3346
Electroconvulsive therapy	886
Electrocorticography	809
Electrode, permanent transvenous, insertion or replacement of	7028
temporary transvenous pacemaking insertion of	7042
Electrodes, myocardial, and permanent pacemaker, insertion or	
replacement of, by thoracotomy	7021
Electroencephalography (E.E.G.)	803
temporosphenoidal	806
Electrolysis epilation, for trichiasis	6767
Electromyography (E.M.G.)	812,815
Electronystagmography (E.N.G.)	884
Electroplexy	886
Electroretinography	853

*Payable on attendance basis

Service	Item
Electrosurgery of keratoses, warts or similar lesions	3330-3346
Elevation of funnel chest	6972
Embolus, removal of, from artery of neck	4778
extremities	4778
trunk	4784
Empyema, intercostal drainage of, not involving resection of rib	6953
radical operation for, involving resection of rib	6955
Encircling silicone band, removal from detached retina	6906
Endarterectomy of aorta or innominate artery	4705
artery of neck or extremities	4709
intra-thoracic artery	4705
Endolymphatic sac, transmastoid decompression	5116
Endometriosis, diathermy via laparoscope	6607
Endoscopic biopsy of prostate with or without cystoscopy	6027
bladder neck resection with cystoscopy	5881
pancreaticholangiography	3860
pharyngeal pouch (Dohllman's operation)	5357
prostatectomy with or without cystoscopy	6005
removal or manipulation of ureteric calculus with cystoscopy	5885
resection of median bar, with or without cystoscopy	6010
Endotracheal anaesthetic in connexion with dental operation	568-575
Enterocoele, repair of by abdominal approach	6396
vaginal approach	6347/6352
Entero-colostomy	3894/3898
Entero-enterostomy	3894/3898
Enterolysis with intestinal plication, Noble type	3722
Enterostomy	3722
entero-	3894/3898
extra-peritoneal closure of	3976/3981
following exploratory laparotomy	3722
gastro-	3894/3898
or pyloroplasty with vagotomy	3889
Enterotomy	3722
Entropion, correction of	8588
Enucleation of eye with or without sphere implant	6688
and insertion of integrated implant	6692
hydatid cysts of lung	6964
Epicondylitis, open operation for	7857
Epididymal cyst, removal of	6221/6224
Epididymectomy	6236
Epidural block, initial	748
subsequent	752
injection for neurological diagnosis or for therapeutic reasons	7085
Epigastric hernia, repair of, person under 10 years	4246/4249
over 10 years	4251/4254
Epilation electrolysis, for trichiasis	6767
Epiphyseal arrest	8310-8316
Epiphyseodesis	8310-8314
Epiphysis, avulsion of, treatment of	7844
Epiphysitis, Perthes', Calve's or Scheuermann's, plaster for	8349
Sever's, Kohler's, Keinboch's or Schlatter's, plaster for	8351
Epiotomy — anaesthetic for repair of	407,513
Epispadias, repair of, including bladder neck closure	6135
not involving sphincter	6130

Service	Item
Epistaxis, cautery for	5230
cryotherapy for	5233
Epithelial debridement of cornea for dendritic ulcer	6824
Equinovarus, talipes, manipulation under general anaesthesia	8334
medial release procedure	8324
posterior release procedure	8322
— and plaster	8336
Ergometry, in connection with electrocardiographic monitoring	916
Ethmoidal sinuses, external operation on	5320
Ethmoidectomy,	5301
fronto-nasal	5295
fronto-radical	5298
transantral, plus radical antrostomy	5277
Eustachian tube, catheterisation of	5343
Evacuation by intrauterine manual removal of the products of conception	362
of clot from bladder	5845
Eversion, surgical, of inverted nipple	3707
Evisceration of foetus	360
globe of eye,	6697
and insertion of intrascleral ball or cartilage	6699
Examination, gynaecological, under anaesthesia	6258
nasal cavity and/or post nasal space, under general anaesthesia, as an independent procedure	5192
ophthalmological, under general anaesthesia	6686
pre-operative for anaesthesia (separate attendance)	82/85
uterine cervix with Hinselmann colposcope or similar instrument	6415
Excavatum, pectus, correction of	
— radical	6972
Excision, deep-seated haemangioma of neck	8474
intracranial abscess	7283
of bladder	
— total	5905
— partial	5891/5894
burns under G.A. (not associated with grafting)	
— not more than 10% of body surface	3038
— more than 10% of body surface	3039
lip, full thickness wedge	8614
total, of prostate	6017
transtympanic of glomus tumour	5152
vaginal septum for correction of double vagina	6332
wedge, for axillary hyperidrosis	3314
Exenteration of orbit of eye	6715
Exercise tests in association with electrocardiography	914,916
Exomphalos, congenital, operation for	8400
by plastic flap	8402
secondary stage repair of	4262
Exostoses in external auditory meatus, removal of	5072
Exostosis, excision of, large bone	8179/8182
small bone	8169/8173
Exploration, cervical, of mediastinum with or without biopsy	6992
of kidney with any procedure	5683
middle ear	5166
orbit	6707,6709,6722,6724

Service	Item
Exploration, of testis	6228
Exploratory laparotomy	3713/3718
and biopsy of gonads for intersex states	pay under 3739/3745
thoracotomy	6958
Extensor tendon of hand, primary suture of	8227/8230
secondary suture of	8233
tenolysis of	8279
synovectomy of	8292
External arteriovenous shunt, insertion of	4808
removal of	4812
auditory canal, reconstruction of, for congenital atresia	8612
meatus, removal of exostoses in	5072
haemorrhoids or anal tags, removal of	4534
urethral meatotomy	6066
Extirpation of tarsal cyst	6754
Extra digit, amputation of	8430
ligation of pedicle	8428
Extremities, artery of, endarterectomy of	4709
Extremity, or neck, major artery of, repair of wound of, with restoration of continuity	4693
Eye, artificial lens, insertion of	6852
removal of	6857
ball, repair of perforating wound of	6728, 6730, 6736
carbolisation of	*
dermoid, excision of	8432/ 8434, 8436
enucleation of with or without sphere implant	6688
insertion of integrated implant	6692
extraction of lens	6848
foreign body in, removal of	6740, 6742, 6744, 6747, 6816, 6818
globe of, evisceration of	6697
paracentesis, in relation to	6865
trephining of	6873
Eyelashes, ingrowing, operation for	8588
Eyelid, correction of ectropion or entropion	8588
ptosis (unilateral)	8586
cryotherapy to for distichiasis	pay under 6767
grafting for symblepharon	8592
plastic operations on	8582
reduction of	8589, 8591
removal of cyst from	6754
repair of, whole thickness	8582, 8618, 8620
tarsorrhaphy	6766

* Payable on attendance basis

Service	Item
F	
Facetectomy, lumbar	8028
Facial nerve, decompression of	5102,5104
palsy, excision of tissue for	pay under 3247/3253
paralysis, plastic operation for	8546,8548
or neck scar, revision under general anaesthesia	8522,8524
Faecal fistula, repair of	4590
Faeces, disimpaction of, under anaesthesia	4602
Fallopian tubes, hydrotubation of	6636,6641
implantation of, into uterus	6631
sterilisation, diathermy by laparoscopy	6611/6612
transection or resection by laparoscopy,	
laparotomy or vaginal route	6611/6612
Family group, psychotherapy	887,888,889
Farnsworth Munsell 100 hue colour discrimination test	*
Fascia, deep, repair of, for herniated muscle	3417
dermo-fat, graft, including transplant or muscle flap	8450
mammaplasty	8532
Fasciotomy, plantar (radical)	8320
subcutaneous, Dupuytren's contracture	8296
Fatty tissue, subcutaneous, removal of excess	3219-3253
Feet, incision of pulp space, paronychia or other acute infection of	7864
Femoral endarterectomy	4709
hernia, repair of	4222/4227
vein, removal of thrombus from	4789
vessel, ligation of	4690
involving gradual occlusion by mechanical	
device	4715
Femur, bone graft to	7975
epiphyseodesis	8310
fitting of acrylic head to	8053
fracture of	7624/7627
fragmentation and rodding in fragilitas ossium	8306
operation on, for acute osteomyelitis	4844
chronic osteomyelitis	4864
osteectomy of, with internal fixation	8201
or osteotomy of	8191
sub-trochanteric, osteotomy of	8206
Fenestration cavity, venous graft to	5131
operation	5127
Fibreoptic colonoscopy (short)	4383
with biopsy	4385
(long)	4388
with biopsy	4389
with removal of one or more polyps	4394
Fibreoscopy, colonic	4383-4394
Fibrinous bands in vitreous body, division of	6885
Fibro-adenoma, excision of from breast	3654-3673
Fibroma, removal of	3219-3253
Fibula, epiphyseodesis	8312
fracture of	7632/7637
operation on, for acute osteomyelitis	4838
chronic osteomyelitis	4860

Payable on attendance basis

Service	Item
Fibula osteectomy of, with internal fixation	8193
or osteotomy of	8190
Field block, initial	748
required with surgical induction of labour; and antenatal care, confinement and postnatal care for nine days	216/217
subsequent	752
Fifth cranial nerve, avulsion of branch of	7170
Filleting of toe	8185
Filtering and allied operations for glaucoma	6873
Fimbrial cyst, excision of	6643/6644, 6648/6649
Finger, amputation or disarticulation of	4927-4969
of, including metacarpal or part of metacarpal	4965/4969
dislocation of	7435
fracture of	7505-7516
joint, orthopaedic operation on	8022
nail, removal of	7861
plastic reduction for macrodactyly in	8544
repair of divided digital nerve to	7116/7117
tendon sheath of, synovectomy of	8282
terminal phalanx of, operation for acute osteomyelitis	4828
trigger, correction of	8271
Fissure in ano, excision of	4537/4544
Fistula antrobuccal, operation for	5288
arteriovenous, cervical carotid ligation for	7274
dissection and repair of	4699
and ligation of	4702
excision of, from major blood vessels	4690
artificial, arterio-venous, repair of	4676
between genital and urinary or alimentary tracts, repair of	6401
branchial, removal of	3530
cutaneous, salivary gland, repair of	3477
Eck's, operation for	4766
faecal, repair of	4590
in ano, excision of (involving incision of external sphincter)	4568/4573
subcutaneous, excision of	4552/4557
oro-antral, plastic closure of	5288
parotid gland, repair of	3477
sacroccocygeal, excision of	4611/4617
thyroglossal, removal of	3591
tracheo-oesophageal, ligation and division of	8390
urachal, congenital, correction of	8412
urethral, closure of	6044
urethro-rectal	6083
urethro-vaginal	6079
vaginal, excision of	6401
vesical, cutaneous, operation for	5935
vesico-colic	5947
vesico-rectal	5956
vesico-vaginal	5941
Fixation, of testis	6228
mandible for prognathism or retrognathism	8564
uterus	6585/6594
Flap, Abbe, secondary correction for cleft lip	8632
direct, small plastic repair	8490, 8492
indirect, or tubed pedicle,	
— delay, intermediate transfer or detachment of	8496

Service	Item
Flap, indirect or tubed pedicle,	
— formation of	8494
— preparation of site and attachment to site	8498
— spreading of pedicle	8500
neurovascular island, repair of	8542
pharyngeal	8656
plastic repair, direct, indirect or local, revision of graft	8502
local, single stage	8480,8484
repair, direct, cross arm, abdominal or similar	8485,8486
finger or similar	8490,8492
leg	8487,8488
Flexion, contracture, cicatricial, correction of	8294
Flexor tendon of hand, primary suture of	8219/8222
secondary suture of	8225
synovectomy of	8292
tenolysis of, repair or graft	8275
Floor or roof of orbital cavity, reconstruction of	8552
Fluid, balance, supervision of	*
intravenous or subcutaneous infusion of	927,929
Foetal intrauterine blood transfusion, including amniocentesis	947
Foetus, cleidotomy, craniotomy, decapitation, evisceration	360
intrauterine blood transfusion to	947
retained, manual removal of	362
Foot, amputation or disarticulation,	
— at ankle	5034
— mid tarsal or transmetatarsal	5038
incision of pulp space, paronychia or other acute infection of	7864
tendon of, primary suture of	8241
secondary suture of	8243
triple arthrodesis of	8116
Forceps delivery, administration of anaesthetic in connection with	481,552
Forearm, amputation or disarticulation of	4979
fracture of both shafts	7567/7572
Foreign body, antrum, removal of	5280
bladder, cystoscopic removal of	5864
bronchus, removal of	5613
ear, removal of	5059,5062
intra-ocular, removal of	6740-6747
joint, removal of	(see arthrotomy)
maxillary sinus, removal of	5280
muscle or other deep tissue, removal of	3120/3124
nose, removal of other than by simple probing	5201
oesophagus, removal of	5486
pharynx, removal of	3116
plates, etc., used in treating fractures, removal of	3120/3124
removal of, by urethroscopy	6056
from cornea or sclera, involving deeper layers	6818
subcutaneous, removal of, not otherwise covered	3116
superficial, removal of from cornea or sclera	6816
not otherwise covered	3113
tendon, removal of	3120/3124
trachea, removal of	5601
urethra, removal of	6056
implants for contour reconstruction	8478

* Payable on attendance basis

Service	Item
Fothergill operation	6367/6373
Fracture, Colles' of wrist	7540/7544
complicated, requiring open operation	7821,7823
compound, requiring open operation	7815,7817
of skull, depressed or comminuted, operation for	7231
or fractures of skull, compound or complicated, operation for	7240-7248
reduction of	7505-7839
simple, not requiring open operation	7505-7798
— involving joint surfaces	7847
requiring open operation	7802,7803,7808,7809
uncomplicated, not requiring open operation	7505-7798
requiring open operation	7802,7803,7808,7809
Fractured larynx, operation for	5545
Fractures, reduction in excess of one reduction	7828-7839
Free grafts, full thickness	8518
split skin, on granulating areas, extensive	8508
including elective dissection	8512,8516
or pinch grafts, on granulating areas, small	8504
to burns	8509-8511
transfer of tissue, anastomosis of artery or vein for, by	
micro-surgical techniques	4764
Freezing, intragastric	968,970
Frenulum, maxillary or tongue tie, repair of in a person not less	
than 2 years of age	3505
Frenum of lip, excision of	3219/3226,3233/3237
Frontal sinus, catheterisation of	5305
intranasal operation on	5301
operations on	5295-5318
radical obliteration of	5318
trephine of	5308
Fronto-ethmoidectomy, radical	5298
Fronto-nasal ethmoidectomy	5295
Frozen section, and biopsy of breast	3647/3652,3668-3702
with excision of cyst, fibro adenoma or other local	
lesion from breast	3668/3673
with segmental resection of breast	3668/3673
Full thickness grafts, free	8518
wedge excision of lip with repair by direct sutures	8614
Fundi, optic, examination after I.V. injection	856
Funnel chest, elevation of	6972
Furuncle, incision with drainage of	3371, 3379/3384
Fused kidney, symphysiotomy for	5679
Fusion, posterior interbody and laminectomy with bone graft to spine	7967,7969
spinal, application of halo for, in the treatment of scoliosis,	
as an independent procedure	7940
for scoliosis or kyphosis	
— with use of Harrington distraction rod	7938
— with use of Harrington distraction and	
compression rods	7939

Service	Item
G	
Gallbladder, and/or bile ducts radical excision and reconstruction	
for carcinoma	pay under 3834
drainage of	3802/3809
excision of	3793/3798
other operations on	3820-3831
Gallstones, percutaneous extraction of	3855
Ganglion, block, lumbar	7755
excision of	3194/3199
trigeminal, injection of, with alcohol or similar substance	7079
Ganglionectomy and splanchnicectomy	7376
stellate	7376
Gastrectomy, partial, and gastro-jejunostomy	3922
total	3930
radical	3938
Gastric by-pass in the treatment of obesity	pay under 3894/3898 x 1 1/4
cooling (by lavage with ice-cold water)	*
hypothermia	968,970
lavage in the treatment of ingested poison	974
transection and ligation of oesophageal varices	pay under 3922
ulcer, perforated, suture of	3722
Gastro-camera investigation	3846
-duodenostomy	3894/3898
reconstruction of	3900
-enterostomy	3894/3898
reconstruction of	3900
with vagotomy	3889
-jejunostomy and partial gastrectomy	3922
Gastropexy for hiatus hernia	3739/3745
Gastroschisis or exomphalos, operation for	8400
by plastic flap	8402
secondary stage repair of	pay under 4262
Gastrosocopy	3846
with biopsy or polypectomy or removal of foreign body	3855
Gastrostomy	3722
for fixation of indwelling oesophageal tube	3870
Genital prolapse, operations for	6347-6373
Genu valgum, manipulation and plaster	
— under general anaesthesia	8348
— with osteoclasia	8350
manipulation under general anaesthesia	8346
Genu varum, manipulation and plaster under general anaesthesia	8336
manipulation under general anaesthesia	8334
Gestation, ectopic, removal of	6553/6557
Gilliam's operation	6585/6594
Girdlestone arthroplasty of hip	8053
Gland, adrenal, biopsy of	5636
removal of	5636
Bartholin's, marsupialisation or cautery destruction of	6278/6280
groin, dissection of	3261/3265
lacrimal, excision of palpebral lobe	6772
lymph, aspiration biopsy of	3148
biopsy of	3135/3142

* Payable on attendance basis

Service	Item
Gland parathyroid, removal of	3555
parotid, superficial lobectomy or removal of tumour from, with exposure of facial nerve	3450
total extirpation of	3437,3444
pelvic, dissection of, with hysterectomy	6536
lymph, excision of (radical)	6308
salivary, duct, dilatation or diathermy of	3465
removal of calculus from	3468/3472
operations on	3437-3477
repair of cutaneous fistula of	3477
sublingual, extirpation of	3459
submandibular, extirpation of	3455
submaxillary, extirpation of	3455
Glands, retroperitoneal, excision of, with orchidectomy	6230
Glaucoma, filtering and allied operations for	6873
iridectomy for	6885
and sclerectomy for	6873
Lagrange's operation for	6873
provocative test for, including water drinking	849
tonography for	844
Globe of eye, evisceration of	6697
and insertion of intrascleral ball or cartilage	6699
Glomus tumour, transmastoid removal of, including mastoidectomy	5158
transtympanic, removal of	5152
Glucose, intravenous infusion of	
— open exposure	929
— percutaneous	927
Goniotomy	6879
Gradual occlusion of vessel by mechanical device for ligation of great vessel	4715
Grafenberg's (or Graf) ring, introduction or removal of	6262
Graft, aorta-femoral or aorta-iliac bifurcate	4744
arterial or venous	4738-4754
axillary/subclavian to femoral by-pass	4749
bone, to femur	7975
humerus	7983
radius or ulna	7993
radius and ulna	7983
scaphoid	7999
spine	7934-7969
tibia	7977
other bones	8001
postero-lateral, fusion	7945
with calcaneal osteotomy	8330
laminectomy and posterior interbody fusion	7967,7969
chondro-cutaneous or chondro-mucosal	8606
composite, to nose, ear or eyelid	8606
conjunctival over cornea	6810
corneal	6828,6832
dermo-fat fascia, including transplant or muscle flap	8450
free, split skin, on granulating areas, extensive	8508
free to burns	8509-8511
inlay, insertion and removal of mould	8516
nerve or anastomosis	7139
plastic and reconstructive	(Div 13, Part 10)
revision of, direct, indirect or local flap repair	8502

Service	Item
Graft skin, to orbit	6703
tendon	8257
venous, to fenestration cavity	5131
Grafting and major excision for lymph-oedema	8476
for symblepharon	8592
tendon, artificial prosthesis for	8259
Grafts, free full thickness	8518
split skin, including elective dissection	8512,8516
or pinch grafts on granulating areas, small	8504
supportive, plastic operations on face	8546-8550
Granulations, pyogenic, cauterisation of	3330-3346
Granuloma, removal of, from eye, surgical excision	6842
cautery of	6835
Gravid uterus, evacuation of the contents of, by curettage or suction	
curettage	6469
Great vessel, intrathoracic operation on	6999
ligation of	4690
involving gradual occlusion of vessel by	
mechanical device	4715
Greater trochanter, transplantation of iliopsoas tendon to	8254
Groin, lymph glands of, excision of	3634,3638
Group psychotherapy	887
— family	887, 888, 889
Growth, premalignant, in mouth, removal of	3219-3265
Gunderson flap operation	6810
Gynaecological examination under anaesthesia	6258
Gynatresia, vaginal reconstruction for	6327

