



Health Insurance (1993-1994 General Medical Services Table) Regulations

Citation

1. These Regulations may be cited as the Health Insurance (1993-1994 General Medical Services Table) Regulations.

Commencement

2. These Regulations commence on 1 November 1993.

Repeal

3. Statutory Rules 1992 Nos. 338, 347 and 398, and 1993 No. 145 are repealed.

General medical services table

4. The table of general medical services in the Schedule is prescribed for the purposes of subsection 4 (2) of the *Health Insurance Act 1973*.

Schedule Regulation 4

TABLE OF GENERAL MEDICAL SERVICES

PART 1-RULES OF INTERPRETATION

General

1. (1) In this table, unless the contrary intention appears:
“attendance of a minor nature” or **“minor attendance”**, in relation to an attendance on a patient by a consultant physician, means an attendance that:
 - (a) is a second or subsequent attendance on the patient, in the course of a single course of treatment by the consultant physician, during which it is not necessary for the consultant physician to carry out a physical examination of the patient; and
 - (b) does not result in a substantial alteration to the treatment of the patient;**“general intensive care unit”** means a separate hospital area that:
 - (a) is equipped and staffed so as to be capable of providing to a patient:

- (i) mechanical ventilation for a period of several days; and
 - (ii) invasive cardiovascular monitoring; and
- (b) is supported by:
 - (i) at least one specialist or consultant physician in the specialty of intensive care who is immediately available during normal working hours; and
 - (ii) a registered medical practitioner who is present in the hospital and immediately available to the unit at all times; and
 - (iii) a registered nurse for at least 18 hours each day; and
- (c) has defined admission and discharge policies;

“general practitioner” means:

- (a) a practitioner who is vocationally registered under section 3F of the Act; or
- (b) a practitioner who:
 - (i) is a Fellow of the RACGP; and
 - (ii) participates in the quality assurance and continuing medical education of the RACGP; and
 - (iii) meets the RACGP requirements for quality assurance and continuing education; or
- (c) a practitioner who is undertaking an approved placement in general practice:
 - (i) as part of a training program for general practice leading to the award of the Fellowship of the RACGP; or
 - (ii) as part of some other training program recognised by the RACGP as being of an equivalent standard;

“institution” means a place (other than a hospital, a nursing home or accommodation for aged persons that is attached to a nursing home or situated within a nursing home complex) at which residential accommodation or day care is, or both residential accommodation and day care are, made available to:

- (a) disadvantaged children; or
- (b) juvenile offenders; or
- (c) aged persons; or
- (d) chronically ill psychiatric patients; or
- (e) homeless persons; or
- (f) unemployed persons; or
- (g) persons suffering from alcoholism; or
- (h) persons addicted to drugs; or
- (i) physically or mentally handicapped persons;

“intensive care unit” means a general intensive care unit or a neo-natal intensive care unit;

“neo-natal intensive care unit” means a separate hospital area that:

- (a) is equipped and staffed so as to be capable of providing to a patient who is a newly born child:
 - (i) mechanical ventilation for a period of several days; and
 - (ii) invasive cardiovascular monitoring; and
- (b) is supported by:

- (i) at least one consultant physician in paediatric medicine who is immediately available during normal working hours; and
- (ii) a registered medical practitioner who is present in the hospital and immediately available to the unit at all times; and
- (iii) a registered nurse for at least 18 hours each day; and

(c) has defined admission and discharge policies;

“RACGP” means the Royal Australian College of General Practitioners;

“referring practitioner”, in relation to a referral, means:

- (a) in the case of all referrals-a medical practitioner; and
- (b) if the referral is given to a specialist who is an ophthalmologist-an optometrist; and
- (c) if the referral:
 - (i) arises out of a dental service given by a dental practitioner; and
 - (ii) is given to a specialist (but not a consultant physician); a dental practitioner; and
- (d) if the referral:
 - (i) arises out of a dental service given by a dental practitioner who is approved by the Minister for the purposes of paragraph (b) of the definition of “professional service” in subsection 3 (1) of the Act; and
 - (ii) is given to a consultant physician;

a dental practitioner.

“the Act” means the *Health Insurance Act 1973*.

- (2) In this table, a reference by number to an item in the series 65001 to 73921 is a reference to the item so numbered in the pathology services table.
- (3) In this table, a reference by number to an item in the series 55028 to 61502 is a reference to the item so numbered in the diagnostic imaging services table.
- (4) In this table, the symbol “(AU *n*)” (where *n* is a number) is explained in items 17901 to 17959.

Meaning of symbols “(S)” and “(G)”

- 2. (1) An item including the symbol “(S)” applies only to a service given by a specialist (and not to a service given by a consultant physician) in the practice of his or her specialty, being:
 - (a) a service that:
 - (i) is given to a patient who has been referred to the specialist; and
 - (ii) is the first service given by the specialist in accordance with the referral; or
 - (b) a service that:
 - (i) is given to a patient who has been referred to the specialist; and
 - (ii) is either:
 - (A) part of a single course of treatment given for the condition identified in the referral; or

- (B) if no condition was identified in the referral-part of a single course of treatment for the condition identified by the specialist; and
 - (iii) is given within the period of validity of the referral applicable under regulation 12 of the Health Insurance Regulations; or
 - (c) a service that:
 - (i) is given to a patient who has declared that a written referral completed by a named referring practitioner has been lost, stolen or destroyed before the service was given; and
 - (ii) is the first service given by the specialist in accordance with the referral; or
 - (d) a service that:
 - (i) is given to a patient who has not been referred to the specialist; and
 - (ii) is a service that, in an emergency, the specialist decides is necessary in the patient's interests to be given as soon as practicable without a referral.
- (2) An item including the symbol “(G)” applies only to a service given otherwise than by a specialist in accordance with subrule (1).

Meaning of “single course of treatment” in certain circumstances

3. (1) In subrule 1 (1), rules 2 and 4 and items 104, 105, 106, 107, 108, 110, 116, 119, 122, 128 and 131, “single course of treatment” includes:
 - (a) the initial attendance by a specialist or consultant physician; and
 - (b) the continuing management or treatment up to and including the stage when the patient is referred back to the care of the referring practitioner; and
 - (c) any subsequent review of the patient's condition by the specialist or consultant physician that may be necessary, whether the review is initiated by the referring practitioner or the specialist or consultant physician.
- (2) For the purposes of subrule (1), an unrelated illness that requires referral of the patient to the specialist's or consultant physician's care, initiates a new course of treatment for which a new referral is required.
- (3) For the purposes of subrule (1), if:
 - (a) a referring practitioner considers it necessary for a patient's condition to be reviewed; and
 - (b) the patient is attended by the specialist or consultant physician after the end of the period of validity of the last referral applicable under regulation 12 of the Health Insurance Regulations; and
 - (c) the patient was last attended by the specialist or consultant physician more than 9 months before the attendance mentioned in paragraph (b); the attendance mentioned in paragraph (b) initiates a new course of treatment.

Interpretation of items 104 to 159

4. (1) In items 104 to 159, a reference to an attendance on a patient by a specialist, or consultant physician, in the practice or his or her specialty where the patient is referred to him or her:

- (a) includes an attendance by a specialist, or consultant physician, in the practice of his or her specialty:
 - (i) if the patient has declared that a written referral of the patient was completed by a medical practitioner; or
 - (ii) if, in an emergency, the patient has not been referred to the specialist, or consultant physician, who decides that it is necessary in the patient's interests to give the service mentioned in the item as soon as practicable without a referral; but
 - (b) does not include an attendance by a specialist, or consultant physician, in the practice of his or her specialty if:
 - (i) the attendance forms part of a single course of treatment in which the first service was given more than 12 months (or such other period, if any, set by the referring practitioner in, or in connection with, the referral) before the attendance; and
 - (ii) a later referral has not been given.
- (2) In subrule (1) and in items 104 to 159, a reference to the referring of a patient to a specialist, or consultant physician, is a reference to the referring of a patient to a specialist, or consultant physician, by a referring practitioner.

Meaning of “professional attendance” in certain items

5. In items 3, 4, 13, 19, 20, 23, 24, 25, 33, 35, 36, 37, 38, 40, 43, 44, 47, 48, 50 and 51, “professional attendance” includes (but is not limited to) the provision in relation to a patient of 1 or more of the following services:
- (a) the evaluation of the patient's condition or conditions including, if applicable, evaluation using the health screening services mentioned in subsection 19 (5) of the Act;
 - (b) the formulation of a plan for the management and, if applicable, for the treatment of the patient's condition or conditions;
 - (c) the provision of advice to the patient about the patient's condition or conditions and, if applicable, about treatment;
 - (d) if authorised by the patient, the provision of advice to another person, or other persons, about the patient's condition or conditions and, if applicable, about treatment;
 - (e) the recording of the clinical details of the service or services given to the patient.

Meaning of “Amount under rule 6” in certain items

6. (1) In items 13, 19 and 20, “Amount under rule 6” means an amount equal to the sum of:
- (a) the fee set out in item 3; and
 - (b) either:

- (i) for each patient attended at a single attendance up to a maximum of 6 patients-an amount equal to \$17.10 divided by the number of patients so attended; or
 - (ii) for each patient attended at a single attendance if the number of patients so attended is in excess of 6-\$1.15.
- (2) In items 25, 33 and 35, “Amount under rule 6” means an amount equal to the sum of:
 - (a) the fee set out in item 23; and
 - (b) either:
 - (i) for each patient attended at a single attendance up to a maximum of 6 patients-an amount equal to \$17.10 divided by the number of patients so attended; or
 - (ii) for each patient attended at a single attendance if the number of patients so attended is in excess of 6-\$1.15.
- (3) In items 38, 40 and 43, “Amount under rule 6” means an amount equal to the sum of:
 - (a) the fee set out in item 36; and
 - (b) either:
 - (i) for each patient attended at a single attendance up to a maximum of 6 patients-an amount equal to \$17.10 divided by the number of patients so attended; or
 - (ii) for each patient attended at a single attendance if the number of patients so attended is in excess of 6-\$1.15.
- (4) In items 48, 50 and 51, “Amount under rule 6” means an amount equal to the sum of:
 - (a) the fee set out in item 44; and
 - (b) either:
 - (i) for each patient attended at a single attendance up to a maximum of 6 patients-an amount equal to \$17.10 divided by the number of patients so attended; or
 - (ii) for each patient attended at a single attendance if the number of patients so attended is in excess of 6-\$1.15.
- (5) In items 81, 87 and 92, “Amount under rule 6” means an amount equal to the sum of:
 - (a) the fee set out in item 52; and
 - (b) either:
 - (i) for each patient attended at a single attendance up to a maximum of 6 patients-an amount equal to \$10.50 divided by the number of patients so attended; or
 - (ii) for each patient attended at a single attendance if the number of patients so attended is in excess of 6-70 cents.
- (6) In items 83, 89 and 93, “Amount under rule 6” means an amount equal to the sum of:
 - (a) the fee set out in item 53; and
 - (b) either:

- (i) for each patient attended at a single attendance up to a maximum of 6 patients-an amount equal to \$10.50 divided by the number of patients so attended; or
 - (ii) for each patient attended at a single attendance if the number of patients so attended is in excess of 6-70 cents.
- (7) In items 84, 90 and 95, “Amount under rule 6” means an amount equal to the sum of:
 - (a) the fee set out in item 54; and
 - (b) either:
 - (i) for each patient attended at a single attendance up to a maximum of 6 patients-an amount equal to \$10.50 divided by the number of patients so attended; or
 - (ii) for each patient attended at a single attendance if the number of patients so attended is in excess of 6-70 cents.
- (8) In items 86, 91 and 96, “**Amount under rule 6**” means an amount equal to the sum of:
 - (a) the fee set out in item 57; and
 - (b) either:
 - (i) or each patient attended at a single attendance up to a maximum of 6 patients-an amount equal to \$10.50 divided by the number of patients so attended; or
 - (ii) for each patient attended at a single attendance if the number of patients so attended is in excess of 6-70 cents.

Items 10809 and 10929 not to apply in certain circumstances

- 7. Items 10809 and 10929 do not apply if the patient requires contact lenses only for 1 or more of the following reasons:
 - (a) because the patient does not want to wear spectacles for reasons of appearance; or
 - (b) because the patient wants contact lenses for work, or sporting, purposes; or
 - (c) because the patient has difficulty in using, or cannot use, spectacles for psychological reasons.

Application of items 10921 to 10929

- 8. (1) For the purposes of items 10921 to 10929, a patient has an ocular condition which necessitates a further course of attention within 36 months of the previous initial consultation only in the circumstances mentioned in subrules (2) and (3).
- (2) The patient requires a change in contact lens material, or basic lens parameters, other than a simple power change, because of:
 - (a) a structural, or functional, change in the eye; or
 - (b) an allergic response.
- (3) A lost, damaged or otherwise unsatisfactory contact lens is replaced by an optometrist:
 - (a) who:

- (i) does not have access to the original prescription; and
 - (ii) does a total refit where an item mentioned in subrule (1) applies; and
- (b) who is not:
 - (i) the optometrist who initially fitted the contact lenses; or
 - (ii) an optometrist at, or operating from, the same practice location at which the optometrist who initially fitted the contact lenses practised when the contact lenses were initially fitted.

Personal attendance by medical practitioners generally

9. (1) The items mentioned in subrule (2) apply only to a service given in the course of a personal attendance by a medical practitioner on a single patient on a single occasion.
- (2) The items are items 3 to 153, 157 to 164, 173 to 10815, 11012, 11015, 11018, 11021, 11212, 11303, 11500, 11600, 11627, 11630, 11701, 11712, 11921, 12000, 12003, 12100, 12103, 12106, 12109, 12112, 12115, 13000, 13003, 13006, 13009, 13100, 13103, 13106, 13109, 13112, 13209, 13300, 13303, 13306, 13309, 13312, 13315, 13318, 13400, 13500, 13503, 13600, 13603, 13606, 13700, 13703, 13706, 13709, 13809, 13812, 13815, 13818, 13819, 13821, 13824, 13827, 13830, 13833, 13836, 14200, 14203, 14206, 14209, 16000 to 16552 and 16558 to 51309.
- (3) Items 154, 155, 156, 170, 171 and 172 apply only to a service given in the course of a personal attendance by a medical practitioner.

Personal attendance by certain medical practitioners

10. (1) The items mentioned in subrule (2) apply only to a service given in the course of a personal attendance by:
 - (a) a medical practitioner other than a medical practitioner employed by the proprietor of a hospital other than a private hospital; or
 - (b) a medical practitioner who:
 - (i) is employed by the proprietor of a hospital other than a private hospital; and
 - (ii) gives the service otherwise than in the course of employment by that proprietor;
 whether or not another person provides essential assistance to that medical practitioner in accordance with accepted medical practice.
- (2) The items are items 3 to 10815, 11012, 11015, 11018, 11021, 11212, 11303, 11500, 11600, 11627, 11630, 11701, 11712, 11921, 12000, 12003, 12100, 12103, 12106, 12109, 12112, 12115, 13000, 13003, 13006, 13009, 13100, 13103, 13106, 13109, 13112, 13209, 13300, 13303, 13306, 13309, 13312, 13315, 13318, 13400, 13500, 13503, 13600, 13603, 13606, 13700, 13703, 13706, 13709, 13809, 13812, 13815, 13818, 13819, 13821, 13824, 13827, 13830, 13833, 13836, 14200, 14203, 14206, 14209, 16000 to 16552 and 16558 to 51309.

Certain services may be given by persons other than medical practitioners

11. (1) The items mentioned in subrule (2) apply whether the medical service is given by:
 - (a) a medical practitioner; or
 - (b) a person, other than a medical practitioner, who is employed by a medical practitioner or, in accordance with accepted medical practice, acts under the supervision of a medical practitioner.
- (2) The items are items 11000, 11003, 11006, 11009, 11024, 11027, 11200, 11203, 11206, 11209, 11215, 11218, 11221, 11224, 11227, 11300, 11306, 11309, 11312, 11315, 11318, 11321, 11324, 11327, 11330, 11333, 11336, 11339, 11503, 11506, 11509, 11512, 11603, 11606, 11609, 11612, 11615, 11618, 11621, 11624, 11700, 11702, 11706, 11708, 11709, 11710, 11711, 11713, 11715, 11718, 11721, 11800, 11810, 11830, 11833, 11900, 11903, 11906, 11909, 11912, 11915, 11918, 12006, 12009, 12200, 12500 to 12530, 13200, 13203, 13206, 13212, 13215, 13218, 13221, 13915 to 13948, 14050, 14053, 15000 to 15533, 15536 and 16555.

Conditions under which certain services to be provided

12. Items 11309, 11312, 11315, 11318 and 11321 apply only to a service given:
 - (a) in conditions that allow the establishment of determinate thresholds; and
 - (b) in a sound-attenuated environment with background noise conditions that comply with Australian Standard AS1269-1983 of the Standards Association of Australia, as in force on 1 August 1987; and
 - (c) using calibrated equipment that complies with Australian Standard AS2586-1983 of the Standards Association of Australia, as in force on 1 August 1987.

Application of items 51700 to 53455

13. Items 51700 to 53455 apply only to a service given in the course of dental practice by a dental practitioner approved by the Minister for the purposes of the definition of “professional service” in subsection 3 (1) of the Act.

Meaning of “administration of an anaesthetic” in items 18102 to 18118

14. In items 18102 to 18118, “administration of an anaesthetic” means the administration of an anaesthetic in connection with a dental service, other than a dental service that is a prescribed medical service for the purposes of paragraph (b) of the definition of “professional service” in subsection 3 (1) of the Act.

Meaning of “prescribed location” in item 18013

15. In item 18013, “prescribed location” means any of the following:
 - (a) Royal North Shore Hospital, St Leonards, New South Wales;
 - (b) Royal Prince Alfred Hospital, Camperdown, New South Wales;
 - (c) Westmead Hospital, Westmead, New South Wales;
 - (d) Royal Melbourne Hospital, Parkville, Victoria;

- (e) St Vincent's Hospital, Fitzroy, Victoria;
- (f) Alfred Group of Hospitals, Prahran, Victoria;
- (g) Austin Hospital, Heidelberg, Victoria;
- (h) Princess Alexandra Hospital, Woolloongabba, Queensland;
- (i) Royal Brisbane Hospital, Herston, Queensland;
- (j) Royal Adelaide Hospital, Adelaide, South Australia;
- (k) Flinders Medical Centre, Bedford Park, South Australia;
- (l) Sir Charles Gairdner Hospital, Nedlands, Western Australia;
- (m) Royal Hobart Hospital, Hobart, Tasmania;
- (n) Townsville Hospital, Townsville, Queensland;
- (o) Royal Perth Hospital, Perth, Western Australia;
- (p) Prince of Wales Hospital, Randwick, New South Wales;
- (q) John Hunter Hospital, New Lambton, New South Wales;
- (r) Woden Valley Hospital, Woden, Australian Capital Territory.

Meaning of “Amount under rule 16” in certain items

16. In an item mentioned in subparagraph (b) (i), (ii), (iii), (iv), (v) or (vi), “Amount under rule 16” means an amount equal to the sum of:
 - (a) the amount of the fee set out in the other item that applies to radiotherapy treatment of the kind mentioned in the first-mentioned item when given to 1 field only; and
 - (b) the following amount:
 - (i) for item 15003-\$12.20 for each field separately treated in excess of 1 up to a maximum of 5 additional fields; or
 - (ii) for item 15103-\$13.45 for each field separately treated in excess of 1 up to a maximum of 5 additional fields; or
 - (iii) for item 15109-\$16.15 for each field separately treated in excess of 1 up to a maximum of 5 additional fields; or
 - (iv) for item 15204-\$21.20 for each field separately treated in excess of 1 up to a maximum of 5 additional fields; or
 - (v) for item 15208-\$21.20 for each field separately treated in excess of 1 up to a maximum of 5 additional fields; or
 - (vi) for item 15214-\$17.80 for each field separately treated in excess of 1 up to a maximum of 5 additional fields.

Meaning of “Amount under rule 17” in certain items

17. In an item mentioned in subparagraph (b) (i) or (ii), “Amount under rule 17” means an amount equal to the sum of:
 - (a) the amount of the fee set out in the other item that applies to treatment, by a single dose of radiotherapy, of the kind mentioned in the first-mentioned item when given to 1 field only; and
 - (b) the following amount:
 - (i) for item 15009-\$13.25 for each field separately treated in excess of 1 up to a maximum of 5 additional fields; or
 - (ii) for item 15115-\$33.60 for each field separately treated in excess of 1 up to a maximum of 5 additional fields.

Meaning of “Amount under rule 18” in certain items

18. In an item to which paragraph (a) or (b) applies, “Amount under rule 18” means an amount equal to:
- (a) for item 17977-85% of the fee, for the administration of an anaesthetic, for the item relating to an original amputation of the kind performed (being any of items 44324 to 44373); or
 - (b) for item 44376-75% of the fee for the item relating to an original amputation of the kind performed (being any of items 44324 to 44373).

Meaning of “(AD)” in Groups C2-Oral surgical services and C3-General and Prosthodontic services

19. An item in the series 75200 to 75854 that includes the symbol “(AD)” applies only to a service given by a State registered dental practitioner practising as a dentist.

Orthodontic services

20. (1) In this rule:
“**accredited orthodontist**” means:
- (a) a dental practitioner who is registered or licensed as an orthodontist under the relevant law; or
 - (b) a dental practitioner:
 - (i) who is not registered or licensed under the relevant law as an orthodontist or who practises in a State or Territory in which there is no provision for the registration or licensing of orthodontists; and
 - (ii) whose qualifications or experience demonstrate to the Committee his or her competence in the field of orthodontics that is applicable to the giving of the services specified in items 75000 to 75051; and
 - (iii) who is accredited by the Minister for the purposes of this rule;
- “**Committee**” means the Medical Benefits (Dental Practitioners) Advisory Committee established under section 136 of the *National Health Act 1953*;
- “**relevant law**”, in relation to a service given to a patient, means the law of the State or Territory in which the service is given that provides for the registration or licensing of orthodontists.

- (2) An item in the series 75000 to 75051 that includes the symbol “(AO)” applies only to a service given by an accredited orthodontist.

Oral surgery services

21. (1) In this rule, “relevant law”, in relation to a service given to a patient, means the law of the State or Territory in which the service is given that provides for the registration or licensing of oral surgeons.
- (2) An item in the series 75200 to 75609 that includes the symbol “(AOS)” applies only to a service given by a dental practitioner who is:
- (a) registered under the relevant law as an oral surgeon; and

- (b) a dental practitioner approved by the Minister for the purposes of the definition of “professional service” in subsection 3 (1) of the Act.

Meaning of “report” in Group D1-Miscellaneous diagnostic procedures and investigations

- 22. In items 11000 to 12200, “report” means a report prepared by a medical practitioner.

Meaning of “treatment cycle of a patient”

- 23. In rule 24 and items 13200 to 13221, “treatment cycle of a patient” means a series of treatments of the patient that:
 - (a) begins:
 - (i) if treatment with superovulatory drugs is given on the day on which that treatment begins; or
 - (ii) if treatment with superovulatory drugs is not given on the first day of the menstrual cycle of the patient; and
 - (b) ends not more than 30 days after that day.

Certain assisted reproductive services given as part of treatment cycle

- 24. If a service mentioned:
 - (a) in an item in subgroup 3 of group T1 (assisted reproductive services); and
 - (b) in another item outside that subgroup;is given as part of a treatment cycle to which that subgroup applies, it is not a medical service for the purposes of that other item.

Items relating to assisted reproductive services not to apply in certain pregnancy-related circumstances

- 25. Items 13200 to 13221 do not apply to a service in relation to a patient's pregnancy, or intended pregnancy, that is, at the time of the service, the subject of an agreement, or arrangement, under which the patient makes provision for guardianship of, or custodial rights to, a child born as a result of the pregnancy to be transferred to another person.

Meaning of “embryology laboratory services” in items 13200 and 13206

- 26. In items 13200 and 13206, “embryology laboratory services” includes:
 - (a) egg recovery from aspirated follicular fluid; and
 - (b) insemination; and
 - (c) monitoring of fertilisation and embryo development; and
 - (d) preparation of gametes or embryos for transfer or freezing;but does not include semen preparation.

Meaning of “confinement” in certain items

- 27. In items 16506, 16507, 16510, 16513, 16516 and 16517, “confinement” includes:

- (a) induction of labour by surgical or intravenous infusion methods; and
- (b) forceps or vacuum extraction; and
- (c) breech delivery; and
- (d) management of multiple deliveries; and
- (e) episiotomy; and
- (f) repair of tears; and
- (g) a medical service mentioned in item 16558 or 16561 when performed at the time of delivery; and
- (h) evacuation of the products of conception by manual removal.

Certain obstetrical procedures constitute a single operation

28. The procedures mentioned in item 16516, 16517, 16520, 16564, 16567, 16570 or 16573 constitute, for the purposes of that item, a single operation for the purposes of subsections 16 (2), (3) and (4) of the Act.

Meaning of “maxilla” in certain items

29. In items 45719 to 45752 and 52342 to 52375, “maxilla” includes the zygoma.

Items 46300 to 46510 apply only in certain circumstances

30. Items 46300 to 46510 apply only to a service given in the course of an operation on a hand or hands.

Meaning of “closed reduction” and “open reduction” in items 47000 to 50239

31. In items 47000 to 50239:
- “closed reduction”:**
- (a) means treatment of a dislocation or fracture by non-operative reduction; and
 - (b) includes the use of percutaneous fixation, or external splintage by cast or splints;
- “open reduction”** means treatment of a dislocation or fracture by either:
- (a) operative exposure including the use of any internal or external fixation; or
 - (b) non-operative (closed reduction) where intra-medullary fixation or external fixation is used.

Services in association with spinal fusion services

32. Items 48678, 48681, 48684, 48687 and 48690 apply only if the service is undertaken in association with a spinal fusion service to which item 48642, 48645, 48648, 48651, 48654, 48657, 48660, 48663, 48666, 48669, 48672 or 48675 applies.

Meaning of “Amount under rule 33” in items 51303 and 51803

33. In items 51303 and 51803, “Amount under rule 33”, in relation to an amount payable for assistance at an operation, means an amount equal to 20% of the sum of the fees payable under the Act for the services at that operation of the practitioner to whom the assistance was given.

Meaning of “Amount under rule 34” in item 51309

34. (1) In item 51309, “Amount under rule 34” in relation to an amount payable for assistance at a series, or combination, of operations, means an amount equal to 20% of the sum of the fees payable under the Act for the services at those operations of the practitioner to whom the assistance was given.
- (2) For the purposes of subrule (1), the amount payable for the Caesarean section component of the operations is the fee applicable to item 16520.

Meaning of “Amount under rule 35” in item 18219

35. (1) In item 18219, “Amount under rule 35” means an amount equal to the sum of:
- (a) the amount of the fee for the service shown in item 18216 including continuous attendance by the medical practitioner for 1 hour; and
 - (b) an amount of \$13.15 for each additional 15 minutes or part thereof for continuous attendance by the medical practitioner beyond the first hour.

Histopathological proof of malignancy in certain cases for purposes of certain items relating to surgical procedures

36. For the purposes of items 30196 to 30203, the requirement for histopathological proof of malignancy is satisfied where multiple lesions are to be removed from the one anatomical region if a single lesion from that region is histologically tested and proven positive for malignancy.

PART 2-SERVICES AND FEES ATTENDANCES

GROUP A1-GENERAL PRACTITIONER ATTENDANCES TO WHICH NO OTHER ITEM APPLIES

Item	Service	Fee
3	Professional attendance at consulting rooms (not being a service to which any other item applies) by a general practitioner for an obvious problem characterised by the straightforward nature of the task that requires a short patient history and, if required, limited examination and management—each attendance	\$11.45
4	Professional attendance, other than a service to which any	\$28.65

	other item applies, and not being an attendance at consulting rooms, an institution, a hospital or a nursing home by a general practitioner for an obvious problem characterised by the straightforward nature of the task that requires a short patient history and, if required, limited examination and management-each attendance	
13	Professional attendance at an institution (not being a service to which any other item applies) by a general practitioner for an obvious problem characterised by the straightforward nature of the task that requires a short patient history and, if required, limited examination and management-an attendance on 1 or more patients at 1 institution on 1 occasion-each patient	Amount under rule 6
19	Professional attendance at a hospital (not being a service to which any other item applies) by a general practitioner for an obvious problem characterised by the straightforward nature of the task that requires a short patient history and, if required, limited examination and management-an attendance on 1 or more patients at 1 hospital on 1 occasion-each patient	Amount under rule 6
20	Professional attendance (not being a service to which any other item applies) at a nursing home including aged persons' accommodation attached to a nursing home or aged persons' accommodation situated within a complex that includes a nursing home (other than a professional attendance at a self-contained unit) or professional attendance at consulting rooms situated within such a complex where the patient is accommodated in a nursing home or aged persons' accommodation (not being accommodation in a self-contained unit) by a general practitioner for an obvious problem characterised by the straightforward nature of the task that requires a short patient history and, if required, limited examination and management-an attendance on 1 or more patients at 1 nursing home on 1 occasion-each patient	Amount under rule 6
23	Professional attendance at consulting rooms (not being a service to which any other item applies) by a general practitioner involving taking a selective history, examination of the patient with implementation of a management plan in relation to 1 or more problems, or a professional attendance of less than 20 minutes' duration involving components of a service to which item 36 or 44 applies-each attendance	\$24.15
24	Professional attendance, other than a service to which any other item applies, and not being an attendance at consulting rooms, an institution, a hospital or a nursing home by a general practitioner involving taking a selective history, examination of the patient with implementation of a management plan in relation to 1 or more problems, or a professional attendance of less than 20 minutes' duration involving components of a service to which item 37 or 47 applies-each attendance	\$41.25
25	Professional attendance at an institution (not being a service to which any other item applies) by a general practitioner	Amount under rule 6

	involving taking a selective history, examination of the patient with implementation of a management plan in relation to 1 or more problems, or a professional attendance of less than 20 minutes' duration involving components of a service to which item 38 or 48 applies-an attendance on 1 or more patients at 1 institution on 1 occasion-each patient	
33	Professional attendance at a hospital (not being a service to which any other item applies) by a general practitioner involving taking a selective history, examination of the patient with implementation of a management plan in relation to 1 or more problems, or a professional attendance of less than 20 minutes' duration involving components of a service to which item 40 or 50 applies-an attendance on 1 or more patients at 1 hospital on 1 occasion-each patient	Amount under rule 6
35	Professional attendance (not being a service to which any other item applies) at a nursing home, including aged persons' accommodation attached to a nursing home or aged persons' accommodation situated within a complex that includes a nursing home (other than a professional attendance at a self-contained unit) or professional attendance at consulting rooms situated within such a complex where the patient is accommodated in the nursing home or aged persons' accommodation (not being accommodation in a self-contained unit) by a general practitioner involving taking a selective history, examination of the patient with implementation of a management plan in relation to 1 or more problems, or a professional attendance of less than 20 minutes' duration involving components of a service to which item 43 or 51 applies-an attendance on 1 or more patients at 1 nursing home on 1 occasion-each patient	Amount under rule 6
36	Professional attendance at consulting rooms (not being a service to which any other item applies) by a general practitioner involving taking a detailed history, an examination of multiple systems, arranging any necessary investigations and implementing a management plan in relation to 1 or more problems, and lasting at least 20 minutes, or a professional attendance of less than 40 minutes' duration involving components of a service to which item 44 applies-each attendance	\$43.55
37	Professional attendance, other than a service to which any other item applies, and not being an attendance at consulting rooms, an institution, a hospital or a nursing home by a general practitioner involving taking a detailed history, an examination of multiple systems, arranging any necessary investigations and implementing a management plan in relation to 1 or more problems, and lasting at least 20 minutes, or a professional attendance of less than 40 minutes' duration involving components of a service to which item 47 applies-each attendance	\$60.75
38	Professional attendance at an institution (not being a service to	Amount

	which any other item applies) by a general practitioner involving taking a detailed history, an examination of multiple systems, arranging any necessary investigations and implementing a management plan in relation to 1 or more problems, and lasting at least 20 minutes, or a professional attendance of less than 40 minutes' duration involving components of a service to which item 48 applies-an attendance on 1 or more patients at 1 institution on 1 occasion-each patient	under rule 6
40	Professional attendance at a hospital (not being a service to which any other item applies) by a general practitioner involving taking a detailed history, an examination of multiple systems, arranging any necessary investigations and implementing a management plan in relation to 1 or more problems, and lasting at least 20 minutes, or a professional attendance of less than 40 minutes' duration involving components of a service to which item 50 applies-an attendance on 1 or more patients at 1 hospital on 1 occasion-each patient	Amount under rule 6
43	Professional attendance (not being a service to which any other item applies) at a nursing home, including aged persons' accommodation attached to a nursing home or aged persons' accommodation situated within a complex that includes a nursing home (other than a professional attendance at a self-contained unit) or professional attendance at consulting rooms situated within such a complex where the patient is accommodated in the nursing home or aged persons' accommodation (not being accommodation in a self-contained unit) by a general practitioner involving taking a detailed history, an examination of multiple systems, arranging any necessary investigations and implementing a management plan in relation to 1 or more problems, and lasting at least 20 minutes, or a professional attendance of less than 40 minutes' duration involving components of a service to which item 51 applies-an attendance on 1 or more patients at 1 nursing home on 1 occasion-each patient	Amount under rule 6
44	Professional attendance at consulting rooms (not being a service to which any other item applies) by a general practitioner involving taking an exhaustive history, a comprehensive examination of multiple systems, arranging any necessary investigations and implementing a management plan in relation to 1 or more complex problems, and lasting at least 40 minutes, or a professional attendance of at least 40 minutes' duration for implementation of a management plan-each attendance	\$64.20
47	Professional attendance, other than a service to which any other item applies, and not being an attendance at consulting rooms, an institution, a hospital or a nursing home by a general practitioner involving taking an exhaustive history, a comprehensive examination of multiple systems, arranging	\$81.40

	any necessary investigations and implementing a management plan in relation to 1 or more complex problems and lasting at least 40 minutes, or a professional attendance of at least 40 minutes' duration for implementation of a management plan-each attendance	
48	Professional attendance at an institution (not being a service to which any other item applies) by a general practitioner involving taking an exhaustive history, a comprehensive examination of multiple systems, arranging any necessary investigations and implementing a management plan in relation to 1 or more complex problems, and lasting at least 40 minutes, or a professional attendance of at least 40 minutes' duration for implementation of a management plan-an attendance on 1 or more patients at 1 institution on 1 occasion-each patient	Amount under rule 6
50	Professional attendance at a hospital (not being a service to which any other item applies) by a general practitioner involving taking an exhaustive history, a comprehensive examination of multiple systems, arranging any necessary investigations and implementing a management plan in relation to 1 or more complex problems, and lasting at least 40 minutes, or a professional attendance of at least 40 minutes' duration for implementation of a management plan-an attendance on 1 or more patients at 1 hospital on 1 occasion-each patient	Amount under rule 6
51	Professional attendance (not being a service to which any other item applies) at a nursing home, including aged persons' accommodation attached to a nursing home or aged persons' accommodation situated within a complex that includes a nursing home (other than a professional attendance at a self-contained unit) or professional attendance at consulting rooms situated within such a complex where the patient is accommodated in the nursing home or aged persons' accommodation (not being accommodation in a self-contained unit) by a general practitioner involving taking an exhaustive history, a comprehensive examination of multiple systems, arranging any necessary investigations and implementing a management plan in relation to 1 or more complex problems, and lasting at least 40 minutes, or a professional attendance of at least 40 minutes' duration for implementation of a management plan-an attendance on 1 or more patients at 1 nursing home on 1 occasion-each patient	Amount under rule 6

GROUP A2-OTHER NON-REFERRED
ATTENDANCES TO WHICH NO OTHER ITEM
APPLIES

52	Professional attendance at consulting rooms of not more than 5 minutes' duration (not being a service to which any other item applies) by a medical practitioner (not being a general	\$11.00
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	practitioner)-each attendance	
53	Professional attendance at consulting rooms of more than 5 minutes' duration but not more than 25 minutes' duration (not being a service to which any other item applies) by a medical practitioner (not being a general practitioner)-each attendance	\$21.00
54	Professional attendance at consulting rooms of more than 25 minutes' duration but not more than 45 minutes' duration (not being a service to which any other item applies) by a medical practitioner (not being a general practitioner)-each attendance	\$38.00
57	Professional attendance at consulting rooms of more than 45 minutes' duration (not being a service to which any other item applies) by a medical practitioner (not being a general practitioner)-each attendance	\$61.00
58	Professional attendance (not being an attendance at consulting rooms, an institution, a hospital or a nursing home) of not more than 5 minutes' duration (not being a service to which any other item applies) by a medical practitioner (not being a general practitioner)-each attendance	\$24.00
59	Professional attendance (not being an attendance at consulting rooms, an institution, a hospital or a nursing home) of more than 5 minutes' duration but not more than 25 minutes' duration (not being a service to which any other item applies) by a medical practitioner (not being a general practitioner)-each attendance	\$31.50
60	Professional attendance (not being an attendance at consulting rooms, an institution, a hospital or a nursing home) of more than 25 minutes' duration but not more than 45 minutes' duration (not being a service to which any other item applies) by a medical practitioner (not being a general practitioner)-each attendance	\$51.00
65	Professional attendance (not being an attendance at consulting rooms, an institution, a hospital or a nursing home) of more than 45 minutes' duration (not being a service to which any other item applies) by a medical practitioner (not being a general practitioner)-each attendance	\$73.00
81	Professional attendance at an institution of not more than 5 minutes' duration (not being a service to which any other item applies) by a medical practitioner (not being a general practitioner)-an attendance on 1 or more patients at 1 institution on 1 occasion-each patient	Amount under rule 6
83	Professional attendance at an institution of more than 5 minutes' duration but not more than 25 minutes' duration (not being a service to which any other item applies) by a medical practitioner (not being a general practitioner)-an attendance on 1 or more patients at 1 institution on 1 occasion-each patient	Amount under rule 6
84	Professional attendance at an institution of more than 25 minutes' duration but not more than 45 minutes' duration (not being a service to which any other item applies) by a medical practitioner (not being a general practitioner)-an attendance on 1 or more patients at 1 institution on 1 occasion-each patient	Amount under rule 6

86	Professional attendance at an institution of more than 45 minutes' duration (not being a service to which any other item applies) by a medical practitioner (not being a general practitioner)-an attendance on 1 or more patients at 1 institution on 1 occasion-each patient	Amount under rule 6
87	Professional attendance at a hospital of not more than 5 minutes' duration (not being a service to which any other item applies) by a medical practitioner (not being a general practitioner)-an attendance on 1 or more patients at 1 hospital on 1 occasion-each patient	Amount under rule 6
89	Professional attendance at a hospital of more than 5 minutes' duration but not more than 25 minutes' duration (not being a service to which any other item applies) by a medical practitioner (not being a general practitioner)-an attendance on 1 or more patients at 1 hospital on 1 occasion-each patient	Amount under rule 6
90	Professional attendance at a hospital of more than 25 minutes' duration but not more than 45 minutes' duration (not being a service to which any other item applies) by a medical practitioner (not being a general practitioner)-an attendance on 1 or more patients at 1 hospital on 1 occasion-each patient	Amount under rule 6
91	Professional attendance at a hospital of more than 45 minutes' duration (not being a service to which any other item applies) by a medical practitioner (not being a general practitioner)-an attendance on 1 or more patients at 1 hospital on 1 occasion-each patient	Amount under rule 6
92	Professional attendance (not being a service to which any other item applies) at a nursing home, including aged persons' accommodation attached to a nursing home or aged persons' accommodation situated within a complex that includes a nursing home (other than a professional attendance at a self-contained unit) or professional attendance at consulting rooms situated within such a complex where the patient is accommodated in the nursing home or aged persons' accommodation (not being accommodation in a self-contained unit) of not more than 5 minutes' duration by a medical practitioner (not being a general practitioner)-an attendance on 1 or more patients at 1 nursing home on 1 occasion-each patient	Amount under rule 6
93	Professional attendance (not being a service to which any other item applies) at a nursing home, including aged persons' accommodation attached to a nursing home or aged persons' accommodation situated within a complex that includes a nursing home (other than a professional attendance at a self-contained unit) or professional attendance at consulting rooms situated within such a complex where the patient is accommodated in the nursing home or aged persons' accommodation (not being accommodation in a self-contained unit) of more than 5 minutes' duration but not more than 25 minutes' duration by a medical practitioner (not being a general practitioner)-an attendance on 1 or more patients at 1	Amount under rule 6

95	nursing home on 1 occasion-each patient Professional attendance (not being a service to which any other item applies) at a nursing home, including aged persons' accommodation attached to a nursing home or aged persons' accommodation situated within a complex that includes a nursing home (other than a professional attendance at a self-contained unit) or professional attendance at consulting rooms situated within such a complex where the patient is accommodated in the nursing home or aged persons' accommodation (not being accommodation in a self-contained unit) of more than 25 minutes' duration but not more than 45 minutes' duration) by a medical practitioner (not being a general practitioner)-an attendance on 1 or more patients at 1 nursing home on 1 occasion-each patient	Amount under rule 6
96	Professional attendance (not being a service to which any other item applies) at a nursing home, including aged persons' accommodation attached to a nursing home or aged persons' accommodation situated within a complex that includes a nursing home (other than a professional attendance at a self-contained unit) or professional attendance at consulting rooms situated within such a complex where the patient is accommodated in the nursing home or aged persons' accommodation (not being accommodation in a self-contained unit) of more than 45 minutes' duration by a medical practitioner (not being a general practitioner)-an attendance on 1 or more patients at 1 nursing home on 1 occasion-each patient	Amount under rule 6

