AUSTRALIA

Health Insurance (Diagnostic Imaging Services Table) Regulations 2003

Statutory Rules 2003 No. 1

268

I, PHILIP MICHAEL JEFFERY, Governor-General of the Commonwealth of Australia, acting with the advice of the Federal Executive Council, make the following Regulations under the *Health Insurance Act 1973*.

Dated 21 OCT 2003 2003

P.M. Jeffery
Governor-General

By His Excellency's Command

TRISH WORTH
Parliamentary Secretary to the Minister for Health and Ageing

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Contents

1 Name of Regulations

These Regulations are the *Health Insurance (Diagnostic Imaging Services Table) Regulations 2003*.

2 Commencement

These Regulations commence on 1 November 2003.

3 *Health Insurance (Diagnostic Imaging Services Table) Regulations 2002* — repeal

The following Statutory Rules are repealed:

- 2002 No. 247
- 2003 Nos. 68 and 98.

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:

(Anaes.) — see the general medical services table.

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 an 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).

providing practitioner, in relation to a service mentioned in an item in Group I1 of Part 3, means the medical practitioner by whom, or under whose supervision or direction, the service was performed.

registered sonographer means a person whose name is entered on the Register of Sonographers kept by the Commission under regulation 3S of the *Health Insurance Commission Regulations 1975*.

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
- pathology 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) A reference to a diagnostic imaging service in an item in Part 3 includes a reference to the undertaking of the diagnostic imaging procedure used for rendering the service.

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 Who may provide a diagnostic imaging service

Unless the contrary intention appears, items in this table relating to diagnostic imaging services apply whether the service is provided by:

(a) a medical practitioner; or

(b) a person, other than a medical practitioner, who:

(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.

5 Report requirements for certain services

(1) An item in Part 3 (except an item to which subrule (2) applies) applies only if the providing practitioner gives a report of the service performed to the practitioner who requested the service.

(2) This subrule applies to the following items:

(a) items 55054, 55130, 55848, 55850, 57341, 57345, 59312, 59314, 60506, 60509 and 61109, being items of services performed in conjunction with a surgical procedure;

(b) items 60918 and 60927, being items of service performed in preparation for a radiological procedure.

6 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.

7 Meaning of *Amount under rule 7* in certain items

In item 59103:

***Amount under rule** 7* 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.

8 Ultrasound services — eligible services

Items 55028 to 55854 (except items 55600 and 55603) apply to an ultrasound service only if the service is performed:

(a) by a medical practitioner; or

(b) by a registered sonographer on behalf of a medical practitioner.

9 Ultrasound services — R-type 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 Angiography services — meaning of *(K)* and *(NK)* in items

(1) An item that includes the symbol ***(NK)*** at the end of the item applies to a service that is performed on equipment that is at least 10 years old.

(2) An item that includes the symbol ***(K)*** at the end of the item applies to a service that is performed on equipment that is less than 10 years old.

(3) The date from which the age of equipment is worked out for this rule is:

(a) the date that the equipment was first installed in Australia; or

(b) if the equipment was imported as used equipment, the date of manufacture of the oldest component of the equipment.

11 Obstetric and gynaecological ultrasound services — limits

In respect of NR-type diagnostic imaging services described in any of items 55700 to 55774, the specified fee for no more than 3 services provided to the same patient in any 1 pregnancy applies.

12 Obstetric and gynaecological services — clinical indications

(1) For items where clinical conditions are listed (items 55700, 55704, 55718, 55723, 55728, 55759 and 55768), or where a clinical indication is required for performance of subsequent scans (items 55712, 55721, 55764 and 55772), the referral must identify the relevant clinical indication for the service.

(2) If the service is self-determined (items 55703, 55705, 55715, 55723, 55725, 55762, 55770 and 55774), the clinical condition or indication must be recorded in the medical practitioner's clinical notes.

13 Obstetric and gynaecological services — referral forms

Items 55712, 55721, 55728, 55764 and 55772 apply to a service for which a referral is given by a medical practitioner who has obstetric privileges at a non-metropolitan hospital only if the words 'non-metropolitan obstetric privileges' are specified on the referral form.

14 Musculoskeletal ultrasound services — personal attendance

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.

15 Musculoskeletal ultrasound services — comparison ultra-sonography

For items 55800 to 55854, the fee applicable for the item includes any views of another part of the patient taken for comparison purposes.

16 Musculoskeletal ultrasound services — 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.

17 Musculoskeletal ultrasound services — multiple scans

Items 55800 to 55854 apply only once a day for each patient for which a service described in any of those items is provided, regardless of the number of regions scanned in performing the service.

18 CT services — meaning of *(K)* and *(NK)*

(1) In any of items 56001 to 57356, 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 57356, 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.

19 CT services — eligible services

Items 56001 to 57356 apply only to a CT 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.

20 CT services — use of Hybrid PET/CT scanner

Items 56001 to 57356 do not apply to a CT service that is performed using a Hybrid Positron Emission Tomography/ Computed Tomography ***(PET/CT)*** scanner.

21 CT 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 apply to the service.

22 CT services — assessment of headache

(1) If the service described in item 56007 or 56047 is used for the assessment of a 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.

23 CT services — number of services

Items 56220 to 56240 and 56619 to 56665 apply once only for a service described in any of those items, regardless of the number of patient attendances required to complete the service.

24 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.

25 Preparation of patients for radiological procedures

Items 60918 and 60927 apply only to the preparation of a patient for a radiological procedure for a service to which any of items 59903 to 59974 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.

26 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.

27 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.

28 Meaning of *Amount under rule 28* in item 61462

In item 61462:

Amount under rule 28 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) $118.15.

29 Multiple services — vascular ultrasound

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

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

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

(2) For subrule (1):

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

(b) if paragraph (a) applies — the other, or another, highest fee is taken to be the second highest fee; and

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

(d) if a reduced fee calculated under subrule (1) is not a multiple of 5 cents, the reduced fee is taken to be the nearest higher amount that is a multiple of 5 cents.

30 Multiple services

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

(2) If a medical practitioner renders at least 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 — by $35; or

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

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

(3) For 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.

(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) Rule 29 applies in addition to this rule.

(7) However, if a medical practitioner provides:

(a) 2 or more vascular ultrasound services for the same patient on the same day; and

(b) 1 or more other diagnostic imaging services for that patient on that day;

the amount of the fees payable for the vascular ultrasound services is taken, for the purposes of this rule, to be an amount payable for 1 diagnostic imaging service.

(8) 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.

(9) In this rule:

consultation means a service under an item listed in Groups A1 to A21 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 services table other than in Groups A1 to A21.

31 MRI and MRA services — eligible services

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

(a) on request, in accordance with rule 32, by a specialist or consultant physician; and

(b) in a permissible circumstance, in accordance with rule 33; and

(c) with eligible equipment, in accordance with rule 35 or 36.

32 MRI and MRA services — requests

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.

33 MRI and MRA services — permissible circumstances for performance

For rule 31, 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.

34 MRI and MRA services — eligible provider

For rule 33, an ***eligible provider*** is a specialist in diagnostic radiology who is an ***eligible provider*** within the meaning of rule 30 of Part 2 of Schedule 1 to the *Health Insurance (Diagnostic Imaging Services Table) Regulations 2000*, as in force on 31 October 2001.

35 MRI and MRA services — eligible equipment

For rule 31, equipment is ***eligible equipment*** if the equipment is ***eligible equipment*** within the meaning of rule 31 of Part 2 of Schedule 1 to the *Health Insurance (Diagnostic Imaging Services Table) Regulations 2000*, as in force on 31 October 2001.

36 MRI and MRA services — eligible equipment

For rule 31, ***eligible equipment*** is equipment other than equipment to which rule 35 applies:

(a) that is registered under the scheme, administered by the Department, titled 'MRI Additional Units Eligibility Scheme', as in force on 27 June 2001; and

(b) in relation to which the registration has not been cancelled or otherwise ceased to have effect.

Note The MRI Additional Units Eligibility Scheme is the scheme of that title published in *Gazette* No. GN 20 on 23 May 2001, as amended by amendments published in *Gazette* No. S 226 on 27 June 2001.

37 MRI and MRA services — meaning of *scan*

In items 63000 to 63946:

scan means a minimum of 3 sequences.

38 MRI and MRA services — descriptions of purpose of services

The description of a service mentioned in any of items 63000 to 63946 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 subrule 2 (1).

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

(1) An item mentioned in subrule (2) does not apply to the service mentioned in the item if the service 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, 63750 to 63756, 63870, 63900 to 63909, 63920 and 63930 — 1 service; and

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

(c) for items 63600 to 63721 — 1 service for a specific anatomical site; and

(d) for item 63745 — 2 services for a specific anatomical site.

(3) In addition, if 2 or more services of the kind described in an item mentioned in paragraph (2) (c) or (d) are provided to a person on a single occasion, only 1 service applies.