Service	Item
H	
Habitual miscarriage, treatment of	242
Haemangioma, congenital, cauterisation of, under general anaesthesia	8458
of neck, deep-seated, excision of	8474
Haematoma, aspiration of	3366
incision with drainage of, not requiring a general anaesthetic	3371
large, incision with drainage of, requiring a general anaesthetic	3379/3384
pelvic, drainage of	3739/3745
Haemodialysis, in hospital	818-824
Haemorrhage, antepartum, treatment of	273
arrest of, requiring general anaesthesia, following	
removal of tonsils or tonsils and adenoids	5396/5401
intracranial, burr-hole craniotomy for	7212
nasal, cryotherapy to nose in treatment of	5233
posterior, arrest of	5196
postpartum, treatment of	362
subdural, congenital, tap for	7184
Haemorrhoidectomy, radical	4523/4527
Haemorrhoids, cauterisation of	4523/4527
external, or anal tags, removal of	4534
incision of	4509
injection into	*
ligation of	4523/4527
removal of	4523/4527
rubber band ligation of	4509
Hair, transplants, multiple punch or similar technique	8534-8538
Hallucis tendon, adductor, transplantation of with correction of hallux valgus and osteotomy or osteectomy of phalanx or metatarsal	8135
Hallux rigidus, correction of	8148
valgus, and hammer toe, correction of with subcutaneous tenotomy, one or more tendons	8140/8143
arthroplasty for	8124/8127
correction of	8124/8127
— with osteotomy or osteectomy of phalanx or metatarsal	8131
— and transplantation of adductor hallucis tendon	8135
Halo, application of, for spinal fusion in the treatment of scoliosis	7940
— pelvic (femoral) traction, application and management	
— for a period up to six weeks	7937 + (½)7940
— for a period beyond six weeks	7942 + (½)7940
removal of	8214
Hammer toe, correction of	8151/8153
Hand, amputation or disarticulation of	4979
through metacarpals	4972/4976
extensor tendon of, primary suture of	8227/8230
secondary suture of	8233
flexor tendon of, primary suture of	8219/8222
secondary suture of	8225
incision of pulp space, paronychia or other acute infection of	7864
Hare lip	(see cleft lip)

* Payable on attendance basis

Service	Item
Harrington rods or similar devices, re-exploration for adjustment or removal of	7937
used in treatment of scoliosis or kyphosis	7938,7939
Heart, catheterisation of	7001-7006, 7013
electrical stimulation of	917
intrathoracic operation on	6999
surgery, open	7046-7057
Heller's operation for cardiospasm	6999
Hemi-circumcision, hypospadias, and meatotomy	6098
Hemicolectomy	4046
Hemi-epiphysis, staple arrest of	8316
Hemispherectomy	7203
Hemithyroidectomy	3563
Hepatic duct, reconstruction of	3834
Hernia, diaphragmatic, congenital, repair of	pay under 3739/3745
other than traumatic, abdominal repair of	4241
transthoracic repair of	6997
traumatic, repair of	4238
(double) direct and indirect	4222/4227
epigastric	4246/4254
femoral or inguinal, repair of	4222/4227
femoral plus inguinal (on the same side)	
repair of	pay under 4222/4227 x 1½
hiatus, transthoracic repair of	6997
incisional	4258/4262
linea alba	4246-4254
lumbar	4258/4262
strangulated, incarcerated or obstructed	4233
umbilical, repair of	4246-4254
ventral	4258/4262
Hiatus hernia, gastropexy for	3739/3745
repair of	4241
transthoracic repair of	6997
Hindquarter, amputation or disarticulation of	5055
Hinselmann colposcope, examination of uterine cervix with	6415
Hip, amputation or disarticulation at	5051
arthrectomy	8048
arthrodesis	8044
arthroplasty	8053-8069
arthrotomy	8074
congenital dislocation of, manipulation and plaster for	8332
dislocation of	7440/7443
prosthesis, operation on	8053-8069
synovectomy	8048
Hirschsprung's disease, anal sphincterotomy for	4490
colostomy or enterostomy for	3722
congenital, rectosigmoidectomy for	8398
Home visit by a general practitioner	43-66
Hormone implantation — by cannula	963
incision	960
Humerus, bone graft to	7983
fracture of	7567/7572
fragmentation and rodding in fragilitas ossium	8302
operation on, for acute osteomyelitis	4844
chronic osteomyelitis	4864
osteectomy or osteotomy of	8195,8198

Service	Item
Humerus, osteectomy of, with internal fixation	8201
Hummelsheim type of muscle transplant for squint	6930
Hydatid cyst, liver, operation for	3783
lungs, enucleation of	6964
peritoneum, operation for	3783
viscus, operation for	3783
Hydrocele, infantile	4222/4227
removal of	4269/4273
tapping of	4265
Hydrocephalus, congenital	
— spino-ureteral, spino-peritoneal or spino-pleural anastomosis of, or ventricular cable shunt for	7320
— suboccipital decompression, third ventriculostomy or Torkildsen's operation	7314
— ventriculo-atrial or ventriculo-peritoneal shunt for	7316
revision or removal of	7318
Hydrocortisone, multiple injections into extensive keloid under general anaesthesia	3363
Hydrodilatation of the bladder with cystoscopy	5853
Hydrotubation of Fallopian tubes	6636,6641
Hygroma, cystic, removal of	3532
Hymenal redundant tissue, removal of	3219-3253
Hymenectomy	6271
Hyperbaric oxygen therapy	774,777
— in conjunction with anaesthesia	787,790
Hyperemesis gravidarum, treatment of	246
Hyperidrosis, axillary, wedge excision for	3314
Hyperkeratoses, cauterisation of	3330-3346
Hypertelorism, correction of	8378
Hypertension, portal, vascular anastomosis for	4766
Hypertrophied tissue, removal of	3219-3253
Hypnotherapy	(see Psychotherapy)
Hypodermic injections	*
Hypophysectomy, trans-sphenoidal	5337,5339
Hypospadias, correction of chordee	6105,6107
meatotomy and hemi-circumcision	6098
secondary correction of	6122
urethral reconstruction for	6110,6118
Hypothenar spaces, drainage of	7868
Hypothermia, gastric	968,970
total body	925
Hysterectomy, abdominal with enucleation of ovarian cyst, one or both sides	6532/6533
and dissection of pelvic glands	6536
other than vaginal, subtotal	6513/6517
radical, without gland dissection	6542
vaginal, with removal of uterine adnexae	6544
Hysteroscopy	6451
Hysterotomy	6508

* Payable on attendance basis

Service	Item
I	
Ileo-rectal anastomosis with total colectomy	4048
Ileostomy, extra peritoneal closure of	3976/3981
with proctocolectomy	4052
Iliac, bilateral osteotomy of	8203
lymph glands, radical dissection of, and orchidectomy	4299
vein, removal of thrombus from	4789
vessel, ligation of	4690
involving gradual occlusion of vessel by	
mechanical device	4715
Iliopsoas tendon, transplantation of, to greater trochanter	8254
Immunisation against diphtheria, etc.	*
Implant, insertion or removal from eye socket	6701
of progesterone	960,963
Implants, foreign, for contour reconstruction	8478
Implantation, Fallopian tubes into uterus	6631
hormone, by cannula	963
incision	960
living tissue, by cannula	963
incision	960
plastic, of penis	6208
Incidental appendicectomy	4084
Incision of peritonsillar abscess (quinsy)	5445
Incisional hernia, repair of	4258/4262
Incontinence, congenital, reconstruction of sphincter for	8414
male urinary, correction of	6157
of urine, urethropexy for (Marshall-Marchetti	
operation)	5977
stress, sling operation for	6406
Indicator test, blood dye — dilution	952
Indirect flap or tubed pedicle,	
— delay, intermediate transfer or detachment of	8496
— formation of	8494
— preparation of site and attachment to site	8498
— spreading of pedicle	8500
repair, revision of graft	8502
Induction and management of second trimester labour	274/275
of labour, surgical	354
with amnioscopy	284
requiring major regional or field block; and	
antenatal care, confinement and postnatal	
care for nine days	216/217
with antenatal care, confinement and postnatal	
care for nine days	211/213
Indwelling oesophageal tube, gastrostomy for fixation of	3870
Infantile, hydrocele	4222/4227
Infection, intracranial, drainage of	7287
Inferior radio ulna joint, synovectomy of	8290
vena cava, plication of	4721
Infiltration, local, around nerve or in muscle	*
of cranial nerve	755
sympathetic plexus	755
Inflammation of middle ear, operation for	5162

* Payable on attendance basis

Service	Item
Infusion, intra-arterial, of substance incorporating a cytotoxic agent, preparation for	934
arteries of neck, thorax or abdomen	4822
intralymphatic, of fluid containing a cytotoxic agent	936
intravenous, of substance incorporating a cytotoxic agent	932
saline, glucose and similar substances	927,929
Ingrowing eyelashes, operation for	8588
toenail, excision of nail bed	7872/7878
wedge resection for	7872/7878
Inguinal abscess, incision of	3379/3384
hernia, repair of	4222/4227
Initial major regional or field block	748
Injection, alcohol, procaine, etc., around nerve or in muscle	7068
retrobulbar	6918
angioma, congenital, under general anaesthesia	8458
habitual miscarriage	242
hypodermic	*
into joint, intra-articular	8105
prostate	6030
intra-arterial oxygen	4670
-articular, into joint	8105
intrathecal, of alcohol or phenol	7081
of sclerosant fluid into pilonidal sinus under anaesthesia	4622
prolapsed rectum	4427
spinal or epidural, for neurological diagnosis or for therapeutic reasons	7085
with alcohol, into trigeminal ganglion or primary branch of trigeminal nerve	7079
Injections, multiple, for skin lesions	3356
simultaneous by compression techniques	4633
varicose veins	4629
Inlay graft, insertion and removal of mould	8516
Innocent bone tumour, excision of	3425
Innominate artery, endarterectomy of	4705
Inoculation against cholera, etc.	*
Insertion, intralymphatic, of needle or cannula for introduction of radioactive material	938
Insufflation, Fallopian tubes as test for patency (Rubin test)	6599
Integumentectomy of limb for malignant melanoma	8476
Interbody fusion, posterior and laminectomy with bone graft to spine	7967,7969
spinal fusion, cervical spine	7947,7951
lumbar or thoracic spine	7957,7961
Internal auditory meatus, exploration of	5122
derangement of knee, orthopaedic operation for	8087
drainage of empyema, not involving resection of rib	6953
Interphalangeal joint, synovectomy of	8283
Interposition of small or large bowel with oesophagectomy	6988
Interscapulothoracic — amputation or disarticulation	4987
Intersex	pay under 3739/3745
Intervertebral disc, laminectomy for removal of	7331
lesion, laminectomy for	7336
Intestinal loop, isolated, transplantation of ureter into	5804,5807
obstruction, surgical relief of	3739/3745
plication, Noble type, with enterolysis	3722
Intra-aortic balloon for counterpulsation	
— insertion by arteriotomy, or removal and arterioplasty	4806

*Payable on attendance basis

Service	Item
Intra-aortic balloon for counterpulsation	
— management of	976,977
-arterial infusion, of arteries, neck, throat or abdomen	4822
a substance incorporating a cytotoxic agent,	
preparation for	934
oxygen injection	4670
-articular injection into joint	8105
-cerebral tumour, craniotomy and removal of	7198
-cranial abscess, excision of	7283
aneurysm, operation for	7265-7274
cyst, drainage of via burr-hole	7192
burr-hole biopsy for	7186
drainage	7287
haemorrhage	7212,7216
infection, drainage of	7287
neurectomy or radical neurectomy	7170
tumour, biopsy or decompression via osteoplastic flap	7194
burr-hole biopsy for	7186
craniotomy and removal of	7198,7203
-lymphatic infusion of a fluid containing a cytotoxic agent	936
insertion of needle or cannula for introduction of	
radio-active material	938
-muscular injections	*
-nasal operation on antrum or removal of foreign body from	5280
frontal sinus or ethmoid sinuses	5301
sphenoidal sinus	5330
-ocular excision of dermoid of eye	8436
foreign body, removal of	6740-6747
procedures, resuturing of wound after	6938
-oral, tumour, radical excision of	3495
-orbital abscess, drainage of	6752
-scleral ball or cartilage, insertion of and evisceration of globe	6699
-synovial and/or aspiration of synovial cavity	8108
-thecal, injection of alcohol or phenol	7081
-thoracic artery, endarterectomy of	4705
operation on heart, lungs, great vessels, bronchial	
tree, oesophagus or mediastinum, or on more than	
one of these organs not otherwise covered	6999
-uterine contraceptive device, introduction or removal of	6262
foetal blood transfusion	
— including amniocentesis	947
-vascular cannula, blood pressure recording by	770
-venous infusion of fluids	927-929
substance incorporating a cytotoxic agent	932
injections	*
regional anaesthesia of limb by retrograde perfusion	760/764
Introduction or removal of intra-uterine contraceptive device	6262
Intubation, small bowel	4104
with biopsy	4099
Intussusception, laparotomy and reduction of	3722
resection of	4012
reduction of, by fluid	4003
Inversion of uterus, acute, manipulative correction of	365,368
Inverted nipple, surgical eversion of	3707
Ionisation, cervix	6411

* Payable on attendance basis

Service	Item
Ionisation corneal ulcer	*
zinc of nostrils in the treatment of hay fever	*
Iontophoresis, collection of specimen of sweat by	958
Iridectomy	6885
and sclerectomy, for glaucoma (Lagrange's operation)	6873
following intraocular procedures	6938
Iridencleisis	6873
Iridocyclectomy	6894
Iridotomy	6885
Iris and ciliary body, excision of tumour of	6894
excision of tumour of	6885
light coagulation of	6889
Ischio-rectal abscess, incision of	4578/4585

* Payable on attendance basis

Service	Item
J	
Jacket, plaster, application of, to spine	7926
rissier, localiser or turn-buckle, application of	
— body and head	7932
— body only	7928
Jaw, dislocation of	7397
fracture of	7718-7749
operation on, for acute osteomyelitis	4838
chronic osteomyelitis	4860
reconstructive operations on	8554-8578
Jejuno-ileal by-pass	pay under 3894/3898 x 1 3/4
Joint, aspiration of	8105
cicatricial flexion contracture of, correction of	8294
dislocation of	7397
congenital	8332
epiphysitis, plaster for	8349,8351
first metatarso-phalangeal, total replacement of	8131
internal fixation	8113
intra-articular injection into	8105
large, arthrectomy	8036
arthrodesis	8036
arthroplasty	8036
arthrotomy	8040
operations on	8009-8113
other than spine, manipulation of, under general anaesthesia	7911/7915
repair of capsule	8113
ligament	8113
sacro-iliac, arthrodesis	8032
small, arthrectomy	8022
arthrodesis	8022
arthroplasty	8022
arthrotomy	8026
spinal, dislocation involving fracture	7774-7798
zygapophyseal, arthrectomy of	8028
Jugular vessel, ligation of	4690
involving gradual occlusion by mechanical device	4715
Juvenile cataract, removal of, including subsequent needlings	6859

Service	Item
K	
Keller's operation to toe	8124/8127
Kelly type operation, repair of stress incontinence	6347/6352 + (1/2)6389
Keloid, excision of	3219/3253
extensive, multiple injections of hydrocortisone under general anaesthesia	3363
Keratectomy, partial — corneal scars	6820
Keratoplasty	6828,6832
Keratoses, treatment of by electrosurgical destruction, chemotherapy or surgical removal	3330-3346
obturans, surgical removal of, from external auditory meatus	5068
warts or similar lesions, surgical removal	3330-3346
Kidney, dialysis, in hospital	818,824
donor, continuous perfusion of	922
exploration of, with any procedure not covered by any other item	5683
fused, symphysiotomy for	5679
operations on	5642-5737
ruptured, repair or partial repair of	5744
solitary, pyeloplasty for	5737
Kienboch's epiphysitis, plaster for	8351
Kirschner wire, insertion of	7883
Knee, amputation or disarticulation at	5045
arthrectomy	8079
arthrodesis	8079
arthroplasty	8069,8079
arthroscopy	8084
arthrotomy	8081
cartilage, displaced, reduction of	7911/7915
removal of	8087
dislocation of	7446/7451
excision of patella	8095/8097
foreign body, removal from	8081
meniscectomy of	8087
operation for internal derangement	8087
recurrent dislocation of patella	8100
reconstruction of capsular ligaments	8087
cruciate ligaments	8089
total synovectomy of	8079
Kohler's epiphysitis plaster for	8351
Kondoleon operation	3261/3265
Kuntscher nail, insertion for fractured femur	7624/7627(+ 7809)
Kyphosis, spinal fusion with the use of Harrington rods	7938,7939

Service	Item
L	
Labial adhesions, separation of	*
Labioplasty	6302
Labour, second trimester, induction and management of	274/275
surgical induction of	354
— with amnioscopy	284
— with antenatal care, confinement, and postnatal care for nine days	211/213
— requiring major regional or field block	216/217
Labyrinth, caloric test of	882
destruction of	5106
Labyrinthotomy	5106
Laceration, full thickness, of nose, ear or eyelid, repair of	3104
Lacerations, repair and suturing of	3046-3101
Lacrimal canaliculus, immediate repair of	6796
reconstruction of	6792
gland, excision of	3261/3265
palpebral lobe	6772
passages, lavage of	6802
obstruction, probing for	6799
sac, excision of, or operation on	6774
Lagrange's operation (iridectomy and sclerectomy)	6873
Laminectomy, followed by posterior fusion	7355, 7361, 7365
for exploration	7331
extradural tumour or abscess	7341
intradural lesion	7346
intra-medullary tumour or arteriovenous malformation	7353
open cordotomy	7346
recurrent disc lesion	7336
removal of discs	7331
multi-level decompression for the treatment	
of spinal canal stenosis	pay under 7331 x 1½
with bone graft to spine and posterior interbody fusion	7967, 7969
Laparoscopy and ovarian biopsy	6607
diagnostic (gynaecological)	6604
sterilisation via	6611/6612
with transection or resection of Fallopian tubes	6611/6612
Laparotomy and division of peritoneal adhesions	3722
reduction of intussusception	3722
resection of intussusception	4012
exploratory	3713/3718
followed by enterostomy or colostomy	3722
with biopsy of gonads for	
intersex states	pay under 3739/3745
for neonatal alimentary obstruction	8394
involving oophorectomy, salpingectomy, salpingo-	
oophorectomy, removal of ovarian, parovarian,	
fimbrial or broad ligament cyst, not assoc-	
iated with hysterectomy	6643/6644, 6648/6649
operation on abdominal viscera	3739/3745
with reduction of volvulus	3722
Large bone, exostosis of, excision of	8179/8182
joint, arthrectomy	8036
arthrodesis	8036

*Payable on attendance basis

Service	Item
Large joint arthroplasty	8036
arthrotomy	8040
tendon, suture of	8235/8238
Laryngectomy	5498
Laryngofissure, external operation on	5556
Laryngopharyngectomy	5508
— primary restoration of alimentary continuity after	5508
— with tracheostomy and plastic reconstruction	3616
Laryngoplasty	5556
Laryngoscopy	5520-5530
Larynx, direct examination of	5520
with biopsy	5524
removal of tumour	5530
external operation on	5556
fractured, operation for	5545
Laser beam, coagulation	6904
Lateral malleolus, fracture of	7632/7637
pharyngeal bands, or lingual tonsils, removal of	5431
pharyngotomy	5360
Lavage and proof puncture of maxillary antrum	5245,5254
colostomy	*
gastric, in the treatment of ingested poison	974
lacrimal	6802
maxillary antrum	5264
stomach	*
uterine-saline flushing	*
Leg, amputation or disarticulation through	5045
direct arteriovenous, anastomosis of	4817
fracture of	7624-7662
Lengthening of limb, osteotomy and distraction for	8211
Lens, artificial, insertion of	6852
removal of	6857
extraction	6848
Lesion (haematoma, furuncle, small abscess, etc.) incision with	
drainage of, not requiring a general anaesthetic	3371
Lesions, neoplastic	3349
skin, multiple injections for	3356
Leucotomy for psychiatric causes	7298
Leukoplakia, tongue, diathermy for	3330-3346
vocal cord, biopsy of	5524
Lid, ophthalmic, suturing of	6766
Ligament, capsular, of knee, reconstruction of	8087
coraco-acromion, removal of	8166
cruciate, of knee, reconstruction of	8089
cyst, broad, excision or incision of	6643/6644,6648/6649
ruptured medial palpebral, re-attachment of	6932
transplantation	8251
Ligaments of finger joint, secondary repair of by	
fascial graft	pay under 8113 x 1½
Ligation, great vessel	4690
haemorrhoids	4523/4527
of great vessel involving gradual occlusion by mechanical	
device	4715
purse string, of cervix, for threatened miscarriage	250/258
rubber band, of haemorrhoids	4509