**GROUP A3-EMERGENCY AFTER HOURS ATTENDANCES TO WHICH NO
OTHER ITEM APPLIES**

97	Professional attendance being an attendance at other than consulting rooms, on not more than 1 patient on 1 occasion by a medical practitioner-each attendance on a public holiday, on a Sunday, before 8 a.m. or after 1 p.m. on a Saturday or at any time other than between 8 a.m. and 8 p.m. on a day not being a Saturday, Sunday or public holiday, where the attendance is initiated by or on behalf of the patient in the same unbroken after hours period and where the patient's medical condition requires immediate treatment	\$45.50
98	Professional attendance being an attendance at consulting rooms, on not more than 1 patient on 1 occasion by a medical practitioner-each attendance on a public holiday, on a Sunday, before 8 a.m. or after 1 p.m. on a Saturday or at any time other than between 8 a.m. and 8 p.m. on a day not being a Saturday, Sunday or public holiday, where the attendance is initiated by or on behalf of the patient in the same unbroken after hours period, where the patient's medical condition requires immediate treatment, and where it is necessary for the doctor to return to, and specially open, consulting rooms for the	\$45.50

attendance

GROUP A4-SPECIALIST ATTENDANCES TO WHICH NO OTHER ITEM
APPLIES

104	Professional attendance by a specialist in the practice of his or her specialty where the patient is referred to him or her-an attendance (other than a second or subsequent attendance in a single course of treatment) where that attendance is at consulting rooms, hospital or nursing home, not being a service to which item 106 applies	\$61.00
105	Professional attendance by a specialist in the practice of his or her specialty where the patient is referred to him or her-each attendance subsequent to the first in a single course of treatment where that attendance is at consulting rooms, hospital or nursing home	\$30.50
106	Professional attendance by a specialist in the practice of his or her specialty where the patient is referred to him or her-an attendance (other than a second or subsequent attendance in a single course of treatment) at which refraction is performed by a specialist ophthalmologist, and the attendance results in the issuing of a prescription for spectacles or contact lenses, including any consultation on the same occasion and any other attendance on the same day (not being a service to which item 10801, 10802, 10803, 10804, 10805, 10806, 10807, 10808, 10809 or 10815 applies), where the attendance is at consulting rooms, hospital or nursing home	\$50.15
107	Professional attendance by a specialist in the practice of his or her specialty where the patient is referred to him or her-an attendance (other than a second or subsequent attendance in a single course of treatment) where that attendance is at a place other than consulting rooms, hospital or nursing home	\$89.30
108	Professional attendance by a specialist in the practice of his or her specialty where the patient is referred to him or her-each attendance subsequent to the first in a single course of treatment where that attendance is at a place other than consulting rooms, hospital or nursing home	\$56.50

GROUP A5-CONSULTANT PHYSICIAN ATTENDANCES TO WHICH NO
OTHER ITEM APPLIES

110	Professional attendance at consulting rooms, hospital or nursing home by a consultant physician in the practice of his or her specialty (other than psychiatry) where the patient is referred to him or her by a medical practitioner-initial attendance in a single course of treatment	\$107.45
116	Professional attendance at consulting rooms, hospital or nursing home by a consultant physician in the practice of his or her specialty (other than psychiatry) where the patient is referred to him or her by a medical practitioner-each	\$53.75

	attendance (not being a service to which item 119 applies) subsequent to the first in a single course of treatment	
119	Professional attendance at consulting rooms, hospital or nursing home by a consultant physician in the practice of his or her specialty (other than psychiatry) where the patient is referred to him or her by a medical practitioner-each minor attendance subsequent to the first in a single course of treatment	\$30.50
122	Professional attendance at a place other than consulting rooms, hospital or nursing home by a consultant physician in the practice of his or her specialty (other than psychiatry) where the patient is referred to him or her by a medical practitioner-initial attendance in a single course of treatment	\$130.40
128	Professional attendance at a place other than consulting rooms, hospital or nursing home by a consultant physician in the practice of his or her specialty (other than psychiatry) where the patient is referred to him or her by a medical practitioner-each attendance (other than a service to which item 131 applies) subsequent to the first in a single course of treatment	\$78.80
131	Professional attendance at a place other than consulting rooms, hospital or nursing home by a consultant physician in the practice of his or her specialty (other than psychiatry) where the patient is referred to him or her by a medical practitioner-each minor attendance subsequent to the first in a single course of treatment	\$56.75

GROUP A6-CONSULTANT PSYCHIATRIST ATTENDANCES TO WHICH NO
OTHER ITEM APPLIES

134	Professional attendance by a consultant physician in the practice of his or her specialty of psychiatry where the patient is referred to him or her by a medical practitioner-an attendance of not more than 15 minutes' duration where that attendance is at consulting rooms, hospital or nursing home	\$30.80
136	Professional attendance by a consultant physician in the practice of his or her specialty of psychiatry where the patient is referred to him or her by a medical practitioner-an attendance of more than 15 minutes' duration but not more than 30 minutes' duration where that attendance is at consulting rooms, hospital or nursing home	\$61.60
138	Professional attendance by a consultant physician in the practice of his or her specialty of psychiatry where the patient is referred to him or her by a medical practitioner-an attendance of more than 30 minutes' duration but not more than 45 minutes' duration where that attendance is at consulting rooms, hospital or nursing home	\$90.30
140	Professional attendance by a consultant physician in the practice of his or her specialty of psychiatry where the patient is referred to him or her by a medical practitioner-an	\$124.65

	attendance of more than 45 minutes' duration but not more than 75 minutes' duration where that attendance is at consulting rooms, hospital or nursing home	
142	Professional attendance by a consultant physician in the practice of his or her specialty of psychiatry where the patient is referred to him or her by a medical practitioner-an attendance of more than 75 minutes' duration where that attendance is at consulting rooms, hospital or nursing home	\$151.90
144	Professional attendance by a consultant physician in the practice of his or her specialty of psychiatry where the patient is referred to him or her by a medical practitioner-an attendance of not more than 15 minutes' duration where that attendance is at a place other than consulting rooms, hospital or nursing home	\$56.60
146	Professional attendance by a consultant physician in the practice of his or her specialty of psychiatry where the patient is referred to him or her by a medical practitioner-an attendance of more than 15 minutes' duration but not more than 30 minutes' duration where that attendance is at a place other than consulting rooms, hospital or nursing home	\$88.85
148	Professional attendance by a consultant physician in the practice of his or her specialty of psychiatry where the patient is referred to him or her by a medical practitioner-an attendance of more than 30 minutes' duration but not more than 45 minutes' duration where that attendance is at a place other than consulting rooms, hospital or nursing home	\$123.25
150	Professional attendance by a consultant physician in the practice of his or her specialty of psychiatry where the patient is referred to him or her by a medical practitioner-an attendance of more than 45 minutes' duration but not more than 75 minutes' duration where that attendance is at a place other than consulting rooms, hospital or nursing home	\$149.05
152	Professional attendance by a consultant physician in the practice of his or her specialty of psychiatry where the patient is referred to him or her by a medical practitioner-an attendance of more than 75 minutes' duration where that attendance is at a place other than consulting rooms, hospital or nursing home	\$177.70
153	Attendance for electroconvulsive therapy, including associated consultation (AU 3)	\$40.55
154	Group psychotherapy (including any associated consultations with a patient taking place on the same occasion and relating to the condition for which group therapy is conducted) of not less than 1 hour's duration given under the continuous direct supervision of a consultant physician in the practice of his or her specialty of psychiatry, involving a group of 2 to 9 unrelated patients or a family group of more than 3 patients, each of whom is referred to the consultant physician by a medical practitioner-each patient	\$35.15
155	Group psychotherapy (including any associated consultations	\$46.65

	with a patient taking place on the same occasion and relating to the condition for which group therapy is conducted) of not less than 1 hour's duration given under the continuous direct supervision of a consultant physician in the practice of his or her specialty of psychiatry, involving a family group of 3 patients, each of whom is referred to the consultant physician by a medical practitioner-each patient	
156	Group psychotherapy (including any associated consultations with a patient taking place on the same occasion and relating to the condition for which group therapy is conducted) of not less than 1 hour's duration given under the continuous direct supervision of a consultant physician in the practice of his or her specialty of psychiatry, involving a family group of 2 patients, each of whom is referred to the consultant physician by a medical practitioner-each patient	\$68.95
157	Professional attendance by a consultant physician in the practice of his or her specialty of psychiatry, where the patient is referred to him or her by a medical practitioner, involving an interview of a person other than the patient of not less than 20 minutes' duration but less than 45 minutes' duration, in the course of initial diagnostic evaluation of a patient	\$37.20
158	Professional attendance by a consultant physician in the practice of his or her specialty of psychiatry, where the patient is referred to him or her by a medical practitioner, involving an interview of a person other than the patient of not less than 45 minutes' duration, in the course of initial diagnostic evaluation of a patient	\$83.80
159	Professional attendance by a consultant physician in the practice of his or her specialty of psychiatry, where the patient is referred to him or her by a medical practitioner, involving an interview of a person other than the patient of not less than 20 minutes' duration, in the course of continuing management of a patient-payable not more than twice in any 12 month period	\$37.25

GROUP A7-PROLONGED ATTENDANCES TO WHICH NO OTHER ITEM APPLIES

160	Professional attendance for a period of not less than 1 hour but less than 2 hours (not being a service to which any other item applies) on a patient in imminent danger of death requiring continuous life saving emergency treatment (not being treatment of a counselling nature) to the exclusion of all other patients	\$87.55
161	Professional attendance for a period of not less than 2 hours but less than 3 hours (not being a service to which any other item applies) on a patient in imminent danger of death requiring continuous life saving emergency treatment (not being treatment of a counselling nature) to the exclusion of all other patients	\$143.00

162	Professional attendance for a period of not less than 3 hours but less than 4 hours (not being a service to which any other item applies) on a patient in imminent danger of death requiring continuous life saving emergency treatment (not being treatment of a counselling nature) to the exclusion of all other patients	\$198.45
163	Professional attendance for a period of not less than 4 hours but less than 5 hours (not being a service to which any other item applies) on a patient in imminent danger of death requiring continuous life saving emergency treatment (not being treatment of a counselling nature) to the exclusion of all other patients	\$253.85
164	Professional attendance for a period of 5 hours or more (not being a service to which any other item applies) on a patient in imminent danger of death requiring continuous life saving emergency treatment (not being treatment of a counselling nature) to the exclusion of all other patients	\$306.40

GROUP A8-GROUP THERAPY

170	Professional attendance for the purpose of group therapy of not less than 1 hour's duration given under the direct continuous supervision of a medical practitioner, other than a consultant physician in the practice of his or her specialty of psychiatry, involving members of a family and persons with close personal relationships with that family-each group of 2 patients	\$92.00
171	Professional attendance for the purpose of group therapy of not less than 1 hour's duration given under the direct continuous supervision of a medical practitioner, other than a consultant physician in the practice of his or her specialty of psychiatry, involving members of a family and persons with close personal relationships with that family-each group of 3 patients	\$97.00
172	Professional attendance for the purpose of group therapy of not less than 1 hour's duration given under the direct continuous supervision of a medical practitioner, other than a consultant physician in the practice of his or her specialty of psychiatry, involving members of a family and persons with close personal relationships with that family-each group of 4 or more patients	\$118.00

GROUP A9-ACUPUNCTURE

173	Attendance at which acupuncture is performed by a medical practitioner by application of stimuli on or through the surface of the skin by any means, including any consultation on the same occasion and any other attendance on the same day related to the condition for which the acupuncture was performed	\$21.50
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GROUP A10-CONTACT LENSES

10801	Attendance for the investigation and evaluation of a patient for the fitting of contact lenses, with keratometry and testing with trial lenses and the issue of a prescription-1 service in any period of 36 consecutive months-patients with myopia of 4.0 dioptres or greater (spherical equivalent) in 1 eye	\$86.75
10802	Attendance for the investigation and evaluation of a patient for the fitting of contact lenses, with keratometry and testing with trial lenses and the issue of a prescription-1 service in any period of 36 consecutive months-patients with manifest hyperopia of 5.0 dioptres or greater (spherical equivalent) in 1 eye	\$86.75
10803	Attendance for the investigation and evaluation of a patient for the fitting of contact lenses, with keratometry and testing with trial lenses and the issue of a prescription-1 service in any period of 36 consecutive months-patients with astigmatism of 3.0 dioptres or greater in 1 eye	\$86.75
10804	Attendance for the investigation and evaluation of a patient for the fitting of contact lenses, with keratometry and testing with trial lenses and the issue of a prescription-1 service in any period of 36 consecutive months-patients with irregular astigmatism in either eye, being a condition the existence of which has been confirmed by keratometric observation, if the maximum visual acuity obtainable with spectacle correction is less than 6/12 and if that corrected acuity would be improved by an additional 1 line on the Snellen chart by the use of a contact lens	\$86.75
10805	Attendance for the investigation and evaluation of a patient for the fitting of contact lenses, with keratometry and testing with trial lenses and the issue of a prescription-1 service in any period of 36 consecutive months-patients with anisometropia of 3.0 dioptres or greater (difference between spherical equivalents)	\$86.75
10806	Attendance for the investigation and evaluation of a patient for the fitting of contact lenses, with keratometry and testing with trial lenses and the issue of a prescription-1 service in any period of 36 consecutive months-patients with subnormal corrected visual acuity of not greater than 6/30 in either eye, being patients for whom a contact lens is prescribed as part of a telescopic system	\$86.75
10807	Attendance for the investigation and evaluation of a patient for the fitting of contact lenses, with keratometry and testing with trial lenses and the issue of a prescription-1 service in any period of 36 consecutive months-patients for whom a wholly or segmentally opaque contact lens is prescribed for the alleviation of dazzle, distortion or diplopia caused by pathological mydriasis, aniridia, coloboma of the iris, pupillary malformation or distortion, significant ocular	\$86.75

	deformity or corneal opacity-whether congenital, traumatic or surgical in origin	
10808	Attendance for the investigation and evaluation of a patient for the fitting of contact lenses, with keratometry and testing with trial lenses and the issue of a prescription-1 service in any period of 36 consecutive months-patients who, by reason of physical deformity, are unable to wear spectacles	\$86.75
10809	Attendance for the investigation and evaluation of a patient for the fitting of contactlenses, with keratometry and testing with trial lenses and the issue of a prescription-1 service in any period of 36 consecutive months-patients who have a medical or optical condition (other than myopia, hyperopia, astigmatism, anisometropia or a condition to which item 10806, 10807 or 10808 applies) requiring the use of a contact lens for correction and which condition must be specified on the patient's account	\$86.75
10815	Attendance for the refitting of contact lenses with keratotomy and testing with trial lenses and the issue of a prescription being a subsequent fitting of contact lenses within a period of 36 months of the initial fitting to which item 10801, 10802, 10803, 10804, 10805, 10806, 10807, 10808 or 10809 applies	\$6.20

GROUP A11-OPTOMETRICAL CONSULTATIONS

10900	Professional attendance that is the sole or first attendance in a single course of attention of a patient by a participating optometrist at, or operating from, the same practice location-once only in a period of 24 months	\$50.15
10902	Professional attendance that is the sole or first attendance in a single course of attention of a patient by a participating optometrist at, or operating from, the same practice location, where the patient has a significant change of visual function requiring complete reassessment which necessitates a comprehensive optometric consultation within 24 months of the previous initial or comprehensive consultation to which item 10900, 10902, 10903 or 10904 applies	\$50.15
10903	Professional attendance that is the sole or first attendance in a single course of attention of a patient by a participating optometrist at, or operating from, the same practice location, where the patient has new signs or symptoms, unrelated to the earlier course of attention, requiring complete reassessment which necessitates a comprehensive optometric consultation within 24 months of the previous initial or comprehensive consultation to which item 10900, 10902, 10903 or 10904 applies	\$50.15
10904	Professional attendance that is the sole or first attendance in single course of attention of a patient by a participating optometrist at, or operating from, the same practice location, where the patient has a progressive disorder (excluding presbyopia) requiring complete reassessment which	\$50.15

necessitates a comprehensive optometric consultation within 24 months of the previous initial or comprehensive consultation to which item 10900, 10902, 10903 or 10904 applies

10908	Professional attendance (not being an attendance relating to the prescription and fitting of contact lenses) that is the second attendance in a single course of attention in respect of which the first attendance is a service to which item 10900, 10902, 10903 or 10904 applies	\$25.15
10909	Professional attendance (not being an attendance relating to the prescription and fitting of contact lenses) that is the third or subsequent attendance in a single course of attention of a patient in respect of whom the attending optometrist has certified that, in his or her professional opinion, there is a need for that attendance, being a course of attention in respect of which the first attendance is a service to which item 10900, 10902, 10903 or 10904 applies	\$25.15
10921	All professional attendances after the first, being those attendances regarded as a single service, in a single course of attention involving the prescription and fitting of contact lenses, being a course of attention in respect of which the first attendance is a service to which item 10900, 10902, 10903 or 10904 applies. The Medicare benefit is payable only once in a period of 36 consecutive months, unless the examining optometrist has certified on the patient's account that, in his or her professional opinion the patient had an ocular condition that necessitated a further course of attention being commenced within 36 months of the previous initial consultation-patients with myopia of 4.0 dioptries or greater (spherical equivalent) in 1 eye	\$126.40
10922	All professional attendances after the first, being those attendances regarded as a single service, in a single course of attention involving the prescription and fitting of contact lenses, being a course of attention in respect of which the first attendance is a service to which item 10900, 10902, 10903 or 10904 applies. The Medicare benefit is payable only once in a period of 36 consecutive months, unless the examining optometrist has certified on the patient's account that, in his or her professional opinion the patient had an ocular condition that necessitated a further course of attention being commenced within 36 months of the previous initial consultation-patients with manifest hyperopia of 5.0 dioptries or greater (spherical equivalent) in 1 eye	\$126.40
10923	All professional attendances after the first, being those attendances regarded as a single service, in a single course of attention involving the prescription and fitting of contact lenses, being a course of attention in respect of which the first attendance is a service to which item 10900, 10902, 10903 or 10904 applies. The Medicare benefit is payable only once in a period of 36 consecutive months, unless the examining	\$126.40

	optometrist has certified on the patient's account that, in his or her professional opinion the patient had an ocular condition that necessitated a further course of attention being commenced within 36 months of the previous initial consultation-patients with astigmatism of 3.0 dioptres or greater in 1 eye	
10924	All professional attendances after the first, being those attendances regarded as a single service, in a single course of attention involving the prescription and fitting of contact lenses, being a course of attention in respect of which the first attendance is a service to which item 10900, 10902, 10903 or 10904 applies. The Medicare benefit is payable only once in a period of 36 consecutive months, unless the examining optometrist has certified on the patient's account that, in his or her professional opinion the patient had an ocular condition that necessitated a further course of attention being commenced within 36 months of the previous initial consultation-patients with irregular astigmatism in either eye, being a condition the existence of which has been confirmed by keratometric observation, if the maximum visual acuity obtainable with spectacle correction is less than 6/12 and if that corrected acuity would be improved by an additional 1 line on the Snellen chart by the use of a contact lens	\$126.40
10925	All professional attendances after the first, being those attendances regarded as a single service, in a single course of attention involving the prescription and fitting of contact lenses, being a course of attention in respect of which the first attendance is a service to which item 10900, 10902, 10903 or 10904 applies. The Medicare benefit is payable only once in a period of 36 consecutive months, unless the examining optometrist has certified on the patient's account that, in his or her professional opinion the patient had an ocular condition that necessitated a further course of attention being commenced within 36 months of the previous initial consultation-patients with anisometropia of 3.0 dioptres or greater (difference between spherical equivalents)	\$126.40
10926	All professional attendances after the first, being those attendances regarded as a single service, in a single course of attention involving the prescription and fitting of contact lenses, being a course of attention in respect of which the first attendance is a service to which item 10900, 10902, 10903 or 10904 applies. The Medicare benefit is payable only once in a period of 36 consecutive months, unless the examining optometrist has certified on the patient's account that, in his or her professional opinion the patient had an ocular condition that necessitated a further course of attention being commenced within 36 months of the previous initial consultation-patients with subnormal corrected visual acuity of not greater than 6/30 in either eye, being patients for whom a contact lens is prescribed as part of a telescopic system	\$126.40

10927	All professional attendances after the first, being those attendances regarded as a single service, in a single course of attention involving the prescription and fitting of contact lenses, being a course of attention in respect of which the first attendance is a service to which item 10900, 10902, 10903 or 10904 applies. The Medicare benefit is payable only once in a period of 36 consecutive months, unless the examining optometrist has certified on the patient's account that, in his or her professional opinion the patient had an ocular condition that necessitated a further course of attention being commenced within 36 months of the previous initial consultation-patients for whom a wholly or segmentally opaque contact lens is prescribed for the alleviation of dazzle, distortion or diplopia caused by pathological mydriasis, aniridia, coloboma of the iris, pupillary malformation or distortion, significant ocular deformity or corneal opacity-whether congenital, traumatic or surgical in origin	\$126.40
10928	All professional attendances after the first, being those attendances regarded as a single service, in a single course of attention involving the prescription and fitting of contact lenses, being a course of attention in respect of which the first attendance is a service to which item 10900, 10902, 10903 or 10904 applies. The Medicare benefit is payable only once in a period of 36 consecutive months, unless the examining optometrist has certified on the patient's account that, in his or her professional opinion the patient had an ocular condition that necessitated a further course of attention being commenced within 36 months of the previous initial consultation-patients who, by reason of physical deformity, are unable to wear spectacles	\$126.40
10929	All professional attendances after the first, being those attendances regarded as a single service, in a single course of attention involving the prescription and fitting of contact lenses, being a course of attention in respect of which the first attendance is a service to which item 10900, 10902, 10903 or 10904 applies. The Medicare benefit is payable only once in a period of 36 consecutive months, unless the examining optometrist has certified on the patient's account that, in his or her professional opinion the patient had an ocular condition that necessitated a further course of attention being commenced within 36 months of the previous initial consultation-patients who have a medical or optical condition (other than myopia, hyperopia, astigmatism, anisometropia or a condition to which item 10926, 10927 or 10928 applies) requiring the use of a contact lens for correction and which condition must be specified on the patient's account	\$126.40

DIAGNOSTIC PROCEDURES AND INVESTIGATIONS
GROUP D1-MISCELLANEOUS DIAGNOSTIC PROCEDURES AND
INVESTIGATIONS

Subgroup 1-Neurology

11000	Electroencephalography, not being a service associated with a service to which item 11003, 11006 or 11009 applies (AU 6)	\$87.60
11003	Electroencephalography, prolonged recording of at least 3 hours' duration, not being a service associated with a service to which item 11000, 11006 or 11009 applies	\$232.00
11006	Electroencephalography, temporosphenoidal	\$118.95
11009	ElectrocorticographY	\$162.20
11012	Neuromuscular electrodiagnosis-conduction studies on 1 nerve or electromyography of 1 or more muscles using concentric needle electrodes or both these examinations (not being a service associated with a service to which item 11015 or 11018 applies)	\$79.75
11015	Neuromuscular electrodiagnosis-conduction studies on 2 or 3 nerves with or without electromyography (not being a service associated with a service to which item 11012 or 11018 applies)	\$106.80
11018	Neuromuscular electrodiagnosis-conduction studies on 4 or more nerves with or without electromyography or recordings from single fibres of nerves and muscles or both of these examinations (not being a service associated with a service to which item 11012 or 11015 applies)	\$159.50
11021	Neuromuscular electrodiagnosis-repetitive stimulation for study of neuromuscular conduction or electromyography with quantitative computerised analysis or both of these examinations	\$106.80
11024	Investigation of central nervous system evoked responses by computerised averaging techniques-1 or 2 studies	\$81.10
11027	Investigation of central nervous system evoked responses by computerised averaging techniques-3 or more studies	\$120.30

Subgroup 2-Ophthalmology

11200	Provocative test or tests for glaucoma, including water drinking	\$29.05
11203	Tonography-in the investigation or management of glaucoma, of 1 or both eyes-using an electrical tonography machine producing a directly recorded tracing	\$49.15
11206	Electroretinography of 1 or both eyes or electro-oculography of 1 or both eyes	\$78.30
11209	Electroretinography of 1 or both eyes and electro-oculography of 1 or both eyes	\$116.10
11212	Optic fundi, examination of following intravenous dye injection	\$49.95
11215	Retinal photography, multiple exposures, of 1 eye with intravenous dye injection	\$97.20
11218	Retinal photography, multiple exposures of both eyes with intravenous<	\$120.15

	dye injection	
11221	Full quantitative computerised perimetry-(automated absolute static threshold) performed by a specialist in the practice of his or her specialty, where indicated by the presence of relevant ocular disease or suspected pathology of the visual pathways or brain with assessment and report, bilateral-to a maximum of 2 examinations (including examinations to which item 11224 applies) in any 12 month period	\$53.60
11224	Full quantitative computerised perimetry-(automated absolute static threshold) performed by a specialist in the practice of his or her specialty, where indicated by the presence of relevant ocular disease or suspected pathology of the visual pathways or brain with assessment and report, unilateral-to a maximum of 2 examinations (including examinations to which item 11221 applies) in any 12 month period	\$32.35
11227	Full quantitative computerised perimetry-(automated absolute static threshold) performed by a specialist in the practice of his or her specialty, where indicated by the presence of relevant ocular disease or suspected pathology of the visual pathways or brain with assessment and report, an examination to which item 11221 or 11224 applies, being the third or subsequent examination in a 12 month period	\$5.65

Subgroup 3-Otolaryngology

11300	Brain stem evoked response audiometry (AU 6)	\$137.05
11303	Electrocochleography including the insertion of electrodes	\$135.75
11306	Non-determinate audiometry	\$15.65
11309	Audiogram, air conduction	\$18.65
11312	Audiogram, air and bone conduction or air conduction and speech discrimination	\$26.45
11315	Audiogram, air and bone conduction and speech	\$35.10
11318	Audiogram, air and bone conduction and speech, with other cochlear tests	\$43.20
11321	Glycerol induced cochlear function changes assessed by a minimum of 4 air conduction and speech discrimination tests (Klockoff's test)	\$82.15
11324	Impedance audiogram involving tympanometry and measurement of static compliance and acoustic reflex performed by, or on behalf of, a specialist in the practice of his or her specialty, where the patient is referred by a medical practitioner-not being a service associated with a service to which item 11309, 11312, 11315 or 11318 applies	\$23.45
11327	Impedance audiogram involving tympanometry and measurement of static compliance and acoustic reflex performed by, or on behalf of, a specialist in the practice of his or her specialty, where the patient is referred by a medical practitioner-being a service associated with a service to which item 11309, 11312, 11315 or 11318 applies	\$14.05
11330	Impedance audiogram where the patient is not referred by a	\$5.65

	medical practitioner-1 examination in any 4 week period	
11333	Caloric test of labyrinth or labyrinths	\$31.75
11336	Simultaneous bithermal caloric test of labyrinths	\$31.95
11339	Electronystagmography	\$31.75

Subgroup 4-Respiratory

11500	Bronchspirometry, including gas analysis	\$118.95
11503	Measurement of the mechanical or gas exchange function of the respiratory system, or of respiratory muscle function, or of ventilatory control mechanisms, using measurements of various parameters including pressures, volumes, flow, gas concentrations in inspired or expired air, alveolar gas or blood, electrical activity of muscles (the tests being performed under the supervision of a specialist or consultant physician or in the respiratory laboratory of a hospital)-each occasion at which 1 or more such tests are performed	\$98.70
11506	Measurement of respiratory function involving a permanently recorded tracing performed before and after inhalation of bronchodilator-each occasion at which 1 or more such tests are performed	\$14.60
11509	Measurement of respiratory function involving a permanently recorded tracing and written report, performed before and after inhalation of bronchodilator, with continuous technician attendance in a laboratory equipped to perform complex respiratory function tests (the tests being performed under the supervision of a specialist or consultant physician or in the respiratory laboratory of a hospital)-each occasion at which 1 or more such tests are performed	\$25.45
11512	Continuous measurement of the relationship between flow and volume during expiration or inspiration involving a permanently recorded tracing and written report, performed before and after inhalation of bronchodilator, with continuous technician attendance in a laboratory equipped to perform complex lung function tests (the tests being performed under the supervision of a specialist or consultant physician or in the respiratory laboratory of a hospital)-each occasion at which 1 or more such tests are performed	\$44.05

Subgroup 5-Vascular

11600	Blood pressure monitoring by intravascular cannula (not being a service associated with a service to which item 13818 or 13819 applies) (AU 4)	\$49.30
11603	Examination of peripheral vessels at rest (unilateral or bilateral) with hard copy recordings of wave forms, involving one of the following techniques-Doppler recordings (pulsed, continuous wave, or both) of blood flow velocity with or without pulse volume recordings; Doppler recordings involving real time fast fourier transform analysis; venous	\$36.80

	occlusion plethysmography; air plethysmography; strain-gauge plethysmography; impedance plethysmography; or photo plethysmography (not being a service associated with a service to which item 11612 or 11615 applies)-1 examination and report	
11606	2 examinations of the kind referred to in item 11603 and report (not being a service associated with a service to which item 11612 or 11615 applies)	\$52.20
11609	3 or more examinations of the kind referred to in item 11603 and report (not being a service associated with a service to which item 11612 or 11615 applies)	\$67.65
11612	Examination of peripheral vessels and report, involving any of the techniques referred to in item 11603, with hard copy recording of wave forms before measured exercise using a treadmill or bicycle ergometer, and measurement of pressure after exercise for 10 minutes or until pressure is normal (unilateral or bilateral)	\$67.65
11615	Measurement of digital temperature, 1 or more digits, (unilateral or bilateral) and report, with hard copy recording of temperature before and for 10 minutes or more after cold stress testing	\$54.00
11618	Examination of carotid vessels (unilateral or bilateral), with hard copy recordings of wave forms, involving 1 of the following techniques-Doppler real time fast fourier transform analysis; oculoplethysmography, phonoangiography or both; or periorbital Doppler examination (not being a service associated with a service to which item 55201, 55204, 55225 or 55231 applies)-1 examination and report	\$48.05
11621	2 examinations of the kind referred to in item 11618, and report (not being a service associated with a service to which item 55201, 55204, 55225 or 55231 applies)	\$72.40
11624	3 examinations of the kind referred to in item 11618, and report (not being a service associated with a service to which item 55201, 55204, 55225 or 55231 applies)	\$96.10
11627	Pulmonary artery pressure monitoring during open heart surgery, in a person under 12 years of age	\$162.90
11630	Pulmonary artery pressure monitoring during open heart surgery, in a person over 12 years of age	\$60.45

Subgroup 6-Cardiovascular

11700	Twelve-lead electrocardiography, tracing and report	\$24.70
11701	Twelve-lead electrocardiography, report only where the tracing has been forwarded to another medical practitioner, including any consultation on the same day	\$12.35
11702	Twelve-lead electrocardiography, tracing only	\$12.35
11706	Phonocardiography with electrocardiograph lead with indirect arterial or venous pulse tracing, with or without apex cardiogram-interpretation and report	\$51.35
11708	Continuous ECG recording ambulatory patient for 12 or more	\$101.10

	hours, including microprocessor based analysis, interpretation and report of recordings, not being a service to which item 11709 applies	
11709	Continuous ECG recording (Holter) of ambulatory patient for 12 or more hours involving recording and storage on a device, utilising a system capable of superimposition and full disclosure printout of at least 12 hours of recorded ECG data, microprocessor based scanning analysis, interpretation and report, including resting ECG and the recording of parameters	\$132.50
11710	Ambulatory ECG monitoring, patient activated, single or multiple event recording, utilising a looping memory recording device which is connected continuously to the patient for 12 hours or more and is capable of recording for at least 20 seconds prior to each activation and for 15 seconds after each activation, including transmission, analysis, interpretation and report-payable once in any 4 week period	\$36.90
11711	Ambulatory ECG monitoring for 12 hours or more, patient activated, single or multiple event recording, utilising a memory recording device which is capable of recording for at least 30 seconds after each activation, including transmission, analysis, interpretation and report-payable once in any 4 week period	\$20.20
11712	Electrocardiographic monitoring during exercise (bicycle ergometer or treadmill) or pharmacological stress, involving the continuous attendance of a medical practitioner for not less than 20 minutes, with resting ECG and with or without recording of other parameters, on premises equipped with mechanical respirator and defibrillator	\$120.30
11713	Signal averaged electrocardiographic recording involving not more than 300 beats, using at least 3 leads with data acquisition at not less than 1000Hz of at least 100 QRS complexes, including analysis, interpretation and report of recording	\$49.65
11715	Blood dye-dilution indicator test	\$86.10
11718	Implanted pacemaker testing involving electrocardiography, measurement of rate, width and amplitude of stimulus, including reprogramming when required, not being a service associated with a service to which item 11700 or 11721 applies	\$24.80
11721	Implanted pacemaker testing of atrioventricular (AV) sequential, rate responsive, or antitachycardia pacemakers, including reprogramming when required, not being a service associated with a service to which item 11700 or 11718 applies	\$49.65

Subgroup 7-Gastroenterology & Colorectal

11800	Oesophageal motility test, manometric	\$124.30
11810	Clinical assessment of gastro-oesophageal reflux disease involving 24 hour pH monitoring, including analysis,	\$122.05

	interpretation and report and including any associated consultation	
11830	Diagnosis of abnormalities of the pelvic floor involving anal manometry or measurement of anorectal sensation or measurement of the rectosphincteric reflex	\$93.10
11833	Diagnosis of abnormalities of the pelvic floor and sphincter muscles involving electromyography or measurement of pudendal and spinal nerve motor latency	\$177.90

Subgroup 8-Genito-urinary Physiological Investigations

11900	Urine flow study including peak urine flow measurement, not being a service associated with a service to which item 11918 applies	\$19.65
11903	Cystometrography, not being a service associated with a service to which item 11012-11027, 11912, 11915, 11918, 11921, 36800 or any item in Group I3 of the Diagnostic Imaging Services Table applies	\$79.10
11906	Urethral pressure profilometry, not being a service associated with a service to which item 11012-11027, 11909, 11918, 11921, 36800 or any item in Group I3 of the Diagnostic Imaging Services Table applies	\$79.10
11909	Urethral pressure profilometry with simultaneous measurement of urethral sphincter electromyography, not being a service associated with a service to which item 11906, 11915, 11918, 36800 or any item in Group I3 of the Diagnostic Imaging Services Table applies	\$117.55
11912	Cystometrography with simultaneous measurement of rectal pressure, not being a service associated with a service to which item 11012-11027, 11903, 11915, 11918, 11921, 36800 or any item in Group I3 of the Diagnostic Imaging Services Table applies (AU 6)	\$117.55
11915	Cystometrography with simultaneous measurement of urethral sphincter electromyography, not being a service associated with a service to which item 11012-11027, 11903, 11909, 11912, 11918, 11921, 36800 or any item in Group I3 of the Diagnostic Imaging Services Table applies (AU 6)	\$117.55
11918	Cystometrography with simultaneous measurement of any 1 or more of urine flow rate, urethral pressure profile, rectal pressure, urethral sphincter electromyography; and all associated fluoroscopic imaging, not being a service associated with a service to which items 11012-11027, 11900-11915, 11921 and 36800 apply (AU 6)	\$305.10
11921	Bladder washout test for localization of urinary infection-not including bacterial counts for organisms in specimens	\$53.40

Subgroup 9-Allergy Testing

12000	Skin sensitivity testing for allergens, using 1 to 20 allergens, not being a service associated with a service to which item	\$27.70
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	12006 or 12009 applies	
12003	Skin sensitivity testing for allergens, using more than 20 allergens, not being a service associated with a service to which item 12006 or 12009 applies	\$41.90
12006	Epicutaneous patch testing in the investigation of allergic dermatitis, using 1 to 20 allergens	\$27.85
12009	Epicutaneous patch testing in the investigation of allergic dermatitis, using more than 20 allergens	\$41.80

Subgroup 10-Intensive Care Management and Procedures

12100	Arterial puncture and collection of blood for diagnostic purposes	\$16.40
12103	Intra-arterial cannulisation for the purpose of taking multiple arterial blood samples for blood gas analysis	\$49.30
12106	Counterpulsation by intra-aortic balloon-management on the first day, including percutaneous insertion, initial and subsequent consultations and monitoring of parameters	\$385.30
12109	Counterpulsation by intra-aortic balloon-management on each day subsequent to the first, including associated consultations and monitoring of parameters	\$93.30
12112	Circulatory support device, management of, on first day	\$351.65
12115	Circulatory support device, management of, on each day subsequent to the first	\$81.70

Subgroup 11-Other Diagnostic Procedures and Investigations

12200	Collection of specimen of sweat by iontophoresis	\$26.50
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GROUP D2-NUCLEAR MEDICINE (NON-IMAGING)

12500	Blood volume estimation	\$154.25
12503	Erythrocyte radioactive uptake survival time test or iron kinetic test	\$302.60
12506	Gastrointestinal blood loss estimation involving examination of stool specimens	\$215.95
12509	Gastrointestinal protein loss	\$154.25
12512	Radioactive B12 absorption test-1 isotope	\$74.75
12515	Radioactive B12 absorption test-2 isotopes	\$163.75
12518	Thyroid uptake (using probe)	\$74.75
12521	Perchlorate discharge study	\$90.20
12524	Renal function test (without imaging procedure)	\$112.75
12527	Renal function test (with imaging and at least 2 blood samples)	\$60.50
12530	Whole body count-not being a service associated with a service to which another item applies	\$90.20

THERAPEUTIC PROCEDURES

GROUP T1-MISCELLANEOUS THERAPEUTIC PROCEDURES

Subgroup 1-Hyperbaric Oxygen Therapy

13000	Hyperbaric oxygen therapy where the medical practitioner is not in the chamber	\$98.55
13003	Hyperbaric oxygen therapy where the medical practitioner is confined in the chamber	\$159.30
13006	Administration of a general anaesthetic (including the administration of oxygen) during hyperbaric therapy where the medical practitioner is not confined in the chamber	\$133.65
13009	Administration of a general anaesthetic (including the administration of oxygen) during hyperbaric therapy where the medical practitioner is confined in the chamber	\$197.10

Subgroup 2-Dialysis

13100	Supervision in hospital by a medical specialist of-haemodialysis, haemofiltration, haemoperfusion or peritoneal dialysis, including all professional attendances, where the total attendance time on the patient by the supervising medical specialist exceeds 45 minutes in 1 day	\$97.35
13103	Supervision in hospital by a medical specialist of-haemodialysis, haemofiltration, haemoperfusion or peritoneal dialysis, including all professional attendances, where the total attendance time on the patient by the supervising medical specialist does not exceed 45 minutes in 1 day	\$50.70
13106	Declotting of an arteriovenous shunt	\$86.50
13109	Indwelling peritoneal catheter (Tenckhoff or similar) for dialysis-insertion and fixation of (AU 8)	\$162.20
13112	Peritoneal dialysis, establishment of by abdominal puncture and insertion of temporary catheter (including associated consultation)	\$97.35

Subgroup 3-Assisted Reproductive Services

13200	Assisted reproductive services (such as in vitro fertilisation, gamete intra-fallopian transfer or similar procedures) involving the use of drugs to induce superovulation, and including quantitative estimation of hormones, ultrasound examinations, all treatment counselling and embryology laboratory services-but excluding artificial insemination or transfer of frozen embryos or donated embryos or ova or a service to which item 13203, 13206 or 13218 applies-being services rendered during 1 treatment cycle, if the duration of the treatment cycle is at least 9 days-a maximum of 6 claims per patient	\$1,582.10
13203	Ovulation monitoring services, for superovulated treatment cycles of less than 9 days duration and artificial insemination-including quantitative estimation of hormones and ultrasound examinations, being services rendered during 1 treatment cycle but excluding a service to which item 13200, 13206,	\$395.55

	13212, 13215 or 13218 applies	
13206	Assisted reproductive services (such as in vitro fertilisation, gamete intra-fallopian transfer or similar procedures), using unstimulated ovulation or ovulation stimulated only by clomiphene citrate, and including quantitative estimation of hormones, ultrasound examinations, all treatment counselling and embryology laboratory services-but excluding artificial insemination, frozen embryo transfer or donated embryos or ova or treatment involving the use of drugs to induce superovulation-being services rendered during 1 treatment cycle but only if rendered in conjunction with a service to which item 13212 applies	\$678.05
13209	Planning and management of a referred patient by a specialist for the purpose of treatment by assisted reproductive technologies including in vitro fertilisation, gamete intra-fallopian transfer and similar procedures, or for artificial insemination-payable once only during 1 treatment cycle (S)	\$67.80
13212	Oocyte retrieval by any means including laparoscopy or ultrasound-guided ova flushing, for the purposes of assisted reproductive technologies including in vitro fertilisation, gamete intra-fallopian transfer or similar procedures-only if rendered in conjunction with a service to which item 13200 or 13206 applies (AU 9)	\$288.15
13215	Transfer of embryos or both ova and sperm to the female reproductive system, by any means but excluding artificial insemination or the transfer of frozen or donated embryos-only if rendered in conjunction with a service to which item 13200 or 13206 applies, being services rendered in 1 treatment cycle (AU 9)	\$90.40
13218	Preparation and transfer of frozen or donated embryos or both ova and sperm, to the female reproductive system, by any means and including quantitative estimation of hormones and all treatment counselling but excluding artificial insemination services rendered in 1 treatment cycle and excluding a service to which item 13200, 13203, 13206, 13212 or 13215 applies (AU 9)	\$678.05
13221	Preparation of semen for the purposes of assisted reproductive technologies or for artificial insemination	\$41.25

Subgroup 4-Paediatric & Neonatal

13300	Umbilical or scalp vein catheterisation in a neonate with or without infusion; or cannulation of a vein	\$40.55
13303	Umbilical artery catheterisation with or without infusion	\$60.15
13306	Blood transfusion with venesection and complete replacement of blood, including collection from donor	\$237.95
13309	Blood transfusion with venesection and complete replacement of blood, using blood already collected	\$202.80
13312	Blood for pathology test, collection of, by femoral or external jugular vein puncture in infants	\$20.30

13315	Intra-uterine foetal blood transfusion using blood already collected, including necessary amniocentesis	\$162.00
13318	Central vein catheterisation (via jugular or subclavian vein) by open exposure, in a person under 12 years of age (AU 12)	\$162.00

Subgroup 5-Cardiovascular

13400	Restoration of cardiac rhythm by electrical stimulation (cardioversion), other than in the course of cardiac surgery (AU 4)	\$68.95
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Subgroup 6-Gastroenterology

13500	Gastric hypothermia by closed circuit circulation of refrigerant in the absence of gastrointestinal haemorrhage	\$128.45
13503	Gastric hypothermia by closed circuit circulation of refrigerant for upper gastrointestinal haemorrhage	\$256.85

