

National Health

No. 44 of 1966

An Act to amend the *National Health Act 1953–1965* in relation to Pensioners, Special Account Contributors and Decimal Currency.

[Assented to 18 October, 1966]

BE it enacted by the Queen's Most Excellent Majesty, the Senate, and the House of Representatives of the Commonwealth of Australia, as follows:—

Short title and citation.

1.—(1.) This Act may be cited as the *National Health Act 1966*.

(2.) The *National Health Act 1953–1965** is in this Act referred to as the Principal Act.

(3.) The Principal Act, as amended by this Act, may be cited as the *National Health Act 1953–1966*.

Commencement.

2. Subject to this Act, this Act shall come into operation on the day on which it receives the Royal Assent.

Interpretation.

3.—(1.) Section 4 of the Principal Act is amended by omitting the definition of “pensioner” in sub-section (1.) and inserting in its stead the following definition:—

“‘pensioner’ means—

(a) a person to whom or in respect of whom there is being paid an age pension, an invalid pension or a widow's pension under the *Social Services Act 1947–1966*, other than such a person to whom or in respect of whom such a pension would not be payable if any amendments of that Act, not being an amendment of a rate of pension specified in that Act, made after the commencement of the *Social Services Act 1966* had not been made;

* Act No. 95, 1953, as amended by No. 68, 1955; Nos. 55 and 95, 1956; No. 92, 1957; No. 68, 1958; No. 72, 1959; No. 16, 1961; No. 82, 1962; No. 77, 1963; No. 37, 1964; and Nos. 100 and 146, 1965.

- (b) a person to whom or in respect of whom there is being paid a service pension under the *Repatriation Act* 1920–1966, other than such a person to whom or in respect of whom such a pension would not be payable if any amendments of that Act, not being an amendment of a rate of pension specified in that Act, made after the commencement of the *Repatriation Act* 1966 had not been made; and
- (c) a person to whom or in respect of whom there is being paid an allowance under the *Tuberculosis Act* 1948;”.

(2.) The amendment made by the last preceding sub-section shall be deemed to have come into operation on the date of commencement of the *Social Services Act* 1966.

4. Section 22 of the Principal Act is amended by omitting the words “, as affected by the *Currency Act* 1965,”.

Payment to be made to the next multiple of Five cents.

5.—(1.) Section 54 of the Principal Act is amended by omitting from sub-section (1.) the words “One pound sixteen shillings” and inserting in their stead the words “Five dollars”.

Pensioners.

(2.) The amendment made by the last preceding sub-section applies to Commonwealth benefit payable in respect of any day after the thirty-first day of December, One thousand nine hundred and sixty-six.

6.—(1.) Section 66 of the Principal Act is amended by omitting from paragraph (b) of the definition of “standard rate benefit” in sub-section (1.) the words “Sixteen shillings” and inserting in their stead the words “Three dollars”.

Interpretation.

(2.) The amendment made by the last preceding sub-section applies in respect of hospital treatment rendered after the thirty-first day of December, One thousand nine hundred and sixty-six.

7. The Schedule to the Principal Act is repealed and the Schedule set out in the First Schedule to this Act inserted in its stead.

The Schedule.

8. The Principal Act is amended as set out in the Second Schedule to this Act.

Amendments in relation to decimal currency.

THE SCHEDULES

FIRST SCHEDULE

Section 7.

" THE SCHEDULE

Section 14.

MEDICAL SERVICES IN RESPECT OF WHICH COMMONWEALTH BENEFITS ARE PAYABLE

Item No.	Medical Service	Commonwealth Benefit
Part 1.—Professional Attendances not Covered by an Item in any other Part of this Schedule		
		\$
1.	Professional attendance by a medical practitioner other than a specialist in the practice of his specialty—each attendance ..	0.80
2.	Professional attendance by a specialist in the practice of his specialty where patient is referred by another medical practitioner—for the first attendance ..	2.50
3.	Professional attendance by a specialist in the practice of his specialty where patient is referred by another medical practitioner—for each attendance subsequent to the first during a single course of treatment ..	1.20
4.	Professional attendance by a specialist in the practice of his specialty where patient is not referred by another medical practitioner—each attendance ..	0.80
Part 2.—Midwifery		
DIVISION 1.—GENERAL		
9.	Antenatal care (not including any service or services covered by item 12, 18, 19, 21 or 22 in this Schedule), where attendances do not exceed ten—each attendance ..	0.80
10.	Antenatal care (not including any service or services covered by item 12, 18, 19, 21 or 22 in this Schedule), where attendances exceed ten ..	8.00
11.	Confinement and postnatal care for nine days (not including any service or services covered by item 12, 20, 21, 23, 24 or 25 in this Schedule), where the medical practitioner has not given the antenatal care ..	10.00
12.	Antenatal care, confinement and postnatal care for nine days (not including any service or services covered by Division 2 of this Part) ..	15.00
13.	Caesarean section and postnatal care for nine days ..	25.00
DIVISION 2.—SPECIAL SERVICES		
18.	Pre-eclampsia, eclampsia or antepartum haemorrhage, treatment of—each attendance ..	0.80
19.	Threatened abortion, threatened miscarriage or hyperemesis gravidarum, requiring admission to hospital, treatment of—each attendance ..	0.80
20.	Postpartum haemorrhage requiring special procedures such as packing, treatment of ..	4.00
21.	Surgical induction of labour ..	4.00
22.	Version, external or internal, under anaesthesia ..	4.00
23.	Third degree tear, repair of ..	7.00
24.	Evacuation by manual removal of the products of conception such as retained foetus, placenta, membranes or mole ..	5.00
25.	Decapitation, craniotomy, cleidotomy or evisceration of foetus or any two or more of those services ..	15.00

FIRST SCHEDULE—continued

THE SCHEDULE—continued

Item No.	Medical Service	Commonwealth Benefit
Part 3.—Anaesthetics		
DIVISION 1.—ANAESTHETICS OTHER THAN GASEOUS ANAESTHETICS		
		3
30.	Administration of an anaesthetic in connexion with a professional service or a series or combination of professional services for which the Commonwealth benefit payable does not exceed \$8.00 and where an anaesthetic referred to in Division 2 of this Part is not given	2.00
31.	Administration of an anaesthetic in connexion with a professional service or a series or combination of professional services for which the Commonwealth benefit payable exceeds \$8.00 but does not exceed \$18.00 and where an anaesthetic referred to in Division 2 of this Part is not given	3.00
32.	Administration of an anaesthetic in connexion with a professional service or a series or combination of professional services for which the Commonwealth benefit payable exceeds \$18.00 but does not exceed \$30.00 and where an anaesthetic referred to in Division 2 of this Part is not given	4.00
33.	Administration of an anaesthetic in connexion with a professional service or a series or combination of professional services for which the Commonwealth benefit payable exceeds \$30.00 but does not exceed \$40.00 and where an anaesthetic referred to in Division 2 of this Part is not given	5.00
34.	Administration of an anaesthetic in connexion with a professional service or a series or combination of professional services for which the Commonwealth benefit payable exceeds \$40.00 and where an anaesthetic referred to in Division 2 of this Part is not given	6.00
38.	Administration of an anaesthetic in association with an anaesthetic referred to in Division 2 of this Part	1.00
DIVISION 2.—GASEOUS ANAESTHETICS		
39.	Administration of an anaesthetic in connexion with a professional service or a series or combination of professional services for which the Commonwealth benefit payable does not exceed \$8.00	3.00
40.	Administration of an anaesthetic in connexion with a professional service or a series or combination of professional services for which the Commonwealth benefit payable exceeds \$8.00 but does not exceed \$18.00	4.00
41.	Administration of an anaesthetic in connexion with a professional service or a series or combination of professional services for which the Commonwealth benefit payable exceeds \$18.00 but does not exceed \$30.00	6.00
42.	Administration of an anaesthetic in connexion with a professional service or a series or combination of professional services for which the Commonwealth benefit payable exceeds \$30.00 but does not exceed \$40.00	8.00
43.	Administration of an anaesthetic in connexion with a professional service or a series or combination of professional services for which the Commonwealth benefit payable exceeds \$40.00	10.00
DIVISION 3.—DENTAL ANAESTHETICS		
47.	Administration by a medical practitioner of an anaesthetic, other than an endotracheal anaesthetic, in connexion with a dental operation	2.00
48.	Administration by a medical practitioner of an endotracheal anaesthetic in connexion with a dental operation	4.00

FIRST SCHEDULE—continued

THE SCHEDULE—continued

Item No.	Medical Service	Commonwealth Benefit
Part 4.—Regional Nerve Block or Field Block		
		\$
50.	Abdominal or similar major field block; brachial plexus; caudal; cervical plexus; epidural (peridural); paravertebral (thoracic and lumbar); pudendal; sacral; spinal	6.00
Part 5.—Assistance in Administration of an Anaesthetic		
53.	Assistance in the administration of an anaesthetic in connexion with a professional service or a series or combination of professional services for which the Commonwealth benefit payable is not less than \$50.00	2.50
Part 6.—Miscellaneous Procedures		
60.	Electrocardiography, phonocardiography, stethography or ballistocardiography	2.00
61.	Continuous electrocardiographic monitoring during anaesthesia	3.00
62.	Intracardiac pressure recording at operation	10.00
63.	Echoencephalography or echography	4.00
64.	Electroencephalography, not covered by item 63, 65 or 66 in this Schedule	6.00
65.	Electroencephalography, temporosphenoidal	9.00
66.	Electrocorticography	11.00
67.	Electroconvulsive therapy—each attendance at which treatment is given	3.00
68.	Electromyography—involving estimation of nerve conduction times or stimulating response recording	4.00
69.	Electromyography—involving sampling of muscle activity—each attendance at which procedure is performed	2.00
70.	Tonography, in the management of glaucoma	3.00
71.	Audiography	2.00
72.	Test of ear, or tests of ears on the same occasion, for integrity of static labyrinth	3.00
73.	Bronchspirometry, including gas analysis	10.00
74.	Estimation of respiratory function by spirometer or other simple techniques—each attendance at which one or more tests are carried out	4.00
75.	Estimation of respiratory function requiring complicated techniques—each attendance at which one or more tests are carried out	8.00
76.	Perfusion of limb or organ using heart-lung machine or equivalent	30.00
77.	Whole body perfusion, cardiac by-pass, using heart-lung machine or equivalent	40.00
78.	Dialysis involving use of artificial kidney	30.00
79.	Dialysis, peritoneal, for acute renal failure	7.00
80.	Induced controlled hypothermia—total body	7.00
81.	Intragastric freezing	6.00
82.	Intragastric cooling (for a minimum of eight hours)	12.00
83.	Fluids, intravenous or subcutaneous infusion of—percutaneous	2.00
84.	Fluids, intravenous or subcutaneous infusion of—by open exposure	3.00
85.	Intravenous infusion of a substance incorporating a cytotoxic agent	4.00
86.	Intraarterial infusion of a substance incorporating a cytotoxic agent, preparation for	5.00
87.	Blood transfusion, including collection from donor	6.00
88.	Blood transfusion, using pooled blood or blood already collected	4.00
89.	Blood transfusion with venesection and complete replacement of blood, including collection from donor	8.00
90.	Blood transfusion with venesection and complete replacement of blood, using pooled blood or blood already collected	6.00