*Payable on attendance basis

Service	Item
Ligation, transantral, of maxillary artery	5268
Ligature of cervix, purse string, removal of, under general anaesthesia	267
Light coagulation for detached retina	6904
of iris	6889
Limb, intravenous regional anaesthesia of, by retrograde perfusion	760-764
osteotomy and distraction for lengthening of	8211
perfusion of	922
upper or lower, direct arteriovenous anastomosis	4817
Limbic tumour, removal of	6846
Lindholm, plastic repair, tendon Achilles	8235/8238
Linea alba hernia, repair of, under 10 years	4246/4249
over 10 years	4251/4254
Lingual tonsil or lateral pharyngeal bands, removal of	5431
Lip, cleft, complete primary repair	8622,8624
secondary correction, Abbe transplant or flap	8632
complete revision	8630
of nostril or nasal tip	8634
partial or incomplete	8628
full thickness, reconstruction of	8618,8620
wedge excision	8614
radium necrosis of, excision of	3219-3253
reconstruction of, using full thickness flap second stage	8620
Lipectomy, radical and abdominoplasty	3311
subumbilical	3310
transverse wedge	
excision for abdominal apron or similar condition	3309
Lipoma, removal of	3219-3265
Lippe's loop — introduction or removal of	6262
Lisfranc's amputation at tarsometatarsal joint	5038
Litholapaxy, with or without cystoscopy	5888
Little's Area, cautery of	5229
Liver abscess, abdominal drainage of	3764
biopsy, percutaneous	3752
hydatid cyst of, operation for	3783
massive resection of, or lobectomy	3759
ruptured, repair	3722,4165
tumour, removal of other than by biopsy	3754
Living tissue, implantation of	960,963
Lobectomy, liver	3759
or pneumonectomy	6980
superficial, of parotid gland with exposure of facial nerve	3450
temporal	7198
Lobotomy for psychiatric causes	7298
Local flap repair, plastic, revision of graft	8502
single stage	8480,8484
Local infiltration around nerve or in muscle with alcohol, novocaine	
or similar preparation	*
Localisation by electrical stimulator with nerve blocking by alcohol	
or other agent	756
Localiser, application of, body and head	7932
body only	7928
Loose bodies in joint	(see arthrotomy)
Lop ear or similar deformity, correction of	8608
Lord's procedure — massive dilatation of anus	4461
Lumbar facetectomy	8028

* Payable on attendance basis

Service	Item
Lumbar hernia, repair of	4258/4262
or thoracic spine, anterior interbody spinal fusion to	7957,7961
paravertebral block, initial	748
subsequent	752
puncture	7085
spine, dislocation of, without fracture	7472
sympathectomy	7376
Lunate bone, osteectomy or osteotomy of	8190
Lung compliance, estimation of	920
hydatid cysts of, enucleation of	6964
intrathoracic operation on, not otherwise covered	6999
Lymph glands, iliac, dissection of and orchidectomy	4299
of groin, excision of	
— radical	3638
— limited	3634
of neck, excision of	
— radical	3622
— limited	3618
or node, biopsy of	3135/3142
deep tissue or organ, aspiration biopsy of	3148
or nodes, pelvic excision of (radical)	6308
vessels and glands or nodes, infusion of, with cytotoxic agent	936
Lymphadenectomy, pelvic	6308
Lymphangiectasis of limb (Milroy's disease)	
— limited excision of	8422
— radical excision of	8424
Lymphangioma, congenital, removal of, from eye	8458-8472
Lymphoedema, major excision and grafting for	8476
Lymphoid patches, removal of	3219-3253

Service	Item
M	
Macrocheilia, congenital, plastic operation for	8384
Macroductyly, plastic reduction for, each finger	8544
Macroglossia, congenital, plastic operation for	8384
Macrostomia, congenital, plastic operation for	8384
Macules, electrosurgical destruction or chemotherapy of	3330-3346
Magnetic removal of intraocular foreign body	6740,6744
Major artery or vein of neck or extremity, repair of wound of, with restoration of continuity	4693
of trunk, repair of wound, with restoration of continuity	4696
regional or field block with surgical induction of labour and antenatal care, confinement and postnatal care for nine days	216/217
Malignant tumours	(see under tumours)
Malleolus, lateral, fracture of	7632/7637
Mammoplasty, augmentation, prosthetic	8530
combined one stage augmentation/reposition	
— unilateral	pay under 8528 + 8530 x ½
— bilateral	pay under 8528 x 1½ + 8530 x ½
dermo-fat fascia	8532
reduction for repositioning	8528
Mammary prosthesis, removal	3120/3124
Manchester operation (operation for genital prolapse)	6367/6373
Mandible, condylectomy	8570
dislocations of	7397
fractures of	7739-7749
hemi-mandibular reconstruction with bone graft	8568
operation on, for acute osteomyelitis	4838
chronic osteomyelitis	4860
osteotomy or osteotomy of, for congenital malformation	8574
resection of	8556
segmental, for tumours	8560
section — fixation for prognathism or retrognathism, plastic	8564
Mandibular, temporo-, meniscectomy	7902
Manipulation and plaster for congenital dislocation of hip	8332
joint (other than spine), under general anaesthesia	7911/7915
paediatric	8332-8356
spine under general anaesthesia	7919/7923
ureteric calculus — endoscopic	5885
without anaesthesia	*
Manipulative correction of acute inversion of uterus	365,368
Manometric oesophageal motility test	966
Marrow, bone, aspiration biopsy of	3160
Marshall-Marchetti operation for urethropexy	5977
Marsupialisation of Bartholin's cyst or gland	6278/6280
Mastectomy, partial, involving more than one-quarter of breast tissue	3678/3683
radical	3702
simple	3647/3652
extended	3698
Master's test	914
Mastoid cavity, obliteration of	5091
portion, decompression of facial nerve	5102
Mastoidectomy, cortical	5087
myringoplasty and ossicular chain reconstruction	5100
radical or modified radical	5095

* Payable on attendance basis

Service	Item
Mastoidectomy, radical or modified radical	
— and myringoplasty	5098
with transmastoid removal of glomus tumour	5158
Maxilla, fractures of	7718-7727
operation on, for acute osteomyelitis	4838
chronic osteomyelitis	4860
osteectomy or osteotomy for congenital malformation	8578
resection of	8554
Maxillary antrum, lavage of	5264
proof puncture and lavage of	5245-5254
(sinus), operations on	5270-5288
artery, transantral ligation of	5268
frenulum or tongue tie, repair of, in a person aged not	
less than two years	3505
sinus, drainage of, through tooth socket	5284
McBride's operation for hallux valgus	8124/8127
McKee-Farrer arthroplasty of hip	8069
Meatotomy and hemi-circumcision, hypospadias	6098
ureteric, with cystoscopy	5878
urinary	6066
Meatus, external auditory, removal of exostoses in	5072
internal auditory, exploration of	5122
surgical removal of keratosis obturans from	5068
pinhole urinary, dilatation of	6036
urinary, meatotomy of	6066
Mechanical efficiency of breathing apparatus, estimation of	920
Meckel's diverticulum, removal of	3722
Medial meniscus, removal of	8087
palpebral ligament, ruptured, re-attachment of	6932
Median bar, endoscopic resection of, with or without cystoscopy	6010
Mediastinum, cervical exploration of, with or without biopsy	6992
intrathoracic operation on	6999
Meibomian cyst, extirpation of	6754
Melanoma, excision of	3219-3289
Melonomplasty	8550
Membrane, tympanic, micro-inspection of	5186
Membranes, artificial rupture of	354
evacuation of (products of conception)	362
manual removal of	362
mucous, biopsy of	3130
excision of fold of	3219-3237
synovial, or pleura punch biopsy of	3160
Meningeal haemorrhage, middle, operations for	7212,7216
Meniscectomy of knee	8087
temporo-mandibular	7902
Meniscus, medial, removal of	8087
Mesenteric cysts, removal of, as an independent procedure	3783
Metacarpo-phalangeal joint of thumb, dislocation	7436
synovectomy of	8283
Metacarpus, amputation through	4972/4976
fractures of	7520-7530
operation on, for acute osteomyelitis	4832
chronic osteomyelitis	4860
osteectomy of, with internal fixation	8187
or osteotomy of	8185
Metatarsal, osteotomy or osteectomy of with correction of hallux valgus	8131
Metatarso-phalangeal joint, total replacement of	8131

Service	Item
Metatarsus, amputation or disarticulation of	5024/5029
fracture of	7673/7677
operation on, for acute osteomyelitis	4832
chronic osteomyelitis	4860
osteectomy of, with internal fixation	8187
or osteotomy of	8185
varus, manipulation	8334
and plaster	8336
Micro-laryngoscopy	5534
with removal of tumour	5540
Micro-surgical techniques	
— anastomosis of artery or vein for reimplantation of limb or digit or free transfer of tissue	4764
— distal extremity or digit, repair of	4695
— graft to artery or vein	4756
— nerve, cutaneous, primary suture of	7112
divided digital to thumb or finger	
—primary repair	7120
—secondary repair	7121
—nerve trunk, primary suture	7129
secondary suture	7138
Mid-cavity forceps delivery, with antenatal care, confinement and postnatal care for nine days	208/209
Middle ear, exploration of	5166
insertion of tube for drainage of	5172
operation for abscess or inflammation of	5162
Midtarsal amputation of foot	5038
Miles' operation	4202
Milroy's disease	8422,8424
Miscarriage, habitual, treatment of	242
incomplete, curettage for	6460/6464
threatened, purse string ligation of cervix for	250/258
treatment of	246
Mitral stenosis, valvectomy for	6999
Mobilisation, bowel	3739/3745
stapes	5143
Mole, desiccation by diathermy	3330-3346
evacuation by manual removal	362
Moschowitz operation	6396
Motility test, manometric, of oesophagus	966
Mucous membrane, biopsy of	3130
repair of recent wound of	3046-3101
Multiple delivery, management of, with antenatal care, confinement and postnatal care for nine days	208/209
punch hair transplants, or similar technique	8534-8538
simultaneous injections by continuous compression	
techniques for varicose veins	4633
Muscle, activity sampling (electromyography)	815
biopsy of	3135/3142
excision of, extensive	3399
limited	3391
extra-ocular, torn repair of	6932
eye, myotomy of	6922-6928
local infiltration in	*
or other deep tissue, removal of foreign body from	3120/3124

* Payable on attendance basis

Service	Item
Muscle ruptured, repair of, not associated with external wound transplant (Hummelsheim type, etc.) for squint	3404,3407 6930
Myelomeningocele, congenital — excision of sac	8442
extensive, requiring formal repair with skin flaps or Z plasty	8444
Myocardial electrodes and permanent pacemaker, insertion or replacement of, by thoracotomy	7021
Myomectomy	6508
Myotomy of ocular muscles	6922-6928
Myringoplasty	5075,5078
and ossicular chain reconstruction	5085
mastoidectomy	5098
mastoidectomy and ossicular chain reconstruction	5100
Myringotomy	5162

Service	Item
N	
Naevus, excision of	3219-3237
Nail bed, excision of, ingrowing toenail	7872/7878
digital, removal of	7861
orthopaedic, removal of, requiring incision under regional or general anaesthesia	7886
Smith-Petersen, osteosynthesis by	7898
Narcotherapy	*
Nasal bones, fracture of	7701-7715
cavity and/or post nasal space, examination of under genera. anaesthesia as an independent procedure	5192
fronto-, ethmoidectomy	5295
haemorrhage, cryotherapy to nose in the treatment of	5233
posterior, arrest of	5196
polyp or polypi (requiring admission to hospital), removal of	5210/5214
(simple), removal of	5205
septum, septoplasty or submucous resection of	5217
space, post, direct examination of, with biopsy	5348
tip, secondary correction of, for cleft lip	8634
Naso-lacrimal duct, probing for obstruction of	6799
Nasopharyngeal tumour, operation for removal of, involving hard palate	pay under 3295
Navicular bone, fracture of	7535/7538
Neck, artery of, endarterectomy of	4709
deep-seated haemangioma of, excision of	8474
or extremity, major artery of, repair of wound of with restoration of continuity	4693
facial scar, revision under general anaesthesia	8522,8524
lymph glands of, excision of	3618,3622
Needle biopsy of prostate	6030
intralymphatic insertion of, for introduction of radio-active material	938
Needling of cataract	6865
Neonatal alimentary obstruction, laparotomy for	8394
Neoplasms, bladder, diathermy of	5919
Nephrectomy	5654/5661,5665
donor (cadaver)	5647
Nephrolithotomy	5691,5699
Nephropexy, as an independent procedure	5721
Nephrostomy	5715
Nephro-ureterectomy	5669
complete, with bladder repair	5675
Nerve block, regional, initial	748
subsequent	752
blocking with alcohol or other agent following localisation by electrical stimulator	756
conduction times, estimation of (electromyography)	812
cutaneous or digital, primary suture of	7106/7111
(other than digital nerve) primary suture of, by micro surgical techniques	7112
decompression of, facial	5104
divided digital, to thumb or finger, repair of	7116-7121
exploration of	7178/7182

* Payable on attendance basis

Service	Item
Nerve facial, excision of tissue for palsy	pay under 3247/3253
fifth cranial, avulsion of branch of	7170
graft or anastomosis of	7139
local infiltration around, with alcohol, novocaine or similar preparation	*
peripheral, removal of tumour from	7148/7152,7156
transposition of	7143
trigeminal, primary branch of, injection with alcohol	7079
trunk, primary suture of, by micro surgical techniques	7124,7129
secondary suture of, by micro surgical techniques	7132,7138
Neurectomy, intracranial or radical	7170
peripheral nerve	7148/7152,7156
transantral Vidian	5277
Neurolysis by open operation	7178/7182
Neuroma, acoustic, removal of	5108/5112
Neurotomy of deep peripheral nerve	7156
superficial peripheral nerve, including multiple percutaneous neurotomy of posterior division of spinal nerves	7148/7152
Neurovascular island flap	8542
Nipple, inverted, surgical eversion of	3707
removal of accessory	3219-3253
Noble type intestinal plication with enterolysis	3722
Node, lymph, biopsy of	3135/3142
scalene, biopsy	3168
Nodes, lymph, infusion of with cytotoxic agent	936
pelvic, excision of	6308
Nodule, electrosurgical destruction or chemotherapy of	3330-3346
vocal cord, removal of, not covered by Item 5721	5530
Non-magnetic intraocular foreign body, removal of	6742,6747
Non-gravid uterus, suction curettage of	6460/6464
Nose, composite graft to	8606
cryotherapy to, in the treatment of nasal haemorrhage	5233
dermoid of, congenital, excision of, intranasal extension	8440
foreign body in, removal of, other than by simple probing	5201
fractures of	7701-7715
operations on	5201-5241
plastic operations on	8594-8606
superficial dermoid of, congenital, excision of	8432/8434
Nostril, secondary correction of, for cleft lip	8634

*Payable on attendance basis

Service	Item
O	
Obstruction, lacrimal passages, probing or dilatation	6799
Obturans, keratosis, surgical removal of, from external auditory meatus	5068
Ocular muscle, torn, repair of	6932
Oesophageal motility test, manometric	966
tube, indwelling, gastrostomy for fixation of	3870
Oesophagectomy	
— cervical, with tracheostomy and oesophagostomy,	
with or without plastic reconstruction	3616
— with direct anastomosis	6986
interposition of small or large bowel	6988
stomach transposition	6986
Oesophagoscopy	5464
— with biopsy	5480
— with insertion of prosthesis	5474
Oesophagostomy, cervical	3597
closure or plastic repair of	3597
Oesophagus, correction of atresia of	8392
congenital stenosis of	8388
dilatation of	5470, 5474, 5490
intrathoracic operation on	6999
removal of foreign body in	5486
Olecranon, excision of bursa of	3208/3213
fracture of	7559/7563
Oophorectomy, not associated with hysterectomy	6643/6644, 6648/6649
Opaque medium, introduction of, into bladder by cystoscopy	5851
Operations, assistance at	2950, 2955
for excision of congenital abnormalities	8428-8444
Operative cholangiography, pancreatogram or choledochoscopy	3789
Ophthalmological examination under general anaesthesia	6686
Optic fundi examination of, following intravenous dye injection	856
nerve meninges, incision of	pay under 6718
Orbit, anophthalmic insertion of cartilage or artificial implant	6701
of eye, exenteration of	6715
exploration of	6707, 6709, 6722, 6724
skin graft to	6703
Orbital cavity, reconstruction of floor or roof of	8552
dermoid, congenital, excision of	8436
implant, enucleation of eye	6688
evisceration of eye and insertion of intrascleral ball	
or cartilage	6699
integrated, with enucleation of eye	6692
Orbitotomy, anterior	6709
lateral	6707
Orchidectomy, and complete excision of spermatic cord	4296
radical dissection of iliac lymph glands	pay under 3295
simple	4288/4293
with excision of retroperitoneal glands or seminal	
vesicles	6230
Orchidopexy	4307, 4313
Orchidoplasty	6233
Oro-antral fistula, plastic closure of	5288
Orthopaedic operations	7853-8356
pin or wire, insertion of	7883
removal of	3113-3124

Service	Item
Orthopaedic pin or wire, removal of under regional or general anaesthesia, requiring incision	7886
plates, removal of	3120/3124
Os calcis, fracture of	7647/7652
talus, fracture of	7647/7652
Ossicular chain reconstruction	5081
— and myringoplasty	5085
— myringoplasty and mastoidectomy	5100
Osteectomy of carpus	8190
clavicle	8190
femur	8198
fibula	8190
humerus	8195
mandible, plastic, for congenital malformation	8574
maxilla, plastic, for congenital malformation	8578
metacarpal	8185
metatarsal	8185
pelvic bone	8198
phalanx	8185
or metatarsal with correction of hallux valgus	8131
radius	8190
rib	8190
scapula (other than acromion)	8190
tarsus	8190
tibia	8195
ulna	8190
vertebral bodies	8209
or osteotomy of phalanx or metatarsal and transplantation of adductor hallucis tendon for correction of hallux valgus	8135
Osteomyelitis, acute, operation	
— for, metacarpus, metatarsus or phalanx other than terminal	4832
— on humerus or femur	4844
skull	4848
spine or pelvic bone	4853
sternum, clavicle, rib, ulna, radius, carpus, tibia, fibula, tarsus, mandible or maxilla	4838
terminal phalanx of finger or toe	4828
chronic operation	
— on combination of bones	4860,4877
humerus or femur	4864
scapula, sternum, clavicle, rib, ulna, radius, metacarpus, carpus, phalanx, tibia, fibula, metatarsus, tarsus, mandible or maxilla	4860
skull	4870
spine or pelvic bone	4867
skull, craniectomy for	7291
Osteosynthesis by Smith-Petersen nail	7898
Osteotomy and distraction for lengthening of limb	8211
calcaneal	8328
with bone graft	8330
carpus	8190
with internal fixation	8193
clavicle	8190

Service	Item
Osteotomy clavicle with internal fixation	8193
femur	8198
with internal fixation	8201
fibula	8190
with internal fixation	8193
humerus	8195
with internal fixation	8201
mandible, plastic, for congenital malformation	8574
maxilla, plastic, for congenital malformation	8578
metacarpal	8185
with internal fixation	8187
metatarsal	8185
with internal fixation	8187
of bilateral iliac	8203
or osteectomy of phalanx or metatarsal and transplantation of adductor hallucis tendon for correction of hallux valgus	8135
pelvic bone	8198
with internal fixation	8201
phalanx	8185
or metatarsal with correction of hallux valgus	8131
phalanx, with internal fixation	8187
radius	8190
with internal fixation	8193
rib	8190
with internal fixation	8193
scapula (other than acromion)	8190
with internal fixation	8193
sub-trochanteric, of femur	8206
tarsus	8190
with internal fixation	8193
tibia	8195
with internal fixation	8201
ulna	8190
with internal fixation	8193
Otitis media, acute, operation for	5162
Ovarian biopsy by laparoscopy	6607
cyst, enucleation of, with abdominal hysterectomy	6532/6533
excision of	6643/6644, 6648/6649
puncture of, via laparoscope	6607
Ovaries, prolapse, operation for	3739/3745
Ovary, repositioning	3739/3745
Oxygen consumption, estimation of	920
cost of breathing, estimation of	920
injection, intra-arterial	4670
therapy, hyperbaric	774,777
— in conjunction with anaesthesia	787,790
Oxytocin drip	927,929

Service	Item
P	
Pacemaker, permanent insertion or replacement of	7033
— and myocardial electrodes by thoracotomy	7021
Pacemaking electrode, temporary insertion	7042
Packing for postpartum haemorrhage	362
Paediatric operations and procedures	8332-8448
Palate, cleft, complete, primary repair	8640
lengthening procedure, secondary repair	8648
partial, primary repair	8636
secondary repair	8644
complex cleft, partial repair	8652
Palmar middle spaces, drainage of	7868
Palpebral ligament, medial, ruptured, re-attachment of	6932
lobe of lacrimal gland, excision of	6772
Pancreas, drainage of	4130
partial excision of	4109
Pancreatic cyst, anastomosis to stomach or duodenum	8578
juice, collection of	4104
Pancreatico-duodenectomy (Whipple's operation)	4115
Pancreaticholangiography, endoscopic	3860
Panendoscopy, upper gastrointestinal tract	3857
with biopsy	3858
urogenital tract	6061
Panhysterectomy	6536
Pannus, treatment of, by cautery of conjunctiva	6835
Papilloma, bladder, transurethral resection of, with cystoscopy	5871,5875
larynx, removal of	5530
removal of	3219-3265
Papules, electrosurgical destruction or chemotherapy of	3330-3346
Paracentesis abdominis	4197
in relation to eye	6865
of pericardium	6942
tyimpanum	5162
or aspiration, or both, of thoracic cavity	6940
Paralysis, facial, plastic operation for	8546,8548
spastic — manipulation and plaster	8356
Paraphimosis, reduction of	4351
Parathyroid glands, removal of	3555
tumour, removal of	3547
Paratyphoid, inoculation against	*
Paravertebral block, initial	748
subsequent	752
Paronychia, incision of	7864
Parotid duct, diathermy of	3465
dilatation of	3465
removal of calculus from	3468/3472
repair of	pay under 6796
using micro-surgical techniques	pay under 6796 x 1½
fistula, repair of	3477
gland, superficial lobectomy or removal of tumour from	3450
total extirpation of	3437,3444
Parovarian cyst, excision of	6643/6644,6648/6649
Partial amputation of penis	6179
cleft palate, primary repair	8636