Subgroup 7-Perfusion

13600	Perfusion of limb or organ using heart-lung machine or equivalent	\$316.10
13603	Whole body perfusion, cardiac bypass, using heart-lung machine or equivalent	\$457.30
13606	Induced controlled hypothermia-total body	\$78.00

Subgroup 8-Haematology

13700	Harvesting of homologous (including allogeneic) or autologous bone marrow for the purpose of transplantation (AU 10)	\$237.35
13703	Administration of blood including collection from donor	\$85.05
13706	Administration of blood or bone marrow already collected	\$59.40
13709	Collection of blood for autologous transfusion or when homologous blood is required for immediate transfusion in emergency situation	\$34.45

Subgroup 9-Intensive Care Management and Procedures

13809	Management of a patient in an intensive care unit by a specialist or consultant physician-including initial and subsequent attendances, electrocardiograms, arterial sampling, bladder catheterisation and blood sampling-management on the first day	\$217.35
13812	Management of a patient in an intensive care unit by a specialist or consultant physician-including all attendances, electrocardiograms, arterial sampling, bladder catheterisation and blood sampling-management on each day subsequent to the first day	\$161.75
13815	Central vein catheterisation (via jugular, subclavian or	\$60.75

	femoral vein) by percutaneous or open exposure not being a service to which item 13318 applies (AU 6)	
13818	Right heart balloon flotation using a pulmonary artery catheter, including pulmonary wedge pressure and cardiac output measurement and including monitoring of pulmonary arterial and central venous pressures on the day of insertion-management on the first day	\$169.55
13819	Central venous pressure, pulmonary arterial pressure, systemic arterial pressure or cardiac intracavity pressure, continuous monitoring by indwelling catheter by a specialist or consultant physician in an intensive care unit-each day of monitoring for each pressure up to a maximum of 4 pressures (not being a service to which item 11600 or 13818 applies	\$48.50
13821	Mechanical ventilation, initiation of, by a specialist or consultant physician in conjunction with subsequent management of ventilatory support on the first day, in an intensive care unit	\$157.70
13824	Ventilatory support in an intensive care unit, management of, by a specialist or consultant physician-not being a service to which item 13821 applies-each day	\$53.60
13827	Gastro-oesophageal balloon intubation, Minnesota, Sengstaken-Blakemore or similar, for control of bleeding from gastric oesophageal varices	\$131.40
13830	Intracranial pressure, monitoring of, by intraventricular or subdural catheter, subarachnoid bolt or similar, by a specialist or consultant physician-each day	\$53.60
13833	Continuous arterio venous or veno venous haemofiltration, management by a specialist or consultant physician-on the first day in an intensive care unit	\$97.05
13836	Continuous arterio venous or veno venous haemofiltration, management by a specialist or consultant physician-on each day subsequent to the first day in an intensive care unit	\$50.55

Subgroup 10-Chemotherapeutic Procedures

13915	Chemotherapy, administration of, either by intravenous push technique (directly into a vein, or a butterfly needle, or the side-arm of an infusion) or by intravenous infusion of not more than 1 hour's duration-payable once only on the same day	\$46.30
13918	Chemotherapy, administration of, by intravenous infusion of more than 1 hour's duration but not more than 6 hours' duration-payable once only on the same day	\$69.75
13921	Chemotherapy, administration of, by intravenous infusion of more than 6 hours' duration-for the first day of treatment	\$78.85
13924	Chemotherapy, administration of, by intravenous infusion of more than 6 hours' duration-on each day subsequent to the first in the same continuous treatment episode	\$46.50
13927	Chemotherapy, administration of, either by intra-arterial push technique (directly into an artery, a butterfly needle or the	\$60.15

	side-arm of an infusion) or by intra-arterial infusion of not more than 1 hour's duration-payable once only on the same day	
13930	Chemotherapy, administration of, by intra-arterial infusion of more than 1 hour's duration but not more than 6 hours' duration-payable once only on the same day	\$83.90
13933	Chemotherapy, administration of, by intra-arterial infusion of more than 6 hours' duration-for the first day of treatment	\$93.00
13936	Chemotherapy, administration of, by intra-arterial infusion of more than 6 hours' duration-on each day subsequent to the first in the same continuous treatment episode	\$60.65
13939	Implanted pump or reservoir, loading of, with a therapeutic agent or agents, not being a service associated with a service to which item 13915, 13918, 13921, 13924, 13927, 13930, 13933 or 13936 applies	\$69.75
13942	Ambulatory drug delivery device, loading of, with a therapeutic agent or agents for the infusion of the agent or agents via the intravenous, intra-arterial or spinal routes, not being a service associated with a service to which item 13915, 13918, 13921, 13924, 13927, 13930, 13933 or 13936 applies	\$46.50
13945	Long-term implanted drug delivery device, accessing of	\$37.40
13948	Cytotoxic agent, instillation of, into a body cavity	\$46.50

Subgroup 11-Dermatology

14050	PUVA therapy or UVB therapy administered in whole body cabinet (not being a service associated with a service to which item 14053 applies) including associated consultations other than an initial consultation	\$41.75
14053	PUVA therapy or UVB therapy administered to localised body areas in a hand and foot cabinet (not being a service associated with a service to which item 14050 applies) including associated consultations other than an initial consultation	\$41.75

Subgroup 12-Other Therapeutic Procedures

14200	Gastric lavage in the treatment of ingested poison	\$42.60
14203	Hormone or living tissue implantation, by direct implantation involving incision and suture	\$36.45
14206	Hormone or living tissue implantation-by cannula	\$25.40
14209	Intra-arterial infusion or retrograde intravenous perfusion of a sympatholytic agent	\$63.25

GROUP T2-RADIATION ONCOLOGY

Subgroup 1-Superficial

15000	Radiotherapy, superficial (including treatment with X-rays, radium rays or other radioactive substances), not being a	\$30.25
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	service to which another item in this Group applies-each attendance at which fractionated treatment is given-1 field	
15003	Radiotherapy, superficial (including treatment with X-rays, radium rays or other radioactive substances), not being a service to which another item in this Group applies-each attendance at which fractionated treatment is given-2 or more fields up to a maximum of 5 additional fields	Amount under rule 16
15006	Radiotherapy, superficial-attendance at which a single dose technique is applied-1 field	\$67.25
15009	Radiotherapy, superficial-attendance at which a single dose technique is applied-2 or more fields up to a maximum of 5 additional fields	Amount under rule 17
15012	Radiotherapy, superficial-each attendance at which treatment is given to an eye	\$38.05

Subgroup 2-Orthovoltage

15100	Radiotherapy, deep or orthovoltage-each attendance at which fractionated treatment is given at 3 or more treatments per week-1 field	\$33.95
15103	Radiotherapy, deep or orthovoltage-each attendance at which fractionated treatment is given at 3 or more treatments per week-2 or more fields up to a maximum of 5 additional fields (rotational therapy being 3 fields)	Amount under rule 16
15106	Radiotherapy, deep or orthovoltage-each attendance at which fractionated treatment is given at 2 treatments per week or less frequently-1 field	\$40.10
15109	Radiotherapy, deep or orthovoltage-each attendance at which fractionated treatment is given at 2 treatments per week or less frequently-2 or more fields up to a maximum of 5 additional fields (rotational therapy being 3 fields)	Amount under rule 16
15112	Radiotherapy, deep or orthovoltage-attendance at which a single dose technique is applied-1 field	\$85.60
15115	Radiotherapy, deep or orthovoltage-attendance at which a single dose technique is applied-2 or more fields up to a maximum of 5 additional fields (rotational therapy being 3 fields)	Amount under rule 17

Subgroup 3-Megavoltage

15203	Radiation oncology treatment, using a single photon energy linear accelerator, with or without electron facilities-each attendance at which treatment is given-1 field	\$33.35
15204	Radiation oncology treatment, using a single photon energy linear accelerator, with or without electron facilities-each attendance at which treatment is given-2 or more fields up to a maximum of 5 additional fields (rotational therapy being 3 fields)	Amount under rule 16
15207	Radiation oncology treatment, using a dual photon energy linear accelerator with a minimum higher energy of 10 MV	\$33.20

	photons or greater, with electron facilities-each attendance at which treatment is given-1 field	
15208	Radiation oncology treatment, using a dual photon energy linear accelerator with a minimum higher energy of 10 MV photons or greater, with electron facilities-each attendance at which treatment is given-2 or more fields up to a maximum of 5 additional fields (rotational therapy being 3 fields)	Amount under rule 16
15211	Radiation oncology treatment, using cobalt unit or caesium teletherapy unit-each attendance at which treatment is given-1 field	\$30.50
15214	Radiation oncology treatment, using cobalt unit or caesium teletherapy unit-each attendance at which treatment is given-2 or more fields up to a maximum of 5 additional fields (rotational therapy being 3 fields)	Amount under rule 16

Subgroup 4-Brachytherapy

15303	Intrauterine treatment alone using radioactive sealed sources having a half-life greater than 115 days using manual afterloading techniques (AU 5)	\$254.25
15304	Intrauterine treatment alone using radioactive sealed sources having a half life greater than 115 days using automatic afterloading techniques (AU 5)	\$251.75
15307	Intrauterine treatment alone using radioactive sealed sources having a half-life of less than 115 days including iodine, gold, iridium or tantalum using manual afterloading techniques (AU 5)	\$480.30
15308	Intrauterine treatment alone using radioactive sealed sources having a half life of less than 115 days including iodine, gold, iridium or tantalum using automatic afterloading techniques (AU 5)	\$482.05
15311	Intravaginal treatment alone using radioactive sealed sources having a half-life greater than 115 days using manual afterloading techniques (AU 4)	\$237.30
15312	Intravaginal treatment alone using radioactive sealed sources having a half-life greater than 115 days using automatic afterloading techniques (AU 4)	\$235.65
15315	Intravaginal treatment alone using radioactive sealed sources having a half-life of less than 115 days including iodine, gold, iridium or tantalum using manual afterloading techniques (AU 4)	\$463.35
15316	Intravaginal treatment alone using radioactive sealed sources having a half-life of less than 115 days including iodine, gold, iridium or tantalum using automatic afterloading techniques (AU 4)	\$465.95
15319	Combined intrauterine and intravaginal treatment using radioactive sealed sources having a half-life greater than 115 days using manual afterloading techniques (AU 5)	\$288.15
15320	Combined intrauterine and intravaginal treatment using radioactive sealed sources having a half-life greater than 115	\$289.20

	days using automatic afterloading techniques (AU 5)	
15323	Combined intrauterine and intravaginal treatment using radioactive sealed sources having a half-life of less than 115 days including iodine, gold, iridium, or tantalum using manual afterloading techniques (AU 4)	\$514.20
15324	Combined intrauterine and intravaginal treatment using radioactive sealed sources having a half-life of less than 115 days including iodine, gold, iridium, or tantalum using automatic afterloading techniques (AU 4)	\$514.15
15327	Implantation of a sealed radioactive source (having a half-life of less than 115 days including iodine, gold, iridium or tantalum) to a region, under general anaesthesia, or epidural or spinal (intrathecal) nerve block, requiring surgical exposure and using manual afterloading techniques (AU 7)	\$559.40
15328	Implantation of a sealed radioactive source (having a half-life of less than 115 days including iodine, gold, iridium or tantalum) to a region, under general anaesthesia, or epidural or spinal (intrathecal) nerve block, requiring surgical exposure and using automatic afterloading techniques (AU 7)	\$557.00
15331	Implantation of a sealed radioactive source (having a half-life of less than 115 days including iodine, gold, iridium or tantalum) to a site (including the tongue, mouth, salivary gland, axilla, subcutaneous sites), where the volume treated involves multiple planes but does not require surgical exposure and using manual afterloading techniques (AU 6)	\$531.15
15332	Implantation of a sealed radioactive source (having a half-life of less than 115 days including iodine, gold, iridium or tantalum) to a site (including the tongue, mouth, salivary gland, axilla, subcutaneous sites), where the volume treated involves multiple planes but does not require surgical exposure and using automatic afterloading techniques (AU 6)	\$530.25
15335	Implantation of a sealed radioactive source (having a half-life of less than 115 days including iodine, gold, iridium or tantalum) to a site where the volume treated involves only a single plane but does not require surgical exposure and using manual afterloading techniques (AU 5)	\$480.30
15336	Implantation of a sealed radioactive source (having a half-life of less than 115 days including iodine, gold, iridium or tantalum) to a site where the volume treated involves only a single plane but does not require surgical exposure and using automatic afterloading techniques (AU 5)	\$482.05
15339	Removal of a sealed radioactive source under general anaesthesia, or under epidural or spinal nerve block (AU 4)	\$54.25
15342	Construction and application of a radioactive mould using a sealed source having a half-life of greater than 115 days, to treat intracavity, intraoral or intranasal site	\$135.60
15345	Construction and application of a radioactive mould using a sealed source having a half-life of less than 115 days including iodine, gold, iridium or tantalum to treat intracavity, intraoral or intranasal sites	\$361.65

15348	Subsequent applications of radioactive mould referred to in item 15342 or 15345-each attendance	\$41.55
15351	Construction and first application of a radioactive mould not exceeding 5 cm in diameter to an external surface	\$83.05
15354	Construction and first application of a radioactive mould more than 5 cm in diameter to an external surface	\$100.85
15357	Attendance upon a patient to apply a radioactive mould constructed for application to an external surface of the patient other than an attendance which is the first attendance to apply the mould-each attendance	\$28.50

Subgroup 5-Computerised Planning

15500	Radiation field setting using a simulator or isocentric X-ray or megavoltage machine of a single area for treatment by a single field or parallel opposed fields (not being a service associated with a service to which item 15509 applies)	\$135.60
15503	Radiation field setting using a simulator or isocentric X-ray or megavoltage machine of a single area, where views in more than 1 plane are required for treatment by multiple fields, or of 2 areas (not being a service associated with a service to which item 15512 applies)	\$174.05
15506	Radiation field setting using a simulator or isocentric X-ray or megavoltage machine of 3 or more areas, or of total body or half body irradiation, or of mantle therapy or inverted Y fields, or of irregularly shaped fields using multiple blocks, or of off-axis fields or several joined fields (not being a service associated with a service to which item 15515 applies)	\$259.90
15509	Radiation field setting using a diagnostic X-ray unit of a single area for treatment by a single field or parallel opposed fields (not being a service associated with a service to which item 15500 applies)	\$117.55
15512	Radiation field setting using a diagnostic X-ray unit of a single area, where views in more than 1 plane are required for treatment by multiple fields, or of 2 areas (not being a service associated with a service to which item 15503 applies)	\$151.45
15515	Radiation field setting using a diagnostic X-ray unit of 3 or more areas, or of total body or half body irradiation, or of mantle therapy or inverted Y fields, or of irregularly shaped fields using multiple blocks, or of off-axis fields or several joined fields (not being a service associated with a service to which item 15506 applies)	\$219.25
15518	Radiation dosimetry by a CT interfacing planning computer for megavoltage or teletherapy radiotherapy by a single field or parallel opposed fields to 1 area with up to 2 shielding blocks	\$42.95
15521	Radiation dosimetry by a CT interfacing planning computer for megavoltage or teletherapy radiotherapy to a single area by 3 or more fields, or by a single field or parallel opposed fields to 2 areas, or where wedges are used	\$189.85

15524	Radiation dosimetry by a CT interfacing planning computer for megavoltage or teletherapy radiotherapy to 3 or more areas, or by mantle fields or inverted Y fields or tangential fields or irregularly shaped fields using multiple blocks, or off-axis fields, or several joined fields	\$356.00
15527	Radiation dosimetry by a non-CT interfacing planning computer for megavoltage or teletherapy radiotherapy by a single field or parallel opposed fields to 1 area with up to 2 shielding blocks	\$44.05
15530	Radiation dosimetry by a non-CT interfacing planning computer for megavoltage or teletherapy radiotherapy to a single area by 3 or more fields, or by a single field or parallel opposed fields to 2 areas, or where wedges are used	\$196.65
15533	Radiation dosimetry by a non-CT interfacing planning computer for megavoltage or teletherapy radiotherapy to 3 or more areas, or by mantle fields or inverted Y fields, or tangential fields or irregularly shaped fields using multiple blocks, or off-axis fields, or several joined fields	\$372.95
15536	Brachytherapy planning, computerised radiation dosimetry	\$190.05

GROUP T3-THERAPEUTIC NUCLEAR MEDICINE

16000	Administration of a therapeutic dose of a radioisotope-not being a service to which another item in this Group applies	\$28.80
16003	Intra-cavitary administration of a therapeutic dose of Yttrium 90 (not including preliminary paracentesis) (AU 5)	\$463.35
16006	Administration of a therapeutic dose of Iodine 131 for thyroid cancer by single dose technique	\$356.00
16009	Administration of a therapeutic dose of Iodine 131 for thyrotoxicosis by single dose technique	\$242.95
16012	Intravenous administration of a therapeutic dose of Phosphorous 32	\$210.20

GROUP T4-OBSTETRICS

16500	Antenatal care (not including any service or services to which item 16516 or 16517 applies) where the attendances do not exceed 10-each attendance	\$21.90
16503	Antenatal care (not including any service or services to which item 16516 or 16517 applies) where the attendances exceed 10	\$217.20
16506	Confinement and postnatal care for 9 days where the medical practitioner has not given the antenatal care (G)	\$170.10
16507	Confinement and postnatal care for 9 days where the medical practitioner has not given the antenatal care (S)	\$290.00
16510	Confinement as an independent procedure, including all related attendances (S)	\$246.80
16513	Confinement, incomplete, with or without postnatal care for 9 days where the patient is referred to a specialist in the practice of his or her specialty or the patient's care is transferred to	\$113.00

	another medical practitioner for completion of the delivery	
16516	Antenatal care, confinement with delivery by any means (including Caesarean section) and postnatal care for 9 days (G)	\$480.30
16517	Antenatal care, confinement with delivery by any means (including Caesarean section) and postnatal care for 9 days (S)	\$621.55
16520	Caesarean section and postnatal care for 9 days where the patient has been referred to a specialist in the practice of his or her specialty or the patient's care has been transferred to another medical practitioner for management of the confinement and the practitioner who performed the Caesarean section did not provide the antenatal care	\$444.25
16523	Treatment of habitual miscarriage by injection of hormones- each injection up to a maximum of 12 injections, where the injection is not administered during a routine antenatal attendance	\$15.75
16526	Threatened abortion, threatened miscarriage or hyperemesis gravidarum, requiring admission to hospital, treatment of-each attendance that is not a routine antenatal attendance	\$15.75
16529	Polyhydramnios, unstable lie, multiple pregnancy, pregnancy complicated by diabetes or anaemia, threatened premature labour treated by bed rest only or oral medication, requiring admission to hospital-each attendance that is not a routine antenatal attendance, to a maximum of 2 attendances in any 7 day period	\$15.75
16532	Pregnancy complicated by acute intercurrent infection, intrauterine growth retardation, threatened premature labour with ruptured membranes or threatened premature labour treated by intravenous therapy, requiring admission to hospital-each attendance that is not a routine antenatal attendance, to a maximum of 1 visit per day	\$15.75
16535	Cervix, purse string ligation of, for threatened miscarriage (G) (AU 6)	\$117.45
16536	Cervix, purse string ligation of, for threatened miscarriage (S) (AU 6)	\$156.60
16539	Cervix, removal of purse string ligature of, under general anaesthesia (AU 5)	\$45.25
16542	Pre-eclampsia, eclampsia or antepartum haemorrhage, treatment of-each attendance that is not a routine antenatal attendance	\$15.75
16545	Management of second trimester labour, with or without induction (G)	\$170.10
16546	Management of second trimester labour, with or without induction (S)	\$210.60
16549	Amnioscopy or amniocentesis	\$45.25
16552	Chorionic villus sampling including any associated imaging	\$182.65
16555	Antenatal cardiotocography in the management of high risk pregnancy (not during the course of the confinement)	\$26.10
16558	Version, external, under general anaesthesia, not being a service to which items 16506 to 16517 apply (AU 6)	\$45.25

16561	Version, internal, under general anaesthesia, not being a service to which items 16506 to 16517 apply (AU 6)	\$81.00
16564	Evacuation of products of conception (such as retained foetus, placenta, membranes or mole) by intrauterine manual removal as an independent procedure where the medical practitioner has not managed the confinement, including all associated attendances	\$123.40
16567	Treatment of post-partum haemorrhage by special procedures such as packing of uterus as an independent procedure where the medical practitioner has not managed the confinement, including all associated attendances	\$123.40
16570	Manipulative correction of acute inversion of uterus, by vaginal approach, with or without incision of cervix as an independent procedure where the medical practitioner has not managed the confinement, including all associated attendances	\$246.80
16573	Third degree tear, repair of, involving anal sphincter muscles as an independent procedure where the medical practitioner has not managed the confinement, including all associated attendances	\$185.10

GROUP T5-ASSISTANCE IN THE ADMINISTRATION OF AN ANAESTHETIC

17500	Assistance in the administration of an anaesthetic where the administration of the anaesthetic is in connection with a medical service which contains the reference (AU 21), (AU 22), (AU 23), (AU 24), (AU 25), (AU 26), (AU 27), (AU 28), (AU 29), (AU 30), (AU 31), (AU 32), (AU 33), (AU 34), (AU 35), (AU 36), (AU 38), (AU 39), (AU 40), (AU 42), (AU 44), (AU 46), (AU 47), (AU 50), (AU 52), (AU 58) or (AU 59)	\$96.85
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GROUP T6-ANAESTHETICS

Subgroup 1-Examination by an Anaesthetist

17600	Examination of a patient by other than a specialist in the practice of his or her speciality in preparation for the administration of an anaesthetic, being an examination carried out at a place other than an operating theatre or an anaesthetic induction room	\$22.15
17603	Examination of a patient by a specialist in the practice of his or her speciality in preparation for the administration of an anaesthetic, being an examination carried out at a place other than an operating theatre or an anaesthetic induction room	\$30.50

Subgroup 2-Administration of an Anaesthetic in connection with a Medical Service

17901	Administration of an anaesthetic in connection with a medical service, being a medical service which contains the reference	\$13.05
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	(AU 1)	
17902	Administration of an anaesthetic in connection with a medical service, being a medical service which contains the reference (AU 2)	\$26.10
17903	Administration of an anaesthetic in connection with a medical service, being a medical service which contains the reference (AU 3)	\$39.15
17904	Administration of an anaesthetic in connection with a medical service, being a medical service which contains the reference (AU 4)	\$52.15
17905	Administration of an anaesthetic in connection with a medical service, being a medical service which contains the reference (AU 5)	\$65.20
17906	Administration of an anaesthetic in connection with a medical service, being a medical service which contains the reference (AU 6)	\$78.25
17907	Administration of an anaesthetic in connection with a medical service, being a medical service which contains the reference (AU 7)	\$91.30
17908	Administration of an anaesthetic in connection with a medical service, being a medical service which contains the reference (AU 8)	\$104.35
17909	Administration of an anaesthetic in connection with a medical service, being a medical service which contains the reference (AU 9)	\$117.40
17910	Administration of an anaesthetic in connection with a medical service, being a medical service which contains the reference (AU 10)	\$130.45
17911	Administration of an anaesthetic in connection with a medical service, being a medical service which contains the reference (AU 11)	\$143.50
17912	Administration of an anaesthetic in connection with a medical service, being a medical service which contains the reference (AU 12)	\$156.50
17913	Administration of an anaesthetic in connection with a medical service, being a medical service which contains the reference (AU 13)	\$169.55
17914	Administration of an anaesthetic in connection with a medical service, being a medical service which contains the reference (AU 14)	\$182.60
17915	Administration of an anaesthetic in connection with a medical service, being a medical service which contains the reference (AU 15)	\$195.65
17916	Administration of an anaesthetic in connection with a medical service, being a medical service which contains the reference (AU 16)	\$208.70
17917	Administration of an anaesthetic in connection with a medical service, being a medical service which contains the reference (AU 17)	\$221.75
17918	Administration of an anaesthetic in connection with a medical	\$234.80

	service, being a medical service which contains the reference (AU 18)	
17919	Administration of an anaesthetic in connection with a medical service, being a medical service which contains the reference (AU 19)	\$247.80
17920	Administration of an anaesthetic in connection with a medical service, being a medical service which contains the reference (AU 20)	\$260.85
17921	Administration of an anaesthetic in connection with a medical service, being a medical service which contains the reference (AU 21)	\$273.90
17922	Administration of an anaesthetic in connection with a medical service, being a medical service which contains the reference (AU 22)	\$286.95
17923	Administration of an anaesthetic in connection with a medical service, being a medical service which contains the reference (AU 23)	\$300.00
17924	Administration of an anaesthetic in connection with a medical service, being a medical service which contains the reference (AU 24)	\$313.05
17925	Administration of an anaesthetic in connection with a medical service, being a medical service which contains the reference (AU 25)	\$326.10
17926	Administration of an anaesthetic in connection with a medical service, being a medical service which contains the reference (AU 26)	\$339.10
17927	Administration of an anaesthetic in connection with a medical service, being a medical service which contains the reference (AU 27)	\$352.15
17928	Administration of an anaesthetic in connection with a medical service, being a medical service which contains the reference (AU 28)	\$365.20
17929	Administration of an anaesthetic in connection with a medical service, being a medical service which contains the reference (AU 29)	\$378.25
17930	Administration of an anaesthetic in connection with a medical service, being a medical service which contains the reference (AU 30)	\$391.30
17931	Administration of an anaesthetic in connection with a medical service, being a medical service which contains the reference (AU 31)	\$404.35
17932	Administration of an anaesthetic in connection with a medical service, being a medical service which contains the reference (AU 32)	\$417.40
17933	Administration of an anaesthetic in connection with a medical service, being a medical service which contains the reference (AU 33)	\$430.45
17934	Administration of an anaesthetic in connection with a medical service, being a medical service which contains the reference (AU 34)	\$443.45

17935	Administration of an anaesthetic in connection with a medical service, being a medical service which contains the reference (AU 35)	\$456.50
17936	Administration of an anaesthetic in connection with a medical service, being a medical service which contains the reference (AU 36)	\$469.55
17938	Administration of an anaesthetic in connection with a medical service, being a medical service which contains the reference (AU 38)	\$495.65
17939	Administration of an anaesthetic in connection with a medical service, being a medical service which contains the reference (AU 39)	\$508.70
17940	Administration of an anaesthetic in connection with a medical service, being a medical service which contains the reference (AU 40)	\$521.75
17942	Administration of an anaesthetic in connection with a medical service, being a medical service which contains the reference (AU 42)	\$547.80
17944	Administration of an anaesthetic in connection with a medical service, being a medical service which contains the reference (AU 44)	\$573.90
17946	Administration of an anaesthetic in connection with a medical service, being a medical service which contains the reference (AU 46)	\$600.00
17947	Administration of an anaesthetic in connection with a medical service, being a medical service which contains the reference (AU 47)	\$613.05
17950	Administration of an anaesthetic in connection with a medical service, being a medical service which contains the reference (AU 50)	\$652.15
17952	Administration of an anaesthetic in connection with a medical service, being a medical service which contains the reference (AU 52)	\$678.25
17958	Administration of an anaesthetic in connection with a medical service, being a medical service which contains the reference (AU 58)	\$756.50
17959	Administration of an anaesthetic in connection with a medical service, being a medical service which contains the reference (AU 59)	\$769.55
17965	Administration of an anaesthetic in connection with radio-therapy	\$78.25
17968	Administration of an anaesthetic in connection with forceps delivery, vacuum extraction delivery, breech delivery by manipulation, rotation of head followed by delivery	\$91.30
17971	Administration of an anaesthetic in connection with a medical service, being a medical service that does not contain a reference to a number of anaesthetic units	\$13.05
17974	Administration of an anaesthetic where the anaesthetic is administered as a therapeutic procedure	\$130.45
17977	Administration of an anaesthetic in connection with	Amount

	reamputation of amputation stump referred to in item 44376	under rule 18
17980	Administration of an anaesthetic in connection with computerised axial tomography-brain scan, plain study with or without contrast medium study	\$104.35
17983	Administration of an anaesthetic in connection with computerised axial tomography-body scan, plain study with or without contrast medium study	\$104.35
17986	Administration of an anaesthetic in connection with the removal of phaeochromocytoma	\$209.25
17989	Administration of an anaesthetic in connection with peripheral venous cannulation	\$52.30
17992	Administration of an anaesthetic in connection with peripheral venous cannulation by open exposure	\$64.85
17995	Administration of an anaesthetic in connection with percutaneous central venous cannulation	\$64.85
17998	Administration of an anaesthetic in connection with electrocochleography (insertion of electrodes and brain stem evoked response audiometry)	\$143.15
18001	Administration of an anaesthetic in connection with manual removal of products of conception, treatment of postpartum haemorrhage or repair of third degree tear	\$91.30
18004	Administration of an anaesthetic in connection with manipulative correction of acute inversion of uterus by vaginal approach	\$104.35
18007	Administration of an anaesthetic in connection with Caesarean section	\$130.45
18010	Administration of an anaesthetic in connection with repair of episiotomy	\$65.40
18013	Administration of an anaesthetic in connection with magnetic resonance imaging services provided at prescribed locations	\$142.75

Subgroup 3-Administration of an Anaesthetic in connection with a Dental Service

18102	Administration by a medical practitioner of an anaesthetic in connection with a dental operation other than for the extraction of teeth or restorative dental work where the procedure is less than 15 minutes' duration	\$51.70
18103	Administration by a medical practitioner of an anaesthetic in connection with a dental operation other than for the extraction of teeth or restorative dental work where the procedure is more than 15 minutes' duration	\$91.00
18105	Administration by a medical practitioner of an anaesthetic for extraction of a tooth or teeth, not being a service to which item 18109 applies	\$78.25
18109	Administration by a medical practitioner of an anaesthetic for removal of a tooth or teeth requiring incision of soft tissue and removal of bone	\$104.35
18113	Administration by a medical practitioner of an anaesthetic for	\$78.25

	restorative dental work where the procedure is of not more than 30 minutes' duration	
18118	Administration by a medical practitioner of an anaesthetic for restorative dental work where the procedure is of more than 30 minutes' duration	\$130.45

GROUP T7-REGIONAL OR FIELD NERVE BLOCKS

18206	Introduction of a narcotic, for the control of post-operative pain, into the epidural or intrathecal space in conjunction with an operation	\$35.75
18209	Introduction at the end of an operation of a local anaesthetic into the caudal, lumbar or thoracic epidural space for the control of post-operative pain, in conjunction with general anaesthesia	\$35.65
18213	Intravenous regional anaesthesia of limb by retrograde perfusion	\$63.20
18216	Intrathecal, epidural or caudal infusion of a therapeutic substance, initial injection or commencement of, including up to 1 hour of continuous attendance by the medical practitioner	\$75.80
18219	Intrathecal, epidural or caudal infusion of a therapeutic substance, initial injection or commencement of, where continuous attendance by the medical practitioner extends beyond the first hour	Amount under rule 35
18222	Infusion of a therapeutic substance to maintain regional anaesthesia or analgesia, subsequent injection or revision of, where the period of continuous medical practitioner attendance is 15 minutes or less	\$26.80
18225	Infusion of a therapeutic substance to maintain regional anaesthesia or analgesia, subsequent injection or revision of, where the period of continuous medical practitioner attendance is more than 15 minutes	\$35.90
18228	Interpleural block, initial injection or commencement of infusion of a therapeutic substance	\$44.50
18230	Intrathecal, epidural or caudal injection of neurolytic substance	\$169.85
18232	Intrathecal, epidural or caudal injection of substance other than anaesthetic, contrast or neurolytic solutions, not being a service to which another item in this Group applies	\$71.75
18233	Epidural injection of blood for blood patch	\$71.75
18234	Trigeminal nerve, primary division of, injection of an anaesthetic agent	\$88.95
18236	Trigeminal nerve, peripheral branch of, injection of an anaesthetic agent	\$44.50
18238	Facial nerve, injection of an anaesthetic agent, not being a service associated with a service to which item 18240 applies	\$26.80
18240	Retrobulbar or peribulbar injection of an anaesthetic agent	\$66.70
18242	Greater occipital nerve, injection of an anaesthetic agent	\$26.80
18244	Vagus nerve, injection of an anaesthetic agent	\$71.75
18246	Glossopharyngeal nerve, injection of an anaesthetic agent	\$71.75

18248	Phrenic nerve, injection of an anaesthetic agent	\$62.70
18250	Spinal accessory nerve, injection of an anaesthetic agent	\$44.50
18252	Cervical plexus, injection of an anaesthetic agent	\$71.75
18254	Brachial plexus, injection of an anaesthetic agent	\$71.75
18256	Suprascapular nerve, injection of an anaesthetic agent	\$44.50
18258	Intercostal nerve (single), injection of an anaesthetic agent	\$44.50
18260	Intercostal nerves (multiple), injection of an anaesthetic agent	\$62.70
18262	Ilio-inguinal, iliohypogastric or genitofemoral nerves, 1 or more of, injection of an anaesthetic agent	\$44.50
18264	Pudendal nerve, injection of an anaesthetic agent	\$71.75
18266	Ulnar, radial or median nerve of main trunk, 1 or more of, injection of an anaesthetic agent, not being associated with a brachial plexus block	\$44.50
18268	Obturator nerve, injection of an anaesthetic agent	\$62.70
18270	Femoral nerve, injection of an anaesthetic agent	\$62.70
18272	Saphenous, sural, popliteal or posterior tibial nerve of main trunk, 1 or more of, injection of an anaesthetic agent	\$44.50
18274	Paravertebral, cervical, thoracic, lumbar, sacral or coccygeal nerves, injection of an anaesthetic agent, (single vertebral level)	\$62.70
18276	Paravertebral nerves, injection of an anaesthetic agent, (multiple levels)	\$88.95
18278	Sciatic nerve, injection of an anaesthetic agent	\$62.70
18280	Sphenopalatine ganglion, injection of an anaesthetic agent	\$88.95
18282	Carotid sinus, injection of an anaesthetic agent, as an independent percutaneous procedure	\$71.75
18284	Stellate ganglion, injection of an anaesthetic agent, (cervical sympathetic block)	\$105.15
18286	Lumbar or thoracic nerves, injection of an anaesthetic agent, (paravertebral sympathetic block)	\$105.15
18288	Coeliac plexus or splanchnic nerves, injection of an anaesthetic agent	\$105.15
18290	Cranial nerve other than trigeminal, destruction by a neurolytic agent	\$177.90
18292	Nerve branch, destruction by a neurolytic agent (not being a service to which any other item in this group applies)	\$88.95
18294	Coeliac plexus or splanchnic nerves, destruction by a neurolytic agent	\$125.35
18296	Lumbar sympathetic chain, destruction by a neurolytic agent	\$107.15
18298	Cervical or thoracic sympathetic chain, destruction by a neurolytic agent	\$125.35

GROUP T8-SURGICAL OPERATIONS

Subgroup 1-General

30000	Operative procedure on tissue, organ or region (not being a service to which another item in this Group applies), including any consultation on the same occasion	\$13.10
30003	Dressing of localised burns (not involving grafting)-each	\$21.90

	attendance at which the procedure is performed, including any associated consultation	
30006	Dressing of burns, extensive, without anaesthesia (not involving grafting)-each attendance at which the procedure is performed, including any associated consultation	\$33.10
30009	Dressing of localised burns under general anaesthesia (not involving grafting)-each attendance at which the procedure is performed, including any associated consultation (G) (AU 7)	\$43.20
30010	Dressing of localised burns under general anaesthesia (not involving grafting)-each attendance at which the procedure is performed, including any associated consultation (S) (AU 7)	\$52.65
30013	Dressing of burns, extensive, under general anaesthesia (not involving grafting)-each attendance at which the procedure is performed, including any associated consultation (G) (AU 10)	\$93.15
30014	Dressing of burns, extensive, under general anaesthesia (not involving grafting)-each attendance at which the procedure is performed, including any associated consultation (S) (AU 10)	\$110.70
30017	Excision, under general anaesthesia, of burns involving not more than 10% of body surface, where grafting is not carried out during the same operation (AU 10)	\$232.20
30020	Excision, under general anaesthesia, of burns involving more than 10% of body surface, where grafting is not carried out during the same operation (AU 15)	\$452.25
30023	Debridement, under general anaesthesia or major regional or field block, of deep or extensive contaminated wound of soft tissue, including suturing of that wound when performed (AU 10)	\$232.20
30026	Skin and subcutaneous tissue or mucous membrane, repair of recent wound of, other than on face or neck, small (not more than 7 cm long), superficial, not being a service to which another item in Group T4 applies (AU 5)	\$37.15
30029	Skin and subcutaneous tissue or mucous membrane, repair of recent wound of, other than on face or neck, small (not more than 7 cm long), involving deeper tissue, not being a service to which another item in Group T4 applies (AU 6)	\$64.15
30032	Skin and subcutaneous tissue or mucous membrane, repair of recent wound of, on face or neck, small (not more than 7 cm long), superficial (AU 7)	\$58.75
30035	Skin and subcutaneous tissue or mucous membrane, repair of recent wound of, on face or neck, small (not more than 7 cm long), involving deeper tissue (AU 7)	\$83.70
30038	Skin and subcutaneous tissue or mucous membrane, repair of recent wound of, other than on face or neck, large (more than 7 cm long), superficial, not being a service to which another item in Group T4 applies (AU 6)	\$64.15
30041	Skin and subcutaneous tissue or mucous membrane, repair of recent wound of, other than on face or neck, large (more than 7 cm long), involving deeper tissue, not being a service to which another item in Group T4 applies (G) (AU 7)	\$102.60
30042	Skin and subcutaneous tissue or mucous membrane, repair of	\$130.95

	recent wound of, other than on face or neck, large (more than 7 cm long), involving deeper tissue, not being a service to which another item in Group T4 applies (S) (AU 7)	
30045	Skin and subcutaneous tissue or mucous membrane, repair of recent wound of, on face or neck, large (more than 7 cm long), superficial (AU 7)	\$83.70
30048	Skin and subcutaneous tissue or mucous membrane, repair of recent wound of, on face or neck, large (more than 7 cm long), involving deeper tissue (G) (AU 8)	\$106.65
30049	Skin and subcutaneous tissue or mucous membrane, repair of recent wound of, on face or neck, large (more than 7 cm long), involving deeper tissue (S) (AU 8)	\$132.30
30052	Repair of full thickness laceration of ear, eyelid or nose with accurate apposition of each layer of tissue (AU 10)	\$180.90
30055	Dressing and removal of sutures requiring a general anaesthetic, not being a service associated with a service to which another item in this Group applies (AU 5)	\$52.65
30058	Control of post-operative haemorrhage under general anaesthesia following perineal or vaginal operations (AU 6)	\$102.60
30061	Superficial foreign body, removal of, (including from cornea or sclera) as an independent procedure (AU 5)	\$16.75
30064	Subcutaneous foreign body, removal of, requiring incision and suture, as an independent procedure (AU 6)	\$78.30
30067	Foreign body in muscle, tendon or other deep tissue, removal of, as an independent procedure (G) (AU 7)	\$159.30
30068	Foreign body in muscle, tendon or other deep tissue, removal of, as an independent procedure (S) (AU 7)	\$197.10
30071	Biopsy of skin or mucous membrane, as an independent procedure (AU 5)	\$37.15
30074	Biopsy of lymph gland, muscle or other deep tissue or organ, as an independent procedure (G) (AU 6)	\$83.70
30075	Biopsy of lymph gland, muscle or other deep tissue or organ, as an independent procedure (S) (AU 6)	\$106.65
30078	Drill biopsy of lymph gland, deep tissue or organ, as an independent procedure (AU 5)	\$34.45
30081	Biopsy of bone marrow by trephine using an open approach (AU 5)	\$78.30
30084	Biopsy of bone marrow by trephine using a percutaneous approach with a Jamshidi needle or similar device (AU 5)	\$41.85
30087	Biopsy of bone marrow by aspiration or punch biopsy of synovial membrane (AU 5)	\$21.00
30090	Biopsy of pleura, percutaneous-1 or more biopsies on any 1 occasion (AU 5)	\$91.55
30093	Needle biopsy of vertebra (AU 8)	\$122.15
30094	Percutaneous aspiration biopsy of deep organ using interventional techniques-but not including imaging (AU 6)	\$134.95
30096	Scalene node biopsy (AU 5)	\$130.95
30099	Sinus, excision of, involving superficial tissue only (AU 6)	\$64.15
30102	Sinus, excision of, involving muscle and deep tissue (G) (AU 7)	\$106.65