FIRST SCHEDULE—continued

THE SCHEDULE—continued

Item No.	Medical Service	Common-wealth Benefit
Part 6.—Miscellaneous Procedures—continued		
		\$
91.	Blood for purposes of transfusion, collection of	3.00
92.	Venesection, not covered by item 89 or 90 in this Schedule—each attendance at which venesection is performed	1.00
93.	Blood specimen for pathological test, intravenous collection of	0.80
94.	Blood for pathological test, collection of by arterial puncture	2.00
95.	Hormone or living tissue implantation—by incision	3.00
96.	Hormone or living tissue implantation—by cannula	2.00
Part 7.—Pathological Services		
DIVISION 1.—PATHOLOGICAL SERVICES IN RELATION TO BLOOD		
101.	Haemoglobin estimation (where patient is referred by another medical practitioner)	0.80
102.	Red cell count	0.80
103.	White cell count	0.80
104.	Examination of blood film for abnormal red cells	0.80
105.	Red cell count and estimation of haemoglobin	1.00
106.	Red cell count and examination of blood film	1.00
107.	White cell count and differential leucocyte count	1.00
108.	Haemoglobin estimation and examination of blood film	1.00
109.	Red cell count, white cell count, estimation of haemoglobin and examination of blood film	2.00
110.	Platelet or reticulocyte count	1.00
111.	Wet eosinophil count	1.00
112.	Estimation of coagulation time	0.80
113.	Estimation of bleeding time	0.80
114.	Estimation of blood sedimentation rate (where patient is referred by another medical practitioner)	1.00
115.	Haematocrit estimation	1.00
116.	Recalcified plasma clotting time	2.00
117.	Determination of fragility of red blood cells	3.00
118.	Estimation of prothrombin time	2.00
119.	Qualitative test for cryoglobulin	1.00
120.	Clot retraction (quantitative test)	2.00
121.	Prothrombin consumption test	3.00
122.	Two-stage prothrombin estimation	3.00
123.	Thrombin generation test	3.00
124.	Thromboplastin generation screening test	3.00
125.	Thromboplastin generation test (full)	5.00
126.	Platelet function test	3.00
127.	Assay of antihaemophilic globulin or other blood coagulation factors—quantitative	6.00
128.	Estimation of red cell survival or life (radio-active technique)	10.00
129.	Blood grouping A.B.O.	0.80
130.	Compatibility testing—for each bottle tested up to five bottles	1.00
131.	Compatibility testing—where more than five bottles are tested	5.00
132.	M.N. or Rh typing	1.00
133.	Examination of blood serum for Anti-Rh or other blood group antibodies	2.00
134.	Determination and titration of cold agglutinins in blood	1.00
135.	Determination of anti-streptolysin titre or Rose-Waaler test	2.00
136.	Examination of blood for malarial, filarial or other parasites	1.00
137.	Examination of blood for lupus erythematosus cells	2.00
138.	Determination of Paul-Bunnell reaction	1.50
139.	Blood culture	2.00

FIRST SCHEDULE—*continued*THE SCHEDULE—*continued*

Item No.	Medical Service	Common-wealth Benefit
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Part 7.—Pathological Services—*continued*DIVISION 1.—PATHOLOGICAL SERVICES IN RELATION TO BLOOD—*continued*

	\$
140. Blood sugar estimation—initial or repeated	2.00
141. Glucose tolerance or tolbutamide (blood glucose response) test ..	4.00
142. Xylose absorption test	4.00
143. Congo red test for amyloids	6.00
144. Estimation of alcohol, urea, chlorides, creatinine, cholesterol, phosphatase or similar substance—one substance	2.00
145. Estimation of any two substances referred to in the last preceding item	4.00
146. Estimation of any three substances referred to in item 144 in this Schedule	6.00
147. Estimation of any four substances referred to in item 144 in this Schedule	8.00
148. Estimation of any five or more substances referred to in item 144 in this Schedule	10.00
149. Estimation of total protein (by gravimetric methods)	1.00
150. Estimation of lead	4.00
151. Examination of specimen obtained by sternal puncture or biopsy ..	3.00
152. Blood volume (dye method)	3.00
153. Estimation of blood volume—radio-active method	4.00
154. Cytological sex determination from blood film	2.00
155. Estimation of iron binding capacity	2.00
156. Estimation of mean diameter of red blood cells	2.00
157. Van den Bergh reaction—qualitative test	1.00
158. Van den Bergh reaction—quantitative test	2.00
159. Spectroscopic tests for blood and blood derivatives	2.00
160. Estimation of carbon dioxide combining power	2.00
161. Estimation by electrophoresis of serum protein, haemoglobin or similar substances	3.00
162. Protein bound iodine test	5.00
163. Thyroglobulin antibody estimation	2.00
164. Estimation of Vitamin B12 in serum or plasma	3.00
165. Radio-iodine uptake test or radio-active Vitamin B12 absorption test	4.00
166. Radio-active thyroidal clearance test	3.00
167. Radio-isotope scan	2.00
168. Radio-active protein bound iodine estimation	4.00
169. Coombs' test (direct)	1.00
170. Coombs' test (indirect)	2.00
171. Coombs' titration test	3.00

DIVISION 2.—PATHOLOGICAL SERVICES IN RELATION TO URINE

180. General examination for reaction, specific gravity, blood, albumin, Bence-Jones protein and sugar, with microscopical examination of centrifuged deposit with or without qualitative tests for urobilin, acetone, indican or bile pigment (where patient is referred by another medical practitioner)	1.00
181. Microscopical examination of centrifuged deposit (where patient is referred by another medical practitioner)	0.80
182. Microscopical and cultural examination for micro-organisms	2.00
183. Urinary white cell excretion test	2.00
184. Quantitative chemical estimation of sugar, albumin, urea, phosphates or similar substances—one substance	2.00

FIRST SCHEDULE—continued

THE SCHEDULE—continued

Item No.	Medical Service	Commonwealth Benefit
Part 7.—Pathological Services—continued		
DIVISION 2.—PATHOLOGICAL SERVICES IN RELATION TO URINE—continued		
		\$
185.	Quantitative chemical estimation of any two substances referred to in the last preceding item	4.00
186.	Quantitative chemical estimation of any three or more substances referred to in item 184 in this Schedule	6.00
187.	Quantitative test for presence of any pigment or substance not covered by any other item in this Part	2.00
188.	Urea concentration or clearance test	3.00
189.	Water elimination or Mosenthal kidney function or Diagnox blue test	1.50
190.	Protamine sulphate titration	1.00
191.	Pressor amine test	4.00
192.	Estimation of lead or urinary steroids, thallium or porphyrins	4.00
193.	Assay of ascorbic acid excretion	2.00
DIVISION 3.—PATHOLOGICAL SERVICES IN RELATION TO PUS, EXUDATIONS AND OTHER MORBID FLUIDS		
201.	Microscopical examination of smear for cellular content and micro-organisms	0.80
202.	Cultural examination for, and identification of, aerobic micro-organisms	1.00
203.	Cultural examination for, and identification of, <i>Cl. tetani</i> and other anaerobes	2.00
204.	Microscopical and cultural examination and animal inoculation in connexion with the pathological examination of pus, exudations and other morbid fluids	5.00
205.	Microscopical examination of vaginal and cervical discharge	0.80
206.	Microscopical and cultural examination of vaginal discharge	1.00
207.	Examination of vaginal discharge for <i>T. vaginalis</i>	0.80
208.	Serological typing of streptococci including <i>Str. pneumoniae</i>	2.00
209.	Serological grouping (Lancefield) of streptococci	2.00
DIVISION 4.—SEROLOGICAL TESTS		
216.	Agglutination test, including agglutination test for enteric fever or Brucella infection—each antigen	0.80
217.	Flocculation tests for syphilis, including Kline, Kahn, Eagle and similar tests—each test	0.80
218.	Complement fixation test for syphilis (qualitative or quantitative)	2.00
219.	Complement fixation test for gonorrhoea or hydatid	2.00
220.	Latex flocculation test for rheumatoid arthritis or other conditons—each test	0.80
221.	Complement fixation test for toxoplasmosis	2.00
222.	Methylene blue dye test for toxoplasmosis	2.00
223.	Complement fixation test to detect antibodies to other bacterial, viral or fungal infections or parasitic infestations not covered by any other item in this Part	2.00
224.	Haemagglutination or haemagglutination-inhibition test for the diagnosis of virus infection	2.00
DIVISION 5.—PATHOLOGICAL SERVICES IN RELATION TO FAECES		
231.	Microscopical examination for pus cells	0.80
232.	Microscopical examination for helminthic infestation, worms and ova (all or any of them)	1.00

FIRST SCHEDULE—*continued*THE SCHEDULE—*continued*

Item No.	Medical Service	Common-wealth Benefit
Part 7.—Pathological Services—<i>continued</i>		
DIVISION 5.—PATHOLOGICAL SERVICES IN RELATION TO FAECES—<i>continued</i>		
		\$
233.	Microscopical examination for amoebae, flagellates, vegetative forms and cysts (all or any of them)	1.00
234.	Chemical examination, including chemical examination for occult blood or urobilin	0.80
235.	Estimation of lead or fat	4.00
236.	Cultural examination for <i>S. typhi</i> , dysentery bacilli or other intestinal pathogens, without full fermentation reaction or serological or other investigation for purpose of identification	1.00
237.	Cultural examination for <i>S. typhi</i> , dysentery bacilli or other intestinal pathogens, with full fermentation reaction or serological or other investigation for purpose of identification	3.00
DIVISION 6.—SKIN SENSITIVITY TESTS		
244.	Skin sensitivity tests for allergens, including skin sensitivity tests for hay fever, asthma and other allergic conditions—up to ten reagents or injections	1.00
245.	Skin sensitivity tests for allergens, including skin sensitivity tests for hay fever, asthma and other allergic conditions—eleven or more reagents or injections	2.00
246.	Determination of Casoni reaction for hydatid infestation	1.00
247.	Determination of Von Pirquet, Mantoux or Vollmer patch reaction	1.00
248.	Determination of Schick or Frei antigen reaction	1.00
DIVISION 7.—AUTOGENOUS VACCINES		
253.	Preparation of autogenous vaccines	2.00
DIVISION 8.—EXAMINATIONS FOR SPECIAL PATHOGENS		
256.	Dark ground examination for <i>T. pallidum</i>	2.00
<i>Examination for Actinomyces</i>		
259.	Microscopical examination	0.80
260.	Microscopical examination with culture aerobic and anaerobic	2.00
261.	Microscopical examination with culture aerobic and anaerobic with animal inoculation	6.00
<i>Examination for Anthrax Bacilli</i>		
265.	Microscopical examination	0.80
266.	Microscopical examination with cultural examination	2.00
267.	Microscopical examination with cultural examination and animal inoculation	6.00
<i>Examination for Diphtheria Bacilli</i>		
271.	Microscopical examination of smear	0.80
272.	Microscopical examination, cultural examination and biochemical reaction	1.00
273.	Microscopical examination, cultural examination, biochemical reaction and virulence test	6.00
274.	Microscopical examination, cultural examination, biochemical reaction, virulence test and typing of strains	7.00

FIRST SCHEDULE—*continued*THE SCHEDULE—*continued*

Item No.	Medical Service	Common-wealth Benefit
Part 7.—Pathological Services—<i>continued</i>		
DIVISION 8.—EXAMINATIONS FOR SPECIAL PATHOGENS—<i>continued</i>		
<i>Examination for Mycobacterium Tuberculosis</i>		
		\$
277.	Microscopical examination	0.80
278.	Microscopical examination with cultural examination	3.00
279.	Microscopical examination with cultural examination and animal inoculation	6.00
DIVISION 9.—CALCULI, FAECAL CONCRETIONS AND GALLSTONES		
282.	Qualitative examination of calculi, faecal concretions or gallstones	1.00
DIVISION 10.—PATHOLOGICAL SERVICES IN RELATION TO GASTRIC CONTENTS AND VOMITUS		
284.	General chemical and microscopical examination	1.00
285.	Fractional meal test with analysis	4.00
286.	Chemical examination for metallic poisons—qualitative	1.00
287.	Chemical examination for metallic poisons—quantitative	3.00
DIVISION 11.—PATHOLOGICAL SERVICES IN RELATION TO HAIR AND SKIN		
290.	Microscopical examination, including examination for fungi	1.00
291.	Microscopical examination with culture	2.00
292.	Microscopical examination with culture and animal inoculation	6.00
293.	Chemical examination of hair for metallic poisons—qualitative	1.00
DIVISION 12.—PATHOLOGICAL SERVICES IN RELATION TO CEREBROSPINAL FLUID		
296.	Cytological examination	0.80
297.	Chemical examination	1.00
298.	Cytological and chemical examination	2.00
299.	Cytological examination, chemical examination and bacteriological examination, including culture	3.00
300.	Cytological examination, chemical examination and bacteriological examination, including culture with animal inoculation	6.00
301.	Lange colloidal gold reaction	2.00
302.	Flocculation tests for syphilis, including Kline, Kahn, Eagle and similar tests—each test	0.80
303.	Wassermann reaction	2.00
DIVISION 13.—PATHOLOGICAL SERVICES IN RELATION TO SPUTUM		
307.	General microscopical examination	0.80
308.	General microscopical examination with cultural examination	2.00
DIVISION 14.—PATHOLOGICAL SERVICES IN RELATION TO MORBID ANATOMY		
310.	Histopathological examination of biopsy specimens—each specimen	4.00
311.	Cytological examination, including examination for cancer cells of pleural fluid, peritoneal fluid, bronchial or cervical exudates or urine	3.00

