



Health Insurance (Diagnostic Imaging Services Table) Regulations 2000

Statutory Rules 2000 No. 291 as amended

made under the

Health Insurance Act 1973

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1 Name of Regulations [see Note 1]

These Regulations are the *Health Insurance (Diagnostic Imaging Services Table) Regulations 2000*.

2 Commencement

These Regulations commence on 1 November 2000.

3 *Health Insurance (1999–2000 Diagnostic Imaging Services Table) Regulations 1999 — repeal*

The following Statutory Rules are repealed:

- 1999 Nos. 255 and 345
- 2000 Nos. 59 and 147.

4 Definitions

In these Regulations:

Act means the *Health Insurance Act 1973*.

this table means these Regulations.

5 Diagnostic imaging services table

The table of diagnostic imaging services set out in Schedule 1 is prescribed for the purposes of subsection 4AA (1) of the Act.

Schedule 1 Table of diagnostic imaging services

(regulation 5)

Part 1 Prescription of table

1 Prescription of table

For section 4AA of the Act, these Regulations prescribe a table of diagnostic imaging services that sets out:

- (a) in Part 2 — rules for interpretation of the table; and
- (b) in Part 3:
 - (i) items of diagnostic imaging services; and
 - (ii) the amount of fees applicable for each item.

Part 2 Rules of interpretation

2 General

- (1) In this table, unless the contrary intention appears:

computed tomography means a service performed (with or without intravenous contrast):

- (a) using a detector coupled to an X-ray tube that emits a finely collimated X-ray beam as it rotates within a gantry around a patient either in incremental or helical manner; and
- (b) registering a resulting variable amount of X-rays and transforming that information into a cross-sectional image after the application of complex algorithms.

CT means computed tomography.

CT equipment includes the following components:

- (a) a gantry;
- (b) a couch;
- (c) a computer;

- (d) an operator station;
- (e) a generator.

exclusion, in relation to a condition for which a MRI or MRA service is used, means use of the service as the initial imaging modality for diagnosis of the condition.

group of practitioners has the same meaning as in subsection 16A (10) of the Act.

item means:

- (a) an item mentioned, by number, in column 1 of:
 - (i) Part 3; or
 - (ii) Part 3 of the pathology services table; or
 - (iii) Part 3 of the general medical services table; and
- (b) in a reference immediately followed by a number — the item so numbered.

Example A reference by number to any of items 11240, 11603 to 11612, 30361 and 30488 is a reference to the item so numbered in the general medical services table.

MRA means magnetic resonance angiography.

MRI means magnetic resonance imaging.

non-metropolitan hospital means a hospital that is located outside the Sydney, Melbourne, Brisbane, Adelaide, Perth, Greater Hobart, Darwin and Canberra major statistical divisions, as defined in the Australian Standard Geographical Classification 1999 published by the Australian Bureau of Statistics (publication number 1216.0 of 1999).

remote location means a place within Australia that is more than 30 kilometres by road from:

- (a) a hospital that provides a radiology or computed tomography service under the direction of a specialist in the specialty of diagnostic radiology; or
- (b) a free-standing radiology or computed tomography facility under the direction of a specialist in the specialty of diagnostic radiology.

report means a report prepared by a medical practitioner.

sequence, in relation to a scan, means a series of images collected at the same time with similar image parameters (not including a scan designed to establish patient position and subsequently used to plan other scans).

Note A number of words and expressions used in this table are defined in subsection 3 (1) of the Act. For instance:

- diagnostic imaging service
- general medical services table
- specialist.

- (2) A reference to a Group in the table includes every item in the Group and a reference to a Subgroup in the table includes every item in the Subgroup.

3 Meaning of (R) and (NR) in the table

- (1) An item including the symbol (**R**) is an R-type diagnostic imaging service.
- (2) An item including the symbol (**NR**) is an NR-type diagnostic imaging service.

4 Meaning of (S) in the table

An item including the symbol (**S**) applies only to a service provided by a specialist in the practice of diagnostic radiology.

5 Who may provide a diagnostic imaging service

Unless the contrary intention appears, the fee for a diagnostic imaging service mentioned in an item in this table applies, whether the service is provided by:

- (a) a medical practitioner; or
- (b) a person, other than a medical practitioner, who:
- (i) is employed by a medical practitioner; or
 - (ii) provides the service under the supervision of a medical practitioner in accordance with accepted medical practice.

6 Administration of anaesthetics in connection with certain services

- (1) This rule applies to an item in which the service described includes the formula:

$$\text{Anaes. } n = n1 \text{ B} + n2 \text{ T}$$

in which *n*, *n1* and *n2* appear as numbers.

- (2) The service provided by the medical practitioner who administers the anaesthetic represented by the formula must be the service described in the general medical services table by the item having the number *n*.

7 Meaning of *medical practitioner* in certain items

In items 55028, 55030 and 55032, *medical practitioner* in the phrase *referred by a medical practitioner* or *the referring medical practitioner* includes a dental practitioner who is approved by the Minister under paragraph (b) of the definition of *professional service* in subsection 3 (1) of the Act.

8 Meaning of *Amount under rule 8* in certain items

In item 59103:

Amount under rule 8 means an amount equal to the sum of:

- (a) the fee set out in another item for the radiographic examination in conjunction with which a service mentioned in item 59103 is provided; and
- (b) \$21.30.

9 Ultrasound services — eligible services

- (1) Items 55028 to 55854 (except items 55600 and 55603), if marked with the symbol (**R**), apply to an ultrasound service (the *eligible service*) only if the service is performed:
- (a) under the professional supervision of a specialist or a consultant physician in the practice of his or her specialty who is available:
 - (i) to monitor and influence the conduct and diagnostic quality of the examination; and

- (ii) if necessary, to personally attend the patient; or
 - (b) under the professional supervision of a practitioner who:
 - (i) is not a specialist or consultant physician; and
 - (ii) meets the requirement of subrule (2); and
 - (iii) is available to monitor and influence the conduct and diagnostic quality of the examination and, if necessary, to personally attend the patient; or
 - (c) in the circumstance mentioned in subrule (3), and under the professional supervision of a practitioner who is available:
 - (i) to monitor and influence the conduct and diagnostic quality of the examination; and
 - (ii) if necessary, to personally attend the patient; or
 - (d) if paragraph (a), (b) or (c) cannot be complied with:
 - (i) in an emergency; or
 - (ii) in a location that is not less than 30 kilometres by the most direct road route from another practice where services that comply with paragraph (a) or (b) are available.
- (2) The requirement of this subrule is that, between 1 September 1997 and 31 August 1999, at least 50 services were rendered by or on behalf of the practitioner at the location where the eligible service was rendered, and the rendering of those services entitled payment of medicare benefits.
- (3) For paragraph (1) (c), the circumstance is that, between 1 September 1997 and 31 August 1999, at least 50 services were rendered in nursing homes or patients' residences by or on behalf of the practitioner, and the rendering of those services entitled payment of medicare benefits.

10 Personal attendance for musculoskeletal ultrasound

Items 55800 to 55854 apply to a musculoskeletal ultrasound service only if:

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

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

11 Obstetric and gynaecological ultrasound — limits

The fees mentioned in items in the item range from 55700 to 55774 in Part 3 of this table are applicable to no more than 3 items of NR-type diagnostic imaging for the same patient in any 1 pregnancy.

12 Clinical indications

- (1) For items where clinical conditions are listed, or where a clinical indication is required for performance of subsequent scans (item 55712, 55715, 55721, 55725, 55764, 55766, 55772 or 55774), the referral must identify the relevant clinical indication for the service.
- (2) If the service is pathologist-determined, the clinical condition or indication must be recorded in the pathology practitioner's clinical notes.

13 Referral forms from practitioners who have obstetric privileges at a non-metropolitan hospital

A referral form for an item in Subgroup 5 of Group I1 for a referral by a practitioner who has obstetric privileges at a non-metropolitan hospital must show his or her eligibility to refer for the service by specifying on the form 'non-metropolitan obstetric privileges'.

14 Comparison ultra-sonography

For items in Subgroup 6 of Group I1, the fee applicable for the item includes any views of another part of the patient taken for comparison purposes.

15 Equipment

Items 55800 to 55854 apply only to an ultrasound service performed using an ultrasound system which has available on-site a transducer capable of operation at at least 7.5 megahertz.

16 Items 55800 to 55854 — multiple scans

The fee mentioned in items 55800 to 55854 is payable once only for a service described in any of those items regardless of the number of regions scanned in performing the service.

17 Computed tomography services — meaning of (K) and (NK)

- (1) In any of items 56001 to 57355, the symbol **(K)** means:
 - (a) for CT equipment that was first installed and used as new equipment at a site in Australia:
 - (i) the service was rendered earlier than 10 years after the earliest date on which any component of the equipment was first installed and ready for use; or
 - (ii) the service was performed in a remote location; or
 - (b) for CT equipment imported as pre-used equipment:
 - (i) the service was rendered earlier than 10 years after the earliest date of manufacture of any component of the equipment; or
 - (ii) the service was rendered in a remote location.
- (2) In any of items 56001 to 57355, the symbol **(NK)** means the service was rendered 10 years or more after:
 - (a) for CT equipment that was first installed and used as new equipment in Australia — the earliest date on which any component of the equipment was first installed and ready for use; or
 - (b) for CT equipment imported as pre-used equipment — the earliest date of manufacture of any component of the equipment.

- (3) In this rule:

CT equipment imported as pre-used equipment means equipment that has been used to perform CT services before being imported into Australia.

installed and ready for use, in relation to a component, means ready for immediate income-producing purposes whether or not it is so used.

18 CT services — eligible services

Items 56001 to 57355 apply only to a computed tomography service performed:

- (a) under the professional supervision of a specialist in the specialty of diagnostic radiology who is available:
 - (i) to monitor and influence the conduct and diagnostic quality of the examination; and
 - (ii) if necessary, to personally attend on the patient; or
- (b) if paragraph (a) cannot be complied with:
 - (i) in an emergency; or
 - (ii) because of medical necessity, in a remote location.

19 Computed tomography services — exclusion of acoustic neuroma

If an axial scan is performed for the exclusion of acoustic neuroma, item 56001 or 56007 applies instead of any other item in this table that might be taken to describe the service.

20 Computed tomography — assessment of headache

- (1) If the service described in item 56007 or 56047 is used for the assessment of headache of a patient to whom this rule applies, the fee mentioned in the item applies only if:
 - (a) a scan without intravenous contrast medium has been performed on the patient; and
 - (b) the service is required because the result of the scan is abnormal.

- (2) This rule applies to a patient who:
- (a) is under 50 years; and
 - (b) is (apart from the headache) otherwise well; and
 - (c) has no localising symptoms or signs; and
 - (d) has no history of malignancy or immunosuppression.

21 Mammography services — eligible services

Items 59300 to 59318 apply only to a mammography service performed:

- (a) under the professional supervision of a specialist in the specialty of diagnostic radiology who is available:
 - (i) to monitor and influence the conduct and diagnostic quality of the examination; and
 - (ii) if necessary, to personally attend on the patient; or
- (b) if paragraph (a) cannot be complied with:
 - (i) in an emergency; or
 - (ii) because of medical necessity, in a remote location.

22 Preparation of patients for radiological procedures

Items 60903 to 60927 apply only to the preparation of a patient for a radiological procedure for a service to which any of items 59900 to 59970 apply by:

- (a) injecting opaque or contrast media; or
- (b) removing fluid and replacing it with air, oxygen or other contrast media; or
- (c) a similar method.

23 Meaning of *angiography suite* in item 61109

In item 61109:

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

24 Nuclear scanning services

Items 61302 to 61499 apply only if:

- (a) the performance of the service does not involve the use of positron-emission radio-isotopes or a Positron Emission Tomography (PET) scanner; and
- (b) the service is performed:
 - (i) by a specialist or consultant physician whose name is included in a register, given to the Commission by the Joint Nuclear Medicine Specialist Credentialling and Accreditation Committee of the Royal Australasian College of Physicians and the Royal Australian and New Zealand College of Radiologists, of participants in the Joint Nuclear Medicine Specialist Credentialling Program of the Committee; or
 - (ii) by a person acting on behalf of a specialist or consultant physician mentioned in subparagraph (i); and
- (c) the final report of the service is compiled by the specialist or consultant physician who performed the preliminary examination of the patient and the estimation and administration of the dosage of radiopharmaceuticals.

25 Meaning of *Amount under rule 25* in item 61462

In item 61462:

Amount under rule 25 means an amount equal to the sum of:

- (a) the fee set out in the item in Group I4 in conjunction with which a service mentioned in item 61462 is performed; and
- (b) \$113.55.

26 Multiple services

- (1) If a medical practitioner renders 2 or more diagnostic imaging services for the same patient on the same day, the fees set out in the items that apply to the services, other than the item with the highest fee, are reduced by \$5.00.

- (2) If a medical practitioner renders at least 1 R-type diagnostic imaging service and at least 1 consultation service for the same patient on the same day, the highest fee, set out in the items that apply to diagnostic imaging services rendered by the practitioner for that patient on that day, is reduced:
 - (a) if the fee for the relevant consultation is at least \$40.00 — by \$35.00; or
 - (b) if that fee is less than \$40.00 but more than \$15.00 — by \$15.00; or
 - (c) if that fee is less than \$15.00 — by the amount of that fee.
- (3) For subrule (2), if more than 1 consultation has occurred, the relevant consultation is the consultation having the highest fee set out in the items that apply to the consultation.
- (4) If a medical practitioner renders at least 1 R-type diagnostic imaging service and at least 1 non-consultation service for the same patient on the same day, the highest fee that applies to any diagnostic imaging services performed by the medical practitioner for the same patient on the same day, is reduced by \$5.00.
- (5) If a medical practitioner renders an R-type diagnostic imaging service, a consultation and a non-consultation service for the same patient on the same day, the sum of the reductions under subrules (2) and (4) must not exceed the highest fee that applies to any diagnostic imaging services rendered by the medical practitioner for the same patient on the same day.
- (6) This rule does not apply to diagnostic imaging services that are rendered in a remote area by a medical practitioner for whom a remote area exemption under section 23DX of the Act is in force for that area.
- (7) In this rule:
 - consultation** means a service under an item listed in Groups A1 to A9 of the general medical services table.
 - highest fee** means the highest fee specified for an item in the first claim submitted to the Commission in relation to the services concerned.

non-consultation service means a service under an item listed in the general medical service table other than in Groups A1 to A9.

27 MRI and MRA services — eligible services

Items 63000 to 63946 apply only to a MRI or MRA service performed:

- (a) on request, in accordance with rule 28, by a specialist or consultant physician; and
- (b) in a permissible circumstance, in accordance with rule 29; and
- (c) with eligible equipment, in accordance with rule 31 or 31A.

28 Request for MRI and MRA services — requirements

Items 63000 to 63946 apply only to a service in respect of which the request:

- (a) was made in writing; and
- (b) identified the clinical indications for the service.

29 MRI and MRA services — permissible circumstances for performance

For rule 27, a service is performed in a permissible circumstance only if it is performed:

- (a) under the professional supervision of an eligible provider who is available to monitor and influence the conduct and diagnostic quality of the examination, including, if necessary, by personal attendance on the patient; or
- (b) if paragraph (a) is not complied with:
 - (i) in an emergency; or
 - (ii) because of medical necessity, in a remote location.

30 MRI and MRA services — eligible provider

- (1) For rule 29, an ***eligible provider*** is a specialist in diagnostic radiology who satisfies the Commission that:

- (a) he or she is a participant in the Royal Australasian College of Radiologists' Quality and Accreditation Program; and
 - (b) the equipment he or she proposes to use for providing services of the kind mentioned in Group I5 in the diagnostic imaging services table (the ***proposed equipment***) is eligible equipment in accordance with rule 31 or 31A.
- (2) If the equipment the eligible provider proposes to use is eligible equipment in accordance with rule 31, the Commission must have been given a statutory declaration:
 - (a) stating the matters mentioned in paragraphs (1) (a) and (b); and
 - (b) specifying the location of the proposed equipment; and
 - (c) specifying the kinds of diagnostic imaging procedures offered at that location; and
 - (d) if the proposed equipment has been installed at that location and is equipment to which subrule 31 (3) or (4) applies, stating the date that it was installed (the ***installation date***); and
 - (e) if paragraph (d) applies, and the installation date was 12 May 1998 — stating the time at which the equipment was installed.
- (3) If paragraph (2) (d) applies, and the equipment was not installed before 7.30 pm on 12 May 1998, Eastern Standard Time, the specialist must have given the Commission, with the statutory declaration, a copy of the contract for the purchase or lease of the equipment.
- (4) The Commission may request a specialist to:
 - (a) give the Commission documents to support statements made in the statutory declaration; and
 - (b) answer questions put to the specialist by the Commission about those statements.

Note The documents may include the contract for purchase or lease of the proposed equipment, if not already given to the Commission under subrule (3).

31 MRI and MRA services — eligible equipment

- (1) For rule 27, equipment that complies with this rule is *eligible equipment*.
- (2) The equipment must be located in Australia in a medical practice, or the radiology department of a hospital, that offers a comprehensive range of diagnostic imaging procedures.
- (3) For a medical practice or hospital located in a non-metropolitan area:
 - (a) the equipment must have been installed in a medical practice, or hospital, in Australia before 7.30 pm on 12 May 1998, Eastern Standard Time; or
 - (b) if the equipment was uninstalled at the time and on the day mentioned in paragraph (a), it must:
 - (i) have been purchased or leased (under a contract, in writing, that did not contain an option to cancel) before that time on that day; and
 - (ii) on or before 18 October 1999, be in use for services for which a medicare benefit is claimed; or
 - (c) the equipment must be replacement equipment for equipment mentioned in paragraph (a) or (b).

Note Equipment relocated to a new location may continue to comply with subrule (3). However, to continue to be eligible equipment, the equipment would have to continue to comply with subrule (2).

- (4) For a medical practice or hospital located in a metropolitan area the equipment must:
 - (a) have been installed in a medical practice, or hospital, in Australia before 7.30 pm on 12 May 1998, Eastern Standard Time; or
 - (b) if uninstalled at that time on that day, have been purchased or leased (under a contract, in writing, that did not contain an option to cancel) before 10 February 1998; or
 - (c) be replacement equipment for equipment mentioned in paragraph (a) or (b).

Note Equipment relocated to a new location may continue to comply with subrule (4). However, to continue to be eligible equipment, the equipment would have to continue to comply with subrule (2).

- (5) Equipment mentioned in paragraph (3) (a) or (b) or (4) (a) or (b) ceases to be eligible equipment when replaced by other equipment.
- (6) The Commission must have been given, before 11 October 1999:
 - (a) the statutory declaration, under subrule 30 (2), in relation to the equipment; and
 - (b) if paragraph (3) (b) or (4) (b) applies, the copy contract mentioned in subrule 30 (3).
- (7) For this rule:
 - comprehensive**, in relation to a range of diagnostic imaging procedures, means that the range includes x-ray, ultrasound and computed tomography (CT) procedures.
 - medical practice** means a practice conducted by a sole practitioner, a practice conducted by a group of practitioners within the meaning of subsection 16A (9) or (10) of the Act or a practice conducted by a medical entrepreneur.
 - metropolitan area** includes any location within any of the Sydney, Melbourne, Brisbane, Adelaide, Perth, Greater Hobart, Darwin or Canberra major statistical divisions, as defined in the Australian Standard Geographical Classification 1999 published by the Australian Bureau of Statistics (publication number 1216.0 of 1999).

31A MRI and MRA services — eligible equipment

For rule 27, **eligible equipment** is equipment other than equipment to which rule 31 applies:

- (a) that is registered under the scheme administered by the Department titled ‘MRI Additional Units Eligibility Scheme’, published in *Gazette* No. GN 20 on 23 May 2001; and
- (b) in relation to which the registration has not been cancelled or otherwise ceased to have effect.

32 MRI and MRA services — meaning of *scan*

In items 63000 to 63946:

scan means a minimum of 3 sequences.

33 MRI and MRA services — descriptions of purpose of services

The description of a service mentioned in an item in Group I5 means, as applicable:

- (a) the exclusion of a condition; or
- (b) the further investigation of a condition, using the service as the secondary imaging modality:
 - (i) when the diagnosis is uncertain; or
 - (ii) to assess the severity of the condition; or
- (c) the monitoring of a condition, using the service following confirmed diagnosis to assess progress of a condition following treatment.