*Payable on attendance basis

Service	Item
Partial excision of scrotum	6212
keratectomy — corneal scars	6820
mastectomy involving more than one quarter of the breast tissue	3678/3683
or complete ureterectomy, with bladder repair	5747
urethrectomy for removal of tumour	6077
Passage of urethral sounds as an independent procedure	6036
Patella, dislocation of	7457
displaced, fixation of	8100
excision of	8095/8097
fracture of	7641/7643
recurrent dislocation of, operation for	8100
Patellar bursa, excision of	3208/3213
Patency of Fallopian tubes, Rubin test for	6599
Patent ductus arteriosus, operation for, congenital	7046
Pectus carinatum, correction of	6972
excavatum, correction of	6972
Pedicle, tubed, or indirect flap,	
— delay, intermediate transfer or detachment of	8496
— formation of	8494
— preparation of site and attachment to site	8498
— spreading of pedicle	8500
Pelvic abscess, drainage of, via rectum or vagina	3379/3384
suprapubic drainage of	6677/6681
bone, operation on, for osteomyelitis	
— acute	4853
— chronic	4867
osteectomy of, with internal fixation	8201
osteectomy or osteotomy of	8195,8198
glands, dissection of, with hysterectomy	6536
haematoma, drainage of	3739/3745
lymph glands, excision of (radical)	6308
Pelvis, fracture of	7608/7610
Pelvi-ureteric junction, plastic procedures to	5734
Penicillin, injection of	*
Penis, complete or radical amputation of	6184
operations on	4319-4351, 6179-6208
partial amputation of	6179
Peptic ulcer, perforated, suture of	3910/3916
Percutaneous cordotomy	7381
liver biopsy	3752
Perforated duodenal ulcer, suture of	3722
gastric ulcer, suture of	3722
peptic ulcer, suture of	3722
Perforating wound of eyeball, repair of	6728, 6730, 6736
Perfusion of donor kidney, continuous	922
limb or organ	922
retrograde, intravenous regional anaesthesia of limb by	760/764
whole body	923
Perianal abscess, incision of	4578/4585
tag, removal of	
— under general anaesthesia	4534
— without general anaesthesia	*
Pericardial tapping	6940
Pericardium, drainage of, transthoracic	6995

* Payable on attendance basis

Service	Item
Pericardium, paracentesis of	6942
Peridural block, initial	748
subsequent	752
Perimetry, quantitative	*
Perineal-abdomino resection	4202-4214
anoplasty, ano-rectal malformation	8406
biopsy of prostate	6022
prostatectomy	6001
stimulation maximal, electrical	*
for treatment of stress incontinence	*
urethrotomy (external), as an independent procedure	6069
warts, diathermy of	3330-3346
Perineorrhaphy	6347/6352
and anterior colporrhaphy	6358/6363
Perinephric abscess, drainage of	5732
Periorbital dermoid, congenital, excision of	8432/8434
Peripheral nerve, deep avulsion, neurectomy or neurotomy of, or removal of tumour from	7156
superficial avulsion, neurectomy or neurotomy of, or removal of tumour from, including multiple percutaneous neurotomy or posterior division of spinal nerves	7148/7152
Peritomy, conjunctival	6807
Peritoneal adhesions, separation of	3722
catheter, insertion and fixation of	833
dialysis	836
Peritoneoscopy	4191
Peritoneum, hydatid cyst of, operation for	3783
Peritonsillar abscess, incision of	5445
Perthes' epiphysitis, plaster for	8349
Perurethral resection of contracted bladder neck, congenital	8410
Pes planus-manipulation and plaster under general anaesthesia	8336
under general anaesthesia	8334
Peyronie's disease injection for	6199
operation for	6204
Phalanx, finger or thumb, fractures of	7505-7516
operation on, for chronic osteomyelitis	4860
osteectomy or osteotomy of	8185
— with internal fixation	8187
other than terminal, operation on, for acute osteomyelitis	4832
terminal, of finger or toe, operation on, for acute osteomyelitis	4828
toe, fracture of	7681-7691
Pharyngeal adhesions, division of	5345
bands or lingual tonsils, removal of	5431
cysts, removal of	5456
flap, repair of	8656
pouch, endoscopic resection of, (Dohlman's operation)	5357
removal of	5354
Pharyngoplasty	8656
Pharyngotomy (lateral)	5360
Pharynx, cauterisation or diathermy of	5229
operations on	5345-5360, 8656
removal of foreign body	3116
Phenol, intrathecal injection of	7081
Phlebotomy	*

*Payable on attendance basis

Service	Item
Phonocardiography	912
Photocoagulation of iris	6889
xenon arc	6904
Physician, consultant, attendance by (other than in psychiatry)	
— home visit	122,128
— surgery, hospital or nursing home	110,116
Physician, consultant (in psychiatry) attendance by	
— group psychotherapy	888
— home visit	144-152
— interview of a person other than the patient	890,893
— surgery, hospital or nursing home	134-142
Pigeon chest, correction of	6972
Pilonidal cyst or sinus, excision of	4611/4617
sinus, injection of sclerosant fluid under anaesthesia	4622
Pin, orthopaedic, insertion of	7883
removal of	3113-3124
requiring incision under regional	
or general anaesthesia	7886
Pinch grafts, free, on granulating areas, small	8504
Pinguecula, removal of	6842
Pinhole urinary meatus, dilatation of	6036
Pirogoff's amputation of foot	5034
Pitocin drip	927,929
Placenta, evacuation of, by intrauterine manual removal	362
ultrasonic localisation of, by Doppler technique	*
Placentography, preparation for	5840
Plague, inoculation against	*
Plantar fasciotomy, radical	8320
wart, diathermy of	3330-3346
removal of	3320
Plaster and manipulation for talipes equinovarus under general	
anaesthesia	8336
for epiphysitis, Perthes', Calve's or Scheuermann's	8349
Sever's, Kohler's, Kienboch's or Schlatter's	8351
jacket, application of, to spine	7926
Plastic and reconstructive operations	8450-8656
flap operation for exomphalus, congenital	8402
implantation of penis	6208
procedures to pelvi-ureteric junction	5734
reconstruction for bicornuate uterus	6570
of lacrimal canaliculus	6792
shoulder (orthopaedic)	8017
reduction for macrodactyly, each finger	8544
repair, direct flap across leg or similar	8487,8488
small	8490,8492
of cervical oesophagostomy	3597
choanal atresia	8380
single stage, local flap	8480,8484
to enlarge vaginal orifice	6336
Plate, removal of, requiring incision under regional or	
general anaesthesia	7886
Plates, etc., used in treating fractures, removal of	3120/3124
Pleura, punch biopsy of	3160
Pleurectomy or pleurodesis with thoracotomy	6964
Pleurodesis or pleurectomy with thoracotomy	6964

* Payable on attendance basis

Service	Item
Plexus block, brachial, initial	748
subsequent	752
cervical, initial	748
subsequent	752
brachial, exploration of	7175
sympathetic, infiltration	755
Plication, intestinal, with enterolysis, Noble type	3965
of inferior vena cava	4721
Pneumectomy or lobectomy	6980
Poison, ingested, gastric-lavage in the treatment of	974
Polyp, aural, removal of	5066
ear, removal of	5068
larynx, removal of	5530
or polypi, nasal (requiring admission to hospital), removal of	5210/5214
(simple), removal of	5205
rectal, removal of	4434/4442
removal of from cervix	6411
uterus, removal of	6460/6464
Portal hypertension, vascular anastomosis for	4766
Posterior sclerotomy	6865
Postero-lateral bone graft to spine	7945
Post-nasal space and/or nasal cavity, examination of, under	
general anaesthesia	5192
direct examination of, with biopsy	5348
Post-natal care	194/196, 234/241
for nine days, confinement, antenatal care	200/207
— and requiring major regional or field block	216/217
— and surgical induction of labour	211/213
— with mid-cavity forceps or vacuum extraction,	
breech delivery or management of multiple	
delivery	208/209
Post-operational haemorrhage — tonsils or tonsils and	
adenoids, requiring general anaesthesia, arrest of	5396/5401
Postpartum haemorrhage, treatment of	362
Pott's fracture	7647/7652
Pouch, pharyngeal, removal of	5354
Prauricular sinus operations	3173, 3178/3183
Pre-eclampsia, treatment of	273
Pre-operative examination for anaesthesia at a separate attendance	
(N.B. Where the examination is not made at a separate	
attendance it is covered by the benefit for the	
anaesthetic)	82/85
Prepuce, breakdown of adhesions of	*
operations on	4319-4351
Presacral and sacrococcygeal tumour, excision of	4179
neurectomy	7376
sympathectomy	7376
Pressure recording, blood, by intravascular cannula	770
Priapism, decompression operation for, under general anaesthesia	6162
vein graft for	6166
Primary branch of trigeminal nerve, injection of with alcohol	7079
repair, complete, of cleft lip	8622, 8624
restoration of alimentary continuity after laryngopharyngectomy	5508
suture of cutaneous nerve	7106/7111, 7112
extensor tendon of hand	8227/8230

* Payable on attendance basis

Service	Item
Primary suture of flexor tendon of hand	8219/8222
nerve trunk	7124
tendon of foot	8241
Process, styloid, of temporal bone, removal of	3431
Proctocolectomy with ileostomy	4052-4059
Proctoscopy	*
Products of conception, evacuation by intrauterine manual removal	362
Professional attendance, by consultant physician (other than in psychiatry)	
— home visit	122,128
— surgery, hospital, or nursing home	110,116
Professional attendance, by consultant physician in psychiatry	
— group psychotherapy	888
— home visit	144-152
— interview of a person other than the patient	890,893
— surgery, hospital or nursing home	134-142
Professional attendance, by general practitioner	
— at hospital or nursing home	69,71,73,78
— home visit	
— brief	43,44
— standard	51,53
— long	57,59
— prolonged	65,66
— surgery consultation	
— brief	3,4
— standard	14,19
— long	25,26
— prolonged	33,35
Professional attendance, by specialist	
— initial referred	88,100
— subsequent	94,103
Professional attendance, pre-operative by anaesthetist	82/85
Progesterone implant	960,963
Prognathism, correction of	8564
Prolapse, anal — circum-anal suture for	4467
submucosal injection of	4473
bladder, repair of	6347-6373
genital, operations for	6347-6373
ovaries, operation for	3739/3745
rectum, paediatric, injection into	4427
radical operations for	4407,4413
reduction of	*
urethra, excision of	6146
operation for	6389
Prolonged professional attendance	160-164
Proof puncture of maxillary antrum	5245,5254
sphenoidal sinus	5305
Prostate, biopsy of, perineal	6022
endoscopic biopsy of, with or without cystoscopy	6027
needle biopsy of, or injection into	6030
total excision of	6017
Prostatectomy, endoscopic, with or without cystoscopy	6005
suprapubic, perineal or retropubic	6001
Prostatic abscess, retropubic drainage of	6033

* Payable on attendance basis

Service		Item
Prosthesis, breast, removal of	pay under	3120/3124
insertion of, with oesophagoscopy		5470
Prosthetic mammoplasty augmentation		8530
Provocative test for glaucoma including water drinking		849
Psychiatry, consultation by consultant physician in psychiatry		
— home visit		144-152
— interview of person other than the patient		890,893
— surgery, nursing home or hospital		134-142
Psychotherapy, family group	887,	888,889
group		887
Pterygium, removal of		6837
Ptosis, correction of		8586
Pubis, symphysis, fracture of		7615/7619
Pudendal block, initial		748
subsequent		752
Pulmonary decortication with thoracotomy		6962
stenosis, valvulotomy		7046
Pulp space, incision of		7864
Punch, biopsy of synovial membrane or pleura		3160
multiple, hair transplants		8534-8538
Punctum snip, with dilatation of punctum		6805
Puncture, and dilatation for repair of choanal atresia		8382
cisternal		7089
lumbar		7085
proof, of maxillary antrum		5245,5254
sphenoidal sinus	pay under	5305
ventricular — cerebral		7099
Purse string ligation of cervix for threatened miscarriage		250/258
ligature of cervix, removal of, under general anaesthesia		267
Putti-Platt operation for recurrent dislocation of shoulder		8017
Pyelography, including cystoscopy with ureteric catheterisation, preparation for		5851
Pyelolithotomy		5691,5699
Pyeloplasty		5734,5737
Pyloromyotomy		3952
Pyloroplasty		3722,3952
with vagotomy		3889
Pyogenic granulation, cauterisation of		3330-3346
Pyonephrosis, drainage of		5729

Service

Item

Q

Quantitative perimetry test
Quinsy, incision of

*
5445

* Payable on attendance basis

Service	Item
R	
Radical amputation of penis	6184
antrostomy	5270
correction of congenital stenosis of oesophagus	8388
diathermy, colposcopy and cervical biopsy, with curettage of uterus	6483
with curettage of uterus	6483
fronto-ethmoidectomy	5298
hysterectomy without gland dissection	6542
obliteration of frontal sinus	5318
operation for Dupuytren's contracture	8298
empyema involving resection of rib	6955
or intracranial neurectomy	7170
modified radical mastoidectomy	5095
Radium, necrosis of lip, excision of preparation for treatment with	3219-3253 (see Part 8, Division 16)
Radius, bone graft to	7983,7993
dislocation of	7430/7432
fracture of	7550/7552
distal end of	7547
fragmentation and rodding in fragilitas ossium	8302
operation on, for acute osteomyelitis	4838
chronic osteomyelitis	4860
osteectomy of, with internal fixation	8193
or osteotomy of	8190
Ramstedt's pyloromyotomy	3952
Ranula, removal of	3509/3516
Re-attachment of ruptured medial palpebral ligament	6932
Reconstruction, of floor or roof of orbital cavity	8552
socket, eye, contracted	6705
vaginal, in congenital absence or gynatresia	6327
Reconstructive cranioplasty	7251
Recording, blood pressure, by intravascular cannula	770
Rectal biopsy, full thickness	4380
fistula	5956,6083
ischio-, abscess, incision of	4578/4585
polyp, removal of	4434/4442
prolapse, reduction of	*
submucosal, injection for, under general anaesthesia	4473
tumour, resection or diathermy of, with sigmoidoscopy	4365
Rectocele, repair of	6347-6373
Rectoplasty, ano-rectal malformation	8408
Rectosigmoidectomy for Hirschsprung's disease, congenital	8398
Recto-gigal fistula	6401
Rectum, anterior resection of	4068
prolapsed, paediatric, injection into	4427
radical operation for prolapse of	4407,4413
stricture of, plastic operation for	3739/3745
suction biopsy of	3130
villous tumour of	4397
Recurrent dislocation of patella of knee, operation for	8100
hernia, repair of	4258/4262
Reduction, dislocation	7397-7483
fracture	7505-7839

*Payable on attendance basis

Service	Item
Reduction, fracture in excess of one reduction	7828-7839
intussusception by fluid	4003
with laparotomy	3722
mammoplasty	8528
of volvulus, with laparotomy	3722
paraphimosis under anaesthesia	4351
plastic, for macrodactyly, each finger	8544
ureteroplasty bilateral	5836
unilateral	5831
Redundant tissue, removal of	3219-3253
Re-exploration for adjustment or removal of Harrington rods or similar devices	7937
Reflux, vesico-ureteric	5984,5993
Refrigerant, closed circuit circulation of for gastric hypothermia	968,970
Regional anaesthesia, intravenous, of limb by retrograde perfusion	760/764
major, or field block with surgical induction of labour and antenatal care, confinement and postnatal care for a period of nine days	216/217
nerve block, initial	748
subsequent	752
Regitine phentolamine test — for pheochromocytoma	*
Renal artery, aberrant, operation for	5683
biopsy	5726
cyst, excision of	5724
denervation	5683
dialysis in hospital	818-824
transplant	5642-5645
Resection, mandible	8556
maxilla	8554
nasal septum	5217
of bladder tumours	5871,5875
or diathermy of rectal tumour with sigmoidoscopy	4365
rib with radical operation for empyema	6955
segmental, of breast where frozen section is performed	3668/3673
submucous, of nasal septum	5217
of turbinates	5241
Respiratory function, estimation of	920,921
Response recording (electromyography)	812
Restoration of cardiac rhythm by electrical stimulation	917
Resuturing of surgical wounds (excluding repair of burst abdomen)	*
wound following intraocular procedures	6938
Retina, cryotherapy to	6908
detached, diathermy or cryotherapy for	6900
light coagulation for	6904
removal of encircling silicone band from	6906
resection or buckling operation for	6902
pre-detachment of, cryotherapy for	6908
Retinal photography	859
Retrobulbar abscess, operation for	6752
injection of alcohol	6918
transillumination	6914
Retrognathism, correction of	8564
Retrograde pyelography including cystoscopy with ureteric catheterisation, preparation for	5851
Retroperitoneal abscess, drainage of	4185

*Payable on attendance basis

Service	Item
Retroperitoneal glands, excision of, with orchidectomy	6230
tumour, removal of	4173
Retropharyngeal abscess, incision with drainage of	3379/3384
Retropubic prostatectomy	6001
Retroversion, operation for	6585/6594
Revision of facial or neck scar under G.A.	8522,8524
graft, direct, indirect or local flap repair	8502
rhinoplasty, secondary	8602
ventriculo-atrial shunt for hydrocephalus, congenital	7318
Rhinophyma, correction of	8604
Rhinoplasty procedures	8594-8602
Rhizolysis, spinal, with or without laminectomy	7370
Rib, cervical, removal of	8158
fracture of	7601/7605
operation on, for acute osteomyelitis	4838
chronic osteomyelitis	4860
osteectomy of, with internal fixation	8193
or osteotomy of	8190
resection of, with radical operation for empyema	6955
Rodent ulcer, operation for	3219-3253
Rod, removal of, requiring incision under regional	
or general anaesthesia	7886
Rods, Harrington, or similar devices, re-exploration for adjustment	
or removal of	7937
Roof or floor of orbital cavity, reconstruction of	8552
Rosen incision — myringoplasty	5075
Roux-en-Y reconstructure after partial gastrectomy	3922
Round window repair	5147
Rovsing's operation	5683
Rubber band ligation of haemorrhoids	4509
Rubin test for patency of Fallopian tubes	6599
Rupture of bladder, repair of	5891/5894
Ruptured medial palpebral ligament, re-attachment of	6932
muscle, repair of, not associated with external wound	3404,3407
urethra, repair of	6041
viscus (including liver, spleen or bowel) repair or removal of	3722,4165

Service	Item
S	
Sac, endolymphatic, transmastoid decompression	5116
lacrimal, excision of, or operation on	6774
Sacral block, initial	748
subsequent	752
sinus, excision of	4611/4617
sympathectomy	7376
Sacrococcygeal and presacral tumour, excision of	4179
Sacro-iliac joint, arthrodesis of	8032
Sacrum, fracture of	7608/7610
Saline, intravenous infusion of	927,929
Salivary gland duct, diathermy of	3465
dilatation of	3465
removal of calculus from	3468/3472
operations on	3437-3477
repair of cutaneous fistula of	3477
Salpingectomy not associated with hysterectomy	6643/6644, 6648/6649
Salpingolysis and/or salpingostomy	6631
Salpingo-oophorectomy not associated with hysterectomy	6643/6644, 6648/6649
Salpingostomy and/or salpingolysis	6631
Scalene node biopsy	3168
Scalenotomy	8161
Scalp, suturing of to anchor hairpieces	*
vein catheterisation	895
Scaphoid, accessory, removal of	7853
bone graft to	7999
carpal, fracture of	7535/7538
Scapula, fracture of	7597
operation on, for chronic osteomyelitis	4860
other than acromion, osteectomy of, with internal fixation	8193
or osteotomy of	8190
Scar, abrasive therapy to	8452, 8454
removal of, not otherwise covered	3219-3253
tissue, removal of	3219-3253
Scars, corneal, excision of, or partial keratectomy	6820
Scheuermann's epiphysitis, plaster for	8349
Schlatter's epiphysitis, plaster for	8351
Sclera, removal of foreign body from, involving deep layers	6818
superficial foreign body from	6816
Sclerectomy and iridectomy, for glaucoma (Lagrange's operation)	6873
Sclerosant fluid, injection of into pilonidal sinus, under anaesthesia	4622
Scoliosis, anterior correction of (Dwyer procedure)	7938, 7939
application of halo for spinal fusion in the treatment of	7940
posterior mobilisation, operation for	pay under 7331 x 1½
spinal fusion for	7934
with use of Harrington rods	7938, 7939
Screw, removal of, requiring incision under regional or general anaesthesia	7886
Scrotum, excision of abscess of	6216
partial excision of	6212
Sebaceous cyst, removal of	3219-3253
Second trimester labour, induction and management of	274/275
Secondary correction, hypospadias	6122
partial or incomplete, of cleft lip	8628