30103	Sinus, excision of, involving muscle and deep tissue (S) (AU 7)	\$130.95
30106	Ganglion or small bursa, excision of (G) (AU 6)	\$110.70
30107	Ganglion or small bursa, excision of (S) (AU 6)	\$156.60
30110	Bursa (large), including olecranon, calcaneum or patella, excision of (G) (AU 6)	\$202.50
30111	Bursa (large), including olecranon, calcaneum or patella, excision of (S) (AU 6)	\$264.60
30114	Bursa, semimembranosus (Baker's cyst), excision of (AU 7)	\$264.60
30117	Tumour, cyst, ulcer or scar (other than a scar removed during the surgical approach at an operation), up to 3 cm in diameter, removal from cutaneous or subcutaneous tissue or from mucous membrane, where the removal is by surgical excision and suture, not being a service to which item 30121, 30125, 30129, 30132 or 30195 applies (G) (AU 6)	\$68.85
30118	Tumour, cyst, ulcer or scar (other than a scar removed during the surgical approach at an operation), up to 3 cm in diameter, removal from cutaneous or subcutaneous tissue or from mucous membrane, where the removal is by surgical excision and suture, not being a service to which item 30122, 30126, 30129, 30132 or 30195 applies (S) (AU 6)	\$90.45
30121	Tumours, cysts, ulcers or scars (other than a scar removed during the surgical approach at an operation), up to 3 cm in diameter, removal from cutaneous or subcutaneous tissue or from mucous membrane, where the removal is by surgical excision and suture, and the procedure is performed on more than 3 but not more than 10 lesions, not being a service to which item 30195 applies (G) (AU 9)	\$180.90
30122	Tumours, cysts, ulcers or scars (other than a scar removed during the surgical approach at an operation), up to 3 cm in diameter, removal from cutaneous or subcutaneous tissue or from mucous membrane, where the removal is by surgical excision and suture, and the procedure is performed on more than 3 but not more than 10 lesions, not being a service to which item 30195 applies (S) (AU 9)	\$232.20
30125	Tumours, cysts, ulcers or scars (other than a scar removed during the surgical approach at an operation), up to 3 cm in diameter, removal from cutaneous or subcutaneous tissue or from mucous membrane, where the removal is by surgical excision and suture, and the procedure is performed on more than 10 but not more than 20 lesions, not being a service to which item 30195 applies (G) (AU 13)	\$240.30
30126	Tumours, cysts, ulcers or scars (other than a scar removed during the surgical approach at an operation), up to 3 cm in diameter, removal from cutaneous or subcutaneous tissue or from mucous membrane, where the removal is by surgical excision and suture, and the procedure is performed on more than 10 but not more than 20 lesions, not being a service to which item 30195 applies (S) (AU 13)	\$290.25
30129	Tumours, cysts, ulcers or scars (other than a scar removed	\$357.75

	during the surgical approach at an operation), up to 3 cm in diameter, removal from cutaneous or subcutaneous tissue or from mucous membrane, where the removal is by surgical excision and suture, and the procedure is performed on more than 20 but not more than 50 lesions, not being a service to which item 30195 applies (AU 15)	
30132	Tumours, cysts, ulcers or scars (other than a scar removed during the surgical approach at an operation), up to 3 cm in diameter, removal from cutaneous or subcutaneous tissue or from mucous membrane, where the removal is by surgical excision and suture, and the procedure is performed on more than 50 lesions, not being a service to which item 30195 applies (AU 17)	\$492.75
30135	Tumour, cyst, ulcer or scar (other than a scar removed during the surgical approach at an operation), more than 3 cm in diameter, removal from cutaneous or subcutaneous tissue or from mucous membrane (G) (AU 6)	\$101.25
30136	Tumour, cyst, ulcer or scar (other than a scar removed during the surgical approach at an operation), more than 3 cm in diameter, removal from cutaneous or subcutaneous tissue or from mucous membrane (S) (AU 6)	\$122.85
30139	Tumour, cyst (other than a cyst associated with a tooth or tooth fragment unless it has been established by radiological examination that there is a minimum of 5 mm separation between the cyst lining and tooth structure), ulcer or scar (other than a scar removed during the surgical approach at an operation), removal of, not being a service to which another item in this Group applies, involving muscle, bone or other deep tissue (G) (AU 8)	\$140.40
30140	Tumour, cyst (other than a cyst associated with a tooth or tooth fragment unless it has been established by radiological examination that there is a minimum of 5 mm separation between the cyst lining and tooth structure), ulcer or scar (other than a scar removed during the surgical approach at an operation), removal of, not being a service to which another item in this Group applies, involving muscle, bone or other deep tissue (S) (AU 8)	\$175.50
30143	Tumour or deep cyst (other than a cyst associated with a tooth or tooth fragment), removal of, requiring wide excision, not being a service to which another item in this Group applies (G) (AU 8)	\$232.20
30144	Tumour or deep cyst (other than a cyst associated with a tooth or tooth fragment), removal of, requiring wide excision, not being a service to which another item in this Group applies (S) (AU 8)	\$264.60
30147	Malignant tumour, removal of, from skin, requiring wide and deep excision, other than removal of basal cell carcinoma (AU 8)	\$283.50
30150	Malignant tumour, removal of, from skin, requiring wide and deep excision with immediate block dissection of lymph	\$594.05

	glands (AU 13)	
30153	Tumour, removal of, from soft tissue (including muscle, fascia and connective tissue), extensive excision of, without skin graft (AU 8)	\$357.75
30156	Tumour, removal of, from soft tissue (including muscle, fascia and connective tissue), extensive excision of, with skin graft (AU 10)	\$418.50
30159	Malignant tumour, removal of, from any region involving a radical operation (not being an operation to which another item in this Group applies) (AU 13)	\$594.05
30162	Malignant tumour, removal of, from any region involving a limited operation, other than removal of basal cell carcinoma (not being an operation to which another item in this Group applies) (AU 8)	\$283.50
30165	Lipectomy-transverse wedge excision of abdominal apron (AU 10)	\$324.00
30168	Lipectomy-wedge excision of skin or fat (not being a service to which item 30165 applies)-1 excision (AU 10)	\$324.00
30171	Lipectomy-wedge excision of skin or fat (not being a service to which item 30165 applies)-2 or more excisions (AU 12)	\$492.75
30174	Lipectomy-subumbilical excision with undermining of skin edges and strengthening of musculo-aponeurotic wall (AU 12)	\$492.75
30177	Lipectomy-radical abdominoplasty (Pitanguy type or similar) with excision of skin and subcutaneous tissue, repair of musculo-aponeurotic layer and transposition of umbilicus (AU 18)	\$702.05
30180	Axillary hyperhidrosis, wedge excision for (AU 7)	\$97.20
30183	Axillary hyperhidrosis, total excision of sweat gland bearing area (AU 10)	\$174.75
30186	Plantar wart, removal of (AU 5)	\$33.75
30189	Warts or molluscum contagiosum, removal of, by any method (other than by chemical means), where undertaken in the operating theatre of a hospital or approved day hospital facility, not being a service associated with a service to which another item in this Group applies (AU 6)	\$104.90
30192	Premalignant skin lesions, treatment of, by galvanocautery or electrodesiccation or cryocautery (10 or more lesions) (AU 4)	\$28.25
30195	Neoplastic skin lesions, other than viral verrucae (common warts) and seborrheic keratoses, treatment by electrosurgical destruction, simple curettage or shave excision, not being a service associated with a service to which item 30196, 30197, 30202, 30203 or 30205 applies-(1 or more lesions) (AU 4)	\$45.25
30196	Cancer of skin or mucous membrane proven by histopathology or confirmed by a specialist opinion, removal of, by serial curettage, including any associated cryotherapy or diathermy, not being a service to which item 30197 applies	\$89.95
30197	Cancer of skin or mucous membrane proven by histopathology or confirmed by a specialist opinion, removal of, by serial curettage, including any associated cryotherapy or diathermy, (10 or more lesions)	\$313.40

30202	Cancer of skin or mucous membrane proven by histopathology or confirmed by a specialist opinion, removal of, by liquid nitrogen cryotherapy using repeat freeze-thaw cycles, not being a service to which item 30203 applies	\$34.35
30203	Cancer of skin or mucous membrane proven by histopathology or confirmed by a specialist opinion, removal of, by liquid nitrogen cryotherapy using repeat freeze-thaw cycles (10 or more lesions)	\$121.30
30205	Cancer of skin proven by histopathology, removal of, by liquid nitrogen cryotherapy using repeat freeze-thaw cycles where cancer extends into cartilage	\$89.95
30207	Skin lesions, multiple injections with hydrocortisone or similar preparations	\$31.75
30210	Keloid and other skin lesions, extensive, multiple injections of hydrocortisone or similar preparations where undertaken in the operating theatre of a hospital or approved day-hospital facility (AU 5)	\$116.10
30213	Telangiectases or starburst vessels on the head or neck, diathermy or sclerosant injection of, including associated consultation-for a session of at least 20 minutes' duration	\$78.20
30216	Haematoma, aspiration of (AU 4)	\$19.45
30219	Haematoma, furuncle, small abscess or similar lesion not requiring a general anaesthetic, incision with drainage of (excluding after-care)	\$19.45
30222	Large haematoma, large abscess, carbuncle, cellulitis or similar lesion requiring a general anaesthetic, incision with drainage of (excluding after-care) (G) (AU 5)	\$83.70
30223	Large haematoma, large abscess, carbuncle, cellulitis or similar lesion requiring a general anaesthetic, incision with drainage of (excluding after-care) (S) (AU 5)	\$116.10
30224	Percutaneous drainage of deep abscess using interventional techniques-but not including imaging (AU 7)	\$169.25
30225	Abscess drainage tube, exchange of using interventional techniques-but not including imaging (AU 5)	\$190.65
30226	Muscle, excision of (limited) or fasciotomy (AU 6)	\$106.65
30229	Muscle, excision of (extensive) (AU 7)	\$194.40
30232	Muscle, ruptured, repair of (limited), not associated with external wound (AU 7)	\$159.30
30235	Muscle, ruptured, repair of (extensive), not associated with external wound (AU 7)	\$210.60
30238	Fascia, deep, repair of, for herniated muscle (AU 7)	\$106.65
30241	Bone tumour, innocent, excision of, not being a service to which another item in this Group applies (AU 7)	\$253.80
30244	Styloid process of temporal bone, removal of (AU 7)	\$253.80
30247	Parotid gland, total extirpation of (AU 15)	\$526.50
30250	Parotid gland, total extirpation of with preservation of facial nerve (AU 18)	\$891.05
30253	Parotid gland, superficial lobectomy or removal of tumour from, with exposure of facial nerve (AU 14)	\$594.05
30256	Submandibular gland, extirpation of (AU 8)	\$317.25

30259	Sublingual gland, extirpation of (AU 7)	\$140.40
30262	Salivary gland, dilatation or diathermy of duct (AU 6)	\$41.85
30265	Salivary gland, removal of calculus from duct or meatotomy or marsupialisation, 1 or more such procedures (G) (AU 7)	\$83.70
30266	Salivary gland, removal of calculus from duct or meatotomy or marsupialisation, 1 or more such procedures (S) (AU 7)	\$106.65
30269	Salivary gland, repair of cutaneous fistula of (AU 7)	\$106.65
30272	Tongue, partial excision of (AU 7)	\$210.60
30275	Radical excision of intra-oral tumour involving resection of mandible and lymph glands of neck (commando-type operation) (AU 18)	\$1,255.55
30278	Tongue tie, repair of, not being a service to which another item in this Group applies (AU 6)	\$33.10
30281	Tongue tie, mandibular frenulum or maxillary frenulum, repair of, in a person aged not less than 2 years, under general anaesthesia (AU 6)	\$85.05
30282	Ranula or mucous cyst of mouth, removal of (G) (AU 9)	\$110.70
30283	Ranula or mucous cyst of mouth, removal of (S) (AU 9)	\$145.80
30286	Branchial cyst, removal of (AU 9)	\$283.50
30289	Branchial fistula, removal of (AU 9)	\$357.75
30292	Cystic hygroma, removal of massive lesion requiring extensive excision-with or without thoracotomy (AU 11)	\$681.80
30293	Cervical oesophagostomy; or closure of cervical oesophagostomy with or without plastic repair (AU 13)	\$317.25
30294	Cervical oesophagectomy with tracheostomy and oesophagostomy, with or without plastic reconstruction; or laryngopharyngectomy with tracheostomy and plastic reconstruction (AU 22)	\$1,255.55
30296	Thyroidectomy, total (AU 14)	\$729.15
30297	Thyroidectomy following previous thyroid surgery (AU 14)	\$729.15
30306	Total hemithyroidectomy (AU 12)	\$568.85
30308	Bilateral subtotal thyroidectomy (AU 12)	\$568.85
30309	Thyroidectomy, subtotal for thyrotoxicosis (AU 14)	\$729.15
30310	Thyroid, unilateral sub-total thyroidectomy or equivalent partial thyroidectomy (AU 10)	\$325.80
30313	Thyroglossal cyst, removal of (AU 10)	\$194.45
30314	Thyroglossal cyst or fistula or both, radical removal of, including thyroglossal duct and portion of hyoid bone (AU 10)	\$325.80
30315	Parathyroid operation for hyperparathyroidism (AU 16)	\$811.90
30317	Cervical re-exploration for recurrent or persistent hyperparathyroidism (AU 20)	\$972.20
30318	Mediastinum, exploration of, via the cervical route, for hyperparathyroidism (including thymectomy) (AU 15)	\$46.40
30320	Mediastinum, exploration of, via mediastinotomy, for hyperparathyroidism (including thymectomy) (AU 17)	\$972.20
30321	Retroperitoneal neuroendocrine tumour, removal of (AU 15)	\$646.40
30323	Retroperitoneal neuroendocrine tumour, removal of, requiring complex and extensive dissection (AU 26)	\$972.20
30324	Adrenal gland tumour, excision of (AU 20)	\$972.20

30325	Lymph glands of neck, limited excision of (AU 9)	\$264.60
30328	Lymph glands of neck, radical excision of (AU 20)	\$702.05
30329	Lymph glands of groin, limited excision of (AU 9)	\$175.80
30330	Lymph glands of groin, radical excision of (AU 13)	\$511.95
30332	Lymph glands of axilla, limited excision of (AU 9)	\$175.80
30333	Lymph glands of axilla, radical excision of (AU 13)	\$511.95
30337	Simple mastectomy with or without frozen section biopsy (G) (AU 9)	\$232.20
30338	Simple mastectomy with or without frozen section biopsy (S) (AU 9)	\$317.25
30341	Breast, excision of cyst, fibro adenoma or other local lesion or segmental resection for any other reason (G) (AU 7)	\$140.40
30342	Breast, excision of cyst, fibro adenoma or other local lesion or segmental resection for any other reason (S) (AU 7)	\$182.60
30345	Breast, excision of cyst, fibro adenoma or other local lesion or segmental resection for any other reason, where frozen section biopsy is performed or where specimen radiography is used (G) (AU 8)	\$186.30
30346	Breast, excision of cyst, fibro adenoma or other local lesion or segmental resection for any other reason, where frozen section biopsy is performed or where specimen radiography is used (S) (AU 8)	\$232.20
30349	Partial mastectomy involving more than 25% of the breast tissue with or without frozen section biopsy (G) (AU 8)	\$186.30
30350	Partial mastectomy involving more than 25% of the breast tissue with or without frozen section biopsy (S) (AU 8)	\$232.20
30353	Breast, extended simple mastectomy with or without frozen section biopsy (AU 12)	\$418.50
30356	Subcutaneous mastectomy with or without frozen section biopsy (AU 12)	\$391.50
30359	Breast, radical or modified radical mastectomy with or without frozen section biopsy (AU 16)	\$614.30
30360	Fine needle breast biopsy, imaging guided-but not including imaging (AU 6)	\$134.95
30361	Breast, preoperative localisation of lesion of, by hookwire or similar device, using interventional techniques-but not including imaging (AU 6)	\$134.95
30363	Breast, core biopsy of solid tumour or tissue of, using mechanical biopsy device, for histological examination (AU 7)	\$98.25
30364	Breast, exploration and drainage of haematoma, seroma or inflammatory condition including abscess, granulomatous mastitis or similar, when undertaken in the operating theatre of a hospital or approved day-hospital facility, excluding aftercare (AU 8)	\$115.85
30366	Breast, microdochotomy of, for benign or malignant condition (AU 12)	\$237.90
30367	Breast central ducts, excision of, for benign condition (AU 12)	\$190.30
30369	Accessory breast tissue, excision of (AU 8)	\$190.30
30370	Inverted nipple, surgical eversion of (AU 7)	\$107.55

30372	Accessory nipple, excision of (AU 7)	\$90.00
30373	Laparotomy (exploratory), including associated biopsies, where no other intra-abdominal procedure is performed (AU 9)	\$344.25
30375	Laparotomy involving caecostomy, enterostomy, colostomy, enterotomy, colotomy, cholecystostomy, gastrostomy, gastrotomy, reduction of intussusception, removal of Meckel's diverticulum, suture of perforated peptic ulcer, simple repair of ruptured viscus, reduction of volvulus, pyloroplasty (adult) or drainage of pancreas (AU 11)	\$371.25
30376	Laparotomy involving division of peritoneal adhesions (where no other intra-abdominal procedure is performed) (AU 14)	\$371.25
30378	Laparotomy involving division of adhesions in association with another intra-abdominal procedure where the time taken to divide the adhesions exceeds 45 minutes (AU 14)	\$372.95
30379	Laparotomy with division of extensive adhesions (duration greater than 2 hours) with or without insertion of long intestinal tube (AU 20)	\$661.10
30381	Faecal fistula, abdominal repair of, by simple excision of bowel (AU 12)	\$499.50
30384	Laparotomy for grading of lymphoma, including splenectomy, liver biopsies, lymph node biopsies and oophoropexy (AU 14)	\$783.05
30385	Laparotomy for control of post-operative haemorrhage, where no other procedure is performed (AU 11)	\$401.20
30387	Laparotomy involving operation on abdominal viscera (including pelvic viscera), not being a service to which another item in this Group applies (AU 12)	\$452.25
30390	Laparoscopy, diagnostic (AU 7)	\$156.60
30391	Laparoscopy, with biopsy (AU 7)	\$202.50
30394	Laparotomy for drainage of subphrenic abscess, pelvic abscess, appendiceal abscess, ruptured appendix or for peritonitis from any cause, with or without appendicectomy (AU 10)	\$351.00
30400	Laparotomy with insertion of portacath for administration of cytotoxic therapy including placement of reservoir (AU 11)	\$450.45
30402	Retroperitoneal abscess, drainage of, not involving laparotomy (AU 9)	\$330.85
30403	Ventral, incisional, or recurrent hernia or burst abdomen, repair of (AU 10)	\$371.25
30406	Paracentesis abdominis	\$37.15
30409	Liver biopsy, percutaneous (AU 6)	\$124.30
30411	Liver biopsy by wedge excision when performed in association with another intra-abdominal procedure (AU 11)	\$63.30
30431	Liver abscess, open abdominal drainage of (AU 11)	\$371.25
30439	Operative cholangiography or operative pancreatography or intra operative ultrasound (including 1 or more examinations performed during the 1 operation) (AU 10)	\$132.30
30440	Cholangiogram, percutaneous transhepatic, and biliary drainage, using interventional techniques-but not including imaging (AU 11)	\$374.90

30442	Choledochoscopy in conjunction with another procedure (AU 7)	\$132.30
30443	Cholecystectomy (AU 11)	\$526.50
30451	Biliary drainage tube, exchange of, using interventional techniques-but not including imaging (AU 6)	\$190.65
30454	Choledochotomy (with or without cholecystectomy), with or without removal of calculi (AU 13)	\$614.30
30455	Choledochotomy (with or without cholecystectomy), with removal of calculi including biliary intestinal anastomosis (AU 18)	\$722.30
30458	Transduodenal operation on sphincter of Oddi, involving 1 or more of, removal of calculi, sphincterotomy, sphincteroplasty, biopsy, local excision of peri-ampullary or duodenal tumour, sphincteroplasty of the pancreatic duct, pancreatic duct septoplasty, with or without choledochotomy (AU 15)	\$722.30
30460	Cholecystoduodenostomy, cholecysto-enterostomy, choledochojejunostomy or Roux-en-Y as a bypass procedure when no prior biliary surgery performed (AU 15)	\$614.30
30461	Radical resection of porta hepatis for gall bladder or common bile duct carcinoma with biliary-enteric anastomoses, not being a service associated with a service to which item 30443, 30454, 30455, 30458 or 30460 applies (AU 19)	\$1,053.05
30473	Oesophagoscopy (not being a service to which item 41816 or 41822 applies), gastroscopy, duodenoscopy or panendoscopy (1 or more such procedures), with or without biopsy, not being a service associated with a service to which item 30476 or 30478 applies (AU 6)	\$140.15
30475	Endoscopy with balloon dilatation of gastric or gastroduodenal stricture (AU 7)	\$253.40
30476	Oesophagoscopy (not being a service to which item 41816 or 41822 applies), gastroscopy, duodenoscopy or panendoscopy (1 or more such procedures), with endoscopic sclerosing injection of oesophageal or gastric varices, not being a service associated with a service to which item 30473 or 30478 applies (AU 7)	\$194.40
30478	Oesophagoscopy (not being a service to which item 41816, 41822 or 41825 applies), gastroscopy, duodenoscopy or panendoscopy (1 or more such procedures), with 1 or more of the following endoscopic procedures-polypectomy, removal of foreign body, diathermy, heater probe or laser coagulation, or sclerosing injection of bleeding upper gastrointestinal lesions, not being a service associated with a service to which item 30473 or 30476 applies (AU 7)	\$194.40
30479	Endoscopic laser therapy for neoplasia and benign vascular lesions or strictures of the gastrointestinal tract (AU 12)	\$339.05
30481	Percutaneous endoscopic gastrostomy (initial procedure) (AU 10)	\$254.25
30482	Percutaneous endoscopic gastrostomy (repeat procedure) (AU 10)	\$180.80
30484	Endoscopic retrograde cholangio-pancreatography (AU 8)	\$259.90

30485	Endoscopic sphincterotomy with or without extraction of stones from common bile duct (AU 8)	\$401.20
30487	Small bowel intubation with biopsy	\$128.85
30488	Small bowel intubation-as an independent procedure	\$64.15
30490	Oesophageal prosthesis, insertion of, including endoscopy and dilatation (AU 9)	\$372.95
30491	Bile duct, endoscopic stenting of (including endoscopy and dilatation) (AU 11)	\$395.55
30493	Biliary manometry (AU 9)	\$237.30
30494	Endoscopic biliary dilatation (AU 11)	\$299.45
30496	Vagotomy, truncal or selective, with or without pyloroplasty or gastroenterostomy (AU 11)	\$418.85
30497	Vagotomy and antrectomy (AU 12)	\$499.50
30499	Vagotomy, highly selective (AU 13)	\$594.05
30500	Vagotomy, highly selective with duodenoplasty for peptic stricture (AU 15)	\$636.05
30502	Vagotomy, highly selective, with dilatation of pylorus (AU 13)	\$702.05
30503	Vagotomy or antrectomy, or both, for peptic ulcer following previous operation for peptic ulcer (AU 11)	\$786.05
30505	Bleeding peptic ulcer, control of, involving suture of bleeding point or wedge excision (AU 11)	\$393.00
30506	Bleeding peptic ulcer, control of, involving suture of bleeding point or wedge excision, and vagotomy and pyloroplasty or gastroenterostomy (AU 13)	\$687.80
30508	Bleeding peptic ulcer, control of, involving suture of bleeding point or wedge excision, and highly selective vagotomy (AU 13)	\$724.00
30509	Bleeding peptic ulcer, control of, involving gastric resection (other than wedge resection) (AU 13)	\$724.00
30511	Morbid obesity, gastric reduction or gastroplasty for, by any method (AU 13)	\$605.05
30512	Morbid obesity, gastric bypass for, by any method including anastomosis (AU 21)	\$744.65
30514	Morbid obesity, surgical reversal of procedure to which item 30511 or 30512 applies (AU 22)	\$1,096.30
30515	Gastroenterostomy (including gastroduodenostomy) or enterocolostomy or enteroenterostomy (AU 12)	\$501.60
30517	Gastroenterostomy, pyloroplasty or gastroduodenostomy, reconstruction of (AU 14)	\$656.75
30518	Partial gastrectomy (AU 15)	\$703.30
30520	Gastric tumour, removal of, by local excision, not being a service to which item 30518 applies (AU 15)	\$480.95
30521	Gastrectomy, total, for benign disease (AU 19)	\$1,029.10
30523	Gastrectomy, sub-total radical, for carcinoma, (including splenectomy when performed) (AU 19)	\$1,075.60
30524	Gastrectomy, total radical, for carcinoma (including extended node dissection and distal pancreatectomy and splenectomy when performed) (AU 21)	\$1,184.20
30526	Gastrectomy, total, and including lower oesophagus,	\$1,535.85

	performed by left thoraco-abdominal incision or opening of diaphragmatic hiatus, (including splenectomy when performed) (AU 25)	
30527	Antireflux operation by fundoplasty, via abdominal or thoracic approach, with or without closure of the diaphragmatic hiatus-not being a service to which item 30601 applies (AU 18)	\$620.55
30529	Antireflux operation by fundoplasty, with oesophagoplasty for stricture or short oesophagus (AU 20)	\$930.85
30530	Antireflux operation by cardiopexy, with or without fundoplasty (AU 20)	\$558.50
30532	Oesophagogastric myotomy (Heller's operation) via abdominal or thoracic approach, with or without closure of the diaphragmatic hiatus (AU 17)	\$641.30
30533	Oesophagogastric myotomy (Heller's operation) via abdominal or thoracic approach, with fundoplasty, with or without closure of the diaphragmatic hiatus (AU 18)	\$762.80
30535	Oesophagectomy with gastric reconstruction by abdominal mobilisation and thoracotomy (AU 27)	\$1,208.30
30536	Oesophagectomy involving gastric reconstruction by abdominal mobilisation, thoracotomy and anastomosis in the neck-1 surgeon (AU 31)	\$1,225.60
30538	Oesophagectomy involving gastric reconstruction by abdominal mobilisation, thoracotomy and anastomosis in the neck-conjoint surgery, principal surgeon (including aftercare) (AU 31)	\$848.10
30539	Oesophagectomy involving gastric reconstruction by abdominal mobilisation, thoracotomy and anastomosis in the neck-conjoint surgery, co-surgeon	\$620.55
30541	Oesophagectomy, by transhiatal oesophagectomy (cervical and abdominal mobilisation, anastomosis) with posterior or anterior mediastinal placement-1 surgeon (AU 31)	\$1,080.80
30542	Oesophagectomy, by transhiatal oesophagectomy (cervical and abdominal mobilisation, anastomosis) with posterior or anterior mediastinal placement-conjoint surgery, principal surgeon (including aftercare) (AU 31)	\$734.30
30544	Oesophagectomy, by transhiatal oesophagectomy (cervical and abdominal mobilisation, anastomosis) with posterior or anterior mediastinal placement-conjoint surgery, co-surgeon	\$537.80
30545	Oesophagectomy with colon or jejunal anastomosis, (abdominal and thoracic mobilisation with thoracic anastomosis)-1 surgeon (AU 31)	\$1,308.35
30547	Oesophagectomy with colon or jejunal anastomosis, (abdominal and thoracic mobilisation with thoracic anastomosis)-conjoint surgery, principal surgeon (including aftercare) (AU 31)	\$899.80
30548	Oesophagectomy with colon or jejunal anastomosis, (abdominal and thoracic mobilisation with thoracic anastomosis)-conjoint surgery, co-surgeon	\$672.25
30550	Oesophagectomy with colon or jejunal replacement	\$1,468.65

	(abdominal and thoracic mobilisation with anastomosis of pedicle in the neck)-1 surgeon (AU 31)	
30551	Oesophagectomy with colon or jejunal replacement (abdominal and thoracic mobilisation with anastomosis of pedicle in the neck)-conjoint surgery, principal surgeon (including aftercare) (AU 31)	\$1,013.55
30553	Oesophagectomy with colon or jejunal replacement (abdominal and thoracic mobilisation with anastomosis of pedicle in the neck)-conjoint surgery, co-surgeon	\$749.85
30554	Oesophagectomy with reconstruction by free jejunal graft-1 surgeon (AU 31)	\$1,634.10
30556	Oesophagectomy with reconstruction by free jejunal graft-conjoint surgery, principal surgeon (including aftercare) (AU 31)	\$1,127.35
30557	Oesophagectomy with reconstruction by free jejunal graft-conjoint surgery, co-surgeon	\$832.55
30559	Oesophagus, local excision for tumour of (AU 21)	\$605.05
30560	Oesophageal perforation, repair of, by thoracotomy (AU 25)	\$672.25
30562	Enterostomy or colostomy, closure of-not involving resection of bowel (AU 11)	\$423.80
30563	Colostomy or ileostomy, refashioning of (AU 10)	\$3.80
30565	Small intestine, resection of, without anastomosis (including formation of stoma) (AU 17)	\$621.55
30566	Small intestine, resection of, with anastomosis (AU 18)	\$689.35
30568	Intraoperative enterotomy for visualisation of the small intestine by endoscopy (AU 8)	\$517.15
30569	Endoscopic examination of small bowel with flexible endoscope passed at laparotomy, with or without biopsies (AU 8)	\$263.75
30571	Appendicectomy, not being a service to which item 30574 applies (AU 8)	\$317.25
30572	Laparoscopic appendicectomy (AU 8)	\$341.30
30574	Appendicectomy, when performed in conjunction with any other intra-abdominal procedure through the same incision (AU 5)	\$87.75
30575	Pancreatic abscess, laparotomy and external drainage of, not requiring retro-pancreatic dissection (AU 11)	\$365.15
30577	Pancreatic necrosectomy for pancreatic necrosis or abscess formation requiring major pancreatic or retro-pancreatic dissection, excluding aftercare (AU 24)<	\$775.70
30578	Endocrine tumour, exploration of pancreas or duodenum, followed by local excision of pancreatic tumour (AU 22)	\$817.05
30580	Endocrine tumour, exploration of pancreas or duodenum, followed by local excision of duodenal tumour (AU 22)	\$744.65
30581	Endocrine tumour, exploration of pancreas or duodenum for, but no tumour found (AU 20)	\$543.00
30583	Distal pancreatectomy (AU 15)	\$850.55
30584	Pancreatico-duodenectomy, Whipple's operation, with or without preservation of pylorus (AU 30)	\$1,255.55
30586	Pancreatic cyst-anastomosis to stomach or duodenum (AU 13)	\$499.50

30587	Pancreatic cyst, anastomosis to Roux loop of jejunum (AU 14)	\$517.15
30589	Pancreatico-jejunostomy for pancreatitis or trauma (AU 18)	\$891.05
30590	Pancreatico-jejunostomy following previous pancreatic surgery (AU 20)	\$982.55
30593	Pancreatectomy, near total or total (including duodenum), with or without splenectomy (AU 30)	\$1,344.55
30594	Pancreatectomy for pancreatitis following previously attempted drainage procedure or partial resection (AU 20)	\$1,551.40
30596	Splenorrhaphy or partial splenectomy for trauma (AU 13)	\$639.05
30597	Splenectomy (AU 13)	\$513.00
30599	Splenectomy, for massive spleen (weighing more than 1500gms) or involving thoraco-abdominal incision (AU 19)	\$930.85
30600	Diaphragmatic hernia, traumatic, repair of (AU 17)	\$553.50
30601	Diaphragmatic hernia, congenital, repair of, by thoracic or abdominal approach) (AU 14)	\$681.80
30602	Portal hypertension, porto-caval shunt for (AU 24)	\$1,106.65
30603	Portal hypertension, meso-caval shunt for (AU 24)	\$1,168.70
30605	Portal hypertension, selective spleno-renal shunt for (AU 24)	\$1,329.00
30606	Portal hypertension, oesophageal transection via stapler or oversew of gastric varices with or without devascularisation (AU 18)	\$791.20
30609	Femoral or inguinal hernia, laparoscopic repair of, not being a service associated with a service to which item 30612 or 30614 applies (AU 8)	\$328.55
30612	Femoral or inguinal hernia or infantile hydrocele, repair of, not being a service to which item 30403 or 30615 applies (G) (AU 8)	\$253.80
30614	Femoral or inguinal hernia or infantile hydrocele, repair of, not being a service to which item 30403 or 30615 applies (S) (AU 8)	\$330.75
30615	Strangulated, incarcerated or obstructed hernia, repair of, without bowel resection (AU 10)	\$371.25
30616	Umbilical, epigastric or linea alba hernia, repair of, in a person under 10 years of age (G) (AU 8)	\$189.00
30617	Umbilical, epigastric or linea alba hernia, repair of, in a person under 10 years of age (S) (AU 8)	\$253.80
30620	Umbilical, epigastric or linea alba hernia, repair of, in a person 10 years of age or over (G) (AU 8)	\$213.30
30621	Umbilical, epigastric or linea alba hernia, repair of, in a person 10 years of age or over (S) (AU 8)	\$290.25
30628	Hydrocele, tapping of	\$25.40
30631	Hydrocele, removal of, not being a service associated with a service to which items 30638, 30641 and 30644 apply (AU 7)	\$168.50
30632	Pyloroplasty, infant, or pyloromyotomy (Ramstedt's operation) (AU 9)	\$317.25
30633	Intussusception, reduction of, by fluid	\$167.40
30634	Varicocele, surgical correction of, not being a service associated with a service to which items 30638, 30641 and 30644 apply, 1 procedure (G) (AU 7)	\$167.40

30635	Varicocele, surgical correction of, not being a service associated with a service to which items 30638, 30641 and 30644 apply, 1 procedure (S) (AU 7)	\$207.90
30638	Orchidectomy, simple or subcapsular, unilateral with or without insertion of testicular prosthesis (G) (AU 7)	\$213.30
30641	Orchidectomy, simple or subcapsular, unilateral with or without insertion of testicular prosthesis (S) (AU 7)	\$290.25
30644	Exploration of spermatic cord, inguinal approach, with or without testicular biopsy and with or without excision of spermatic cord and testis (AU 8)	\$371.25
30647	Undescended testis, orchidopexy or transplantation of, with or without associated hernial repair (AU 8)	\$371.25
30650	Secondary detachment of testis from thigh (AU 6)	\$81.00
30653	Circumcision of a person under 6 months of age (AU 6)	\$33.10
30656	Circumcision of a person under 10 years of age but not less than 6 months of age (AU 6)	\$76.95
30659	Circumcision of a person 10 years of age or over (G) (AU 6)	\$106.65
30660	Circumcision of a person 10 years of age or over (S) (AU 6)	\$132.30
30663	Haemorrhage, arrest of, following circumcision requiring general anaesthesia (AU 5)	\$102.85
30666	Paraphimosis, reduction of, under general anaesthesia, with or without dorsal incision, not being a service associated with a service to which another item in this Group applies (AU 5)	\$33.75
30672	Coccyx, excision of (AU 8)	\$317.25
30675	Pilonidal sinus or cyst, or sacral sinus or cyst, excision of (G) (AU 8)	\$213.30
30676	Pilonidal sinus or cyst, or sacral sinus or cyst, excision of (S) (AU 8)	\$270.00
30679	Pilonidal sinus, injection of sclerosant fluid under anaesthesia (AU 6)	\$68.55

Subgroup 2-Colorectal

32000	Large intestine, resection of, without anastomosis, including right hemicolectomy (including formation of stoma) (AU 18)	\$734.55
32003	Large intestine, resection of, with anastomosis, including right hemicolectomy (AU 20)	\$768.45
32004	Large intestine, subtotal colectomy (resection of right colon, transverse colon and splenic flexure) without anastomosis, not being a service associated with a service to which item 32000, 32003, 32005 or 32006 applies (AU 20)	\$817.05
32005	Large intestine, subtotal colectomy (resection of right colon, transverse colon and splenic flexure) with anastomosis, not being a service associated with a service to which item 32000, 32003, 32004 or 32006 applies (AU 22)	\$925.65
32006	Left hemicolectomy, including the descending and sigmoid colon (including formation of stoma) (AU 20)	\$819.30
32009	Total colectomy and ileostomy (AU 22)	\$971.90
32012	Total colectomy and ileo-rectal anastomosis (AU 20)	\$1,073.60
32015	Total colectomy with excision of rectum and ileostomy-1	\$1,324.40

	surgeon (AU 20)	
32018	Total colectomy with excision of rectum and ileostomy, combined synchronous operation; abdominal resection (including after-care) (AU 17)	\$1,118.80
32021	Total colectomy with excision of rectum and ileostomy, combined synchronous operation; perineal resection	\$401.20
32024	Rectum, high restorative anterior resection with intraperitoneal anastomosis (of the rectum) greater than 10 cm from the anal verge-excluding resection of sigmoid colon alone (AU 22)	\$971.90
32027	Rectum, low restorative anterior resection with extraperitoneal anastomosis (of the rectum) less than 10 cm from the anal verge (AU 26)	\$1,265.70
32030	Rectosigmoidectomy-(Hartmann's operation) (AU 15)	\$734.30
32033	Restoration of bowel following Hartmann's or similar operation, including dismantling of the stoma (AU 15)	\$1,073.60
32036	Sacrococcygeal and presacral tumour-excision of (AU 13)	\$1,361.75
32039	Rectum and anus, abdomino-perineal resection of-1 surgeon (AU 17)	\$1,093.35
32042	Rectum and anus, abdomino-perineal resection of, combined synchronous operation, abdominal resection (AU 16)	\$921.00
32045	Rectum and anus, abdomino-perineal resection of, combined synchronous operation-perineal resection	\$344.70
32046	Rectum and anus, abdomino-perineal resection of, combined synchronous operation-perineal resection where the perineal surgeon also provides assistance to the abdominal surgeon	\$532.65
32047	Perineal proctectomy (AU 20)	\$620.55
32048	Abdomino-perineal pull-through resection with colo-anal anastomosis (1 or 2 stages), including associated colostomy (AU 30)	\$1,361.75
32051	Total colectomy with excision of rectum and ileoanal anastomosis with formation of ileal reservoir, with or without creation of temporary ileostomy-1 surgeon (AU 36)	\$1,649.95
32054	Total colectomy with excision of rectum and ileoanal anastomosis with formation of ileal reservoir, with or without creation of temporary ileostomy-conjoint surgery, abdominal surgeon (including aftercare) (AU 30)	\$1,514.30
32057	Total colectomy with excision of rectum and ileoanal anastomosis with formation of ileal reservoir-conjoint surgery, perineal surgeon	\$401.20
32060	Ileostomy closure with rectal resection and mucosectomy and ileoanal anastomosis with formation of ileal reservoir, with or without temporary loop ileostomy-1 surgeon (AU 30)	\$1,649.95
32063	Ileostomy closure with rectal resection and mucosectomy and ileoanal anastomosis with formation of ileal reservoir, with or without temporary loop ileostomy-conjoint surgery, abdominal surgeon (including aftercare) (AU 26)	\$1,514.30
32066	Ileostomy closure with rectal resection and mucosectomy and ileoanal anastomosis with formation of ileal reservoir, with or without temporary loop ileostomy-conjoint surgery, perineal	\$401.20

	surgeon	
32069	Ileostomy reservoir, continent type, creation of, including conversion of existing ileostomy where appropriate (AU 30)	\$1,220.50
32072	Sigmoidoscopic examination (with rigid sigmoidoscope), with or without biopsy	\$37.85
32075	Sigmoidoscopic examination (with rigid sigmoidoscope), under general anaesthesia, with or without biopsy, not being a service associated with a service to which another item in this Group applies (AU 5)	\$59.40
32078	Sigmoidoscopic examination with diathermy or resection of 1 or more polyps where the time taken is less than or equal to 45 minutes (AU 7)	\$133.35
32081	Sigmoidoscopic examination with diathermy or resection of 1 or more polyps where the time taken is greater than 45 minutes (AU 10)	\$183.05
32084	Flexible fibreoptic sigmoidoscopy or fibreoptic colonoscopy up to the hepatic flexure, with or without biopsy (AU 6)	\$88.15
32087	Flexible fibreoptic sigmoidoscopy or fibreoptic colonoscopy up to the hepatic flexure with removal of 1 or more polyps-not being a service to which item 32078 applies (AU 10)	\$162.00
32090	Fibreoptic colonoscopy-examination of colon beyond the hepatic flexure with or without biopsy (AU 8)	\$264.60
32093	Fibreoptic colonoscopy-examination of colon beyond the hepatic flexure with removal of 1 or more polyps (AU 10)	\$371.25
32094	Endoscopic dilatation of colorectal strictures including colonoscopy (AU 10)	\$393.00
32095	Endoscopic examination of small bowel with flexible endoscope passed by stoma, with or without biopsies (AU 8)	\$91.00
32096	Rectal biopsy, full thickness, under general anaesthesia, or under epidural or spinal (intrathecal) nerve block where undertaken in a hospital or approved day-hospital facility (AU 6)	\$183.05
32099	Rectal tumour of 5 cm or less in diameter, per anal submucosal excision of (AU 10)	\$237.30
32102	Rectal tumour of greater than 5 cm in diameter, indicated by pathological examination, per anal submucosal excision of (AU 14)	\$452.05
32105	Anorectal carcinoma-per anal full thickness excision of (AU 13)	\$344.70
32108	Rectal tumour, trans-sphincteric excision of (Kraske or similar operation) (AU 13)	\$711.95
32111	Rectal prolapse, Delorme procedure for (AU 10)	\$452.05
32114	Rectal stricture, per anal release of (AU 8)	\$124.30
32117	Rectal prolapse, abdominal repair of (AU 13)	\$711.95
32120	Rectal prolapse, perineal repair of (AU 6)	\$183.05
32123	Anal stricture, anoplasty for (AU 7)	\$237.30
32126	Anal incontinence, Parks' intersphincteric procedure for (AU 12)	\$344.70
32129	Anal sphincter, direct repair of (AU 12)	\$452.05
32132	Haemorrhoids or rectal prolapse-sclerotherapy for (AU 6)	\$32.20

32135	Haemorrhoids or rectal prolapse-rubber band ligation of, with or without sclerotherapy, cryosurgery or infrared therapy for (AU 5)	\$48.05
32138	Haemorrhoidectomy (AU 8)	\$261.90
32142	Anal skin tags or anal polyps, excision of 1 or more of (AU 7)	\$48.10
32145	Anal skin tags or anal polyps, excision of 1 or more of, undertaken in the operating theatre of a hospital or approved day-hospital facility (AU 7)	\$96.20
32147	Perianal thrombosis, incision of (AU 7)	\$32.20
32150	Operation for fissure-in-ano including excision, or sphincterotomy but excluding dilatation only (AU 6)	\$183.05
32153	Anus, dilatation of, under general anaesthesia, with or without disimpaction of faeces, not being a service associated with a service to which another item in this Group applies (AU 4)	\$49.95
32156	Fistula-in-ano, subcutaneous, excision of (AU 7)	\$93.80
32159	Anal fistula, excision of, involving lower half of the anal sphincter mechanism (AU 7)	\$237.30
32162	Anal fistula, excision of, involving the upper half of the anal sphincter mechanism (AU 11)	\$344.70
32165	Anal fistula, repair of by mucosal flap advancement (AU 15)	\$452.05
32166	Anal fistula-readjustment of Seton (AU 7)	\$146.85
32168	Fistula wound-repair of, under general or regional anaesthetic, as an independent procedure (AU 7)	\$93.80
32171	Anorectal examination, with or without biopsy, under general anaesthetic, not being a service associated with a service to which another item in this Group applies (AU 6)	\$63.30
32174	Intra-anal, perianal or ischio-rectal abscess, drainage of (excluding aftercare) (AU 8)	\$63.30
32175	Intra-anal, perianal or ischio-rectal abscess, draining of, undertaken in the operating theatre of a hospital or approved day-hospital facility (excluding aftercare) (AU 8)	\$115.85
32177	Anal warts, removal of, under general anaesthesia, or under regional or field nerve block (excluding pudendal block) requiring admission to a hospital or approved day-hospital facility, where the time taken is less than or equal to 45 minutes-not being a service associated with a service to which item 35507 or 35508 applies (AU 6)	\$124.10
32180	Anal warts, removal of, under general anaesthesia, or under regional or field nerve block (excluding pudendal block) requiring admission to a hospital or approved day-hospital facility, where the time taken is greater than 45 minutes-not being a service associated with a service to which item 35507 or 35508 applies (AU 11)	\$184.10
32183	Intestinal sling procedure prior to radiotherapy (AU 15)	\$259.90
32186	Colonic lavage, total, intra-operative (AU 12)	\$206.85