FIRST SCHEDULE—continued

THE SCHEDULE—continued

Item No.	Medical Service	Common-wealth Benefit
Part 7.—Pathological Services—continued		
DIVISION 15.—MISCELLANEOUS TESTS		
		\$
315.	Chemical estimation of body fluids not covered by any other item in this Part	2.00
316.	Estimation of basal metabolic rate	3.00
317.	Pregnancy tests, or tests for chorionic cancer, using rabbits, mice or rats	3.00
318.	Pregnancy tests, or tests for chorionic cancer, using toads	2.00
319.	Pregnancy tests, or tests for chorionic cancer, using immuno-chemical methods	1.00
322.	Appraisal of semen or Huhner's test	2.00
323.	Quantitative assay of chorionic gonadotrophin	4.00
324.	Chemical analysis of human milk	2.00
325.	Liver function test	2.00
DIVISION 16.—INVESTIGATION OF ANTIBIOTICS AND CHEMOTHERAPEUTIC AGENTS		
330.	Chromatographic examination of serum, urine or other body fluids	2.00
331.	Sensitivity tests of micro-organisms to antibiotics and chemotherapeutic agents	2.00
332.	Assay of concentration of antibiotics and chemotherapeutic agents in body fluids	2.00
Part 8.—Radiological Services		
DIVISION 1.—RADIOGRAPHIC EXAMINATION OF EXTREMITIES AND REPORT		
401.	Digits or phalanges—all or any of either hand or either foot	2.00
402.	Hand, wrist, forearm, elbow or arm (elbow to shoulder)	2.00
403.	Hand, wrist and lower forearm; upper forearm and elbow; or elbow and arm (elbow to shoulder)	3.00
404.	Foot, ankle, lower leg, upper leg, knee or thigh (femur)	3.00
405.	Foot, ankle and lower leg; or upper leg and knee	3.00
DIVISION 2.—RADIOGRAPHIC EXAMINATION OF SHOULDER OR HIP JOINT AND REPORT		
410.	Shoulder region including clavicle and scapula	3.00
411.	Hip joint	3.00
412.	Pelvic girdle	3.00
413.	Smith-Petersen nail—insertion or similar procedure	6.00
DIVISION 3.—RADIOGRAPHIC EXAMINATION OF HEAD AND REPORT		
417.	Skull, sinuses or mastoids	4.00
418.	Maxilla or orbit, or both	4.00
419.	Mandible, malar bones or salivary calculus	4.00
420.	Nose or eye	2.00
421.	Larynx	2.00
DIVISION 4.—RADIOGRAPHIC EXAMINATION OF SPINE AND REPORT		
426.	Spine—any one region	4.00
427.	Spine—two regions	5.00
428.	Spine—full	7.00
429.	Hemiskelton (bone age study)	4.00

FIRST SCHEDULE—*continued*THE SCHEDULE—*continued*

Item No.	Medical Service	Commonwealth Benefit
Part 8.—Radiological Services—<i>continued</i>		
DIVISION 5.—RADIOGRAPHIC EXAMINATION OF THORACIC REGION AND REPORT		
		\$
440.	Chest (lung fields) by direct radiography	3.00
441.	Chest (lung fields) by direct radiography with fluoroscopic screening	4.00
442.	Chest, by miniature radiography	0.80
443.	Pleura	3.00
444.	Orthodiagraphy	3.00
445.	Teleoroentgenography with cardiac measurements	3.00
446.	Cardiac examination (including barium swallow)	4.00
447.	Cardiac measurements and kymography	4.00
448.	Sternum or one or more ribs of any one side	3.00
449.	One or more ribs of both sides	4.00
DIVISION 6.—RADIOGRAPHIC EXAMINATION OF URINARY TRACT AND REPORT		
460.	Plain renal only	3.00
461.	Intravenous pyelography, including preliminary plain film	7.00
462.	Retrograde pyelography	3.00
463.	Cystography, urethrography or vesiculography, as an independent procedure	4.00
464.	Perirenal insufflation	3.00
DIVISION 7.—RADIOGRAPHIC EXAMINATION OF ALIMENTARY TRACT AND BILIARY SYSTEM (WITH OR WITHOUT FLUOROSCOPY) AND REPORT		
470.	Oesophagus, with or without examination for foreign body or barium swallow	3.00
471.	Barium or other opaque meal of oesophagus, stomach and duodenum, with or without screening of chest	5.00
472.	Plain abdominal only	3.00
473.	Barium or other opaque meal of oesophagus, stomach, duodenum and follow through to colon, with or without screening of chest	6.00
474.	Barium or other opaque meal, small bowel series only	4.00
475.	Barium or other opaque meal, appendix only	3.00
476.	Opaque enema	5.00
477.	Opaque enema, including air contrast study (two stages)	7.00
478.	Graham's test (cholecystography)	5.00
479.	Cholangiography direct, operative or post-operative	5.00
480.	Cholangiography—intravenous	6.00
DIVISION 8.—RADIOGRAPHIC EXAMINATION FOR LOCALIZATION OF FOREIGN BODIES AND REPORT		
485.	Foreign body in eye (special method, Sweet's or other)	3.00
486.	Foreign body, localization of and report, not covered by any other item in this Part—the amount of Commonwealth benefit payable for the radiographic examination of the area and report, plus	1.00
DIVISION 9.—RADIOGRAPHIC EXAMINATION OF BREASTS AND REPORT		
490.	Radiographic examination of breast or breasts and report	3.00
DIVISION 10.—RADIOGRAPHIC EXAMINATION IN CONNEXION WITH PREGNANCY AND REPORT		
494.	Pregnant uterus	3.00
495.	Pelvimetry or placentography	5.00

FIRST SCHEDULE—continued

THE SCHEDULE—continued

Item No.	Medical Service	Commonwealth Benefit
Part 8.—Radiological Services—continued		
DIVISION 11.—RADIOGRAPHIC EXAMINATION WITH OPAQUE OR CONTRAST MEDIA, AND REPORT		
<i>Not including any service covered by Division 16 of this Part</i>		
		\$
500.	Serial angiocardiology (rapid cassette changing)	8.00
501.	Serial angiocardiology (single plane—direct roll-film method) ..	10.00
502.	Serial angiocardiology (bi-plane—direct roll-film method) ..	10.00
503.	Serial angiocardiology (indirect roll-film method)	10.00
504.	Discography	5.00
505.	Intraosseous venography	3.00
506.	Dacryocystography	3.00
507.	Mycelography, encephalography, cerebral angiography or ventriculography	6.00
508.	Hysterosalpingography	3.00
509.	Bronchography, arteriography, phlebography, aortography or splenography	5.00
510.	Sialography or vasoepididymography	3.00
511.	Sinuses and fistulae—the amount of Commonwealth benefit payable for the radiographic examination of the area and report, plus	1.00
512.	Pneumarthrography—the amount of Commonwealth benefit payable for the radiographic examination of the area and report, plus	1.00
513.	Pneumoperitoneum	3.00
DIVISION 12.—TOMOGRAPHY AND REPORT		
517.	Tomography of any part and report	5.00
DIVISION 13.—STEREOSCOPIC EXAMINATION AND REPORT		
520.	Stereoscopic examination and report—the amount of Commonwealth benefit payable for the radiographic examination of the area and report, plus	2.00
DIVISION 14.—FLUOROSCOPIC EXAMINATION (WHERE RADIOGRAPH IS NOT TAKEN) AND REPORT		
<i>Not including any service covered by any other item in this Part</i>		
524.	Examination with general anaesthesia	3.00
525.	Examination without general anaesthesia	2.00
DIVISION 15.—RADIOTHERAPY		
530.	Radiotherapy, superficial, (including treatment by means of X-rays, radium rays or other radio-active substances) not covered by any other item in this Part—each attendance at which treatment is given	2.00
531.	Radiotherapy, other than superficial, orthovoltage therapy or megavoltage therapy (including treatment by means of X-rays, radium rays or other radio-active substances) not covered by any other item in this Part—each attendance at which treatment is given ..	3.00
<i>Implantation of Radio-active Substances for Tumour</i>		
534.	Lip	7.00
535.	Mouth or tongue or both	12.00
536.	Bladder	25.00
537.	Prostate	20.00
538.	Cervix or corpus uteri	12.00
539.	Globe	20.00
540.	Retina	20.00
541.	Any region or organ not referred to in a preceding item under this heading the implantation of which requires a major anaesthetic ..	12.00
542.	Any region or organ referred to in the last preceding item the implantation of which does not require a major anaesthetic ..	6.00

FIRST SCHEDULE—continued

THE SCHEDULE—continued

Item No.	Medical Service	Commonwealth Benefit
Part 8.—Radiological Services—continued		
DIVISION 15.—RADIOTHERAPY—continued		
<i>Application of Moulds of Radio-active Substances</i>		\$
546.	Alveolus, palate or antrum	12.00
547.	Scar following radical mastectomy	6.00
548.	Hand or other skin area or mucous membrane	6.00
<i>Injection of Radio-active Substances</i>		
550.	Intracavitary administration of radio-active substances	5.00
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		
554.	Discography	3.00
555.	Intraosseous venography	3.00
556.	Myelography	4.00
557.	Encephalography	10.00
558.	Cerebral angiography—percutaneous	10.00
559.	Cerebral angiography—open exposure	12.00
560.	Cerebral ventriculography	15.00
561.	Bronchography	3.00
562.	Aortography	10.00
563.	Arteriography—peripheral, phlebography or splenography	3.00
564.	Sinus or fistula, injection into	1.00
565.	Perirenal insufflation	3.00
566.	Pneumarthrography or pneumoperitoneum	2.00
567.	Pyelography, cholecystography or similar procedure by intravenous injection	2.00
568.	Retrograde pyelography, including cystoscopy with ureteric catheterization	10.00
569.	Dacryocystography	3.00
570.	Hysterosalpingography	4.00
Part 9.—Assistance at Operations		
585.	Assistance at any operation or series or combination of operations for which the Commonwealth benefit payable does not exceed \$8.00	2.00
586.	Assistance at any operation or series or combination of operations for which the Commonwealth benefit payable exceeds \$8.00 but does not exceed \$18.00	3.00
587.	Assistance at any operation or series or combination of operations for which the Commonwealth benefit payable exceeds \$18.00 but does not exceed \$30.00	5.00
588.	Assistance at any operation or series or combination of operations for which the Commonwealth benefit payable exceeds \$30.00 but does not exceed \$40.00	7.00
589.	Assistance at any operation or series or combination of operations for which the Commonwealth benefit payable exceeds \$40.00	9.00
Part 10.—Operations		
DIVISION 1.—GENERAL SURGICAL		
600.	Biopsy of skin or mucous membrane, as an independent procedure	3.00
601.	Biopsy of lymph gland, muscle or other deep tissue or organ, as an independent procedure	5.00
602.	Biopsy (burr-hole), sternal	5.00
603.	Scalene node biopsy	7.00
604.	Bursa (large), including olecranon, calcanean or patellar, excision of	10.00
605.	Bursa, incision of	2.00