Part 3 Services and fees

Item	Diagnostic imaging service	Fee ($)
Group I1 — Ultrasound		
Subgroup 1 — General		
55028	Head, ultrasound scan of, if: (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 providing 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, if: (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 providing 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
55032	Neck, 1 or more structures of, ultrasound scan of, if: (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 providing practitioner is a member (R)	99.90

Item	Diagnostic imaging service	Fee ($)
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), if: (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 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 providing practitioner (R)	101.95
55037	Abdomen, ultrasound scan of (including scan of urinary tract when performed), if: (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
55038	Urinary tract, ultrasound scan of, if: (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 providing 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	99.90

Item	Diagnostic imaging service	Fee ($)
	(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 providing practitioner (R)	
55039	Urinary tract, ultrasound scan of, if: (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, if: (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 providing 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 providing practitioner (R)	101.95
55045	Pelvis, male, ultrasound scan of, by any or all approaches, if: (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 ($)
55048	Scrotum, ultrasound scan of, if: (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 providing practitioner is a member (R)	100.30
55049	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)	34.65
55054	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)	99.90
55070	Breast, one, ultrasound scan of, if: (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 providing practitioner is a member (R)	90.00
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, if: (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 providing practitioner is a member (R)	99.90

Item	Diagnostic imaging service	Fee ($)
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
Subgroup 2 — Cardiac		
55113	M-mode and two-dimensional real time echocardiographic examination of the heart from at least 2 acoustic windows for the investigation of symptoms or signs of cardiac failure, or suspected or known ventricular hypertrophy or dysfunction, or chest pain: (a) with: (i) measurement of blood flow velocities across the cardiac valves using pulsed wave and continuous wave Doppler techniques; and (ii) real time colour flow mapping from at least 2 acoustic windows; and (iii) recordings on video tape or digital media; and (b) not being a service associated with a service to which an item in Subgroup 1 (except item 55054) or 3, or another item in this Subgroup (except items 55118 and 55130), applies (R)	230.65
55114	M-mode and two-dimensional real time echocardiographic examination of the heart from at least 2 acoustic windows for the investigation of suspected or known acquired valvular, aortic, pericardial, thrombotic or embolic disease or heart tumour: (a) with: (i) measurement of blood flow velocities across the cardiac valves using pulsed wave and continuous wave Doppler techniques; and (ii) real time colour flow mapping from at least 2 acoustic windows; and (iii) recordings on video tape or digital media; and (b) not being a service associated with a service to which an item in Subgroup 1 (except item 55054) or 3, or another item in this Subgroup (except items 55118 and 55130), applies (R)	230.65

Item	Diagnostic imaging service	Fee ($)
55115	M-mode and two-dimensional real time echocardiographic examination of the heart from at least 2 acoustic windows for the investigation of symptoms or signs of congenital heart disease: (a) with: (i) measurement of blood flow velocities across the cardiac valves using pulsed wave and continuous wave Doppler techniques; and (ii) real time colour flow mapping from at least 2 acoustic windows; and (iii) recordings on video tape or digital media; and (b) not being a service associated with a service to which an item in Subgroup 1 (except item 55054) or 3, or another item in this Subgroup (except items 55118 and 55130), applies (R)	230.65
55116	Exercise stress echocardiography performed in conjunction with item 11712: (a) with: (i) two-dimensional recordings before exercise (baseline) from at least 3 acoustic windows; and (ii) matching recordings from the same windows at, or immediately after, peak exercise; and (iii) recordings on digital media with equipment permitting display of baseline and matching peak images on the same screen; and (b) not being a service associated with a service to which an item in Subgroup 1 (except item 55054) or 3, or another item in this Subgroup (except items 55118 and 55130), applies (R)	256.50
55117	Pharmacological stress echocardiography performed in conjunction with item 11712: (a) with: (i) two-dimensional recordings before drug infusion (baseline) from at least 3 acoustic windows; and (ii) matching recordings from the same windows at least twice during drug infusion, including a recording at the peak drug dose; and	256.50

Item	Diagnostic imaging service	Fee ($)
	(iii) recordings on digital media with equipment permitting display of baseline and matching peak images on the same screen; and (b) not being a service associated with a service to which an item in Subgroup 1 (except item 55054) or 3, or another item in this Subgroup (except items 55118 and 55130), applies (R)	
55118	Heart, two-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 media; and (b) not being an intra-operative service or a service associated with a service to which an item in Subgroup 1 (except item 55054) or 3 applies (R) (Anaes.)	275.50
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.)	353.60
Subgroup 3 — Vascular		
55238	Duplex scanning, unilateral, involving B mode ultrasound imaging and integrated Doppler flow measurements by spectral analysis of arteries or bypass grafts in the lower limb or of arteries and bypass grafts in the lower limb, below the inguinal ligament, not being a service associated with a service to which an item in Subgroup 1 (with the exception of item 55054) or 4 applies (R)	155.25
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 (R)	155.25

Item	Diagnostic imaging service	Fee ($)
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 (R)	155.25
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 (R)	155.25
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 (R)	155.25
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 (R)	155.25
55276	Duplex scanning involving B mode ultrasound imaging and integrated Doppler flow measurements by spectral analysis of intra-abdominal, aorta and iliac arteries or inferior vena cava and iliac veins or of intra-abdominal, aorta and iliac arteries and inferior vena cava and iliac veins, excluding pregnancy related studies, not being a service associated with a service to which an item in Subgroup 1 (with the exception of item 55054) or 4 applies (R)	155.25

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, not being a service associated with a service to which an item in Subgroup 1 (with the exception of item 55054) or 4 applies (R)	155.25
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 (R)	155.25
55282	Duplex scanning involving B mode ultrasound imaging and integrated Doppler flow measurements: (a) by spectral analysis of cavernosal artery of the penis following intracavernosal administration of a vasoactive agent; and (b) performed during the period of pharmacological activity of the injected agent, to confirm a diagnosis of vascular aetiology for impotence; and (c) 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 (R)	155.25
55284	Duplex scanning involving B mode ultrasound imaging and integrated Doppler flow measurements: (a) by spectral analysis of cavernosal tissue of the penis to confirm a diagnosis; and	155.25

Item	Diagnostic imaging service	Fee ($)
	(b) where indicated, assess the progress and management of: (i) priapism; or (ii) fibrosis of any type; or (iii) fracture of the tunica; or (iv) arteriovenous malformations; and (c) 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 (R)	
55292	Duplex scanning, unilateral, involving B mode ultrasound imaging and integrated Doppler flow measurements by spectral analysis of surgically created arteriovenous fistula or surgically created arteriovenous access grafts in the upper or lower limbs, not being a service associated with a service to which an item in Subgroup 1 (with the exception of item 55054) or 4 applies (R)	155.25
55294	Duplex scanning involving B mode ultrasound imaging and integrated Doppler flow measurements by spectral analysis of arteries or veins, or both, including any associated skin marking, for mapping of bypass conduit before vascular surgery, not being a service associated with a service to which an item in Subgroup 1 (with the exception of item 55054), 3 or 4 applies (R)	155.25
55296	Duplex scanning, unilateral, involving B mode ultrasound imaging and integrated Doppler flow spectral analysis and marking of veins in the lower limbs below the inguinal ligament before varicose vein surgery, including any associated skin marking, not being a service associated with a service to which an item in Subgroup 1 (with the exception of item 55054), 3 or 4 applies (R)	101.70

Item	Diagnostic imaging service	Fee ($)
Subgroup 4 — Urological		
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 (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: (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
55603	Prostate, bladder base and urethra, transrectal ultrasound scan of, where performed: (a) personally by a medical practitioner who made the assessment mentioned 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 ($)
	(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: (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)	
Subgroup 5 — Obstetric and gynaecological		
55700	Pelvis or abdomen, pregnancy-related or pregnancy complication, ultrasound scan of, by any or all approaches, where: (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 (d) the referring practitioner is not a member of a group of practitioners of which the providing 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;	60.00

Item	Diagnostic imaging service	Fee ($)
	(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 fetal abnormality (R)	
55703	Pelvis or abdomen, pregnancy-related or pregnancy complication, ultrasound scan of, by any or all approaches, where: (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: (i) hyperemesis gravidarum; (ii) diabetes mellitus; (iii) hypertension; (iv) toxaemia of pregnancy; (v) liver or renal disease; (vi) autoimmune disease;	35.00

Item	Diagnostic imaging service	Fee ($)
	(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 fetal abnormality (NR)	
55704	Pelvis or abdomen, pregnancy-related or pregnancy complication, fetal development and anatomy, ultrasound scan of, by any or all approaches, where: (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	70.00

Item	Diagnostic imaging service	Fee ($)
	(d) the referring practitioner is not a member of a group of practitioners of which the providing 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 fetal abnormality (R)	

Item	Diagnostic imaging service	Fee ($)
55705	Pelvis or abdomen, pregnancy-related or pregnancy complication, fetal development and anatomy, ultrasound scan of, by any or all approaches, where: (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: (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;	35.00

Item	Diagnostic imaging service	Fee ($)
	(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 fetal abnormality (NR)	
55706	Pelvis or abdomen, pregnancy-related or pregnancy complication, fetal 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: (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 (d) the referring practitioner is not a member of a group of practitioners of which the providing practitioner is a member; and (e) the service is not performed in the same pregnancy as item 55709 (R)	100.00
55709	Pelvis or abdomen, pregnancy-related or pregnancy complication, fetal 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: (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