Note For *exclusion of a condition*, see rule 2.

34 MRI or MRA services — related services that can be claimed in a 12 month period

- (1) The fee mentioned in an item does not apply if:
 - (a) the item is mentioned in subrule (2); and
 - (b) the service mentioned in the item is provided to a person who, in the 12 months before the service, has been provided with the maximum number of those services mentioned in subrule (2) for that item.
- (2) For subrule (1), the items and maximum number of services are:
 - (a) for items 63000 to 63024, 63050 to 63062, 63100 to 63133, 63150 to 63162, 63300 to 63315, 63350 to 63365, 63400 to 63430, 63450 to 63480, 63500 to 63524, 63550 to 63574, 63600 to 63627, 63650 to 63680, 63700 to 63721, 63750 to 63756, 63870, 63900 to 63909, 63920 and 63930 — 1 service; and

- (b) for items 63200 to 63221, 63250 to 63256, 63745, 63800 to 63806 and 63850 to 63868 — 2 services.

Part 3 Services and fees

| Item | Diagnostic imaging service | Fee (\$) |
|------------------------------|---|----------|
| Group I1 — Ultrasound | | |
| <i>Subgroup 1 — General</i> | | |
| 55028 | Head, ultrasound scan of, performed by, or on behalf of, a medical practitioner, if: <ul style="list-style-type: none"> (a) the patient is referred by a medical practitioner for ultrasonic examination not being a service associated with a service to which an item in Subgroup 2 or 3 applies; and (b) the referring medical practitioner is not a member of a group of practitioners of which the first-mentioned practitioner is a member (R) | 99.90 |
| 55029 | Head, ultrasound scan of, if the patient is not referred by a medical practitioner, not being a service associated with a service to which an item in Subgroup 2 or 3 applies (NR) | 34.65 |
| 55030 | Orbital contents, ultrasound scan of, performed by, or on behalf of, a medical practitioner, if: <ul style="list-style-type: none"> (a) the patient is referred by a medical practitioner for ultrasonic examination not being a service associated with a service to which an item in Subgroup 2 or 3 applies; and (b) the referring medical practitioner is not a member of a group of practitioners of which the first-mentioned practitioner is a member (R) | 99.90 |
| 55031 | Orbital contents, ultrasound scan of, if the patient is not referred by a medical practitioner, not being a service associated with a service to which an item in Subgroup 2 or 3 applies (NR) | 34.65 |

| Item | Diagnostic imaging service | Fee (\$) |
|-------|--|----------|
| 55032 | Neck, 1 or more structures of, ultrasound scan of, performed by, or on behalf of, a medical practitioner, if: <ul style="list-style-type: none"> (a) the patient is referred by a medical practitioner for ultrasonic examination not being a service associated with a service to which an item in Subgroup 2 or 3 applies; and (b) the referring medical practitioner is not a member of a group of practitioners of which the first-mentioned practitioner is a member (R) | 99.90 |
| 55033 | Neck, 1 or more structures of, ultrasound scan of, if the patient is not referred by a medical practitioner, not being a service associated with a service to which an item in Subgroup 2 or 3 applies (NR) | 34.65 |
| 55036 | Abdomen, ultrasound scan of (including scan of urinary tract when performed), performed by, or on behalf of, a medical practitioner, if: <ul style="list-style-type: none"> (a) the patient is referred by a medical practitioner for ultrasonic examination; and (b) the referring medical practitioner is not a member of a group of practitioners of which the first-mentioned practitioner is a member; and (c) the service is not a service associated with a service to which an item in Subgroup 2 or 3 applies; and (d) the service is not solely a transrectal ultrasonic examination of the prostate gland, bladder base and urethra, or any of those organs; and (e) within 24 hours of the service, a service described in item 55038, 55044 or 55731 is not performed on the same patient by the practitioner (R) | 101.95 |
| 55037 | Abdomen, ultrasound scan of (including scan of urinary tract when performed), if: <ul style="list-style-type: none"> (a) the patient is not referred by a medical practitioner; and (b) the service is not a service associated with a service to which an item in Subgroup 2 or 3 applies; and (c) the service is not solely a transrectal ultrasonic examination of the prostate gland, bladder base and urethra, or any of those organs (NR) | 34.65 |

| Item | Diagnostic imaging service | Fee (\$) |
|-------|--|----------|
| 55038 | Urinary tract, ultrasound scan of, performed by, or on behalf of, a medical practitioner, if: <ul style="list-style-type: none"> (a) the patient is referred by a medical practitioner for ultrasonic examination; and (b) the referring medical practitioner is not a member of a group of practitioners of which the first-mentioned practitioner is a member; and (c) the service is not a service associated with a service to which an item in Subgroup 2 or 3 applies; and (d) the service is not solely a transrectal ultrasonic examination of the prostate gland, bladder base and urethra, or any of those organs; and (e) within 24 hours of the service, a service described in item 55036, 55044 or 55731 is not performed on the same patient by the practitioner (R) | 99.90 |
| 55039 | Urinary tract, ultrasound scan of, if: <ul style="list-style-type: none"> (a) the patient is not referred by a medical practitioner; and (b) the service is not a service associated with a service to which an item in Subgroup 2 or 3 applies; and (c) the service is not solely a transrectal ultrasonic examination of the prostate gland, bladder base and urethra, or any of those organs (NR) | 34.65 |
| 55044 | Pelvis, male, ultrasound scan of, by any or all approaches, performed by, or on behalf of, a medical practitioner, if: <ul style="list-style-type: none"> (a) the patient is referred by a medical practitioner for ultrasonic examination; and (b) the referring medical practitioner is not a member of a group of practitioners of which the first-mentioned practitioner is a member; and (c) the service is not a service associated with a service to which an item in Subgroup 2 or 3 applies; and (d) the service is not solely a transrectal ultrasonic examination of the prostate gland, bladder base and urethra, or any of those organs; and (e) within 24 hours of the service, a service described in item 55036 or 55038 is not performed on the same patient by the practitioner (R) | 101.95 |

| Item | Diagnostic imaging service | Fee (\$) |
|-------|---|----------|
| 55045 | <p>Pelvis, male, ultrasound scan of, by any or all approaches, if:</p> <ul style="list-style-type: none"> (a) the patient is not referred by a medical practitioner; and (b) the service is not a service associated with a service to which an item in Subgroup 2 or 3 applies; and (c) the service is not solely a transrectal ultrasonic examination of the prostate gland, bladder base and urethra, or any of those organs (NR) | 34.65 |
| 55048 | <p>Scrotum, ultrasound scan of, performed by, or on behalf of, a medical practitioner if:</p> <ul style="list-style-type: none"> (a) the patient is referred by a medical practitioner for ultrasonic examination not being a service associated with a service to which an item in Subgroup 2 or 3 applies; and (b) the referring medical practitioner is not a member of a group of practitioners of which the first-mentioned practitioner is a member (R) | 100.30 |
| 55049 | <p>Scrotum, ultrasound scan of, if the patient is not referred by a medical practitioner, not being a service associated with a service to which an item in Subgroup 2 or 3 applies (NR)</p> | 34.65 |
| 55054 | <p>Ultrasonic cross-sectional echography, in conjunction with a surgical procedure using interventional techniques, not being a service associated with a service to which any other item in this group applies (R)</p> | 99.90 |
| 55070 | <p>Breast, one, ultrasound scan of, performed by, or on behalf of, a medical practitioner, if:</p> <ul style="list-style-type: none"> (a) the patient is referred by a medical practitioner; and (b) the service is not associated with a service to which an item in Subgroup 2 or 3 applies; and (c) the referring medical practitioner is not a member of a group of practitioners of which the first-mentioned practitioner is a member (R) | 90.00 |

| Item | Diagnostic imaging service | Fee (\$) |
|-----------------------------|--|----------|
| 55073 | Breast, one, ultrasound scan of, if: (a) the patient is not referred by a medical practitioner; and (b) the service is not associated with a service to which an item in Subgroup 2 or 3 applies (NR) | 31.20 |
| 55076 | Breasts, both, ultrasound scan of, performed by or on behalf of a medical practitioner, where: (a) the patient is referred by a medical practitioner; and (b) the service is not associated with a service to which an item in Subgroup 2 or 3 applies; and (c) the referring medical practitioner is not a member of a group of practitioners of which the first-mentioned practitioner is a member (R) | 99.90 |
| 55079 | Breasts, both, ultrasound scan of, if: (a) the patient is not referred by a medical practitioner; and (b) the service is not associated with a service to which an item in Subgroup 2 or 3 applies (NR) | 34.65 |
| <i>Subgroup 2 — Cardiac</i> | | |
| 55112 | M-Mode and 2 dimensional real time echocardiographic examination of the heart from at least 2 acoustic windows with measurement of blood flow velocities across the cardiac valves using pulsed wave and continuous wave Doppler techniques, and real time colour flow mapping from at least 2 acoustic windows, with recordings on video tape or digital medium, not being a service associated with a service to which an item in Subgroup 1 (with the exception of item 55054) or 3 applies (R) | 257.65 |
| 55116 | Exercise stress echocardiography performed in conjunction with item 11712, with two-dimensional recordings before exercise (baseline) from at least 3 acoustic windows and matching recordings from the same windows at, or immediately after, peak exercise. Recordings must be made on digital media with equipment permitting display of baseline and matching peak images on the same screen (R) | 257.65 |

| Item | Diagnostic imaging service | Fee (\$) |
|------------------------------|--|----------|
| 55117 | Pharmacological stress echocardiography performed in conjunction with item 11712, with two-dimensional recordings before drug infusion (baseline) from at least 3 acoustic windows and matching recordings from the same windows at least twice during drug infusion, including a recording at the peak drug dose or immediately after peak exercise. Recordings must be made on digital media with equipment permitting display of baseline and matching peak images on the same screen (R) | 257.65 |
| 55118 | Heart, 2 dimensional real time transoesophageal examination of, from at least 2 levels, and in more than 1 plane at each level: (a) with: (i) pulsed wave Doppler examination; and (ii) real time colour flow mapping; and (iii) recordings on video tape or digital medium; and (b) not being a service associated with a service to which an item in Subgroup 1 (with the exception of item 55054) or 3 applies (R) (Anaes. 17708 = 6B + 2T) | 257.05 |
| 55130 | Intra-operative 2 dimensional real time transoesophageal echocardiography incorporating Doppler techniques with colour flow mapping and recording onto video tape or digital medium, performed during cardiac surgery incorporating sequential assessment of cardiac function before and after the surgical procedure (R) (Anaes. 17710 = 6B + 4T) | 372.20 |
| <i>Subgroup 3 — Vascular</i> | | |
| 55238 | Duplex scanning, unilateral, involving B mode ultrasound imaging and integrated Doppler flow measurements by spectral analysis of arteries or bypass grafts in the lower limb or of arteries and bypass grafts in the lower limb, below the inguinal ligament, not being a service associated with a service to which an item in Subgroup 1 (with the exception of item 55054) or 4 applies — 1 examination and report (R) | 169.45 |

| Item | Diagnostic imaging service | Fee (\$) |
|-------|---|----------|
| 55240 | Duplex scanning, unilateral, involving B mode ultrasound imaging and integrated Doppler flow measurements by spectral analysis of arteries or bypass grafts in the lower limb or of arteries and bypass grafts in the lower limb, below the inguinal ligament, including a service referred to in item 11603, 11606 or 11609, not being a service associated with a service to which an item in Subgroup 1 (with the exception of item 55054) or 4 applies — 1 examination and report (R) | 197.00 |
| 55242 | Duplex scanning, unilateral, involving B mode ultrasound imaging and integrated Doppler flow measurements by spectral analysis of arteries or bypass grafts in the lower limb or of arteries and bypass grafts in the lower limb, below the inguinal ligament, including a service referred to in item 11612, not being a service associated with a service to which an item in Subgroup 1 (with the exception of item 55054) or 4 applies — 1 examination and report (R) | 218.50 |
| 55244 | Duplex scanning, unilateral, involving B mode ultrasound imaging and integrated Doppler flow measurements by spectral analysis of veins in the lower limb, below the inguinal ligament, for acute venous thrombosis, not being a service associated with a service to which an item in Subgroup 1 (with the exception of item 55054) or 4 applies — 1 examination and report (R) | 169.45 |
| 55245 | Duplex scanning, unilateral, involving B mode ultrasound imaging and integrated Doppler flow measurements by spectral analysis of veins in the lower limb, below the inguinal ligament, for acute venous thrombosis, including a service referred to in item 11603, 11606 or 11609, not being a service associated with a service to which an item in Subgroup 1 (with the exception of item 55054) or 4 applies — 1 examination and report (R) | 197.00 |
| 55246 | Duplex scanning, unilateral, involving B mode ultrasound imaging and integrated Doppler flow measurements by spectral analysis of veins in the lower limb, below the inguinal ligament, for chronic venous disease, not being a service associated with a service to which an item in Subgroup 1 (with the exception of item 55054) or 4 applies — 1 examination and report (R) | 169.45 |

| Item | Diagnostic imaging service | Fee (\$) |
|-------|--|----------|
| 55247 | Duplex scanning, unilateral, involving B mode ultrasound imaging and integrated Doppler flow measurements by spectral analysis of veins in the lower limb, below the inguinal ligament, for chronic venous disease, including a service referred to in item 11603, 11606 or 11609, not being a service associated with a service to which an item in Subgroup 1 (with the exception of item 55054) or 4 applies — 1 examination and report (R) | 197.00 |
| 55248 | Duplex scanning, unilateral, involving B mode ultrasound imaging and integrated Doppler flow measurements by spectral analysis of arteries or bypass grafts in the upper limb or of arteries and bypass grafts in the upper limb, not being a service associated with a service to which an item in Subgroup 1 (with the exception of item 55054) or 4 applies — 1 examination and report (R) | 169.45 |
| 55250 | Duplex scanning, unilateral, involving B mode ultrasound imaging and integrated Doppler flow measurements by spectral analysis of arteries or bypass grafts in the upper limb or of arteries and bypass grafts in the upper limb, including a service referred to in item 11603, 11606 or 11609, not being a service associated with a service to which an item in Subgroup 1 (with the exception of item 55054) or 4 applies — 1 examination and report (R) | 197.00 |
| 55252 | Duplex scanning, unilateral, involving B mode ultrasound imaging and integrated Doppler flow measurements by spectral analysis of veins in the upper limb, not being a service associated with a service to which an item in Subgroup 1 (with the exception of item 55054) or 4 applies — 1 examination and report (R) | 169.45 |
| 55254 | Duplex scanning, unilateral, involving B mode ultrasound imaging and integrated Doppler flow measurements by spectral analysis of veins in the upper limb, including a service referred to in item 11603, 11606 or 11609, not being a service associated with a service to which an item in Subgroup 1 (with the exception of item 55054) or 4 applies — 1 examination and report (R) | 197.00 |

| Item | Diagnostic imaging service | Fee (\$) |
|-------|--|----------|
| 55256 | Duplex scanning, bilateral, involving B mode ultrasound imaging and integrated Doppler flow measurements by spectral analysis of arteries or bypass grafts in the lower limbs or of arteries and bypass grafts in the lower limbs, below the inguinal ligament, not being a service associated with a service to which an item in Subgroup 1 (with the exception of item 55054) or 4 applies — 1 examination and report (R) | 169.45 |
| 55258 | Duplex scanning, bilateral, involving B mode ultrasound imaging and integrated Doppler flow measurements by spectral analysis of arteries or bypass grafts in the lower limbs or of arteries and bypass grafts in the lower limbs, below the inguinal ligament, including a service referred to in item 11603, 11606 or 11609, not being a service associated with a service to which an item in Subgroup 1 (with the exception of item 55054) or 4 applies — 1 examination and report (R) | 197.00 |
| 55260 | Duplex scanning, bilateral, involving B mode ultrasound imaging and integrated Doppler flow measurements by spectral analysis of arteries or bypass grafts in the lower limbs or of arteries and bypass grafts in the lower limbs, below the inguinal ligament, including a service referred to in item 11612, not being a service associated with a service to which an item in Subgroup 1 (with exception of item 55054) or 4 applies — 1 examination and report (R) | 218.50 |
| 55262 | Duplex scanning, bilateral, involving B mode ultrasound imaging and integrated Doppler flow measurements by spectral analysis of veins in the lower limbs, below the inguinal ligament, for acute venous thrombosis, not being a service associated with a service to which an item in Subgroup 1 (with the exception of item 55054) or 4 applies — 1 examination and report (R) | 169.45 |
| 55263 | Duplex scanning, bilateral, involving B mode ultrasound imaging and integrated Doppler flow measurements by spectral analysis of veins in the lower limb, below the inguinal ligament, for acute venous thrombosis, including a service referred to in item 11603, 11606 or 11609, not being a service associated with a service to which an item in Subgroup 1 (with the exception of item 55054) or 4 applies — 1 examination and report (R) | 197.00 |

| Item | Diagnostic imaging service | Fee (\$) |
|-------|---|----------|
| 55264 | Duplex scanning, bilateral, involving B mode ultrasound imaging and integrated Doppler flow measurements by spectral analysis of veins in the lower limbs, below the inguinal ligament, for chronic venous disease, not being a service associated with a service to which an item in Subgroup 1 (with the exception of item 55054) or 4 applies — 1 examination and report (R) | 169.45 |
| 55265 | Duplex scanning, bilateral, involving B mode ultrasound imaging and integrated Doppler flow measurements by spectral analysis of veins in the lower limb, below the inguinal ligament, for chronic venous disease, including a service referred to in item 11603, 11606 or 11609, not being a service associated with a service to which an item in Subgroup 1 (with the exception of item 55054) or 4 applies — 1 examination and report (R) | 197.00 |
| 55266 | Duplex scanning, bilateral, involving B mode ultrasound imaging and integrated Doppler flow measurements by spectral analysis of arteries or bypass grafts in the upper limbs or of arteries and bypass grafts in the upper limbs, not being a service associated with a service to which an item in Subgroup 1 (with the exception of item 55054) or 4 applies — 1 examination and report (R) | 169.45 |
| 55268 | Duplex scanning, bilateral, involving B mode ultrasound imaging and integrated Doppler flow measurements by spectral analysis of arteries or bypass grafts in the upper limbs, including a service referred to in item 11603, 11606 or 11609, not being a service associated with a service to which an item in Subgroup 1 (with the exception of item 55054) or 4 applies — 1 examination and report (R) | 197.00 |
| 55270 | Duplex scanning, bilateral, involving B mode ultrasound imaging and integrated Doppler flow measurements by spectral analysis of veins in the upper limbs, not being a service associated with a service to which an item in Subgroup 1 (with the exception of item 55054) or 4 applies — 1 examination and report (R) | 169.45 |

| Item | Diagnostic imaging service | Fee (\$) |
|-------|--|----------|
| 55272 | Duplex scanning, bilateral, involving B mode ultrasound imaging and integrated Doppler flow measurements by spectral analysis of veins in the upper limbs, including a service referred to in item 11603, 11606 or 11609, not being a service associated with a service to which an item in Subgroup 1 (with the exception of item 55054) or 4 applies — 1 examination and report (R) | 197.00 |
| 55274 | Duplex scanning, bilateral, involving B mode ultrasound imaging and integrated Doppler flow measurements by spectral analysis of extra-cranial bilateral carotid and vertebral vessels, with or without subclavian and innominate vessels, with or without oculoplethysmography or peri-orbital Doppler examination, not being a service associated with a service to which an item in Subgroup 1 (with the exception of item 55054) or 4 applies — 1 examination and report (R) | 169.45 |
| 55276 | Duplex scanning involving B mode ultrasound imaging and integrated Doppler flow measurements by spectral analysis of intra-abdominal, aorta and iliac arteries or inferior vena cava and iliac veins or of intra-abdominal, aorta and iliac arteries and inferior vena cava and iliac veins, excluding pregnancy related studies, for an examination of not less than 45 minutes duration, not being a service associated with a service to which an item in Subgroup 1 (with the exception of item 55054) or 4 applies — 1 examination and report (R) | 169.45 |
| 55277 | Duplex scanning involving B mode ultrasound imaging and integrated Doppler flow measurements by spectral analysis of intra-abdominal, aorta and iliac arteries and inferior vena cava and iliac veins, excluding pregnancy related studies, for an examination of between 25 and 45 minutes duration, not being a service associated with a service to which an item in Subgroup 1 (with the exception of item 55054) or 4 applies — 1 examination and report (R) | 109.40 |