FIRST SCHEDULE—*continued*THE SCHEDULE—*continued*

Item No.	Medical Service	Common-wealth Benefit
Part 10.—Operations—<i>continued</i>		
DIVISION 1.—GENERAL SURGICAL—<i>continued</i>		\$
606.	Dressing of localized burns (not involving grafting)—each attendance at which the procedure is performed	1.00
607.	Dressing of burns, extensive, without anaesthesia (not involving grafting)—each attendance at which the procedure is performed	2.00
608.	Dressing of localized burns under general anaesthesia (not involving grafting)—each attendance at which the procedure is performed	4.00
609.	Dressing of burns, extensive, under general anaesthesia (not involving grafting)—each attendance at which the procedure is performed	7.00
610.	Superficial foreign body, removal of, not covered by any other item in this Part	0.80
611.	Subcutaneous foreign body, removal of, not covered by any other item in this Part	3.00
612.	Foreign body in muscle, tendon or other deep tissue, removal of, not covered by any other item in this Part	10.00
613.	Ganglion or small bursa, excision of	5.00
614.	Haematoma, aspiration of	1.00
615.	Haematoma, furuncle, small abscess or similar lesion not requiring a general anaesthetic, incision with drainage of	1.00
616.	Large haematoma, abscess, carbuncle, cellulitis or similar lesion requiring a general anaesthetic, incision with drainage of	5.00
617.	Bone tumour, innocent, excision of, not covered by any other item in this Part	20.00
618.	Keratoses, warts or similar lesions, electrosurgical destruction or chemotherapy of—each attendance at which the procedure is performed	2.00
619.	Plantar wart, simple removal of	3.00
620.	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	3.00
621.	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	5.00
622.	Skin and subcutaneous tissue or mucous membrane, repair of recent wound of, on face or neck, small (not more than 7 centimetres long), superficial	5.00
623.	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	8.00
624.	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	5.00
625.	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	8.00
626.	Skin and subcutaneous tissue or mucous membrane, repair of recent wound of, on face or neck, large (more than 7 centimetres long), superficial	8.00
627.	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	12.00
628.	Cut throat, repair of, involving vessels or nerves, or both	15.00
629.	Cut throat, repair of, involving vessels and nerves and oesophagus or trachea	30.00
631.	Sinus, excision of, involving superficial tissues only	3.00
632.	Sinus, excision of, involving muscle and deep tissue	8.00

FIRST SCHEDULE—continued

THE SCHEDULE—continued

Item No.	Medical Service	Common-wealth Benefit
Part 10.—Operations—continued		
DIVISION 1.—GENERAL SURGICAL—continued		\$
634.	Tumour, cyst or scar, removal of cutaneous, subcutaneous or in mucous membrane, up to 3 centimetres in diameter ..	3.00
635.	Tumour, cyst or scar, removal of cutaneous, subcutaneous or in mucous membrane, more than 3 centimetres in diameter ..	5.00
636.	Tumour, cyst or scar, removal of, not covered by any other item in this Part, involving deeper tissue ..	7.00
637.	Tumour or deep cyst, removal of, not covered by any other item in this Part, requiring wide excision ..	20.00
638.	Tumours, malignant, operation for, not covered by any other item in this Part, requiring wide excision and dissection of glands or involving muscle, bone or viscera ..	40.00
639.	Muscle, excision of (limited) ..	5.00
640.	Muscle, excision of (extensive) ..	15.00
641.	Tongue or part of tongue, excision of ..	40.00
642.	Tongue tie, repair of ..	2.00
644.	Styloid process of temporal bone, removal of ..	20.00
645.	Parotid gland, total extirpation of ..	40.00
646.	Parotid gland, removal of tumour from ..	15.00
647.	Parotid gland, superficial lobectomy or removal of tumour from, with exposure of facial nerve ..	35.00
648.	Sublingual or submandibular gland, extirpation of ..	15.00
649.	Salivary gland, incision of, or transoral ligation of salivary duct ..	3.00
651.	Salivary gland, removal of calculus from ..	12.00
652.	Salivary gland, dilatation or diathermy of duct ..	3.00
653.	Salivary gland, removal of calculus from duct ..	7.00
654.	Salivary gland, repair of cutaneous fistula of ..	6.00
656.	Diverticulum of pharynx or larynx, excision of ..	30.00
658.	Cervical oesophagostomy ..	20.00
660.	Thyroglossal cyst or fistula, removal of ..	20.00
665.	Neck, malignant tumour of, removal of ..	40.00
666.	Thymectomy ..	60.00
667.	Branchial cyst or branchial fistula, removal of ..	25.00
668.	Cystic hygroma, removal of ..	30.00
669.	Ranula, removal of ..	10.00
671.	Thyroidectomy, total, or removal of parathyroid tumour ..	40.00
672.	Thyroidectomy, sub-total ..	35.00
673.	Thyroid, excision of localized tumour of ..	20.00
677.	Gastrectomy, partial or complete ..	50.00
678.	Partial gastrectomy and gastro-jejunostomy ..	50.00
679.	Stomach, reconstruction of, by bowel transplant ..	60.00
680.	Perforated peptic ulcer, suture of ..	25.00
681.	Gastrostomy ..	20.00
682.	Gastro-enterostomy or entero-colostomy ..	30.00
683.	Vagotomy ..	30.00
684.	Gastroscoy ..	10.00
685.	Lipectomy for abdominal apron or similar condition ..	25.00
688.	Appendicectomy ..	20.00
689.	Drainage of appendiceal abscess, or for ruptured appendix or for peritonitis with or without appendicectomy ..	20.00
690.	Laparotomy (exploratory) where no other procedure is performed ..	20.00
691.	Laparotomy involving operation on abdominal viscera, not covered by any other item in this Part ..	25.00
692.	Enterostomy or colostomy ..	20.00
693.	Enterostomy or colostomy, closure or plastic repair of ..	15.00
694.	Intussusception, reduction of, by fluid ..	10.00
695.	Intussusception, laparotomy and reduction of ..	25.00
696.	Intussusception, laparotomy and resection of ..	40.00
697.	Volvulus, reduction of ..	25.00

FIRST SCHEDULE—*continued*THE SCHEDULE—*continued*

Item No.	Medical Service	Commonwealth Benefit
Part 10.—Operations—<i>continued</i>		
DIVISION 1.—GENERAL SURGICAL—<i>continued</i>		\$
698.	Peritoneal adhesions, separation of, where no other procedure is performed	25.00
699.	Paracentesis abdominis	2.00
700.	Caecostomy	20.00
701.	Bowel, anastomosis of	40.00
702.	Meckel's diverticulum, removal of	25.00
703.	Bowel or viscera, resection of	40.00
706.	Ruptured viscus (including liver, spleen, bowel), repair or removal of	30.00
707.	Abdomino-perineal resection	60.00
708.	Entero-enterostomy	30.00
709.	Small bowel intubation with biopsy	10.00
710.	Small bowel intubation—as a separate procedure	5.00
713.	Subphrenic abscess, drainage of	20.00
714.	Retroperitoneal tumour, removal of	40.00
715.	Retroperitoneal abscess, drainage of	20.00
716.	Peritoneoscopy	6.00
719.	Full thickness rectal biopsy	7.00
720.	Rectum, radical operation for prolapse of, perineal approach	25.00
721.	Rectum, radical operation for prolapse of, involving laparotomy	35.00
722.	Rectum, anterior resection of, involving rectosigmoidectomy, not covered by item 707 or 1506 in this Schedule	50.00
723.	Anal prolapse—circum-anal suture	7.00
724.	Anal stricture, repair of	15.00
725.	Sigmoidoscopic examination	3.00
728.	Faecal fistula, repair of	20.00
729.	Recto-vesical fistula, repair of	30.00
730.	Haemorrhoids, removal, ligation or cauterization of	12.00
731.	Haemorrhoids, incision of	4.00
732.	Haemorrhoids, injection into—each attendance at which an injection is given	1.00
733.	Fistula in ano, subcutaneous, excision of	12.00
734.	Fistula in ano, excision of (involving incision of external sphincter)	20.00
735.	Ischio-rectal abscess, incision of	5.00
736.	Fissure in ano, excision of	5.00
737.	Anus, dilatation of, as an independent procedure	2.00
738.	Disimpaction of faeces under anaesthesia	5.00
739.	Rectal polyp, removal of	5.00
744.	Liver tumour, removal of, other than by biopsy	30.00
745.	Liver, massive resection of, or lobectomy	60.00
746.	Liver abscess, abdominal drainage of	20.00
747.	Liver abscess, transpleural drainage of	30.00
748.	Hydatid of liver, peritoneum or viscus, operation for	30.00
751.	Cholecystectomy	30.00
752.	Cholecystostomy	25.00
753.	Choledochotomy (with or without cholecystectomy)	40.00
754.	Reconstruction of bile duct including choledochoduodenostomy, cholecystoduodenostomy, choledochocenterostomy, choledochogastrostomy, cholecystogastrostomy or cholecystenterostomy	50.00
756.	Reconstruction of hepatic duct including anastomosis with gall bladder or intestine	50.00
759.	Pancreas, partial excision of	60.00
760.	Pancreas, drainage of	20.00
763.	Splenectomy	30.00
764.	Umbilical hernia, repair of, in person under ten years of age	15.00
765.	Umbilical hernia, repair of, in person ten years of age or over	20.00
770.	Ventral, incisional, lumbar or recurrent hernia, repair of	25.00
771.	Femoral or inguinal hernia (not being ventral, incisional, lumbar or recurrent), repair of	20.00

FIRST SCHEDULE—*continued*THE SCHEDULE—*continued*

Item No.	Medical Service	Common-wealth Benefit
Part 10.—Operations—<i>continued</i>		
DIVISION 1.—GENERAL SURGICAL—<i>continued</i>		\$
772.	Diaphragmatic hernia, repair of	40.00
775.	Hydrocele, tapping of	2.00
776.	Hydrocele, removal of	15.00
777.	Orchidectomy (simple)	12.00
778.	Varicocele, removal of	15.00
780.	Undescended testis, transplantation of, with associated hernial repair	25.00
781.	Secondary detachment of testis from thigh	5.00
782.	Circumcision of person under four weeks of age	2.00
783.	Circumcision of person under ten years of age but not less than four weeks of age	4.00
784.	Circumcision of person ten years of age or over	7.00
787.	Paraphimosis, reduction of, under anaesthesia, with or without dorsal incision	3.00
790.	Coccyx, excision of	12.00
791.	Pilonidal cyst or sinus, excision of	15.00
793.	Tuberculous or neoplastic glands of neck, groin or axilla, limited excision of	20.00
794.	Tuberculous or neoplastic glands of neck, groin or axilla, radical excision of	30.00
797.	Simple mastectomy	20.00
798.	Breast, excision of cyst, fibro adenoma or other local lesion or segmental resection for any other reason	10.00
799.	Breast, radical amputation of	40.00
<i>Blood Vessels</i>		
803.	Vein or small artery, ligation of	2.00
804.	Medium artery, ligation of	7.00
805.	Saphenous vein, high ligation of	10.00
806.	Great vessel (including carotid, jugular, subclavian, axillary, iliac or femoral vessel), ligation of	20.00
807.	Varicose veins, excision or ligation of, not covered by any other item in this Part	7.00
808.	Varicose veins, excision of, with high ligation of long saphenous vein	17.00
809.	Varicose veins, excision of, with ligation of short saphenous vein	10.00
810.	Varicose veins, excision of, with ligation of long and short saphenous veins	20.00
811.	Varicose veins, sub-fascial ligation of	12.00
812.	Varicose veins, injection into—each attendance at which an injection is given	1.00
815.	Embolus, removal of, from artery of neck or extremities	30.00
816.	Embolus, removal of, from artery of trunk	40.00
819.	Arterial graft	60.00
820.	Repositioning of internal carotid artery	30.00
821.	Arterial anastomosis	60.00
822.	Carotid body or carotid body tumour, removal of, without arterial anastomosis	20.00
<i>Operations for Acute Osteomyelitis</i>		
825.	Operation on terminal phalanx of finger or toe	3.00
826.	Operation on phalanx other than terminal, metacarpus or metatarsus—one bone	7.00
827.	Operation on sternum, clavicle, rib, ulna, radius, carpus, tibia, fibula, tarsus, mandible or maxilla (other than alveolar margins)—one bone	12.00
828.	Operation on humerus or femur—one bone	17.00
829.	Operation on skull	15.00
830.	Operation on spine or pelvic bones—one bone	20.00