* Payable on attendance basis

Service	Item
Secondary detachment of testis from thigh	4313
repair of ligaments of finger joint by fascial graft	pay under 8113 x 1½
revision of rhinoplasty	8602
suture, extensor tendon of hand	8233
flexor tendon of hand	8225
nerve trunk	7132
tendon of foot	8243
Section of peripheral nerve including multiple percutaneous neurotomy of posterior division of spinal nerves	7148/7152,7156
Segmental resection of mandible for tumours	8560
Selective coronary arteriography, preparation for	7011,7013
Semimembranosus bursa, coronary excision of	3217
Seminal vesicles, excision of, with orchidectomy	6230
Separation of labial adhesions	*
peritoneal adhesions and laparotomy, operation for	3722
Septoplasty of nasal septum as an independent procedure	5217
Septum, cauterisation or diathermy of	5229
nasal, septoplasty or submucous resection of	5217
vaginal, excision of, for correction of double vagina	6332
Sequestrectomy	4860-4877
Sesamoid bone, removal of	7853
Sever's epiphysitis, plaster for	8351
Shafts, forearm, fracture of	7567/7572
leg, fracture of	7647/7652
Sheath, tendon, incision of	8265/8267
of finger, synovectomy of	8282
thumb, synovectomy of	8282
Shirodkar suture	250/258
Shock, post-anaphylactic treatment of	*
Shortwave therapy	*
Shoulder, amputation or disarticulation at	4983
arthrectomy	8019
arthrodesis	8019
arthroplasty	8017,8069
arthrotomy	8014
dislocation of	7412-7419
plastic reconstruction	8017
removal of calcium deposit from cuff	8009
Shunt, arteriovenous, external, insertion of	4808
removal of	4812
ventricular cable, for hydrocephalus, congenital	7320
ventriculo-atrial, for hydrocephalus, congenital	7316
revision of	7318
Sigmoidoscopic examination	4354
under general anaesthesia	4363
with biopsy	4363
with biopsy	4354
Sigmoidoscopy with diathermy or resection of rectal tumour	4365
Silicone band, encircling, removal of from detached retina	6906
Simple fracture, closed involving joint surfaces	7847
requiring open operation	7802,7803,7809
Simultaneous injections, multiple, by continuous compression techniques for varicose veins	4633

* Payable on attendance basis

Service	Item
Single stage local flap repair, plastic	8480,8484
Sinus, curettage of	3173
diathermy of	3330-3346
excision of	3173-3183
frontal, catheterisation of	5305
radical obliteration of	5318
trephine of	5308
intranasal operation on	5301
maxillary, drainage of, through tooth socket	5284
pilonidal, excision of	4611/4617
injection of sclerosant fluid under anaesthesia	4622
sphenoidal, intranasal operation on	5330
proof puncture of	5305
pay under	5305
urogenital, vaginal reconstruction for	6327
Sinuses, ethmoidal, external operation on	5320
Skene's duct, incision of, or removal of calculus from	6286
Skin, biopsy of	3130
graft to orbit	6703
grafts	(See Div. 13, Part 10)
lesions, multiple injections for	3356
malignant tumour of	3271,3276
repair of recent wound of	3046-3101
sensitivity testing for allergens	987,989
Skull, compound fractures of, operation for	7240/7248
craniectomy for osteomyelitis of	7291
depressed or comminuted fracture, operation for	7231
operation on, for acute osteomyelitis	4838
chronic osteomyelitis	4870
treatment of fracture, not requiring operation	7694/7697
Sling operation for stress incontinence	6406
Slipped disc, manipulation of spine for, under general anaesthesia	7919-7926
Small bone, exostosis of, excision of	8169/8173
bowel, intubation	4104
with biopsy	4099
joint arthrodesis, arthrectomy or arthroplasty	8022
arthrotomy	8026
Smallpox, vaccination against	*
Smith-Petersen cup arthroplasty of hip	8061
nail, osteosynthesis by	7898
removal of	3120/3124
Socket, eye, contracted reconstruction of	6705
Sounds, urethral, passage of, as an independent procedure	6036
Souttar's tubes, insertion of	5474
with oesophagoscopy	5470
Space, dead, estimation of	920
Spastic paralysis — manipulation and plaster	8356
Specialist, anaesthetist, separate pre-operative examination by	85
attendance	88-103
Specimen of sweat, collection of, by iontophoresis	958
Spermatic chord, complete excision of with orchidectomy	4296
Spermatocele, excision of	6221/6224
Sphenoidal sinus, intranasal operation on	5330
proof puncture of	5305
pay under	5305
Sphincter, anal, stretching of	4455
of oddi, direct operation on	3825

*Payable on attendance basis

Service	Item
Sphincterotomy, anal, as an independent procedure (Hirschsprung's disease)	4490
subcutaneous, internal (unilateral or bilateral) as an independent procedure	pay under 4537/4544
endoscopic, with extraction of stones from common bile duct	3860
Spinal block, initial	748
subsequent	752
caral stenosis, multi-level decompression laminectomy for the treatment of	pay under 7331 x 1½
fusion, application of halo for, in the treatment of scoliosis as an independent procedure	7940
for scoliosis	7934
interbody	7947-7969
with laminectomy	7355-7365
injection for neurological diagnosis or for therapeutic reasons	7085
rhizolysis with or without laminectomy	7370
Spine, application of plaster jacket to	7926
bone graft to	7934-7969
postero-lateral fusion	7945
with laminectomy and posterior interbody fusion	7967,7969
cervical, anterior interbody spinal fusion to	7947-7951
dislocation without fracture	7472
fracture of	7774-7798
lumbar, dislocation of, without fracture	7472
lumbar or thoracic interbody spinal fusion to	7957,7961
manipulation of, under general anaesthesia	7919/7923
operation on, for acute osteomyelitis	4853
chronic osteomyelitis	4867
Spino-peritoneal anastomosis for hydrocephalus, congenital	8320
pleural anastomosis for hydrocephalus, congenital	8320
ureteral anastomosis for hydrocephalus, congenital	8320
Spirometer, estimation of respiratory function by	921
Splanchnicectomy and ganglionectomy	7376
Spleen, ruptured, repair or removal of	3722,4165
Splenectomy	4141,4144,4165
Split skin free grafts, including elective dissection on granulating areas,	8512,8516
— extensive	8508
— small	8504
to extensive burns	8510
Spreading of pedicle, tubed or indirect flap	8500
Spur, calcaneal, removal of	8120
Squint, muscle transplant (Hummelsheim type, etc.) for	6930
operation for	6922-6928
Stapedectomy	5138
Stapes mobilisation	5143
Staple arrest of hemi-epiphysis	8316
Stellate ganglionectomy	7376
Stenosing tendovaginitis, open operation for	8271
Stenosis, congenital, of oesophagus, radical correction of	8388
pulmonary — valvulotomy	6999,7046
tracheal, dilatation of, with bronchoscopy	5619
Stereotactic procedure	7312
Stereotaxis	7312
Sterilisation (female)	6611/6612

Service	Item
Sternum, biopsy (burr-hole) of	3157
of by aspiration	3160
fracture of	7588/7593
operation on, for acute osteomyelitis	4838
chronic osteomyelitis	4860
Stethography	908
Stimulating response recording (electromyography)	812
Stimulation, electrical, for restoration of cardiac rhythm	917
maximal perineal	*
Stimulator, electrical, localisation by, with nerve blocking by alcohol or other agent	756
Stomach lavage	*
in the treatment of ingested poison	974
transposition with oesophagectomy	6986
washout	*
in the treatment of ingested poison	974
Stone, removal of, by urethroscopy	5691
Strabismus, operation for	6922-6928
Stress incontinence, abdomino-vaginal operation for	6407,6408
Marshall-Marchetti, urethropexy for	5977
repair of, Kelly type operation	6347/6352 + (½)6389
sling operation for	6406
treatment by maximal perineal stimulation	*
Stricture, anal, repair of	4482
oesophagus or bronchii, cicatricial and malignant, dilatation of, and similar procedures	5470,5474,5490
rectum, plastic operation to	3739/3745
tracheal, dilatation of, with bronchoscopy	5619
urethral, dilatation of	6039
Stump, amputation, trimming of	*
Styloid process of temporal bone, removal of	3431
Subclavian artery, endarterectomy of	4705
vessel, ligation of	4690
involving gradual occlusion by mechanical device	4715
Subcutaneous fatty tissue, removal of excess	3219-3237
fasciotomy, Dupuytren's contracture	8296
fistula in ano, excision of	4552/4557
foreign body, removal of, not otherwise covered	3116
tenotomy	8246
one of more tendons with correction of hallux valgus and hammer toe	8140/8143
tissue, repair of recent wound of	3046-3101
Subdural haemorrhage, tap for	7184
Sublingual dermoid cyst, removal of	3219-3253
gland duct, removal of calculus from	3468/3472
extirpation of	3459
Submandibular abscess, incision of	3379/3384
gland, extirpation of	3455
Submaxillary gland, repair of cutaneous fistula	3477
Submucous resection of nasal septum	5217
turbinates	5241
Suboccipital decompression, for congenital hydrocephalus	7314
Subperiosteal abscess	(see osteomyelitis)
Subphrenic abscess, drainage of	3750

* Payable on attendance basis

Service	Item
Subsequent major regional or field block	752
Subtalar arthrodesis	8326
Subtotal hysterectomy (other than vaginal)	6513/6517
Subungual haematoma, incision of	3371
Suction biopsy of rectum	3130
curettage of uterus (non gravid menstrual aspiration)	6460/6464
for evacuation of the contents of the gravid uterus	6469
Superficial dermoid of nose, congenital, excision of	8432/8434
foreign body in cornea or sclera, removal of	6816
removal of	3113
wound, repair of	3046,3058,3073,3092
Supportive graft, skeletal, with rhinoplasty, with or without septal resection	8544
Suprapubic cystostomy or cystotomy	5897/5901
tube, change of	*
drainage of pelvic abscess	6677/6681
prostatectomy	6001
stab, cystotomy	5903
Supracondylar fracture of humerus	7567/7572
Supraspinatus tendon, curettage of	8009
Surgery, direct, to coronary artery or arteries	7066
Surgical eversion of inverted nipple	3707
induction of labour	354
— involving major regional or field block, with antenatal care, confinement and postnatal care for nine days	216/217
— with antenatal care, confinement and postnatal care for nine days	211/213
wounds, resuturing of (excluding repair of burst abdomen)	*
Suspension of uterus	6585/6594
vaginal vault, abdominal approach for	6396
Suture, primary, of cutaneous or digital nerve	7106/7111
nerve trunk	7124
secondary, of nerve trunk	7132
Shirodkar	250/258
traumatic wounds	3046-3101
Sutures, dressing and removal of (requiring a general anaesthetic)	3106
Suturing of scalp to anchor hairpieces	*
Sweat, collection of specimen of, by iontophoresis	958
Symblepharon, grafting for	8592
Syme's amputation of foot	5034
Sympathectomy (cervical, lumbar, thoracic, sacral or presacral)	7376
Sympathetic trunk, injection into	755
Symphysiotomy for fused kidney	5679
Symphysis pubis, fracture of	7615/7619
Synechia, division of anterior, or posterior as an independent procedure	6881
Synovectomy, extensor or flexor tendons in wrist	8292
finger or other small joint	8022
hip	8048
interphalangeal joint	8287
metacarpophalangeal joint	8283
tendon sheath of finger	8282
thumb	8282
total, of knee	8079
wrist, carpometacarpal joint or inferior radio ulnar joint	8290

*Payable on attendance basis

Service	Item
Synovial cavity, aspiration and/or intra-synovial injection of	8108
membrane or pleura punch biopsy of	3160
Synovioma, removal of, from ankle joint	8040
Syringe of ear	*

* Payable on attendance basis

Service	Item
T	
T's and A's	5363/5366, 5389/5392
T.A.B. inoculation	*
Tags, anal or perianal, or external haemorrhoids, removal of	
— under general anaesthesia	4534
— without general anaesthesia	*
Talipes equinovarus, manipulation	
— and plaster under general anaesthesia	8336
— under general anaesthesia	8334
medial release procedure	8324
posterior release procedure	8322
radical operation for	8116
Tapping, pericardial	6940
Tarsal bone, dislocation of	7468
excepting os calcis or os talus, fracture of	7632/7637
cartilage, excision of	6758
cauterisation of, for ectropion	6762
cyst, extirpation of	6754
tunnel syndrome, radical operation for	7178/7182
Tarsometatarsal joint, dislocation of	7468
Lisfranc's amputation of	5038
Tarsorrhaphy	6766
Tarsus, dislocation of	7468
operation on, for acute osteomyelitis	4838
chronic osteomyelitis	4860
osteectomy of, with internal fixation	8193
or osteotomy of	8190
Tear duct, probing of	6799
Tear, third degree, repair of	383
Temporal bone, removal of styloid process of	3431
lobectomy	7198
Temporomandibular meniscectomy	7902
Temporosphenoidal electroencephalography	806
Tendon, Achilles, or other large tendon	
— operation for lengthening	8262
— suture of	8235/8238
plastic repair of	8235/8238
adductor hallucis, transplantation of with osteotomy or	
osteectomy of phalanx or metatarsal for correction of	
hallux valgus	8135
artificial prosthesis for tendon grafting	8259
excision of thickened	8246, 8249
exploration of	8265/8267
and freeing of	8271
foot, primary suture of	8241
secondary suture of	8243
foreign body in, removal of	3120/3124
graft	8257
hand, extensor, primary suture of	8227/8230
secondary suture of	8233
flexor, primary suture of	8219/8222
secondary suture of	8225
suture of	8219-8233

*Payable on attendance basis

Service	Item
Tendon, iliopsoas, transplantation of, to greater trochanter	8254
large, suture of	8235/8238
lengthening of	8246/8249
or other deep tissue, removal of foreign body from	3120/3124
sheath, incision of	8265/8267
of finger, synovectomy of	8282
thumb, synovectomy of	8282
splitting	8262
supraspinatus, curettage of	8009
transplantation	8251
Tendovaginitis, stenosing, open operation for	8271
Tenolysis of extensor tendon, following tendon injury repair or graft	8279
flexor tendon, following tendon injury repair or graft	8275
Tenoplasty	8249
Tenosynovitis, acute, operation for	8265/8267
Tenotomy, open	8249
subcutaneous	8246
of one or more tendons and correction of	
hallux valgus and hammer toe	8140/8143
Tensilon test	*
Test, for glaucoma, provocative, including water drinking	849
oesophageal motility, manometric	966
Testicular biopsy	6218
Testis, exploration of, with or without fixation	6228
secondary detachment of, from thigh	4313
transplantation of	4307-4313
undescended, transplantation of	4307
Testopexy	4307-4313
Tetanus immunisation	*
Tetralogy of Fallot, congenital, operation for	6999,7046
Thenar spaces, drainage of	7868
Therapy, abrasive	8452,8454
Thickened tendon, excision of	8249
Thiersh operation for rectal prolapse	4467
Thigh, amputation through	5048
Third degree tear, repair of	383
Thompson arthroplasty of hip	8053
Thoracic block, initial	748
subsequent	752
cavity, aspiration or paracentesis of, or both	6940
or lumbar spine, anterior interbody spinal fusion to	7957,7961
paravertebral block, initial	748
subsequent	752
sympathectomy	7376
Thoracoplasty (complete)	6966
(in stages) — each stage	6968
Thoracoscopy with or without division of pleural adhesions	6974
Thoracotomy, exploratory	6958
with pleurectomy or pleurodesis	6964
pulmonary decortication	6962
Threatened abortion, treatment of	246
miscarriage, purse string ligation of cervix for	250/258
treatment of	246
Three snip operation	6805
Thrombectomy of femoral, iliac or other similar large vein	4789

* Payable on attendance basis

Service	Item
Thromboendarterectomy of artery of neck or extremities	4709
Thrombus, removal of, from femoral, iliac or other similar large vein	4789
Thumb, amputation of, including metacarpal or part of metacarpal or disarticulation of	4965/4969
fractures of	4927-4969
metacarpo-phalangeal joint, dislocation of	7505-7512
nodule, removal of	7436
repair of divided digital nerve	3219-3253
tendon sheath of, synovectomy of	7116/7117
	8282
Thymectomy	6999
Thymoma, malignant, removal of, from mediastinum	6999
Thyroglossal cyst or fistula, removal of	3581,3591
Thyroid, excision of localised tumour of	3576
Thyroidectomy, sub-total	3563
total	3542
Tibia, bone graft to	7977
epiphyseodesis	8312
fracture of	7641/7643
fragmentation and rodding in fragilitas ossium	8304
operation on, for acute osteomyelitis	4838
chronic osteomyelitis	4860
osteectomy of, with internal fixation	8201
or osteotomy of	8195
Tic douloureux, injection for	7079
neurectomy for	7170
Tie, tongue, repair of	3496,3505
Tissue, living, implantation of, by cannula	963
incision	960
scar, removal of	3219-3253
subcutaneous fatty, removal of excess	3219-3253
repair of recent wound of	3046-3101
Toe, dislocation of	7464
filleting of	8185
fractures of	7681-7691
great, fracture of	7687,7691
hammer, and subcutaneous tenotomy of one or more tendons	8140/8143
correction of	8151/8153
Keller's operation to	8124/8127
or great toe, amputation or disarticulation of	4990-5029
terminal phalanx of, operation for acute osteomyelitis of	4828
Toenail, ingrowing, excision of nail bed	7872/7878
wedge resection for	7872/7878
removal of	7861
Toilet, ear, requiring use of operating microscope and micro-inspection of tympanic membrane with or without general anaesthesia	5182
Tongue, diathermy of	3330-3346
partial or complete excision of	3480,5360
tie, repair of	3496,3505
Tonography	844
Tonsils, lingual, or lateral pharyngeal bands, removal of	5431
or tonsils and adenoids,	
— arrest of haemorrhage, requiring general anaesthesia, following removal of	5396/5401
— removal of in a person twelve years of age or over	5389/5392
— removal of in a person aged less than twelve years	5363/5366
Trabeculectomy in conjunction with cataract extraction pay under	6848 + (1/2)6873

Service	Item
Torek (testis) operations	4307-4313
Torkildsen's operation	8362
Torn extra-ocular muscle, repair of	6934
Torticollis, congenital, operation for	8386
Total lung volume, estimation of	921
synovectomy of knee	8079
Trachea, removal of foreign body from	5601
Trachelorrhaphy	6436/6441
Tracheo-oesophageal fistula, with or without atresia, ligation and division of	8390
Tracheostomy	5572/5598
Transantral ethmoidectomy with radical antrostomy	5277
ligation of maxillary artery	5268
Vidian neurectomy	5277
Transfer, intermediate, for delayed indirect flap or tubed pedicle	8496
Transfusion, blood — with venesection and complete replacement of blood, using blood already collected	904
— with venesection and complete replacement of blood including collection from donor	902
collection of blood for	949
using blood already collected and related procedures	940-947
Transillumination, retrobulbar	6914
Translabyrinthine removal of cerebello-pontine angle tumour, transmastoid	5108,5112
Transmastoid decompression of endolymphatic sac	5116
removal of glomus tumour including mastoidectomy	5158
Transmetacarpal amputation of hand	4972/4976
Transmetatarsal amputation of foot	5038
Transplant, Abbe, secondary correction of, for cleft lip	8632
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Transplantation, adductor hallucis tendon with osteotomy or osteectomy of phalanx or metatarsal for correction of	
hallux valgus	8135
cornea, including collection of implant	6828,6832
digit, plastic — complete procedure	8540
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Transtympanic excision of glomus tumour	5152
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Traumatic diaphragmatic hernia, repair of	4238
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Treadmill, exercise test during electrocardiographic monitoring	916
Trephine of frontal sinus	5308
Trephining of eye	6873

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Trigeminal ganglion, injection into with alcohol	7079
Trigger finger, correction of	8271
Trimming of ileostomy	*
Triple arthrodesis of foot or ankle region	8116
Triquetrum, fracture of	7533
Trochanter, greater, transplantation of iliopsoas tendon to	8254
Trochanteric, sub-, osteotomy or femur	8206
Trunk, major artery of, repair of wound of, with restoration of continuity	4696
nerve, primary suture of	7124
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Tube, Eustachian, catheterisation of	5343
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Tubed pedicle or indirect flap	
— delay, intermediate transfer or detachment of	8496
— formation of	8494
— preparation of site and attachment to site	8494
— spreading of pedicle	8500
Tubes, Fallopian, transection or resection via laparoscopy	6611/6612
Souttar's, insertion of	5474
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Tumour, bladder, biopsy of, with cystoscopy	5868
diathermy or resection of, with cystoscopy	5871,5875
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bone, innocent, excision of	3425
broad ligament, removal of	6643/6644, 6648/6649
carotid body, removal of — without arterial anastomosis	3285
cerebello-pontine angle, transmastoid, translabyrinthine	
removal of	5108,5112
diathermy of, with urethroscopy	6053
glomus, transmastoid removal of including mastoidectomy	5153
transtympanic removal of	5152
intracerebral, craniotomy and removal	7198
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craniotomy and removal	7198,7203
intra-oral, radical excision of	3495
involving ciliary body or iris and ciliary body, excision of	6894
iris, excision of	6885
laminectomy for	7341,7353
larynx, removal of	5530
limbic, removal of	6846
lip, excision of	3219-3237
liver, removal of, other than by biopsy	3754
malignant, operations for	3271,3276,3295,3301
mandible, segmental resection for	8560
microlaryngoscopy with removal of	5540
nasopharyngeal, operation for removal of, involving hard	
palate	pay under 3295
parathyroid, removal of	3547
parotid gland, removal of with exposure of facial nerve	3450
peripheral nerve, removal from	7148-7156

*Payable on attendance basis

Service	Item
Tumour, rectal, diathermy or resection of with sigmoidoscopy	4365
removal of by urethrectomy, partial or complete	6077
from peripheral nerve	7148/7152,7156
urethra by urethrectomy, partial or complete	6077
with direct examination of larynx	5530
laminectomy	7341,7353
retroperitoneal, removal of	4173
sacroccocygeal and presacral	4179
simple, vagina or vulva, removal of	6267,6321
soft tissue excision of	
— with skin graft	3289
— without skin graft	3281
spinal, operation for	7341,7353
thyroid, localised, excision of	3576
vagina or vulva, simple, removal of	6267,6321
villous of rectum	4397
vocal cord, removal from	5530
vulva, simple, removal of	6267,6321
not otherwise covered, removal of	3219-3265

(N.B. — There are other operations which may be undertaken for treatment of tumours but which are not described as such in the Schedule. Regard should be had to the part of the body in which the tumour occurs and reference made to the operation usually associated with that Part.)