| Item | Diagnostic imaging service | Fee (\$) |
|-------|--|----------|
| 55278 | Duplex scanning involving B mode ultrasound imaging and integrated Doppler flow measurements by spectral analysis of renal or visceral vessels or of renal and visceral vessels, including aorta, inferior vena cava and iliac vessels as required excluding pregnancy related studies, for an examination of not less than 45 minutes duration, not being a service associated with a service to which an item in Subgroup 1 (with the exception of item 55054) or 4 applies — 1 examination and report (R) | 169.45 |
| 55279 | Duplex scanning involving B mode ultrasound imaging and integrated Doppler flow measurements by spectral analysis of renal or visceral vessels or of renal and visceral vessels, including aorta, inferior vena cava and iliac vessels as required excluding pregnancy related studies, for an examination of between 25 and 45 minutes duration, not being a service associated with a service to which an item in Subgroup 1 (with the exception of item 55054) or 4 applies — 1 examination and report (R) | 109.40 |
| 55280 | Duplex scanning involving B mode ultrasound imaging and integrated Doppler flow measurements by spectral analysis of intra-cranial vessels, not being a service associated with a service to which an item in Subgroup 1 (with the exception of item 55054) or 4 applies — 1 examination and report (R) | 169.45 |
| 55282 | Duplex scanning involving B mode ultrasound imaging and integrated Doppler flow measurements: <ul style="list-style-type: none"> (a) by spectral analysis of cavernosal artery of the penis following intracavernosal administration of a vasoactive agent; and (b) performed during the period of pharmacological activity of the injected agent, to confirm a diagnosis of vascular aetiology for impotence; and (c) where a specialist in diagnostic radiology, nuclear medicine, urology, general surgery (sub-specialising in vascular surgery) or a consultant physician in nuclear medicine attends the patient in person at the practice location where the service is performed, immediately before or for a period during the performance of the service; and | 169.45 |

| Item | Diagnostic imaging service | Fee (\$) |
|-------|--|----------|
| | (d) where that specialist or consultant physician interprets the results and prepares a report, not being a service associated with a service to which an item in Subgroup 1 (with the exception of item 55054) or 4 applies — examination and report (R) | |
| 55284 | Duplex scanning involving B mode ultrasound imaging and integrated Doppler flow measurements: <ul style="list-style-type: none"> (a) by spectral analysis of cavernosal tissue of the penis to confirm a diagnosis; and (b) where indicated, assess the progress and management of: <ul style="list-style-type: none"> (i) priapism; or (ii) fibrosis of any type; or (iii) fracture of the tunica; or (iv) arteriovenous malformations; and (c) where a specialist in diagnostic radiology, nuclear medicine, urology, general surgery (sub-specialising in vascular surgery) or a consultant physician in nuclear medicine attends the patient in person at the practice location where the service is performed, immediately before or for a period during the performance of the service; and (d) where that specialist or consultant physician interprets the results and prepares a report, not being a service associated with a service to which an item in Subgroup 1 (with the exception of item 55054) or 4 applies — 1 examination and report (R) | 169.45 |
| 55288 | Two examinations of the kind referred to in items 55238 to 55280 except for an examination of the kind referred to in the items shown in the following blocks, where only one examination can be provided from the items in any one block: <ul style="list-style-type: none"> block (a) items 55238, 55240, 55242, 55256, 55258 and 55260; block (b) items 55244, 55245, 55246, 55247, 55262, 55263, 55264 and 55265; block (c) items 55248, 55250, 55266 and 55268; block (d) items 55252, 55254, 55270 and 55272; | 298.65 |

| Item | Diagnostic imaging service | Fee (\$) |
|--------------------------------|--|----------|
| | block (e) items 55276, 55277, 55278 and 55279; not being a service associated with a service to which an item in Subgroup 1 (with the exception of item 55054), or 4 applies — examination and report (R) | |
| 55290 | Three examinations of the kind referred to in items 55238 to 55280 except for an examination of the kind referred to in the items shown in the following blocks, where only one examination can be provided from the items in any one block: block (a) items 55238, 55240, 55242, 55256, 55258 and 55260; block (b) items 55244, 55245, 55246, 55247, 55262, 55263, 55264 and 55265; block (c) items 55248, 55250, 55266 and 55268; block (d) items 55252, 55254, 55270 and 55272; block (e) items 55276, 55277, 55278 and 55279; not being a service associated with a service to which an item in Subgroup 1 (with the exception of item 55054), or 4 applies — examination and report (R) | 298.65 |
| <i>Subgroup 4 — Urological</i> | | |
| 55600 | Prostate, bladder base and urethra, transrectal ultrasound scan of, where performed: (a) personally by a medical practitioner (not being the medical practitioner who assessed the patient as specified in paragraph (c)) using a transducer probe that: (i) has a nominal frequency of 7 to 7.5 megahertz or a nominal frequency range which includes frequencies of 7 to 7.5 megahertz; and (ii) can obtain both axial and sagittal scans in 2 planes at right angles; and (b) following a digital rectal examination of the prostate by that medical practitioner; and | 99.90 |

| Item | Diagnostic imaging service | Fee (\$) |
|--|---|----------|
| | <ul style="list-style-type: none"> (c) on a patient who has been assessed by a specialist in urology, radiation oncology or medical oncology or a consultant physician in medical oncology who has: <ul style="list-style-type: none"> (i) examined the patient in the 60 days before the scan; and (ii) recommended the scan for the management of the patient's current prostatic disease (R) | |
| 55603 | <p>Prostate, bladder base and urethra, transrectal ultrasound scan of, where performed:</p> <ul style="list-style-type: none"> (a) personally by a medical practitioner who made the assessment mentioned in paragraph (c) using a transducer probe that: <ul style="list-style-type: none"> (i) has a nominal frequency of 7 to 7.5 megahertz or a nominal frequency range which includes frequencies of 7 to 7.5 megahertz; and (ii) can obtain both axial and sagittal scans in 2 planes at right angles; and (b) following a digital rectal examination of the prostate by that medical practitioner; and (c) on a patient who has been assessed by a specialist in urology, radiation oncology or medical oncology or a consultant physician in medical oncology who has: <ul style="list-style-type: none"> (i) examined the patient in the 60 days before the scan; and (ii) recommended the scan for the management of the patient's current prostatic disease (R) | 99.90 |
| <i>Subgroup 5 — Obstetric and gynaecological</i> | | |
| 55700 | <p>Pelvis or abdomen, pregnancy-related or pregnancy complication, ultrasound scan of, by any or all approaches, performed by or on behalf of a medical practitioner, where:</p> <ul style="list-style-type: none"> (a) the patient is referred by a medical practitioner; and (b) the dating of the pregnancy (as confirmed by ultrasound) is less than 12 weeks of gestation; and (c) the service is not associated with a service to which an item in Subgroup 2 or 3 applies; and | 60.00 |

| Item | Diagnostic imaging service | Fee (\$) |
|------|---|----------|
| | (d) the referring practitioner is not a member of a group of practitioners of which the first-mentioned practitioner is a member; and | |
| | (e) one or more of the following conditions are present: | |
| | (i) hyperemesis gravidarum; | |
| | (ii) diabetes mellitus; | |
| | (iii) hypertension; | |
| | (iv) toxaemia of pregnancy; | |
| | (v) liver or renal disease; | |
| | (vi) autoimmune disease; | |
| | (vii) cardiac disease; | |
| | (viii) alloimmunisation; | |
| | (ix) maternal infection; | |
| | (x) inflammatory bowel disease; | |
| | (xi) bowel stoma; | |
| | (xii) abdominal wall scarring; | |
| | (xiii) previous spinal or pelvic trauma or disease; | |
| | (xiv) drug dependency; | |
| | (xv) thrombophilia; | |
| | (xvi) significant maternal obesity; | |
| | (xvii) advanced maternal age; | |
| | (xviii) abdominal pain or mass; | |
| | (xix) uncertain dates; | |
| | (xx) high risk pregnancy; | |
| | (xxi) previous post dates delivery; | |
| | (xxii) previous caesarean section; | |
| | (xxiii) poor obstetric history; | |
| | (xxiv) suspicion of ectopic pregnancy; | |
| | (xxv) risk of miscarriage; | |
| | (xxvi) diminished symptoms of pregnancy; | |
| | (xxvii) suspected or known cervical incompetence; | |
| | (xxviii) suspected or known uterine abnormality; | |
| | (xxix) pregnancy after assisted reproduction; | |
| | (xxx) risk of foetal abnormality (R) | |

| Item | Diagnostic imaging service | Fee (\$) |
|-------|--|----------|
| 55703 | <p>Pelvis or abdomen, pregnancy-related or pregnancy complication, ultrasound scan of, by any or all approaches, where:</p> <ul style="list-style-type: none"> (a) the patient is not referred by a medical practitioner; and (b) the dating of the pregnancy (as confirmed by ultrasound) is less than 12 weeks of gestation; and (c) the service is not associated with a service to which an item in Subgroup 2 or 3 applies; and (d) one or more of the following conditions are present: <ul style="list-style-type: none"> (i) hyperemesis gravidarum; (ii) diabetes mellitus; (iii) hypertension; (iv) toxaemia of pregnancy; (v) liver or renal disease; (vi) autoimmune disease; (vii) cardiac disease; (viii) alloimmunisation; (ix) maternal infection; (x) inflammatory bowel disease; (xi) bowel stoma; (xii) abdominal wall scarring; (xiii) previous spinal or pelvic trauma or disease; (xiv) drug dependency; (xv) thrombophilia; (xvi) significant maternal obesity; (xvii) advanced maternal age; (xviii) abdominal pain or mass; (xix) uncertain dates; (xx) high risk pregnancy; (xxi) previous post dates delivery; (xxii) previous caesarean section; (xxiii) poor obstetric history; (xxiv) suspicion of ectopic pregnancy; | 35.00 |

| Item | Diagnostic imaging service | Fee (\$) |
|-------|---|----------|
| | <ul style="list-style-type: none"> (xxv) risk of miscarriage; (xxvi) diminished symptoms of pregnancy; (xxvii) suspected or known cervical incompetence; (xxviii) suspected or known uterine abnormality; (xxix) pregnancy after assisted reproduction; (xxx) risk of foetal abnormality (NR) | |
| 55704 | <p>Pelvis or abdomen, pregnancy-related or pregnancy complication, foetal development and anatomy, ultrasound scan of, by any or all approaches, performed by or on behalf of a medical practitioner, where:</p> <ul style="list-style-type: none"> (a) the patient is referred by a medical practitioner; and (b) the dating of the pregnancy (as confirmed by ultrasound) is 12 to 16 weeks of gestation; and (c) the service is not associated with a service to which an item in Subgroup 2 or 3 applies; and (d) the referring practitioner is not a member of a group of practitioners of which the first-mentioned practitioner is a member; and (e) one or more of the following conditions are present: <ul style="list-style-type: none"> (i) hyperemesis gravidarum; (ii) diabetes mellitus; (iii) hypertension; (iv) toxemia of pregnancy; (v) liver or renal disease; (vi) autoimmune disease; (vii) cardiac disease; (viii) alloimmunisation; (ix) maternal infection; (x) inflammatory bowel disease; (xi) bowel stoma; (xii) abdominal wall scarring; (xiii) previous spinal or pelvic trauma or disease; (xiv) drug dependency; (xv) thrombophilia; (xvi) significant maternal obesity; (xvii) advanced maternal age; | 70.00 |

| Item | Diagnostic imaging service | Fee (\$) |
|-------|---|----------|
| | <ul style="list-style-type: none"> (xviii) abdominal pain or mass; (xix) uncertain dates; (xx) high risk pregnancy; (xxi) previous post dates delivery; (xxii) previous caesarean section; (xxiii) poor obstetric history; (xxiv) suspicion of ectopic pregnancy; (xxv) risk of miscarriage; (xxvi) diminished symptoms of pregnancy; (xxvii) suspected or known cervical incompetence; (xxviii) suspected or known uterine abnormality; (xxix) pregnancy after assisted reproduction; (xxx) risk of foetal abnormality (R) | |
| 55705 | <p>Pelvis or abdomen, pregnancy-related or pregnancy complication, foetal development and anatomy, ultrasound scan of, by any or all approaches, where:</p> <ul style="list-style-type: none"> (a) the patient is not referred by a medical practitioner; and (b) the dating of the pregnancy (as confirmed by ultrasound) is 12 to 16 weeks of gestation; and (c) the service is not associated with a service to which an item in Subgroup 2 or 3 applies; and (d) one or more of the following conditions are present: <ul style="list-style-type: none"> (i) hyperemesis gravidarum; (ii) diabetes mellitus; (iii) hypertension; (iv) toxemia of pregnancy; (v) liver or renal disease; (vi) autoimmune disease; (vii) cardiac disease; | 35.00 |

| Item | Diagnostic imaging service | Fee (\$) |
|-------|---|----------|
| | <ul style="list-style-type: none"> (viii) alloimmunisation; (ix) maternal infection; (x) inflammatory bowel disease; (xi) bowel stoma; (xii) abdominal wall scarring; (xiii) previous spinal or pelvic trauma or disease; (xiv) drug dependency; (xv) thrombophilia; (xvi) significant maternal obesity; (xvii) advanced maternal age; (xviii) abdominal pain or mass; (xix) uncertain dates; (xx) high risk pregnancy; (xxi) previous post dates delivery; (xxii) previous caesarean section; (xxiii) poor obstetric history; (xxiv) suspicion of ectopic pregnancy; (xxv) risk of miscarriage; (xxvi) diminished symptoms of pregnancy; (xxvii) suspected or known cervical incompetence; (xxviii) suspected or known uterine abnormality; (xxix) pregnancy after assisted reproduction; (xxx) risk of foetal abnormality (NR) | |
| 55706 | <p>Pelvis or abdomen, pregnancy-related or pregnancy complication, foetal development and anatomy, ultrasound scan (not exceeding 1 service in any 1 pregnancy) of, by any or all approaches, with measurement of all parameters for dating purposes, performed by or on behalf of a medical practitioner, where:</p> <ul style="list-style-type: none"> (a) the patient is referred by a medical practitioner; and (b) the dating for the pregnancy (as confirmed by ultrasound) is 17 to 22 weeks of gestation; and (c) the service is not associated with a service to which an item in Subgroup 2 or 3 applies; and | 100.00 |

| Item | Diagnostic imaging service | Fee (\$) |
|-------|---|----------|
| | <ul style="list-style-type: none"> (d) the referring practitioner is not a member of a group of practitioners of which the first-mentioned practitioner is a member; and (e) the service is not performed in the same pregnancy as item 55709 (R) | |
| 55709 | <p>Pelvis or abdomen, pregnancy-related or pregnancy complication, foetal development and anatomy, ultrasound scan (not exceeding 1 service in any 1 pregnancy) of, by any or all approaches, with measurement of all parameters for dating purposes, where:</p> <ul style="list-style-type: none"> (a) the patient is not referred by a medical practitioner; and (b) the dating of the pregnancy (as confirmed by ultrasound) is 17 to 22 weeks of gestation; and (c) the service is not associated with a service to which an item in Subgroup 2 or 3 applies; and (d) the service is not performed in the same pregnancy as item 55706 (NR) | 38.00 |
| 55712 | <p>Pelvis or abdomen, pregnancy-related or pregnancy complication, foetal development and anatomy, ultrasound scan of, by any or all approaches, with measurement of all parameters for dating purposes, performed by or on behalf of a medical practitioner, where:</p> <ul style="list-style-type: none"> (a) the patient is referred by a medical practitioner who: <ul style="list-style-type: none"> (i) is a Member or a Fellow of the Royal Australian and New Zealand College of Obstetricians and Gynaecologists; or (ii) has a Diploma of Obstetrics; or (iii) has a qualification recognised by the Royal Australian and New Zealand College of Obstetricians and Gynaecologists as being equivalent to a Diploma of Obstetrics; or (iv) has obstetric privileges at a non-metropolitan hospital; and (b) the dating of the pregnancy (as confirmed by ultrasound) is 17 to 22 weeks of gestation; and (c) the service is not associated with a service to which an item in Subgroup 2 or 3 applies; and | 115.00 |

| Item | Diagnostic imaging service | Fee (\$) |
|-------|---|----------|
| | <ul style="list-style-type: none"> (d) the referring practitioner is not a member of a group of practitioners of which the first-mentioned practitioner is a member; and (e) further examination is clinically indicated after performance, in the same pregnancy, of a scan mentioned in item 55706 or 55709 (R) | |
| 55715 | <p>Pelvis or abdomen, pregnancy-related or pregnancy complication, foetal development and anatomy, ultrasound scan of, by any or all approaches, with measurement of all parameters for dating purposes, performed by or on behalf of a medical practitioner who is a Member or a Fellow of the Royal Australian and New Zealand College of Obstetricians and Gynaecologists, where:</p> <ul style="list-style-type: none"> (a) the patient is not referred by a medical practitioner; and (b) the dating of the pregnancy (as confirmed by ultrasound) is 17 to 22 weeks of gestation; and (c) the service is not associated with a service to which an item in Subgroup 2 or 3 applies; and (d) further examination is clinically indicated after performance, in the same pregnancy, of a scan mentioned in item 55706 or 55709 (NR) | 40.00 |
| 55718 | <p>Pelvis or abdomen, pregnancy-related or pregnancy complication, foetal development and anatomy, ultrasound scan (not exceeding 1 service in any 1 pregnancy) of, by any or all approaches, performed by or on behalf of a medical practitioner, where:</p> <ul style="list-style-type: none"> (a) the patient is referred by a medical practitioner; and (b) the dating of the pregnancy (as confirmed by ultrasound) is after 22 weeks of gestation; and (c) the service is not associated with a service to which an item in Subgroup 2 or 3 applies; and | 100.00 |

| Item | Diagnostic imaging service | Fee (\$) |
|------|---|----------|
| | <ul style="list-style-type: none"> (d) the referring practitioner is not a member of a group of practitioners of which the first-mentioned practitioner is a member; and (e) the service is not performed in the same pregnancy as item 55723; and (f) one or more of the following conditions are present: <ul style="list-style-type: none"> (i) known or suspected foetal abnormality or foetal cardiac arrhythmia; (ii) foetal anatomy (late booking or incomplete mid-trimester scan); (iii) malpresentation; (iv) cervical assessment; (v) clinical suspicion of amniotic fluid abnormality; (vi) clinical suspicion of placental or umbilical cord abnormality; (vii) previous complicated delivery; (viii) uterine scar assessment; (ix) uterine fibroid; (x) previous foetal death in utero or neonatal death; (xi) antepartum haemorrhage; (xii) clinical suspicion of intrauterine growth retardation; (xiii) clinical suspicion of macrosomia; (xiv) reduced foetal movements; (xv) suspected foetal death; (xvi) abnormal cardiotocography; (xvii) prolonged pregnancy; (xviii) premature labour; (xx) foetal infection; (xxi) pregnancy after assisted reproduction; (xxii) trauma; (xxiii) diabetes mellitus; (xxiv) hypertension; (xxv) toxemia of pregnancy; (xxvi) liver or renal disease; | |

| Item | Diagnostic imaging service | Fee (\$) |
|-------|---|----------|
| | <ul style="list-style-type: none"> (xxvii) autoimmune disease; (xxviii) cardiac disease; (xxix) alloimmunisation; (xxx) maternal infection; (xxxi) inflammatory bowel disease; (xxxii) bowel stoma; (xxxiii) abdominal wall scarring; (xxxiv) previous spinal or pelvic trauma or disease; (xxxv) drug dependency; (xxxvi) thrombophilia; (xxxvii) gross maternal obesity; (xxxviii) advanced maternal age; (xxxix) abdominal pain or mass (R) | |
| 55721 | <p>Pelvis or abdomen, pregnancy-related or pregnancy complication, foetal development and anatomy, ultrasound scan of, by any or all approaches, performed by or on behalf of a medical practitioner, where:</p> <ul style="list-style-type: none"> (a) the patient is referred by a medical practitioner who: <ul style="list-style-type: none"> (i) is a Member or a Fellow of the Royal Australian and New Zealand College of Obstetricians and Gynaecologists; or (ii) has a Diploma of Obstetrics; or (iii) has a qualification recognised by the Royal Australian and New Zealand College of Obstetricians and Gynaecologists as being equivalent to a Diploma of Obstetrics; or (iv) has obstetric privileges at a non-metropolitan hospital; and (b) the dating of the pregnancy (as confirmed by ultrasound) is after 22 weeks of gestation; and (c) the service is not associated with a service to which an item in Subgroup 2 or 3 applies; and | 115.00 |