Item	Diagnostic imaging service	Fee ($)
55712	Pelvis or abdomen, pregnancy-related or pregnancy complication, fetal development and anatomy, ultrasound scan of, by any or all approaches, with measurement of all parameters for dating purposes, where: (a) the patient is referred by a medical practitioner who: (i) is a Member or a Fellow of the Royal Australian and New Zealand College of Obstetricians and Gynaecologists; or (ii) has a Diploma of Obstetrics; or (iii) has a qualification recognised by the Royal Australian and New Zealand College of Obstetricians and Gynaecologists as being equivalent to a Diploma of Obstetrics; or (iv) has obstetric privileges at a non-metropolitan hospital; and (b) the dating of the pregnancy (as confirmed by ultrasound) is 17 to 22 weeks of gestation; and (c) 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 providing 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)	115.00
55715	Pelvis or abdomen, pregnancy-related or pregnancy complication, fetal development and anatomy, ultrasound scan of, by any or all approaches, with measurement of all parameters for dating purposes, performed by or on behalf of a medical practitioner who is a Member or a Fellow of the Royal Australian and New Zealand College of Obstetricians and Gynaecologists, where: (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	40.00

Item	Diagnostic imaging service	Fee ($)
	(d) further examination is clinically indicated after performance, in the same pregnancy, of a scan mentioned in item 55706 or 55709 (NR)	
55718	Pelvis or abdomen, pregnancy-related or pregnancy complication, fetal development and anatomy, ultrasound scan (not exceeding 1 service in any 1 pregnancy) of, by any or all approaches, where: (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 (d) the referring practitioner is not a member of a group of practitioners of which the providing 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: (i) known or suspected fetal abnormality or fetal cardiac arrhythmia; (ii) fetal 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 fetal death in utero or neonatal death; (xi) antepartum haemorrhage; (xii) clinical suspicion of intrauterine growth retardation; (xiii) clinical suspicion of macrosomia; (xiv) reduced fetal movements; (xv) suspected fetal death;	100.00

Item	Diagnostic imaging service	Fee ($)
	(xvi) abnormal cardiotocography; (xvii) prolonged pregnancy; (xviii) premature labour; (xix) fetal infection; (xx) pregnancy after assisted reproduction; (xxi) trauma; (xxii) diabetes mellitus; (xxiii) hypertension; (xxiv) toxaemia of pregnancy; (xxv) liver or renal disease; (xxvi) autoimmune disease; (xxvii) cardiac disease; (xxviii) alloimmunisation; (xxix) maternal infection; (xxx) inflammatory bowel disease; (xxxi) bowel stoma; (xxxii) abdominal wall scarring; (xxxiii) previous spinal or pelvic trauma or disease; (xxxiv) drug dependency; (xxxv) thrombophilia; (xxxvi) gross maternal obesity; (xxxvii) advanced maternal age; (xxxviii) abdominal pain or mass (R)	
55721	Pelvis or abdomen, pregnancy-related or pregnancy complication, fetal development and anatomy, ultrasound scan of, by any or all approaches, where: (a) the patient is referred by a medical practitioner who: (i) is a Member or a Fellow of the Royal Australian and New Zealand College of Obstetricians and Gynaecologists; or (ii) has a Diploma of Obstetrics; or (iii) has a qualification recognised by the Royal Australian and New Zealand College of Obstetricians and Gynaecologists as being equivalent to a Diploma of Obstetrics; or	115.00

Item	Diagnostic imaging service	Fee ($)
	(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 providing practitioner is a member; and (e) further examination is clinically indicated in the same pregnancy to which item 55718 or 55723 applies (R)	
55723	Pelvis or abdomen, pregnancy-related or pregnancy complication, fetal development and anatomy, ultrasound scan of (not exceeding 1 service in any 1 pregnancy), by any or all approaches, where: (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: (i) known or suspected fetal abnormality or fetal cardiac arrhythmia; (ii) fetal 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;	38.00

Item	Diagnostic imaging service	Fee ($)
	(x) previous fetal death in utero or neonatal death;	
	(xi) antepartum haemorrhage;	
	(xii) clinical suspicion of intrauterine growth retardation;	
	(xiii) clinical suspicion of macrosomia;	
	(xiv) reduced fetal movements;	
	(xv) suspected fetal death;	
	(xvi) abnormal cardiotocography;	
	(xvii) prolonged pregnancy;	
	(xviii) premature labour;	
	(xix) fetal infection;	
	(xx) pregnancy after assisted reproduction;	
	(xxi) trauma;	
	(xxii) diabetes mellitus;	
	(xxiii) hypertension;	
	(xxiv) toxaemia of pregnancy;	
	(xxv) liver or renal disease;	
	(xxvi) autoimmune disease;	
	(xxvii) cardiac disease;	
	(xxviii) alloimmunisation;	
	(xxix) maternal infection;	
	(xxx) inflammatory bowel disease;	
	(xxxi) bowel stoma;	
	(xxxii) abdominal wall scarring;	
	(xxxiii) previous spinal or pelvic trauma or disease;	
	(xxxiv) drug dependency;	
	(xxxv) thrombophilia;	
	(xxxvi) gross maternal obesity;	
	(xxxvii) advanced maternal age;	
	(xxxviii) abdominal pain or mass (NR)	

Item	Diagnostic imaging service	Fee ($)
55725	Pelvis or abdomen, pregnancy-related or pregnancy complication, fetal development and anatomy, ultrasound scan of, by any or all approaches, performed by or on behalf of a medical practitioner who is a Member or a Fellow of the Royal Australian and New Zealand College of Obstetricians and Gynaecologists, where: (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) further examination is clinically indicated in the same pregnancy to which item 55718 or 55723 applies (NR)	40.00
55728	Pelvis or abdomen, pregnancy-related or pregnancy complication, fetal development and anatomy, ultrasound scan of, by any or all approaches, where: (a) the patient is referred by a medical practitioner who: (i) is a Member or a Fellow of the Royal Australian and New Zealand College of Obstetricians and Gynaecologists; or (ii) has a Diploma of Obstetrics; or (iii) has a qualification recognised by the Royal Australian and New Zealand College of Obstetricians and Gynaecologists as being equivalent to a Diploma of Obstetrics; or (iv) has obstetric privileges at a non-metropolitan hospital; and (b) the dating of the pregnancy (as confirmed by ultrasound) is after 22 weeks of gestation; and (c) 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 providing practitioner is a member; and	100.00

Item	Diagnostic imaging service	Fee ($)
	(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)	
55729	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 fetal death, not being a service associated with a service to which an item in this group applies — examination and report (R)	27.25
55731	Pelvis, female, ultrasound scan of, by any or all approaches, 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 practitioner is not a member of a group of practitioners of which the providing 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	Pelvis, female, ultrasound scan of, by any or all approaches, where: (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	Pelvis, female, ultrasound scan of, in association with saline infusion of the endometrial cavity, by any or all approaches, 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 medical practitioners of which the providing practitioner is a member; and	127.00

Item	Diagnostic imaging service	Fee ($)
	(d) a previous transvaginal ultrasound has revealed an abnormality of the uterus or fallopian tube (R)	
55739	Pelvis, female, ultrasound scan of, in association with saline infusion of the endometrial cavity, by any or all approaches, where: (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
55759	Pelvis or abdomen, pregnancy-related or pregnancy complication, fetal 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, where: (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 providing 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	Pelvis or abdomen, pregnancy-related or pregnancy complication, fetal 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, where: (a) the patient is not referred by a medical practitioner; and (b) ultrasound of the same pregnancy confirms a multiple pregnancy; and	60.00

Item	Diagnostic imaging service	Fee ($)
	(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)	
55764	Pelvis or abdomen, pregnancy-related or pregnancy complication, fetal development and anatomy, ultrasound scan of, by any or all approaches, with measurement of all parameters for dating purposes, if: (a) the patient is referred by a medical practitioner who: (i) is a Member or Fellow of the Royal Australian and New Zealand College of Obstetricians and Gynaecologists; or (ii) has a Diploma of Obstetrics; or (iii) has a qualification recognised by the Royal Australian and New Zealand College of Obstetricians and Gynaecologists as equivalent to a Diploma of Obstetrics; or (iv) has obstetric privileges at a non-metropolitan hospital; and (b) ultrasound of the same pregnancy confirms a multiple pregnancy; and (c) the dating of the pregnancy (as confirmed by ultrasound) is 17 to 22 weeks gestation; and (d) 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 providing 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	Pelvis or abdomen, pregnancy-related or pregnancy complication, fetal development and anatomy, ultrasound scan of, by any or all approaches, with measurement of all parameters for dating purposes, performed by or on behalf of a medical practitioner, who is a Member or Fellow of the Royal Australian and New Zealand College of Obstetricians and Gynaecologists, where: (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	Pelvis or abdomen, pregnancy-related or pregnancy complication, fetal development and anatomy, ultrasound scan of (not exceeding 1 service in any 1 pregnancy), by any or all approaches, where: (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 (f) the referring practitioner is not a member of a group of practitioners of which the providing practitioner is a member; and	150.00