FIRST SCHEDULE—continued

THE SCHEDULE—continued

Item No.	Medical Service	Common-wealth Benefit
Part 10.—Operations—continued		
DIVISION 1.—GENERAL SURGICAL—continued		
<i>Operations for Chronic Osteomyelitis</i>		\$
835.	Operation on nasal bones	7.00
836.	Operation on scapula, sternum, clavicle, rib, ulna, radius, metacarpus, carpus, phalanx, tibia, fibula, metatarsus, tarsus, mandible or maxilla (other than alveolar margins)—one bone	15.00
837.	Operation on humerus or femur—one bone	20.00
838.	Operation on spine or pelvic bones—one bone	30.00
839.	Operation on skull	25.00
840.	Operation on any combination of bones referred to in item 836 in this Schedule	20.00
841.	Operation on any combination of bones not covered by the last preceding item	30.00
DIVISION 2.—AMPUTATION OR DISARTICULATION OF LIMB		
850.	One finger or thumb	6.00
851.	Additional finger or thumb—each	2.00
852.	Through metacarpals	15.00
853.	Hand, forearm or through arm	17.00
854.	At shoulder	30.00
855.	One toe or great toe	5.00
856.	Additional toe or great toe—each	2.00
857.	Foot	20.00
858.	Through leg or at knee	25.00
859.	Through thigh	30.00
860.	At hip	40.00
861.	Interscapulothoracic	60.00
862.	Hindquarter	60.00
DIVISION 3.—EAR, NOSE AND THROAT		
870.	Aural polyp, removal of	5.00
871.	Abscess or inflammation of middle ear, operation for	3.00
872.	Mastoidectomy (cortical)	25.00
873.	Mastoidectomy (radical or modified radical)	40.00
874.	Mastoidectomy for decompression of facial nerve	40.00
875.	Labyrinthotomy or destruction of labyrinth	50.00
876.	Ear, removal of foreign body in, otherwise than by simple syringing	5.00
877.	Fenestration operation—each ear	60.00
878.	Venous graft to fenestration cavity	25.00
879.	Stapedectomy	60.00
880.	Stapes mobilization	40.00
881.	Tympanoplasty	40.00
882.	External auditory meatus, removal of exostoses in	40.00
883.	Middle ear, exploration of	25.00
884.	Middle ear, insertion of tube for drainage of	10.00
885.	Perforation of tympanum, cauterization or diathermy of	3.00
886.	Cholesteatoma, removal of, by suction ear toilet	8.00
891.	Nose, removal of foreign body in, other than by simple probing	20.00
892.	Nasal polyp or polypi (simple), removal of	3.00
893.	Nasal polyp or polypi (requiring admission to hospital), removal of	7.00
894.	Nasal septum, resection of	17.00
895.	Cauterization or diathermy of septum or turbinates or pharynx—any one or more—each attendance at which the procedure is performed	2.00
896.	Turbineotomy or dislocation of turbinate	5.00

FIRST SCHEDULE—*continued*THE SCHEDULE—*continued*

Item No.	Medical Service	Common-wealth Benefit
Part 10.—Operations—<i>continued</i>		
DIVISION 3.—EAR, NOSE AND THROAT—<i>continued</i>		\$
897.	Turbينات, submucous resection of	12.00
898.	Maxillary antrum, proof puncture and lavage of	2.00
899.	Maxillary antrum, lavage of—each attendance	1.00
900.	Antrostomy (radical)	25.00
901.	Antrostomy (radical) with transantral ethmoidectomy	35.00
902.	Antrum, intranasal operation on, or removal of foreign body from	12.00
903.	Antrum, drainage of, through tooth socket	6.00
904.	Oro-antral fistula, plastic closure of	25.00
905.	Frontal sinus, external operation on	30.00
906.	Frontal sinus or ethmoid sinuses, intranasal operation on	15.00
907.	Frontal sinus, catheterization of	2.00
908.	Ethmoid sinuses, external operation on	35.00
909.	Sphenoid sinus, proof puncture of	3.00
910.	Sphenoid sinus, intranasal operation on	15.00
911.	Trans-sphenoidal hypophysectomy	40.00
912.	Eustachian tube, catheterization of	2.00
920.	Division of pharyngeal adhesions	6.00
921.	Nasopharyngeal tumour, operation for removal of, involving hard palate	30.00
922.	Pharyngoplasty	35.00
923.	Pharyngeal pouch, removal of	30.00
924.	Pharyngotomy (lateral)	35.00
930.	Tonsils or tonsils and adenoids, removal of, in a person aged less than twelve years	7.00
931.	Tonsils or tonsils and adenoids, removal of, in a person twelve years of age or over	10.00
932.	Adenoids, removal of	4.00
933.	Lingual tonsil or lateral pharyngeal bands, removal of	5.00
934.	Peritonsillar abscess (quinsy), incision of	3.00
935.	Uvulotomy	2.00
939.	Vallecular or pharyngeal cysts, removal of	20.00
940.	Oesophagoscopy	12.00
941.	Oesophagoscopy with biopsy	17.00
942.	Oesophagus, removal of foreign body in	20.00
943.	Insertion of Souttar's tubes or dilatation of oesophagus—first dilatation	15.00
944.	Insertion of Souttar's tubes or dilatation of oesophagus—subsequent dilatation	10.00
950.	Laryngectomy (total)	50.00
951.	Larynx, direct examination of, as an independent procedure	5.00
952.	Larynx, direct examination of, with biopsy	7.00
953.	Larynx, direct examination of, with removal of tumour	12.00
954.	Larynx, fractured, operation for	30.00
955.	Larynx, external operation on, or laryngofissure	30.00
960.	Arytenoid cartilages, fixation of	40.00
961.	Arytenoid cartilage, removal of	35.00
965.	Tracheotomy	12.00
966.	Trachea, removal of foreign body in	10.00
968.	Bronchoscopy, as an independent procedure	10.00
969.	Bronchoscopy, with biopsy	15.00
970.	Bronchus, removal of foreign body in	20.00
DIVISION 4.—UROLOGICAL		
980.	Adrenal gland, biopsy of	30.00
981.	Adrenal gland, removal of	40.00
982.	Nephrectomy for malignant disease	40.00
986.	Nephrectomy (complete or partial) other than for malignant condition	30.00

FIRST SCHEDULE—continued

THE SCHEDULE—continued

Item No.	Medical Service	Commonwealth Benefit
Part 10.—Operations—continued		
DIVISION 4.—UROLOGICAL—continued		\$
987.	Nephrolithotomy, pyelolithotomy or ureterolithotomy	35.00
988.	Nephrostomy	25.00
989.	Nephropexy, as an independent procedure	20.00
990.	Pyonephrosis, drainage of	20.00
991.	Perinephric abscess, drainage of	20.00
995.	Pelvi-ureteric junction, plastic procedures to	40.00
996.	Divided ureter, repair of	35.00
997.	Ureter, transplantation of, into skin	30.00
998.	Ureter, transplantation of, into bladder	35.00
999.	Ureter, transplantation of, into intestine	40.00
1000.	Ureter, transplantation of, into isolated intestinal loop	50.00
<i>Operations on the Bladder (Closed)</i>		
1005.	Bladder, catheterization of—where no other surgical procedure is performed	2.00
1006.	Cystoscopy	7.00
1007.	Cystoscopy, with ureteric catheterization, with or without introduction of opaque medium	10.00
1008.	Cystometrography	4.00
1009.	Cystoscopic removal of foreign body	12.00
1010.	Cystoscopy, with biopsy of bladder tumours	12.00
1011.	Cystoscopy, with diathermy or resection of bladder tumours	20.00
1012.	Cystoscopy, with ureteric meatotomy	15.00
1013.	Cystoscopy, with diathermy of ureteric orifices	15.00
1014.	Cystoscopy, with endoscopic bladder neck resection	25.00
1015.	Cystoscopy, with endoscopic removal or manipulation of ureteric calculus	15.00
1016.	Litholapaxy, with or without cystoscopy	20.00
<i>Operations on the Bladder (Open)</i>		
1020.	Bladder, repair of rupture of	30.00
1021.	Cystostomy or cystotomy, suprapubic	15.00
1022.	Bladder, partial excision or plastic repair of	40.00
1023.	Bladder, excision of, with ureteric transplantation	60.00
1024.	Bladder neck contracture, operation for	30.00
1025.	Bladder tumours, suprapubic diathermy of	30.00
1026.	Diverticulum of bladder, excision or obliteration of	40.00
1027.	Vesical fistula, cutaneous, operation for	20.00
<i>Operations on the Prostate</i>		
1032.	Prostatectomy (suprapubic, perineal or retropubic)	50.00
1033.	Prostatectomy (endoscopic)	30.00
1034.	Median bar, endoscopic resection of	25.00
1035.	Prostate, total excision of	60.00
1036.	Prostate, biopsy of (perineal or endoscopic)	15.00
1037.	Prostatic abscess, retropubic drainage of	15.00
<i>Operations on Urethra, Penis or Scrotum</i>		
1042.	Urethral sounds, passage of	3.00
1043.	Urethral stricture, dilatation of	3.00
1044.	Urethra, repair of rupture of	30.00
1045.	Urethral fistula, closure of	10.00
1046.	Urethroscopy with removal of stone or foreign body	8.00
1047.	Urinary meatotomy	5.00
1048.	Urethrotomy with excision of stricture	30.00
1049.	Urethrotomy, perineal (external), as an independent procedure	15.00

FIRST SCHEDULE—continued

THE SCHEDULE—continued

Item No.	Medical Service	Common-wealth Benefit
Part 10.—Operations—continued		
DIVISION 4.—UROLOGICAL—continued		
<i>Operations on Urethra, Penis or Scrotum—continued</i>		\$
1050.	Urethrotomy (internal)	17.00
1051.	Urethroplasty not covered by any other item in this Part ..	25.00
1052.	Urethral stricture, plastic repair of	25.00
1053.	Hypospadias, correction of chordee	17.00
1054.	Hypospadias, urethral reconstruction for	30.00
1055.	Hypospadias, secondary correction of	12.00
1056.	Epispadias, repair of, not involving sphincter	30.00
1057.	Epispadias, repair of, including bladder neck closure ..	40.00
1058.	Urethra, diathermy of	12.00
1059.	Penis, partial amputation of	20.00
1060.	Penis, complete or radical amputation of	35.00
1061.	Penis, amputation of, with excision of glands	50.00
1062.	Scrotum, partial excision of	15.00
<i>Operations on Testes, Vasa or Seminal Vesicles</i>		
1070.	Orchidectomy, with excision of retroperitoneal glands or seminal vesicles	50.00
1071.	Orchidoplasty	20.00
1072.	Epididymectomy	17.00
1073.	Vasoepididymostomy	25.00
1074.	Vasectomy (simple)	10.00
1075.	Vasectomy (radical) including seminal vesicles	35.00
1076.	Vasotomy or vasectomy (bilateral)	15.00
1077.	Testicular biopsy	7.00
1078.	Spermatocele, excision of	12.00
DIVISION 5.—GYNAECOLOGICAL		
1085.	Bartholin's cyst, excision of	7.00
1086.	Bartholin's abscess, incision of	3.00
1087.	Skene's duct, incision of, or removal of calculus from ..	5.00
1088.	Urethra or urethral caruncle, cauterization of	5.00
1089.	Urethral caruncle, excision of	10.00
1090.	Clitoris, amputation of	10.00
1091.	Vulvectomy (simple)	20.00
1092.	Vulvectomy (radical)	50.00
1093.	Pelvic lymph glands, excision of (radical)	40.00
1094.	Colpotomy or colporrhaphy, not covered by any other item in this Part	7.00
1095.	Hymenectomy	5.00
1096.	Plastic repair to enlarge vaginal orifice	10.00
1097.	Vagina, dilatation of, as an independent procedure—each attendance at which dilatation is performed	1.00
1098.	Gynaecological examination under anaesthesia not performed in association with any service covered by any other item in this Part ..	2.00
1099.	Simple tumour of vagina or vulva, removal of	5.00
1100.	Vagina, complete removal of	40.00
1101.	Vaginal reconstruction in congenital absence or gynaetresia ..	40.00
1102.	Cystocele or rectocele, repair of, not covered by item 1103 or 1104 in this Schedule	20.00
1103.	Cystocele and rectocele, repair of, not covered by the next succeeding item	25.00
1104.	Colpoplasty, Donald-Fothergill or Manchester operation (operation for genital prolapse)	30.00
1105.	Urethrocele, operation for	10.00
1106.	Fistula between genital and urinary or alimentary tracts, repair of ..	40.00
1107.	Stress incontinence, sling operation for, as an independent procedure ..	35.00