Subgroup 3-Vascular

32500	Varicose veins, multiple simultaneous injections by continuous compression techniques including associated	\$99.60
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	consultation-1 or both legs- not being a service associated with any other varicose veins operation on the same leg (excluding after-care)	
32503	Varicose veins, multiple ligations, with or without local stripping or excision, including sub-fascial ligation of 1 or more deep perforating veins through separate incisions-1 leg- not being a service associated with a service to which item 32506, 32509 or 32530 applies on the same leg (AU 7)	\$190.65
32506	Varicose veins, high ligation and complete or partial stripping or excision of long or short saphenous vein or its major tributaries, with multiple ligations, local stripping or excision of minor veins, with or without sclerotherapy of minor veins- 1 leg (AU 10)	\$348.15
32509	Varicose veins, high ligation and stripping or excision of both long and short saphenous veins or their major tributaries, with multiple ligations, local stripping or excision of minor veins, with or without sclerotherapy of minor veins-1 leg (AU 12)	\$522.20
32512	Long saphenous vein, complete dissection and ligation of, at the sapheno-femoral junction, for migrating thrombosis of long saphenous vein (AU 11)	\$316.00
32515	Varicose veins, complete dissection at sapheno-femoral junction, with or without ligation of long saphenous vein, with or without ligation of the major tributaries at sapheno-femoral junction-1 leg (AU 6)	\$230.30
32518	Varicose veins, complete dissection at sapheno-popliteal junction, with or without ligation of the short saphenous vein, with or without ligation of the major tributaries at the sapheno-popliteal junction-1 leg (AU 6)	\$230.30
32521	Varicose veins, sub-fascial ligation of single deep perforating vein, not being a service associated with any other varicose vein operation on the same leg-1 leg (AU 6)	\$143.55
32524	Varicose veins, sub-fascial ligation of multiple deep perforating vein-1 leg (Cockett's operation, Linton's operation or similar procedure) (AU 7)	\$353.50
32527	Groin or popliteal fossa, reoperation in, for recurrent sapheno-popliteal incompetence-1 leg (AU 12)	\$428.45
32530	Groin or popliteal fossa, reoperation in, for recurrent sapheno-femoral incompetence or recurrent sapheno-popliteal incompetence with 1 or more of the following-multiple ligations, local stripping or excision of minor veins or sclerotherapy of minor veins-1 leg (AU 13)	\$562.35
32700	Artery of neck, bypass using vein or synthetic material (AU 19)	\$1,022.95
32703	Internal carotid artery, transection and reanastomosis of, or resection of small length and reanastomosis of-with or without endarterectomy (AU 18)	\$846.25
32706	Internal carotid artery, re-operation for recurrent stenosis with by-pass by graft of vein or synthetic material (AU 19)	\$1,210.45
32709	Aorto-iliac or aorto-femoral grafting, straight or bifurcated (AU 21)	\$996.20

32712	Ilio-femoral bypass grafting (AU 18)	\$894.45
32715	Axillary or subclavian to femoral bypass grafting to 1 or both femoral arteries (AU 19)	\$894.45
32718	Femoro-femoral or ilio-femoral cross-over bypass grafting (AU 18)	\$846.25
32721	Renal artery, bypass grafting to (AU 22)	\$1,344.30
32724	Renal arteries (both), bypass grafting to (AU 26)	\$1,526.40
32727	Spleno-renal arterial bypass grafting (AU 21)	\$1,344.30
32730	Mesenteric vessel (single), bypass grafting to (AU 18)	\$1,156.85
32733	Mesenteric vessels (multiple), bypass grafting to (AU 21)	\$1,344.30
32736	Inferior mesenteric artery, operation on, when performed in conjunction with another intra-abdominal vascular operation (AU 17)	\$294.55
32739	Femoral artery bypass grafting using vein, including harvesting of vein (when it is the ipsilateral long saphenous vein) with above knee anastomosis (AU 19)	\$921.20
32742	Femoral artery bypass grafting using vein, including harvesting of vein (when it is the ipsilateral long saphenous vein) with distal anastomosis to below knee popliteal artery (AU 20)	\$1,055.10
32745	Femoral artery bypass grafting using vein, including harvesting of vein (when it is the ipsilateral long saphenous vein) with distal anastomosis to tibio peroneal trunk or tibial or peroneal artery (AU 21)	\$1,205.05
32748	Femoral artery bypass grafting using vein, including harvesting of vein (when it is the ipsilateral long saphenous vein) with distal anastomosis within 5cms of the ankle joint (AU 22)	\$1,306.85
32751	Femoral artery bypass grafting using synthetic graft, with lower anastomosis above or below the knee (AU 18)	\$846.25
32754	Femoral artery bypass grafting, using a composite graft (synthetic material and vein) with lower anastomosis above or below the knee, including use of a cuff or sleeve of vein at 1 or both anastomoses (AU 20)	\$1,055.10
32757	Femoral artery sequential bypass grafting (using a vein or synthetic material) where an additional anastomosis is made to separately revascularise more than 1 artery-each additional artery revascularised beyond a femoral bypass (AU 16)	\$294.55
32760	Vein, harvesting of, from leg or arm for bypass or replacement graft when not performed on the limb which is the subject of the bypass or graft-each vein (AU 9)	\$289.20
32763	Arterial bypass grafting, using vein or synthetic material, not being a service to which another item in this Group applies (AU 18)	\$846.25
32766	Arterial or venous anastomosis, not being a service to which another item in this Group applies, as an independent procedure (AU 15)	\$562.35
32769	Arterial or venous anastomosis not being a service to which another item in this Group applies, when performed in combination with another vascular operation (including graft	\$194.95

	to graft anastomosis) (AU 15)<	
33100	Aneurysm of common or internal carotid artery, or both, replacement by graft of vein or synthetic material (AU 20)	\$1,022.95
33103	Thoracic aneurysm, replacement by graft (AU 35)	\$1,435.35
33106	Artery or vein bypass graft, patch grafting to using vein or synthetic material, not being a service associated with any other vascular operation (AU 14)	\$503.45
33109	Thoraco-abdominal aneurysm, replacement by graft including re-implantation of arteries (AU 40)	\$1,735.30
33112	Suprarenal abdominal aortic aneurysm, replacement by graft includin re-implantation of arteries (AU 35)	\$1,505.00
33115	Infrarenal abdominal aortic aneurysm, replacement by tube graft (AU 26)	\$1,055.10
33118	Infrarenal abdominal aortic aneurysm, replacement by bifurcation graft to iliac arteries (with or without excision of common iliac aneurysms) (AU 29)	\$1,205.05
33121	Infrarenal abdominal aortic aneurysm, replacement by bifurcation graft to 1 or both femoral arteries (with or without excision or bypass of common iliac aneurysms) (AU 29)	\$1,205.05
33124	Aneurysm of iliac artery (common, external or internal), replacement by graft-unilateral (AU 18)	\$862.30
33127	Aneurysms of iliac arteries (common, external or internal), replacement by graft-bilateral (AU 20)	\$1,130.10
33130	Aneurysm of visceral artery, excision and repair by direct anastomosis or replacement by graft (AU 18)	\$985.50
33133	Aneurysm of visceral artery, dissection and ligation of arteries without restoration of continuity (AU 16)	\$739.10
33136	False aneurysm, repair of, at aortic anastomosis following previous aortic surgery (AU 25)	\$1,863.85
33139	False aneurysm, repair of, in iliac artery and restoration of arterial continuity (AU 19)	\$1,130.10
33142	False aneurysm, repair of, in femoral artery and restoration of arterial continuity (AU 18)	\$1,055.10
33145	Ruptured thoracic aortic aneurysm, replacement by graft (AU 38)	\$1,815.65
33148	Ruptured thoraco-abdominal aortic aneurysm, replacement by graft (AU 40)	\$2,254.80
33151	Ruptured suprarenal abdominal aortic aneurysm, replacement by graft (AU 38)	\$2,142.35
33154	Ruptured infrarenal abdominal aortic aneurysm, replacement by tube graft (AU 28)	\$1,585.35
33157	Ruptured infrarenal abdominal aortic aneurysm, replacement by bifurcation graft to iliac arteries (with or without excision or bypass of common iliac aneurysms) (AU 30)	\$1,767.45
33160	Ruptured infrarenal abdominal aortic aneurysm, replacement by bifurcation graft to 1 or both femoral arteries (AU 30)	\$1,767.45
33163	Ruptured iliac artery aneurysm, replacement by graft (AU 22)	\$1,499.65
33166	Ruptured aneurysm of visceral artery, replacement by anastomosis or graft (AU 22)	\$1,499.65
33169	Ruptured aneurysm of visceral artery, simple ligation of	\$1,167.60

	(AU 18)	
33172	Aneurysm of major artery, replacement by graft, not being a service to which another item in this Group applies (AU 21)	\$910.50
33500	Artery or arteries of neck, endarterectomy of, including closure by suture (where endarterectomy of 1 or more arteries is undertaken through 1 arteriotomy incision) (AU 17)	\$808.75
33503	Internal carotid artery, re-operation for recurrent stenosis with endarterectomy and closure by suture (AU 19)	\$1,022.95
33506	Innominate or subclavian artery, endarterectomy of, including closure by suture (AU 18)	\$905.15
33509	Aortic endarterectomy, including closure by suture, not being a service associated with another procedure on the aorta (AU 18)	\$937.30
33512	Aorto-iliac endarterectomy (1 or both iliac arteries), including closure by suture not being a service associated with a service to which item 33515 applies (AU 19)	\$1,012.25
33515	Aorto-femoral endarterectomy (1 or both femoral arteries) or bilateral ilio-femoral endarterectomy, including closure by suture, not being a service associated with a service to which item 33512 applies (AU 20)	\$1,087.25
33518	Iliac endarterectomy, including closure by suture, not being a service associated with another procedure on the iliac artery (AU 17)	\$905.15
33521	Ilio-femoral endarterectomy (1 side), including closure by suture (AU 17)	\$980.10
33524	Renal artery, endarterectomy of (AU 19)	\$1,156.85
33527	Renal arteries (both), endarterectomy of (AU 21)	\$1,344.30
33530	Coeliac or superior mesenteric artery, endarterectomy of (AU 19)	\$1,156.85
33533	Coeliac and superior mesenteric artery, endarterectomy of (AU 20)	\$1,344.30
33536	Inferior mesenteric artery, endarterectomy of, not being a service associated with a service to which another item in this Group applies (AU 19)	\$958.70
33539	Artery of extremities, endarterectomy of, including closure by suture (AU 12)	\$690.90
33542	Extended deep femoral endarterectomy where the endarterectomy is at least 7 cm long (AU 17)	\$985.50
33545	Artery or vein, patch grafting to by vein or synthetic material in association with another arterial or venous operation where patch is less than 3 cm long (AU 13)	\$194.95
33548	Artery or vein, patch grafting to by vein or synthetic material in conjunction with another arterial or venous operation where patch is 3 cm long or greater (AU 14)	\$396.3
33551	Vein, harvesting of from leg or arm for patch when not performed through same incision as operation (AU 9)	\$194.95
33554	Endarterectomy, in conjunction with an arterial bypass operation to prepare the site for anastomosis-each site (AU 16)	\$100.70
33800	Embolus, removal of, from artery of neck (AU 15)	\$840.85

33803	Embolectomy or thrombectomy, by abdominal approach, of an artery or bypass graft of trunk (AU 16)	\$803.40
33806	Embolectomy or thrombectomy, from an artery or bypass graft of extremities, or embolectomy of abdominal artery via the femoral artery (AU 11)	\$578.45
33809	Inferior vena cava or iliac vein, thrombectomy of (AU 12)	\$712.35
33812	Thrombus, removal of, from femoral or other similar large vein (AU 10)	\$664.15
33815	Major artery or vein of extremity, repair of wound of, with restoration of continuity, by lateral suture (AU 12)	\$610.55
33818	Major artery or vein of extremity, repair of wound of, with restoration of continuity, by direct anastomosis (AU 13)	\$712.35
33821	Major artery or vein of extremity, repair of wound of, with restoration of continuity, by interposition graft of synthetic material or vein (AU 15)	\$814.10
33824	Major artery or vein of neck, repair of wound of, with restoration of continuity, by lateral suture (AU 13)	\$776.60
33827	Major artery or vein of neck, repair of wound of, with restoration of continuity, by direct anastomosis (AU 14)	\$910.50
33830	Major artery or vein of neck, repair of wound of, with restoration of continuity, by interposition graft of synthetic material or vein (AU 16)	\$1,044.40
33833	Major artery or vein of abdomen, repair of wound of, with restoration of continuity by lateral suture (AU 16)	\$948.00
33836	Major artery or vein of abdomen, repair of wound of, with restoration of continuity by direct anastomosis (AU 17)	\$1,130.10
33839	Major artery or vein of abdomen, repair of wound of, with restoration of continuity by means of interposition graft (AU 18)	\$1,322.90
33842	Artery of neck, re-operation for bleeding or thrombosis after carotid or vertebral artery surgery (AU 12)	\$653.40
33845	Laparotomy for control of post operative bleeding or thrombosis after intra-abdominal vascular procedure, where no other procedure is performed (AU 14)	\$455.25
33848	Extremity, re-operation on, for control of bleeding or thrombosis after vascular procedure, where no other procedure is performed (AU 12)	\$455.25
34100	Major artery of neck, elective ligation or exploration of, not being a service associated with any other vascular procedure (AU 11)	\$503.45
34103	Great artery or great vein (including subclavian, axillary, iliac, femoral or popliteal), ligation of, or exploration of, not being a service associated with any other vascular procedure (AU 13)	\$294.55
34106	Artery or vein (including brachial, radial, ulnar or tibial), ligation of, by elective operation, or exploration of, not being a service associated with any other vascular procedure (AU 9)	\$207.80
34109	Temporal artery, biopsy of (AU 7)	\$241.00
34112	Arterio-venous fistula of an extremity, dissection and ligation (AU 14)	\$610.55
34115	Arterio-venous fistula of the neck, dissection and ligation	\$690.90

	(AU 17)	
34118	Arterio-venous fistula of the abdomen, dissection and ligation (AU 19)	\$985.50
34121	Arterio-venous fistula of an extremity, dissection and repair of, with restoration of continuity (AU 18)	\$787.30
34124	Arterio-venous fistula of the neck, dissection and repair of, with restoration of continuity (AU 18)	\$862.30
34127	Arterio-venous fistula of the abdomen, dissection and repair of, with restoration of continuity (AU 22)	\$1,130.10
34130	Surgically created arterio-venous fistula of an extremity, closure of (AU 10)	\$353.50
34133	Scalenotomy (AU 10)	\$396.35
34136	First rib, resection of portion of (AU 13)	\$637.35
34139	Cervical rib, removal of, or other operation for removal of thoracic outlet compression, not being a service to which another item in this Group applies (AU 13)	\$637.35
34142	Coeliac artery, decompression of, for coeliac artery compression syndrome, as an independent procedure (AU 19)	\$787.30
34145	Popliteal artery, exploration of, for popliteal entrapment, with or without division of fibrous tissue and muscle (AU 13)	\$573.10
34148	Carotid body tumour, resection of, with or without repair or reconstruction of internal or common carotid arteries, when tumour is less than 4 cm in maximum diameter (AU 19)	\$1,022.95
34151	Carotid body tumour, resection of, with or without repair or reconstruction of internal or common carotid arteries, when tumour is greater than 4 cm in maximum diameter (AU 19)	\$1,397.90
34154	Recurrent carotid body tumour, resection of, with or without repair or replacement of portion of common or internal carotid arteries (AU 19)	\$1,665.70
34157	Neck, excision of infected bypass graft, including closure of vessel or vessels (AU 15)	\$846.25
34160	Aorto-duodenal fistula, repair of, by suture of aorta and repair of duodenum (AU 24)	\$1,585.35
34163	Aorto-duodenal fistula, repair of, by insertion of aortic graft and repair of duodenum (AU 26)	\$2,035.25
34166	Aorto-duodenal fistula, repair of, by oversewing of abdominal aorta, repair of duodenum and axillo bifemoral grafting (AU 26)	\$2,035.25
34169	Infected bypass graft from trunk, excision of, including closure of arteries (AU 20)	\$1,130.10
34172	Infected axillo-femoral or femoro-femoral graft, excision of, including closure of arteries (AU 15)	\$921.20
34175	Infected bypass graft from extremities, excision of including closure of arteries (AU 15)	\$846.25
34500	Arteriovenous shunt, external, insertion of (AU 9)	\$219.60
34503	Arteriovenous anastomosis of upper or lower limb, in conjunction with another venous or arterial operation (AU 14)	\$294.55
34506	Arteriovenous shunt, external, removal of (AU 5)	\$149.95
34509	Arteriovenous anastomosis of upper or lower limb, not in conjunction with another venous or arterial operation (AU 14)	\$696.25

34512	Arteriovenous access device, insertion of (AU 14)	\$765.90
34515	Arteriovenous access device, thrombectomy of (AU 11)	\$546.30
34518	Stenosis of arteriovenous fistula or prosthetic arteriovenous access device, correction of (AU 14)	\$915.85
34521	Intra-abdominal artery or vein, cannulation of for infusion chemotherapy, by open operation (excluding aftercare) (AU 11)	\$374.90
34524	Arterial cannulation for infusion chemotherapy by open operation, not being a service to which item 34521 applies (excluding after-care) (AU 10)	\$294.55
34527	Central vein catheterisation by open exposure, using subcutaneous tunnel with pump or access port as with Hickman or Broviac catheter or other chemotherapy delivery device (AU 11)	\$294.55
34530	Hickman or broviac catheter, or other chemotherapy device, removal of (AU 10)	\$294.55
34533	Isolated limb perfusion, including cannulation of artery and vein at commencement of procedure, regional perfusion for chemotherapy, or other therapy, repair of arteriotomy and venotomy at conclusion of procedure (excluding aftercare) (AU 18)	\$883.70
34800	Inferior vena cava, plication, ligation, or application of caval clip (AU 13)	\$578.45
34803	Inferior vena cava, reconstruction of or bypass by vein or synthetic material (AU 24)	\$1,274.70
34806	Cross leg bypass grafting, saphenous to iliac or femoral vein (AU 14)	\$690.90
34809	Saphenous vein anastomosis to femoral or popliteal vein for femoral vein bypass (AU 14)	\$690.90
34812	Venous stenosis or occlusion, vein bypass for, using vein or synthetic material, not being a service associated with a service to which item 34806 or 34809 applies (AU 13)	\$835.50
34815	Vein stenosis, patch angioplasty for, (excluding vein graft stenosis)-using vein or synthetic material (AU 15)	\$690.90
34818	Venous valve, plication or repair to restore valve competency (AU 25)	\$760.55
34821	Vein transplant to restore valvular function (AU 15)	\$1,033.70
34824	External stent, application of, to restore venous valve competency to superficial vein-1 stent (AU 10)	\$353.50
34827	External stents, application of, to restore venous valve competency to superficial vein or veins-more than 1 stent (AU 11)	\$428.45
34830	External stent, application of, to restore venous valve competency to deep vein (1 stent) (AU 11)	\$503.45
34833	External stents, application of, to restore venous valve competency to deep vein or veins (more than 1 stent) (AU 12)	\$653.40
35000	Lumbar sympathectomy (AU 11)	\$503.45
35003	Cervical or upper thoracic sympathectomy by any surgical approach (AU 16)	\$653.40
35006	Cervical or upper thoracic sympathectomy, where operation is	\$819.45

	a reoperation for previous incomplete sympathectomy by any surgical approach (AU 13)	
35009	Lumbar sympathectomy, where operation is following chemical sympathectomy or for previous incomplete surgical sympathectomy (AU 11)	\$637.35
35100	Ischaemic limb, debridement of necrotic material, gangrenous tissue, or slough in, in the operating theatre of a hospital, when debridement includes muscle, tendon or bone (AU 8)	\$262.45
35103	Ischaemic limb, debridement of necrotic material, gangrenous tissue, or slough in, in the operating theatre of a hospital, superficial tissue only (AU 9)	\$167.10
35200	Operative arteriography or venography, 1 or more of, performed during the course of an operative procedure on an artery or vein, 1 site (AU 8)	\$122.10
35300	Transluminal balloon angioplasty of 1 peripheral artery or vein of 1 limb, percutaneous or by open exposure, excluding associated radiological services or preparation, and excluding aftercare (AU 10)	\$367.15
35303	Transluminal balloon angioplasty of aortic arch branches, aortic visceral branches, or more than 1 peripheral artery or vein of 1 limb, percutaneous or by open exposure, excluding associated radiological services or preparation, and excluding aftercare (AU 12)	\$470.60
35304	Transluminal balloon angioplasty of 1 coronary artery, percutaneous or by open exposure, excluding associated radiological services or preparation, and excluding aftercare (AU 10)	\$367.15
35305	Transluminal balloon angioplasty of more than 1 coronary artery, percutaneous or by open exposure, excluding associated radiological services or preparation, and excluding aftercare (AU 12)	\$470.60
35306	Transluminal stent insertion including associated balloon dilatation for 1 peripheral artery or vein of 1 limb, percutaneous or by open exposure, excluding associated radiological services or preparation, and excluding aftercare (AU 11)	\$434.40
35309	Transluminal stent insertion including associated balloon dilatation for visceral arteries or veins, or more than 1 peripheral artery or vein of 1 limb, percutaneous or by open exposure, excluding associated radiological services or preparation, and excluding aftercare (AU 13)	\$543.00
35310	Transluminal stent insertion including associated balloon dilatation for coronary artery, percutaneous or by open exposure, excluding associated radiological services and preparation, and excluding aftercare (AU 13)	\$543.00
35312	Peripheral arterial atherectomy including associated balloon dilatation of 1 limb, percutaneous or by open exposure, excluding associated radiological services or preparation, and excluding aftercare (AU 13)	\$615.40
35315	Peripheral laser angioplasty including associated balloon	\$615.40

	dilatation of 1 limb, percutaneous or by open exposure, excluding associated radiological services or preparation, and excluding aftercare (AU 13)	
35318	Peripheral arterial or venous catheterisation with administration of thrombolytic or chemotherapeutic agents, percutaneous or by open exposure, excluding associated radiological services or preparation, and excluding aftercare (not being a service associated with a service to which item 13903 applies) (AU 6)	\$253.40
35321	Peripheral arterial catheterisation to administer agents to occlude arteries, vein or arterio-venous fistulae or to arrest haemorrhage, percutaneous or by open exposure, excluding associated radiological services or preparation, and excluding aftercare (AU 12)	\$579.20
35324	Angioscopy not combined with any other procedure, excluding associated radiological services or preparation, and excluding aftercare (AU 8)	\$217.20
35327	Angioscopy combined with any other procedure, excluding associated radiological services or preparation, and excluding aftercare (AU 6)	\$108.60
35330	Insertion of inferior vena caval filter, percutaneous or by open exposure, excluding associated radiological services or preparation, and excluding aftercare (AU 11)	\$367.15

Subgroup 4-Gynaecological

35500	Gynaecological examination under anaesthesia, not being a service associated with a service to which another item in this Group applies (AU 5)<	\$57.90
35503	Intrauterine contraceptive device, introduction of, not being a service associated with a service to which another item in this Group applies (AU 5)<	\$38.15
35506	Intrauterine contraceptive device, removal of under general anaesthesia, not being a service associated with a service to which another item in this Group applies (AU 5)	\$38.15
35507	Vulval or vaginal warts, removal of under general anaesthesia, or under regional or field nerve block (excluding pudendal block) requiring admission to a hospital or approved day hospital facility, where the time taken is less than or equal to 45 minutes-not being a service associated with a service to which item 32177 or 32180 applies (AU 6)	\$124.30
35508	Vulval or vaginal warts, removal of under general anaesthesia, or under regional or field nerve block (excluding pudendal block) requiring admission to a hospital or approved day hospital facility, where the time taken is greater than 45 minutes-not being a service associated with a service to which item 32177 or 32180 applies (AU 11)	\$183.05
35509	Hymenectomy (AU 5)	\$63.85
35512	Bartholin's cyst, excision of (G) (AU 7)	\$127.70
35513	Bartholin's cyst, excision of (S) (AU 7)f	\$157.95

35516	Bartholin's cyst or gland, marsupialisation of (G) (AU 6)	\$82.95
35517	Bartholin's cyst or gland, marsupialisation of (S) (AU 6)	\$104.00
35520	Bartholin's abscess, incision of (AU 5)	\$41.45
35523	Urethra or urethral caruncle, cauterisation of (AU 4)	\$41.45
35526	Urethral caruncle, excision of (G) (AU 6)	\$82.95
35527	Urethral caruncle, excision of (S) (AU 6)	\$104.00
35530	Clitoris, amputation of, where medically indicated (AU 7)	\$192.20
35533	Vulvoplasty or labioplasty, where medically indicated, not being a service associated with a service to which item 35536 applies (AU 9)	\$249.20
35536	Vulva, wide local excision of suspected malignancy or hemivulvectomy, 1 or both procedures (AU 9)	\$248.20
35539	Colposcopically directed CO2 laser therapy for previously confirmed intraepithelial neoplastic changes of the cervix, vagina, vulva, urethra or anal canal, including any associated biopsies-1 anatomical site (AU 5)	\$194.45
35542	Colposcopically directed CO2 laser therapy for previously confirmed intraepithelial neoplastic changes of the cervix, vagina, vulva, urethra or anal canal, including any associated biopsies-2 or more anatomical sites (AU 6)	\$227.55
35545	Colposcopically directed CO2 laser therapy for condylomata, unsuccessfully treated by other methods (AU 6)	\$130.80
35548	Vulvectomy, radical, for malignancy (AU 17)	\$594.05
35551	Pelvic lymph glands, excision of (radical) (AU 15)	\$487.05
35554	Vagina, dilatation of, as an independent procedure including any associated consultation (AU 4)	\$30.95
35557	Vagina, removal of simple tumour-(including Gartner duct cyst) (AU 8)	\$152.70
35560	Vagina, partial or complete removal of (AU 13)	\$487.05
35561	Vaginectomy, radical, for proven invasive malignancy-1 surgeon (AU 25)	\$982.55
35562	Vaginectomy, radical, for proven invasive malignancy, conjoint surgery-abdominal surgeon (including aftercare) (AU 25)	\$806.70
35564	Vaginectomy, radical, for proven invasive malignancy, conjoint surgery-perineal surgeon	\$372.35
35565	Vaginal reconstruction for congenital absence, gynatresia or urogenital sinus (AU 18)	\$486.10
35566	Vaginal septum, excision of, for correction of double vagina (AU 12)	\$283.00
35567	Vaginal repair (involving repair of enterocele) with transvaginal sacrospinous ligament colposuspension (AU 10)	\$356.80
35569	Plastic repair to enlarge vaginal orifice (AU 9)	\$114.50
35572	Colpotomy, not being a service to which another item in this Group applies (AU 6)	\$88.20
35575	Anterior vaginal repair or posterior vaginal repair (involving repair of rectocele or enterocele or both) not being a service to which item 35579, 35580, 35583 or 35584 applies (G) (AU 10)	\$247.45
35576	Anterior vaginal repair or posterior vaginal repair (involving	\$302.75

	repair of rectocele or enterocele or both) not being a service to which item 35579, 35580, 35583 or 35584 applies (S) (AU 10)	
35579	Anterior vaginal repair and posterior vaginal repair (involving repair of rectocele or enterocele or both) not being a service to which item 35583 or 35584 applies (G) (AU 10)	\$302.75
35580	Anterior vaginal repair and posterior vaginal repair (involving repair of rectocele or enterocele or both) not being a service to which item 35583 or 35584 applies (S) (AU 10)	\$381.75
35583	Donald-Fothergill or Manchester operation for genital prolapse (G) (AU 10)	\$362.00
35584	Donald-Fothergill or Manchester operation for genital prolapse (S) (AU 10)	\$480.45
35587	Urethrocele, operation for (AU 9)	\$125.05
35590	Operation involving abdominal approach for repair of enterocoele or suspension of vaginal vault or enterocoele and suspension of vaginal vault (AU 9)	\$381.75
35593	Vaginal repair of enterocele with or without repair of rectocele, not being a service associated with a service to which item 35575, 35576, 35579, 35580, 35583, 35584, 35590, 35656, 35657 or 35673 applies, and where on a previous occasion there had been performed surgery reflected by a procedure to which item 35575, 35576, 35579, 35580, 35583, 35584, 35590, 35656, 35657 or 35673 applies (AU 8)	\$379.70
35596	Fistula between genital and urinary or alimentary tracts, repair of, not being a service to which item 37029, 37333 or 37336 applies (AU 13)	\$487.05
35599	Stress incontinence, sling operation for (AU 12)	\$480.45
35602	Stress incontinence, combined synchronous abdomino-vaginal operation for; abdominal procedure (including after-care) (AU 12)	\$480.45
35605	Stress incontinence, combined synchronous abdomino-vaginal operation for; vaginal procedure (including after-care)	\$260.65
35608	Cervix, cauterisation (other than by chemical means), ionisation, diathermy or biopsy of, with or without dilatation of cervix (AU 5)	\$45.40
35611	Cervix, removal of polyp or polypi, with or without dilatation of cervix, not being a service associated with a service to which item 35608 applies (AU 5)	\$45.15
35614	Examination of lower female genital tract by a Hinselmann-type colposcope in a patient with a previous abnormal cervical smear or a history of maternal ingestion of oestrogen or where a patient, because of suspicious signs of cancer, has been referred by another medical practitioner (AU 5)	\$45.40
35615	Vulva, biopsy of, when performed in conjunction with a service to which item 35614 applies	\$38.25
35617	Cervix, cone biopsy, amputation or repair of, not being a service to which item 35583 or 35584 applies (G) (AU 7)	\$123.75
35618	Cervix, cone biopsy, amputation or repair of, not being a service to which item 35583 or 35584 applies (S) (AU 7)	\$152.70

35621	Cervix, dilatation of, under general anaesthesia, not being a service to which item 35639, 35640 or 35643 applies (AU 5)	\$57.90
35624	Endometrial biopsy where malignancy is suspected in patients with abnormal uterine bleeding or post menopausal bleeding (AU 5)	\$37.95
35625	Endometrium, endoscopic ablation of, by laser or diathermy, for chronic refractory menorrhagia including any hysteroscopy performed on the same day, with or without uterine curettage, not being a service associated with a service to which item 30390 applies (AU 9)	\$429.20
35626	Hysteroscopy, including biopsy, performed by a specialist in the practice of his or her specialty where the patient is referred to him or her for the investigation of suspected intrauterine pathology (with or without local anaesthetic), not being a service associated with a service to which item 35627 or 35630 applies and including procedures to which item 35639, 35640 or 35643 applies, where performed	\$58.95
35627	Hysteroscopy with dilatation of the cervix performed in the operatin theatre of a hospital or approved day-hospital facility-not being a service associated with a service to which item 35626 or 35630 applies, and including procedures to which item 35639, 35640 or 35643 applies, where performed (AU 7)	\$76.35
35630	Hysteroscopy, with endometrial biopsy, performed in the operating theatre of a hospital or approved day-hospital facility-not being a service associated with a service to which item 35626 or 35627 applies, and including procedures to which item 35639, 35640 or 35643 applies, where performed (AU 7)	\$130.30
35633	Hysteroscopy with uterine adhesiolysis or polypectomy or tubal catheterization or removal of IUD which cannot be removed by other means, 1 or more of (AU 8)	\$154.25
35636	Hysteroscopy and laparoscopy under general anaesthesia involving either myomectomy or resection of uterine septum, or both (AU 10)	\$308.50
35637	Laparoscopy, involving puncture of cysts, diathermy of endometriosis, ventrosuspension, division of adhesions or similar procedure-1 or more procedures with or without biopsy-not being a service associated with any other laparoscopic procedure or hysterectomy (AU 7)	\$289.60
35638	Complicated operative laparoscopy, including use of laser when required, for 1 or more of the following procedures; oophorectomy, ovarian cystectomy, myomectomy, salpingectomy or salpingostomy, ablation of moderate or severe endometriosis requiring more than 1 hours operating time, division of adhesions requiring more than 1 hours operating time or division of utero-sacral ligaments for significant dysmenorrhoea (AU 12)	\$506.80
35639	Uterus, curettage of, with or without dilatation (including curettage for incomplete miscarriage) under general	\$96.10

	anaesthesia or under epidural or spinal (intrathecal) nerve block where undertaken in a hospital or approved day-hospital facility (G) (AU 5)	
35640	Uterus, curettage of, with or without dilatation (including curettage for incomplete miscarriage) under general anaesthesia or under epidural or spinal (intrathecal) nerve block where undertaken in a hospital or approved day-hospital facility (S) (AU 5)	\$130.30
35643	Evacuation of the contents of the gravid uterus by curettage or suction curettage not being a service to which item 35639 or 35640 applies (AU 5)	\$155.30
35644	Cervix, electrocoagulation diathermy with colposcopy, for previously confirmed intraepithelial neoplastic changes of the cervix, including any local anaesthesia and biopsies, not being a service associated with a service to which item 35639, 35640 or 35647 applies (AU 8)	\$144.95
35645	Cervix, electrocoagulation diathermy with colposcopy, for previously confirmed intraepithelial neoplastic changes of the cervix, including any local anaesthesia and biopsies, in association with ablative therapy of additional areas of intraepithelial change in 1 or more sites of vagina, vulva, urethra or anus, not being a service associated with a service to which item 35649 applies (AU 8)	\$227.05
35646	Cervix, colposcopy with radical diathermy of, with or without cervical biopsy, for previously confirmed intraepithelial neoplastic changes of the cervix, where performed in the operating theatre of a hospital or approved day-hospital facility (AU 8)	\$144.80
35647	Cervix, large loop excision of transformation zone together with colposcopy for previously confirmed intraepithelial neoplastic changes of the cervix, including any local anaesthesia and biopsies, not being a service associated with a service to which item 35644 applies (AU 8)	\$144.95
35648	Cervix, large loop excision diathermy for previously confirmed intraepithelial neoplastic changes of the cervix, including any local anaesthesia and biopsies, in conjunction with ablative treatment of additional areas of intraepithelial change of 1 or more sites of vagina, vulva, urethra or anus, not being a service associated with a service to which item 35645 applies (AU 8)	\$227.05
35649	Hysterotomy or uterine myomectomy, abdominal (AU 10)	\$381.75
35653	Hysterectomy, abdominal, sub total or total, with or without removal of uterine adnexae (AU 11)	\$480.45
35657	Hysterectomy, vaginal, with or without uterine curettage, not being a service to which item 35673 applies (AU 11)	\$480.55
35661	Hysterectomy, abdominal, requiring extensive retroperitoneal dissection with or without exposure of 1 or both ureters, for the management of severe endometrioses, pelvic inflammatory disease or benign pelvic tumours, with or without conservation of ovaries (AU 12)	\$620.55

35664	Radical hysterectomy with radical excision of pelvic lymph glands (with or without excision of uterine adnexae) for proven malignancy including excision of any 1 or more of parametrium, paracolpos, upper vagina or contiguous pelvic peritoneum and involving ureterolysis where performed (AU 17)	\$1,034.25
35667	Radical hysterectomy without gland dissection (with or without excision of uterine adnexae) for proven malignancy including excision of any 1 or more of parametrium, paracolpos, upper vagina or contiguous pelvic peritoneum and involving ureterolysis where performed (AU 17)	\$879.10
35670	Hysterectomy, abdominal, with radical excision of pelvic lymph glands, with or without removal of uterine adnexae (AU 19)	\$723.80
35673	Hysterectomy, vaginal, (with or without uterine curettage) with salpingectomy, oophorectomy or excision of ovarian cyst, 1 or more, 1 or both sides (AU 12)	\$539.70
35676	Ectopic pregnancy, removal of (G) (AU 9)	\$302.75
35677	Ectopic pregnancy, removal of (S) (AU 9)	\$381.75
35678	Ectopic pregnancy, laparoscopic removal of (AU 10)	\$460.25
35680	Bicornuate uterus, plastic reconstruction for (AU 14)	\$414.65
35683	Uterus, suspension or fixation of, as an independent procedure (G) (AU 8)	\$250.10
35684	Uterus, suspension or fixation of, as an independent procedure (S) (AU 8)	\$335.65
35687	Sterilisation by transection or resection of fallopian tubes, via abdominal or vaginal routes or via laparoscopy using diathermy or any other method (G) (AU 8)	\$231.65
35688	Sterilisation by transection or resection of fallopian tubes, via abdominal or vaginal routes or via laparoscopy using diathermy or any other method (S) (AU 8)	\$283.00
35691	Sterilisation by interruption of fallopian tubes when performed in conjunction with Caesarean section (AU 5)	\$113.00
35694	Tuboplasty (salpingostomy, salpingolysis or tubal implantation into uterus), unilateral or bilateral, 1 or more procedures (AU 11)	\$454.15
35697	Microsurgical tuboplasty (salpingostomy, salpingolysis or tubal implantation into uterus), unilateral or bilateral, 1 or more procedures (AU 16)	\$673.90
35700	Fallopian tubes, unilateral microsurgical anastomosis of, using operating microscope (AU 18)	\$519.95
35703	Hydrotubation of fallopian tubes as a non-repetitive procedure, not being a service associated with a service to which another item in this Group applies (AU 7)	\$48.05
35706	Rubin test for patency of fallopian tubes (AU 7)	\$48.05
35709	Fallopian tubes, hydrotubation of, as a repetitive post-operative procedure (AU 7)	\$30.95
35712	Laparotomy, involving oophorectomy, salpingectomy, salpingo-oophorectomy, removal of ovarian, parovarian, fimbrial or broad ligament cyst-1 such procedure, not being a	\$258.00

	service associated with hysterectomy (G) (AU 9)	
35713	Laparotomy, involving oophorectomy, salpingectomy, salpingo-oophorectomy, removal of ovarian, parovarian, fimbrial or broad ligament cyst-1 such procedure, not being a service associated with hysterectomy (S) (AU 9)	\$322.50
35716	Laparotomy, involving oophorectomy, salpingectomy, salpingo-oophorectomy, removal of ovarian, parovarian, fimbrial or broad ligament cyst-2 or more such procedures, unilateral or bilateral, not being a service associated with hysterectomy (G) (AU 10)	\$309.35
35717	Laparotomy, involving oophorectomy, salpingectomy, salpingo-oophorectomy, removal of ovarian, parovarian, fimbrial or broad ligament cyst-2 or more such procedures, unilateral or bilateral, not being a service associated with hysterectomy (S) (AU 10)	\$388.30
35720	Radical or debulking operation for advanced gynaecological malignancy, with or without omentectomy (AU 16)	\$480.45
35723	Retro-peritoneal lymph node biopsies from above the level of the aortic bifurcation, for staging or restaging of gynaecological malignancy (AU 19)	\$344.10
35726	Infra-colic omentectomy with multiple peritoneal biopsies for staging or restaging of gynaecological malignancy (AU 16)	\$344.10
35729	Ovarian transposition out of the pelvis, in conjunction with radical hysterectomy for invasive malignancy (AU 18)	\$155.15

Subgroup 5-Urological

36500	Adrenal gland, excision of-partial or total (AU 12)	\$658.55
36503	Renal transplant, not being a service to which item 36506 or 36509 applies (AU 24)	\$990.80
36506	Renal transplant, performed by vascular surgeon and urologist operating together-vascular anastomosis, including after-care (AU 24)	\$658.55
36509	Renal transplant, performed by vascular surgeon and urologist operating together-ureterovesical anastomosis, including after-care	\$557.70
36515	Nephrectomy, complete (G) (AU 11)	\$545.85
36516	Nephrectomy, complete (S) (AU 11)	\$658.55
36519	Nephrectomy, complete, complicated by previous surgery on the same kidney (AU 13)	\$919.60
36522	Nephrectomy, partial (AU 13)	\$789.10
36525	Nephrectomy, partial, complicated by previous surgery on the same kidney (AU 15)	\$1,121.35
36528	Nephrectomy, radical, with enbloc dissection of lymph nodes, with or without adrenalectomy (AU 17)	\$919.60
36531	Nephro-ureterectomy, complete, including associated bladder repair and any associated endoscopic procedure (AU 17)	\$824.70
36534	Kidney, fused, renal symphysiotomy for (AU 14)	\$658.55
36537	Kidney or perinephric area, exploration of, with or without drainage of, by open exposure, not being a service to which	\$492.45

	another item in this Group applies (AU 10)	
36540	Nephrolithotomy or pyelolithotomy, or both, through the same skin incision, for 1 or 2 stones (AU 12)	\$789.10
36543	Nephrolithotomy or pyelolithotomy, or both, extended, for staghorn stone or 3 or more stones, including 1 or more of the following: nephrostomy, pyelostomy, pedicle control with or without freezing, calyorrhaphy or pyeloplasty (AU 12)	\$919.60
36546	Extracorporeal shock wave lithotripsy (ESWL) to urinary tract and post-treatment care for 3 days, including pre-treatment consultations, unilateral (AU 12)	\$492.45
36549	Ureterolithotomy (AU 11)	\$593.30
36552	Nephrostomy or pyelostomy, open, as an independent procedure (AU 11)	\$528.05
36555	Nephropexy, as an independent procedure (AU 9)	\$361.90
36558	Renal cyst or cysts, excision or unroofing of (AU 11)	\$462.75
36561	Renal biopsy (closed) (AU 6)	\$122.85
36564	Pyeloplasty, by open exposure (AU 14)	\$658.55
36567	Pyeloplasty in congenitally abnormal kidney or solitary kidney, by open exposure (AU 14)	\$723.80
36570	Pyeloplasty, complicated by previous surgery on the same kidney, by open exposure (AU 15)	\$919.60
36573	Divided ureter, repair of (AU 13)	\$658.55
36576	Kidney, exposure and exploration of, including repair or nephrectomy, for trauma, not being a service associated with any other procedure performed on the kidney, renal pelvis or renal pedicle (AU 13)	\$824.70
36579	Ureterectomy, complete or partial, with or without associated bladder repair, not being a service associated with a service to which item 37000 applies (AU 12)	\$528.05
36582	Ureter, replacement of, by bowel (AU 12)	\$919.60
36585	Ureter, transplantation of, into skin (AU 10)	\$528.05
36588	Ureter, reimplantation into bladder (AU 12)	\$658.55
36591	Ureter, reimplantation into bladder with psoas hitch or Boari flap or both (AU 12)	\$789.10
36594	Ureter, transplantation of, into intestine (AU 12)	\$658.55
36597	Ureter, transplantation of, into another ureter (AU 12)	\$658.55
36600	Ureter, transplantation of, into isolated intestinal segment, unilateral (AU 14)	\$789.10
36603	Ureters, transplantation of, into isolated intestinal segment, bilateral (AU 16)	\$919.60
36606	Intestinal urinary reservoir, continent, formation of, including formation of non-return valves and implantation of ureters (1 or both) into reservoir (AU 27)	\$1,649.35
36609	Intestinal urinary conduit or ureterostomy, revision of (AU 13)	\$528.05
36612	Ureter, exploration of, with or without drainage of, as an independent procedure (AU 11)	\$462.75
36615	Ureterolysis, with or without repositioning of ureter, for retroperitoneal fibrosis, ovarian vein syndrome or similar condition (AU 11)	\$528.05