| Item | Diagnostic imaging service | Fee (\$) |
|-------|--|----------|
| | <ul style="list-style-type: none"> (d) the referring practitioner is not a member of a group of practitioners of which the first-mentioned practitioner is a member; and (e) further examination is clinically indicated in the same pregnancy to which item 55718 or 55723 applies (R) | |
| 55723 | <p>Pelvis or abdomen, pregnancy-related or pregnancy complication, foetal development and anatomy, ultrasound scan of (not exceeding 1 service in any 1 pregnancy), by any or all approaches, where:</p> <ul style="list-style-type: none"> (a) the patient is not referred by a medical practitioner; and (b) the dating of the pregnancy (as confirmed by ultrasound) is after 22 weeks of gestation; and (c) the service is not associated with a service to which an item in Subgroup 2 or 3 applies; and (d) the service is not performed in the same pregnancy as item 55718; and (e) one or more of the following conditions are present: <ul style="list-style-type: none"> (i) known or suspected foetal abnormality or foetal cardiac arrhythmia; (ii) foetal anatomy (late booking or incomplete mid-trimester scan); (iii) malpresentation; (iv) cervical assessment; (v) clinical suspicion of amniotic fluid abnormality; (vi) clinical suspicion of placental or umbilical cord abnormality; (vii) previous complicated delivery; (viii) uterine scar assessment; (ix) uterine fibroid; (x) previous foetal death in utero or neonatal death; (xi) antepartum haemorrhage; (xii) clinical suspicion of intrauterine growth retardation; | 38.00 |

| Item | Diagnostic imaging service | Fee (\$) |
|-------|---|----------|
| | <ul style="list-style-type: none"> (xiii) clinical suspicion of macrosomia; (xiv) reduced foetal movements; (xv) suspected foetal death; (xvi) abnormal cardiotocography; (xvii) prolonged pregnancy; (xviii) premature labour; (xx) foetal infection; (xxi) pregnancy after assisted reproduction; (xxii) trauma; (xxiii) diabetes mellitus; (xxiv) hypertension; (xxv) toxaemia of pregnancy; (xxvi) liver or renal disease; (xxvii) autoimmune disease; (xxviii) cardiac disease; (xxix) alloimmunisation; (xxx) maternal infection; (xxxi) inflammatory bowel disease; (xxxii) bowel stoma; (xxxiii) abdominal wall scarring; (xxxiv) previous spinal or pelvic trauma or disease; (xxxv) drug dependency; (xxxvi) thrombophilia; (xxxvii) gross maternal obesity; (xxxviii) advanced maternal age; (xxxix) abdominal pain or mass (NR) | |
| 55725 | <p>Pelvis or abdomen, pregnancy-related or pregnancy complication, foetal development and anatomy, ultrasound scan of, by any or all approaches, performed by or on behalf of a medical practitioner who is a Member or a Fellow of the Royal Australian and New Zealand College of Obstetricians and Gynaecologists, where:</p> <ul style="list-style-type: none"> (a) the patient is not referred by a medical practitioner; and (b) the dating of the pregnancy (as confirmed by ultrasound) is after 22 weeks of gestation; and | 40.00 |

| Item | Diagnostic imaging service | Fee (\$) |
|-------|--|----------|
| | <ul style="list-style-type: none"> (c) the service is not associated with a service to which an item in Subgroup 2 or 3 applies; and (d) further examination is clinically indicated in the same pregnancy to which item 55718 or 55723 applies (NR) | |
| 55728 | <p>Pelvis or abdomen, pregnancy-related or pregnancy complication, foetal development and anatomy, ultrasound scan of, by any or all approaches, performed by or on behalf of a medical practitioner, where:</p> <ul style="list-style-type: none"> (a) the patient is referred by a medical practitioner who: <ul style="list-style-type: none"> (i) is a Member or a Fellow of the Royal Australian and New Zealand College of Obstetricians and Gynaecologists; or (ii) has a Diploma of Obstetrics; or (iii) has a qualification recognised by the Royal Australian and New Zealand College of Obstetricians and Gynaecologists as being equivalent to a Diploma of Obstetrics; or (iv) has obstetric privileges at a non-metropolitan hospital; and (b) the dating of the pregnancy (as confirmed by ultrasound) is after 22 weeks of gestation; and (c) the service is not associated with a service to which an item in Subgroup 2 or 3 applies; and (d) the referring practitioner is not a member of a group of practitioners of which the first-mentioned practitioner is a member; and (e) it can be demonstrated that a clinical condition other than a condition mentioned in paragraph (f) of item 55718 or paragraph (e) of item 55723 is present (R) | 100.00 |
| 55729 | <p>Measurement of umbilical blood flow using pulsed wave or continuous wave Doppler techniques after the 26th week of gestation where the patient is referred by a medical practitioner for this procedure and where there is reason to suspect intrauterine growth retardation or a significant risk of foetal death, not being a service associated with a service to which an item in this group applies — examination and report (R)</p> | 27.25 |

| Item | Diagnostic imaging service | Fee (\$) |
|-------|--|----------|
| 55731 | <p>Pelvis, female, ultrasound scan of, by any or all approaches, performed by or on behalf of a medical practitioner, where:</p> <ul style="list-style-type: none"> (a) the patient is referred by a medical practitioner; and (b) the service is not associated with a service to which an item in Subgroup 2 or 3 applies; and (c) the referring practitioner is not a member of a group of practitioners of which the first-mentioned practitioner is a member; and (d) the service is not performed with item 55036 or 55038 on the same patient within 24 hours (R) | 98.00 |
| 55733 | <p>Pelvis, female, ultrasound scan of, by any or all approaches, where:</p> <ul style="list-style-type: none"> (a) the patient is not referred by a medical practitioner; and (b) the service is not associated with a service to which an item in Subgroup 2 or 3 applies (NR) | 35.00 |
| 55736 | <p>Pelvis, female, ultrasound scan of, in association with saline infusion of the endometrial cavity, by any or all approaches, performed by or on behalf of a medical practitioner, where:</p> <ul style="list-style-type: none"> (a) the patient is referred by a medical practitioner; and (b) the service is not associated with a service to which an item in Subgroup 2 or 3 applies; and (c) the referring medical practitioner is not a member of a group of medical practitioners of which the first-mentioned practitioner is a member; and (d) a previous transvaginal ultrasound has revealed an abnormality of the uterus or fallopian tube (R) | 127.00 |
| 55739 | <p>Pelvis, female, ultrasound scan of, in association with saline infusion of the endometrial cavity, by any or all approaches, where:</p> <ul style="list-style-type: none"> (a) the patient is not referred by a medical practitioner; and (b) the service is not associated with a service to which an item in Subgroup 2 or 3 applies; and (c) a previous transvaginal ultrasound has revealed an abnormality of the uterus or fallopian tube (NR) | 57.00 |

| Item | Diagnostic imaging service | Fee (\$) |
|-------|---|----------|
| 55759 | <p>Pelvis or abdomen, pregnancy-related or pregnancy complication, foetal development and anatomy, ultrasound scan of (not exceeding 1 service in any 1 pregnancy), by any or all approaches, with measurement of all parameters for dating purposes, performed by or on behalf of a medical practitioner, where:</p> <ul style="list-style-type: none"> (a) the patient is referred by a medical practitioner; and (b) ultrasound of the same pregnancy confirms a multiple pregnancy; and (c) the dating of the pregnancy (as confirmed by ultrasound) is 17 to 22 weeks gestation; and (d) the service is not associated with a service to which an item in Subgroup 2 or 3 applies; and (e) the referring practitioner is not a member of a group of practitioners of which the first-mentioned practitioner is a member; and (f) the service described in item 55706, 55709, 55712, 55715 or 55762 is not performed in conjunction with the scan during the same pregnancy (R) | 150.00 |
| 55762 | <p>Pelvis or abdomen, pregnancy-related or pregnancy complication, foetal development and anatomy, ultrasound scan of (not exceeding 1 service in any 1 pregnancy), by any or all approaches, with measurement of all parameters for dating purposes, performed by or on behalf of a medical practitioner, where:</p> <ul style="list-style-type: none"> (a) the patient is not referred by a medical practitioner; and (b) ultrasound of the same pregnancy confirms a multiple pregnancy; and (c) the dating of the pregnancy (as confirmed by ultrasound) is 17 to 22 weeks gestation; and (d) the service is not associated with a service to which an item in Subgroup 2 or 3 applies; and (e) the service described in item 55706, 55709, 55712, 55715 or 55759 is not performed in conjunction with the scan during the same pregnancy (NR) | 60.00 |

| Item | Diagnostic imaging service | Fee (\$) |
|-------|--|----------|
| 55764 | <p>Pelvis or abdomen, pregnancy-related or pregnancy complication, foetal development and anatomy, ultrasound scan of, by any or all approaches, with measurement of all parameters for dating purposes, performed by or on behalf of a medical practitioner, if:</p> <ul style="list-style-type: none"> (a) the patient is referred by a medical practitioner who: <ul style="list-style-type: none"> (i) is a Member or Fellow of the Royal Australian and New Zealand College of Obstetricians and Gynaecologists; or (ii) has a Diploma of Obstetrics; or (ii) has a qualification recognised by the Royal Australian and New Zealand College of Obstetricians and Gynaecologists as equivalent to a Diploma of Obstetrics; or (iv) has obstetric privileges at a non-metropolitan hospital; and (b) ultrasound of the same pregnancy confirms a multiple pregnancy; and (c) the dating of the pregnancy (as confirmed by ultrasound) is 17 to 22 weeks gestation; and (d) the service is not associated with a service to which an item in Subgroup 2 or 3 applies; and (e) the referring practitioner is not a member of a group of practitioners of which the first-mentioned practitioner is a member; and (f) further examination is clinically indicated in the same pregnancy in which item 55759 or 55762 has been performed; and (g) the service described in item 55706, 55709, 55712 or 55715 is not performed in conjunction with the scan during the same pregnancy (R) | 160.00 |

| Item | Diagnostic imaging service | Fee (\$) |
|-------|---|----------|
| 55766 | <p>Pelvis or abdomen, pregnancy-related or pregnancy complication, foetal development and anatomy, ultrasound scan of, by any or all approaches, with measurement of all parameters for dating purposes, performed by or on behalf of a medical practitioner, who is a Member or Fellow of the Royal Australian and New Zealand College of Obstetricians and Gynaecologists, where:</p> <ul style="list-style-type: none"> (a) the patient is not referred by a medical practitioner; and (b) ultrasound of the same pregnancy confirms a multiple pregnancy; and (c) the dating of the pregnancy (as confirmed by ultrasound) is 17 to 22 weeks of gestation; and (d) the service is not associated with a service to which an item in Subgroup 2 or 3 applies; and (e) further examination is clinically indicated in the same pregnancy in which item 55759 or 55762 has been performed; and (f) the service described in item 55706, 55709, 55712 or 55715 is not performed in conjunction with the scan during the same pregnancy (NR) | 65.00 |
| 55768 | <p>Pelvis or abdomen, pregnancy-related or pregnancy complication, foetal development and anatomy, ultrasound scan of (not exceeding 1 service in any 1 pregnancy), by any or all approaches, performed by or on behalf of a medical practitioner, where:</p> <ul style="list-style-type: none"> (a) dating of the pregnancy (as confirmed by ultrasound) is after 22 weeks of gestation; and (b) the ultrasound confirms a multiple pregnancy; and (c) the patient is referred by a medical practitioner; and (d) the service is not performed in the same pregnancy as item 55770; and (e) the service is not associated with a service to which an item in Subgroup 2 or 3 applies; and | 150.00 |

| Item | Diagnostic imaging service | Fee (\$) |
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| | <ul style="list-style-type: none"> (f) the referring practitioner is not a member of a group of practitioners of which the first-mentioned practitioner is a member; and (g) the service described in item 55718, 55721, 55723, 55725 or 55728 is not performed in conjunction with the scan with during the same pregnancy (R) | |
| 55770 | <p>Pelvis or abdomen, pregnancy-related or pregnancy complication, foetal development and anatomy, ultrasound scan of (not exceeding 1 service in any 1 pregnancy), by any or all approaches, where:</p> <ul style="list-style-type: none"> (a) dating of the pregnancy as confirmed by ultrasound is after 22 weeks of gestation; and (b) the patient is not referred by a medical practitioner; and (c) the service is not performed in the same pregnancy as item 55768; and (d) the pregnancy as confirmed by ultrasound is a multiple pregnancy; and (e) the service is not associated with a service to which an item in Subgroup 2 or 3 applies; and (f) the service described in item 55718, 55721, 55723, 55725 or 55728 is not performed in conjunction with the scan during the same pregnancy (NR) | 60.00 |

| Item | Diagnostic imaging service | Fee (\$) |
|-------|---|----------|
| 55772 | <p>Pelvis or abdomen, pregnancy-related or pregnancy complication, foetal development and anatomy, ultrasound scan of, by any or all approaches, performed by or on behalf of a medical practitioner, if:</p> <ul style="list-style-type: none"> (a) dating of the pregnancy as confirmed by ultrasound is after 22 weeks of gestation; and (b) the patient is referred by a medical practitioner who: <ul style="list-style-type: none"> (i) is a Member or Fellow of the Royal Australian and New Zealand College of Obstetricians and Gynaecologists; or (ii) has a Diploma of Obstetrics; or (iii) has a qualification recognised by the Royal Australian and New Zealand College of Obstetricians and Gynaecologists as equivalent to a Diploma of Obstetrics; or (iv) has obstetric privileges at a non-metropolitan hospital; and (c) further examination is clinically indicated in the same pregnancy to which item 55768 or 55770 has been performed; and (d) the pregnancy as confirmed by ultrasound is a multiple pregnancy; and (e) the service is not associated with a service to which an item in Subgroup 2 or 3 applies; and (f) the referring practitioner is not a member of a group of practitioners of which the first-mentioned practitioner is a member; and (g) the service described in item 55718, 55721, 55723, 55725 or 55728 is not performed in conjunction with the scan during the same pregnancy (R) | 160.00 |
| 55774 | <p>Pelvis or abdomen, pregnancy-related or pregnancy complication, foetal development and anatomy, ultrasound scan of, by any or all approaches, performed by or on behalf of a medical practitioner who is a Member or a Fellow of the Royal Australian and New Zealand College of Obstetricians and Gynaecologists, where:</p> <ul style="list-style-type: none"> (a) dating of the pregnancy as confirmed by ultrasound is after 22 weeks of gestation; and | 65.00 |

| Item | Diagnostic imaging service | Fee (\$) |
|--|--|----------|
| | <ul style="list-style-type: none"> (b) the patient is not referred by a medical practitioner; and (c) further examination is clinically indicated in the same pregnancy to which item 55768 or 55770 has been performed; and (d) the pregnancy as confirmed by ultrasound is a multiple pregnancy; and (e) the service is not associated with a service to which an item in Subgroup 2 or 3 applies; and (f) the service described in item 55718, 55721, 55723, 55725 or 55728 is not performed in conjunction with the scan during the same pregnancy (NR) | |
| <i>Subgroup 6 — Musculoskeletal Ultrasound</i> | | |
| 55800 | <p>Hand or wrist, 1 or both sides, ultrasound scan of, performed by or on behalf of a medical practitioner, where:</p> <ul style="list-style-type: none"> (a) the service is not associated with a service to which an item in Subgroup 2 or 3 applies; and (b) the patient is referred by a medical practitioner; and (c) the referring practitioner is not a member of a group of practitioners of which the first-mentioned practitioner is a member (R) | 99.90 |
| 55802 | <p>Hand or wrist, 1 or both sides, ultrasound scan of, performed by or on behalf of a medical practitioner, where:</p> <ul style="list-style-type: none"> (a) the service is not associated with a service to which an item in Subgroup 2 or 3 applies; and (b) the patient is not referred by a medical practitioner (NR) | 34.65 |
| 55804 | <p>Forearm or elbow, 1 or both sides, ultrasound scan of, performed by or on behalf of a medical practitioner, where:</p> <ul style="list-style-type: none"> (a) the service is not associated with a service to which an item in Subgroup 2 or 3 applies; and (b) the patient is referred by a medical practitioner; and (c) the referring practitioner is not a member of a group of practitioners of which the first-mentioned practitioner is a member (R) | 99.90 |

| Item | Diagnostic imaging service | Fee (\$) |
|-------|---|----------|
| 55806 | Forearm or elbow, 1 or both sides, ultrasound scan of, performed by or on behalf of a medical practitioner, where: <ul style="list-style-type: none"> (a) the service is not associated with a service to which an item in Subgroup 2 or 3 applies; and (b) the patient is not referred by a medical practitioner (NR) | 34.65 |
| 55808 | Shoulder or upper arm, 1 or both sides, ultrasound scan of, performed by or on behalf of a medical practitioner, where: <ul style="list-style-type: none"> (a) the service is not associated with a service to which an item in Subgroup 2 or 3 applies; and (b) the patient is referred by a medical practitioner; and (c) the referring practitioner is not a member of a group of practitioners of which the first-mentioned practitioner is a member (R) | 99.90 |
| 55810 | Shoulder or upper arm, 1 or both sides, ultrasound scan of, performed by or on behalf of a medical practitioner, where: <ul style="list-style-type: none"> (a) the service is not associated with a service to which an item in Subgroup 2 or 3 applies; and (b) the patient is not referred by a medical practitioner (NR) | 34.65 |
| 55812 | Chest or abdominal wall, 1 or more areas, ultrasound scan of, performed by or on behalf of a medical practitioner, where: <ul style="list-style-type: none"> (a) the service is not associated with a service to which an item in Subgroup 2 or 3 applies; and (b) the patient is referred by a medical practitioner; and (c) the referring practitioner is not a member of a group of practitioners of which the first-mentioned practitioner is a member (R) | 99.90 |
| 55814 | Chest or abdominal wall, 1 or more areas, ultrasound scan of, performed by or on behalf of a medical practitioner, where: <ul style="list-style-type: none"> (a) the service is not associated with a service to which an item in Subgroup 2 or 3 applies; and (b) the patient is not referred by a medical practitioner (NR) | 34.65 |

| Item | Diagnostic imaging service | Fee (\$) |
|-------|---|----------|
| 55816 | Hip or groin, 1 or both sides, ultrasound scan of, performed by or on behalf of a medical practitioner, where: (a) the service is not associated with a service to which an item in Subgroup 2 or 3 applies; and (b) the patient is referred by a medical practitioner; and (c) the referring practitioner is not a member of a group of practitioners of which the first-mentioned practitioner is a member (R) | 99.90 |
| 55818 | Hip or groin, 1 or both sides, ultrasound scan of, performed by or on behalf of a medical practitioner, where: (a) the service is not associated with a service to which an item in Subgroup 2 or 3 applies; and (b) the patient is not referred by a medical practitioner (NR) | 34.65 |
| 55820 | Paediatric hip examination for dysplasia, 1 or both sides, ultrasound scan of, performed by or on behalf of a medical practitioner, where: (a) the service is not associated with a service to which an item in Subgroup 2 or 3 applies; and (b) the patient is referred by a medical practitioner; and (c) the referring practitioner is not a member of a group of practitioners of which the first-mentioned practitioner is a member (R) | 99.90 |
| 55822 | Paediatric hip examination for dysplasia 1 or both sides, ultrasound scan of, performed by or on behalf of a medical practitioner, where: (a) the service is not associated with a service to which an item in Subgroup 2 or 3 applies; and (b) the patient is not referred by a medical practitioner (NR) | 34.65 |