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FIRST SCHEDULE—continued

THE SCHEDULE—continued

Item No.	Medical Service	Common-wealth Benefit
Part 10.—Operations—continued		
DIVISION 5.—GYNAECOLOGICAL—continued		
		\$
1108.	Cervix, amputation or repair of, not covered by item 1104 in this Schedule	10.00
1109.	Cervix, cauterization, ionization or diathermy of	3.00
1110.	Cervix, removal of polyp from	4.00
1111.	Cervix, cone biopsy of	10.00
1112.	Cervix, dilatation of, not covered by the next succeeding item	4.00
1113.	Uterus, curettage of, with or without dilatation	5.00
1114.	Examination of the uterine cervix by a magnifying colposcope of the Hinselmann type or similar instrument	4.00
1115.	Cervix, purse string ligation of, for threatened miscarriage	5.00
1116.	Hysterectomy (other than vaginal)—subtotal	25.00
1117.	Hysterectomy (other than vaginal)—total	30.00
1118.	Hysterectomy and dissection of pelvic glands	50.00
1119.	Hysterotomy	15.00
1120.	Vaginal hysterectomy (with or without plastic repair operation)	35.00
1121.	Ectopic gestation, removal of	20.00
1122.	Myomectomy	25.00
1123.	Round ligaments, shortening of	20.00
1124.	Bicornuate uterus, plastic reconstruction for	16.00
1125.	Uterus, suspension or fixation of	20.00
1126.	Oophorectomy, salpingectomy, salpingo-oophorectomy or ligation of Fallopian tubes, not associated with hysterectomy	20.00
1127.	Ovarian, parovarian, fimbrial or broad ligament cyst, excision of, not covered by any other item in this Part	20.00
1128.	Salpingostomy or salpingolysis, or both	25.00
1129.	Fallopian tubes, implantation of, into uterus	25.00
1130.	Pelvic abscess, suprapubic drainage of	15.00
1131.	Rubin test for patency	4.00
DIVISION 6.—OPHTHALMOLOGICAL		
1150.	Eye, enucleation of	17.00
1151.	Eye, enucleation of, and insertion of ball	25.00
1152.	Globe, evisceration of	20.00
1153.	Orbit, exenteration of	35.00
1154.	Perforating wound of globe, repair of	30.00
1155.	Intraocular foreign body, removal of	40.00
1156.	Abscess (intraorbital), drainage of	5.00
1157.	Tarsal cyst, extirpation of	3.00
1158.	Tarsal cartilage, excision of	12.00
1159.	Canthoplasty or tarsorrhaphy	12.00
1160.	Lacrimal sac, excision of, or operation on	15.00
1161.	Dacryocystorrhinostomy	30.00
1162.	Lacrimal canaliculum, reconstruction of	30.00
1163.	Lacrimal passages, probing or dilatation of, for obstruction	3.00
1164.	Conjunctival peritomy	6.00
1165.	Trachoma, crushing operation for	7.00
1166.	Cornea or sclera, removal of superficial foreign body from	1.00
1167.	Cornea or sclera, removal of foreign body, involving deeper layers	4.00
1168.	Cornea, tattooing of	12.00
1169.	Keratoplasty, superficial	50.00
1170.	Cornea, transplantation of, including collection of implant	60.00
1171.	Pterygium or pinguecula, removal of	12.00
1172.	Lens extraction (including initial and subsequent needlings)	40.00
1173.	Insertion of artificial lens	30.00
1174.	Cataract, juvenile, removal of, including subsequent needlings	40.00
1175.	Secondary cataract, needling of—each stage	10.00

FIRST SCHEDULE—*continued*THE SCHEDULE—*continued*

Item No.	Medical Service	Common-wealth Benefit
Part 10.—Operations—<i>continued</i>		
DIVISION 6.—OPHTHALMOLOGICAL—<i>continued</i>		
		\$
1176.	Paracentesis in relation to eye	15.00
1177.	Glaucoma, filtering and allied operations for	40.00
1178.	Iridectomy or iridotomy	30.00
1179.	Cyclodiathermy	15.00
1180.	Detached retina, diathermy, operation for	50.00
1181.	Detached retina, resection or buckling operation for	60.00
1182.	Detached retina, light coagulation for	20.00
1183.	Retrolbulbar transillumination	5.00
1184.	Retrolbulbar injection of alcohol	5.00
1185.	Squint, operation for	20.00
1186.	Suprachoroidal implantation of ocular muscle	20.00
DIVISION 7.—THORACIC		
1200.	Thoracic cavity, aspiration or paracentesis of, or both	2.00
1201.	Empyema, intercostal drainage of, not involving resection of rib	6.00
1202.	Empyema, radical operation for, involving resection of rib	20.00
1203.	Thoracotomy without pneumolysis	25.00
1204.	Thoracotomy with pneumolysis	30.00
1205.	Thoracotomy with pulmonary decortication	40.00
1206.	Thoracoplasty (complete)	50.00
1207.	Thoracoplasty (in stages)—each stage	25.00
1208.	Thoracoscopy	10.00
1209.	Thoracoscopy with division of pleural adhesions	17.00
1210.	Thoracic duct cannulization	6.00
1211.	Phrenic avulsion or crush	7.00
1212.	Hydatid cysts of lungs, removal of	35.00
1213.	Pericardium, drainage of by open operation	30.00
1214.	Pneumonectomy or lobectomy	60.00
1215.	Oesophagectomy or operation for atresia of oesophagus	60.00
1216.	Oesophagus, reconstruction of, or replacement by bowel transplant	60.00
1217.	Artificial pneumothorax—induction	3.00
1218.	Artificial pneumothorax—each filling subsequent to induction	2.00
1219.	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	60.00
1220.	Bronchoscopy with left atrial puncture	20.00
1221.	Left ventricular puncture	17.00
1222.	Blood dye—dilution indicator test	6.00
1223.	Cardiac catheterization with or without fluoroscopy	10.00
1224.	Cardiac catheterization with oximetry	17.00
1225.	Implantation of cardiac pacemaker—extrathoracic	10.00
DIVISION 8.—NEURO-SURGICAL		
1250.	Local infiltration around nerve or in muscle with alcohol, novocaine or similar preparation—each attendance at which an injection is given	1.00
1251.	Nerve trunk, primary suture of	17.00
1252.	Cutaneous nerve, primary suture of	7.00
1253.	Nerve, graft or anastomosis of	30.00
1254.	Nerve trunk, secondary suture of	20.00
1255.	Nerve, transposition of	12.00
1256.	Neurectomy, neurotomy, or removal of tumour from peripheral nerve	10.00

FIRST SCHEDULE—*continued*THE SCHEDULE—*continued*

Item No.	Medical Service	Common-wealth Benefit
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Part 10.—Operations—*continued*DIVISION 8.—NEURO-SURGICAL—*continued*

	\$
1257. Neurectomy, periarterial	30.00
1258. Neurectomy, intracranial or radical as in tic douloureux	40.00
1259. Injection of intracranial ganglion, or primary branch of trigeminal nerve, with alcohol or similar substance	15.00
1260. Sympathectomy (cervical, lumbar, thoracic, sacral or presacral)	30.00
1261. Sympathetic trunk, injection into	6.00
1262. Neurolysis by open operation	12.00
1263. Fracture of skull, depressed or comminuted, operation for	30.00
1264. Complicated fracture or fractures of skull, operation for	40.00
1265. Reconstructive cranioplasty	50.00
1266. Chronic subdural haematoma, operation for	40.00
1267. Craniotomy, involving osteoplastic flap	40.00
1268. Intracranial haemorrhage, burr-hole craniotomy for	15.00
1269. Aneurysm, intracranial, operation for	60.00
1270. Craniotomy and tumour removal	60.00
1271. Intracranial cyst, needling and drainage of	15.00
1272. Craniotomy, burr-hole	12.00
1273. Transfrontal orbitotomy for tumours or other lesions	50.00
1274. Intracranial infection, drainage of	30.00
1275. Intracranial abscess, excision of	60.00
1276. Leucotomy or lobotomy for psychiatric causes	40.00
1277. Hemispherectomy	60.00
1278. Temporal lobectomy	50.00
1279. Laminectomy for cordotomy, removal of tumour or of intervertebral disc	40.00
1280. Lumbar puncture	2.00
1281. Cisternal puncture	4.00
1282. Ventricular puncture	12.00
1283. Spinal or epidural injection for neurological diagnosis or for therapeutic reasons	3.00
1284. Chemopallidectomy, or other stereotatic procedure	50.00

DIVISION 9.—TREATMENT OF DISLOCATIONS

Dislocations not requiring Open Operation

1301. Mandible—first or second dislocation	2.00
1302. Mandible—third or subsequent dislocation	1.00
1303. Clavicle	6.00
1304. Shoulder—first or second dislocation	5.00
1305. Shoulder—third or subsequent dislocation—requiring anaesthesia	5.00
1306. Shoulder—third or subsequent dislocation—not requiring anaesthesia	2.00
1307. Elbow	6.00
1308. Carpal bone	4.00
1309. Carpus on radius and ulna	10.00
1310. Finger	2.00
1311. Metacarpo-phalangeal joint of thumb	5.00
1312. Hip	15.00
1313. Knee	12.00
1314. Patella	4.00
1315. Ankle	7.00
1316. Toe	2.00
1317. Tarsus or tarsal bone	5.00
1318. Spine (cervical), without fracture	15.00
1319. Spine (lumbar), without fracture	15.00

FIRST SCHEDULE—*continued*THE SCHEDULE—*continued*

Item No.	Medical Service	Common-wealth Benefit
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Part 10.—Operations—*continued*DIVISION 9.—TREATMENT OF DISLOCATIONS—*continued*

Dislocations requiring Open Operation

1320. Treatment of a dislocation requiring open operation, being a dislocation referred to in an item under the last preceding heading—
 (a) the amount specified in the item plus one-half of that amount; or
 (b) Sixty dollars,
 whichever is the less

DIVISION 10.—TREATMENT OF FRACTURES

Simple and Uncomplicated Fractures not requiring Open Operation (not including any service covered by item 1377, 1378 or 1379 in this Schedule)

	\$
1325. Terminal phalanx of finger or thumb	2.00
1326. Proximal phalanx of finger or thumb	5.00
1327. Middle phalanx of finger	3.00
1328. One or more metacarpals, not involving base of first carpometacarpal joint	5.00
1329. One or more metacarpals, involving the first carpometacarpal joint (Bennett's fracture)	7.00
1330. Carpal bone (excluding navicular)	4.00
1331. Navicular or carpal scaphoid	10.00
1332. Radius	8.00
1333. Ulna	8.00
1334. Both shafts of forearm	12.00
1335. Colles' fracture of wrist	7.00
1336. Distal end of radius or ulna, involving wrist	7.00
1337. Humerus	12.00
1338. Clavicle or sternum	5.00
1339. Scapula	7.00
1340. One or more ribs—each attendance	0.80
1341. Maxilla—not requiring splinting	8.00
1342. Maxilla—with wiring of teeth or internal fixation	15.00
1343. Maxilla—with external fixation	20.00
1344. Mandible—not requiring splinting	9.00
1345. Mandible—with wiring of teeth or internal fixation	15.00
1346. Mandible—skeletal pinning with external fixation	20.00
1347. Zygoma	7.00
1348. Pelvis (excluding symphysis pubis) or sacrum	12.00
1349. Symphysis pubis	10.00
1350. Femur	25.00
1351. Patella, fibula or tarsal bone (excepting os calcis or os talus)	5.00
1352. Tibia	10.00
1353. Both shafts of leg	20.00
1354. Ankle (Pott's fracture), with or without dislocation of ankle	20.00
1355. Os calcis (calcaneus) or os talus	10.00
1356. Metatarsals—one or more	5.00
1357. Phalanx of toe (other than great toe)	2.00
1358. More than one phalanx of toe (other than great toe)	3.00
1359. Distal phalanx of great toe	3.00
1360. Proximal phalanx of great toe	4.00
1361. Skull, not requiring operation—each attendance	0.80
1362. Nasal bones, not requiring reduction—each attendance	0.80
1363. Nasal bones, requiring reduction	5.00