Turbinate, dislocation of	5237
Turbinates, cauterisation or diathermy of	5229
submucous resection of	5241
Turbinectomy	5237
Turn-buckle jacket, application of, body and head	7932
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'Turning-in' operation for ectopic bladder, congenital	8414
Tympani, paracentesis of	5162
Tympanic membrane, micro-inspection of one or both ears, as an	
independent procedure	
under general anaesthesia	5186
in association with ear	
toilet	5182
Tympanum, perforation of, cauterisation or diathermy of	5176
Typhoid, inoculation against	*
Typhus, inoculation against	*

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Ulcer, corneal, ionisation of	*
dendritic, epithelial debridement of cornea for	6824
duodenal, perforated, suture of	3722
gastric, perforated, suture of	3722
peptic, perforated, suture of	3722
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Ulna, bone graft to	7983,7993
dislocation of	7430/7432
fracture of	7559/7563
distal end of	7547
fragmentation and rodding in fragilitas ossium	8302
operation on, for acute osteomyelitis	4838
chronic osteomyelitis	4860
osteotomy of, with internal fixation	8193
or osteotomy of	8190
Ultrasonic echography	
— bidimensional	797
— unidimensional	794
localisation of placenta, by Doppler technique	*
Umbilical artery catheterisation	897
hernia, repair of	4246-4254
vein catheterisation	895
Uncomplicated fracture, closed, involving joint surfaces	7847
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Undescended testis, transplantation of	4307
Urachal fistula, congenital, operation for	8412
Ureter, divided, repair of	5741
retrocaval, correction of	5734
transplantation of, into another ureter	5799
bladder	5773-5780
bowel	5753,5757
intestine	5785,5792
isolated intestinal loop	5804,5807
skin	5763,5769
Ureterectomy, complete or partial with bladder repair	5747
nephro-, complete, with bladder repair	5675
Ureteric calculus, endoscopic removal or manipulation of, with	
cystoscopy	5885
catheterisation with cystoscopy	5851
meatotomy, with cystoscopy	5878
reflux	5984,5993
Ureterolithotomy	5705
Ureterolysis for retroperitoneal fibrosis or ovarian vein syndrome	5821,5827
Ureteroplasty, bilateral	5836
unilateral	5831
Ureterostomy, cutaneous closure	5837
Ureterotomy	5812,5816
Urethra, cauterisation of	6290
correction of male urinary incontinence	6157
diathermy of	6140
examination of, involving the use of an urethroscope, with	
cystoscopy	6061
excision of, diverticulum of	6152

* Payable on attendance basis

Service	Item
Urethra prolapsed, excision of	6146,6389
ruptured, repair of	6041
Urethral abscess, drainage of	6170
caruncle, cauterisation of	6290
excision of	6292/6296
dilatation with cystoscopy	5845
fistula, closure of	6044, 6079,6083
reconstruction for hypospadias	6110-6118
sounds, passage of, as an independent procedure	6036
stricture, dilatation of	6039
plastic repair of	6086-6095
tumour, removal of by urethrectomy	6077
urethroscopy and diathermy	6053
valves, congenital, open removal of	8418
or urethral membrane, endoscopic transurethral or	
perineal resection	6175
Urethrectomy, partial or complete, for removal of tumour	6077
Urethrocele, operation for	6389
Urethrography preparation for	5840
Urethropexy (Marshall-Marchetti operation)	5977
Urethroplasty	6086-6095
Urethroscopy, as an independent procedure	6047
removal of stone or foreign body	6056
with cystoscopy	6061
diathermy of tumour	6053
Urethrotomy, external or internal	6069
perineal (external), as an independent procedure	6069
Urinary, infection — bladder washout test	839
meatotomy	6066
tract, X-ray of, preparation for	5851
Urogenital sinus, vaginal reconstruction for	6327
Uterine adenomyoma, excision of	6508
adnexae, removal of, with vaginal hysterectomy	6544
lavage — saline flushing	*
tubes, insufflation of, as test for patency (Rubin test)	6599
Uterus, bicornuate, plastic reconstruction for	6570
curettage of	6460/6464
by suction aspiration (menstrual aspiration)	6460/6464
— including curettage for incomplete miscarriage	6460/6464
— with colposcopy, cervical biopsy and radical	
diathermy	6483
gravid, evacuation of the contents of, by curettage or suction	
curettage	6469
implantation of Fallopian tube or tubes into	6631
manipulative correction of acute inversion of	365,368
suspension or fixation of	6585/6594
Uvula, excision of	5449
Uvulotomy	5449

*Payable on attendance basis

Service	Item
V	
Vaccinations	*
Vaccines injection of	*
Vacuum extraction with antenatal care, confinement and postnatal care for nine days	208/209
Vagina, artificial formation of	6327
dilatation of, as an independent procedure	6313
partial or complete removal of	6325
removal of simple tumour of	6321
Vaginal fistula, repair of, or closure of	5941, 6079, 6401
hysterectomy with removal of uterine adnexae	6544
orifice, plastic repair to enlarge	6336
reconstruction in congenital absence or gynatresia	6327
septum, excision of, for correction of double vagina	6332
vault, suspension of, abdominal approach	6396
Vagotomy, highly selective	3889
with pyloroplasty or gastro-enterostomy	3891
selective	3882
trunkal	3875
with pyloroplasty or gastro-enterostomy	3889
Valgus, calcaneus — manipulation and plaster under general anaesthesia	8336
under general anaesthesia	8334
hallux, and hammer toe, correction of with subcutaneous tenotomy, one or more tendons	8140/8143
correction of	8124/8127
— with osteotomy or osteectomy of phalanx, metacarpal or metatarsal	8131
— with osteotomy or osteectomy of phalanx or metatarsal and transplantation of adductor hallucis tendon	8135
Vallecular cysts, removal of	5456
Valvectomy for mitral stenosis	6999, 7046
Valves, heart, operations on	7046, 7057
urethral, operation for congenital abnormalities of	8418
Valvulotomy for pulmonary stenosis	6999, 7046
Varicocele, removal of	4269/4273
Varicose veins, excision of	4637-4649
injection of sclerosing fluid	4629
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multiple simultaneous injection by continuous compression techniques	4633
Vascular anastomosis for portal hypertension	4766
Vas deferens, operations on	6238-6253
Vasectomy (unilateral or bilateral)	6249/6253
Vasoepididymostomy	6238, 6241
Vasoepididymography and vasovesiculography as an independent operative procedure, preparation for by open operation	6246
Vasotomy (unilateral or bilateral)	6249/6253
Vein and/or artery, operations on	4629-4822
anastomosis of by micro-surgical techniques for the reimplantation of limb or digit or free transfer of tissue	4764
graft for priapism	6166
saphenous, crossed by-pass	4665

*Payable on attendance basis

Service	Item
Vein scalp, catheterisation of	895
umbilical, catheterisation of	895
varicose, injection of sclerosing fluid	4629
varicose, multiple simultaneous injection by continuous compression techniques	4633
operations for	4637-4662
Vena cava, inferior, plication of	4721
Venepuncture	955
Venesection	*
Venography	(see Phlebography)
Venous arterio-, shunt, external, insertion of	4808
graft or by-pass	4754
to fenestration cavity	5131
Ventral hernia, repair of	4258/4262
Ventricle, cerebral, puncture of	7099
Ventricular cable shunt for hydrocephalus, congenital	8320
puncture, cerebral	7099
left	7003
Ventriculo-atrial shunt for hydrocephalus, congenital	7316
revision or removal of	7318
Ventriculostomy, third, for hydrocephalus, congenital	7314
Vermilionectomy	8616
Version, external	295
internal	298
Vertebral bodies, osteectomy of	8209
body, fracture of	7781/7785, 7793, 7798
Vesical fistula, cutaneous, operation for	5935
closure of	5941-5956
reflux, operation for	5984, 5993
Vesicles, seminal, excision of, with orchidectomy	6230
Vessel, great, ligation of involving gradual occlusion of vessel by mechanical device	4715
Vidian neurectomy, transantral	5277
Villous tumour of rectum	4397
Viscera, abdominal, operation on, involving laparotomy	3739/3745
multiple ruptured, repair or removal of	4165
Viscus, hydatid cyst of, operation for	3783
ruptured, repair or removal of	3722
Vital capacity, estimation of	921
Vitamin products, injection of	*
Vitrectomy via posterior sclerotomy with removal of vitreous by cutting and suction and replacement by saline, Hartmann's or similar solution	6828
Vitreous body, division of fibrinous bands in	6885
Vocal cord, biopsy of	5524
removal of nodule from	5530
tumour from	5530
Volume, reserve (expiratory or inspiratory), residual, tidal or total lung, estimation of	921
Volvulus, reduction of, with laparotomy	3722
Vulva, simple tumour of, removal of	6267
Vulvectomy (radical)	6306
(simple)	6302
Vulvoplasty	6302

*Payable on attendance basis

Service	Item
W	
Warts, treatment of by electrosurgical destruction, chemotherapy or surgical removal	3330-3346
perineal, diathermy of	3330-3346
plantar, removal of	3320
Washout, antrum	5245-5264
for ingested poison	974
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Water, drinking test, for glaucoma, provocative	849
Wedge excision for axillary hyperidrosis	3314
of contracted bladder neck, congenital	8410
lip, full thickness	8614
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Wertheim's operation	6536
Whipples operation, (pancreatico-duodenectomy)	4115
Whooping cough immunisation	*
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Window, round, repair of	5147
Wire, buried, removal of, requiring incision under regional or general anaesthesia	7886
orthopaedic, insertion of	7883
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Wolfe graft	8518
Wound, deep or extensive contaminated, debridement of, under general anaesthesia	3041
recent, repair of by sticking plaster	*
resuturing of, following intraocular procedures	6938
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Wrist, Colles' fracture	7540/7544
fracture of	7540-7547
synovectomy of	8290,8292
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*Payable on attendance basis

Service	Item
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Service	Item
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Zinc ionisation of nostrils in the treatment of hay fever	*
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*Payable on attendance basis

SECTION 3B

INDEX TO MEDICAL BENEFITS SCHEDULE

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PART 7A — NUCLEAR MEDICINE

PART 8 — RADIOLOGICAL SERVICES

PART 8A — RADIOTHERAPY

PART 9A — COMPUTERISED AXIAL TOMOGRAPHY

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B lymphocyte cell count	1987/1988
Body fluids and tissues, chemistry of	1301-1517
assay of an antibiotic or chemotherapeutic agent,	
quantitative	1743/1744
microscopical examination for parasites, cysts or ova	1687/1688
Bone, age study	2614, 2617
marrow examinations	1062-1065
scan of	2499
Bowel, small, barium X-ray of (small bowel series only)	2714
with barium meal examination of stomach	2711
Brain, scan	2451
Breast, X-ray of	2734, 2736
Bromide, estimation of	1342/1343
Bromsulphthalein, estimation of	1342/1343
test (procedural service)	1504/1505
Bronchial secretion, examination for malignant cells	2091/2092
Bronchography	2764
preparation for	2815
Brucellosis, agglutination tests for	1760-1767
BSP (Bromsulphthalein) estimation of	1330/1331
Bunnell, Paul, test	1194/1195

Service	Item
C	
Caeruloplasmin, estimation of	1342/1343
Calcium, estimation of	1301-1312
Calculus, analysis of	1354/1355
salivary, X-ray of	2579
Carbamazepine, assay of	1380-1387
Carbohydrate tolerance test (procedural service)	1504/1505
Carboxyhaemoglobin, quantitative estimation	Pay under 1339/1340
Cardiac examination, including barium swallow	2642/2646
measurements with kymography	2642/2646
Carotene, estimation of	1342/1343
Casoni test	2013/2014
(Division 9)	2382
Catecholamines, estimation of	1364/1366
Cell count, total and differential on body fluids, other than urine	1851/1852
Cerebral angiography, preparation for	
— percutaneous, catheter or open exposure	2807
scan	2451
ventriculography	2760
preparation for	2811
Cerebrospinal fluid, examination for malignant cells	2091/2092
Cervical smear, examination for pathological change	2081/2082
Chemistry of body fluids and tissues	1301-1517
Chemopallidectomy, control X-ray for	2560
Chemotherapeutic agent, assay of	1743/1744
determination of	1721-1725
Chest, X-ray of	2625-2638
Chloride, estimation of	1301-1312
Cholangiogram, transhepatic, preparation for	2859
Cholangiography	2722-2728
Cholecystography, including preparation	2720
Choledochography	2722-2728
Cholegram, transhepatic, preparation for	2859
Cholegraphy	
— drip infusion	2728
preparation for	2837
— intravenous	2724
— operative, or post-operative	2722
— percutaneous transhepatic	2726
Cholesterol, estimation of	1301-1312
Cholinesterase, quantitative estimation of	1345/1346
Chorionic gonadotrophin, qualitative estimation of	2272/2273
quantitative estimation of	2285/2286
Chromatography, qualitative (of a substance not specified in any other item)	1330/1331
quantitative (of a substance not specified in any other item)	1368/1370
Chromium, radio-active, for estimation of gastro-intestinal blood loss	2438
Chromosome studies	2148-2174
Cisternal puncture, preparation for radiological procedure	2849
scan	2454
Clavicle, X-ray of	2543/2545
Clot retraction	1234-1239
Coagulase test	1640/1641
Coagulation factors	1271/1272

Service	Item
Coagulation time	1234-1239
Coccyx, X-ray of	2604
Cold agglutinins, qualitative estimation of	1202/1203
quantitative estimation of	1206/1207
Colloidal gold reaction	Pay under 1330/1331
Colon, X-ray of	2711, 2716, 2718
Colonic washings, examination for malignant cells	2096/2097
Compatibility testing	1112-1116
Complement fixation tests,	1781-1785
on human tissue antibody	1924-1927
fraction, estimation of	1342/1343
Computerised axial tomography	2960-2971
Contrast media injection for radiological procedures	2805-2859
X-ray	2744-2794
study, air with opaque enema	2718
Coombs test — direct	1136/1137
— indirect	1112/1117, 1144/1145
Coproporphyrin, estimation of	1345/1346
Copper, estimation of	1345/1346
Coronary, selective arteriography	2751
Creatine, estimation of	1342/1343
kinase, estimation of	1301-1312
Creatinine, clearance test (procedural service)	1504/1505
estimation of	1301-1312
Cryofibrinogen, estimation of	1342/1343
Cryoglobulins, qualitative estimation	1319-1323
Cryoproteins, qualitative estimation	1319-1323
Cultural examination for mycobacteria	1622/1623
parasites	1702-1706
of a specimen other than urine	1609-1618
urine	1673-1683
Cyst, renal, aspiration with injection of radio-opaque material	2831
Cystography	2690
Cystourethrography, retrograde	2690
micturating	2694
preparation for	2839
Cytogenetics	2131-2174
Cytological examination for malignancy	2091-2097
pathological change	2081/2082
of vagina for assessment of hormones	2104-2112
sex determination	2131-2142
Cytology	2081-2112

Service	Item
D	
Dacryocystography	2754
preparation for	2813
Delta aminolaevulinic acid, estimation of	1345/1346
Dermatophytes, microscopical examination for	1586-1589
Diazepam, assay of	1392-1398
Dibucaine number, estimation of	1348/1349
Differential cell count	1014/1016
leucocyte count (Division 9)	2334-2336
Digit, X-ray of	2502/2505
Digoxin, assay of	1380-1387
Discography	2752
preparation for	2843
Donath-Landsteiner, cold haemolysin (screening test)	1036/1037
Drip-infusion pyelography	2672
preparation for	2837
Drug assays, qualitative estimations or screening procedures	1376/1378
Duodenal washings, examination for malignant cells	2096/2097
Duodenum, X-ray of	2709,2711

Service	Item
E	
Effective thyroxine ratio	1434-1442
Elbow and arm, X-ray of	2516/2520
X-ray of	2508/2512
Electrophoresis qualitative	1333/1334
quantitative	1360/1362
Elements, unspecified, estimation of	1345/1346
Encephalography	2756
preparation for	2805
Enema, opaque X-ray	2716,2718
Enteric fever, agglutination tests for	1760-1767
Eosinophils (wet preparation or film)	1019-1022
Erythrocyte, autohaemolysis test	1036-1040
count	1006-1013
(Division 9)	2334-2336
fragility test, mechanical	1036-1049
to hypotonic saline	1044-1049
glucose-6-phosphate dehydrogenase	
— qualitative estimation	1036-1040
— quantitative estimation	1044-1049
glutathione deficiencies test	1036-1040
stability test	1044-1049
morphology	1014-1016
paroxysmal nocturnal haemoglobinuria	
— acid haemolysis test	1044-1049
— sugar water test (or similar)	1036-1040
pyruvate kinase	
— qualitative estimation	1036-1040
— quantitative estimation	1044-1049
radio-active uptake survival time	2430
screening test, volume Cr51	2432
sedimentation rate	1006-1013
(Division 9)	2334-2336
Erythroporphyrin quantitative estimation of	1345/1346
Ethosuximide, assay of	1392-1398
Euglobulin lysis time	1267/1268
Euglobulins, qualitative estimation of	1319-1323
Exudate, dark ground illumination microscopical examination for	
trypomastix	1604/1606
Eye, foreign body in, X-ray for	2730
X-ray of	2583

Service	Item
F	
Facial bones, X-ray of	2573
Factor III availability, platelet	1271/1272
13, test	1251/1252
Faecal fat, estimation of	1364/1366
Faeces or body fluids, microscopical examination for parasites, cysts or ova	1687/1688
Fallopian tubes, X-ray of, using opaque media	2762
— preparation for	2841
Femur (thigh), X-ray of	2524/2528
Fibrin degeneration products, determination of	1263/1264
Fibrinogen titre, determination of	1247/1248
Fibrinogenolysis	1244/1246
Finger, X-ray of	2502/2505
Fistula, injection into, in preparation for radiological procedure	2851
Fistulae, X-ray of	2782
Flocculation tests, including V.D.R.L., Kahn, Kline or similar	1772-1776
Fluorescent serum antibody test	1793/1797
Fluoroscopic examination	2800,2802
screening of chest (lung fields) with X-ray	2630
palate and/or pharynx, with X-ray	2591
Fluoroscopy, alimentary tract and biliary system	2699-2728
Foetal blood transfusion, intrauterine, control X-ray for	2742
haemoglobin, examination of blood film for	1028-1032
Foetoprotein, detection of	1327/1328
Folic acid, estimation of	1345/1346
Foot, X-ray of	2524-2537
Forearm, X-ray of	2508-2512
Foreign body, localisation of and report	2732
X-ray for — eye	2730
oesophagus	2706
other than in eye or oesophagus	2732
Frozen section, immediate, diagnosis of	2048-2057
Fungi, precipitin test for	1661/1662
screening for in skin, hair, nails (Division 9)	2369