Item	Diagnostic imaging service	Fee ($)
	(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)	
55770	Pelvis or abdomen, pregnancy-related or pregnancy complication, fetal development and anatomy, ultrasound scan of (not exceeding 1 service in any 1 pregnancy), by any or all approaches, where: (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
55772	Pelvis or abdomen, pregnancy-related or pregnancy complication, fetal development and anatomy, ultrasound scan of, by any or all approaches, if: (a) dating of the pregnancy as confirmed by ultrasound is after 22 weeks of gestation; and (b) the patient is referred by a medical practitioner who: (i) is a Member or Fellow of the Royal Australian and New Zealand College of Obstetricians and Gynaecologists; or (ii) has a Diploma of Obstetrics; or (iii) has a qualification recognised by the Royal Australian and New Zealand College of Obstetricians and Gynaecologists as equivalent to a Diploma of Obstetrics; or (iv) has obstetric privileges at a non-metropolitan hospital; and (c) further examination is clinically indicated in the same pregnancy to which item 55768 or 55770 has been performed; and	160.00

Item	Diagnostic imaging service	Fee ($)
	(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 providing 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)	
55774	Pelvis or abdomen, pregnancy-related or pregnancy complication, fetal development and anatomy, ultrasound scan of, by any or all approaches, performed by or on behalf of a medical practitioner who is a Member or a Fellow of the Royal Australian and New Zealand College of Obstetricians and Gynaecologists, where: (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) 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)	65.00
Subgroup 6 — Musculoskeletal Ultrasound		
55800	Hand or wrist, 1 or both sides, ultrasound scan of, 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 providing practitioner is a member (R)	99.90

Item	Diagnostic imaging service	Fee ($)
55802	Hand or wrist, 1 or both sides, ultrasound scan of, 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
55804	Forearm or elbow, 1 or both sides, ultrasound scan of, 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 providing practitioner is a member (R)	99.90
55806	Forearm or elbow, 1 or both sides, ultrasound scan of, 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
55808	Shoulder or upper arm, 1 or both sides, ultrasound scan of, if: (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 providing practitioner is a member; and	99.90

Item	Diagnostic imaging service	Fee ($)
	(d) the service is used for the assessment of 1 or more of the following suspected or known conditions: (i) an injury to a muscle, tendon or muscle/tendon junction; (ii) rotator cuff tear, calcification or tendinosis (biceps, subscapular, supraspinatus, infraspinatus); (iii) biceps subluxation; (iv) capsulitis and bursitis; (v) a mass, including a ganglion; (vi) an occult fracture; (vii) acromioclavicular joint pathology (R)	
55810	Shoulder or upper arm, 1 or both sides, ultrasound scan of, if: (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; and (c) the service is used for the assessment of 1 or more of the following suspected or known conditions: (i) an injury to a muscle, tendon or muscle/tendon junction; (ii) rotator cuff tear, calcification or tendinosis (biceps, subscapular, supraspinatus, infraspinatus); (iii) biceps subluxation; (iv) capsulitis and bursitis; (v) a mass, including a ganglion; (vi) an occult fracture; (vii) acromioclavicular joint pathology (NR)	34.65

Item	Diagnostic imaging service	Fee ($)
55812	Chest or abdominal wall, 1 or more areas, ultrasound scan of, 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 providing practitioner is a member (R)	99.90
55814	Chest or abdominal wall, 1 or more areas, ultrasound scan of, 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
55816	Hip or groin, 1 or both sides, ultrasound scan of, 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 providing practitioner is a member (R)	99.90
55818	Hip or groin, 1 or both sides, ultrasound scan of, 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, 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 providing practitioner is a member (R)	99.90

Item	Diagnostic imaging service	Fee ($)
55822	Paediatric hip examination for dysplasia 1 or both sides, ultrasound scan of, 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
55824	Buttock or thigh, 1 or both sides, ultrasound scan of, 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 providing practitioner is a member (R)	99.90
55826	Buttock or thigh, 1 or both sides, ultrasound scan of, 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, if: (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 providing practitioner is a member; and (d) the service is used for the assessment of 1 or more of the following suspected or known conditions: (i) abnormality of tendons or bursae about the knee; (ii) a meniscal cyst, popliteal fossa cyst, mass or pseudomass; (iii) a nerve entrapment or a nerve or nerve sheath tumour; (iv) an injury of collateral ligaments (R)	99.90

Item	Diagnostic imaging service	Fee ($)
55830	Knee, 1 or both sides, ultrasound scan of, if: (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; and (c) the service is used for the assessment of 1 or more of the following suspected or known conditions: (i) abnormality of tendons or bursae about the knee; (ii) a meniscal cyst, popliteal fossa cyst, mass or pseudomass; (iii) a nerve entrapment or a nerve or nerve sheath tumour; (iv) an injury of collateral ligaments (NR)	34.65
55832	Lower leg, 1 or both sides, ultrasound scan of, 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 providing practitioner is a member (R)	99.90
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, 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 providing practitioner is a member (R)	99.90

Item	Diagnostic imaging service	Fee ($)
55838	Ankle or hind foot, 1 or both sides, ultrasound scan of, 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, 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 providing practitioner is a member (R)	99.90
55842	Mid foot or fore foot, 1 or both sides, ultrasound scan of, 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
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, 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 providing 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, 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 ($)
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: (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 providing practitioner is a member (R)	140.00
55852	Paediatric spine, spinal cord and overlying subcutaneous tissues, ultrasound scan of, 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 providing practitioner is a member (R)	99.90
55854	Paediatric spine, spinal cord and overlying subcutaneous tissues, ultrasound scan of, 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		
56001	Computed tomography — scan of brain without intravenous contrast medium, not being a service to which item 57001 applies (R) (K) (Anaes.)	185.25

Item	Diagnostic imaging service	Fee ($)
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) (Anaes.)	237.50
56010	Computed tomography — scan of pituitary fossa with or without intravenous contrast medium and with or without brain scan when performed (R) (K) (Anaes.)	239.50
56013	Computed tomography — scan of orbits with or without intravenous contrast medium and with or without brain scan when performed (R) (K) (Anaes.)	237.50
56016	Computed tomography — scan of petrous bones in axial and coronal planes in 1 mm or 2 mm sections, with or without intravenous contrast medium, with or without scan of brain (R) (K) (Anaes.)	275.50
56022	Computed tomography — scan of facial bones, para nasal sinuses or both without intravenous contrast medium (R) (K) (Anaes.)	213.75
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) (Anaes.)	319.95
56030	Computed tomography — scan of facial bones, para nasal sinuses or both, with scan of brain, without intravenous contrast medium (R) (K) (Anaes.)	213.75
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) (Anaes.)	319.95
56041	Computed tomography — scan of brain without intravenous contrast medium, not being a service to which item 57041 applies (R) (NK) (Anaes.)	93.80

Item	Diagnostic imaging service	Fee ($)
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) (Anaes.)	119.80
56050	Computed tomography — scan of pituitary fossa with or without intravenous contrast medium and with or without brain scan when performed (R) (NK) (Anaes.)	121.75
56053	Computed tomography — scan of orbits with or without intravenous contrast medium and with or without brain scan when performed (R) (NK) (Anaes.)	121.75
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) (Anaes.)	147.65
56062	Computed tomography — scan of facial bones, para nasal sinuses or both without intravenous contrast medium (R) (NK) (Anaes.)	107.50
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) (Anaes.)	160.00
56070	Computed tomography — scan of facial bones, para nasal sinuses or both, with scan of brain, without intravenous contrast medium (R) (NK) (Anaes.)	107.50
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) (Anaes.)	160.00
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) (Anaes.)	218.50

Item	Diagnostic imaging service	Fee ($)
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) (Anaes.)	323.00
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) (Anaes.)	110.60
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) (Anaes.)	163.00
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) (Anaes.)	309.90
56220	Computed tomography — scan of spine, cervical region, without intravenous contrast medium (R) (K) (Anaes.)	228.00
56221	Computed tomography — scan of spine, thoracic region, without intravenous contrast medium (R) (K) (Anaes.)	228.00
56223	Computed tomography — scan of spine, lumbosacral region, without intravenous contrast medium (R) (K) (Anaes.)	228.00
56224	Computed tomography — scan of spine, cervical region, with intravenous contrast medium and with any scans of the cervical region of the spine before intravenous contrast injection when undertaken (R) (K) (Anaes.)	333.80