FIRST SCHEDULE—*continued*THE SCHEDULE—*continued*

Item No.	Medical Service	Common-wealth Benefit
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Part 10.—Operations—*continued*DIVISION 10.—TREATMENT OF FRACTURES—*continued**Simple and Uncomplicated Fractures not requiring Open Operation (not including any service covered by item 1377, 1378 or 1379 in this Schedule)—continued*

1364.	Spine (excluding sacrum), transverse process or bone other than vertebral body, not requiring immobilization in plaster—each attendance	\$ 0.80
1365.	Spine (excluding sacrum), transverse process or bone other than vertebral body, requiring immobilization in plaster	12.00
1366.	Spine (excluding sacrum), vertebral body, without involvement of cord, not requiring immobilization in plaster—each attendance	0.80
1367.	Spine (excluding sacrum), vertebral body, without involvement of cord, requiring immobilization in plaster	25.00
1368.	Spine (excluding sacrum), vertebral body, with involvement of cord	50.00

Simple and Uncomplicated Fractures requiring Open Operation (not including any service covered by item 1377, 1378 or 1379 in this Schedule)

1374. Treatment of a simple and uncomplicated fracture requiring open operation, being a fracture referred to in an item under the last preceding heading—
- (a) the amount specified in that item plus one-third of that amount; or
- (b) Sixty dollars,
- whichever is the less

Compound Fractures requiring Open Operation (not including any service covered by item 1377, 1378 or 1379 in this Schedule)

1375. Treatment of a compound fracture requiring open operation, being a fracture referred to in an item under the first heading in this Division—
- (a) the amount specified in that item plus one-half of that amount; or
- (b) Sixty dollars,
- whichever is the less

Complicated Fractures requiring Open Operation (not including any service covered by item 1377, 1378 or 1379 in this Schedule)

1376. 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—
- (a) the amount specified in that item plus three-quarters of that amount; or
- (b) Sixty dollars,
- whichever is the less

General

1377. 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—one-half of the amount specified in that item
1378. 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—one-half of the amount specified in that item
1379. 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—the amount specified in that item
1383. Treatment of avulsion of epiphysis of any part—the amount specified in this Division for the treatment of a simple and uncomplicated fracture of that part not requiring open operation

FIRST SCHEDULE—*continued*THE SCHEDULE—*continued*

Item No.	Medical Service	Common-wealth Benefit
Part 10.—Operations—<i>continued</i>		
DIVISION 11.—ORTHOPAEDIC		
		\$
1401.	Hip—arthrodesis, arthrectomy or arthroplasty	60.00
1402.	Hip—arthrotomy	25.00
1403.	Knee—arthrodesis, arthrectomy or arthroplasty	40.00
1404.	Knee—arthrotomy	15.00
1405.	Knee—operation for internal derangement	25.00
1406.	Knee—reconstruction of cruciate ligaments	40.00
1407.	Knee—reconstruction of capsular ligaments	30.00
1408.	Knee—excision of patella	20.00
1409.	Knee—operation for recurrent dislocation of patella	20.00
1410.	Shoulder—removal of calcium deposit from cuff	10.00
1411.	Shoulder—arthrotomy	20.00
1412.	Shoulder—arthroplasty or plastic reconstruction	35.00
1413.	Shoulder—arthrodesis or arthrectomy	35.00
1414.	Joint, repair of capsule or ligament of	10.00
1415.	Sacro-iliac joint—arthrodesis	30.00
1416.	Other large joint—arthrodesis, arthrectomy or arthroplasty	25.00
1417.	Finger or other small joint—arthrodesis, arthrectomy or arthroplasty	10.00
1418.	Other large joint—arthrotomy	15.00
1419.	Small joint—arthrotomy	5.00
1420.	Joint, aspiration of, or intra-articular injection into, or both of those services	2.00
1421.	Foot or ankle region—triple arthrodesis	30.00
1422.	Spine, manipulation of, under general anaesthesia	10.00
1423.	Spine, application of plaster jacket	5.00
1424.	Joint (other than spine), manipulation of, under general anaesthesia	7.00
1425.	Osteotomy or osteectomy of phalanx, metacarpal or metatarsal	12.00
1426.	Osteotomy or osteectomy of fibula, radius, ulna, clavicle, scapula (other than acromion), rib, tarsus or carpus	17.00
1427.	Osteotomy or osteectomy of tibia, humerus, femur or pelvic bone	25.00
1428.	Excision of exostosis of small bone	10.00
1429.	Excision of exostosis of large bone	15.00
1430.	Bone graft to spine, posterior, not covered by the next succeeding item	30.00
1431.	Bone graft to spine with interbody spinal fusion	50.00
1432.	Bone graft not covered by any other item in this Part	25.00
1433.	Accessory or sesamoid bone, removal of	10.00
1434.	Epicondylitis, open operation for	10.00
1435.	Condylectomy	20.00
1436.	Calcanean spur, removal of	12.00
1437.	Hallux valgus, correction of	17.00
1438.	Hallux rigidus, correction of	17.00
1439.	Hammer toe, correction of	12.00
1440.	Achilles tendon or other large tendon, suture of	15.00
1441.	Flexor tendon of hand, primary suture of	10.00
1442.	Flexor tendon of hand, secondary suture of	12.00
1443.	Extensor tendon of hand, primary suture of	7.00
1444.	Extensor tendon of hand, secondary suture of	10.00
1445.	Tendon of foot, primary suture of	7.00
1446.	Tendon of foot, secondary suture of	10.00
1447.	Tenotomy, subcutaneous, one or more tendons	7.00
1448.	Tenotomy, open, with or without tenoplasty	12.00
1449.	Tendon or ligament transplantation	17.00
1450.	Tendon graft	25.00
1451.	Tendon splitting	15.00
1452.	Dupuytren's contracture, subcutaneous fasciotomy	12.00
1453.	Dupuytren's contracture, radical operation for	20.00
1454.	Volkman's contracture, operation for	20.00

FIRST SCHEDULE—*continued*THE SCHEDULE—*continued*

Item No.	Medical Service	Commonwealth Benefit
Part 10.—Operations—<i>continued</i>		
DIVISION 11.—ORTHOPAEDIC—<i>continued</i>		
		\$
1455.	Tendon sheath, incision of	5.00
1456.	Stenosing tendovaginitis, open operation for	10.00
1457.	Middle palmar, thenar or hypothenar spaces, drainage of	5.00
1458.	Incision of pulp space, paronychia or other acute infection of hands or feet, not covered by any other item in this Part	2.00
1459.	Digital nail, removal of	2.00
1460.	Acromion or coraco-acromion ligament, removal of	15.00
1461.	Scalenotomy	12.00
1462.	Exploration of brachial plexus not covered by any other item in this Part	15.00
1463.	Cervical rib, removal of	25.00
1465.	Ingrowing toenail, excision of nail bed	5.00
1466.	Insertion of orthopaedic pin or wire where no other surgical procedure is performed	6.00
1467.	Osteosynthesis by Smith-Petersen nail	35.00
1468.	Cicatricial flexion contracture of joint, correction of, involving tissues deeper than skin and subcutaneous tissue	20.00
DIVISION 12.—PAEDIATRIC		
<i>Manipulations and Plaster Work for correction of Congenital Abnormalities</i>		
1480.	Congenital dislocation of the hip—manipulation and plaster (one hip)	7.00
1481.	Talipes equinovarus—manipulation under general anaesthesia	3.00
1482.	Talipes equinovarus—manipulation and plaster under general anaesthesia	4.00
1483.	Calcaneus valgus—manipulation under general anaesthesia	3.00
1484.	Calcaneus valgus—manipulation and plaster under general anaesthesia	4.00
1485.	Pes planus—manipulation under general anaesthesia	3.00
1486.	Pes planus—manipulation and plaster under general anaesthesia	4.00
1487.	Genu varum or genu valgum—manipulation under general anaesthesia	3.00
1488.	Genu varum or genu valgum—manipulation and plaster under general anaesthesia	5.00
1489.	Genu varum or genu valgum—manipulation and plaster with osteoclasis	12.00
1490.	Contractures, manipulation under general anaesthesia, not covered by any other item in this Part	3.00
1491.	Contractures, manipulation and plaster under general anaesthesia, not covered by any other item in this Part	4.00
1492.	Spastic paralysis—manipulation and plaster (one limb)	4.00
<i>Operations for correction of Congenital Abnormalities</i>		
1500.	Imperforate anus, abdomino-perineal correction of	50.00
1501.	Imperforate anus, correction of (other than abdomino-perineal)	20.00
1502.	Intestinal atresia or stenosis—excision or anastomosis (or both)	40.00
1503.	Duodenal obstruction (congenital)—anastomosis or resection of	40.00
1504.	Hypertrophic pyloric stenosis, operation for	25.00
1505.	Congenital volvulus of the small intestine, correction of	30.00
1506.	Hirschsprung's disease, rectosigmoidectomy for	50.00
1507.	Exomphalos, operation for	25.00
1508.	Exomphalos, operation for, by plastic flap	35.00
1509.	Oesophagus, radical correction of congenital stenosis of	60.00
1510.	Tracheo-oesophageal fistula, correction of	60.00
1511.	Contracted bladder neck (congenital), wedge excision or perurethral resection of	30.00

FIRST SCHEDULE—continued

THE SCHEDULE—continued

Item No.	Medical Service	Common-wealth Benefit
Part 10.—Operations—continued		
DIVISION 12.—PAEDIATRIC—continued		
<i>Operations for correction of Congenital Abnormalities—continued</i>		\$
1512.	Urachal fistula	20.00
1513.	Ectopic bladder—'turning-in' operation	50.00
1514.	Pinhole urinary meatus—meatotomy	5.00
1515.	Urethral valves, open removal of	40.00
1516.	Incontinence of urine (congenital)—plastic operation to sphincter	30.00
1517.	Myelomeningocele—excision of sac	30.00
1518.	Hydrocephalus—suboccipital decompression, third ventriculostomy or Torkildsen's operation	50.00
1519.	Ventriculo-jugular shunt	50.00
1520.	Ventriculo-atrial shunt for hydrocephalus	50.00
1521.	Hydrocephalus, spino-ureteral, spino-peritoneal or spino-pleural anastomosis of, or ventricular cable shunt for	40.00
1522.	Craniosynostosis, operation for	40.00
1523.	Arachnoidal cyst, operation for	50.00
1524.	Subdural haemorrhage, tap for	3.00
1525.	Subdural haemorrhage, osteoplastic flap and excision of	50.00
1526.	Abnormal limb, amputation of	15.00
1527.	Extra digit, amputation of	5.00
1528.	Tetralogy of Fallot or patent ductus arteriosus, operation for	60.00
1532.	Choanal atresia, repair of—transpalatine	30.00
1533.	Choanal atresia, repair of—intranasal	10.00
<i>Operations for excision of Congenital Abnormalities</i>		
1541.	Dermoid, periorbital, excision of	6.00
1542.	Dermoid, orbital, excision of	25.00
1543.	Dermoid of nose, superficial, excision of	6.00
1544.	Dermoid of nose, excision of, with intranasal extension	20.00
1545.	Sacroccygeal dermoid or teratoma other than pilonidal sinus, excision of	30.00
<i>Plastic operations for Congenital Abnormalities</i>		
1550.	Lymphangiectasis of limb (Milroy's disease)—excision of	25.00
1551.	Macrocheilia, macroglossia or macrostomia, operation for	25.00
1552.	Angioma, cauterization or injection of under general anaesthesia	3.00
1553.	Torticollis, operation for	20.00
<i>Operations for acquired Conditions</i>		
1560.	Portal hypertension, lienorenal anastomosis for	60.00
1561.	Portal vein anastomosis	60.00
1562.	Prolapsed rectum, injection of	2.00
1563.	Megacolon, colectomy	40.00
1564.	Epiphysitis (Perthes' or Calve's), plaster for	5.00
1565.	Epiphysitis (Sever's, Kohler's, Kienboch's or Schlatter's), plaster for	3.00
1566.	Epiphysitis (Scheuermann's), plaster for	5.00
DIVISION 13.—PLASTIC AND RECONSTRUCTIVE		
<i>Meticulous Plastic Repair designed to obtain maximal Functional or Cosmetic Results including the preparation of the Defect requiring Repair</i>		
1601.	Derma-fat-fascia graft (including transplant or muscle flap)	20.00
1602.	Abrasive therapy, limited area	10.00
1603.	Abrasive therapy, extensive	20.00
1604.	Electrolysis epilation, each treatment	2.00
1605.	Excision of angioma and direct repair, small	6.00
1606.	Excision of angioma and direct repair, large	10.00
1607.	Major excision and grafting for lymph-oedema	30.00
1608.	Foreign implants for contour reconstruction	17.00