36618	Reduction ureteroplasty (AU 14)	\$462.75
36621	Closure of cutaneous ureterostomy (AU 9)	\$330.75
36624	Nephrostomy, percutaneous, including associated imaging (AU 9)	\$397.50
36627	Nephroscopy, percutaneous, with or without any 1 or more of; stone extraction, biopsy or diathermy, not being a service to which item 36639, 36642, 36645 or 36648 applies (AU 11)	\$492.45
36630	Nephroscopy, being a service to which item 36627 applies, where, after a substantial portion of the procedure has been performed, it is necessary to discontinue the operation due to bleeding (AU 10)	\$243.25
36633	Nephroscopy, percutaneous, with incision of any 1 or more of; renal pelvis, calyx or calyces or ureter and including antegrade insertion of ureteric stent, not being a service associated with a service to which item 36627, 36639, 36642, 36645 or 36648 applies (AU 11)	\$528.05
36636	Nephroscopy, percutaneous, with incision of any 1 or more of; renal pelvis, calyx or calyces or ureter and including antegrade insertion of ureteric stent, being a service associated with a service to which item 36627, 36639, 36642, 36645 or 36648 applies (AU 13)	\$284.80
36639	Nephroscopy, percutaneous, with destruction and extraction of 1 or 2 stones using ultrasound or electrohydraulic shock waves or lasers (not being a service to which item 36645 or 36648 applies) (AU 13)	\$593.30
36642	Nephroscopy, being a service to which item 36639 applies, where, after a substantial portion of the procedure has been performed, it is necessary to discontinue the operation due to bleeding (AU 12)	\$296.65
36645	Nephroscopy, percutaneous, with removal or destruction of a stone greater than 3 cm in any dimension, or for 3 or more stones (AU 17)	\$759.40
36648	Nephroscopy, being a service to which item 36645 applies, where, after a substantial portion of the procedure has been performed, it is necessary to discontinue the operation (AU 16)	\$676.35
36649	Nephrostomy drainage tube, exchange of-but not including imaging (AU 7)	\$190.65
36800	Bladder, catheterisation of, where no other procedure is performed (AU 4)	\$19.70
36803	Ureteroscopy, with or without any 1 or more of; cystoscopy, ureteric meatotomy, ureteric dilatation and pyeloscopy, not being a service associated with a service to which item 36806, 36809, 36812, 36824, 36848 or 36857 applies (AU 7)	\$332.25
36806	Ureteroscopy being a service to which item 36803 applies, plus 1 or more of extraction of stone, biopsy or diathermy (AU 9)	\$462.75
36809	Ureteroscopy being a service to which item 36803 applies, plus destruction of stone with ultrasound, electrohydraulic shock waves, or laser, with extraction of fragments (AU 11)	\$593.30

36812	Cystoscopy with urethroscopy, with or without urethral dilatation, not being a service associated with any other urological endoscopic procedure on the lower urinary tract except a service to which item 37327 applies (AU 5)	\$118.65
36815	Cystoscopy, with or without urethroscopy, for the treatment of penile warts or urethral warts, not being a service associated with a service to which item 30189 applies (AU 6)	\$169.50
36818	Cystoscopy, with ureteric catheterisation including fluoroscopic imaging of the upper urinary tract, unilateral or bilateral, not being a service associated with a service to which item 36824 or 36830 applies (AU 6)	\$196.95
36821	Cystoscopy with 1 or more of; ureteric dilatation, insertion of ureteric stent, or brush biopsy of ureter or of renal pelvis, unilateral, not being a service associated with a service to which item 36824 or 36830 applies (AU 6)	\$230.20
36824	Cystoscopy with ureteric catheterisation, unilateral or bilateral, not being a service associated with a service to which item 36818 or 36821 applies (AU 5)	\$151.90
36827	Cystoscopy, with controlled hydro-dilatation of the bladder (AU 5)	\$163.75
36830	Cystoscopy, with ureteric meatotomy (AU 5)	\$144.75
36833	Cystoscopy with removal of foreign body (AU 6)	\$196.95
36836	Cystoscopy with biopsy of bladder, not being a service associated with a service to which item 36812, 36830, 36839, 36845, 36848, 36854, 37203, 37206 or 37215 applies (AU 6)	\$163.75
36839	Cystoscopy with resection or diathermy of bladder tumour or other lesion of the bladder or prostate, not being a service associated with a service to which item 36845 applies (AU 6)	\$230.20
36842	Cystoscopy with lavage of blood clots from bladder including any associated diathermy of prostate or bladder and not being a service associated with a service to which item 36812, items 36827 to 36863 or items 37203 and 37206 apply (AU 8)	\$231.65
36845	Cystoscopy with diathermy or resection of multiple bladder tumours in more than 2 quadrants of the bladder or solitary tumour greater than 2 cm in diameter (AU 6)	\$492.45
36848	Cystoscopy with resection of ureterocele (AU 5)	\$163.75
36851	Cystoscopy with injection into bladder wall (AU 5)	\$163.75
36854	Cystoscopy with endoscopic incision or resection of external sphincter, bladder neck or both (AU 7)	\$332.25
36857	Endoscopic manipulation or extraction of ureteric calculus (AU 6)	\$261.05
36860	Endoscopic examination of intestinal conduit or reservoir (AU 5)	\$118.65
36863	Litholapaxy, with or without cystoscopy (AU 7)	\$332.25
37000	Bladder, partial excision of (AU 13)	\$528.05
37003	Bladder, repair of rupture (G) (AU 13)	\$379.70
37004	Bladder, repair of rupture (S) (AU 13)	\$462.75
37007	Cystostomy or cystotomy, suprapubic, not being a service to which item 37011 applies and not being a service associated with other open bladder procedure (G) (AU 8)	\$237.30

37008	Cystostomy or cystotomy, suprapubic, not being a service to which item 37011 applies and not being a service associated with other open bladder procedure (S) (AU 8)	\$296.65
37011	Suprapubic stab cystotomy (AU 6)	\$66.45
37014	Bladder, total excision of (AU 29)	\$759.40
37017	Bladder tumours, suprapubic diathermy of (AU 10)	\$492.45
37020	Bladder diverticulum, excision or obliteration of (AU 10)	\$528.05
37023	Vesical fistula, cutaneous, operation for (AU 12)	\$296.65
37026	Cutaneous vesicostomy, establishment of (AU 9)	\$296.65
37029	Vesico-vaginal fistula, closure of by abdominal approach (AU 12)	\$658.55
37032	Vesico-vaginal fistula, closure of, synchronous combined approach, abdominal component, including aftercare (AU 12)	\$593.30
37035	Vesico-vaginal fistula, closure of, synchronous combined approach, vaginal component, including aftercare	\$427.15
37038	Vesico-intestinal fistula, closure of, excluding bowel resection (AU 11)	\$492.75
37041	Bladder aspiration, by needle	\$33.20
37044	Bladder, stress incontinence, suprapubic procedure for, not being a service to which item 35599 applies (AU 9)	\$492.75
37047	Bladder enlargement using intestine (AU 23)	\$1,186.60
37050	Bladder extrophy closure, not involving sphincter reconstruction (AU 14)	\$528.05
37053	Bladder transection and re-anastomosis to trigone (AU 16)	\$610.25
37200	Prostatectomy, open (AU 13)	\$723.80
37203	Prostatectomy (endoscopic), with or without cystoscopy, and with or without urethroscopy, and including services to which item 36854, 37303, 37321 or 37324 applies (AU 10)	\$824.70
37206	Prostatectomy (endoscopic), with or without cystoscopy, and with or without urethroscopy, and including services to which item 36854, 37303, 37321 or 37324 applies, continuation of, within 10 days of initial procedure which had to be discontinued for medical reasons (AU 9)	\$397.50
37209	Prostate, total excision of (AU 13)	\$919.60
37212	Prostate, open perineal biopsy or open drainage of abscess (AU 6)	\$196.95
37215	Prostate, biopsy of, endoscopic, with or without cystoscopy (AU 6)	\$296.65
37218	Prostate, needle biopsy of, or injection into (AU 5)	\$98.50
37221	Prostatic abscess, endoscopic drainage of (AU 7)	\$332.25
37300	Urethral sounds, passage of, as an independent procedure (AU 5)	\$33.20
37303	Urethral stricture, dilatation of (AU 5)	\$52.80
37306	Urethra, repair of rupture of distal section (AU 9)	\$462.75
37309	Urethra, repair of rupture of prostatic or membranous segment (AU 10)	\$658.55
37312	Urethral fistula, closure of (AU 8)	\$196.95
37315	Urethroscopy, as an independent procedure (AU 5)	\$98.50
37318	Urethroscopy, with any 1 or more of; biopsy, diathermy or removal of foreign body or stone (AU 7)	\$196.95

37321	Urethral meatotomy, external (AU 4)	\$66.45
37324	Urethrotomy or urethrostomy, internal or external (AU 5)	\$163.75
37327	Urethrotomy, optical, for urethral stricture (AU 5)	\$230.20
37330	Urethrectomy, partial or complete, for removal of tumour (AU 9)	\$462.75
37333	Urethro-vaginal fistula, closure of (AU 9)	\$397.50
37336	Urethro-rectal fistula, closure of (AU 10)	\$528.05
37339	Peri-urethral injection of Teflon, including urethroscopy and cystoscopy (AU 5)	\$170.85
37342	Urethroplasty-single stage operation (AU 10)	\$593.30
37345	Urethroplasty-2 stage operation-first stage (AU 9)	\$492.45
37348	Urethroplasty-2 stage operation-second stage (AU 9)	\$492.45
37351	Urethroplasty, not being a service to which another item in this Group applies (AU 9)	\$196.95
37354	Hypospadias, meatotomy and hemi-circumcision (AU 7)	\$230.20
37357	Hypospadias, glanuloplasty incorporating meatal advancement (AU 8)	\$296.65
37360	Hypospadias or epispadias, with or without chordee, correction of, as a staged procedure, first stage (AU 10)	\$332.25
37363	Hypospadias or epispadias, with or without chordee, correction of, as a staged procedure, second stage (AU 11)	\$492.45
37366	Hypospadias or epispadias, with or without chordee, correction of, as 1 stage procedure, not being a service to which item 37357 applies (AU 13)	\$593.30
37369	Urethra, excision of prolapse of (AU 7)	\$132.90
37372	Urethral diverticulum, excision of (AU 8)	\$332.25
37375	Urethral sphincter, reconstruction by bladder tubularisation technique or similar procedure (AU 16)	\$824.70
37378	Urethra, operation for correction of male urinary incontinence, not being a service to which item 37381 or 37390 applies (AU 9)	\$528.05
37381	Artificial urinary sphincter, insertion of cuff, perineal approach (AU 10)	\$528.05
37384	Artificial urinary sphincter, insertion of cuff, abdominal approach (AU 16)	\$824.70
37387	Artificial urinary sphincter, insertion of pressure regulating balloon and pump (AU 8)	\$230.20
37390	Artificial urinary sphincter, revision or removal of, with or without replacement (AU 12)	\$658.55
37393	Priapism, decompression by glanular stab caverno-spongiosum shunt or penile aspiration with or without lavage (AU 7)	\$163.75
37396	Priapism, shunt operation for, not being a service to which item 37393 applies (AU 10)	\$528.05
37399	Urethral valve, destruction of, including cystoscopy and urethroscopy (AU 7)	\$261.05
37402	Penis, partial amputation of (AU 8)	\$332.25
37405	Penis, complete or radical amputation of (AU 12)	\$658.55
37408	Penis, repair of laceration of cavernous tissue, or fracture involving cavernous tissue (AU 8)	\$332.25

37411	Penis, repair of avulsion (AU 12)	\$658.55
37414	Penis, injection of, for investigation or treatment of impotence priapism or Peyronie's plaque	\$33.20
37417	Penis, correction of chordee, with or without excision of fibrous plaque or plaques and with or without grafting (AU 8)	\$397.50
37420	Penis, surgery to inhibit rapid penile drainage causing impotence, by ligation of veins deep to Buck's fascia including 1 or more deep cavernosal veins, with or without pharmacological erection test (AU 7)	\$261.05
37423	Penis, lengthening by translocation of corpora (AU 14)	\$658.55
37426	Penis, artificial erection device, insertion of, into 1 or both corpora (AU 8)	\$694.15
37429	Penis, artificial erection device, insertion of pump and pressure regulating reservoir (AU 11)	\$230.20
37432	Penis, artificial erection device, complete or partial revision or removal of components, with or without replacement (AU 11)	\$658.55
37435	Penis, frenuloplasty as an independent procedure (AU 5)	\$66.45
37438	Scrotum, partial excision of (AU 7)	\$196.95
37441	Penis erection test for hypospadias and chordee when performed under general anaesthesia, as an independent procedure (AU 5)	\$65.55
37444	Ureterolithotomy complicated by previous surgery at the same site of the same ureter (AU 12)	\$711.95
37600	Spermatocele or epididymal cyst, excision of, 1 or more of, on 1 side (G) (AU 6)	\$163.75
37601	Spermatocele or epididymal cyst, excision of, 1 or more of, on 1 side (S) (AU 6)	\$196.95
37604	Exploration of scrotal contents, with or without fixation and with or without biopsy, unilateral (AU 5)	\$196.95
37607	Retroperitoneal lymph node dissection, unilateral, not being a service associated with a service to which item 36528 applies (AU 12)	\$658.55
37610	Retroperitoneal lymph node dissection, unilateral, not being a service associated with a service to which item 36528 applies, following previous similar retroperitoneal dissection, retroperitoneal irradiation or chemotherapy (AU 24)	\$990.80
37613	Epididymectomy (AU 8)	\$196.95
37616	Vaso-vasostomy or vaso-epididymostomy, unilateral, using the operating microscope (AU 14)	\$492.45
37619	Vaso-vasostomy or vaso-epididymostomy, unilateral (AU 9)	\$196.95
37622	Vasotomy or vasectomy, unilateral or bilateral (G) (AU 5)	\$137.70
37623	Vasotomy or vasectomy, unilateral or bilateral (S) (AU 5)	\$163.75

Subgroup 6-Cardio-thoracic

38200	Right heart catheterisation, including fluoroscopy, oximetry, dye dilution curves, cardiac output measurement by any method, shunt detection and exercise stress test (AU 12)	\$317.25
38203	Left heart catheterisation by percutaneous arterial puncture, arteriotomy or percutaneous left ventricular puncture-	\$378.60

	including fluoroscopy, oximetry, dye dilution curves, cardiac output measurements by any method, shunt detection and exercise stress test (AU 12)	
38206	Right heart catheterisation with left heart catheterisation via the right heart or by any other procedure-including fluoroscopy, oximetry, dye dilution curves, cardiac output measurements by any method, shunt detection and exercise stress test (AU 14)	\$457.70
38209	Cardiac electrophysiological study-up to and including 3 catheter investigation of any 1 or more of-syncope, atrio-ventricular conduction, sinus node function or simple ventricular tachycardia studies, not being a service associated with a service to which item 38212 applies (AU 19)	\$587.65
38212	Cardiac electrophysiological study-4 or more catheter supraventricular tachycardia investigation; or complex ventricular tachycardia investigation involving multiple ventricular tachycardia inductions, or multiple catheter mapping, or acute intravenous anti-arrhythmic drug testing with pre and post drug inductions; or catheter ablation; or intra-operative mapping; or electrophysiological services during defibrillator implantation or testing-not being a service associated with a service to which item 38209 applies (AU 27)	\$977.55
38215	Selective coronary arteriography-placement of catheters and injection of opaque material (AU 14)	\$322.10
38218	Selective coronary arteriography-placement of catheters and injection of opaque material with right or left heart catheterisation, or both (AU 16)	\$531.15
38250	Single chamber permanent transvenous electrode, insertion of (AU 12)	\$454.90
38253	Permanent pacemaker, insertion or replacement of (AU 12)	\$181.95
38256	Temporary transvenous pacemaking electrode, insertion of (AU 11)	\$190.30
38259	Permanent dual chamber transvenous electrodes, insertion of (AU 12)	\$596.45
38400	Thoracic cavity, aspiration of, for diagnostic purposes, not being a service associated with a service to which item 38403 applies	\$27.40
38403	Thoracic cavity, aspiration of, with therapeutic drainage (paracentesis), with or without diagnostic sample	\$54.80
38406	Pericardium, paracentesis of (excluding after-care) (AU 6)	\$95.15
38409	Intercostal drain, insertion of, not involving resection of rib (excluding after-care) (AU 7)	\$95.15
38410	Intercostal drain, insertion of, with pleurodesis and not involving resection of rib (excluding aftercare) (AU 7)	\$117.25
38412	Percutaneous needle biopsy of lung (AU 7)	\$148.95
38415	Empyema, radical operation for, involving resection of rib (AU 13)	\$284.40
38418	Thoracotomy, exploratory, with or without biopsy (AU 11)	\$682.60
38421	Thoracotomy, with pulmonary decortication (AU 17)	\$1,091.15

38424	Thoracotomy, with pleurectomy or pleurodesis, or enucleation of hydatid cysts (AU 16)	\$682.60
38427	Thoracoplasty (complete)-3 or more ribs (AU 21)	\$842.90
38430	Thoracoplasty (in stages)-each stage (AU 14)	\$434.40
38436	Thoracoscopy, with or without division of pleural adhesions, including insertion of intercostal catheter, with or without biopsy (AU 7)	\$177.90
38438	Pneumonectomy or lobectomy or segmentectomy (AU 18)	\$1,091.15
38440	Lung, wedge resection of (AU 16)	\$817.05
38441	Radical lobectomy or pneumonectomy including resection of chest wall, diaphragm, pericardium, or formal mediastinal node dissection (AU 22)	\$1,292.80
38446	Thoracotomy or sternotomy, for removal of thymus or mediastinal tumour (AU 16)	\$842.90
38447	Pericardiectomy via sternotomy or anterolateral thoracotomy without cardiopulmonary bypass (AU 28)	\$1,091.75
38448	Mediastinum, cervical exploration of, with or without biopsy (AU 10)	\$258.55
38449	Pericardiectomy via sternotomy or anterolateral thoracotomy with cardiopulmonary bypass (AU 32)	\$1,526.45
38450	Pericardium, transthoracic drainage of (AU 14)	\$610.20
38452	Pericardium, sub-xyphoid drainage of (AU 12)	\$408.55
38453	Tracheal excision and repair without cardiopulmonary bypass (AU 28)	\$1,225.60
38455	Tracheal excision and repair of, with cardiopulmonary bypass (AU 40)	\$1,657.90
38456	Intrathoracic operation on heart, lungs, great vessels, bronchial tree, oesophagus or mediastinum, or on more than 1 of those organs, not being a service to which another item in this Group applies (AU 28)	\$1,091.15
38457	Pectus excavatum or pectus carinatum, repair or radical correction of (AU 16)	\$1,018.75
38458	Pectus excavatum, repair of, with implantation of subcutaneous prosthesis (AU 16)	\$543.00
38460	Sternal wires or wires, removal of (AU 8)	\$196.10
38462	Sternotomy wound, debridement of, not involving reopening of the mediastinum (AU 12)	\$232.50
38464	Sternotomy wound, debridement of, involving curettage of infected bone with or without removal of wires but not involving reopening of the mediastinum (AU 12)	\$252.70
38466	Sternum, reoperation on for dihiscence or infection involving reopening of the mediastinum, with or without rewiring (AU 18)	\$682.35
38468	Sternum and mediastinum, reoperation for infection of, involving muscle advancement flaps or greater omentum (AU 28)	\$1,051.35
38469	Sternum and mediastinum, reoperation for infection of, involving muscle advancement flaps and greater omentum (AU 32)	\$1,223.20
38470	Permanent myocardial electrode, insertion of, by thoracotomy	\$682.60

	(AU 11)	
38473	Permanent pacemaker electrode, insertion by sub-xyphoid approach (AU 11)	\$408.55
38486	Aortic valve, decalcification of (AU 32)	\$1,223.20
38487	Mitral valve, open valvotomy of (AU 32)	\$1,223.20
38488	Valve replacement with bioprosthesis, mechanical prosthesis or unstented xenograft (AU 32)	\$1,359.65
38492	Valve replacement with allograft, subcoronary or cylindrical implant (AU 36)	\$1,617.45
38494	Valve, repair of (AU 32)	\$1,427.25
38497	Coronary artery bypass using saphenous vein graft or grafts only, including harvesting of graft material where performed (AU 36)	\$1,458.30
38500	Coronary artery bypass using single arterial graft, with or without vein graft or grafts, including harvesting of graft material where performed (AU 36)	\$1,566.90
38503	Coronary artery bypass using 2 or more arterial grafts, with or without vein graft or grafts, including harvesting of graft material where performed (AU 36)	\$1,701.35
38506	Left ventricular aneurysmectomy (AU 32)	\$1,158.35
38509	Ischaemic ventricular septal rupture, repair of (AU 40)	\$1,701.35
38512	Division of accessory pathway, isolation procedure, procedure on atrioventricular node or perinodal tissues involving 1 atrial chamber only (AU 32)	\$1,494.50
38515	Division of accessory pathway, isolation procedure, procedure on atrioventricular node or perinodal tissues involving both atrial chambers and including curative surgery for atrial fibrillation (AU 36)	\$1,903.00
38518	Ventricular arrhythmia with mapping and muscle ablation, with or without aneurysmectomy (AU 44)	\$2,042.65
38521	Automatic defibrillator, insertion of patches for (AU 10)	\$749.85
38524	Automatic defibrillator generator, insertion or replacement of (AU 10)	\$205.00
38550	Ascending thoracic aorta, repair or replacement of, not involving valve replacement or repair or coronary artery implantation (AU 42)	\$1,360.05
38553	Ascending thoracic aorta, repair or replacement of, with aortic valve replacement or repair, without implantation of coronary arteries (AU 46)	\$1,768.55
38556	Ascending thoracic aorta, repair or replacement of, with aortic valve replacement or repair, and implantation of coronary arteries (AU 50)	\$2,042.65
38559	Aortic arch and ascending thoracic aorta, repair or replacement of, not involving valve replacement or repair or coronary artery implantation (AU 46)	\$1,634.10
38562	Aortic arch and ascending thoracic aorta, repair or replacement of, with aortic valve replacement or repair, without implantation of coronary arteries (AU 50)	\$2,042.65
38565	Aortic arch and ascending thoracic aorta, repair or replacement of, with aortic valve replacement or repair, and	\$2,311.55

	implantation of coronary arteries (AU 52)	
38568	Descending thoracic aorta, repair or replacement of, without shunt or cardiopulmonary bypass (AU 32)	\$1,158.35
38571	Descending thoracic aorta, repair or replacement of, using shunt or cardiopulmonary bypass (AU 36)	\$1,292.80
38572	Operative management of acute rupture or dissection, in conjunction with procedures on the thoracic aorta (AU 25)	\$1,415.25
38574	Deep hypothermia with cardiac arrest, in conjunction with open heart surgery	\$543.00
38600	Central cannulation for cardiopulmonary bypass excluding post-operative management, not being a service associated with a service to which another item in this Subgroup applies (AU 16)	\$1,091.15
38603	Peripheral cannulation for cardiopulmonary bypass excluding post-operative management (AU 13)	\$682.60
38606	Intra-aortic balloon pump, percutaneous insertion of (AU 11)	\$274.10
38609	Intra-aortic balloon pump, insertion of, by arteriotomy (AU 14)	\$341.30
38612	Intra-aortic balloon pump, removal of, with closure of artery by direct suture (AU 14)	\$382.65
38613	Intra-aortic balloon pump, removal of, with closure of artery by patch graft (AU 20)	\$480.20
38615	Left or right ventricular assist device, insertion of (AU 30)	\$1,091.15
38618	Left and right ventricular assist device, insertion of (AU 32)	\$1,360.05
38621	Left or right ventricular assist device, removal of, as an independent procedure (AU 18)	\$543.00
38624	Left and right ventricular assist device, removal of, as an independent procedure (AU 20)	\$610.20
38640	Re-operation via median sternotomy, for any procedure, including any divisions of adhesions where the time taken to divide the adhesions is 45 minutes or less (AU 25)	\$682.60
38650	Myomectomy or myotomy for hypertrophic obstructive cardiomyopathy (AU 32)	\$1,360.05
38653	Open heart surgery, not being a service to which another item in this Group applies (AU 36)	\$1,360.05
38656	Thoracotomy or median sternotomy for post-operative bleeding (AU 18)	\$682.60
38659	Thoracotomy or sternotomy involving division of adhesions where the time taken to divide the adhesions exceeds 45 minutes (AU 15)	\$760.20
38662	Thoracotomy or sternotomy involving division of extensive adhesions where the time taken to divide the adhesions exceeds 2 hours (AU 25)	\$1,520.35

Subgroup 7-Neurosurgical

39000	Lumbar puncture (AU 5)	\$53.55
39003	Cisternal puncture	\$61.05
39006	Ventricular puncture (not including burr-hole)	\$113.55
39009	Subdural haemorrhage, tap for, each tap (AU 6)	\$42.30

39012	Burr-hole, single, preparatory to ventricular puncture or for inspection purpose-not being a service to which another item applies (AU 11)	\$169.25
39013	Injection under image intensification with 1 or more of contrast media, local anaesthetic or corticosteroid into 1 or more zygo-apophyseal or costo-transverse joints or 1 or more primary posterior rami of spinal nerves	\$77.85
39015	Ventricular reservoir, external ventricular drain or intracranial pressure monitoring device, insertion of-including burr-hole (excluding after-care) (AU 12)	\$267.80
39018	Cerebrospinal fluid reservoir, insertion of (AU 10)	\$267.80
39100	Injection of primary branch of trigeminal nerve with alcohol, cortisone, phenol, or similar substance (AU 8)	\$169.25
39106	Neurectomy, intracranial, for trigeminal neuralgia (AU 16)	\$846.25
39109	Trigeminal gangliotomy by radiofrequency, balloon or glycerol (AU 8)	\$316.00
39112	Cranial nerve, intracranial decompression of, using microsurgical techniques (AU 25)	\$1,097.95
39115	Percutaneous neurotomy of posterior divisions (or rami) of spinal nerves by any method, including any associated spinal, epidural or regional nerve block (payable once only in a 30 day period) (AU 6)	\$70.70
39118	Percutaneous neurotomy for facet joint denervation by radio-frequency probe or cryoprobe using radiological imaging control (AU 7)	\$212.10
39121	Percutaneous cordotomy (AU 9)	\$449.90
39124	Cordotomy or myelotomy, laminectomy for, or operation for dorsal root entry zone (Drez) lesion (AU 13)	\$1,151.50
39125	Spinal catheter, insertion of-for an automated infusion device (AU 8)	\$212.30
39126	Automated subcutaneous infusion device, insertion of (AU 8)	\$257.80
39127	Subcutaneous reservoir and spinal catheter for pain, insertion of (AU 8)	\$337.40
39128	Automated subcutaneous infusion device and spinal catheter, insertion of (AU 11)	\$470.05
39130	Percutaneous epidural electrode, insertion of 1 or more of-for spinal stimulation (AU 10)	\$434.70
39131	Percutaneous epidural electrodes, management, adjustment, electronic programming and trial of stimulation of, by a medical practitioner-each day	\$91.00
39133	Epidural stimulator or intrathecal infusion device, revision of (AU 7)	\$113.55
39134	Spinal neurostimulator receiver or pulse generator, subcutaneous placement of (AU 8)	\$242.60
39136	Percutaneous epidural implant for management of pain, removal of (AU 7)	\$113.55
39139	Epidural electrode for management of pain, insertion of 1 or more of by laminectomy, including implantation of pulse generator (1 or 2 stages) (AU 18)	\$765.90
39300	Cutaneous nerve (including digital nerve), primary repair of,	\$251.75

	using microsurgical techniques (AU 9)	
39303	Cutaneous nerve (including digital nerve), secondary repair of, using microsurgical techniques (AU 10)	\$332.05
39306	Nerve trunk, primary repair of, using microsurgical techniques (AU 11)	\$482.05
39309	Nerve trunk, secondary repair of, using microsurgical techniques (AU 12)	\$508.80
39312	Nerve trunk, internal (interfascicular), neurolysis of, using microsurgical techniques (AU 11)	\$283.85
39315	Nerve trunk, nerve graft to, (cable graft) including harvesting of nerve graft using microsurgical techniques (AU 16)	\$733.75
39318	Cutaneous nerve (including digital nerve), nerve graft to, using microsurgical techniques (AU 12)	\$455.25
39321	Nerve, transposition of (AU 8)	\$337.40
39323	Percutaneous neurotomy by cryoneurotomy or radiofrequency lesion generator, not being a service to which another item applies (AU 8)	\$196.10
39324	Neurectomy, neurotomy or removal of tumour from superficial peripheral nerve, by open operation (AU 8)	\$197.10
39327	Neurectomy, neurotomy or removal of tumour from deep peripheral nerve, by open operation (AU 10)	\$337.40
39330	Neurolysis by open operation without transposition, not being a service associated with a service to which item 39312 applies (AU 7)	\$197.10
39331	Carpal tunnel release (division of transverse carpal ligament), by any method (AU 7)	\$196.10
39333	Brachial plexus, exploration of, not being a service to which another item in this Group applies (AU 11)	\$283.85
39500	Vestibular nerve, section of, via posterior fossa (AU 24)	\$905.15
39503	Facio-hypoglossal nerve or facio-accessory nerve, anastomosis of (AU 28)	\$680.20
39600	Intracranial haemorrhage, burr-hole craniotomy for-including burr holes (AU 11)	\$337.40
39603	Intracranial haemorrhage, osteoplastic craniotomy or extensive craniectomy and removal of haematoma (AU 18)	\$851.60
39606	Fractured skull, depressed or comminuted, operation for (AU 12)	\$567.70
39609	Fractured skull, compound, without dural penetration, operation for (AU 12)	\$680.20
39612	Fractured skull, compound, depressed or complicated, with dural penetration and brain laceration, operation for (AU 14)	\$798.05
39615	Fractured skull with rhinorrhoea or otorrhoea, cranioplasty and repair of (AU 16)	\$851.60
39700	Skull tumour, benign or malignant, excision of, excluding cranioplasty (AU 27)	\$396.35
39703	Intracranial tumour, cyst or other brain tissue, burr-hole and biopsy of, or drainage of, or both (AU 10)	\$369.55
39706	Intracranial tumour, biopsy or decompression of via osteoplastic flap or biopsy and decompression of via osteoplastic flap (AU 18)	\$792.65

39709	Craniotomy for removal of glioma, metastatic carcinoma or any other tumour in cerebrum, cerebellum or brain stem-not being a service to which another item in this Group applies (AU 25)	\$1,130.10
39712	Craniotomy for removal of meningioma, pinealoma, cranio-pharyngioma, intraventricular tumour or any other intracranial tumour, not being a service to which another item in this Group applies (AU 25)<	\$2,040.60
39715	Pituitary tumour, removal of, by transcranial or transphenoidal approach (AU 25)	\$1,413.95
39718	Arachnoidal cyst, craniotomy for (AU 15)	\$621.30
39721	Craniotomy, involving osteoplastic flap, for re-opening post-operatively for haemorrhage, swelling, etc (AU 16)	\$567.70
39800	Aneurysm, clipping or reinforcement of sac (AU 28)	\$2,035.25
39803	Intracranial arteriovenous malformation, excision of (AU 32)	\$2,035.25
39806	Aneurysm, or arteriovenous malformation, intracranial proximal artery clipping of (AU 24)	\$915.85
39809	Arteriovenous malformation, craniotomy and direct embolisation of (AU 32)	\$1,017.60
39812	Intracranial aneurysm or arteriovenous fistula, ligation of cervical vessel or vessels (AU 10)	\$449.90
39815	Carotid-cavernous fistula, obliteration of-combined cervical and intracranial procedure (AU 40)	\$1,301.50
39818	Extracranial to intracranial bypass using superficial temporal artery or saphenous vein graft (AU 32)	\$1,301.50
39900	Intracranial infection, drainage of, via burr-hole-including burr-hole (AU 10)	\$369.55
39903	Intracranial abscess, excision of (AU 17)	\$1,130.10
39906	Osteomyelitis of skull or removal of infected bone flap, craniectomy for (AU 10)	\$567.70
40000	Ventriculo-cisternostomy (Torkildsen's operation) (AU 15)	\$653.40
40003	Cranial or cisternal shunt diversion, insertion of (AU 14)	\$653.40
40006	Lumbar shunt diversion, insertion of (AU 13)	\$514.15
40009	Cranial, cisternal or lumbar shunt, revision or removal of (AU 12)	\$374.90
40012	Third ventriculostomy (AU 15)	\$733.75
40015	Subtemporal decompression (AU 26)	\$454.90
40018	Lumbar cerebrospinal fluid drain, insertion of (AU 6)	\$113.55
40100	Meningocele, excision and closure of (AU 13)	\$492.75
40103	Myelomeningocele, excision and closure of, including skin flaps or Z plasty where performed (AU 15)	\$723.05
40106	Arnold-Chiari malformation, decompression of (AU 35)	\$733.75
40109	Encephalocoele, excision and closure of (AU 34)	\$792.65
40112	Tethered cord, release of, including lipomeningocoele or diastematomyelia (AU 35)	\$1,017.60
40115	Craniostenosis, operation for-single suture (AU 17)	\$514.15
40118	Craniostenosis, operation for-more than 1 suture (AU 20)	\$680.20
40300	Intervertebral disc or discs, laminectomy for removal of (AU 12)	\$680.20
40301	Intervertebral disc or discs, microsurgical discectomy of	\$682.35

	(AU 12)	
40303	Recurrent disc lesion or spinal stenosis, or both, laminectomy for-1 level (AU 13)	\$776.60
40306	Spinal stenosis, laminectomy for, involving more than 1 vertebral interspace (disc level) (AU 16)	\$1,022.95
40309	Extradural tumour or abscess, laminectomy for (AU 12)	\$776.60
40312	Intradural lesion, laminectomy for, not being a service to which another item in this Group applies (AU 13)	\$1,044.40
40315	Craniocervical junction lesion, transoral approach for (AU 29)	\$1,130.10
40318	Intramedullary tumour or arteriovenous malformation, laminectomy and radical excision of (AU 14)	\$1,413.95
40321	Posterior spinal fusion, not being a service to which items 40324 and 40327 apply (AU 18)	\$776.60
40324	Laminectomy followed by posterior fusion, performed by neurosurgeon and orthopaedic surgeon operating together-laminectomy, including aftercare (AU 18)	\$455.25
40327	Laminectomy followed by posterior fusion, performed by neurosurgeon and orthopaedic surgeon operating together-posterior fusion, including aftercare	\$455.25
40330	Spinal rhizolysis involving exposure of spinal nerve roots, with or without laminectomy (AU 16)	\$680.20
40333	Cervical discectomy (anterior), without fusion (AU 19)	\$567.70
40336	Intradiscal injection of chymopapain (discase)-1 disc (AU 8)	\$225.00
40339	Hydromyelia, plugging of obex for, with or without duroplasty (AU 25)	\$1,130.10
40342	Hydromyelia, craniotomy and laminectomy for, with cavity packing and CSF shunt (AU 25)	\$1,044.40
40600	Cranioplasty, reconstructive (AU 16)	\$680.20
40700	Corpus callosum, anterior section of, for epilepsy (AU 25)	\$1,242.55
40703	Corticectomy, topectomy or partial lobectomy for epilepsy (AU 23)	\$1,044.40
40706	Hemispherectomy for intractible epilepsy (AU 40)	\$1,526.40
40709	Burr-hole placement of intracranial depth or surface electrodes (AU 15)	\$369.55
40712	Intracranial electrode placement via craniotomy (AU 21)	\$744.45
40800	Stereotactic anatomical localisation, as an independent procedure (AU 17)	\$454.90
40801	Functional stereotactic procedure including computer assisted anatomical localisation, physiological localisation and lesion production in the basal ganglia, brain stem or deep white matter tracts (AU 25)	\$1,243.40
40803	Intracranial stereotactic procedure by any method, not being a service to which another item in this Group applies (AU 17)	\$851.60

Subgroup 8-Ear, Nose and Throat

41500	Ear, removal of foreign body in, otherwise than by simple syringing (AU 4)	\$58.75
41503	Ear, removal of foreign body in, involving incision of external auditory canal (AU 6)	\$170.10

41506	Aural polyp, removal of (AU 4)	\$102.60
41509	External auditory meatus, surgical removal of keratosis obturans from, not being a service to which another item in this Group applies (AU 9)	\$116.10
41512	Meatoplasty involving removal of cartilage or bone or both cartilage and bone, not being a service to which item 41515 applies (AU 9)	\$417.35
41515	Meatoplasty involving removal of cartilage or bone or both cartilage and bone, being a service associated with a service to which item 41530, 41548, 41560, 41560 or 41563 applies (AU 7)	\$273.85
41518	External auditory meatus, removal of exostoses in (AU 12)	\$661.55
41521	Correction of auditory canal stenosis, including meatoplasty, with or without grafting (AU 12)	\$704.25
41524	Reconstruction of external auditory canal, being a service associated with a service to which items 41557, 41560 and 41563 apply (AU 9)	\$203.45
41527	Myringoplasty, trans-canal approach (Rosen incision) (AU 11)	\$418.50
41530	Myringoplasty, post-aural or endaural approach with or without mastoid inspection (AU 12)	\$681.80
41533	Atticotomy without reconstruction of the bony defect, with or without myringoplasty (AU 12)	\$815.10
41536	Atticotomy with reconstruction of the bony defect with or without myringoplasty (AU 14)	\$912.90
41539	Ossicular chain reconstruction (AU 12)	\$776.30
41542	Ossicular chain reconstruction and myringoplasty (AU 13)	\$850.55
41545	Mastoidectomy (cortical) (AU 12)	\$371.25
41548	Obliteration of the mastoid cavity (AU 10)	\$492.75
41551	Mastoidectomy, intact wall technique, with myringoplasty (AU 16)	\$1,134.60
41554	Mastoidectomy, intact wall technique, with myringoplasty and ossicular chain reconstruction (AU 18)	\$1,336.75
41557	Mastoidectomy (radical or modified radical) (AU 13)	\$776.30
41560	Mastoidectomy (radical or modified radical) and myringoplasty (AU 13)	\$850.55
41563	Mastoidectomy (radical or modified radical), myringoplasty and ossicular chain reconstruction (AU 14)	\$1,053.05
41566	Revision of mastoidectomy (radical, modified radical or intact wall), including myringoplasty (AU 16)	\$775.95
41569	Decompression of facial nerve in its mastoid portion (AU 13)	\$850.55
41572	Labyrinthotomy or destruction of labyrinth (AU 12)	\$735.80
41575	Cerebello-pontine angle tumour, removal of by 2 surgeons operating conjointly, by transmastoid, translabyrinthine or retromastoid approach-transmastoid, translabyrinthine or retromastoid procedure (including aftercare) (AU 39)	\$1,734.80
41578	Cerebello-pontine angle tumour, removal of by 2 surgeons operating conjointly, by transmastoid, translabyrinthine or retromastoid approach-intracranial procedure (including	\$1,734.80

	aftercare)	
41581	Skull base tumour, removal of by infra-temporal approach (AU 40)	\$1,995.35
41584	Partial temporal bone resection for removal of tumour involving mastoidectomy with or without decompression of facial nerve (AU 28)	\$1,369.35
41587	Total temporal bone resection for removal of tumour (AU 32)	\$1,864.95
41590	Endolymphatic sac, transmastoid decompression with or without drainage of (AU 12)	\$850.55
41593	Translabrynthine vestibular nerve section (AU 22)	\$1,108.55
41596	Retrolabyrinthine vestibular nerve section, or cochlear nerve section or both (AU 26)	\$1,238.95
41599	Internal auditory meatus, exploration by middle cranial fossa approach with cranial nerve decompression (AU 23)	\$1,238.95
41602	Fenestration operation-each ear (AU 11)	\$850.55
41605	Venous graft to fenestration cavity (AU 12)	\$418.50
41608	Stapedectomy (AU 11)	\$776.30
41611	Stapes mobilisation (AU 10)	\$499.50
41614	Round window surgery including repair of cochleotomy (AU 11)	\$776.30
41617	Cochlear implant, insertion of, including mastoidectomy (AU 23)	\$1,349.80
41620	Glomus tumour, transtympanic removal of (AU 12)	\$587.30
41623	Glomus tumour, transmastoid removal of, including mastoidectomy (AU 13)	\$850.55
41626	Abscess or inflammation of middle ear, operation for (excluding after-care) (AU 7)	\$102.60
41629	Middle ear, exploration of (AU 9)	\$371.25
41632	Middle ear, insertion of tube for drainage of (including myringotomy) (AU 7)	\$170.10
41635	Clearance of middle ear for granuloma, cholesteatoma and polyp, 1 or more, with or without myringoplasty (AU 10)	\$815.10
41638	Clearance of middle ear for granuloma, cholesteatoma and polyp, 1 or more, with or without myringoplasty with ossicular chain reconstruction (AU 16)	\$1,017.25
41641	Perforation of tympanum, cauterisation or diathermy of (AU 6)	\$33.75
41644	Excision of rim of eardrum perforation, not being a service associated with myringoplasty (AU 6)	\$101.70
41647	Ear toilet requiring use of operating microscope and microinspection of tympanic membrane with or without general anaesthesia (AU 7)	\$78.30
41650	Tympanic membrane, microinspection of 1 or both ears under general anaesthesia, not being a service associated with a service to which another item in this Group applies (AU 7)	\$78.30
41653	Examination of nasal cavity or post-nasal space or nasal cavity and post-nasal space, under general anaesthesia, not being a service associated with a service to which another item in this Group applies (AU 6)	\$51.30