Item	Diagnostic imaging service	Fee ($)
56225	Computed tomography — scan of spine, thoracic region, with intravenous contrast medium and with any scans of the cervical region of the spine before intravenous contrast injection when undertaken (R) (K) (Anaes.)	333.80
56226	Computed tomography — scan of spine, lumbosacral region, with intravenous contrast medium and with any scans of the cervical region of the spine prior to intravenous contrast injection when undertaken (R) (K) (Anaes.)	333.80
56227	Computed tomography — scan of spine, cervical region, without intravenous contrast medium (R) (NK) (Anaes.)	116.40
56228	Computed tomography — scan of spine, thoracic region, without intravenous contrast medium (R) (NK) (Anaes.)	116.40
56229	Computed tomography — scan of spine, lumbosacral region, without intravenous contrast medium (R) (NK) (Anaes.)	116.40
56230	Computed tomography — scan of spine, cervical region, with intravenous contrast medium and with any scans to the cervical region of the spine before intravenous contrast injection when undertaken (R) (NK) (Anaes.)	168.60
56231	Computed tomography — scan of spine, thoracic region, with intravenous contrast medium and with any scans to the cervical region of the spine before intravenous contrast injection when undertaken (R) (NK) (Anaes.)	168.60
56232	Computed tomography — scan of spine, lumbosacral region, with intravenous contrast medium and with any scans to the cervical region of the spine before intravenous contrast injection when undertaken (R) (NK) (Anaes.)	168.60
56233	Computed tomography — scan of spine, 2 examinations of the kind referred to in items 56220, 56221 and 56223, without intravenous contrast medium (R) (K) (Anaes.)	228.00
56234	Computed tomography — scan of spine, 2 examinations of the kind referred to in items 56224, 56225 and 56226, with intravenous contrast medium and with any scans of these regions of the spine before intravenous contrast injection when undertaken (R) (K) (Anaes.)	333.80

Item	Diagnostic imaging service	Fee ($)
56235	Computed tomography — scan of spine, 2 examinations of the kind referred to in items 56227, 56228 and 56229, without intravenous contrast medium (R) (NK) (Anaes.)	116.35
56236	Computed tomography — scan of spine, 2 examinations of the kind referred to in items 56230, 56231 and 56232, with intravenous contrast medium and with any scans of these regions of the spine before intravenous contrast injection when undertaken (R) (NK) (Anaes.)	168.60
56237	Computed tomography — scan of spine, 3 regions cervical, thoracic and lumbosacral, without intravenous contrast medium (R) (K) (Anaes.)	228.00
56238	Computed tomography — scan of spine, 3 regions, cervical, thoracic and lumbosacral, with intravenous contrast medium and with any scans of these regions of the spine before intravenous contrast injection when undertaken (R) (K) (Anaes.)	333.80
56239	Computed tomography — scan of spine, 3 regions, cervical, thoracic and lumbosacral, without intravenous contrast medium (R) (NK) (Anaes.)	116.35
56240	Computed tomography — scan of spine, 3 regions, cervical, thoracic and lumbosacral, with intravenous contrast medium and with any scans of these regions of the spine before intravenous contrast injection when undertaken (R) (NK) (Anaes.)	168.60
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) (Anaes.)	156.55
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) (Anaes.)	280.25

Item	Diagnostic imaging service	Fee ($)
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) (Anaes.)	380.00
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) (Anaes.)	142.00
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) (Anaes.)	191.90
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) (Anaes.)	237.50
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) (Anaes.)	342.00
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) (Anaes.)	237.50

Item	Diagnostic imaging service	Fee ($)
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) (Anaes.)	342.00
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) (Anaes.)	120.45
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) (Anaes.)	172.40
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) (Anaes.)	120.45
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) (Anaes.)	172.40
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) (Anaes.)	365.75
56507	Computed tomography — scan of upper abdomen and pelvis with intravenous contrast medium and with any scans of upper abdomen and pelvis before intravenous contrast injection, when performed, not being a service to which item 56807 or 57007 applies (R) (K) (Anaes.)	456.00

Item	Diagnostic imaging service	Fee ($)
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) (Anaes.)	183.45
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) (Anaes.)	231.55
56619	Computed tomography — scan of extremities, 1 or more regions without intravenous contrast medium (R) (K) (Anaes.)	209.00
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 (R) (K) (Anaes.)	317.90
56659	Computed tomography — scan of extremities, 1 or more regions without intravenous contrast medium (R) (NK) (Anaes.)	106.50
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 (R) (NK) (Anaes.)	159.00
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) (Anaes.)	443.20
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) (Anaes.)	532.00

Item	Diagnostic imaging service	Fee ($)
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) (Anaes.)	221.65
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) (Anaes.)	269.65
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) (Anaes.)	443.30
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) (Anaes.)	539.35
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) (Anaes.)	221.70
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) (Anaes.)	269.70
57201	Computed tomography — pelvimetry (R) (K) (Anaes.)	147.45
57247	Computed tomography — pelvimetry (R) (NK) (Anaes.)	73.70
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) (Anaes.)	446.50

Item	Diagnostic imaging service	Fee ($)
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) (Anaes.)	229.90
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: (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) (Anaes.)	484.50
57351	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, if: (a) the service is not a service to which another item in this group applies; and (b) the service is performed for the exclusion of acute or recurrent pulmonary embolism, acute symptomatic arterial occlusion, post operative complication of arterial surgery, acute ruptured aneurysm, or acute dissection of the aorta, carotid or vertebral artery; and (c) a service to which item 57350 or 57355 applies has been performed on the same patient within the previous 12 months (R) (K) (Anaes.)	484.50

Item	Diagnostic imaging service	Fee ($)
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: (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) (Anaes.)	250.95
57356	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: (a) the service is not a service to which another item in this group applies; and (b) the service is performed for the exclusion of acute or recurrent pulmonary embolism, acute symptomatic arterial occlusion, post operative complication of arterial surgery, acute ruptured aneurysm, or acute dissection of the aorta, carotid or vertebral artery; and (c) the service to which item 57350 or 57355 applies has been performed on the same patient within the previous 12 months (R) (NK) (Anaes.)	250.95
Group I3 — Diagnostic radiology		
Subgroup 1 — Radiographic examination of extremities		
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

Item	Diagnostic imaging service	Fee ($)
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
Subgroup 2 — Radiographic examination of shoulder or pelvis		
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
Subgroup 3 — Radiographic examination of head		
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
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

Item	Diagnostic imaging service	Fee ($)
57933	Teeth — full mouth (R)	73.75
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
57960	Orthopantomography for diagnosis or management (or both) of trauma, infection, tumour or a congenital or surgical condition of the teeth or maxillofacial region (R)	44.65
57963	Orthopantomography for diagnosis or management (or both) of any of the following conditions, if the signs and symptoms of the condition is present: (a) impacted teeth; (b) caries; (c) periodontal pathology; (d) periapical pathology (R)	44.65
57966	Orthopantomography for diagnosis or management (or both) of missing or crowded teeth, or developmental anomalies of the teeth or jaws (R)	44.65
57969	Orthopantomography for diagnosis or management (or both) of temporo-mandibular joint arthroses or dysfunction (R)	44.65
Subgroup 4 — Radiographic examination of spine		
58100	Spine — cervical (R)	63.30
58103	Spine — thoracic (R)	51.95
58106	Spine — lumbo-sacral (R)	72.55
58108	Spine — 4 regions, cervical, thoracic, lumbosacral and sacrococcygeal (R)	125.30
58109	Spine — sacro-coccygeal (R)	44.30
58112	Spine — 2 examinations of the kind mentioned in items 58100, 58103, 58106 and 58109 (R)	91.65
58115	Spine — 3 examinations of the kind mentioned in items 58100, 58103, 58106 and 58109 (R)	125.30

Item	Diagnostic imaging service	Fee ($)
Subgroup 5 — Bone age study and skeletal survey		
58300	Bone age study (R)	37.80
58306	Skeletal survey (R)	84.25
Subgroup 6 — Radiographic examination of thoracic region		
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
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
Subgroup 7 — Radiographic examination of urinary tract		
58700	Plain renal only (R)	43.40
58706	Intravenous pyelography, with or without preliminary plain films and with or without tomography (R)	148.85
58715	Antegrade or retrograde pyelography with or without preliminary plain films and with preparation and contrast injection, 1 side (R)	142.85
58718	Retrograde cystography or retrograde urethrography with or without preliminary plain films and with preparation and contrast injection (R) (Anaes.)	118.90
58721	Retrograde micturating cysto-urethrography, with preparation and contrast injection (R) (Anaes.)	130.30
Subgroup 8 — Radiographic examination of alimentary tract and biliary system		
58900	Plain abdominal only, not being a service associated with a service to which item 58909, 58912, 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

Item	Diagnostic imaging service	Fee ($)
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 (R)	84.80
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 (R) (Anaes.)	130.55
58921	Opaque enema, with or without air contrast study and with or without preliminary plain films (R)	127.50
58924	Graham's test (cholecystography), with preliminary plain films and with or without tomography (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 (R)	72.05
58933	Cholegraphy, percutaneous transhepatic, with or without preliminary plain films and with preparation and contrast injection (R)	193.80
58936	Cholegraphy, drip infusion, with or without preliminary plain films, with preparation and contrast injection and with or without tomography (R)	184.70
58939	Defaecogram (R)	131.30
Subgroup 9 — Radiographic examination for localisation of foreign bodies		
59103	Foreign body, localisation of, not being a service to which another item in this group applies (R)	Amount under rule 7