FIRST SCHEDULE—continued

THE SCHEDULE—continued

Item No.	Medical Service	Common-wealth Benefit
Part 10.—Operations—continued		
DIVISION 13.—PLASTIC AND RECONSTRUCTIVE—continued		
<i>Meticulous Plastic Repair of Limb (above Hand or Foot) or of Trunk designed to obtain maximal Functional or Cosmetic Results including the preparation of the Defect requiring Repair</i>		
		\$
1616.	Single stage local flap repair, simple, small	8.00
1617.	Single stage local flap repair, complicated or large	12.00
1618.	Direct flap repair (cross leg or similar), first stage	12.00
1619.	Direct flap repair (cross leg or similar), second stage	7.00
1620.	Direct flap repair, small, (cross finger or similar), first stage	8.00
1621.	Direct flap repair, small, (cross finger or similar), second stage	4.00
1622.	Indirect flap or tubed pedicle, formation of	12.00
1623.	Indirect flap or tubed pedicle, intermediate transfer of	8.00
1624.	Indirect flap or tubed pedicle—separation and application to site	17.00
1625.	Direct or indirect flap repair, revision of graft	8.00
1626.	Free graft (split skin or pinch graft) on granulating areas, small	5.00
1627.	Free graft (split skin) on granulating areas, extensive	12.00
1628.	Free graft (split skin) to extensive burns	20.00
1629.	Free grafts (split skin) including elective dissection, small	10.00
1630.	Free grafts (split skin) including elective dissection, extensive	20.00
1631.	Free full thickness grafts to defect not more than 32 square centimetres	12.00
1632.	Free full thickness grafts to defect more than 32 square centimetres	15.00
1633.	Cineplasty for amputation stump	25.00
1634.	Mammoplasty (unilateral)	35.00
<i>Meticulous Plastic Repair of Hands, Feet, Scalp, Face or Neck designed to obtain maximal Functional or Cosmetic Results including the preparation of the Defect requiring Repair</i>		
1635.	Single stage local flap repair, simple, small	12.00
1636.	Single stage local flap repair, complicated or large	18.00
1637.	Direct flap repair (cross leg or similar), first stage	18.00
1638.	Direct flap repair (cross leg or similar), second stage	10.00
1639.	Direct flap repair, small, (cross finger or similar), first stage	12.00
1640.	Direct flap repair, small, (cross finger or similar), second stage	6.00
1641.	Indirect flap or tubed pedicle, formation of	18.00
1642.	Indirect flap or tubed pedicle, intermediate transfer of	12.00
1643.	Indirect flap or tubed pedicle—separation and application to site	26.00
1644.	Direct or indirect flap repair, revision of graft	12.00
1645.	Free graft (split skin or pinch graft) on granulating areas, small	8.00
1646.	Free graft (split skin) on granulating areas, extensive	18.00
1647.	Free graft (split skin) to extensive burns	30.00
1648.	Free grafts (split skin) including elective dissection, small	15.00
1649.	Free grafts (split skin) including elective dissection, extensive	30.00
1650.	Free full thickness grafts to defect not more than 32 square centimetres	18.00
1651.	Free full thickness grafts to defect more than 32 square centimetres	22.00
1652.	Digit, transplantation of—complete procedure	40.00
1653.	Syndactyly, correction of, each stage or each web	12.00
1654.	Face, operations involving supportive grafts	30.00
1655.	Suspension operation for facial paralysis	30.00
1656.	Mandible, section—fixation for prognathism or retrognathism	35.00
1657.	Mandible, resection of	40.00
1658.	Maxilla, resection of	50.00
1659.	Mandible, segmental resection of, for tumours	35.00
1660.	Mandible, condylectomy	20.00
1661.	Osteotomy or osteectomy of mandible (other than alveolar margin) for congenital malformation not covered by any other item in this Part	17.00
1662.	Osteotomy or osteectomy of maxilla (other than alveolar margin) for congenital malformation not covered by any other item in this Part	18.00

FIRST SCHEDULE—continued

THE SCHEDULE—continued

Item No.	Medical Service	Commonwealth Benefit
Part 10.—Operations—continued		
DIVISION 13.—PLASTIC AND RECONSTRUCTIVE—continued		
<i>Meticulous Plastic Repair of Eyelids, Nose, Ears, Lips, Palate or Pharynx designed to obtain maximal Functional or Cosmetic Results including the preparation of the Defect requiring Repair</i>		
		\$
1670.	Single stage local flap repair, simple, small	16.00
1671.	Single stage local flap repair, complicated or large	24.00
1672.	Direct flap repair (cross leg or similar), first stage	24.00
1673.	Direct flap repair (cross leg or similar), second stage	14.00
1674.	Direct flap repair, small, (cross finger or similar), first stage	16.00
1675.	Direct flap repair, small, (cross finger or similar), second stage	8.00
1676.	Indirect flap or tubed pedicle, formation of	24.00
1677.	Indirect flap or tubed pedicle, intermediate transfer of	16.00
1678.	Indirect flap or tubed pedicle—separation and application to site	34.00
1679.	Direct or indirect flap repair, revision of graft	16.00
1680.	Free graft (split skin or pinch graft) on granulating areas, small	10.00
1681.	Free graft (split skin) on granulating areas, extensive	24.00
1682.	Free graft (split skin) to extensive burns	40.00
1683.	Free grafts (split skin) including elective dissection, small	20.00
1684.	Free grafts (split skin) including elective dissection, extensive	40.00
1685.	Free full thickness grafts to defect not more than 32 square centimetres	24.00
1686.	Free full thickness grafts to defect more than 32 square centimetres	30.00
1687.	Whole thickness eyelid reconstruction—complete procedure	25.00
1688.	Partial reconstruction of eyelid or socket	7.00
1689.	Correction of ptosis (unilateral)	25.00
1690.	Ectropion or entropion, correction of, or reduction of eyelids	20.00
1691.	Symblepharon, grafting for	20.00
1692.	Nasal skeletal deformity (involving refracture or septoplasty), correction of	25.00
1693.	Skeletal supportive grafts to nose	25.00
1694.	Corrective rhinoplasty (cosmetic)	25.00
1695.	Forehead rhinoplasty—complete procedure	35.00
1696.	Rhinophyma, correction of	20.00
1697.	Rhinoplasty, secondary revision of	10.00
1698.	Composite graft to nose or ear	15.00
1699.	Lop ear, bat ear or similar deformity, correction of	25.00
1700.	Ear reconstruction (congenital or traumatic deficiency)—per stage	12.00
1701.	Congenital atresia, reconstruction of external auditory canal	35.00
1702.	Full thickness lip reconstruction, other than simple suture—complete procedure	25.00
1703.	Cleft lip complete, primary repair, unilateral	30.00
1704.	Cleft lip complete, primary repair, one stage, bilateral	40.00
1705.	Cleft lip incomplete, primary repair, unilateral	20.00
1706.	Cleft lip secondary correction, partial or incomplete	15.00
1707.	Cleft lip secondary correction, complete revision	25.00
1708.	Cleft lip secondary correction, abbé transplant	35.00
1709.	Cleft lip secondary correction of nostril or nasal tip	15.00
1710.	Cleft palate, primary repair, partial cleft	30.00
1711.	Cleft palate, primary repair, complete cleft	40.00
1712.	Cleft palate, secondary repair, incomplete	20.00
1713.	Cleft palate, secondary repair, lengthening procedure	35.00
1714.	Pharyngeal flap	35.00 "

SECOND SCHEDULE
AMENDMENTS OF THE PRINCIPAL ACT IN RELATION TO
DECIMAL CURRENCY

Section 8.

Provisions amended	Omit—	Insert—
Section 15A (1.) ..	Thirty pounds	Sixty dollars
Section 16 (1.) (a) ..	Thirty pounds	Sixty dollars
Section 16 (1.) (b) ..	Thirty pounds	Sixty dollars
Section 16 (1.) (c) ..	Thirty pounds	Sixty dollars
Section 16 (1.) (d) ..	Thirty pounds	Sixty dollars
Section 16 (1.) (e) ..	Thirty pounds	Sixty dollars
Section 30 ..	One hundred pounds	Two hundred dollars
Section 37A ..	One hundred pounds	Two hundred dollars
Section 38 (1.) ..	Sixteen shillings	One dollar sixty cents
Section 41 ..	Twenty pounds	Forty dollars
Section 42 (2.) ..	Twenty pounds	Forty dollars
Section 43 ..	Twenty pounds	Forty dollars
Section 46 (1.) ..	One pound	Two dollars
Section 46 (2.) ..	Eight shillings	Eighty cents
	One pound	Two dollars
Section 48 (1.) ..	Sixteen shillings	One dollar sixty cents
	Eight shillings	Eighty cents
	One pound	Two dollars
Section 48 (2.) (a) ..	Sixteen shillings	One dollar sixty cents
Section 53 (1.) ..	Eight shillings	Eighty cents
Section 56 (1.) ..	One pound	Two dollars
Section 60 ..	Twenty pounds	Forty dollars
Section 61 ..	Twenty pounds	Forty dollars
Section 62 ..	One hundred pounds	Two hundred dollars
Section 68 (1.) ..	Sixteen shillings	One dollar sixty cents
Section 68 (2.) ..	Sixteen shillings	One dollar sixty cents
Section 74 (1.) ..	One hundred pounds	Two hundred dollars
Section 74 (5.) ..	One hundred pounds	Two hundred dollars
Section 74 (6.) ..	One hundred pounds	Two hundred dollars
Section 74 (7.) ..	One hundred pounds	Two hundred dollars
Section 75 (5.) ..	One hundred pounds	Two hundred dollars
Section 76 ..	One hundred pounds	Two hundred dollars
Section 78 (1.) ..	One hundred pounds	Two hundred dollars
Section 82 (1.) ..	One hundred pounds	Two hundred dollars
Section 82 (2.) ..	One hundred pounds	Two hundred dollars
Section 82 (3.) ..	One hundred pounds	Two hundred dollars
Section 82 (4.) ..	One hundred pounds	Two hundred dollars
Section 82 (5.) ..	One hundred pounds	Two hundred dollars
Section 82 (6.) ..	One hundred pounds	Two hundred dollars
Section 82F ..	One hundred pounds	Two hundred dollars
Section 87 (2.) ..	Five shillings	Fifty cents
Section 87 (3.) ..	Five shillings	Fifty cents
	Five shillings by a number	Fifty cents by a number
Section 88 (2.) ..	One hundred pounds	Two hundred dollars
Section 88 (3.) ..	One hundred pounds	Two hundred dollars
Section 92A ..	Five pounds	Ten dollars
Section 98 (2.) ..	Ten pounds	Twenty dollars
Section 99 (2A.) (a) ..	Five shillings	Fifty cents
Section 99 (2A.) (b) ..	Five shillings	Fifty cents
Section 103 ..	One hundred pounds	Two hundred dollars
Section 104 (2.) ..	One hundred pounds	Two hundred dollars
Section 104 (3.) ..	One hundred pounds	Two hundred dollars
Section 128 (1.) ..	One hundred pounds	Two hundred dollars
Section 129 (1.) ..	One hundred pounds	Two hundred dollars
Section 134 ..	One hundred pounds	Two hundred dollars
Section 140 (b) ..	Fifty pounds	One hundred dollars