| Item | Diagnostic imaging service | Fee (\$) |
|-------|---|----------|
| 55824 | Buttock or thigh, 1 or both sides, ultrasound scan of, performed by or on behalf of a medical practitioner, where: (a) the service is not associated with a service to which an item in Subgroup 2 or 3 applies; and (b) the patient is referred by a medical practitioner; and (c) the referring practitioner is not a member of a group of practitioners of which the first-mentioned practitioner is a member (R) | 99.90 |
| 55826 | Buttock or thigh, 1 or both sides, ultrasound scan of, performed by or on behalf of a medical practitioner, where: (a) the service is not associated with a service to which an item in Subgroup 2 or 3 applies; and (b) the patient is not referred by a medical practitioner (NR) | 34.65 |
| 55828 | Knee, 1 or both sides, ultrasound scan of, performed by or on behalf of a medical practitioner, where: (a) the service is not associated with a service to which an item in Subgroup 2 or 3 applies; and (b) the patient is referred by a medical practitioner; and (c) the referring practitioner is not a member of a group of practitioners of which the first-mentioned practitioner is a member (R) | 99.90 |
| 55830 | Knee, 1 or both sides, ultrasound scan of, performed by or on behalf of a medical practitioner, where: (a) the service is not associated with a service to which an item in Subgroup 2 or 3 applies; and (b) the patient is not referred by a medical practitioner (NR) | 34.65 |
| 55832 | Lower leg, 1 or both sides, ultrasound scan of, performed by or on behalf of a medical practitioner, where: (a) the service is not associated with a service to which an item in Subgroup 2 or 3 applies; and (b) the patient is referred by a medical practitioner; and (c) the referring practitioner is not a member of a group of practitioners of which the first-mentioned practitioner is a member (R) | 99.90 |

| Item | Diagnostic imaging service | Fee (\$) |
|-------|--|----------|
| 55834 | Lower leg, 1 or both sides, ultrasound scan of, performed by or on behalf of a medical practitioner, where: (a) the service is not associated with a service to which an item in Subgroup 2 or 3 applies; and (b) the patient is not referred by a medical practitioner (NR) | 34.65 |
| 55836 | Ankle or hind foot, 1 or both sides, ultrasound scan of, performed by or on behalf of a medical practitioner, where: (a) the service is not associated with a service to which an item in Subgroup 2 or 3 applies; and (b) the patient is referred by a medical practitioner; and (c) the referring practitioner is not a member of a group of practitioners of which the first-mentioned practitioner is a member (R) | 99.90 |
| 55838 | Ankle or hind foot, 1 or both sides, ultrasound scan of, performed by or on behalf of a medical practitioner, where: (a) the service is not associated with a service to which an item in Subgroup 2 or 3 applies; and (b) the patient is not referred by a medical practitioner (NR) | 34.65 |
| 55840 | Mid foot or fore foot, 1 or both sides, ultrasound scan of, performed by or on behalf of a medical practitioner, where: (a) the service is not associated with a service to which an item in Subgroup 2 or 3 applies; and (b) the patient is referred by a medical practitioner; and (c) the referring practitioner is not a member of a group of practitioners of which the first-mentioned practitioner is a member (R) | 99.90 |
| 55842 | Mid foot or fore foot, 1 or both sides, ultrasound scan of, performed by or on behalf of a medical practitioner, where: (a) the service is not associated with a service to which an item in Subgroup 2 or 3 applies; and (b) the patient is not referred by a medical practitioner (NR) | 34.65 |

| Item | Diagnostic imaging service | Fee (\$) |
|-------|---|----------|
| 55844 | Assessment of a mass associated with the skin or subcutaneous structures, not being a part of the musculoskeletal system, 1 or more areas, ultrasound scan of, performed by or on behalf of a medical practitioner, where: <ul style="list-style-type: none"> (a) the service is not associated with a service to which an item in Subgroup 2 or 3 applies; and (b) the patient is referred by a medical practitioner; and (c) the referring practitioner is not a member of a group of practitioners of which the first-mentioned practitioner is a member (R) | 80.00 |
| 55846 | Assessment of a mass associated with the skin or subcutaneous structures, not being a part of the musculoskeletal system, 1 or more areas, ultrasound scan of, performed by or on behalf of a medical practitioner, where: <ul style="list-style-type: none"> (a) the service is not associated with a service to which an item in Subgroup 2 or 3 applies; and (b) the patient is not referred by a medical practitioner (NR) | 34.65 |
| 55848 | Musculoskeletal cross-sectional echography, in conjunction with a surgical procedure using interventional techniques, not being a service associated with a service to which any other item in this group applies, and not performed in conjunction with item 55054 (R) | 99.90 |
| 55850 | Musculoskeletal cross-sectional echography, in conjunction with a surgical procedure using interventional techniques, inclusive of a diagnostic musculoskeletal ultrasound service, where: <ul style="list-style-type: none"> (a) the referring practitioner has indicated on a referral for a musculoskeletal ultrasound that an ultrasound guided intervention be performed if clinically indicated; and (b) the service is not performed in conjunction with items 55054, or 55800 to 55848; and (c) the patient is referred by a medical practitioner; and (d) the referring practitioner is not a member of a group of practitioners of which the first-mentioned practitioner is a member (R) | 140.00 |

| Item | Diagnostic imaging service | Fee (\$) |
|--|--|----------|
| 55852 | Paediatric spine, spinal cord and overlying subcutaneous tissues, ultrasound scan of, performed by or on behalf of a medical practitioner, where: (a) the service is not associated with a service to which an item in Subgroup 2 or 3 applies; and (b) the patient is referred by a medical practitioner; and (c) the referring practitioner is not a member of a group of practitioners of which the first-mentioned practitioner is a member (R) | 99.90 |
| 55854 | Paediatric spine, spinal cord and overlying subcutaneous tissues, ultrasound scan of, performed by or on behalf of a medical practitioner, where: (a) the service is not associated with a service to which an item in Subgroup 2 or 3 applies; and (b) the patient is not referred by a medical practitioner (NR) | 34.65 |
| Group I2 — Computed tomography — Examination and report | | |
| 56001 | Computed tomography — scan of brain without intravenous contrast medium, not being a service to which item 57001 applies (R) (K) | 195.00 |
| 56007 | Computed tomography — scan of brain with intravenous contrast medium and with any scans of the brain before intravenous contrast injection, when performed, not being a service to which item 57007 applies (R) (K) | 250.00 |
| 56010 | Computed tomography — scan of pituitary fossa with or without intravenous contrast medium and with or without brain scan when performed (R) (K) | 252.10 |
| 56013 | Computed tomography — scan of orbits with or without intravenous contrast medium and with or without brain scan when performed (R) (K) | 250.00 |
| 56016 | Computed tomography — scan of petrous bones in axial and coronal planes in 1 mm or 2 mm sections, with or without contrast medium, with or without scan of brain (R) (K) | 290.00 |
| 56022 | Computed tomography — scan of facial bones, para nasal sinuses or both without intravenous contrast medium (R) (K) | 225.00 |

| Item | Diagnostic imaging service | Fee (\$) |
|-------|---|----------|
| 56028 | Computed tomography — scan of facial bones, para nasal sinuses or both with intravenous contrast medium and with any scans of the facial bones, para nasal sinuses or both before intravenous contrast injection, when performed (R) (K) | 336.80 |
| 56030 | Computed tomography — scan of facial bones, para nasal sinuses or both, with scan of brain, without intravenous contrast medium (R) (K) | 300.00 |
| 56036 | Computed tomography — scan of facial bones, para nasal sinuses or both, with scan of brain, with intravenous contrast medium, where: (a) a scan without intravenous contrast medium has been performed; and (b) the service is required because the result of the scan mentioned in paragraph (a) is abnormal (R) (K) | 375.00 |
| 56041 | Computed tomography — scan of brain without intravenous contrast medium, not being a service to which item 57041 applies (R) (NK) | 98.75 |
| 56047 | Computed tomography — scan of brain with intravenous contrast medium and with any scans of the brain before intravenous contrast injection, when performed, not being a service to which item 57047 applies (R) (NK) | 126.10 |
| 56050 | Computed tomography — scan of pituitary fossa with or without intravenous contrast medium and with or without brain scan when performed (R) (NK) | 128.15 |
| 56053 | Computed tomography — scan of orbits with or without intravenous contrast medium and with or without brain scan when performed (R) (NK) | 128.15 |
| 56056 | Computed tomography — scan of petrous bones in axial and coronal planes in 1 mm or 2 mm sections, with or without intravenous contrast medium, with or without scan of brain (R) (NK) | 155.40 |
| 56062 | Computed tomography — scan of facial bones, para nasal sinuses or both without intravenous contrast medium (R) (NK) | 113.15 |

| Item | Diagnostic imaging service | Fee (\$) |
|-------|--|----------|
| 56068 | Computed tomography — scan of facial bones, para nasal sinuses or both with intravenous contrast medium and with any scans of the facial bones, para nasal sinuses or both before intravenous contrast injection, when performed (R) (NK) | 168.40 |
| 56070 | Computed tomography — scan of facial bones, para nasal sinuses or both, with scan of brain, without intravenous contrast medium (R) (NK) | 150.00 |
| 56076 | Computed tomography — scan of facial bones, para nasal sinuses or both, with scan of brain, with intravenous contrast medium, where: (a) a scan without intravenous contrast medium has been performed; and (b) the service is required because the result of the scan mentioned in paragraph (a) is abnormal (R) (NK) | 187.50 |
| 56101 | Computed tomography — scan of soft tissues of neck, including larynx, pharynx, upper oesophagus and salivary glands (not associated with cervical spine) without intravenous contrast medium, not being a service to which item 56801 applies (R) (K) | 230.00 |
| 56107 | Computed tomography — scan of soft tissues of neck, including larynx, pharynx, upper oesophagus and salivary glands (not associated with cervical spine) — with intravenous contrast medium and with any scans of soft tissues of neck, including larynx, pharynx, upper oesophagus and salivary glands (not associated with cervical spine) before intravenous contrast injection, when undertaken, not being a service associated with a service to which item 56807 applies (R) (K) | 340.00 |
| 56141 | Computed tomography — scan of soft tissues of neck, including larynx, pharynx, upper oesophagus and salivary glands (not associated with cervical spine) without intravenous contrast medium, not being a service to which item 56841 applies (R) (NK) | 116.40 |

| Item | Diagnostic imaging service | Fee (\$) |
|-------|--|----------|
| 56147 | Computed tomography — scan of soft tissues of neck, including larynx, pharynx, upper oesophagus and salivary glands (not associated with cervical spine) — with intravenous contrast medium and with any scans of soft tissues of neck, including larynx, pharynx, upper oesophagus and salivary glands (not associated with cervical spine) before intravenous contrast injection, when performed, not being a service associated with a service to which item 56847 applies (R) (NK) | 171.60 |
| 56210 | Computed tomography — scan of spine, 1 or more regions, without intravenous contrast medium, payable once only whether 1 or more attendances are required to complete the service (R) (K) | 240.00 |
| 56216 | Computed tomography — scan of spine, 1 or more regions, with intravenous contrast medium and with any scans of the spine before intravenous contrast injection when performed; only 1 benefit is payable whether 1 or more attendances are required to complete the service (R) (K) | 351.35 |
| 56219 | Computed tomography — scan of spine, 1 or more regions with intrathecal contrast medium, including the preparation for intrathecal injection of contrast medium and any associated plain x-rays, not being a service to which item 59724 applies (R) (K) | 326.20 |
| 56250 | Computed tomography — scan of spine, 1 or more regions, without intravenous contrast medium, payable once only whether 1 or more attendances are required to complete the service (R) (NK) | 122.50 |
| 56256 | Computed tomography — scan of spine, 1 or more regions, with intravenous contrast medium and with any scans of the spine before intravenous contrast injection when performed; only 1 benefit is payable whether 1 or more attendances are required to complete the service (R) (NK) | 177.50 |
| 56259 | Computed tomography — scan of spine, 1 or more regions with intrathecal contrast medium, including the preparation for intrathecal injection of contrast medium and any associated plain x-rays, not being a service to which item 59724 applies (R) (NK) | 164.80 |

| Item | Diagnostic imaging service | Fee (\$) |
|-------|---|----------|
| 56301 | Computed tomography — scan of chest, including lungs, mediastinum, chest wall and pleura, with or without scans of the upper abdomen, without intravenous contrast medium, not being a service to which item 56801 or 57001 applies and not including a study performed to exclude coronary artery calcification (R) (K) | 295.00 |
| 56307 | Computed tomography — scan of chest, including lungs, mediastinum, chest wall and pleura, with or without scans of the upper abdomen, with intravenous contrast medium and with any scans of the chest, including lungs, mediastinum, chest wall or pleura and upper abdomen before intravenous contrast injection, when undertaken, not being a service to which item 56807 or 57007 applies and not including a study performed to exclude coronary artery calcification (R) (K) | 400.00 |
| 56341 | Computed tomography — scan of chest, including lungs, mediastinum, chest wall and pleura, with or without scans of the upper abdomen, without intravenous contrast medium, not being a service to which item 56841 or 57041 applies and not including a study performed to exclude coronary artery calcification (R) (NK) | 149.50 |
| 56347 | Computed tomography — scan of chest, including lungs, mediastinum, chest wall and pleura, with or without scans of the upper abdomen, with intravenous contrast medium and with any scans of the chest, including lungs, mediastinum, chest wall or pleura and upper abdomen before intravenous contrast injection, when undertaken, not being a service to which item 56847 or 57047 applies and not including a study performed to exclude coronary artery calcification (R) (NK) | 202.00 |
| 56401 | Computed tomography — scan of upper abdomen only (diaphragm to iliac crest) without intravenous contrast medium, not being a service to which item 56301, 56501, 56801 or 57001 applies (R) (K) | 250.00 |

| Item | Diagnostic imaging service | Fee (\$) |
|-------|--|----------|
| 56407 | Computed tomography — scan of upper abdomen only (diaphragm to iliac crest), with intravenous contrast medium, and with any scans of upper abdomen (diaphragm to iliac crest) before intravenous contrast injection, when undertaken, not being a service to which item 56307, 56507, 56807 or 57007 applies (R) (K) | 360.00 |
| 56409 | Computed tomography — scan of pelvis only (iliac crest to pubic symphysis) without intravenous contrast medium not being a service associated with a service to which item 56401 applies (R) (K) | 250.00 |
| 56412 | Computed tomography — scan of pelvis only (iliac crest to pubic symphysis), with intravenous contrast medium and with any scans of pelvis (iliac crest to pubic symphysis) before intravenous contrast injection, when undertaken, not being a service to which item 56407 applies (R) (K) | 360.00 |
| 56441 | Computed tomography — scan of upper abdomen only (diaphragm to iliac crest) without intravenous contrast medium, not being a service to which item 56341, 56541, 56841 or 57041 applies (R) (NK) | 126.80 |
| 56447 | Computed tomography — scan of upper abdomen only (diaphragm to iliac crest), with intravenous contrast medium, and with any scans of upper abdomen (diaphragm to iliac crest) before intravenous contrast injection, when performed, not being a service to which item 56347, 56547, 56847 or 57047 applies (R) (NK) | 181.45 |
| 56449 | Computed tomography — scan of pelvis only (iliac crest to pubic symphysis) without intravenous contrast medium not being a service associated with a service to which item 56441 applies (R) (NK) | 126.80 |
| 56452 | Computed tomography — scan of pelvis only (iliac crest to pubic symphysis), with intravenous contrast medium and with any scans of pelvis (iliac crest to pubic symphysis) before intravenous contrast injection, when undertaken, not being a service to which item 56447 applies (R) (NK) | 181.45 |
| 56501 | Computed tomography — scan of upper abdomen and pelvis without intravenous contrast medium, not being a service to which item 56801 or 57001 applies (R) (K) | 385.00 |

| Item | Diagnostic imaging service | Fee (\$) |
|-------|--|----------|
| 56507 | Computed tomography — scan of upper abdomen and pelvis with intravenous contrast medium and with any scans of upper abdomen and pelvis before intravenous contrast injection, when performed, not being a service to which item 56807 or 57007 applies (R) (K) | 480.00 |
| 56541 | Computed tomography — scan of upper abdomen and pelvis without intravenous contrast medium, not being a service to which item 56841 or 57041 applies (R) (NK) | 193.10 |
| 56547 | Computed tomography — scan of upper abdomen and pelvis with intravenous contrast medium and with any scans of upper abdomen and pelvis before intravenous contrast injection, when performed, not being a service to which item 56847 or 57047 applies (R) (NK) | 243.75 |
| 56619 | Computed tomography — scan of extremities, 1 or more regions without intravenous contrast medium, payable once only, whether 1 or more attendances are required to complete the service (R) (K) | 220.00 |
| 56625 | Computed tomography — scan of extremities, 1 or more regions with intravenous contrast medium and with any scans of extremities before intravenous contrast injection, when performed; only 1 benefit is payable whether 1 or more attendances are required to complete the service (R) (K) | 334.65 |
| 56659 | Computed tomography — scan of extremities, 1 or more regions without intravenous contrast medium, payable once only, whether 1 or more attendances are required to complete the service (R) (NK) | 112.10 |
| 56665 | Computed tomography — scan of extremities, 1 or more regions with intravenous contrast medium and with any scans of extremities before intravenous contrast injection, when performed; only 1 benefit is payable whether 1 or more attendances are required to complete the service (R) (NK) | 167.35 |
| 56801 | Computed tomography — scan of chest, abdomen and pelvis with or without scans of soft tissues of neck without intravenous contrast medium, not including a study performed to exclude coronary artery calcification (R) (K) | 466.55 |

| Item | Diagnostic imaging service | Fee (\$) |
|-------|--|----------|
| 56807 | Computed tomography — scan of chest, abdomen and pelvis with or without scans of soft tissues of neck with intravenous contrast medium and with any scans of chest, abdomen and pelvis with or without scans of soft tissue of neck before intravenous contrast injection, when performed, not including a study performed to exclude coronary artery calcification (R) (K) | 560.00 |
| 56841 | Computed tomography — scan of chest, abdomen and pelvis with or without scans of soft tissues of neck without intravenous contrast medium, not including a study performed to exclude coronary artery calcification (R) (NK) | 233.30 |
| 56847 | Computed tomography — scan of chest, abdomen and pelvis with or without scans of soft tissues of neck with intravenous contrast medium and with any scans of chest, abdomen and pelvis with or without scans of soft tissue of neck before intravenous contrast injection, when performed, not including a study performed to exclude coronary artery calcification (R) (NK) | 283.85 |
| 57001 | Computed tomography — scan of brain and chest with or without scans of upper abdomen without intravenous contrast medium, not including a study performed to exclude coronary artery calcification (R) (K) | 466.65 |
| 57007 | Computed tomography — scan of brain and chest with or without scans of upper abdomen with intravenous contrast medium and with any scans of brain and chest and upper abdomen before intravenous contrast injection, when performed, not including a study performed to exclude coronary artery calcification (R) (K) | 567.75 |
| 57041 | Computed tomography — scan of brain and chest with or without scans of upper abdomen without intravenous contrast medium, not including a study performed to exclude coronary artery calcification (R) (NK) | 233.35 |
| 57047 | Computed tomography — scan of brain and chest with or without scans of upper abdomen with intravenous contrast medium and with any scans of brain and chest and upper abdomen before intravenous contrast injection, when performed, not including a study performed to exclude coronary artery calcification (R) (NK) | 283.90 |

| Item | Diagnostic imaging service | Fee (\$) |
|-------|---|----------|
| 57201 | Computed tomography — pelvimetry (R) (K) | 155.20 |
| 57247 | Computed tomography — pelvimetry (R) (NK) | 77.60 |
| 57341 | Computed tomography, in conjunction with a surgical procedure using interventional techniques, not being a service associated with a service to which another item in this table applies (R) (K) | 470.00 |
| 57345 | Computed tomography, in conjunction with a surgical procedure using interventional techniques, not being a service associated with a service to which another item in this table applies (R) (NK) | 242.00 |
| 57350 | Computed tomography — spiral angiography with intravenous contrast medium including any scans performed before intravenous contrast injection — 1 or more spiral data acquisitions, including image editing, and maximum intensity projections or 3 dimensional surface shaded display, with hardcopy recording of multiple projections, where: <ul style="list-style-type: none"> (a) the service is not a service to which another item in this group applies; and (b) the service is performed for the exclusion of arterial stenosis, occlusion, aneurysm or embolism; and (c) the service has not been performed on the same patient within the previous 12 months (R) (K) | 510.00 |
| 57355 | Computed tomography — spiral angiography with intravenous contrast medium including any scans performed before intravenous contrast injection — 1 or more spiral data acquisitions, including image editing, and maximum intensity projections or 3 dimensional surface shaded display, with hardcopy recording of multiple projections, where: <ul style="list-style-type: none"> (a) the service is not a service to which another item in this group applies; and (b) the service is performed for the exclusion of arterial stenosis, occlusion, aneurysm or embolism; and (c) the service has not been performed on the same patient within the previous 12 months (R) (NK) | 255.00 |