Item	Diagnostic imaging service	Fee ($)
Subgroup 10 — Radiographic examination of breasts		
59300	Radiographic examination of both breasts if: (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: (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)	82.00
59303	Radiographic examination of 1 breast if: (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: (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)	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 (R)	82.00
59314	Radiographic examination of 1 breast, in conjunction with a surgical procedure using interventional techniques (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 31536 (R)	44.35
Subgroup 11 — Radiographic examination in connection with pregnancy		
59503	Pelvimetry, not being a service associated with a service to which item 57201 applies (R)	84.25

Item	Diagnostic imaging service	Fee ($)
Subgroup 12 — Radiographic examination with opaque or contrast media		
59700	Discography, each disc, with or without preliminary plain films and with preparation and contrast injection (R) (Anaes.)	91.00
59703	Dacryocystography, 1 side, with or without preliminary plain film and with preparation and contrast injection (R)	71.55
59712	Hysterosalpingography, with or without preliminary plain films and with preparation and contrast injection (R) (Anaes.)	107.20
59715	Bronchography, 1 side, with or without preliminary plain films and with preparation and contrast injection (R) (Anaes.)	135.30
59718	Phlebography, 1 side, with or without preliminary plain films and with preparation and contrast injection (R) (Anaes.)	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 (R) (Anaes.)	213.45
59733	Sialography, 1 side, with preparation and contrast injection, not being a service associated with a service to which item 57918 applies (R)	101.50
59736	Vasoepididymography, 1 side, for other than an investigation for reversal of previous sterilisation (R)	58.45
59739	Sinogram or fistulogram, 1 or more regions, with or without preliminary plain films and with preparation and contrast injection (R)	69.50
59751	Arthrography, each joint, excluding the facet (zygapophyseal) joints of the spine, single or double contrast study, with or without preliminary plain films and with preparation and contrast injection (R)	131.15
59754	Lymphangiography, one or both sides, with preliminary plain films and follow-up radiography and with preparation and contrast injection (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

Item	Diagnostic imaging service	Fee ($)
59763	Air insufflation during video — fluoroscopic imaging including associated consultation (R)	126.20
Subgroup 13 — Angiography		
59903	Angiocardiography, including the service described in item 59970, 59974 or 61109, not being a service to which item 59912 or 59925 applies (R) (K) (Anaes.)	114.55
59912	Selective coronary arteriography, including the service described in item 59970, 59974 or 61109, not being a service to which item 59903 or 59925 applies (R) (K) (Anaes.)	305.20
59925	Selective coronary arteriography and angiocardiography, including a service described in item 59903, 59912, 59970, 59974 or 61109 (R) (K) (Anaes.)	362.45
59970	Angiography or digital subtraction angiography, or both, with fluoroscopy and image acquisition, using a mobile image intensifier, including any preliminary plain films, preparation and contrast injection — 1 or more regions (R) (K) (Anaes.)	158.65
59971	Angiocardiography, including the service described in item 59970, 59974 or 61109, not being a service to which item 59972 or 59973 applies (R) (NK) (Anaes.)	57.30
59972	Selective coronary arteriography, including the service described in item 59970, 59974 or 61109, not being a service to which item 59971 or 59973 applies (R) (NK) (Anaes.)	152.60
59973	Selective coronary arteriography and angiocardiography, including a service described in item 59970, 59971, 59972, 59974 or 61109 (R) (NK) (Anaes.)	181.25
59974	Angiography or digital subtraction angiography, or both, with fluoroscopy and image acquisition using a mobile image intensifier, including any preliminary plain films, preparation and contrast injection — 1 or more regions (R) (NK) (Anaes.)	79.35
60000	Digital subtraction angiography, examination of head and neck with or without arch aortography — 1 to 3 data acquisition runs (R) (Anaes.)	531.60

Item	Diagnostic imaging service	Fee ($)
60003	Digital subtraction angiography, examination of head and neck with or without arch aortography — 4 to 6 data acquisition runs (R) (Anaes.)	779.60
60006	Digital subtraction angiography, examination of head and neck with or without arch aortography — 7 to 9 data acquisition runs (R) (Anaes.)	1 108.60
60009	Digital subtraction angiography, examination of head and neck with or without arch aortography — 10 or more data acquisition runs (R) (Anaes.)	1 297.30
60012	Digital subtraction angiography, examination of thorax — 1 to 3 data acquisition runs (R) (Anaes.)	531.60
60015	Digital subtraction angiography, examination of thorax — 4 to 6 data acquisition runs (R) (Anaes.)	779.60
60018	Digital subtraction angiography, examination of thorax — 7 to 9 data acquisition runs (R) (Anaes.)	1 108.60
60021	Digital subtraction angiography, examination of thorax — 10 or more data acquisition runs (R) (Anaes.)	1 297.30
60024	Digital subtraction angiography, examination of abdomen — 1 to 3 data acquisition runs (R) (Anaes.)	531.60
60027	Digital subtraction angiography, examination of abdomen — 4 to 6 data acquisition runs (R) (Anaes.)	779.60
60030	Digital subtraction angiography, examination of abdomen — 7 to 9 data acquisition runs (R) (Anaes.)	1 108.60
60033	Digital subtraction angiography, examination of abdomen — 10 or more data acquisition runs (R) (Anaes.)	1 297.30
60036	Digital subtraction angiography, examination of upper limb or limbs — 1 to 3 data acquisition runs (R) (Anaes.)	531.60
60039	Digital subtraction angiography, examination of upper limb or limbs — 4 to 6 data acquisition runs (R) (Anaes.)	779.60
60042	Digital subtraction angiography, examination of upper limb or limbs — 7 to 9 data acquisition runs (R) (Anaes.)	1 108.60
60045	Digital subtraction angiography, examination of upper limb or limbs — 10 or more data acquisition runs (R) (Anaes.)	1 297.30

Item	Diagnostic imaging service	Fee ($)
60048	Digital subtraction angiography, examination of lower limb or limbs — 1 to 3 data acquisition runs (R) (Anaes.)	531.60
60051	Digital subtraction angiography, examination of lower limb or limbs — 4 to 6 data acquisition runs (R) (Anaes.)	779.60
60054	Digital subtraction angiography, examination of lower limb or limbs — 7 to 9 data acquisition runs (R) (Anaes.)	1 108.60
60057	Digital subtraction angiography, examination of lower limb or limbs — 10 or more data acquisition runs (R) (Anaes.)	1 297.30
60060	Digital subtraction angiography, examination of aorta and lower limb or limbs — 1 to 3 data acquisition runs (R) (Anaes.)	531.60
60063	Digital subtraction angiography, examination of aorta and lower limb or limbs — 4 to 6 data acquisition runs (R) (Anaes.)	779.60
60066	Digital subtraction angiography, examination of aorta and lower limb or limbs — 7 to 9 data acquisition runs (R) (Anaes.)	1 108.60
60069	Digital subtraction angiography, examination of aorta and lower limb or limbs — 10 or more data acquisition runs (R) (Anaes.)	1 297.30
60072	Selective arteriography or selective venography by digital subtraction angiography technique — 1 vessel (NR) (Anaes.)	45.35
60075	Selective arteriography or selective venography by digital subtraction angiography technique — 2 vessels (NR) (Anaes.)	90.60
60078	Selective arteriography or selective venography by digital subtraction angiography technique — 3 or more vessels (NR) (Anaes.)	135.95
Subgroup 14 — Tomography		
60100	Tomography of any region (R) (Anaes.)	57.30
Subgroup 15 — Fluoroscopic examination		
60500	Fluoroscopy, with general anaesthesia (not being a service associated with a radiographic examination) (R) (Anaes.)	40.90

Item	Diagnostic imaging service	Fee ($)
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
Subgroup 16 — Preparation for radiological procedure		
60918	Arteriography (peripheral) or phlebography —1 vessel, when used in association with a service to which item 59903, 59912, 59925, 59970, 59971, 59972, 59973 or 59974 applies, not being a service associated with a service to which any of items 60000 to 60078 apply (NR) (Anaes.)	47.15
60927	Selective arteriogram or phlebogram, when used in association with a service to which item 59903, 59912, 59925, 59970, 59971, 59972, 59973 or 59974 applies, not being a service associated with a service to which any of items 60000 to 60078 apply (NR) (Anaes.)	38.05
Subgroup 17 — Interventional techniques		
61109	Fluoroscopy in an angiography suite with image intensification, in conjunction with a surgical procedure using interventional techniques, not being a service associated with a service to which another item in this table applies (R)	244.05
Group I4 — Nuclear medicine imaging		
61302	Single stress or rest myocardial perfusion study — planar imaging (R)	407.05
61303	Single stress or rest myocardial perfusion study — with single photon emission tomography and with planar imaging when performed (R)	512.65

Item	Diagnostic imaging service	Fee ($)
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)	643.60
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)	757.10
61310	Myocardial infarct-avid-study, with planar imaging and single photon emission tomography, or planar imaging or single photon emission tomography (R)	333.05
61313	Gated cardiac blood pool study, (equilibrium), with planar imaging and single photon emission tomography, or planar imaging or single photon emission tomography (R)	275.10
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)	380.90
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)	345.65
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)	446.50
61320	Cardiac first pass blood flow study or cardiac shunt study, not being a service to which another item in this group applies (R)	207.60
61328	Lung perfusion study, with planar imaging and single photon emission tomography or planar imaging, or single photon emission tomography (R)	206.45
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)	229.45