41656	Nasal haemorrhage, posterior, arrest of, with posterior nasal packing with or without cauterisation and with or without anterior pack (excluding after-care) (AU 8)	\$87.75
41659	Nose, removal of foreign body in, other than by simple probing (AU 6)	\$55.35
41662	Nasal polyp or polypi (simple), removal of<	\$58.75
41665	Nasal polyp or polypi (requiring admission to hospital), removal of (G) (AU 7)	\$122.85
41668	Nasal polyp or polypi (requiring admission to hospital), removal of (S) (AU 7)	\$156.60
41671	Nasal septum, septoplasty, submucous resection or closure of septal perforation (AU 9)	\$344.25
41674	Cauterisation (other than by chemical means) or cauterisation by chemical means when performed under general anaesthesia or diathermy of septum, turbinates or pharynx-1 or more of these procedures (including any consultation on the same occasion) not being a service associated with any other operation on the nose (AU 6)	\$71.55
41677	Nasal haemorrhage, arrest of during an episode of epistaxis by cauterisation or nasal cavity packing or both (AU 7)	\$64.15
41680	Cryotherapy to nose in the treatment of nasal haemorrhage (AU 7)	\$116.10
41683	Division of nasal adhesions, with or without stenting not being a service associated with any other operation on the nose and not performed during the post-operative period of a nasal operation (AU 6)	\$83.45
41686	Dislocation of turbinate or turbinates, 1 or both sides, not being a service associated with a service to which another item in this Group applies (AU 6)	\$51.30
41689	Turbinectomy or turbinectomies, partial or total, unilateral (AU 6)	\$97.20
41692	Turbinates, submucous resection of, unilateral (AU 8)	\$126.90
41695	Nasal turbinates, cryotherapy to (AU 6)	\$71.20
41698	Maxillary antrum, proof puncture and lavage of (AU 6)	\$23.20
41701	Maxillary antrum, proof puncture and lavage of-under general anaesthesia (requiring admission to hospital), not being a service associated with a service to which another item in this Group applies (AU 6)	\$65.50
41704	Maxillary antrum, lavage of-each attendance at which the procedure is performed, including any associated consultation (AU 6)	\$19.45
41707	Maxillary artery, transantral ligation of (AU 9)	\$317.25
41710	Antrostomy (radical) (AU 9)	\$371.25
41713	Antrostomy (radical) with transantral ethmoidectomy or transantral vidian neurectomy (AU 10)	\$432.00
41716	Antrum, intranasal operation on or removal of foreign body from (AU 8)	\$210.60
41719	Antrum, drainage of, through tooth socket (AU 7)	\$83.70
41722	Oro-antral fistula, plastic closure of (AU 11)	\$418.50
41725	Ethmoidal artery or arteries, transorbital ligation of	\$319.50

	(unilateral) (AU 10)<	
41728	Lateral rhinotomy with removal of tumour (AU 12)	\$639.05
41731	Fronto-nasal ethmoidectomy by external approach with or without sphenoideotomy (AU 9)	\$553.50
41734	Radical fronto-ethmoidectomy with osteoplastic flap (AU 13)	\$722.30
41737	Frontal sinus or ethmoidal sinuses, intranasal operation on (AU 9)	\$344.25
41740	Frontal sinus, catheterisation of (AU 6)<	\$41.85
41743	Frontal sinus, trephine of (AU 6)	\$240.30
41746	Frontal sinus, radical obliteration of (AU 10)	\$553.50
41749	Ethmoidal sinuses, external operation on (AU 10)	\$432.00
41752	Sphenoidal sinus, intranasal operation on (AU 10)	\$210.60
41755	Eustachian tube, catheterisation of (AU 6)	\$33.10
41758	Division of pharyngeal adhesions (AU 7)	\$83.70
41761	Post nasal space, direct examination of, with or without biopsy (AU 7)	\$87.75
41764	Nasendoscopy or sinoscopy or fiberoptic examination of nasopharynx and larynx, 1 or more of these procedures (AU 7)	\$87.40
41767	Nasopharyngeal angiofibroma, transpalatal removal (AU 12)	\$521.65
41770	Pharyngeal pouch, removal of, with or without cricopharyngeal myotomy (AU 16)	\$499.50
41773	Pharyngeal pouch, endoscopic resection of (Dohlman's operation) (AU 14)	\$418.50
41776	Cricopharyngeal myotomy with or without inversion of pharyngeal pouch (AU 10)	\$417.35
41779	Pharyngotomy (lateral), with or without total excision of tongue (AU 6)	\$499.50
41782	Partial pharyngectomy via pharyngotomy (AU 12)	\$678.15
41785	Partial pharyngectomy via pharyngotomy with partial or total glossectomy (AU 14)	\$841.20
41786	Pharyngeal flap or pharyngoplasty, with or without tonsillectomy (AU 15)	\$524.90
41788	Tonsils or tonsils and adenoids, removal of, in a person aged less than 12 years (G) (AU 7)	\$156.60
41789	Tonsils or tonsils and adenoids, removal of, in a person aged less than 12 years (S) (AU 7)	\$210.60
41792	Tonsils or tonsils and adenoids, removal of, in a person 12 years of age or over (G) (AU 8)	\$197.10
41793	Tonsils or tonsils and adenoids, removal of, in a person 12 years of age or over (S) (AU 8)	\$264.60
41796	Tonsils or tonsils and adenoids, arrest of haemorrhage requiring general anaesthesia, following removal of (G) (AU 9)	\$81.00
41797	Tonsils or tonsils and adenoids, arrest of haemorrhage requiring general anaesthesia, following removal of (S) (AU 9)	\$102.60
41800	Adenoids, removal of (G) (AU 6)	\$83.70
41801	Adenoids, removal of (S) (AU 6)	\$116.10
41804	Lingual tonsil or lateral pharyngeal bands, removal of (AU 7)	\$64.15

41807	Peritonsillar abscess (quinsy), incision of (AU 7)	\$49.95
41810	Uvulotomy or uvulectomy (AU 6)	\$25.40
41813	Vallecular or pharyngeal cysts, removal of (AU 8)	\$253.80
41816	Oesophagoscopy (with rigid oesophagoscope) (AU 6)	\$132.30
41819	Oesophageal and anastomic stricture, endoscopic dilatation of (AU 7)	\$248.60
41822	Oesophagoscopy (with rigid oesophagoscope) with biopsy (AU 7)	\$170.10
41825	Oesophagoscopy (with rigid oesophagoscope) (AU 10)	\$210.60
41828	Oesophageal stricture, dilatation of, without oesophagoscopy (AU 6)	\$37.15
41831	Oesophagus, endoscopic pneumatic dilatation of (AU 8)	\$254.25
41834	Laryngectomy (total) (AU 20)	\$918.05
41837	Vertical hemi-laryngectomy including tracheostomy (AU 17)	\$880.30
41840	Supraglottic laryngectomy including tracheostomy (AU 21)	\$1,082.45
41843	Laryngopharyngectomy or primary restoration of alimentary continuity after laryngopharyngectomy using stomach or bowel (AU 20)	\$951.80
41846	Larynx, direct examination of the supraglottic, glottic and subglottic regions, not being a service associated with any other procedure on the larynx or with the administration of a general anaesthetic (AU 8)	\$132.30
41849	Larynx, direct examination of, with biopsy (AU 8)	\$194.40
41852	Larynx, direct examination of, with removal of tumour (AU 9)	\$210.60
41855	Microlaryngoscopy (AU 8)	\$205.20
41858	Microlaryngoscopy with removal of juvenile papillomata (AU 10)	\$352.10
41861	Microlaryngoscopy with removal of papillomata by laser surgery (AU 13)	\$430.35
41864	Microlaryngoscopy with removal of tumour (AU 9)	\$290.25
41867	Microlaryngoscopy with arytenoidectomy (AU 13)	\$436.90
41870	Teflon injection into vocal cord (AU 9)	\$324.00
41873	Larynx, fractured, operation for (AU 15)	\$418.50
41876	Larynx, external operation on, or laryngofissure, with or without cordectomy (AU 13)	\$418.50
41879	Laryngoplasty or tracheoplasty, including tracheostomy (AU 17)	\$678.15
41882	Tracheostomy (G) (AU 10)	\$130.95
41883	Tracheostomy (S) (AU 10)	\$170.10
41886	Trachea, removal of foreign body in (AU 7)	\$126.90
41889	Bronchoscopy, as an independent procedure (AU 7)	\$126.90
41892	Bronchoscopy with 1 or more endobronchial biopsies or other diagnostic or therapeutic procedures (AU 8)	\$167.40
41895	Bronchus, removal of foreign body in (AU 9)	\$261.90
41898	Fibreoptic bronchoscopy with 1 or more transbronchial lung biopsies, with or without bronchial or broncho-alveolar lavage, with or without the use of interventional imaging (AU 8)	\$183.05
41901	Endoscopic laser resection of endobronchial tumours for relief of obstruction including any associated endoscopic procedures	\$429.45

	(AU 15)	
41904	Bronchoscopy with dilatation of tracheal stricture (AU 7)	\$175.50
41907	Nasal septum button, insertion of (AU 6)	\$87.40
41910	Duct of major salivary gland, transposition of (AU 16)	\$278.00

Subgroup 9-Ophthalmology

42503	Ophthalmological examination under general anaesthesia, not being a service associated with a service to which another item in this Group applies (AU 5)	\$72.85
42506	Eye, enucleation of, with or without sphere implant (AU 8)	\$342.80
42509	Eye, enucleation of, with insertion of integrated implant (AU 9)	\$433.85
42512	Globe, evisceration of (AU 8)	\$342.80
42515	Globe, evisceration of, and insertion of intrascleral ball or cartilage (AU 9)	\$433.85
42518	Anophthalmic orbit, insertion of cartilage or artificial implant as a delayed procedure, or removal of implant from socket (AU 9)	\$251.75
42521	Anophthalmic socket, treatment of, by insertion of a wired-in conformer, integrated implant or dermofat graft, as a secondary procedure (AU 16)	\$856.95
42524	Orbit, skin graft to, as a delayed procedure (AU 7)	\$145.70
42527	Contracted socket, reconstruction including mucous membrane grafting and stent mould (AU 11)	\$289.20
42530	Orbit, exploration with or without biopsy, requiring removal of bone (AU 9)	\$449.90
42533	Orbit, exploration of, with drainage or biopsy not requiring removal of bone (AU 8)	\$289.20
42536	Orbit, exenteration of, with or without skin graft and with or without temporalis muscle transplant (AU 11)	\$594.50
42539	Orbit, exploration of, with removal of tumour or foreign body, requiring removal of bone (AU 12)	\$846.25
42542	Orbit, exploration of, with removal of tumour or of foreign body (AU 10)	\$358.85
42545	Orbit, decompression of, for dysthyroid eye disease, 2 or more walls, 1 eye (AU 16)	\$910.50
42548	Optic nerve meninges, incision of (AU 17)	\$540.95
42551	Eyeball, perforating wound of, not involving intraocular structures-repair involving suture of cornea or sclera, or both, not being a service to which item 42632 applies (AU 10)	\$449.90
42554	Eyeball, perforating wound of, with incarceration or prolapse of uveal tissue-repair (AU 12)	\$524.90
42557	Eyeball, perforating wound of, with incarceration of lens or vitreous-repair (AU 12)	\$733.75
42560	Intraocular foreign body, magnetic removal from anterior segment (AU 10)	\$289.20
42563	Intraocular foreign body, nonmagnetic removal from anterior segment (AU 11)	\$369.55
42566	Intraocular foreign body, magnetic removal from posterior	\$524.90

	segment (AU 10)	
42569	Intraocular foreign body, nonmagnetic removal from posterior segment (AU 12)	\$733.75
42572	Orbital abscess or cyst, drainage of (AU 6)	\$83.55
42575	Tarsal cyst, extirpation of (AU 6)	\$58.90
42578	Tarsal cartilage, excision of (AU 8)	\$332.05
42581	Ectropion or entropion, tarsal cauterisation of	\$83.55
42584	Tarsorrhaphy (AU 8)	\$197.10
42587	Cryotherapy or electrolysis epilation for trichiasis-each eyelid (AU 6)	\$36.95
42590	Canthoplasty, medial or lateral (AU 9)	\$241.00
42593	Lacrimal gland, excision of palpebral lobe (AU 8)	\$145.70
42596	Lacrimal sac, excision of, or operation on (AU 8)	\$358.85
42599	Lacrimal canalicular system, establishment of patency by closed operation using silicone tubes or similar, 1 eye (AU 10)	\$449.90
42602	Lacrimal canalicular system, establishment of patency by open operation, 1 eye (AU 8)	\$449.90
42605	Lacrimal canaliculus, immediate repair of (AU 8)	\$332.05
42608	Lacrimal drainage by insertion of glass tube, as an independent procedure (AU 10)	\$214.25
42611	Nasolacrimal tube (unilateral) replacement of, under general anaesthesia, or lacrimal passages, probing for obstruction, unilateral or bilateral, with or without lavage (AU 4)	\$102.85
42614	Lacrimal passages, lavage of, unilateral, not being a service associated with a service to which item 42611 applies (excluding after-care) (AU 4)	\$34.30
42617	Punctum snip operation (AU 4)	\$97.50
42620	Punctum, occlusion of, by use of a plug (AU 5)	\$37.50
42623	Dacryocystorhinostomy (AU 11)	\$498.10
42626	Dacryocystorhinostomy where a previous dacryocystorhinostomy has been performed (AU 11)	\$803.40
42629	Conjunctivorhinostomy including dacryocystorhinostomy and fashioning of conjunctival flaps (AU 12)	\$605.20
42632	Conjunctival peritomy or repair of corneal laceration by conjunctival flap (AU 6)	\$83.55
42635	Corneal perforations, sealing of, with tissue adhesive (AU 9)	\$214.25
42638	Conjunctival graft over cornea (AU 7)	\$267.80
42641	Autoconjunctival transplant, or mucous membrane graft (AU 11)	\$348.15
42644	Cornea or sclera, removal of imbedded foreign body from (excluding after-care) (AU 8)	\$51.40
42647	Corneal scars, removal of, by partial keratectomy, not being a service associated with a service to which item 42686 applies (AU 8)<	\$145.70
42650	Cornea, epithelial debridement for corneal ulcer or corneal erosion (excluding after-care) (AU 8)	\$51.40
42653	Cornea, transplantation of, full thickness (AU 13)	\$953.35
42656	Cornea, transplantation of, where there have been 2 previous graft operations (AU 13)	\$1,189.00
42659	Cornea, transplantation of, superficial or lamellar (AU 11)	\$642.70

42662	Sclera, transplantation of, full thickness, including collection of donor material (AU 15)	\$642.70
42665	Sclera, transplantation of, superficial or lamellar, including collection of donor material (AU 14)	\$428.45
42668	Corneal sutures, removal of, not earlier than 6 weeks after operation requiring use of slit lamp or operating microscope (AU 6)	\$53.55
42671	Refractive keratoplasty with penetrating incisions (excluding radial keratotomy) following corneal grafting or intraocular operation including any measurements and calculations associated with the procedure (AU 10)	\$642.70
42674	Corneal incisions, non penetrating, for the correction of astigmatism following surgery of anterior chamber or corneal grafting, and including associated ultrasound pachymetry of corneal thickness, with or without compression sutures (AU 10)	\$321.35
42677	Conjunctiva, cautery of, including treatment of pannus-each attendance at which treatment is given including any associated consultation (AU 4)	\$43.40
42680	Conjunctiva, cryotherapy to, for melanotic lesions or similar using CO2 or N2O (AU 7)	\$214.25
42683	Conjunctival cysts, removal of, requiring admission to hospital or approved day hospital facility (AU 6)	\$85.70
42686	Pterygium, removal of (AU 6)	\$194.95
42689	Pinguecula, removal of, not being a service associated with the fitting of contact lenses (AU 6)	\$83.55
42692	Limbic tumour, removal of (AU 7)	\$197.10
42695	Limbic tumour, excision of, requiring keratectomy or sclerectomy (AU 12)	\$321.35
42698	Lens extraction (AU 11)	\$557.00
42701	Artificial lens, insertion of (AU 11)	\$310.65
42704	Artificial lens, removal or repositioning of by open operation-not being a service associated with a service to which item 42701 applies (AU 9)	\$332.05
42707	Artificial lens, removal of and replacement with a different lens (AU 12)	\$567.70
42710	Artificial lens, removal of, and replacement with a lens inserted into the posterior chamber and sutured to the iris or sclera (AU 15)	\$642.70
42713	Intraocular lenses, repositioning of, by the use of a McCannell suture or similar (AU 11)	\$267.80
42716	Cataract, juvenile, removal of, including subsequent needlings (AU 11)	\$851.60
42719	Capsulectomy or removal of vitreous via the anterior chamber by any method, not being a service associated with any other intraocular operation on that eye (AU 9)	\$369.55
42722	Capsulectomy by posterior chamber sclerotomy or removal of vitreous or vitreous bands from the anterior chamber by posterior chamber sclerotomy, by cutting and suction and replacement by saline, Hartmann's or similar solution, not	\$404.30

	being a service associated with any other intraocular operation on that eye-1 or both procedures (AU 15)	
42725	Vitrectomy by posterior chamber sclerotomy-including the removal of vitreous, division of bands or removal of pre-retinal membranes by cutting and suction and replacement by saline, Hartmann's or similar solution, not being a service associated with any other intraocular operation on that eye, other than a service to which item 42728 applies (AU 25)	\$953.35
42728	Cryotherapy of retina or other intraocular structures with an internal probe, being a service associated with a service to which item 42725 applies (AU 9)	\$160.70
42731	Capsulectomy or lensectomy by posterior chamber sclerotomy in conjunction with the removal of vitreous or division of vitreous bands or removal of pre-retinal membrane from the posterior chamber by cutting and suction and replacement by saline, Hartmann's or similar solution, not being a service associated with any other intraocular operation (AU 25)	\$1,081.90
42734	Capsulotomy, other than by laser (AU 9)	\$214.25
42737	Needling of posterior capsule (AU 8)	\$214.25
42740	Paracentesis of anterior or posterior chamber or both, for the injection of therapeutic substances, or the removal of aqueous or vitreous for diagnostic purposes, 1 or more of (AU 9)	\$214.25
42743	Anterior chamber, irrigation of blood from, as an independent procedure (AU 7)	\$449.90
42746	Glaucoma, filtering operation for (AU 10)	\$680.20
42749	Glaucoma, filtering operation for, where previous filtering operation has been performed (AU 10)	\$851.60
42752	Glaucoma, insertion of Molteno valve for, 1 or more stages (AU 18)	\$953.35
42755	Glaucoma, removal of Molteno valve (AU 8)	\$117.85
42758	Goniotomy (AU 10)	\$498.10
42761	Division of anterior or posterior synechiae, as an independent procedure, other than by laser (AU 9)	\$369.55
42764	Iridectomy (including excision of tumour of iris) or iridotomy, as an independent procedure, other than by laser (AU 10)	\$369.55
42767	Tumour, involving ciliary body or ciliary body and iris, excision of (AU 12)	\$776.60
42770	Cyclodiathermy or cyclocryotherapy (AU 8)	\$210.00
42773	Detached retina, diathermy or cryotherapy for, not being a service associated with a service to which item 42776 applies (AU 11)	\$642.70
42776	Detached retina, buckling or resection operation for (AU 15)	\$953.35
42779	Detached retina, revision operation for (AU 15)	\$1,189.00
42782	Laser trabeculoplasty-each treatment to 1 eye, to a maximum of 4 treatments to that eye in a 2 year period (AU 6)	\$321.35
42785	Laser iridotomy-each treatment to 1 eye, to a maximum of 2 treatments to that eye in a 2 year period (AU 6)	\$251.75
42788	Laser capsulotomy-each treatment to 1 eye, to a maximum of 2 treatments to that eye in a 2 year period (AU 6)	\$251.75
42791	Laser vitreolysis or corticolysis of lens material or	\$251.75

	fibrinolysis-each treatment to 1 eye, to a maximum of 2 treatments to that eye in a 2 year period (AU 6)<	
42794	Division of suture by laser-each treatment to 1 eye, to a maximum of 2 treatments to that eye in a 2 year period (AU 5)	\$48.20
42797	Laser coagulation of corneal or scleral blood vessels-each treatment to 1 eye, to a maximum of 4 treatments to that eye in a 2 year period (AU 5)	\$48.20
42800	Pterygium, removal by laser in 1 or more stages (AU 6)	\$194.95
42803	Pinguecula, removal of by laser in 1 or more stages (not for contact lenses) (AU 6)	\$83.55
42806	Iris tumour, laser photocoagulation of (AU 9)	\$251.75
42809	Retina, photocoagulation of (AU 9)	\$321.35
42812	Detached retina, removal of encircling silicone band from (AU 8)	\$117.85
42815	Posterior chamber, removal of silicone oil from (AU 12)	\$449.90
42818	Retina, cryotherapy to, as an independent procedure, with external probe (AU 13)	\$417.75
42821	Retrobulbar transillumination, as an independent procedure (AU 5)	\$64.25
42824	Retrobulbar injection of alcohol or other drug, as an independent procedure	\$49.80
42827	Botulinus toxin, injection of, for blepharospasm, including all such injections on any 1 day (AU 5)	\$32.15
42830	Botulinus toxin, injection of, for strabismus including all such injections on any 1 day and associated electromyography (AU 6)	\$111.40
42833	Squint, operation for, on 1 or both eyes, the operation involving a total of 1 or 2 muscles (AU 8)	\$417.75
42836	Squint, operation for, on 1 or both eyes, the operation involving a total of 1 or 2 muscles where there have been 2 or more previous squint operations on the eye or eyes (AU 8)	\$519.50
42839	Squint, operation for, on 1 or both eyes, the operation involving a total of 3 or more muscles (AU 9)	\$498.10
42842	Squint, operation for, on 1 or both eyes, the operation involving a total of 3 or more muscles where there have been 2 or more previous squint operations on the eye or eyes (AU 9)	\$621.30
42845	Readjustment of adjustable sutures, 1 or both eyes, as an independent procedure following an operation for correction of squint (AU 6)	\$134.95
42848	Squint, muscle transplant for (Hummelsheim type, or similar operation) (AU 9)	\$498.10
42851	Squint, muscle transplant for (Hummelsheim type, or similar operation) where there have been 2 or more previous squint operations on the eye or eyes (AU 9)	\$621.30
42854	Ruptured medial palpebral ligament or ruptured extra-ocular muscle, repair of (AU 9)	\$289.20
42857	Resuturing of wound following intraocular procedures with or without excision of prolapsed iris (AU 9)	\$289.20
42860	Lid, upper or lower, scleral graft to, with recession of the lid	\$642.70

	retractors (AU 13)	
42863	Eyelid upper, recession of (AU 12)	\$551.65
42866	Entropion, repair of, by tightening, shortening or repair of inferior retractors by open operation (AU 13)	\$535.60
42869	Eyelid closure in facial nerve paralysis, insertion of foreign implant for (AU 11)	\$391.00
42872	Eyebrow, elevation of, for parietic states (AU 9)	\$171.40

Subgroup 10-Operations for Osteomyelitis

43500	Operation on phalanx (for acute osteomyelitis) (AU 7)	\$87.85
43503	Operation on sternum, clavicle, rib, ulna, radius, carpus, tibia, fibula, tarsus, skull, mandible or maxilla (other than alveolar margins) (for acute osteomyelitis)-1 bone (AU 10)	\$145.80
43506	Operation on humerus or femur (for acute osteomyelitis)-1 bone (AU 10)	\$253.80
43509	Operation on spine or pelvic bones (for acute osteomyelitis)-1 bone (AU 13)	\$253.80
43512	Operation on scapula, sternum, clavicle, rib, ulna, radius, metacarpus, carpus, phalanx, tibia, fibula, metatarsus, tarsus, mandible or maxilla (other than alveolar margins) (for chronic osteomyelitis)-1 bone or any combination of adjoining bones (AU 12)	\$253.80
43515	Operation on humerus or femur (for chronic osteomyelitis)-1 bone (AU 11)	\$253.80
43518	Operation on spine or pelvic bones (for chronic osteomyelitis)-1 bone (AU 12)	\$418.50
43521	Operation on skull (for chronic osteomyelitis) (AU 12)	\$330.75
43524	Operation on any combination of adjoining bones, being bones referred to in item 43515, 43518 or 43521 (for chronic osteomyelitis) (AU 12)	\$418.50

Subgroup 11-Paediatric

43800	Hypertelorism, correction of (AU 14)	\$654.80
43803	Choanal atresia, plastic repair of (AU 16)	\$641.30
43806	Choanal atresia, repair of by puncture and dilatation (AU 11)	\$159.30
43809	Macrocheilia, macroglossia or macrostomia, operation for (AU 13)	\$344.25
43812	Torticollis, operation for (AU 7)	\$261.90
43815	Oesophagus, correction of congenital stenosis by oesophagectomy and anastomosis (AU 21)	\$783.05
43818	Tracheo-oesophageal fistula (with or without atresia), ligation and division of (AU 20)	\$783.05
43821	Oesophageal atresia, with or without fistula, correction of (AU 23)	\$972.05
43824	Neonatal alimentary obstruction, laparotomy for, with or without resection, including reduction of volvulus (AU 15)	\$681.80
43827	Anal sphincterotomy as an independent procedure for Hirschsprung's disease (AU 6)	\$189.85

43830	Rectosigmoidectomy for Hirschsprung's disease (AU 22)	\$891.05
43833	Exomphalos or gastroschisis, operation for (AU 13)	\$776.30
43836	Exomphalos or gastroschisis, operation for, by plastic flap (AU 14)	\$864.05
43839	Ano-rectal malformation, perineal anoplasty, primary or secondary repair (AU 10)	\$290.25
43842	Ano-rectal malformation, rectoplasty, primary or secondary repair, not being a service to which item 43839 applies (AU 18)	\$843.80
43845	Contracted bladder neck (congenital), wedge excision or perurethral resection of (AU 11)	\$432.00
43848	Urachal fistula, operation for (AU 11)	\$371.25
43851	Sphincter reconstruction for ectopia vesicae, ectopia cloacae or congenital incontinence (AU 12)	\$857.30
43854	Urethral valves or urethral membrane, open removal of (AU 12)	\$513.00
43857	Lymphangiectasis of limb (Milroy's disease)-limited excision of (AU 14)	\$264.60
43860	Lymphangiectasis of limb (Milroy's disease)-radical excision of (AU 18)	\$587.30
44100	Extra digit, ligation of pedicle (AU 4)	\$34.45
44103	Extra digit, amputation of (AU 6)	\$87.75
44106	Dermoid, periorbital or superficial nasal, excision of (G) (AU 8)	\$126.90
44107	Dermoid, periorbital or superficial nasal, excision of (S) (AU 8)	\$162.00
44110	Dermoid, orbital, excision of (AU 8)	\$344.25
44113	Dermoid of nose, excision of, with intranasal extension (AU 8)	\$405.00

Subgroup 12-Amputations

44324	Hand, midcarpal or transmetacarpal (G) (AU 7)	\$162.00
44325	Hand, midcarpal or transmetacarpal (S) (AU 7)	\$210.60
44328	Hand, forearm or through arm (AU 8)	\$253.80
44331	At shoulder (AU 12)	\$418.50
44334	Interscapulothoracic (AU 15)	\$850.55
44337	1 digit of foot (G) (AU 6)	\$83.70
44338	1 digit of foot (S) (AU 6)	\$102.60
44341	2 digits of 1 foot (G) (AU 7)	\$126.90
44342	2 digits of 1 foot (S) (AU 7)	\$156.60
44345	3 digits of 1 foot (G) (AU 8)	\$145.80
44346	3 digits of 1 foot (S) (AU 8)	\$180.90
44349	4 digits of 1 foot (G) (AU 9)	\$167.40
44350	4 digits of 1 foot (S) (AU 9)	\$205.20
44353	5 digits of 1 foot (G) (AU 10)	\$189.00
44354	5 digits of 1 foot (S) (AU 10)	\$234.90
44357	Toe, including metatarsal or part of metatarsal-each toe (G) (AU 7)	\$102.60
44358	Toe, including metatarsal or part of metatarsal-each toe (S)	\$130.95

	(AU 7)	
44361	Foot at ankle (Syme, Pirogoff types) (AU 8)	\$253.80
44364	Foot, midtarsal or transmetatarsal (AU 7)	\$210.60
44367	Through thigh, at knee or below knee (AU 10)	\$371.70
44370	At hip (AU 14)	\$513.00
44373	Hindquarter (AU 17)	\$1,053.05
44376	Amputation stump, reamputation of, to provide adequate skin and muscle cover	Amount under rule 18

Subgroup 13-Plastic and Reconsturctive Surgery

45000	Single stage local muscle flap repair, on eyelid, nose, lip, neck, hand, thumb, finger or genitals (AU 7)	\$385.60
45003	Single stage local myocutaneous flap repair to 1 defect, simple and small (AU 11)	\$428.45
45006	Single stage large myocutaneous flap repair to 1 defect, (pectoralis major, latissimus dorsi, or similar large muscle) (AU 16)	\$739.10
45009	Single stage local muscle flap repair to 1 defect, simple and small (AU 11)	\$270.00
45012	Single stage large muscle flap repair to 1 defect, (pectoralis major, gastrocnemius, gracilis or similar large muscle) (AU 17)	\$452.25
45015	Muscle or myocutaneous flap, delay of (AU 8)	\$214.25
45018	Dermis, dermofat or fascia graft (excluding transfer of fat by injection) (AU 12)	\$337.40
45021	Abrasive therapy, limited to 1 aesthetic area (AU 6)	\$126.40
45024	Abrasive therapy to more than 1 aesthetic area (AU 7)	\$283.85
45027	Angioma, cauterisation of or injection into, where undertaken in the operating theatre of a hospital or approved day-hospital facility (AU 7)	\$85.70
45030	Angioma of skin and subcutaneous tissue (excluding facial muscle or breast) or mucous surface, small, excision and suture of (AU 7)	\$92.10
45033	Angioma, large or involving deeper tissue including facial muscle or breast, excision and suture of (AU 9)	\$171.40
45036	Angioma of neck, deep, excision of (AU 10)	\$803.40
45039	Arteriovenous malformation (3 cm or less) of superficial tissue, excision of (AU 11)	\$171.40
45042	Arteriovenous malformation, (greater than 3 cm), excision of (AU 16)	\$219.60
45045	Arteriovenous malformation on eyelid, nose, lip, ear, neck, hand, thumb, finger or genitals, excision of (AU 16)	\$219.60
45048	Lymphoedematous tissue of lower leg and foot, or thigh, or upper arm, or forearm and hand, major excision of (AU 15)	\$551.65
45051	Contour reconstruction for pathological deformity, insertion of foreign implant (non biological but excluding injection of liquid or semisolid material) by open operation (AU 10)	\$337.50
45200	Single stage local flap, where indicated to repair 1 defect,	\$202.50

	simple and small, excluding flap for male pattern baldness (AU 7)	
45203	Single stage local flap, where indicated to repair 1 defect, complicated or large, excluding flap for male pattern baldness (AU 10)	\$289.20
45206	Single stage local flap where indicated to repair 1 defect, on eyelid, nose, lip, ear, neck, hand, thumb, finger or genitals (AU 12)	\$273.15
45209	Direct flap repair (cross arm, abdominal or similar), first stage (AU 11)	\$337.50
45212	Direct flap repair (cross arm, abdominal or similar), second stage (AU 9)	\$167.40
45215	Direct flap repair, cross leg, first stage (AU 13)	\$722.30
45218	Direct flap repair, cross leg, second stage (AU 10)	\$324.00
45221	Direct flap repair, small (cross finger or similar), first stage (AU 7)	\$186.30
45224	Direct flap repair, small (cross finger or similar), second stage (AU 7)	\$83.70
45227	Indirect flap or tubed pedicle, formation of (AU 10)	\$317.25
45230	Direct or indirect flap or tubed pedicle, delay of (AU 8)	\$158.55
45233	Indirect flap or tubed pedicle, preparation of intermediate or final site and attachment to the site (AU 10)	\$337.50
45236	Indirect flap or tubed pedicle, spreading of pedicle, as a separate procedure (AU 8)	\$264.60
45239	Direct, indirect or local flap, revision of (AU 7)	\$186.30
45400	Free grafting (split skin) of a granulating area, small (AU 7)	\$145.80
45403	Free grafting (split skin) of a granulating area, extensive (AU 11)	\$290.25
45406	Free grafting (split skin) to burns, including excision of burnt tissue-involving not more than 3% of total body surface (AU 8)	\$321.35
45409	Free grafting (split skin) to burns, including excision of burnt tissue-involving 3% or more but less than 6% of total body surface (AU 10)	\$428.45
45412	Free grafting (split skin) to burns, including excision of burnt tissue-involving 6% or more but less than 9% of total body surface (AU 12)	\$589.15
45415	Free grafting (split skin) to burns, including excision of burnt tissue-involving 9% or more but less than 12% of total body surface (AU 14)	\$642.70
45418	Free grafting (split skin) to burns, including excision of burnt tissue-involving 12% or more of total body surface (AU 16)	\$696.25
45421	Free grafting (split skin) to burns, including excision of burnt tissue, on eyelid, nose, lip, neck, hand, thumb, finger or genitals (AU 18)	\$289.20
45424	Free grafting (xenograft or homograft split skin) to burns including excision of burnt tissue-involving not more than 3% of total body surface (AU 13)	\$235.65
45427	Free grafting (xenograft or homograft split skin) to burns including excision of burnt tissue-involving 3% or more but	\$342.80

	less than 6% of total body surface (AU 15)	
45430	Free grafting (xenograft or homograft split skin) to burns including excision of burnt tissue-involving 6% or more but less than 9% of total body surface (AU 17)	\$503.45
45433	Free grafting (xenograft or homograft split skin) to burns including excision of burnt tissue-involving 9% or more but less than 12% of total body surface (AU 19)	\$557.00
45436	Free grafting (xenograft or homograft split skin) to burns including excision of burnt tissue-involving 12% or more of total body surface (AU 21)	\$621.30
45439	Free grafting (split skin) to 1 defect, including elective dissection, small (AU 8)	\$202.50
45442	Free grafting (split skin) to 1 defect, including elective dissection, extensive (AU 11)	\$417.75
45445	Free grafting (split skin) as inlay graft to 1 defect including elective dissection using a mould (including insertion of and removal of mould) (AU 11)	\$396.35
45448	Free grafting (split skin) to 1 defect, including elective dissection on eyelid, nose, lip, ear, neck, hand, thumb, finger or genitals, not being a service to which item 45442 or 45445 applies (AU 8)	\$267.80
45451	Free grafting (full thickness) to 1 defect, excluding grafts for male pattern baldness (AU 9)	\$337.50
45500	Microvascular repair using microsurgical techniques, with restoration of continuity of artery or vein of distal extremity or digit (AU 14)	\$776.60
45502	Microvascular anastomosis of artery or vein using microsurgical techniques, for reimplantation of limb or digit or free transfer of tissue (AU 38)	\$1,264.00
45503	Micro-arterial or micro-venous graft using microsurgical techniques (AU 22)	\$1,446.10
45506	Scar, of face or neck, not more than 3 cm in length, revision of, where undertaken in the operating theatre of a hospital or approved day-hospital facility, or where performed by a specialist in the practice of his or her specialty (AU 8)	\$156.60
45512	Scar, of face or neck, more than 3 cm in length, revision of, where undertaken in the operating theatre of a hospital or approved day-hospital facility, or where performed by a specialist in the practice of his or her specialty (AU 9)	\$210.60
45515	Scar, other than on face or neck, not more than 7 cm in length, revision of, as an independent procedure, where undertaken in the operating theatre of a hospital or approved day-hospital facility, or where performed by a specialist in the practice of his or her specialty (AU 10)	\$132.85
45518	Scar, other than on face or neck, more than 7 cm in length, revision of, as an independent procedure, where undertaken in the operating theatre of a hospital or approved day-hospital facility, or where performed by a specialist in the practice of his or her speciality (AU 12)	\$160.70
45521	Mammoplasty, reduction (unilateral), with or without	\$641.30

	repositioning of nipple (AU 10)	
45524	Mammaplasty, augmentation, for significant breast asymmetry where the augmentation is limited to 1 breast (AU 10)	\$528.20
45527	Mammaplasty, augmentation, (unilateral), following mastectomy (AU 9)	\$528.20
45530	Breast reconstruction (unilateral), using a latissimus dorsi or other large myocutaneous flap, including repair of secondary skin defect, excluding repair of muscular aponeurotic layer (AU 20)	\$782.50
45533	Breast reconstruction using breast sharing technique (first stage) including breast reduction, transfer of complex skin and breast tissue flap, split skin graft to pedicle of flap or other similar procedure (AU 15)	\$886.80
45536	Breast reconstruction using breast sharing technique (second stage) including division of pedicle, inseting of breast flap, with closure of donor site or other similar procedure (AU 12)	\$326.05
45539	Breast reconstruction (unilateral), following mastectomy, using tissue expansion-insertion of tissue expansion unit and all attendances for subsequent expansion injections (AU 9)	\$762.95
45542	Breast reconstruction (unilateral), following mastectomy, using tissue expansion-removal of tissue expansion unit and insertion of permanent prosthesis (AU 9)	\$436.90
45545	Nipple or areola or both, reconstruction of by any technique (AU 10)	\$443.40
45548	Breast prosthesis, removal of, as an independent procedure (AU 11)	\$197.10
45551	Breast prosthesis, removal of, with complete excision of fibrous capsule as an independent procedure (AU 10)	\$316.00
45552	Breast prosthesis, removal of, with complete excision of fibrous capsule and replacement of prosthesis (AU 13)	\$454.90
45554	Breast prosthesis, replacement of, following medical complications (such as rupture, migration of prosthetic material, or capsule formation), where new pocket is formed, including excision of fibrous capsule (AU 15)	\$498.10
45560	Hair transplantation for the treatment of alopecia of congenital or traumatic origin or due to disease, excluding male pattern baldness, not being a service to which another item in this Group applies (AU 11)	\$337.40
45563	Neurovascular island flap, or free transfer of tissue with vascular or neurovascular pedicle, including repair of secondary defect excluding flap for male pattern baldness (AU 15)	\$783.05
45566	Tissue expansion not being a service to which item 45539 or 45542 applies-insertion of tissue expansion unit and all attendances for subsequent expansion injections (AU 10)	\$762.95
45572	Intra-operative tissue expansion performed during an operation when combined with a service to which another item in Group T8 applies including expansion injections and excluding treatment of male pattern baldness (AU 13)	\$207.80