| Item | Diagnostic imaging service | Fee (\$) |
|---|--|----------|
| Group I3 — Diagnostic radiology | | |
| <i>Subgroup 1 — Radiographic examination of extremities and report</i> | | |
| 57506 | Hand, wrist, forearm, elbow or humerus (NR) | 28.05 |
| 57509 | Hand, wrist, forearm, elbow or humerus (R) | 37.50 |
| 57512 | Hand, wrist and forearm, or forearm and elbow, or elbow and humerus (NR) | 38.15 |
| 57515 | Hand, wrist and forearm, or forearm and elbow, or elbow and humerus (R) | 50.90 |
| 57518 | Foot, ankle, leg, knee or femur (NR) | 30.65 |
| 57521 | Foot, ankle, leg, knee or femur (R) | 40.90 |
| 57524 | Foot and ankle, or ankle and leg, or leg and knee, or knee and femur (NR) | 46.55 |
| 57527 | Foot and ankle, or ankle and leg, or leg and knee, or knee and femur (R) | 62.00 |
| <i>Subgroup 2 — Radiographic examination of shoulder or pelvis and report</i> | | |
| 57700 | Shoulder or scapula (NR) | 38.15 |
| 57703 | Shoulder or scapula (R) | 50.90 |
| 57706 | Clavicle (NR) | 30.65 |
| 57709 | Clavicle (R) | 40.90 |
| 57712 | Hip joint (R) | 44.45 |
| 57715 | Pelvic girdle (R) | 57.45 |
| 57721 | Femur, internal fixation of neck or intertrochanteric (pertrochanteric) fracture (R) | 93.55 |
| <i>Subgroup 3 — Radiographic examination of head and report</i> | | |
| 57901 | Skull, not in association with item 57902 (R) | 60.80 |
| 57902 | Cephalometry, not in association with item 57901 (R) | 60.80 |
| 57903 | Sinuses (R) | 44.55 |
| 57906 | Mastoids (R) | 60.80 |
| 57909 | Petrous temporal bones (R) | 60.80 |
| 57912 | Facial bones — orbit, maxilla or malar, any or all (R) | 44.45 |

| Item | Diagnostic imaging service | Fee (\$) |
|--|--|----------|
| 57915 | Mandible, not by orthopantomography technique (R) | 44.45 |
| 57918 | Salivary calculus (R) | 44.45 |
| 57921 | Nose (R) | 44.45 |
| 57924 | Eye (R) | 44.45 |
| 57927 | Temporo-mandibular joints (R) | 46.80 |
| 57930 | Teeth — single area (R) | 31.00 |
| 57933 | Teeth — full mouth (R) | 73.75 |
| 57936 | Teeth — orthopantomography (R) | 44.65 |
| 57939 | Palato-pharyngeal studies with fluoroscopic screening (R) | 60.80 |
| 57942 | Palato-pharyngeal studies without fluoroscopic screening (R) | 46.80 |
| 57945 | Larynx, lateral airways and soft tissues of the neck, not being a service associated with a service to which item 57939 or 57942 applies (R) | 40.90 |
| <i>Subgroup 4 — Radiographic examination of spine and report</i> | | |
| 58100 | Spine — cervical (R) | 63.30 |
| 58103 | Spine — thoracic (R) | 51.95 |
| 58106 | Spine — lumbo-sacral (R) | 72.55 |
| 58109 | Spine — sacro-coccygeal (R) | 44.30 |
| 58112 | Spine — 2 regions (R) | 91.65 |
| 58115 | Spine — 3 or more regions (R) | 125.30 |
| <i>Subgroup 5 — Bone age study and skeletal survey and report</i> | | |
| 58300 | Bone age study (R) | 37.80 |
| 58306 | Skeletal survey (R) | 84.25 |
| <i>Subgroup 6 — Radiographic examination of thoracic region and report</i> | | |
| 58500 | Chest (lung fields) by direct radiography (NR) | 33.30 |
| 58503 | Chest (lung fields) by direct radiography (R) | 44.45 |
| 58506 | Chest (lung fields) by direct radiography with fluoroscopic screening (R) | 57.30 |

| Item | Diagnostic imaging service | Fee (\$) |
|--|---|----------|
| 58509 | Thoracic inlet or trachea (R) | 37.50 |
| 58521 | Left ribs, right ribs or sternum (R) | 40.90 |
| 58524 | Left and right ribs, left ribs and sternum, or right ribs and sternum (R) | 53.25 |
| 58527 | Left ribs, right ribs and sternum (R) | 65.45 |
| <i>Subgroup 7 — Radiographic examination of urinary tract and report</i> | | |
| 58700 | Plain renal only (R) | 43.40 |
| 58706 | Intravenous pyelography, with or without preliminary plain films and with or without tomography — examination and report (R) | 148.85 |
| 58715 | Antegrade or retrograde pyelography with or without preliminary plain films and with preparation and contrast injection, 1 side — examination and report (R) | 142.85 |
| 58718 | Retrograde cystography or retrograde urethrography with or without preliminary plain films and with preparation and contrast injection — examination and report (R) (Anaes. 17705 = 3B + 2T) | 118.90 |
| 58721 | Retrograde micturating cysto-urethrography, with preparation and contrast injection — examination and report (R) (Anaes. 17705 = 3B + 2T) | 130.30 |
| <i>Subgroup 8 — Radiographic examination of alimentary tract and biliary system and report</i> | | |
| 58900 | Plain abdominal only, not being a service associated with a service to which item 58909, 58912, 58915 or 58924 applies (NR) | 33.65 |
| 58903 | Plain abdominal only, not being a service associated with a service to which item 58909, 58912, 58915 or 58924 applies (R) | 44.85 |
| 58909 | Barium or other opaque meal of 1 or more of pharynx, oesophagus, stomach or duodenum, with or without preliminary plain films of pharynx, chest or duodenum, not being a service associated with a service to which item 57939, 57942 or 57945 applies — examination and report (R) | 84.80 |

| Item | Diagnostic imaging service | Fee (\$) |
|--|--|---------------------|
| 58912 | Barium or other opaque meal of oesophagus, stomach, duodenum and follow through to colon, with or without screening of chest and with or without preliminary plain film (R) | 103.95 |
| 58915 | Barium or other opaque meal, small bowel series only, with or without preliminary plain film (R) | 74.40 |
| 58916 | Small bowel enema, barium or other opaque study of the small bowel, including duodenal intubation, with or without preliminary plain films, not being a service associated with a service to which item 30488 applies — examination and report (R) (Anaes. 17707 = 5B + 2T) | 130.55 |
| 58921 | Opaque enema, with or without air contrast study and with or without preliminary plain films — examination and report (R) | 127.50 |
| 58924 | Graham's test (cholecystography), with preliminary plain films and with or without tomography — examination and report (R) | 79.20 |
| 58927 | Cholegraphy direct, with or without preliminary plain films and with preparation and contrast injection, not being a service associated with a service to which item 30439 applies — examination and report (R) | 72.05 |
| 58933 | Cholegraphy, percutaneous transhepatic, with or without preliminary plain films and with preparation and contrast injection — examination and report (R) | 193.80 |
| 58936 | Cholegraphy, drip infusion, with or without preliminary plain films, with preparation and contrast injection and with or without tomography — examination and report (R) | 184.70 |
| 58939 | Defaecogram (R) | 131.30 |
| <i>Subgroup 9 — Radiographic examination for localisation of foreign bodies and report</i> | | |
| 59103 | Foreign body, localisation of and report, not being a service to which another item in this group applies (R) | Amount under rule 8 |

| Item | Diagnostic imaging service | Fee (\$) |
|---|---|----------|
| <i>Subgroup 10 — Radiographic examination of breasts and report</i> | | |
| 59300 | Radiographic examination of both breasts (with or without thermography) and report if: <ul style="list-style-type: none"> (a) the patient is referred with a specific request for this procedure; and (b) there is reason to suspect the presence of malignancy in the breasts because of: <ul style="list-style-type: none"> (i) the past occurrence of breast malignancy in the patient or members of the patient's family; or (ii) symptoms or indications of malignancy found on an examination of the patient by a medical practitioner (R) (S) | 82.00 |
| 59303 | Radiographic examination of 1 breast (with or without thermography) and report if: <ul style="list-style-type: none"> (a) the patient is referred with a specific request for this procedure; and (b) there is reason to suspect the presence of malignancy in the breast because of: <ul style="list-style-type: none"> (i) the past occurrence of breast malignancy in the patient or members of the patient's family; or (ii) symptoms or indications of malignancy found on an examination of the patient by a medical practitioner (R) (S) | 49.45 |
| 59306 | Mammary ductogram (galactography) — 1 breast (R) | 94.55 |
| 59309 | Mammary ductogram (galactography) — 2 breasts (R) | 189.10 |
| 59312 | Radiographic examination of both breasts, in conjunction with a surgical procedure on each breast, using interventional techniques — examination and report (R) | 82.00 |
| 59314 | Radiographic examination of 1 breast, in conjunction with a surgical procedure using interventional techniques — examination and report (R) | 49.45 |
| 59318 | Radiographic examination of excised breast tissue to confirm satisfactory excision of 1 or more lesions in 1 breast or both following pre-operative localisation in conjunction with a service under item 30361 — examination and report (R) | 44.35 |

| Item | Diagnostic imaging service | Fee (\$) |
|--|---|----------|
| <i>Subgroup 11 — Radiographic examination in connection with pregnancy and report</i> | | |
| 59503 | Pelvimetry, not being a service associated with a service to which item 57201 applies (R) | 84.25 |
| <i>Subgroup 12 — Radiographic examination with opaque or contrast media and report</i> | | |
| 59700 | Discography, each disc, with or without preliminary plain films and with preparation and contrast injection — examination and report (R) (Anaes. 17707 = 5B + 2T) | 91.00 |
| 59703 | Dacryocystography, 1 side, with or without preliminary plain film and with preparation and contrast injection — examination and report (R) | 71.55 |
| 59712 | Hysterosalpingography, with or without preliminary plain films and with preparation and contrast injection — examination and report (R) (Anaes. 17705 = 3B + 2T) | 107.20 |
| 59715 | Bronchography, 1 side, with or without preliminary plain films and with preparation and contrast injection — examination and report (R) (Anaes. 17709 = 6B + 3T) | 135.30 |
| 59718 | Phlebography, 1 side, with or without preliminary plain films and with preparation and contrast injection — examination and report (R) (Anaes. 17708 = 5B + 3T) | 126.95 |
| 59724 | Myelography, 1 or more regions, with or without preliminary plain films and with preparation and contrast injection, not being a service associated with a service to which item 56219 applies — examination and report (R) (Anaes. 17712 = 7B + 5T) | 213.45 |
| 59733 | Sialography, 1 side, with preparation and contrast injection, not being a service associated with a service to which item 57918 applies — examination and report (R) | 101.50 |
| 59736 | Vasoepididymography, 1 side, for other than an investigation for reversal of previous sterilisation — examination and report (R) | 58.45 |
| 59739 | Sinogram or fistulogram, 1 or more regions, with or without preliminary plain films and with preparation and contrast injection — examination and report (R) | 69.50 |

| Item | Diagnostic imaging service | Fee (\$) |
|---|--|----------|
| 59751 | Arthrography, each joint, excluding the facet (zygapophyseal) joints of the spine, single or double contrast study, with or without preliminary plain films and with preparation and contrast injection — examination and report (R) | 131.15 |
| 59754 | Lymphangiography, one or both sides, with preliminary plain films and follow-up radiography and with preparation and contrast injection — examination and report (R) | 206.75 |
| 59760 | Peritoneogram (herniography) with or without contrast medium including preparation — performed on a person over 14 years of age (R) | 108.55 |
| 59763 | Air insufflation during video — fluoroscopic imaging including associated consultation (R) | 126.20 |
| <i>Subgroup 13 — Angiography and report</i> | | |
| 59900 | Serial angiocardiology (rapid cassette changing) — each series (R) (Anaes. 17711 = 7B + 4T) | 87.55 |
| 59903 | Serial angiocardiology (single plane) — each series (R) (Anaes. 17711 = 7B + 4T) | 120.60 |
| 59906 | Serial angiocardiology (bi-plane) — each series (R) (Anaes. 17711 = 7B + 4T) | 120.60 |
| 59912 | Selective coronary arteriography (R) | 321.25 |
| 59915 | Cerebral angiography — 1 side (R) | 81.95 |
| 59918 | Arteriography, peripheral — 1 side (R) | 103.95 |
| 59921 | Aortography (R) | 103.95 |
| 59924 | Selective arteriography — per injection and film or data acquisition run (R) | 103.95 |
| 59970 | Angiography or digital subtraction angiography, or both, with fluoroscopy and image acquisition using a mobile image intensifier, one or more regions including any preliminary plain films, preparation and contrast injection (R) | 158.65 |

| Item | Diagnostic imaging service | Fee (\$) |
|-------|---|----------|
| 60000 | Digital subtraction angiography, examination of head and neck with or without arch aortography — 1 to 3 data acquisition runs (R) | 531.60 |
| 60003 | Digital subtraction angiography, examination of head and neck with or without arch aortography — 4 to 6 data acquisition runs (R) | 779.60 |
| 60006 | Digital subtraction angiography, examination of head and neck with or without arch aortography — 7 to 9 data acquisition runs (R) | 1 108.60 |
| 60009 | Digital subtraction angiography, examination of head and neck with or without arch aortography — 10 or more data acquisition runs (R) | 1 297.30 |
| 60012 | Digital subtraction angiography, examination of thorax — 1 to 3 data acquisition runs (R) | 531.60 |
| 60015 | Digital subtraction angiography, examination of thorax — 4 to 6 data acquisition runs (R) | 779.60 |
| 60018 | Digital subtraction angiography, examination of thorax — 7 to 9 data acquisition runs (R) | 1 108.60 |
| 60021 | Digital subtraction angiography, examination of thorax — 10 or more data acquisition runs (R) | 1 297.30 |
| 60024 | Digital subtraction angiography, examination of abdomen — 1 to 3 data acquisition runs (R) | 531.60 |
| 60027 | Digital subtraction angiography, examination of abdomen — 4 to 6 data acquisition runs (R) | 779.60 |
| 60030 | Digital subtraction angiography, examination of abdomen — 7 to 9 data acquisition runs (R) | 1 108.60 |
| 60033 | Digital subtraction angiography, examination of abdomen — 10 or more data acquisition runs (R) | 1 297.30 |
| 60036 | Digital subtraction angiography, examination of upper limb or limbs — 1 to 3 data acquisition runs (R) | 531.60 |
| 60039 | Digital subtraction angiography, examination of upper limb or limbs — 4 to 6 data acquisition runs (R) | 779.60 |
| 60042 | Digital subtraction angiography, examination of upper limb or limbs — 7 to 9 data acquisition runs (R) | 1 108.60 |

| Item | Diagnostic imaging service | Fee (\$) |
|--|---|----------|
| 60045 | Digital subtraction angiography, examination of upper limb or limbs — 10 or more data acquisition runs (R) | 1 297.30 |
| 60048 | Digital subtraction angiography, examination of lower limb or limbs — 1 to 3 data acquisition runs (R) | 531.60 |
| 60051 | Digital subtraction angiography, examination of lower limb or limbs — 4 to 6 data acquisition runs (R) | 779.60 |
| 60054 | Digital subtraction angiography, examination of lower limb or limbs — 7 to 9 data acquisition runs (R) | 1 108.60 |
| 60057 | Digital subtraction angiography, examination of lower limb or limbs — 10 or more data acquisition runs (R) | 1 297.30 |
| 60060 | Digital subtraction angiography, examination of aorta and lower limb or limbs — 1 to 3 data acquisition runs (R) | 531.60 |
| 60063 | Digital subtraction angiography, examination of aorta and lower limb or limbs — 4 to 6 data acquisition runs (R) | 779.60 |
| 60066 | Digital subtraction angiography, examination of aorta and lower limb or limbs — 7 to 9 data acquisition runs (R) | 1 108.60 |
| 60069 | Digital subtraction angiography, examination of aorta and lower limb or limbs — 10 or more data acquisition runs (R) | 1 297.30 |
| 60072 | Selective arteriography or selective venography by digital subtraction angiography technique — 1 vessel (NR) | 45.35 |
| 60075 | Selective arteriography or selective venography by digital subtraction angiography technique — 2 vessels (NR) | 90.60 |
| 60078 | Selective arteriography or selective venography by digital subtraction angiography technique — 3 or more vessels (NR) | 135.95 |
| <i>Subgroup 14 — Tomography and report</i> | | |
| 60100 | Tomography of any region and report (R) | 57.30 |

| Item | Diagnostic imaging service | Fee (\$) |
|---|---|----------|
| <i>Subgroup 15 — Fluoroscopic examination and report</i> | | |
| 60500 | Fluoroscopy, with general anaesthesia (not being a service associated with a radiographic examination) (R) (Anaes. 17707 = 5B + 2T) | 40.90 |
| 60503 | Fluoroscopy, without general anaesthesia (not being a service associated with a radiographic examination) (R) | 28.05 |
| 60506 | Fluoroscopy using a mobile image intensifier, in conjunction with a surgical procedure lasting less than 1 hour, not being a service associated with a service to which another item in this table applies (R) | 60.10 |
| 60509 | Fluoroscopy using a mobile image intensifier, in conjunction with a surgical procedure lasting 1 hour or more, not being a service associated with a service to which another item in this table applies (R) | 93.20 |
| <i>Subgroup 16 — Preparation for radiological procedure</i> | | |
| 60903 | Cerebral angiography, 1 side — percutaneous, catheter or open exposure, when used in association with a service to which item 59900, 59903, 59906, 59912, 59915, 59918, 59921, 59924 or 59970 applies, not being a service associated with a service to which items 60000 to 60078 apply (NR) (Anaes. 17710 = 5B + 5T) | 120.80 |
| 60915 | Aortography, when used in association with a service to which item 59900, 59903, 59906, 59912, 59915, 59918, 59921, 59924 or 59970 applies, not being a service associated with a service to which items 60000 to 60078 apply (NR) (Anaes. 17709 = 5B + 4T) | 66.55 |
| 60918 | Arteriography (peripheral) or phlebography — 1 vessel, when used in association with a service to which item 59900, 59903, 59906, 59912, 59915, 59918, 59921 or 59924 applies, not being a service associated with a service to which items 60000 to 60078 apply (NR) (Anaes. 17708 = 5B + 3T) | 49.65 |

| Item | Diagnostic imaging service | Fee (\$) |
|--|---|----------|
| 60927 | Selective arteriogram or phlebogram, when used in association with a service to which item 59900, 59903, 59906, 59912, 59915, 59918, 59921 or 59924 applies, not being a service associated with a service to which items 60000 to 60078 apply (NR) (Anaes. 17708 = 5B + 3T) | 40.05 |
| <i>Subgroup 17 — Interventional techniques</i> | | |
| 61109 | Fluoroscopy in an angiography suite with image intensification, in conjunction with a surgical procedure using interventional techniques, not being a service associated with a service to which another item in this table applies (R) | 244.05 |
| Group I4 — Nuclear medicine imaging | | |
| 61302 | Single stress or rest myocardial perfusion study — planar imaging | 391.25 |
| 61303 | Single stress or rest myocardial perfusion study — with single photon emission tomography and with planar imaging when performed (R) | 492.75 |
| 61306 | Combined stress and rest, stress and re-injection or rest and redistribution myocardial perfusion study, including delayed imaging or re-injection protocol on a subsequent occasion — planar imaging (R) | 618.60 |
| 61307 | Combined stress and rest, stress and re-injection or rest and redistribution myocardial perfusion study, including delayed imaging or re-injection protocol on a subsequent occasion — with single photon emission tomography and with planar imaging when performed (R) | 727.75 |
| 61310 | Myocardial infarct-avid-study, with planar imaging and single photon emission tomography, or planar imaging or single photon emission tomography (R) | 320.15 |
| 61313 | Gated cardiac blood pool study, (equilibrium), with planar imaging and single photon emission tomography, or planar imaging or single photon emission tomography (R) | 264.45 |
| 61314 | Gated cardiac blood pool study, and first pass blood flow or cardiac shunt study, with planar imaging and single photon emission tomography, or planar imaging, or single photon emission tomography (R) | 366.10 |
| <i>Health Insurance (Diagnostic Imaging Services Table) Regulations 2000</i> | | 79 |