Item	Diagnostic imaging service	Fee ($)
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)	402.05
61352	Liver and spleen study (colloid) — planar imaging (R)	235.20
61353	Liver and spleen study (colloid), with single photon emission tomography and with planar imaging when performed (R)	350.55
61356	Red blood cell spleen or liver study, including single photon emission tomography when performed (R)	356.20
61360	Hepatobiliary study, including morphine administration or pre-treatment with cholecystokinin (CCK) when performed (R)	365.75
61361	Hepatobiliary study with formal quantification following baseline imaging, using an infusion of cholecystokinin (CCK) (R)	418.45
61364	Bowel haemorrhage study (R)	450.65
61368	Meckel's diverticulum study (R)	202.30
61372	Salivary study (R)	202.30
61373	Gastro-oesophageal reflux study, including delayed imaging on a separate occasion when performed (R)	444.10
61376	Oesophageal clearance study (R)	130.00
61381	Gastric emptying study, using single tracer (R)	520.85
61383	Combined solid and liquid gastric emptying study using dual isotope technique or the same isotope on separate days (R)	566.75
61384	Radionuclide colonic transit study (R)	623.65
61386	Renal study, including perfusion and renogram images and computer analysis or cortical study with planar imaging (R)	301.50
61387	Renal cortical study, with single photon emission tomography and planar quantification (R)	390.65
61389	Single renal study with pre-procedural administration of a diuretic or angiotensin converting enzyme (ACE) inhibitor (R)	336.05

Item	Diagnostic imaging service	Fee ($)
61390	Renal study with diuretic administration following a baseline study (R)	371.80
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)	549.10
61397	Cystoureterogram (R)	223.85
61401	Testicular study (R)	147.15
61402	Cerebral perfusion study, with single photon emission tomography and with planar imaging when performed (R)	548.70
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)	313.75
61409	Cerebro-spinal fluid transport study, with imaging on 2 or more separate occasions (R)	792.10
61413	Cerebro-spinal fluid shunt patency study (R)	204.90
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)	107.75
61421	Bone study — whole body, with, when undertaken, blood flow, blood pool and delayed imaging on a separate occasion (R)	435.10
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)	544.75
61426	Whole body study using iodine (R)	503.10
61429	Whole body study using gallium (R)	492.40
61430	Whole body study using gallium, with single photon emission tomography (R)	598.00
61433	Whole body study using cells labelled with technetium (R)	450.65
61434	Whole body study using cells labelled with technetium, with single photon emission tomography (R)	558.05
61437	Whole body study using thallium (R)	492.20

Item	Diagnostic imaging service	Fee ($)
61438	Whole body study using thallium, with single photon emission tomography (R)	610.30
61441	Bone marrow study — whole body using technetium labelled bone marrow agents (R)	444.10
61442	Whole body study, using gallium — with single photon emission tomography of 2 or more body regions acquired separately (R)	682.25
61445	Bone marrow study — localised using technetium labelled agent (R)	260.10
61446	Localised bone or joint study, including when undertaken, blood flow, blood pool and repeat imaging on a separate occasion (R)	302.50
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)	413.75
61450	Localised study using gallium (R)	360.50
61453	Localised study using gallium, with single photon emission tomography (R)	466.75
61454	Localised study using cells labelled with technetium (R)	315.65
61457	Localised study using cells labelled with technetium, with single photon emission tomography (R)	426.65
61458	Localised study using thallium (R)	359.95
61461	Localised study using thallium, with single photon emission tomography (R)	478.70
61462	Repeat planar and single photon emission tomography imaging, or repeat planar imaging or single photon emission tomography imaging on an occasion subsequent to the performance of item 61364, 61426, 61429, 61430, 61442, 61450, 61453 or 61469, where there is no additional administration of radiopharmaceutical and where the previous radionuclide scan was abnormal or equivocal (R)	Amount under rule 28
61465	Venography (R)	240.75
61469	Lymphoscintigraphy (R)	315.65

Item	Diagnostic imaging service	Fee ($)
61473	Thyroid study including uptake measurement when performed (R)	159.05
61480	Parathyroid study, planar imaging and single photon emission tomography when performed (R)	350.80
61484	Adrenal study, with imaging on 2 or more separate occasions (R)	798.80
61485	Adrenal study, with imaging on 2 or more occasions and renal localisation and single photon emission tomography when performed (R)	906.15
61495	Tear duct study (R)	202.30
61499	Particle perfusion study (infra-arterial) or Le Veen shunt study (R)	229.45
Group I5 — Magnetic resonance imaging		
Subgroup 1 — Scan of head — for the exclusion of specified conditions		
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) (Anaes.)	475.00
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) (Anaes.)	475.00
63006	MRI — scan of head (with or without intravenous contrast and including MRA, if performed) for the exclusion of acoustic neuroma (R) (Anaes.)	475.00
63009	MRI — scan of head (with or without intravenous contrast and including MRA, if performed) for the exclusion of pituitary tumour (R) (Anaes.)	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) (Anaes.)	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) (Anaes.)	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) (Anaes.)	475.00

Item	Diagnostic imaging service	Fee ($)
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) (Anaes.)	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) (Anaes.)	475.00
Subgroup 2 — Scan of head and cervical spine — for the exclusion of specified conditions		
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) (Anaes.)	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) (Anaes.)	475.00
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) (Anaes.)	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) (Anaes.)	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) (Anaes.)	475.00
Subgroup 3 — Scan of head — for further investigation of specified conditions		
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) (Anaes.)	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) (Anaes.)	475.00

Item	Diagnostic imaging service	Fee ($)
63106	MRI — scan of head (with or without intravenous contrast and including MRA, if performed) for further investigation of acoustic neuroma (R) (Anaes.)	475.00
63109	MRI — scan of head (with or without intravenous contrast and including MRA, if performed) for further investigation of pituitary tumour (R) (Anaes.)	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) (Anaes.)	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) (Anaes.)	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) (Anaes.)	475.00
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) (Anaes.)	475.00
63124	MRI — scan of head (with or without intravenous contrast and including MRA, if performed) for further investigation of head trauma (R) (Anaes.)	475.00
63127	MRI — scan of head (with or without intravenous contrast and including MRA, if performed) for further investigation of epilepsy (R) (Anaes.)	475.00
63130	MRI — scan of head (with or without intravenous contrast and including MRA, if performed) for further investigation of stroke (R) (Anaes.)	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) (Anaes.)	475.00

Item	Diagnostic imaging service	Fee ($)
Subgroup 4 — Scan of head and cervical spine — for further investigation of specified conditions		
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) (Anaes.)	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) (Anaes.)	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) (Anaes.)	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) (Anaes.)	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) (Anaes.)	475.00
Subgroup 5 — Scan of head — for monitoring of specified conditions		
63200	MRI — scan of head (with or without intravenous contrast and including MRA, if performed) for monitoring of acoustic neuroma (R) (Anaes.)	475.00
63203	MRI — scan of head (with or without intravenous contrast and including MRA, if performed) for monitoring of pituitary tumour (R) (Anaes.)	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) (Anaes.)	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) (Anaes.)	475.00

Item	Diagnostic imaging service	Fee ($)
63212	MRI — scan of head (with or without intravenous contrast, and including MRA, if performed) for monitoring of head trauma (R) (Anaes.)	475.00
63215	MRI — scan of head (with or without intravenous contrast and including MRA, if performed) for monitoring of epilepsy (R) (Anaes.)	475.00
63218	MRI — scan of head (with or without intravenous contrast and including MRA, if performed) for monitoring of stroke (R) (Anaes.)	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) (Anaes.)	475.00
Subgroup 6 — Scan of head and cervical spine — for monitoring of specified conditions		
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) (Anaes.)	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) (Anaes.)	475.00
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) (Anaes.)	475.00
Subgroup 7 — Scan of head — for monitoring of specified conditions		
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) (Anaes.)	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) (Anaes.)	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) (Anaes.)	475.00

Item	Diagnostic imaging service	Fee ($)
63279	MRI — scan of head (with or without intravenous contrast and including MRA, if performed) for monitoring of venous sinus thrombosis (R) (Anaes.)	475.00
Subgroup 8 — Scan of head and cervical spine — for monitoring of specified conditions		
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) (Anaes.)	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) (Anaes.)	475.00
Subgroup 9 — Scan of spine — 1 region or 2 contiguous regions — for the exclusion of a specified condition		
63300	MRI — scan of 1 region or 2 contiguous regions of the spine (with or without intravenous contrast) for the exclusion of infection (R) (Anaes.)	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) (Anaes.)	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) (Anaes.)	475.00
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) (Anaes.)	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) (Anaes.)	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) (Anaes.)	475.00