Service	Item
G	
Gallbladder, X-ray of	2720-2728
Gamma-glutamyl transpeptidase	1301-1312
Gastric acidity by dye test	1327/1328
function test (procedural service)	1504/1505
washings, examination for malignant cells	2096/2097
Gastro-intestinal blood loss estimation	2438
Giemsa stain	1545-1549
Globulin, antihæmophilic, assay of	1271/1272
estimation of	1301-1312
Glucagon tolerance test (procedural service)	1504/1505
Glucose, estimation of	1301-1312
Glucose-6-phosphate dehydrogenase estimation of	1036-1049
Glutathione deficiencies test	1036-1040
stability test	1044-1049
Gold, estimation of	1345/1346
Gonadotrophin releasing hormone, administration of (procedural service)	1516/1517
stimulation test (procedural service)	1511/1512
Graham's test	2720
Gram stain	1545-1549
(Division 9)	2357

Service	Item
H	
Haemagglutination, inhibition tests	1823-1827
tests	1805-1809
Haematocrit estimation	1006-1013
(Division 9)	2334-2336
Haematology	1006-1049
Haemoglobin A1c estimation, qualitative	1333/1334
quantitative including qualitative	1360/1362
estimation	1006-1013
(Division 9)	2334-2336
H, examination of blood film for	1019-1022
Haemolysin, examination of serum for blood group	1152-1153
Haemostasis	1234-1264
Hair, structural examination of	1586/1587
Hand, wrist and lower forearm, X-ray of	2516/2520
X-ray of	2508/2512
Heart, measurement (X-ray) and kymography	2642/2646
scan	2477
and liver	2476
Heinz bodies, examination of blood film for	1028-1032
Helminths, identification of	1693/1694
Heterophile antibodies, qualitative estimation	1190/1191
quantitative estimation	1194/1195
Hexosamine, estimation of	1342/1343
Hip, X-ray of	2548
Histidine loaded figlu test (procedural service)	1504/1505
Histopathology	2041-2057
examination of frozen section	2048-2057
Hormonal assessment by cytological examination of vagina	2104-2112
Hormone assays	1419-1485
using beta emitting labels or by bioassay	1475-1485
gamma emitting labels or any other unspecified technique	1452-1462
Huhner's test	2211/2212
Hydroxybutyric dehydrogenase, estimation of	1301-1310
— methoxy mandelic acid (HMMA), estimation of	1364/1366
— proline, estimation of	1364/1366
5-Hydroxyindole acetic acid, quantitative estimation of	1345/1346
Hyperthyroidism or thyroid cancer, radio-iodine for	2937
Hysterosalpingography	2762
preparation for	2841

Service	Item
I	
Immediate frozen section diagnosis	2048-2057
Immunoelectrophoresis	1877-1885
Immunofluorescent detection of tissue antibodies	
— qualitative	1911-1914
— qualitative and quantitative	1918/1919
Immunofluorescent investigation of biopsy specimen	2060/2061
Immunoglobulins G, A, M or D quantitative estimation of	1888-1892
E quantitative estimation of	1897/1898
Immunology	1877-2023
Indican, test for	1351/1352
Infertility and pregnancy tests	2201-2286
Inhibitory substances to micro-organisms in body fluids, detection of	1732/1733
Injection, of radio-opaque material into renal cyst with aspiration	2931
opaque or contrast media for radiological procedures	2805-2859
Inlet, thoracic, X-ray of	2634
Insufflation, adrenal and X-ray	2697
with lipiodol	2762
perirenal for radiography, preparation for	2825
X-ray of	2697
Insulin hypoglucaemia stimulation test (procedural service)	1511/1512
Intra-osseous venography, preparation for	2843
— uterine foetal blood transfusion	
— control X-ray for	2742
— venous cholangiography including preparation	2724
Intra-venous pyelography	2678
Iron and iron-binding capacity, estimation of	1345/1346
examination of blood film for	1028-1032
Isotopes, radio-active, studies	2430-2500

Service	Item
J	
Joint or long bone scan of	2498

Service	Item
K	
Kahn, flocculation tests	1772-1776
Kaolin clotting time	1234-1239
Kline, flocculation tests	1772-1776
Knee, and wrist, bone age study of	2614
X-ray of	2524/2528, 2532/2537
Kymography with cardiac measurements (radiological)	2642/2646

Service	Item
L	
Lactate, estimation of	1342/1343
Laryngography	2784
preparation for	2855
Larynx, X-ray of	2595
Latex flocculation test	1935/1936
Lead, estimation of	1345/1346
Lecithin/sphingomyelin ratio of amniotic fluid	1372/1374
Leg, upper, or lower, X-ray of	2524-2537
Leucocyte agglutinins, detection of	1159/1160
count	1006-1013
excretion test	1851/1852
(Division 9)	2334-2336
fractionation test	1965/1966
L-dopa stimulation test (procedural service)	1504/1505
Lipase, estimation of	1342/1343
Lipids, total, estimation of	1301-1310
Lipiodol insufflation of Fallopian tubes	2762
Lipoprotein cholesterol estimation	1360/1362
Lithium, estimation of	1342/1343
Liver and spleen, scan of	2486
scan	2480
and heart	2476
lungs	2479
Loeffler stain	1545-1549
Long bone or joint, scan of	2498
Lung fields, X-ray of	2625-2630
or lungs, scan of	2474
Lupus erythematosus cells, preparation and examination of film for	1948/1949
Luteinizing hormone	Pay under 1475-1485
Lymphangiography including follow-up radiography	2792
preparation	2853
Lymphocytes cell count	1981/1982
culture, mixed	1995/1996
function tests	1995-1998

Service	Item
M	
Macroglobulins, estimation of	1319-1323
by immunodiffusion	1342/1343
Magnesium, estimation of	1342/1343
Malar bones, X-ray of	2573
Malarial or other parasites, examination of blood film for	1028-1032
Mammography	2734,2736
Mandible, X-ray of	2576
Mantoux test	2013/2014
(Division 9)	2374
Mastoids, X-ray of	2560,2566
Maxilla, X-ray of	2573
Meal, opaque, X-ray	2709-2714
Mediastinal scan	2473
Mercury, estimation of	1345/1346
Methotrexate	1392-1398
Methylene blue dye test for toxoplasmosis	Pay under 1793/1794
stain	1545-1549
Microbiology	1529-1859
Micro-organisms in body fluids, detection of inhibitory substances	1732/1733
pathogenic, identification of	1644-1665
Micturating cysto-urethrography	2694
preparation for	2839
Miniature X-ray of chest	2638
Morphine, assay of	1392-1398
Mucous membrane, cytological examination of	2081/2082
Muramidase estimation	1345/1346
Myelography one region	2773
two regions	2774
three regions	2775

Service	Item
N	
Neo-natal bilirubin, direct and indirect, estimation of	1345/1346
Nephrography	2665-2687
Neutrophil alkaline phosphatase, examination of blood film for function test	1028-1032 1971-1974
Non-pregnancy oestrogens, estimation of	1364/1366
Normalised thyroxine, assay of	1434-1442
Nose, X-ray of	2581

Service	Item
O	
Occult blood, qualitative estimation of	1319-1323
(Division 9)	2362
Oesophageal washings, examination for malignant cells	2096/2097
Oesophagus, X-ray of	2706,2709,2711
Oestriol, urine, estimation of	1345/1346
Oestrogens, non-pregnancy, estimation of	1364/1366
Opaque enema X-ray	2716,2718
meal	2709-2714
media, preparation for radiological procedures using	2805-2859
Orbit, X-ray of	2573
Osmolality, estimation of	1339/1340
Oxalate, estimation of	1345/1346
Oxogenic steriods	1345/1346
Oxosteroids, estimation of	1345/1346
Oxygen saturation (blood gases) estimation of	1364/1366

Service	Item
P	
Palato-pharyngeal studies	2591-2593
Pancreas, scan of	2481
Parasites, cultural examination for	1702-1706
Parathyroid scan	2462
Pathogenic micro-organisms, identification of	1644-1665
Paul Bunnell test	1194/1195
Pelvic girdle, X-ray of	2551
Pelvimetry	2740
Pelvis, scan of	2496
X-ray of	2551
Percutaneous cerebral angiography, preparation for	2807
Periodic acid, Schiff reaction (P.A.S.)	1028-1032
Perirenal insufflation for radiography, preparation for	2825
X-ray	2697
Peritoneal fluid, examination for malignant cells	2091/2092
Petrous temporal bones X-ray of	2569
PH, examination of urine for	1536/1537, 1673-1676
Phalanges, X-ray of	2502/2505
Phalanx, X-ray of	2502/2505
Phenolsulphthalein excretion test (procedural service)	1504/1505
Phenytoin, assay of	1380-1387
Phlebography	2768
preparation for	2819
selective, preparation for	2827
Phosphate, estimation of	1301-1312
Phosphorus, estimation of	1301-1312
Pituitary gonadotrophins	Pay under 1475-1485
Placenta, scan of	2491
Placentography	2740
Plain abdominal X-ray	2699/2703
renal X-ray	2665
Plasma, recalcified clotting time	1244/1246
Platelet, adhesion test	1263/1264
agglutinins, detection of	1166/1167
aggregation test (qualitative)	1242/1243
— using adenine dinucleotide phosphate, collagen, 5 hydroxytryptamine, ristocetin	1277-1280
antibodies, detection of	1271/1272
count	1006-1013
factor III availability test	1271/1272
Platelets, qualitative estimation of	1014-1016
Pleura, X-ray of	2625/2627
Pneumoarthrography	2786
preparation for	2833
-encephalography	2756
preparation for	2805
-mediastinum	2794
preparation for, radiological	2857
-peritoneum, preparation for radiography of	2833
PO ₂ and pCO ₂ and pH and oxygen saturation and bicarbonate, estimation of	1364/1366
Porphobilinogen, qualitative estimation of	1319-1323
quantitative estimation of	1345/1346
Porphyrin factors	1345/1346

Service	Item
Porphyrins, qualitative test for	1327/1328
Potassium, estimation of	1301-1312
Pregnancy test	2272/2273
(Division 9)	2346
X-ray	2738,2740
Pregnanediol, estimation of	1364/1366
Pregnanetriol, estimation of	1364/1366
Procainamide, estimation of	1392-1398
Procedural services	1504-1517
Protamine sulphate titration	1263/1264
Protein, specific, assay of	1342/1343
radio-active iodine test	2443
total, estimation of	1301-1312
Prothrombin consumption test	1263/1264
time, estimation of	1234-1239, 1259/1260
Pyelography, drip-infusion	2672
preparation for	2837
intravenous, including preparation for	2676,2678,2681
retrograde	2687
Pyruvate, estimation of	1342/1343
kinase deficiency in erythrocytes	
— qualitative estimation of	1036-1040
— quantitative estimation of	1044-1049

Service	Item
Q	
Qualitative estimation of a substance not specified in any other item	1319-1323
Quantitative estimation of a substance not specified in any other item	1345/1346
Quinidine, assay of	1392-1398

Service	Item
R	
Radio-active B12 absorption test	2448
chromium, for estimation of gastrointestinal blood loss	2438
iodine test, protein bound	2443
mould	2924-2933
sources	
— sealed	2899-2933
— unsealed	2935-2941
thyroid clearance	2434,2441
uptake survival time, erythrocyte	2430
-iodine, for hyperthyroidism or thyroid cancer, by single dose	
technique	2937
thyroid uptake	2434
urinary, estimation	2441
-isotope studies	2430-2500
therapeutic dose, oral	2935
intracavitary	2941
intravenous	2939
Radiological procedures — examination and report	2502-2802
Radiotherapy, deep or orthovoltage	2875-2885
megavoltage or teletherapy	2887-2897
radio-active — sealed	2899-2933
superficial	2861-2873
Radioallergosorbent tests	1903-1906
Recalcified plasma clotting time	1244/1246
Red cell morphology	1014-1015
Reiter protein complement fixation test	1781-1785
Renal cyst, aspiration with injection of radio-opaque material	2831
scan	2484
and differential renal scan	2489
differential	2487
X-ray, plain	2665
Reticulocytes, examination of blood film for	1019-1022
Retrograde pyelography	2687
Retroperitoneal pneumogram	2697
Rib, X-ray of	2650-2662
Rose Waaler test, quantitative	1941/1942

Service	Item
S	
Sacral X-ray	2601-2611
Sacro-iliac joint, X-ray of	2554
Sacrum, and vertebral column, scan of	2495
Salicylate, estimation of	1342/1343
Salivary calculus, X-ray of	2579
Scan bone	2499
brain	2451
cisternal	2454
heart	2477
and liver	2476
joint or long bone	2498
liver	2480
and heart	2476
lungs	2479
spleen	2483
lung or lungs	2474
and liver	2479
mediastinal	2473
pancreas	2481
parathyroid	2462
pelvis	2496
placental	2491
renal	2484
and differential renal scan	2489
differential	2487
skull	2493
spinal cord	2457
spleen	2483
and liver	2486
thyroid	2470
vertebral column and sacrum	2495
Scans, computerised axial tomography	2960-2971
Scapula, X-ray of	2539/2541
Schick test	2013/2014
Schilling's test	2448
Semen, analysis	2225-2228
examination	2201-2216
Seminal examination for presence of spermatozoa (Division 9)	2392
Sensitivity testing, body fluids, (other than urine)	1609-1618, 1633/1636
urine	1673/1676
skin	2013-2023
Serial angiocardiology — bi-plane — direct roll-film method	2748
indirect roll-film method	2750
— rapid cassette changing	2744
single plane — direct roll-film method	2746
Serum, examination of, for blood group antibodies	1121-1130
haemolysins	1152-1153
precipitin (agar-geldiffusion) test for detection of	
antibodies to various allergens such as fungi,	
feathers, etc. up to a maximum of 6 allergens	1763/1764
T3 estimation	1452/1453
Sex chromatin studies, cytological	2141/2142
determination, cytological, from blood film	2131/2132
Shoulder, X-ray of	2539/2541

Service	Item
Sia test	1319-1323
Sialography	2778
Sickle cells, examination of blood film for	1028-1032
Sinus, injection into, in preparation for radiological procedure	2851
Sinuses, X-ray of	2563
using opaque or contrast media	2782
Skeletal survey	2621
Skin, examination for pathological change	2081/2082
sensitivity testing	2013-2023
Skull, scan of	2493
X-ray of	2560
Small bowel, barium X-ray of (small bowel series only)	2714
with barium meal examination of stomach	2711
Smith-Petersen nail, X-ray of	2557
Sodium, estimation of	1301/1312
Specific gravity, examination of urine for	1536/1537, 1673-1676
Spectrophotometric analysis of amniotic fluid	1339/1340
Spectroscopic examination of blood	1211/1212
Sperm penetrability, tests for	2264/2265
Spermagglutinating and immobilising antibodies, tests for	2247-2250
Spinal cord scan	2457
Spine, functional view of	2611
X-ray of cervical region	2597
lumbar-sacral region	2601
sacroccocygeal region	2604
thoracic region	2599
two regions	2607
three or more regions	2609
Spleen, and liver, scan of	2486
scan	2483
Splenography	2772
preparation for	2823
Sputum, examination for malignant cells	2091/2092
Stain, Gram or similar	1545-1549
special	1556-1567
Stereoscopic examination (X-ray)	2798
Stereotactic procedure control X-ray for	2560
Sternum, X-ray of	2650/2654
Steroid fractions	1364/1366
Steroids, oxogenic, estimation of	1345/1346
Strontium, estimation of	1345/1346
Sudan black positive granules, examination of blood film for	1028-1032
Sugar, examination of urine for	1536/1537, 1673-1676
water tests for paroxysmal nocturnal haemoglobinuria	1036-1040
Sweet's method (localisation of foreign body in eye) — X-ray	2730

Service	Item
T	
Tanned erythrocyte haemagglutination test for tissue antibodies	1955-1958
Teeth, X-ray of	-
— full mouth	2589
— single area	2587
Temporomandible joints, X-ray of	2585
Thermography of breasts	2736
Thigh (femur), X-ray of	2524/2528
Thoracic inlet, X-ray of	2634
region, X-ray of	2625-2638
Thoracography	2625/2627
Thorax, X-ray of	2625-2638
Thrombin time, determination of	1244/1246
Thromboplastin generation screening test	1255/1256
time (partial)	1234-1239
Thyroid cancer or hyperthyroidism, therapeutic dose of radio-iodine for,	
by single dose technique	2937
scan	2470
stimulation hormone administration of (procedural service)	1516/1517
stimulation test (procedural service)	1504/1505
uptake test, radio-iodine	2434
Thyrotrophin releasing hormone administration of (procedural service)	1516/1517
stimulation test (procedural service)	1511/1512
Thyroxine, normalised	1434/1435
and (T4) and T3 resin uptake	1441/1442
(T4) or T3 resin uptake	1419/1420
(T4) and T3 resin uptake	1427/1428
Tissue antibodies immunofluorescent detection of	
— qualitative	1911-1914
— qualitative and quantitative	1918/1919
group typing (HLA phenotypes)	2006/2007
Toe, X-ray of	2502/2505
Tolbutamide test (procedural service)	1511/1512
Tomography	2796, 2960-2971
Total lipids, estimation of	1301-1312
Trachea, radiographic examination of	2634
Tract, alimentary, X-ray of	2699-2718
Transfusion, intrauterine foetal blood, control X-ray for	2742
Transketolase, estimation of	1345/1346
Trichomonas, culture for	1609/1610
Triglycerides, estimation of	1301-1312

Service	Item
U	
Upper forearm and elbow, X-ray of	2516/2520
leg and knee, X-ray of	2524-2537
Urate, estimation of	1301-1312
Urea, clearance test (procedural service)	1504/1505
concentration test (procedural service)	1504/1505
estimation of	1301-1312
Urethrography	2690
cysto-micturating	2694
preparation for	2839
Uric acid, estimation of	1301-1312
Urinary, estimation, radio-iodine	2441
tract, X-ray of	2665-2697
preparation for	2825,5851
Urine, acidification test (procedural service)	1511/1512
assay of an antibiotic or chemotherapeutic agent, quantitative	1743/1744
examination for malignant cells	2091/2092
microscopical examination of	1536/1537, 1673-1683
(Division 9)	2342
oestriol	1345/1346
Urobilinogen, examination of urine for	1536/1537, 1673-1676
qualitative estimation of	1319-1323
Uroporphyrin, estimation of	1345/1346
Uterine lipiodol X-ray	2762
preparation for	2841
Uterus, pregnant, X-ray of	2738

Service	Item
V	
Vaginal epithelium, hormonal assessment by cytological examination of	2104/2105,2111/2112
smears, examination for pathological change	2081/2082, 2111/2112
Vasoepididymography	2780
Vasopressin, stimulation test (procedural service)	1504/1505
V.D.R.L. (Venereal Disease Research Laboratory) flocculation tests	1772-1776
Venography, intraosseous, preparation for	2845
Ventriculography, cerebral	2760
preparation for	2811
Vertebral angiography	2758
column and sacrum, scan of	2495
Vesiculography	2780
Vitamin B12, estimation of	1345/1346
Vitamins, unspecified, estimation of	1345/1346

Service	Item
W	
Wet film, microscopical examination	1529/1530
(Division 9)	2352
White cell count	1006-1013
Wrist, and knee, bone age study of	2614,2617
bone age study of	2617
X-ray of	2508/2512

Service	Item
X	
X-ray image intensification services	2800,2802 2502-2802
Xylose, absorption test (procedural service) estimation of	1504 / 1505 1342 / 1343

Service	Item
Z	
Zinc, estimation of	1345/1346
Ziehl Neelsen stain of body fluids	1556/1557

SECTION 3C

List of Acceptable Terms & Abbreviations in Pathology

PART A — Groups of tests which are NOT acceptable.....	3C-1
PART B — Groups of tests which ARE acceptable	3C-1
PART C — Approved abbreviations for common procedural tests	3C-2
PART D — Approved abbreviations for other tests	3C-2—3C-6

A. Groups of tests which are NOT acceptable

Antenatal screen or profile.
 Atherogenic risk screen or profile.
 Basic screen or profile.
 Comprehensive screen or profile.
 Cardiovascular screen or profile.
 Dysproteinaemia screen or profile.
 Executive screen or profile.
 Fatigue screen or profile.
 General screen or profile.
 Hypertension screen or profile.
 Inner ear screen or profile.
 Metabolic screen or profile.
 Obesity screen or profile.
 Ophthalmic screen or profile.
 Renal calculus screen or profile.
 AND similar groupings.

B. Groups of tests which ARE acceptable

Blood Gases — *Items 1364 or 1366 only.*
 Calcium estimation — *deemed to include a request for estimation of albumin.*
 Cardiac Enzymes — *includes only tests chosen from Items 1301-1310.*
 Catecholamine estimation — *deemed to include a request for an estimation of creatinine.*
 Complete Blood Examination (CBE or CBP or FBE or FBC) — *includes only Items chosen from 1006-1015.*
 Cross matching — *deemed to include a request for a screening test for Rh and/or other antibodies (Items 1121/1122).*
 Electrolytes — *includes only tests chosen from Items 1301-1310.*
 Immunoglobulins — *includes only IgG, IgA and IgM.*
 Lipid Studies — *includes only Cholesterol, Triglyceride and Lipid Electrophoresis.*
 Liver Function Studies (LFT) — *includes only tests chosen from Items 1301-1310.*
 Multiple Biochemical Analysis — *includes only tests chosen from Items 1301-1310.*
 Muramidase estimation — *deemed to include a request for estimation for urea or creatinine.*
 Thyroid Hormones — *includes only FTI and/or ETR, with T3 or TSH when indicated.*

NOTE: Medically useful profiles and individual tests from various divisions of Pathology are commonly grouped as renal function studies and antenatal studies etc. When such studies are required the separate acceptable groups or tests need to be separately specified.