| Item | Diagnostic imaging service | Fee (\$) |
|-------|---|----------|
| 61316 | Gated cardiac blood pool study, with intervention, with planar imaging and single photon emission tomography, or planar imaging, or single photon emission tomography (R) | 332.20 |
| 61317 | Gated cardiac blood pool study, with intervention and first pass blood flow study or cardiac shunt study, with planar imaging and single photon emission tomography or planar imaging, or single photon emission tomography (R) | 429.15 |
| 61320 | Cardiac first pass blood flow study or cardiac shunt study, not being a service to which another item in this group applies (R) | 199.55 |
| 61328 | Lung perfusion study, with planar imaging and single photon emission tomography or planar imaging, or single photon emission tomography (R) | 189.40 |
| 61340 | Lung ventilation study using aerosol, technegas or xenon gas, with planar imaging and single photon emission tomography or planar imaging or single photon emission tomography (R) | 220.55 |
| 61348 | Lung perfusion study and lung ventilation study using aerosol, technegas or xenon gas, with planar imaging and single photon emission tomography, or planar imaging, or single photon emission tomography (R) | 386.45 |
| 61352 | Liver and spleen study (colloid) — planar imaging (R) | 226.05 |
| 61353 | Liver and spleen study (colloid), with single photon emission tomography and with planar imaging when performed (R) | 336.95 |
| 61356 | Red blood cell spleen or liver study, including single photon emission tomography when performed (R) | 342.35 |
| 61360 | Hepatobiliary study, including morphine administration or pre-treatment with cholecystokinin (CCK) when performed (R) | 351.60 |
| 61361 | Hepatobiliary study with formal quantification following baseline imaging, using an infusion of cholecystokinin (CCK) (R) | 402.20 |
| 61364 | Bowel haemorrhage study (R) | 433.15 |
| 61368 | Meckel's diverticulum study (R) | 194.45 |

| Item | Diagnostic imaging service | Fee (\$) |
|-------|---|----------|
| 61372 | Salivary study (R) | 194.45 |
| 61373 | Gastro-oesophageal reflux study, including delayed imaging on a separate occasion when performed (R) | 426.85 |
| 61376 | Oesophageal clearance study (R) | 125.00 |
| 61381 | Gastric emptying study, using single tracer (R) | 500.65 |
| 61383 | Combined solid and liquid gastric emptying study using dual isotope technique or the same isotope on separate days (R) | 544.80 |
| 61384 | Radionuclide colonic transit study (R) | 599.45 |
| 61386 | Renal study, including perfusion and renogram images and computer analysis or cortical study with planar imaging (R) | 289.80 |
| 61387 | Renal cortical study, with single photon emission tomography and planar quantification (R) | 375.45 |
| 61389 | Single renal study with pre-procedural administration of a diuretic or angiotensin converting enzyme (ACE) inhibitor (R) | 323.00 |
| 61390 | Renal study with diuretic administration following a baseline study (R) | 357.40 |
| 61393 | Combined examination involving a renal study following angiotensin converting enzyme (ACE) inhibitor provocation and a baseline study, in either order and related to a single referral episode (R) | 527.80 |
| 61397 | Cystoureterogram (R) | 215.20 |
| 61401 | Testicular study (R) | 141.45 |
| 61402 | Cerebral perfusion study, with single photon emission tomography and with planar imaging when performed (R) | 527.40 |
| 61405 | Brain study with blood brain barrier agent, with planar imaging and single photon emission tomography, or planar imaging, or single photon emission tomography (R) | 301.60 |
| 61409 | Cerebro-spinal fluid transport study, with imaging on 2 or more separate occasions (R) | 761.40 |
| 61413 | Cerebro-spinal fluid shunt patency study (R) | 196.95 |

| Item | Diagnostic imaging service | Fee (\$) |
|-------|---|----------|
| 61417 | Dynamic blood flow study or regional blood volume quantitative study, not being a service associated with a service to which another item in this group applies (R) | 103.55 |
| 61421 | Bone study — whole body, with, when undertaken, blood flow, blood pool and delayed imaging on a separate occasion (R) | 418.20 |
| 61425 | Bone study — whole body and single photon emission tomography, with, when undertaken, blood flow, blood pool and delayed imaging on a separate occasion (R) | 523.60 |
| 61426 | Whole body study using iodine (R) | 483.60 |
| 61429 | Whole body study using gallium (R) | 473.30 |
| 61430 | Whole body study using gallium, with single photon emission tomography (R) | 574.80 |
| 61433 | Whole body study using cells labelled with technetium (R) | 433.15 |
| 61434 | Whole body study using cells labelled with technetium, with single photon emission tomography (R) | 536.40 |
| 61437 | Whole body study using thallium (R) | 473.10 |
| 61438 | Whole body study using thallium, with single photon emission tomography (R) | 586.60 |
| 61441 | Bone marrow study — whole body using technetium labelled bone marrow agents (R) | 426.85 |
| 61442 | Whole body study, using gallium — with single photon emission tomography of 2 or more body regions acquired separately (R) | 655.75 |
| 61445 | Bone marrow study — localised using technetium labelled agent (R) | 250.00 |
| 61446 | Localised bone or joint study, including when undertaken, blood flow, blood pool and repeat imaging on a separate occasion (R) | 290.75 |
| 61449 | Localised bone or joint study and single photon emission tomography, including when undertaken, blood flow, blood pool and imaging on a separate occasion (R) | 397.70 |
| 61450 | Localised study using gallium (R) | 346.50 |

| Item | Diagnostic imaging service | Fee (\$) |
|--|--|----------------------|
| 61453 | Localised study using gallium, with single photon emission tomography (R) | 448.60 |
| 61454 | Localised study using cells labelled with technetium (R) | 303.40 |
| 61457 | Localised study using cells labelled with technetium, with single photon emission tomography (R) | 410.10 |
| 61458 | Localised study using thallium (R) | 345.95 |
| 61461 | Localised study using thallium, with single photon emission tomography (R) | 460.10 |
| 61462 | Repeat planar and single photon emission tomography imaging, or repeat planar imaging or single photon emission tomography imaging on an occasion subsequent to the performance of any one of item 61364, 61426, 61429, 61430, 61442, 61450, 61453 or 61469, where there is no additional administration of radiopharmaceutical and where the previous radionuclide scan was abnormal or equivocal (R) | Amount under rule 25 |
| 61465 | Venography (R) | 231.45 |
| 61469 | Lymphoscintigraphy (R) | 303.40 |
| 61473 | Thyroid study including uptake measurement when performed (R) | 152.85 |
| 61480 | Parathyroid study, planar imaging and single photon emission tomography when performed (R) | 337.20 |
| 61484 | Adrenal study, with imaging on 2 or more separate occasions (R) | 767.80 |
| 61485 | Adrenal study, with imaging on 2 or more occasions and renal localisation and single photon emission tomography when performed (R) | 871.00 |
| 61495 | Tear duct study (R) | 194.45 |
| 61499 | Particle perfusion study (infra-arterial) or Le Veen shunt study (R) | 220.55 |
| Group I5 — Magnetic resonance imaging | | |
| <i>Subgroup 1 — Scan of head — for the exclusion of specified conditions</i> | | |
| 63000 | MRI — scan of head (with or without intravenous contrast and including MRA, if performed) for the exclusion of tumour of the brain or meninges (R) | 475.00 |

| Item | Diagnostic imaging service | Fee (\$) |
|---|--|----------|
| 63003 | MRI — scan of head (with or without intravenous contrast and including MRA, if performed) for the exclusion of skull base or orbital tumour (R) | 475.00 |
| 63006 | MRI — scan of head (with or without intravenous contrast and including MRA, if performed) for the exclusion of acoustic neuroma (R) | 475.00 |
| 63009 | MRI — scan of head (with or without intravenous contrast and including MRA, if performed) for the exclusion of pituitary tumour (R) | 475.00 |
| 63012 | MRI — scan of head (with or without intravenous contrast and including MRA, if performed) for the exclusion of inflammation of brain or meninges (R) | 475.00 |
| 63015 | MRI — scan of head (with or without intravenous contrast and including MRA if performed) for the exclusion of toxic or metabolic or ischaemic encephalopathy (R) | 475.00 |
| 63018 | MRI — scan of head (with or without intravenous contrast and including MRA, if performed) for the exclusion of demyelinating disease of the brain (R) | 475.00 |
| 63021 | MRI — scan of head (with or without intravenous contrast and including MRA, if performed) for the exclusion of congenital malformation of brain or meninges (R) | 475.00 |
| 63024 | MRI — scan of head (with or without intravenous contrast and including MRA, if performed) for the exclusion of venous sinus thrombosis (R) | 475.00 |
| <i>Subgroup 2 — Scan of head and cervical spine — for the exclusion of specified conditions</i> | | |
| 63050 | MRI — scan of head and cervical spine (with or without intravenous contrast and including MRA, if performed) for the exclusion of tumour of the central nervous system or meninges (R) | 475.00 |
| 63053 | MRI — scan of head and cervical spine (with or without intravenous contrast and including MRA, if performed) for the exclusion of inflammation of the central nervous system or meninges (R) | 475.00 |

| Item | Diagnostic imaging service | Fee (\$) |
|--|---|----------|
| 63056 | MRI — scan of head and cervical spine (with or without intravenous contrast and including MRA, if performed) for the exclusion of demyelinating disease of the central nervous system (R) | 475.00 |
| 63059 | MRI — scan of head and cervical spine (with or without intravenous contrast and including MRA, if performed) for the exclusion of congenital malformation of the central nervous system or meninges (R) | 475.00 |
| 63062 | MRI — scan of head and cervical spine (with or without intravenous contrast and including MRA, if performed) for the exclusion of syrinx — congenital or acquired (R) | 475.00 |
| <i>Subgroup 3 — Scan of head — for further investigation of specified conditions</i> | | |
| 63100 | MRI — scan of head (with or without intravenous contrast and including MRA, if performed) for further investigation of tumour of the brain or meninges (R) | 475.00 |
| 63103 | MRI — scan of head (with or without intravenous contrast and including MRA, if performed) for further investigation of skull base or orbital tumour (R) | 475.00 |
| 63106 | MRI — scan of head (with or without intravenous contrast and including MRA, if performed) for further investigation of acoustic neuroma (R) | 475.00 |
| 63109 | MRI — scan of head (with or without intravenous contrast and including MRA, if performed) for further investigation of pituitary tumour (R) | 475.00 |
| 63112 | MRI — scan of head (with or without intravenous contrast and including MRA, if performed) for further investigation of inflammation of the brain or meninges (R) | 475.00 |
| 63115 | MRI — scan of head (with or without intravenous contrast and including MRA, if performed) for further investigation of toxic or metabolic or ischaemic encephalopathy (R) | 475.00 |
| 63118 | MRI — scan of head (with or without intravenous contrast and including MRA, if performed) for further investigation of demyelinating disease of the brain (R) | 475.00 |

| Item | Diagnostic imaging service | Fee (\$) |
|---|---|----------|
| 63121 | MRI — scan of head (with or without intravenous contrast and including MRA, if performed) for further investigation of congenital malformation of the brain or meninges (R) | 475.00 |
| 63124 | MRI — scan of head (with or without intravenous contrast and including MRA, if performed) for further investigation of head trauma (R) | 475.00 |
| 63127 | MRI — scan of head (with or without intravenous contrast and including MRA, if performed) for further investigation of epilepsy (R) | 475.00 |
| 63130 | MRI — scan of head (with or without intravenous contrast and including MRA, if performed) for further investigation of stroke (R) | 475.00 |
| 63133 | MRI — scan of head (with or without intravenous contrast and including MRA, if performed) for further investigation of venous sinus thrombosis (R) | 475.00 |
| <i>Subgroup 4 — Scan of head and cervical spine — for further investigation of specified conditions</i> | | |
| 63150 | MRI — scan of head and cervical spine (with or without intravenous contrast and including MRA, if performed) for further investigation of tumour of the central nervous system or meninges (R) | 475.00 |
| 63153 | MRI — scan of head and cervical spine (with or without intravenous contrast and including MRA, if performed) for further investigation of inflammation of the central nervous system or meninges (R) | 475.00 |
| 63156 | MRI — scan of head and cervical spine (with or without intravenous contrast and including MRA, if performed) for further investigation of demyelinating disease of the central nervous system (R) | 475.00 |
| 63159 | MRI — scan of head and cervical spine (with or without intravenous contrast and including MRA, if performed) for further investigation of congenital malformation of the central nervous system or meninges (R) | 475.00 |
| 63162 | MRI — scan of head and cervical spine (with or without intravenous contrast and including MRA, if performed) for further investigation of syrinx — congenital or acquired (R) | 475.00 |

| Item | Diagnostic imaging service | Fee (\$) |
|--|--|----------|
| <i>Subgroup 5 — Scan of head — for monitoring of specified conditions</i> | | |
| 63200 | MRI — scan of head (with or without intravenous contrast and including MRA, if performed) for monitoring of acoustic neuroma (R) | 475.00 |
| 63203 | MRI — scan of head (with or without intravenous contrast and including MRA, if performed) for monitoring of pituitary tumour (R) | 475.00 |
| 63206 | MRI — scan of head (with or without intravenous contrast and including MRA, if performed) for monitoring of demyelinating disease of the brain (R) | 475.00 |
| 63209 | MRI — scan of head (with or without intravenous contrast and including MRA, if performed) for monitoring of congenital malformation of brain or meninges (R) | 475.00 |
| 63212 | MRI — scan of head (with or without intravenous contrast, and including MRA, if performed) for monitoring of head trauma (R) | 475.00 |
| 63215 | MRI — scan of head (with or without intravenous contrast and including MRA, if performed) for monitoring of epilepsy (R) | 475.00 |
| 63218 | MRI — scan of head (with or without intravenous contrast and including MRA, if performed) for monitoring of stroke (R) | 475.00 |
| 63221 | MRI — scan of head (with or without intravenous contrast and including MRA, if performed) for monitoring of toxic or metabolic or ischaemic encephalopathy (R) | 475.00 |
| <i>Subgroup 6 — Scan of head and cervical spine — for monitoring of specified conditions</i> | | |
| 63250 | MRI — scan of head and cervical spine (with or without intravenous contrast and including MRA, if performed) for monitoring of demyelinating disease of the central nervous system (R) | 475.00 |
| 63253 | MRI — scan of head and cervical spine (with or without intravenous contrast and including MRA, if performed) for monitoring of congenital malformation of the central nervous system or meninges (R) | 475.00 |

| Item | Diagnostic imaging service | Fee (\$) |
|---|---|----------|
| 63256 | MRI — scan of head and cervical spine (with or without intravenous contrast and including MRA, if performed) for monitoring of syrinx — congenital or acquired (R) | 475.00 |
| <i>Subgroup 7 — Scan of head — for monitoring of specified conditions</i> | | |
| 63270 | MRI — scan of head (with or without intravenous contrast and including MRA, if performed) for monitoring of tumour of the brain or meninges (R) | 475.00 |
| 63273 | MRI — scan of head (with or without intravenous contrast and including MRA, if performed) for monitoring of skull base or orbital tumour (R) | 475.00 |
| 63276 | MRI — scan of head (with or without intravenous contrast and including MRA, if performed) for monitoring of inflammation of brain or meninges (R) | 475.00 |
| 63279 | MRI — scan of head (with or without intravenous contrast and including MRA, if performed) for monitoring of venous sinus thrombosis (R) | 475.00 |
| <i>Subgroup 8 — Scan of head and cervical spine — for monitoring of specified conditions</i> | | |
| 63290 | MRI — scan of head and cervical spine (with or without intravenous contrast and including MRA, if performed) for monitoring of tumour of the central nervous system or meninges (R) | 475.00 |
| 63293 | MRI — scan of head and cervical spine (with or without intravenous contrast and including MRA, if performed) for monitoring of inflammation of the central nervous system or meninges (R) | 475.00 |
| <i>Subgroup 9 — Scan of spine — 1 region or 2 contiguous regions — for the exclusion of a specified condition</i> | | |
| 63300 | MRI — scan of 1 region or 2 contiguous regions of the spine (with or without intravenous contrast) for the exclusion of infection (R) | 475.00 |
| 63303 | MRI — scan of 1 region or 2 contiguous regions of the spine (with or without intravenous contrast) for the exclusion of tumour (R) | 475.00 |
| 63306 | MRI — scan of 1 region or 2 contiguous regions of the spine (with or without intravenous contrast) for the exclusion of demyelinating disease (R) | 475.00 |

| Item | Diagnostic imaging service | Fee (\$) |
|---|--|----------|
| 63309 | MRI — scan of 1 region or 2 contiguous regions of the spine (with or without intravenous contrast) for the exclusion of congenital malformation of the spinal cord or the cauda equina or the meninges (R) | 475.00 |
| 63312 | MRI — scan of 1 region or 2 contiguous regions of the spine (with or without intravenous contrast) for the exclusion of myelopathy (R) | 475.00 |
| 63315 | MRI — scan of 1 region or 2 contiguous regions of the spine (with or without intravenous contrast) for the exclusion of syrinx — congenital or acquired (R) | 475.00 |
| <i>Subgroup 10 — Scan of spine — 3 contiguous or 2 non-contiguous regions — for the exclusion of specified conditions</i> | | |
| 63350 | MRI — scan of 3 contiguous regions or 2 non-contiguous regions of the spine (with or without intravenous contrast) for the exclusion of infection (R) | 475.00 |
| 63353 | MRI — scan of 3 contiguous regions or 2 non-contiguous regions of the spine (with or without intravenous contrast) for the exclusion of tumour (R) | 475.00 |
| 63356 | MRI — scan of 3 contiguous regions or 2 non-contiguous regions of the spine (with or without intravenous contrast) for the exclusion of demyelinating disease (R) | 475.00 |
| 63359 | MRI — scan of 3 contiguous regions or 2 non-contiguous regions of the spine (with or without intravenous contrast) for the exclusion of congenital malformation of the spinal cord or the cauda equina or the meninges (R) | 475.00 |
| 63362 | MRI — scan of 3 contiguous regions or 2 non-contiguous regions of the spine (with or without intravenous contrast) for the exclusion of myelopathy (R) | 475.00 |
| 63365 | MRI — scan of 3 contiguous regions or 2 non-contiguous regions of the spine (with or without intravenous contrast) for the exclusion of syrinx — congenital or acquired (R) | 475.00 |

| Item | Diagnostic imaging service | Fee (\$) |
|---|--|----------|
| <i>Subgroup 11 — Scan of spine — 1 region or 2 contiguous regions — for further investigation of specified conditions</i> | | |
| 63400 | MRI — scan of 1 region or 2 contiguous regions of the spine (with or without intravenous contrast) for further investigation of infection (R) | 475.00 |
| 63403 | MRI — scan of 1 region or 2 contiguous regions of the spine (with or without intravenous contrast) for further investigation of tumour (R) | 475.00 |
| 63406 | MRI — scan of 1 region or 2 contiguous regions of the spine (with or without intravenous contrast) for further investigation of demyelinating disease (R) | 475.00 |
| 63409 | MRI — scan of 1 region or 2 contiguous regions of the spine (with or without intravenous contrast) for further investigation of congenital malformation of the spinal cord or the cauda equina or the meninges (R) | 475.00 |
| 63412 | MRI — scan of 1 region or 2 contiguous regions of the spine (with or without intravenous contrast) for further investigation of myelopathy (R) | 475.00 |
| 63415 | MRI — scan of 1 region or 2 contiguous regions of the spine (with or without intravenous contrast) for further investigation of syrinx — congenital or acquired (R) | 475.00 |
| 63418 | MRI — scan of 1 region or 2 contiguous regions of the spine (with or without intravenous contrast) for further investigation of cervical radiculopathy (R) | 475.00 |
| 63421 | MRI — scan of 1 region or 2 contiguous regions of the spine (with or without intravenous contrast) for further investigation of sciatica (R) | 475.00 |
| 63424 | MRI — scan of 1 region or 2 contiguous regions of the spine (with or without intravenous contrast) for further investigation of spinal canal stenosis (R) | 475.00 |
| 63427 | MRI — scan of 1 region or 2 contiguous regions of the spine (with or without intravenous contrast) for further investigation of previous spinal surgery (R) | 475.00 |
| 63430 | MRI — scan of 1 region or 2 contiguous regions of the spine (with or without intravenous contrast) for further investigation of trauma (R) | 475.00 |