Item	Diagnostic imaging service	Fee ($)
Subgroup 10 — Scan of spine — 3 contiguous or 2 non-contiguous regions — for the exclusion of specified conditions		
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) (Anaes.)	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) (Anaes.)	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) (Anaes.)	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) (Anaes.)	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) (Anaes.)	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) (Anaes.)	475.00
Subgroup 11 — Scan of spine — 1 region or 2 contiguous regions — for further investigation of specified conditions		
63400	MRI — scan of 1 region or 2 contiguous regions of the spine (with or without intravenous contrast) for further investigation of infection (R) (Anaes.)	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) (Anaes.)	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) (Anaes.)	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) (Anaes.)	475.00

Item	Diagnostic imaging service	Fee ($)
63412	MRI — scan of 1 region or 2 contiguous regions of the spine (with or without intravenous contrast) for further investigation of myelopathy (R) (Anaes.)	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) (Anaes.)	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) (Anaes.)	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) (Anaes.)	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) (Anaes.)	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) (Anaes.)	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) (Anaes.)	475.00
	Subgroup 12 — Scan of spine — 3 contiguous or 2 non-contiguous regions — for further investigation of specified conditions	
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) (Anaes.)	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) (Anaes.)	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) (Anaes.)	475.00

Item	Diagnostic imaging service	Fee ($)
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) (Anaes.)	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) (Anaes.)	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) (Anaes.)	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) (Anaes.)	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) (Anaes.)	475.00
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) (Anaes.)	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) (Anaes.)	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) (Anaes.)	475.00
Subgroup 13 — Scan of spine — 1 region or 2 contiguous regions — for monitoring of specified conditions		
63500	MRI — scan of 1 region or 2 contiguous regions of the spine (with or without intravenous contrast) for monitoring of demyelinating disease (R) (Anaes.)	475.00

Item	Diagnostic imaging service	Fee ($)
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) (Anaes.)	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) (Anaes.)	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) (Anaes.)	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) (Anaes.)	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) (Anaes.)	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) (Anaes.)	475.00
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) (Anaes.)	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) (Anaes.)	475.00
Subgroup 14 — Scan of spine — 3 contiguous or 2 non-contiguous regions — for monitoring of specified conditions		
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) (Anaes.)	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) (Anaes.)	475.00

Item	Diagnostic imaging service	Fee ($)
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) (Anaes.)	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) (Anaes.)	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) (Anaes.)	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) (Anaes.)	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) (Anaes.)	475.00
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) (Anaes.)	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) (Anaes.)	475.00
Subgroup 15 — Scan of spine — 1 region or 2 contiguous regions — for monitoring of specified conditions		
63580	MRI — scan of 1 region or 2 contiguous regions of the spine (with or without intravenous contrast) for monitoring of infection (R) (Anaes.)	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) (Anaes.)	475.00

Item	Diagnostic imaging service	Fee ($)
Subgroup 16 — Scan of spine — 3 contiguous or 2 non-contiguous regions — for monitoring of specified conditions		
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) (Anaes.)	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) (Anaes.)	475.00
Subgroup 17 — Scan of musculoskeletal system — for the exclusion of specified conditions		
63600	MRI — scan of musculoskeletal system (with or without intravenous contrast) for the exclusion of tumour arising in bone or other connective tissue (R) (Anaes.)	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) (Anaes.)	475.00
63606	MRI — scan of musculoskeletal system (with or without intravenous contrast) for the exclusion of osteonecrosis (R) (Anaes.)	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) (Anaes.)	475.00
63612	MRI — scan of musculoskeletal system (with or without intravenous contrast) for the exclusion of derangement of shoulder or its supporting structures (R) (Anaes.)	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) (Anaes.)	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) (Anaes.)	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) (Anaes.)	475.00

Item	Diagnostic imaging service	Fee ($)
63624	MRI — scan of musculoskeletal system (with or without intravenous contrast) for the exclusion of derangement of wrist or its supporting structures (R) (Anaes.)	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) (Anaes.)	475.00
Subgroup 18 — Scan of musculoskeletal system — for further investigation of specified conditions		
63650	MRI — scan of musculoskeletal system (with or without intravenous contrast) for further investigation of tumour arising in bone or other connective tissue (R) (Anaes.)	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) (Anaes.)	475.00
63656	MRI — scan of musculoskeletal system (with or without intravenous contrast) for further investigation of osteonecrosis (R) (Anaes.)	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) (Anaes.)	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) (Anaes.)	475.00
63665	MRI — scan of musculoskeletal system (with or without intravenous contrast) for further investigation of derangement of knee or its supporting structures (R) (Anaes.)	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) (Anaes.)	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) (Anaes.)	475.00

Item	Diagnostic imaging service	Fee ($)
63674	MRI — scan of musculoskeletal system (with or without intravenous contrast) for further investigation of derangement of wrist or its supporting structures (R) (Anaes.)	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) (Anaes.)	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) (Anaes.)	475.00
Subgroup 19 — Scan of musculoskeletal system — for monitoring of specified conditions		
63700	MRI — scan of musculoskeletal system (with or without intravenous contrast) for monitoring of derangement of hip or its supporting structures (R) (Anaes.)	475.00
63703	MRI — scan of musculoskeletal system (with or without intravenous contrast) for monitoring of derangement of shoulder or its supporting structures (R) (Anaes.)	475.00
63706	MRI — scan of musculoskeletal system (with or without intravenous contrast) for monitoring of derangement of knee or its supporting structures (R) (Anaes.)	475.00
63709	MRI — scan of musculoskeletal system (with or without intravenous contrast) for monitoring of derangement of ankle or its supporting structures (R) (Anaes.)	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) (Anaes.)	475.00
63715	MRI — scan of musculoskeletal system (with or without intravenous contrast) for monitoring of derangement of wrist or its supporting structures (R) (Anaes.)	475.00
63718	MRI — scan of musculoskeletal system (with or without intravenous contrast) for monitoring of derangement of elbow or its supporting structures (R) (Anaes.)	475.00

Item	Diagnostic imaging service	Fee ($)
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) (Anaes.)	475.00
Subgroup 20 — Scan of musculoskeletal system — for monitoring of specified conditions		
63736	MRI — scan of musculoskeletal system (with or without intravenous contrast) for monitoring of osteonecrosis (R) (Anaes.)	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) (Anaes.)	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) (Anaes.)	475.00
Subgroup 21 — Scan of musculoskeletal system — for further investigation or monitoring of specified conditions		
63745	MRI — scan of the musculoskeletal system (with or without intravenous contrast) for further investigation or monitoring of Gaucher disease (R) (Anaes.)	475.00
Subgroup 22 — Scan of cardiovascular system — for further investigation of specified conditions		
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) (Anaes.)	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) (Anaes.)	475.00
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) (Anaes.)	475.00

Item	Diagnostic imaging service	Fee ($)
Subgroup 23 — Scan of cardiovascular system — for monitoring of specified conditions		
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) (Anaes.)	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) (Anaes.)	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) (Anaes.)	475.00
Subgroup 24 — Magnetic resonance angiography — scan of cardiovascular system — for the exclusion of or further investigation of specified conditions		
63850	MRA — scan of the cardiovascular system (with or without intravenous contrast) for exclusion, or further investigation of stroke (R) (Anaes.)	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) (Anaes.)	475.00
63856	MRA — scan of the cardiovascular system (with or without intravenous contrast) for exclusion, or further investigation of intracranial aneurysm (R) (Anaes.)	475.00
63859	MRA — scan of the cardiovascular system (with or without intravenous contrast) for exclusion, or further investigation of intracranial arteriovenous malformation (R) (Anaes.)	475.00
63862	MRA — scan of the cardiovascular system (with or without intravenous contrast) for exclusion, or further investigation of venous sinus thrombosis (R) (Anaes.)	475.00
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) (Anaes.)	475.00

Item	Diagnostic imaging service	Fee ($)
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) (Anaes.)	475.00
	Subgroup 25 — Magnetic resonance angiography — scan of cardiovascular system — for further investigation of specified conditions — person under the age of 16 years	
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) (Anaes.)	475.00
	Subgroup 26 — Magnetic resonance angiography — scan of cardiovascular system — for monitoring of specified conditions	
63880	MRA — scan of the cardiovascular system (with or without intravenous contrast) for monitoring of carotid or vertebral artery dissection (R) (Anaes.)	475.00
63883	MRA — scan of the cardiovascular system (with or without intravenous contrast) for monitoring of venous sinus thrombosis (R) (Anaes.)	475.00
	Subgroup 27 — Scan of body — for further investigation of specified conditions — person under the age of 16 years	
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) (Anaes.)	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) (Anaes.)	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) (Anaes.)	475.00
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) (Anaes.)	475.00

Item	Diagnostic imaging service	Fee ($)
Subgroup 28 — Scan of body — for further investigation of specified conditions		
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) (Anaes.)	475.00
Subgroup 29 — Scan of body — for monitoring of specified conditions — person under the age of 16 years		
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) (Anaes.)	475.00
Subgroup 30 — Scan of body — for monitoring of specified conditions — person under the age of 16 years		
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) (Anaes.)	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) (Anaes.)	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) (Anaes.)	475.00

Note

1. Notified in the *Commonwealth of Australia Gazette* on / 2003. 28 October