C. Approved abbreviations for common procedural tests

Adrenaline Tolerance Test	Adren. T.T.
Arginine Infusion Test	Arg. Inf.
Bromsulphthalein Test	B.S.P.
Carbohydrate Tolerance Test	C.T.T.
Creatinine Clearance Test	Creat. Cl.
Gastric Function Test	Gastric Stim.
Glucagon Stimulation Test	Gluc. Stim.
Glucose Tolerance Test	G.T.T.
Histidine Loaded Figlu Test	Figlu.
Phenosulphthalein Excretion Test	P.S.P. Ex.
T.S.H. Stimulation Test	T.S.H. Stim.
Urea Clearance Test	Urea Cl.
Urea Concentration Test	Urea Conc.
Vasopressin Stimulation Test	Vaso Stim.
Xylose Absorption Test	Xylose Abs.
Tolbutamide Test	Tol. T.T.
Insulin Hypoglycaemic Stimulation Test	Insulin Stim.
Urine Acidification Test	Urine Acid T.

D. Approved abbreviations for other tests

1. HAEMATOLOGY

<i>Name of Test in Schedule</i>	<i>Abbreviation</i>
Haemoglobin Estimation	Hb
Haematocrit, Packed Cell Volume	PCV
Erythrocyte Count	RBC
Leucocyte Count	WBC
Erythrocyte Sedimentation Rate	ESR
Complete Blood Examination	CBE or CBP or FBE or FBC
Neutrophil Alkaline Phosphatase	NAP
Foetal Haemoglobin	HbF
Glucose 6 Phosphate Dehydrogenase	G6PD
Pyruvate Kinase	PK

<i>Name of test in schedule</i>	<i>Abbreviation</i>	<i>Other alternatives abbreviations or names not recommended</i>
<i>Coagulation</i>		
Bleeding Time	BT	
Coagulation Time	CT	
Prothrombin Estimation	PT	
Partial Thromboplastin Time	PTTK	
Fibrin Degeneration Products	FDP	
Thromboplastin Generation Test	TGT	
Antihæmophilic Globulin	AHG	
Thrombin Clotting Time	TCT	
2. CHEMICAL PATHOLOGY		
Acidity	pH	
Acid Phosphatase	ACP	<i>Acid Phos, Acid P'ase</i>
Alanine Aminotransferase	ALT	<i>GPT</i>
Albumin	ALB	
Alcohol (Ethanol)	ETOH	
Alkaline Phosphatase	ALP	<i>Alk Phos, Alk P'ase</i>
Amylase	AMS	
Arsenic	As	
Aspartate Aminotransferase	AST	<i>GOT</i>
Bicarbonate	HCO₃	<i>Bicarb</i>
Bilirubins (Conjugated)	BILI.C.	<i>B'rubin direct</i>
Bilirubins (Total)	BILI.T.	<i>B'rubin total</i>
Bromsulphthalein	BSP	
Calcium	Ca	
Carbamazepine	TEGR	<i>Tegretol</i>
Catecholamines	CAT	<i>Adrenalin, nor adrenalin</i>
Chloride	Cl —	
Cholesterol	CHOL	<i>Cholest</i>
Copper	Cu	
Cortisol	CORT	<i>Hydrocortisone</i>
Creatine Kinase	CK	<i>CPK</i>
Creatinine	CREAT	
Delta ALA (δ-aminolevulinic acid)	ALA	
Digoxin	DIG	
Effective Thyroid Ratio	ETR	
Faecal Fat	FFAT	
Folic Acid	Folate	
Free Thyroxine Index	FTI	
γ-Glutamyltransferase	GGT	<i>GGTP</i>

<i>Name of test in schedule</i>	<i>Abbreviation</i>	<i>Other alternatives abbreviations or names not recommended</i>
CHEMICAL PATHOLOGY (Contd.)		
Globulin	GLOB	
Glucose	GLU	
Gold	Au	
Hydroxybutyrate Dehydrogenase	HBD	<i>α HBD</i>
5HIAA (5 Hydroxyindoleacetic acid)	5HIAA	<i>5 Hydroxyindoles</i>
HMMA (3 Methoxy, 4 Hydroxymandelic acid)	HMMA	<i>VMA, Vanillyl mandelic acid</i>
Iron	Fe	
Iron Binding Capacity	IBC	
Lactate Dehydrogenase	LD	<i>LDH</i>
Lead	Pb	
Lecithin/Sphingomyelin Ratio	L/S	
Lithium	Li	
Magnesium	Mg	
Mercury	Hg	
Multiple Biochemical Analysis	MBA	
Occult Blood	OB	
Oestriol	E3	
Non Pregnancy Oestrogens	OEST	<i>Oestrogens</i>
Oxogenic Steroids	17OGS	<i>17-Ketogenic Steroids, 17KGS</i>
Oxosteroids	17OS	<i>17-Ketosteroids, 17KS</i>
Oxygen Saturation	OSAT	
PBG (Porphobilinogen)	PBG	
PaCO ₂	PCO₂	<i>Arterial CO₂</i>
PaO ₂	PO₂	<i>Arterial Oxygen</i>
Phenytoin	DIL	<i>Dilantin, Diphenyl hydantoin</i>
Phosphate	PHOS	<i>PO₄, Pi</i>
Potassium	K	
Pregnanediol	P-DIOL	
Pregnanetriol	P-TRIOL	
Protein (Total)	PROT	<i>T Prot</i>
Sodium	Na	
Strontium	Sr	
T ₃ Resin Uptake	T₃RU	
Thyroxine	T4	<i>PBI</i>
Triglycerides	TRIG	<i>Triglyc</i>
Tri-iodothyronine	T₃	
UBG (urobilinogen)	UBG	

<i>Name of test in schedule</i>	<i>Abbreviation</i>	<i>Other alternatives abbreviations or names not recommended</i>
CHEMICAL PATHOLOGY (Contd.)		
Urate	Urate	<i>Uric ac, UA</i>
Urea	Urea	
Vitamin B12	B12	<i>Cyanocobalamin</i>
Zinc	Zn	
Follicular Stimulating Hormone	h — FSH	
Luteinizing Hormone	h — LH	
Growth Hormone	h — GH	
Human Placental Lactogen	h — PL	
Chorionic Gonadotrophin	h — CG	
3. MICROBIOLOGY		
(a) Specimen collection:		
i. Swabs—		
Nasal Swab	N/S	
Throat Swab	T/S	
Urethral Swab	Ur/S	
Vaginal Swab	Vg/S	
Cervical Swab	Cx/S	
ii. Urine—		
Catheter Specimen	CSU	
Early Morning Specimen	EMU	
Midstream Specimen	MSU	
Suprapubic Aspirate	SPAU	
(b) Organisms and stains:		
Acid Fast Bacilli	AFB	
Cytomegalovirus	CMV	
Herpes Simplex Virus	HSV	
Tuberculosis	TB	
Ziehl Neilsen Stain	ZN	
Pleuro-pneumonia Like Organism	PPLO	
(c) Investigations:		
Microscopy and Culture	M & C	
Minimum Bacteriocidal Concentration	NBC	
Minimum Inhibitory Concentration	MIC	

Note: Organism identification if required is covered by M & C.

<i>Name of test in schedule</i>	<i>Abbreviation</i>
MICROBIOLOGY (Contd.)	
Venereal Disease —	
Dark Ground Illumination	DGI
Fluorescent Treponemal Antibody	FTA
Fluorescent Treponemal Antibody (absorbed)	FTA — ABS
Gonococcal Complement Fixation Test	GCFT
Lymphogranuloma Venereum	LGV
Reiter Protein Complement Fixation Test	RPCFT
Treponema Pallidum Haemagglutination Test	TPHA
Treponema Pallidum Immobilisation Test	TPI
Venereal Disease Reference Laboratory Test	VDRL
Wasserman Reaction	WR
4. HISTOPATHOLOGY	
Frozen Section	F/S
Cervical Cytology	Pap. Smear
5. IMMUNOLOGY	
Antibody	Ab
Antigen	Ag
Antinuclear Factor	ANF
Antistreptolysin O Titre	ASOT
Australian Antigen (Hepatitis B)	HAb, HBAg and HA _g
C — Reactive Protein	CRP
Complement	C'
Complement Fixation Test	CFT
Haemagglutination	HA
Haemagglutination Inhibition	HAI
Hepatitis Associated Antigen	HAA
Hydatid Complement Fixation Test	HCFT
Immuno-electrophoresis	IEP
Immuno-fluorescent	IF
Immunoglobulin	Ig
Latex Flocculation Test	RA
Lupus Erythematosus	LE
Radio-allergosorbent Test	RAST

SECTION 4A

ADDRESSES of DEPARTMENT OF HEALTH STATE HEADQUARTERS, HEALTH BENEFITS AND SERVICES BRANCHES and PROCESSING CENTRES

COMMONWEALTH DEPARTMENT OF HEALTH ADDRESSES

NEW SOUTH WALES

State Headquarters, Commonwealth Government Centre, Chifley Square, Sydney. 2000	Health Benefits & Services Branch, 220 George Street, Sydney. 2000
Tel. 232-8000	Tel. 20564

VICTORIA

State Headquarters, Commonwealth Government Centre, Cnr. Spring & Latrobe Streets, Melbourne. 3000	Health Benefits & Services Branch, 123 Lonsdale Street, Melbourne. 3000
Tel. 662-2999	Tel. 662-2999

QUEENSLAND

State Headquarters, Commonwealth Government Offices, 232 Adelaide Street, Brisbane. 4000	Health Benefits & Services Branch, Commonwealth Government Centre, 232 Adelaide Street, Brisbane. 4000
Tel. 225-0122	Tel. 225-0122

SOUTH AUSTRALIA

State Headquarters, A.M.P. Building, 1 King William Street, Adelaide. 5000	Health Benefits and Services Branch Commonwealth Department of Health 35-39 King William Road Unley SA 5061
Tel. 216-3911	Tel. 216-3911

WESTERN AUSTRALIA

State Headquarters, Victoria Centre, 2 St. George's Terrace, Perth. 6000	Health Benefits & Services Branch, Victoria Centre, 2 St. George's Terrace, Perth. 6000
Tel. 325-4355	Tel. 325-4355

TASMANIA

State Headquarters, Kirksway House, 2 Kiksway Place, Hobart. 7000	Health Benefits & Services Branch, Kirksway House, 2 Kirksway Place, Hobart. 7000
Tel. 205011	Tel 205011.

AUSTRALIAN CAPITAL TERRITORY

Department of Health, Alexander Building, Furzer Street, Phillip. 2606	Tel. 891555
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NORTHERN TERRITORY

Department of Health, The Esplanade, Darwin. 5790	Tel. 802911
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DEPARTMENT OF HEALTH PROCESSING CENTRES

NEW SOUTH WALES

Liverpool

157-161 George Street,
Liverpool. 2170

Tel. 601-3311
602-3633

Orange

1st Floor,
Orange Arcade,
Summers Street,
Orange. 2800

Tel. 62-5555

Miranda

Lower Floor Level,
524 The Kingsway,
Miranda. 2228

Tel. 525-8000

VICTORIA

Moonee Ponds

641-649 Mt. Alexander Road,
Moonee Ponds. 3039

Tel. 370-1111

QUEENSLAND

Ipswich

24 East Street,
Ipswich. 4305

Tel. 281-7366

SOUTH AUSTRALIA

Unley

35-39 King William Road,
Unley. 5061

Tel 272-5838

WESTERN AUSTRALIA

Perth

Victoria Centre,
2 St. George's Terrace,
Perth. 6000

Tel. 323-0391

SECTION 4B

NAMES AND ADDRESSES of REGISTERED PRIVATE MEDICAL BENEFITS ORGANISATIONS

REGISTERED MEDICAL BENEFITS ORGANISATIONS

The names and addresses of medical benefits organisations registered by the Commonwealth Government for the purposes of payment of medical benefits are listed below. Membership application forms and details of their benefits, rates of contribution and other conditions are obtainable from the organisations themselves.

NEW SOUTH WALES (including AUSTRALIAN CAPITAL TERRITORY)

- A.M.A. (N.S.W.) Health Fund Limited, 33 Atchinson Street, St. Leonards, N.S.W. 2065
 Cessnock District Hospital Contribution Fund, P.O. Box 154, Cessnock, N.S.W. 2325
 Commercial Banking Company Health Society, 343 George Street, Sydney, 2000
 Commonwealth Bank Health Society, Cnr. Pitt Street and Martin Place, Sydney, 2000
 Government Employees Medical and Hospital Club, Lynne House, 85-87 Smith Street Wollongong, 2500
 Grand United Order of Oddfellows Friendly Society of New South Wales, 147-149 Castlereagh Street, Sydney, 2000
 Health Insurance Commission, 9th Floor, Centrepont, Market Street, Sydney, 2000
 Hibernian Australasian Catholic Benefit Society of New South Wales, Hibernian Buildings, 342 Elizabeth Street, Sydney, 2000
 Hospitals Contribution Fund of Australia, 403 George Street, Sydney, 2000
 Independent Order of Odd Fellows in the State of New South Wales, I.O.O.F. Building, 100 Clarence Street, Sydney, 2010
 Independent Order of Rechabites, Salford Unity, Friendly Society, New South Wales District, No. 85, Rechabite Hall, 85 Campbell Street, Surry Hills, 2010
 The Kurri Kurri Maitland Hospital Contribution Fund, P.O. Box 44, Kurri Kurri, N.S.W. 2327
 The Lysaght Hospital & Medical Club, P.O. Box 77, Port Kembla, N.S.W. 2505
 Manchester Unity Independent Order of Oddfellows Friendly Society in New South Wales, Manchester Unity Building, 160 Castlereagh Street, Sydney, 2000
 Medical Benefits Fund of Australia Ltd, 258-262 George Street, Sydney, 2000
 N.I.B. Health Funds Limited, 366 Hunter Street, Newcastle, 2300
 New South Wales Teachers' Federation Health Society, 300 Sussex Street, Sydney, 2000
 N.S.W. Railway and Transport Employees' Hospital Fund, P.O. Box 2, Petersham, 2049
 The Phoenix Welfare Association Limited, c/- P.O. Box 156B, Newcastle, N.S.W. 2300
 Protestant Alliance Friendly Society of Australasia, Grand Council of New South Wales, 243 Elizabeth Street, Sydney, 2000
 Reserve Bank Health Society, c/- Reserve Bank of Australia, 65 Martin Place, Sydney, 2000
 Store Hospital and Medical Fund, Hunter Street, Newcastle West, 2302
 "The Sydney Morning Herald" Hospital Fund, G.P.O. Box 506, Sydney, N.S.W. 2001
 United Ancient Order of Druids, Registered Friendly Society, Grand Lodge of New South Wales, Druids House, 302 Pitt Street, Sydney, 2000
 Western District Medical Benefits Fund, Railway Parade, Lithgow, 2790
 Wollongong Hospital and Medical Benefits Contribution Fund, Crown Street, Wollongong, 2500

VICTORIA

- Ancient Order of Foresters in Victoria, Friendly Society, Friendly Societies House, 55-57 Elizabeth Street, Melbourne, 3000
 Army Health Benefits Society, Chancery House, 485 Bourke Street, Melbourne, 3000
 Australian Natives' Association, 28-32 Elizabeth Street, Melbourne, 3000
 Cheetham Hospital Benefits Fund, P.O. Box 272, Geelong, 3220
 Geelong Medical and Hospital Benefits Association Limited, 60-68 Moorabool Street, Geelong, 3220
 Grand United Hospital Benefit Society (Incorporating The Grand United Order of Oddfellows) in Victoria Friendly Society.

Health Insurance Commission, 29 Ellingworth Parade, Box Hill, 3128
 Hibernian Australasian Catholic Benefit Society Victoria District No. 1, Hibernian House, 289 Latrobe Street, Melbourne, 3000
 Hospital Benefits Association Ltd., H.B.A. House, 620 Bourke Street, Melbourne, 3000
 Independent Order of Odd Fellows of Victoria, 380-384 Russell Street, Melbourne, 3000
 Independent Order of Rechabites, Friendly Society, Victoria District, 518 Elizabeth Street, Melbourne, 3000
 Irish National Foresters' Benefit Society, 11th Floor, 118 Queen Street, Melbourne, 3000
 Latrobe Valley Hospitals and Health Services Association, 32 McDonald Street, Morwell, 3840
 Manchester Unity Independent Order of Odd Fellows in Victoria, Manchester Unity Building, 105 Swanston Street, Melbourne, 3000
 Mildura District Hospital and Medical Fund, 79 Deakin Avenue, Mildura, 3500
 Naval Health Benefits Society, Room 303, Block 'N', Navy Office, Melbourne, 3000.
 Order of the Sons of Temperance National Division, Friendly Society, 130 Little Collins Street, Melbourne, 3000
 Protestant Alliance Friendly Society of Australasia, Grand Council of Victoria, 373 Lonsdale Street, Melbourne, 3000
 United Ancient Order of Druids, Druids House, 407-409 Swanston Street, Melbourne, 3000
 Yallourn Medical and Hospital Society, 34 Darlimurla Avenue, Newborough, 3828

QUEENSLAND

Commonwealth Public Service (Qld) Credit Union Health Benefits Society, C.P.S. Credit Union Centre, 371 Queen Street, Brisbane, 4000
 Grand United Order of Oddfellows Friendly Society, 274 Barry Parade, Fortitude Valley, 4006
 Health Insurance Commission, Lutwyche Road, Lutwyche, 4030
 Independent Order of Rechabites, Queensland District No. 87, Friendly Society, Rechabite House, 57 Edward Street, Brisbane, 4000
 Medical Benefits Fund of Australia Limited, M.B.F. House, 187 Edward Street, Brisbane, 4000
 M.I.M. Employees' Health Society, c/- M.I.M. Holdings Ltd., G.P.O. Box 1433, Brisbane, Qld, 4001
 Professional and Technical Officers Health Society, 349 Queen Street, Brisbane, 4000
 Protestant Alliance Friendly Society of Australasia in Queensland (The Grand Council), 13 Railway Terrace, Milton, 4064
 Queensland Teachers Union Health Society, P.O. Box 265, Fortitude Valley, 4006

SOUTH AUSTRALIA

The Advertiser Provident Society, G.P.O. Box 339, Adelaide, S.A., 5001
 Health Insurance Commission, Sun Alliance House, 45 Grenfell Street, Adelaide, 5000
 Independent Order of Rechabites Friendly Society, South Australian District No. 81, Rechabite Hall, 12 Grote Street, Adelaide, 5000
 Independent Order of Rechabites, Salford Unity (Albert District) No. 83, Rechabite Chambers, 195 Victoria Square, Adelaide, 5000
 Mutual Health Association Ltd., 41 Rundle Street, Adelaide, 5000
 National Health Services Association of South Australia, 10 Dequetteville Terrace, Kent Town, S.A., 5067
 South Australia Police Department Employees' Hospital Fund, c/- Police Headquarters, 1 Angas Street, Adelaide, S.A., 5000
 South Australia Public Service Association Health Benefits Fund, P.S.A. Building, 82 Gilbert Street, Adelaide, S.A., 5000

WESTERN AUSTRALIA

Friendly Societies Health Services, Friendly Societies House, 98 William Street, Perth, 6000
 Goldfields Medical Fund, (Incorporated) P.O. Box 513, Kalgoorlie, W.A. 6430
 Health Insurance Commission, 7th Floor, City Mutual Building, 5 Mill Street, Perth, 6000
 Health Insurance Fund of W.A., 60-62 Stirling Street, Perth, 6000
 Hospital Benefit Fund of Western Australia Inc., H.B.F. House, Cnr. Murray and Pier Streets, Perth, 6000

TASMANIA

Associated Pulp and Paper Makers' Council Medical Benefits Fund, Marine Terrace, Burnie, 7320
 Coats Patons Employees' Medical and Hospital Benefit Association, Thistle Street, Launceston, 7250
 Druids Friendly Society of Tasmania, Druid House, 71 St. John Street, Launceston, 7250
 Health Insurance Commission, 77 Collins Street, Hobart, 7000
 Medical Benefits Fund of Australia Limited, 29 Elizabeth Street, Hobart, 7000
 Queenstown Medical Union Ancillary Medical Benefits Fund, Cutten Street, Queenstown, 7467
 Rosebery Hospital and Medical Benefits Society, Agnes Street, Rosebery, 7470
 St. Luke's Medical and Hospital Benefit Association, 3 The Quadrant, Launceston, 7250