| Item | Diagnostic imaging service | Fee (\$) |
|---|--|----------|
| <i>Subgroup 12 — Scan of spine — 3 contiguous or 2 non-contiguous regions — for further investigation of specified conditions</i> | | |
| 63450 | MRI — scan of 3 contiguous regions or 2 non-contiguous regions of the spine (with or without intravenous contrast) for further investigation of infection (R) | 475.00 |
| 63453 | MRI — scan of 3 contiguous regions or 2 non-contiguous regions of the spine (with or without intravenous contrast) for further investigation of tumour (R) | 475.00 |
| 63456 | MRI — scan of 3 contiguous regions or 2 non-contiguous regions of the spine (with or without intravenous contrast) for further investigation of demyelinating disease (R) | 475.00 |
| 63459 | MRI — scan of 3 contiguous regions or 2 non-contiguous regions of the spine (with or without intravenous contrast) for the further investigation of congenital malformation of the spinal cord or the cauda equina or the meninges (R) | 475.00 |
| 63462 | MRI — scan of 3 contiguous regions or 2 non-contiguous regions of the spine (with or without intravenous contrast) for further investigation of myelopathy (R) | 475.00 |
| 63465 | MRI — scan of 3 contiguous regions or 2 non-contiguous regions of the spine (with or without intravenous contrast) for further investigation of syrinx — congenital or acquired (R) | 475.00 |
| 63468 | MRI — scan of 3 contiguous regions or 2 non-contiguous regions of the spine (with or without intravenous contrast) for the further investigation of cervical radiculopathy (R) | 475.00 |
| 63471 | MRI — scan of 3 contiguous regions or 2 non-contiguous regions of the spine (with or without intravenous contrast) for the further investigation of sciatica (R) | 475.00 |

| Item | Diagnostic imaging service | Fee (\$) |
|--|---|----------|
| 63474 | MRI — scan of 3 contiguous regions or 2 non-contiguous regions of the spine (with or without intravenous contrast) for the further investigation of spinal canal stenosis (R) | 475.00 |
| 63477 | MRI — scan of 3 contiguous regions or 2 non-contiguous regions of the spine (with or without intravenous contrast) for the further investigation of previous spinal surgery (R) | 475.00 |
| 63480 | MRI — scan of 3 contiguous regions or 2 non-contiguous regions of the spine (with or without intravenous contrast) for the further investigation of trauma (R) | 475.00 |
| <i>Subgroup 13 — Scan of spine — 1 region or 2 contiguous regions — for monitoring of specified conditions</i> | | |
| 63500 | MRI — scan of 1 region or 2 contiguous regions of the spine (with or without intravenous contrast) for monitoring of demyelinating disease (R) | 475.00 |
| 63503 | MRI — scan of 1 region or 2 contiguous regions of the spine (with or without intravenous contrast) for monitoring of congenital malformation of the spinal cord or the cauda equina or the meninges (R) | 475.00 |
| 63506 | MRI — scan of 1 region or 2 contiguous regions of the spine (with or without intravenous contrast) for monitoring of myelopathy (R) | 475.00 |
| 63509 | MRI — scan of 1 region or 2 contiguous regions of the spine (with or without intravenous contrast) for monitoring of syrinx — congenital or acquired (R) | 475.00 |
| 63512 | MRI — scan of 1 region or 2 contiguous regions of the spine (with or without intravenous contrast) for monitoring of cervical radiculopathy (R) | 475.00 |
| 63515 | MRI — scan of 1 region or 2 contiguous regions of the spine (with or without intravenous contrast) for monitoring of sciatica (R) | 475.00 |
| 63518 | MRI — scan of 1 region or 2 contiguous regions of the spine (with or without intravenous contrast) for monitoring of spinal canal stenosis (R) | 475.00 |

| Item | Diagnostic imaging service | Fee (\$) |
|--|---|----------|
| 63521 | MRI — scan of 1 region or 2 contiguous regions of the spine (with or without intravenous contrast) for monitoring of previous spinal surgery (R) | 475.00 |
| 63524 | MRI — scan of 1 region or 2 contiguous regions of the spine (with or without intravenous contrast) for monitoring of trauma (R) | 475.00 |
| <i>Subgroup 14 — Scan of spine — 3 contiguous or 2 non-contiguous regions — for monitoring of specified conditions</i> | | |
| 63550 | MRI — scan of 3 contiguous regions or 2 non-contiguous regions of the spine (with or without intravenous contrast) for monitoring of demyelinating disease (R) | 475.00 |
| 63553 | MRI — scan of 3 contiguous regions or 2 non-contiguous regions of the spine (with or without intravenous contrast) for the monitoring of congenital malformation of the spinal cord or the cauda equina or the meninges (R) | 475.00 |
| 63556 | MRI — scan of 3 contiguous regions or 2 non-contiguous regions of the spine (with or without intravenous contrast) for the monitoring of myelopathy (R) | 475.00 |
| 63559 | MRI — scan of 3 contiguous regions or 2 non-contiguous regions of the spine (with or without intravenous contrast) for the monitoring of syrinx — congenital or acquired (R) | 475.00 |
| 63562 | MRI — scan of up to 3 contiguous regions or 2 non-contiguous regions of the spine (with or without intravenous contrast) for monitoring of cervical radiculopathy (R) | 475.00 |
| 63565 | MRI — scan of up to 3 contiguous regions or 2 non-contiguous regions of the spine (with or without intravenous contrast) for monitoring of sciatica (R) | 475.00 |
| 63568 | MRI — scan of up to 3 contiguous regions or 2 non-contiguous regions of the spine (with or without intravenous contrast) for monitoring of spinal canal stenosis (R) | 475.00 |

| Item | Diagnostic imaging service | Fee (\$) |
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| 63571 | MRI — scan of up to 3 contiguous regions or 2 non-contiguous regions of the spine (with or without intravenous contrast) for monitoring of previous spinal surgery (R) | 475.00 |
| 63574 | MRI — scan of 3 contiguous regions or 2 non-contiguous regions of the spine (with or without intravenous contrast) for monitoring of trauma (R) | 475.00 |
| <i>Subgroup 15 — Scan of spine — 1 region or 2 contiguous regions — for monitoring of specified conditions</i> | | |
| 63580 | MRI — scan of 1 region or 2 contiguous regions of the spine (with or without intravenous contrast) for monitoring of infection (R) | 475.00 |
| 63583 | MRI — scan of 1 region or 2 contiguous regions of the spine (with or without intravenous contrast) for monitoring of tumour (R) | 475.00 |
| <i>Subgroup 16 — Scan of spine — 3 contiguous or 2 non-contiguous regions — for monitoring of specified conditions</i> | | |
| 63590 | MRI — scan of 3 contiguous regions or 2 non-contiguous regions of the spine (with or without intravenous contrast) for monitoring of infection (R) | 475.00 |
| 63593 | MRI — scan of 3 contiguous regions or 2 non-contiguous regions of the spine (with or without intravenous contrast) for monitoring of tumour (R) | 475.00 |
| <i>Subgroup 17 — Scan of musculoskeletal system — for the exclusion of specified conditions</i> | | |
| 63600 | MRI — scan of musculoskeletal system (with or without intravenous contrast) for the exclusion of tumour arising in bone or other connective tissue (R) | 475.00 |
| 63603 | MRI — scan of musculoskeletal system (with or without intravenous contrast) for the exclusion of infection arising in bone or other connective tissue (R) | 475.00 |
| 63606 | MRI — scan of musculoskeletal system (with or without intravenous contrast) for the exclusion of osteonecrosis (R) | 475.00 |
| 63609 | MRI — scan of musculoskeletal system (with or without intravenous contrast) for the exclusion of derangement of hip or its supporting structures (R) | 475.00 |

| Item | Diagnostic imaging service | Fee (\$) |
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| 63612 | MRI — scan of musculoskeletal system (with or without intravenous contrast) for the exclusion of derangement of shoulder or its supporting structures (R) | 475.00 |
| 63615 | MRI — scan of musculoskeletal system (with or without intravenous contrast) for the exclusion of derangement of knee or its supporting structures (R) | 475.00 |
| 63618 | MRI — scan of musculoskeletal system (with or without intravenous contrast) for the exclusion of derangement of ankle or its supporting structures (R) | 475.00 |
| 63621 | MRI — scan of musculoskeletal system (with or without intravenous contrast) for the exclusion of derangement of temporomandibular joint or its supporting structures (R) | 475.00 |
| 63624 | MRI — scan of musculoskeletal system (with or without intravenous contrast) for the exclusion of derangement of wrist or its supporting structures (R) | 475.00 |
| 63627 | MRI — scan of musculoskeletal system (with or without intravenous contrast) for the exclusion of derangement of elbow or its supporting structures (R) | 475.00 |
| <i>Subgroup 18 — Scan of musculoskeletal system — for further investigation of specified conditions</i> | | |
| 63650 | MRI — scan of musculoskeletal system (with or without intravenous contrast) for further investigation of tumour arising in bone or other connective tissue (R) | 475.00 |
| 63653 | MRI — scan of musculoskeletal system (with or without intravenous contrast) for further investigation of infection arising in bone or other connective tissue (R) | 475.00 |
| 63656 | MRI — scan of musculoskeletal system (with or without intravenous contrast) for further investigation of osteonecrosis (R) | 475.00 |
| 63659 | MRI — scan of musculoskeletal system (with or without intravenous contrast) for further investigation of derangement of hip or its supporting structures (R) | 475.00 |
| 63662 | MRI — scan of musculoskeletal system (with or without intravenous contrast) for further investigation of derangement of shoulder or its supporting structures (R) | 475.00 |

| Item | Diagnostic imaging service | Fee (\$) |
|--|---|----------|
| 63665 | MRI — scan of musculoskeletal system (with or without intravenous contrast) for further investigation of derangement of knee or its supporting structures (R) | 475.00 |
| 63668 | MRI — scan of musculoskeletal system (with or without intravenous contrast) for further investigation of derangement of ankle or its supporting structures (R) | 475.00 |
| 63671 | MRI — scan of musculoskeletal system (with or without intravenous contrast) for further investigation of derangement of temporomandibular joint or its supporting structures (R) | 475.00 |
| 63674 | MRI — scan of musculoskeletal system (with or without intravenous contrast) for further investigation of derangement of wrist or its supporting structures (R) | 475.00 |
| 63677 | MRI — scan of musculoskeletal system (with or without intravenous contrast) for further investigation of derangement of elbow or its supporting structures (R) | 475.00 |
| 63680 | MRI — scan of musculoskeletal system (with or without intravenous contrast) for further investigation of post inflammatory or post traumatic physeal fusion in a person under 16 years of age (R) | 475.00 |
| <i>Subgroup 19 — Scan of musculoskeletal system — for monitoring of specified conditions</i> | | |
| 63700 | MRI — scan of musculoskeletal system (with or without intravenous contrast) for monitoring of derangement of hip or its supporting structures (R) | 475.00 |
| 63703 | MRI — scan of musculoskeletal system (with or without intravenous contrast) for monitoring of derangement of shoulder or its supporting structures (R) | 475.00 |
| 63706 | MRI — scan of musculoskeletal system (with or without intravenous contrast) for monitoring of derangement of knee or its supporting structures (R) | 475.00 |
| 63709 | MRI — scan of musculoskeletal system (with or without intravenous contrast) for monitoring of derangement of ankle or its supporting structures (R) | 475.00 |
| 63712 | MRI — scan of musculoskeletal system (with or without intravenous contrast) for monitoring of derangement of temporomandibular joint or its supporting structures (R) | 475.00 |

| Item | Diagnostic imaging service | Fee (\$) |
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| 63715 | MRI — scan of musculoskeletal system (with or without intravenous contrast) for monitoring of derangement of wrist or its supporting structures (R) | 475.00 |
| 63718 | MRI — scan of musculoskeletal system (with or without intravenous contrast) for monitoring of derangement of elbow or its supporting structures (R) | 475.00 |
| 63721 | MRI — scan of musculoskeletal system (with or without intravenous contrast) for monitoring of post inflammatory or post traumatic physeal fusion in a person under 16 years of age (R) | 475.00 |
| <i>Subgroup 20 — Scan of musculoskeletal system — for monitoring of specified conditions</i> | | |
| 63736 | MRI — scan of musculoskeletal system (with or without intravenous contrast) for monitoring of osteonecrosis (R) | 475.00 |
| 63739 | MRI — scan of musculoskeletal system (with or without intravenous contrast) for monitoring of tumour arising in bone or other connective tissue (R) | 475.00 |
| 63742 | MRI — scan of musculoskeletal system (with or without intravenous contrast) for monitoring of infection arising in bone or other connective tissue (R) | 475.00 |
| <i>Subgroup 21 — Scan of musculoskeletal system — for further investigation or monitoring of specified conditions</i> | | |
| 63745 | MRI — scan of the musculoskeletal system (with or without intravenous contrast) for further investigation or monitoring of Gaucher disease (R) | 475.00 |
| <i>Subgroup 22 — Scan of cardiovascular system — for further investigation of specified conditions</i> | | |
| 63750 | MRI — scan of the cardiovascular system (with or without intravenous contrast and including MRA, if performed) for further investigation of congenital disease of the heart or a great vessel (R) | 475.00 |
| 63753 | MRI — scan of the cardiovascular system (with or without intravenous contrast and including MRA, if performed) for further investigation of tumour of the heart or a great vessel (R) | 475.00 |

| Item | Diagnostic imaging service | Fee (\$) |
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| 63756 | MRI — scan of the cardiovascular system (with or without intravenous contrast and including MRA, if performed) for further investigation of abnormality of thoracic aorta (R) | 475.00 |
| <i>Subgroup 23 — Scan of cardiovascular system — for monitoring of specified conditions</i> | | |
| 63800 | MRI — scan of the cardiovascular system (with or without intravenous contrast and including MRA, if performed) for monitoring of congenital disease of the heart or a great vessel (R) | 475.00 |
| 63803 | MRI — scan of the cardiovascular system (with or without intravenous contrast and including MRA, if performed) for monitoring of tumour of the heart or a great vessel (R) | 475.00 |
| 63806 | MRI — scan of the cardiovascular system (with or without intravenous contrast and including MRA if performed) for monitoring of abnormality of the thoracic aorta (R) | 475.00 |
| <i>Subgroup 24 — Magnetic resonance angiography — scan of cardiovascular system — for the exclusion of or further investigation of specified conditions</i> | | |
| 63850 | MRA — scan of the cardiovascular system (with or without intravenous contrast) for exclusion, or further investigation of stroke (R) | 475.00 |
| 63853 | MRA — scan of the cardiovascular system (with or without intravenous contrast) for exclusion, or further investigation of carotid or vertebral artery dissection (R) | 475.00 |
| 63856 | MRA — scan of the cardiovascular system (with or without intravenous contrast) for exclusion, or further investigation of intracranial aneurysm (R) | 475.00 |
| 63859 | MRA — scan of the cardiovascular system (with or without intravenous contrast) for exclusion, or further investigation of intracranial arteriovenous malformation (R) | 475.00 |
| 63862 | MRA — scan of the cardiovascular system (with or without intravenous contrast) for exclusion, or further investigation of venous sinus thrombosis (R) | 475.00 |

| Item | Diagnostic imaging service | Fee (\$) |
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| 63865 | MRA — scan of the cardiovascular system (with or without intravenous contrast) for exclusion, or further investigation, of vascular abnormality in a patient with a previous anaphylactic reaction to an iodinated contrast medium (R) | 475.00 |
| 63868 | MRA — scan of the cardiovascular system (with or without intravenous contrast) for exclusion, or further investigation of obstruction of the superior vena cava, inferior vena cava or a major pelvic vein (R) | 475.00 |
| <i>Subgroup 25 — Magnetic resonance angiography — scan of cardiovascular system — for further investigation of specified conditions — person under the age of 16 years</i> | | |
| 63870 | MRA — scan of the cardiovascular system in a person under the age of 16 years (with or without intravenous contrast) for further investigation of the vasculature of limbs before limb or digit transfer surgery in congenital limb deficiency syndrome (R) | 475.00 |
| <i>Subgroup 26 — Magnetic resonance angiography — scan of cardiovascular system — for monitoring of specified conditions</i> | | |
| 63880 | MRA — scan of the cardiovascular system (with or without intravenous contrast) for monitoring of carotid or vertebral artery dissection (R) | 475.00 |
| 63883 | MRA — scan of the cardiovascular system (with or without intravenous contrast) for monitoring of venous sinus thrombosis (R) | 475.00 |
| <i>Subgroup 27 — Scan of body — for further investigation of specified conditions — person under the age of 16 years</i> | | |
| 63900 | MRI — scan of the body in a person under the age of 16 years (with or without intravenous contrast) for further investigation of pelvic or abdominal mass (R) | 475.00 |
| 63903 | MRI — scan of the body in a person under the age of 16 years (with or without intravenous contrast) for further investigation of mediastinal mass (R) | 475.00 |
| 63906 | MRI — scan of the body in a person under the age of 16 years (with or without intravenous contrast) for further investigation of congenital uterine or anorectal abnormality (R) | 475.00 |

| Item | Diagnostic imaging service | Fee (\$) |
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| 63909 | MRI — scan of the body in a person under the age of 16 years (with or without intravenous contrast) for further investigation of Gaucher disease (R) | 475.00 |
| <i>Subgroup 28 — Scan of body — for further investigation of specified conditions</i> | | |
| 63920 | MRI — scan of the body (with or without intravenous contrast) for further investigation of adrenal mass in a patient with a malignancy which is otherwise resectable (R) | 475.00 |
| <i>Subgroup 29 — Scan of body — for monitoring of specified conditions — person under the age of 16 years</i> | | |
| 63930 | MRI — scan of the body (with or without intravenous contrast) for monitoring of congenital uterine or anorectal abnormality in a person under the age of 16 years (R) | 475.00 |
| <i>Subgroup 30 — Scan of body — for monitoring of specified conditions — person under the age of 16 years</i> | | |
| 63940 | MRI — scan of the body of a person under the age of 16 years (with or without intravenous contrast) for monitoring of mediastinal mass (R) | 475.00 |
| 63943 | MRI — scan of the body of a person under the age of 16 years (with or without intravenous contrast) for monitoring of pelvic or abdominal mass (R) | 475.00 |
| 63946 | MRI — scan of the body of a person under the age of 16 years (with or without intravenous contrast) for monitoring of Gaucher disease (R) | 475.00 |

Table of Statutory Rules**Notes to the *Health Insurance (Diagnostic Imaging Services Table) Regulations 2000*****Note 1**

The *Health Insurance (Diagnostic Imaging Services Table) Regulations 2000* (in force under the *Health Insurance Act 1973*) as shown in this compilation comprise Statutory Rules 2000 No. 291 amended as indicated in the Tables below.

Table of Statutory Rules

| Year and number | Date of notification in <i>Gazette</i> | Date of commencement | Application, saving or transitional provisions |
|------------------------|---|-----------------------------|---|
| 2000 No. 291 | 1 Nov 2000 | 1 Nov 2000 | |
| 2001 No. 78 | 27 Apr 2001 | 27 Apr 2001 | — |
| 2001 No. 122 | 6 June 2001 | 6 June 2001 | — |

Table of Amendments

Table of Amendments

ad. = added or inserted am. = amended rep. = repealed rs. = repealed and substituted

| Provision affected | How affected |
|---------------------------|--------------------------|
| Schedule 1..... | am. 2001 Nos. 78 and 122 |