45575	Facial nerve paralysis, free fascia graft for (AU 12)	\$513.00
45578	Facial nerve paralysis, muscle transfer for (AU 13)	\$594.05
45581	Facial nerve palsy, excision of tissue for (AU 12)	\$197.10
45584	Liposuction (suction assisted lipolysis) to 1 regional area (thigh, buttock, or similar), for treatment of post-traumatic pseudolipoma (AU 13)	\$449.90
45587	Meloplasty for correction of facial asymmetry due to soft tissue abnormality where the meloplasty is limited to 1 side of the face (AU 14)	\$634.55
45590	Orbital cavity, reconstruction of a wall or floor, with or without foreign implant (AU 12)	\$344.25
45593	Orbital cavity, bone or cartilage graft to orbital wall or floor including reduction of prolapsed or entrapped orbital contents (AU 14)	\$404.30
45596	Maxilla, total resection of (AU 29)	\$641.30
45597	Maxilla, total resection of both maxillae (AU 30)	\$858.45
45599	Mandible, total resection of both sides, including condylectomies where performed (AU 35)	\$667.10
45602	Mandible, including lower border, or maxilla, sub-total resection of (AU 19)	\$498.10
45605	Mandible or maxilla, segmental resection of, for tumours or cysts (AU 13)	\$418.50
45608	Mandible, hemi-mandibular reconstruction with bone graft, not being a service associated with a service to which item 45599 applies (AU 15)	\$587.30
45611	Mandible, condylectomy (AU 11)	\$337.50
45614	Eyelid, whole thickness reconstruction of, other than by direct suture only (AU 10)	\$418.50
45617	Upper eyelid, reduction of, for skin redundancy obscuring vision, herniation of orbital fat in exophthalmos, facial nerve palsy or post-traumatic scarring, or, in respect of 1 of these conditions, the restoration of symmetry of the contralateral upper eyelid (AU 7)	\$167.40
45620	Lower eyelid, reduction of, for herniation of orbital fat in exophthalmos, facial nerve palsy or post-traumatic scarring, or, in respect of 1 of these conditions, the restoration of symmetry of the contralateral lower eyelid (AU 8)	\$232.20
45623	Ptosis of eyelid (unilateral), correction of (AU 12)	\$553.50
45626	Ectropion or entropion, correction of (unilateral) (AU 9)	\$232.20
45629	Symblepharon, grafting for (AU 8)	\$337.50
45632	Rhinoplasty, correction of lateral or alar cartilages (AU 10)	\$364.50
45635	Rhinoplasty, correction of bony vault only (AU 10)	\$418.50
45638	Rhinoplasty, total, including correction of all bony and cartilaginous elements of the external nose (AU 12)	\$722.30
45641	Rhinoplasty involving nasal or septal cartilage graft (AU 14)	\$771.25
45644	Rhinoplasty involving autogenous bone or cartilage graft obtained from distant donor site, including obtaining of graft (AU 13)	\$911.30
45647	Face, contour restoration of 1 region, using autogenous bone or cartilage graft (not being a service to which item 45644	\$910.50

	applies) (AU 18)	
45650	Rhinoplasty, secondary revision of (AU 10)	\$105.30
45653	Rhinophyma, shaving of (AU 9)	\$253.80
45656	Composite graft (chondro-cutaneous or chondro-mucosal) to nose, ear or eyelid (AU 11)	\$357.75
45659	Lop ear, bat ear or similar deformity, correction of (AU 8)	\$371.25
45662	Congenital atresia, reconstruction of external auditory canal (AU 11)	\$499.50
45665	Lip, eyelid or ear, full thickness wedge excision of, with repair by direct sutures (AU 8)	\$232.20
45668	Vermilionectomy (AU 8)	\$232.20
45671	Lip or eyelid reconstruction using full thickness flap (Abbe or similar), first stage (AU 11)	\$594.05
45674	Lip or eyelid reconstruction using full thickness flap (Abbe or similar), second stage (AU 4)	\$172.80
45677	Cleft lip, unilateral-primary repair, 1 stage, without anterior palate repair (AU 12)	\$385.60
45680	Cleft lip, unilateral-primary repair, 1 stage, with anterior palate repair (AU 14)	\$482.05
45683	Cleft lip, bilateral-primary repair, 1 stage, without anterior palate repair (AU 14)	\$535.60
45686	Cleft lip, bilateral-primary repair, 1 stage, with anterior palate repair (AU 16)	\$632.00
45689	Cleft lip, lip adhesion procedure, unilateral or bilateral (AU 10)	\$186.40
45692	Cleft lip, partial revision, including minor flap revision alignment and adjustment, including revision of minor whistle deformity if performed (AU 10)	\$214.25
45695	Cleft lip, total revision, including major flap revision, muscle reconstruction and revision of major whistle deformity (AU 12)	\$348.15
45698	Cleft lip, primary columella lengthening procedure, bilateral (AU 10)	\$326.70
45701	Cleft lip reconstruction using full thickness flap (Abbe or similar), first stage (AU 12)	\$589.15
45704	Cleft lip reconstruction using full thickness flap (Abbe or similar), second stage (AU 8)	\$214.25
45707	Cleft palate, primary repair (AU 14)	\$557.00
45710	Cleft palate, secondary repair, closure of fistula using local flaps (AU 13)	\$348.15
45713	Cleft palate, secondary repair, lengthening procedure (AU 12)	\$396.35
45716	Velo-pharyngeal incompetence, pharyngeal flap for, or pharyngoplasty for (AU 15)	\$557.00
45719	Mandible or maxilla, unilateral osteotomy or osteectomy of, including transposition of nerves and vessels and bone grafts taken from the same site and rigid fixation by bone plates, screws or both (AU 16)	\$776.60
45722	Mandible or maxilla, bilateral osteotomy or osteectomy of, including transposition of nerves and vessels and bone grafts taken from the same site and rigid fixation by bone plates,	\$985.50

	screws or both (AU 20)	
45725	Mandible or maxilla, unilateral osteotomy or osteectomy of, including transposition of nerves and vessels and bone grafts taken from the same site (AU 14)	\$688.55
45728	Mandible or maxilla, bilateral osteotomy or osteectomy of, including transposition of nerves and vessels and bone grafts taken from the same site (AU 18)	\$877.55
45731	Mandible or maxilla, osteotomies or osteectomies of, involving 3 or more such procedures on the 1 jaw, including transposition of nerves and vessels and bone grafts taken from the same site (AU 22)	\$999.05
45734	Mandible or maxilla, osteotomies or osteectomies of, involving 2 such procedures of each jaw, including transposition of nerves and vessels and bone grafts taken from the same site (AU 26)	\$1,147.55
45737	Mandible or maxilla, complex bilateral osteotomies or osteectomies of, involving 3 or more such procedures of 1 jaw and 2 such procedures of the other jaw, including genioplasty (when performed) and transposition of nerves and vessels and bone grafts taken from the same site (AU 32)	\$1,262.30
45740	Mandible or maxilla, complex bilateral osteotomies or osteectomies of, involving 3 or more such procedures of each jaw, including genioplasty (when performed) and transposition of nerves and vessels and bone grafts taken from the same site (AU 34)	\$1,377.05
45743	Mandible or maxilla, osteotomies or osteectomies of, involving 3 or more such procedures on the 1 jaw, including transposition of nerves and vessels and bone grafts taken from the same site and rigid fixation by bone plates, screws or both (AU 24)	\$1,124.75
45746	Mandible or maxilla, osteotomies or osteectomies of, involving 2 such procedures of each jaw, including transposition of nerves and vessels and bone grafts taken from the same site and rigid fixation by bone plates, screws or both (AU 28)	\$1,290.75
45749	Mandible or maxilla, complex bilateral osteotomies or osteectomies of, involving 3 or more such procedures of 1 jaw and 2 such procedures of the other jaw, including genioplasty (when performed) and transposition of nerves and vessels and bone grafts taken from the same site and rigid fixation by bone plates, screws or both (AU 34)	\$1,419.30
45752	Mandible or maxilla, complex bilateral osteotomies or osteectomies of, involving 3 or more such procedures of each jaw, including genioplasty (when performed) and transposition of nerves and vessels and bone grafts taken from the same site and rigid fixation by bone plates, screws or both (AU 36)	\$1,542.50
45753	Midfacial osteotomies-Le Fort II, Modified Le Fort III (Nasomalar), Modified Le Fort III (Malar-Maxillary), Le Fort III involving 3 or more osteotomies of the midface including	\$1,551.75

	transposition of nerves and vessels and bone grafts taken from the same site (AU 50)	
45754	Midfacial osteotomies-Le Fort II, Modified Le Fort III (Nasomalar), Modified Le Fort III(Malar-Maxillary), Le Fort III involving 3 or more osteotomies of the midface including transposition of nerves and vessels and bone grafts taken from the same site and rigid fixation by bone plates, screws or both (AU 58)	\$1,860.05
45755	Temporo-mandibular meniscectomy (AU 9)	\$261.90
45758	Temporo-mandibular joint, arthroplasty (AU 6)	\$468.70
45761	Genioplasty, including transposition of nerves and bone grafts taken from the site (AU 10)	\$533.25
45764	Genioplasty being a service associated with a service to which item 45719, 45722, 45725, 45728, 45731, 45734, 45743 or 45746 applies (AU 8)	\$310.50
45767	Hypertelorism, correction of, intra-cranial (AU 47)	\$1,788.85
45770	Hypertelorism, correction of, sub-cranial (AU 26)	\$1,370.30
45773	Treacher Collins Syndrome, periorbital correction of, with rib and iliac bone grafts (AU 30)	\$1,248.80
45776	Orbital dystopia (unilateral), correction of, with total repositioning of 1 orbit, intra-cranial (AU 35)	\$1,248.80
45779	Orbital dystopia (unilateral), correction of, with total repositioning of 1 orbit, extra-cranial (AU 18)	\$918.05
45782	Fronto-orbital advancement, unilateral (AU 19)	\$702.05
45785	Cranial vault reconstruction for oxycephaly, brachycephaly, turriccephaly or similar condition-(bilateral fronto-orbital advancement) (AU 39)	\$1,188.05
45788	Glenoid fossa, zygomatic arch and temporal bone, reconstruction of, (Obwegeser technique) (AU 19)	\$1,174.55
45791	Absent condyle and ascending ramus in hemifacial microsomia, construction of, not including harvesting of graft material (AU 15)<	\$634.55
45794	Osseo-integration procedure, extra-oral, implantation of titanium fixture (AU 20)	\$358.85
45797	Osseo-integration procedure, fixation of transcutaneous abutment (AU 16)	\$132.85

Subgroup 14-Hand Surgery

46300	Inter-phalangeal joint or metacarpophalangeal joint, arthrodesis of (AU 9)	\$241.05
46303	Carpometacarpal joint, arthrodesis of (AU 10)	\$267.85
46306	Inter-phalangeal joint or metacarpophalangeal joint, interposition arthroplasty of (including volar plate arthroplasty), and including tendon transfers or realignment on the 1 ray (AU 10)	\$375.00
46309	Inter-phalangeal joint or metacarpophalangeal joint, total replacement arthroplasty of, including associated synovectomy, tendon transfer or realignment-1 joint (AU 10)	\$375.00
46312	Inter-phalangeal joint or metacarpophalangeal joint, total	\$482.15

	replacement arthroplasty of, including associated synovectomy, tendon transfer or realignment-2 joints (AU 11)	
46315	Inter-phalangeal joint or metacarpophalangeal joint, total replacement arthroplasty of, including associated synovectomy, tendon transfer or realignment-3 joints (AU 14)	\$642.85
46318	Inter-phalangeal joint or metacarpophalangeal joint, total replacement arthroplasty of, including associated synovectomy, tendon transfer or realignment-4 joints (AU 15)	\$803.55
46321	Inter-phalangeal joint or metacarpophalangeal joint, total replacement arthroplasty of, including associated synovectomy, tendon transfer or realignment-5 or more joints (AU 16)	\$964.30
46324	Carpal bone replacement arthroplasty including associated tendon transfer or realignment when performed (AU 15)	\$541.05
46327	Inter-phalangeal joint or metacarpophalangeal joint, arthrotomy of (AU 8)	\$144.65
46330	Inter-phalangeal joint or metacarpophalangeal joint, arthrotomy of, with ligamentous or capsular repair (AU 9)	\$246.45
46333	Inter-phalangeal joint or metacarpophalangeal joint, ligamentous repair of, using free tissue graft or implant (AU 10)	\$401.80
46336	Inter-phalangeal joint or metacarpophalangeal joint, synovectomy, capsulectomy or debridement of, not being a service associated with any other procedure related to that joint (AU 9)	\$187.50
46339	Extensor tendons or flexor tendons of hand or wrist, synovectomy of (AU 10)	\$332.15
46342	Distal radioulnar joint or carpometacarpal joint or joints, synovectomy of (AU 10)	\$332.15
46345	Reconstruction of distal radioulnar joint (AU 11)	\$401.80
46348	Digit, synovectomy of flexor tendon or tendons-1 digit (AU 9)	\$174.10
46351	Digit, synovectomy of flexor tendon or tendons-2 digits (AU 11)	\$259.80
46354	Digit, synovectomy of flexor tendon or tendons-3 digits (AU 12)	\$348.20
46357	Digit, synovectomy of flexor tendon or tendons-4 digits (AU 14)	\$433.95
46360	Digit, synovectomy of flexor tendon or tendons-5 digits (AU 15)	\$522.30
46363	Tendon sheath of hand or wrist, open operation on, for stenosing tendovaginitis (AU 7)	\$145.70
46366	Dupuytren's contracture, subcutaneous fasciotomy for-1 hand (AU 7)	\$91.05
46369	Dupuytren's contracture, palmar fasciectomy for-1 hand (AU 9)	\$91.05
46372	Dupuytren's contracture, fasciectomy for, from 1 ray, including dissection of nerves-1 hand (AU 10)	\$304.80
46375	Dupuytren's contracture, fasciectomy for, from 2 rays, including dissection of nerves-1 hand (AU 11)	\$361.60

46378	Dupuytren's contracture, fasciectomy for, from 3 or more rays, including dissection of nerves-1 hand (AU 14)	\$482.15
46381	Inter-phalangeal joint, joint capsule release when performed in conjunction with operation for Dupuytren's contracture-each procedure (AU 7)	\$214.30
46384	Z plasty (or similar local flap procedure) when performed in conjunction with operation for Dupuytren's contracture-1 such procedure (AU 7)	\$214.30
46387	Dupuytren's contracture, fasciectomy for, from 1 ray, including dissection of nerves-operation for recurrence in that ray (AU 11)	\$441.95
46390	Dupuytren's contracture, fasciectomy for, from 2 rays, including dissection of nerves-operation for recurrence in those rays (AU 15)	\$589.30
46393	Dupuytren's contracture, fasciectomy for, from 3 or more rays, including dissection of nerves-operation for recurrence in those rays (AU 17)	\$683.05
46396	Phalanx or metacarpal of the hand, osteotomy or osteectomy of (AU 9)	\$241.05
46399	Phalanx or metacarpal of the hand, osteotomy of, with internal fixation (AU 11)	\$294.65
46402	Phalanx or metacarpal, bone grafting of, for pseudarthrosis (non-union), including obtaining of graft material (AU 12)	\$294.65
46405	Phalanx or metacarpal, bone grafting of, for pseudarthrosis (non-union), involving internal fixation and including obtaining of graft material (AU 13)	\$401.80
46408	Tendon, reconstruction of, by tendon graft (AU 14)	\$492.85
46411	Flexor tendon pulley, reconstruction of, by graft (AU 10)	\$289.30
46414	Artificial tendon prosthesis, insertion of in preparation for tendon grafting (AU 11)	\$374.90
46417	Tendon transfer for restoration of hand function, each transfer (AU 11)	\$348.20
46420	Extensor tendon of hand or wrist, primary repair of, each tendon (AU 10)	\$145.70
46423	Extensor tendon of hand or wrist, secondary repair of, each tendon (AU 10)	\$233.05
46426	Flexor tendon of hand or wrist, primary repair of, proximal to A1 pulley, each tendon (AU 10)	\$241.05
46429	Flexor tendon of hand or wrist, secondary repair of, proximal to A1 pulley, each tendon (AU 11)	\$294.65
46432	Flexor tendon of hand, primary repair of, distal to A1 pulley, each tendon (AU 11)	\$321.45
46435	Flexor tendon of hand, secondary repair of, distal to A1 pulley, each tendon (AU 12)	\$375.00
46438	Mallet finger, closed pin fixation of (AU 7)	\$96.45<
46441	Mallet finger, open repair of, including pin fixation when performed (AU 9)	\$233.05
46444	Boutonniere deformity without joint contracture, reconstruction of (AU 10)	\$348.20
46447	Boutonniere deformity with joint contracture, reconstruction	\$433.95

	of (AU 12)	
46450	Extensor tendon, tenolysis of, following tendon injury, repair or graft (AU 8)	\$160.70
46453	Flexor tendon, tenolysis of, following tendon injury, repair or graft (AU 9)	\$267.85
46456	Finger, percutaneous tenotomy of (AU 7)	\$69.65
46459	Operation for osteomyelitis on distal phalanx (AU 9)	\$133.95
46462	Operation for osteomyelitis on middle or proximal phalanx, metacarpal or carpus (AU 10)	\$214.30
46465	Amputation of single digit, proximal to nail bed, involving section of bone or joint and requiring soft tissue cover (AU 8)<	\$160.70
46468	Amputation of 2 digits, proximal to nail bed, involving section of bone or joint and requiring soft tissue cover (AU 10)	\$281.25
46471	Amputation of 3 digits, proximal to nail bed, involving section of bone or joint and requiring soft tissue cover (AU 13)	\$401.80
46474	Amputation of 4 digits, proximal to nail bed, involving section of bone or joint and requiring soft tissue cover (AU 15)	\$522.30
46477	Amputation of 5 digits, proximal to nail bed, involving section of bone or joint and requiring soft tissue cover (AU 16)<	\$642.85
46480	Amputation of single digit, proximal to nail bed, involving section of bone or joint and requiring soft tissue cover, including metacarpal (AU 10)	\$267.85
46483	Revision of amputation stump to provide adequate soft tissue cover (AU 9)	\$214.30
46486	Nail bed, accurate reconstruction of nail bed laceration using magnification, undertaken in the operating theatre of a hospital or approved day-hospital facility (AU 8)	\$160.70
46489	Nail bed, secondary exploration and accurate repair of nail bed deformity using magnification, undertaken in the operating theatre of a hospital or approved day-hospital facility (AU 9)	\$187.50
46492	Flexion contracture of hand or digit, correction of, involving tissues deeper than skin and subcutaneous tissue (AU 9)	\$241.05
46495	Ganglion or mucous cyst of distal digit, excision of, not being a service associated with a service to which item 30106 or 30107 applies (AU 9)	\$144.65
46498	Ganglion of flexor tendon sheath, excision of, not being a service associated with a service to which item 30106 or 30107 applies (AU 9)	\$128.55
46501	Ganglion of volar or dorsal wrist joint, excision of, not being a service associated with a service to which item 30106 or 30107 applies (AU 10)	\$187.50
46504	Neurovascular island flap, for pulp innervation (AU 19)	\$787.50
46507	Digit, transposition of-complete procedure (AU 23)	\$916.05
46510	Macroductyly, surgical reduction of enlarged elements-each digit (AU 14)	\$188.55

Subgroup 15-Orthopaedic

47000	Mandible, treatment of dislocation of, by closed reduction (AU 6)	\$50.30
47003	Clavicle, treatment of dislocation of, by closed reduction (AU 6)	\$60.35
47006	Clavicle, treatment of dislocation of, by open reduction (AU 9)	\$121.30
47009	Shoulder, treatment of dislocation of, requiring general anaesthesia, not being a service to which item 47012 applies (AU 6)	\$120.70
47012	Shoulder, treatment of dislocation of, requiring general anaesthesia, open reduction (AU 9)	\$241.40
47015	Shoulder, treatment of dislocation of, not requiring general anaesthesia	\$60.35
47018	Elbow, treatment of dislocation of, by closed reduction (AU 6)	\$140.80
47021	Elbow, treatment of dislocation of, by open reduction (AU 9)	\$187.75
47024	Radioulnar joint, distal or proximal, treatment of dislocation of, by closed reduction, not being a service associated with fracture or dislocation in the same region (AU 6)	\$140.80
47027	Radioulnar joint, distal or proximal, treatment of dislocation of, by open reduction, not being a service associated with fracture or dislocation in the same region (AU 9)	\$187.75
47030	Carpus, or carpus on radius and ulna, or carpometacarpal joint, treatment of dislocation of, by closed reduction (AU 6)	\$140.80
47033	Carpus, or carpus on radius and ulna, or carpometacarpal joint, treatment of dislocation of, by open reduction (AU 10)	\$187.75
47036	Interphalangeal joint, treatment of dislocation of, by closed reduction (AU 8)	\$60.35
47039	Interphalangeal joint, treatment of dislocation of, by open reduction (AU 8)	\$80.45
47042	Metacarpophalangeal joint, treatment of dislocation of, by closed reduction (AU 6)	\$80.45
47045	Metacarpophalangeal joint, treatment of dislocation of, by open reduction (AU 9)	\$107.30
47048	Hip, treatment of dislocation of, by closed reduction (AU 6)	\$231.35
47051	Hip, treatment of dislocation of, by open reduction (AU 11)	\$308.45
47054	Knee, treatment of dislocation of, by closed reduction (AU 6)	\$231.35
47057	Patella, treatment of dislocation of, by closed reduction (AU 6)	\$90.50
47060	Patella, treatment of dislocation of, by open reduction (AU 10)	\$120.70
47063	Ankle or tarsus, treatment of dislocation of, by closed reduction (AU 8)	\$181.05
47066	Ankle or tarsus, treatment of dislocation of, by open reduction (AU 12)	\$241.40
47069	Toe, treatment of dislocation of, by closed reduction (AU 5)	\$50.30
47072	Toe, treatment of dislocation of, by open reduction (AU 7)	\$67.05
47300	Distal phalanx of finger or thumb, treatment of fracture of, by closed reduction, including percutaneous fixation where used (AU 6)	\$60.35

47303	Distal phalanx of finger or thumb, treatment of intra-articular fracture of, by closed reduction (AU 6)	\$70.40
47306	Distal phalanx of finger or thumb, treatment of fracture of, by open reduction (AU 8)	\$80.45
47309	Distal phalanx of finger or thumb, treatment of intra-articular fracture of, by open reduction (AU 8)	\$100.60
47312	Middle phalanx of finger, treatment of fracture of, by closed reduction (AU 6)	\$90.50
47315	Middle phalanx of finger, treatment of intra-articular fracture of, by closed reduction (AU 6)	\$103.95
47318	Middle phalanx of finger, treatment of fracture of, by open reduction (AU 8)	\$120.70
47321	Middle phalanx of finger, treatment of intra-articular fracture of, by open reduction (AU 8)	\$150.85
47324	Proximal phalanx of finger or thumb, treatment of fracture of, by closed reduction (AU 6)	\$120.70
47327	Proximal phalanx of finger or thumb, treatment of intra-articular fracture of, by closed reduction (AU 6)	\$140.80
47330	Proximal phalanx of finger or thumb, treatment of fracture of, by open reduction (AU 8)	\$160.95
47333	Proximal phalanx of finger or thumb, treatment of intra-articular fracture of, by open reduction (AU 8)	\$201.15
47336	Metacarpal, treatment of fracture of, by closed reduction (AU 6)	\$120.70
47339	Metacarpal, treatment of intra-articular fracture of, by closed reduction (AU 6)	\$140.80
47342	Metacarpal, treatment of fracture of, by open reduction (AU 10)	\$160.95
47345	Metacarpal, treatment of intra-articular fracture of, by open reduction (AU 10)	\$201.15
47348	Carpus (excluding scaphoid), treatment of fracture of, not being a service to which item 47351 applies (AU 6)	\$67.05
47351	Carpus (excluding scaphoid), treatment of fracture of, by open reduction (AU 11)	\$167.65
47354	Carpal scaphoid, treatment of fracture of, not being a service to which item 47357 applies (AU 6)	\$120.70
47357	Carpal scaphoid, treatment of fracture of, by open reduction (AU 12)	\$268.20
47360	Radius or ulna, distal end of, treatment of fracture of, by cast immobilisation, not being a service to which item 47363 or 47366 applies (AU 6)	\$93.90
47363	Radius or ulna, distal end of, treatment of fracture of, by closed reduction (AU 6)	\$140.80
47366	Radius or ulna, distal end of, treatment of fracture of, by open reduction (AU 11)	\$187.75
47369	Radius, distal end of, treatment of Colles', Smith's or Barton's fracture of, by cast immobilisation, not being a service to which item 47372 or 47375 applies (AU 6)	\$120.70
47372	Radius, distal end of, treatment of Colles', Smith's or Barton's fracture, by closed reduction (AU 6)	\$201.15

47375	Radius, distal end of, treatment of Colles', Smith's or Barton's fracture, by open reduction (AU 11)	\$268.20
47378	Radius or ulna, shaft of, treatment of fracture of, by cast immobilisation, not being a service to which item 47381, 47384, 47385 or 47386 applies (AU 6)	\$120.70
47381	Radius or ulna, shaft of, treatment of fracture of, by closed reduction undertaken in the operating theatre of a hospital or approved day hospital facility (AU 7)	\$181.05
47384	Radius or ulna, shaft of, treatment of fracture of, by open reduction (AU 11)	\$241.40
47385	Radius or ulna, shaft of, treatment of fracture of, in conjunction with dislocation of distal radio-ulnar joint or proximal radio-humeral joint (Galeazzi or Monteggia injury), by closed reduction undertaken in the operating theatre of a hospital or approved day hospital facility (AU 11)	\$207.85
47386	Radius or ulna, shaft of, treatment of fracture of, in conjunction with dislocation of distal radio-ulnar joint or proximal radio-humeral joint (Galeazzi or Monteggia injury), by open reduction or internal fixation (AU 12)	\$335.25
47387	Radius and ulna, shafts of, treatment of fracture of, by cast immobilisation, not being a service to which item 47390 or 47393 applies (AU 6)	\$194.45
47390	Radius and ulna, shafts of, treatment of fracture of, by closed reduction, undertaken in the operating theatre of a hospital or approved day hospital facility (AU 7)	\$291.70
47393	Radius and ulna, shafts of, treatment of fracture of, by open reduction (AU 11)	\$388.90
47396	Olecranon, treatment of fracture of, not being a service to which item 47399 applies (AU 7)	\$134.10
47399	Olecranon, treatment of fracture of, by open reduction (AU 12)	\$268.20
47402	Olecranon, treatment of fracture of, involving excision of olecranon fragment and reimplantation of tendon (AU 11)	\$201.15
47405	Radius, treatment of fracture of head or neck of, closed management of (AU 6)	\$134.10
47408	Radius, treatment of fracture of head or neck of, open management of, including internal fixation and excision where performed (AU 12)	\$268.20
47411	Humerus, treatment of fracture of tuberosity of, not being a service to which item 47417 applies (AU 6)	\$80.45
47414	Humerus, treatment of fracture of tuberosity of, by open reduction (AU 11)	\$160.95
47417	Humerus, treatment of fracture of tuberosity of, and associated dislocation of shoulder, by closed reduction (AU 8)	\$187.75
47420	Humerus, treatment of fracture of tuberosity of, and associated dislocation of shoulder, by open reduction (AU 15)	\$368.80
47423	Humerus, proximal, treatment of fracture of, not being a service to which item 47426, 47429 or 47432 applies (AU 8)	\$154.20
47426	Humerus, proximal, treatment of fracture of, by closed reduction, undertaken in the operating theatre of a hospital or	\$231.35

	approved day hospital facility (AU 8)	
47429	Humerus, proximal, treatment of fracture of, by open reduction (AU 15)	\$308.45
47432	Humerus, proximal, treatment of intra-articular fracture of, by open reduction (AU 17)	\$385.55
47435	Humerus, proximal, treatment of fracture of, and associated dislocation of shoulder, by closed reduction (AU 9)	\$295.05
47438	Humerus, proximal, treatment of fracture of, and associated dislocation of shoulder, by open reduction (AU 17)	\$469.40
47441	Humerus, proximal, treatment of intra-articular fracture of, and associated dislocation of shoulder, by open reduction (AU 17)	\$586.70
47444	Humerus, shaft of, treatment of fracture of, not being a service to which item 47447 or 47450 applies (AU 8)	\$160.95
47447	Humerus, shaft of, treatment of fracture of, by closed reduction, undertaken in the operating theatre of a hospital or approved day-hospital facility (AU 9)	\$241.40
47450	Humerus, shaft of, treatment of fracture of, by open reduction (AU 15)	\$321.85
47453	Humerus, distal, (supracondylar or condylar), treatment of fracture of, not being a service to which item 47456 or 47459 applies (AU 8)	\$187.75
47456	Humerus, distal (supracondylar or condylar), treatment of fracture of, by closed reduction, undertaken in the operating theatre of a hospital or approved day-hospital facility (AU 8)	\$281.65
47459	Humerus, distal (supracondylar or condylar), treatment of fracture of, by open reduction, undertaken in the operating theatre of a hospital or approved day-hospital facility (AU 15)	\$375.50
47462	Clavicle, treatment of fracture of, not being a service to which item 47465 applies (AU 7)	\$80.45
47465	Clavicle, treatment of fracture of, by open reduction (AU 13)	\$160.95
47466	Sternum, treatment of fracture of, not being a service to which item 47467 applies (AU 7)	\$80.45
47467	Sternum, treatment of fracture of, by open reduction (AU 13)	\$160.95
47468	Scapula, neck or glenoid region of, treatment of fracture of, by open reduction (AU 15)	\$308.45
47471	Ribs (1 or more), treatment of fracture of-each attendance	\$30.55
47474	Pelvic ring, treatment of fracture of, not involving disrupting pelvic ring or acetabulum	\$134.10
47477	Pelvic ring, treatment of fracture of, with disrupting pelvic ring or acetabulum	\$167.65
47480	Pelvic ring, treatment of fracture of, requiring traction (AU 7)	\$335.25
47483	Pelvic ring, treatment of fracture of, requiring control by external fixation (AU 12)	\$402.30
47486	Pelvic ring, treatment of fracture of, by open reduction and involving internal fixation of anterior segment, including diastasis of pubic symphysis (AU 20)	\$670.55
47489	Pelvic ring, treatment of fracture of, by open reduction and involving internal fixation of posterior segment (including sacro-iliac joint), with or without fixation of anterior segment	\$1,005.80

	(AU 24)	
47492	Acetabulum, treatment of fracture of, and associated dislocation of hip (AU 7)	\$167.65
47495	Acetabulum, treatment of fracture of, and associated dislocation of hip, requiring traction (AU 8)	\$335.25
47498	Acetabulum, treatment of fracture of, and associated dislocation of hip, requiring internal fixation, with or without traction (AU 16)	\$502.90
47501	Acetabulum, treatment of single column fracture of, by open reduction and internal fixation, including any osteotomy, osteectomy or capsulotomy required for exposure and subsequent repair (AU 20)	\$670.55
47504	Acetabulum, treatment of T-shape fracture of, by open reduction and internal fixation, including any osteotomy, osteectomy or capsulotomy required for exposure and subsequent repair (AU 24)	\$1,005.80
47507	Acetabulum, treatment of transverse fracture of, by open reduction and internal fixation, including any osteotomy, osteectomy or capsulotomy required for exposure and subsequent repair (AU 24)	\$1,005.80
47510	Acetabulum, treatment of double column fracture of, by open reduction and internal fixation, including any osteotomy, osteectomy or capsulotomy required for exposure and subsequent repair (AU 24)	\$1,005.80
47513	Sacro-iliac joint disruption, treatment of, requiring internal fixation, being a service associated with a service to which items 47501 to 47510 apply (AU 18)	\$268.20
47516	Femur, treatment of fracture of, by closed reduction or traction (AU 8)	\$308.45
47519	Femur, treatment of trochanteric or subcapital fracture of, by internal fixation (AU 14)	\$616.90
47522	Femur, treatment of subcapital fracture of, by hemiarthroplasty (AU 13)	\$536.45
47525	Femur, treatment of fracture of, for slipped capital femoral epiphysis (AU 13)	\$616.90
47528	Femur, treatment of fracture of, by internal fixation or external fixation (AU 14)	\$536.45
47531	Femur, treatment of fracture of shaft, by internal fixation and cross fixation (AU 15)	\$683.95
47534	Femur, condylar region of, treatment of intra-articular (T-shaped condylar) fracture of, requiring internal fixation, with or without internal fixation of 1 or more osteochondral fragments (AU 20)	\$771.10
47537	Femur, condylar region of, treatment of fracture of, requiring internal fixation of 1 or more osteochondral fragments, not being a service associated with a service to which item 47534 applies (AU 14)	\$308.45
47540	Hip spica or shoulder spica, application of, as an independent procedure (AU 9)	\$154.20
47543	Tibia, plateau of, treatment of medial or lateral fracture of, not	\$160.95

	being a service to which item 47546 or 47549 applies (AU 8)	
47546	Tibia, plateau of, treatment of medial or lateral fracture of, by closed reduction (AU 8)	\$241.40
47549	Tibia, plateau of, treatment of medial or lateral fracture of, by open reduction (AU 13)	\$321.85
47552	Tibia, plateau of, treatment of both medial and lateral fractures of, not being a service to which item 47555 or 47558 applies (AU 12)	\$268.20
47555	Tibia, plateau of, treatment of both medial and lateral fractures of, by closed reduction (AU 8)	\$402.30
47558	Tibia, plateau of, treatment of both medial and lateral fractures of, by open reduction (AU 13)	\$536.45
47561	Tibia, shaft of, treatment of fracture of, by cast immobilisation, not being a service to which item 47564, 47567, 47570 or 47573 applies (AU 10)	\$194.45
47564	Tibia, shaft of, treatment of fracture of, by closed reduction, with or without treatment of fibular fracture (AU 8)	\$291.70
47567	Tibia, shaft of, treatment of intra-articular fracture of, by closed reduction, with or without treatment of fibular fracture (AU 8)	\$338.60
47570	Tibia, shaft of, treatment of fracture of, by open reduction, with or without treatment of fibular fracture (AU 12)	\$388.90
47573	Tibia, shaft of, treatment of intra-articular fracture of, by open reduction, with or without treatment of fibular fracture (AU 15)	\$486.15
47576	Fibula, treatment of fracture of (AU 6)	\$80.45
47579	Patella, treatment of fracture of, not being a service to which item 47582 or 47585 applies (AU 6)	\$114.00
47582	Patella, treatment of fracture of, by excision of patella or pole with reattachment of tendon (AU 10)	\$234.70
47585	Patella, treatment of fracture of, by internal fixation (AU 12)	\$301.75
47588	Knee joint, treatment of fracture of, by internal fixation of intra-articular fractures of femoral condylar or tibial articular surfaces and requiring repair or reconstruction of 1 or more ligaments (AU 19)	\$938.75
47591	Knee joint, treatment of fracture of, by internal fixation of intra-articular fractures of femoral condylar and tibial articular surfaces and requiring repair or reconstruction of 1 or more ligaments (AU 23)	\$1,139.90
47594	Ankle joint, treatment of fracture of, not being a service to which item 47597 applies (AU 8)	\$154.20
47597	Ankle joint, treatment of fracture of, by closed reduction (AU 8)	\$231.35
47600	Ankle joint, treatment of fracture of, by internal fixation of 1 of malleolus, fibula or diastasis (AU 10)	\$308.45
47603	Ankle joint, treatment of fracture of, by internal fixation of more than 1 of malleolus, fibula or diastasis (AU 12)	\$402.30
47606	Calcaneum or talus, treatment of fracture of, not being a service to which item 47609, 47612, 47615 or 47618 applies, with or without dislocation (AU 8)	\$167.65

47609	Calcaneum or talus, treatment of fracture of, by closed reduction, with or without dislocation (AU 9)	\$251.45
47612	Calcaneum or talus, treatment of intra-articular fracture of, by closed reduction, with or without dislocation (AU 9)	\$291.70
47615	Calcaneum or talus, treatment of fracture of, by open reduction, with or without dislocation (AU 12)	\$335.25
47618	Calcaneum or talus, treatment of intra-articular fracture of, by open reduction, with or without dislocation (AU 13)	\$419.10
47621	Tarso-metatarsal, treatment of intra-articular fracture of, by closed reduction, with or without dislocation (AU 9)	\$291.70
47624	Tarso-metatarsal, treatment of fracture of, by open reduction, with or without dislocation (AU 14)	\$402.30
47627	Tarsus (excluding calcaneum or talus), treatment of fracture of (AU 8)	\$114.00
47630	Tarsus (excluding calcaneum or talus), treatment of fracture of, by open reduction, with or without dislocation (AU 13)	\$241.40
47633	Metatarsal, 1 of, treatment of fracture of (AU 6)	\$80.45
47636	Metatarsal, 1 of, treatment of fracture of, by closed reduction (AU 6)	\$120.70
47639	Metatarsal, 1 of, treatment of fracture of, by open reduction (AU 8)	\$160.95
47642	Metatarsals, 2 of, treatment of fracture of (AU 7)	\$107.30
47645	Metatarsals, 2 of, treatment of fracture of, by closed reduction (AU 7)	\$160.95
47648	Metatarsals, 2 of, treatment of fracture of, by open reduction (AU 11)<	\$214.55
47651	Metatarsals, 3 or more of, treatment of fracture of (AU 8)	\$167.65
47654	Metatarsals, 3 or more of, treatment of fracture of, by closed reduction (AU 8)	\$251.45
47657	Metatarsals, 3 or more of, treatment of fracture of, by open reduction (AU 10)	\$335.25
47663	Phalanx of great toe, treatment of fracture of, by closed reduction (AU 7)	\$100.60
47666	Phalanx of great toe, treatment of fracture of, by open reduction (AU 9)	\$167.65
47672	Phalanx of toe (other than great toe), 1 of, treatment of fracture of, by open reduction (AU 8)	\$80.45
47678	Phalanx of toe (other than great toe), more than 1 of, treatment of fracture of, by open reduction (AU 11)	\$120.70
47681	Spine (excluding sacrum), treatment of fracture of transverse process, vertebral body, or posterior elements-each attendance	\$30.55
47684	Spine, treatment of fracture, dislocation or fracture-dislocation, without spinal cord involvement, including immobilisation by calipers (AU 9)	\$536.45
47687	Spine, treatment of fracture, dislocation or fracture-dislocation, with spinal cord involvement, including immobilisation by calipers, and including up to 14 days' post-operative care	\$938.75
47690	Spine, treatment of fracture, dislocation or fracture-dislocation, without cord involvement, including	\$737.60

	immobilisation by calipers, requiring reduction by closed manipulation (AU 9)	
47693	Spine, treatment of fracture, dislocation or fracture-dislocation, with cord involvement, including immobilisation by calipers, requiring reduction by closed manipulation, including up to 14 days' post-operative care	\$938.75
47696	Spine, reduction of fracture or dislocation of, without cord involvement, undertaken in the operating theatre of a hospital or approved day-hospital facility (AU 9)	\$268.20
47699	Spine, treatment of fracture, dislocation or fracture-dislocation without cord involvement requiring open reduction with or without internal fixation (AU 18)	\$1,072.85
47702	Spine, treatment of fracture, dislocation or fracture-dislocation with cord involvement requiring open reduction with or without internal fixation, including up to 14 days' post-operative care (AU 18)	\$1,341.10
47703	Skull, treatment of fracture of, each attendance	\$30.55
47705	Skull calipers, insertion of, as an independent procedure (AU 8)	\$201.15
47708	Plaster jacket, application of, as an independent procedure (AU 8)	\$154.20
47711	Halo, application of, as an independent procedure (AU 8)	\$228.00
47714	Halo, application of, in addition to spinal fusion for scoliosis, or other conditions (AU 8)	\$171.00
47717	Halo-thoracic traction-application of both halo and thoracic jacket (AU 11)	\$301.75
47720	Halo-femoral traction, as an independent procedure (AU 10)	\$301.75
47723	Halo-femoral traction in conjunction with a major spine operation (AU 12)	\$301.75
47726	Bone graft, harvesting of, via separate incision, in conjunction with another service-autogenous-small quantity (AU 7)	\$100.60
47729	Bone graft, harvesting of, via separate incision, in conjunction with another service-autogenous-large quantity (AU 7)	\$167.65
47732	Vascularised pedicle bone graft, harvesting of, in conjunction with another service (AU 8)	\$268.20
47735	Nasal bones, treatment of fracture of, not being a service to which item 47738 or 47741 applies	\$30.55
47738	Nasal bones, treatment of fracture of, by reduction (AU 8)	\$167.65
47741	Nasal bones, treatment of fracture of, by open reduction involving osteotomies (AU 12)	\$342.00
47753	Maxilla, treatment of fracture of, requiring splinting, wiring of teeth, circumosseous fixation or external fixation (AU 14)	\$289.60
47756	Mandible, treatment of fracture of, requiring splinting, wiring of teeth, circumosseous fixation or external fixation (AU 14)	\$289.60
47762	Zygomatic bone, treatment of fracture of, requiring surgical reduction by a temporal, intra-oral or other approach (AU 7)	\$169.60
47765	Zygomatic bone, treatment of fracture of, requiring surgical reduction and involving internal or external fixation at 1 site (AU 9)	\$279.25
47768	Zygomatic bone, treatment of fracture of, requiring surgical	\$341.30

	reduction and involving internal or external fixation, or both at 2 sites (AU 10)	
47771	Zygomatic bone, treatment of fracture of, requiring surgical reduction and involving internal or external fixation, or both at 3 sites (AU 11)	\$393.00
47774	Maxilla, treatment of fracture of, requiring open operation (AU 7)	\$310.30
47777	Mandible, treatment of fracture of, requiring open reduction (AU 7)	\$310.30
47780	Maxilla, treatment of fracture of, requiring open reduction and internal fixation not involving plate(s) (AU 9)	\$403.35
47783	Mandible, treatment of fracture of, requiring open reduction and internal fixation not involving plate(s) (AU 9)	\$403.35
47786	Maxilla, treatment of fracture of, requiring open reduction and internal fixation involving plate(s) (AU 11)	\$511.95
47789	Mandible, treatment of fracture of, requiring open reduction and internal fixation involving plate(s) (AU 11)	\$511.95
47900	Bone cyst, injection into or aspiration of (AU 8)	\$120.70
47903	Epicondylitis, open operation for (AU 8)	\$167.65
47904	Digital nail, removal of, not being a service to which item 47906 applies (AU 5)	\$40.25
47906	Digital nail, removal of, in the operating theatre of a hospital or approved day-hospital facility (AU 5)	\$80.45
47909	Middle palmar, thenar or hypothenar spaces, drainage of (excluding aftercare) (AU 6)	\$100.60
47912	Pulp space infection, paronychia of hands or feet, incision for, not being a service to which another item in this Group applies (excluding after-care) (AU 5)	\$40.25
47915	Ingrowing nail of finger or toe, wedge resection for, including removal of segment of nail, ungual fold and portion of the nail bed (AU 6)	\$120.70
47916	Ingrowing nail of finger or toe, partial resection of nail, including phenolisation but not including excision of nail bed (AU 5)	\$60.65
47918	Ingrowing toenail, radical excision of nailbed (AU 6)	\$167.65
47921	Orthopaedic pin or wire, insertion of, as an independent procedure (AU 6)	\$80.45
47924	Buried wire, pin or screw, 1 or more of, which were inserted for internal fixation purposes, removal of requiring incision and suture, not being a service to which item 47927 or 47930 applies-per bone (AU 6)	\$26.80
47927	Buried wire, pin or screw, 1 or more of, which were inserted for internal fixation purposes, removal of, in the operating theatre of a hospital or approved day hospital facility-per bone (AU 6)	\$100.60
47930	Plate, rod or nail and associated wires, pins or screws, 1 or more of, all of which were inserted for internal fixation purposes, removal of, not being a service associated with a service to which item 47924 or 47927 applies-per bone (AU 8)	\$187.75

47933	Exostosis of small bone, excision of, including simple removal of bunion and any associated bursa (AU 6)	\$147.50
47936	Exostosis of large bone, excision of (AU 7)	\$181.05
47939	Limb lengthening (first stage) osteotomy for, including application of distracting apparatus (AU 12)	\$569.95
47942	Limb lengthening (second stage) internal fixation with bone grafting, including removal of distracting apparatus (AU 12)	\$569.95
47943	Limb lengthening requiring slow distraction and application of ring fixator, not being a service to which item 47939 applies (AU 26)	\$909.80
47945	Distracting apparatus, removal of, without internal fixation (AU 6)	\$167.65
47948	External fixation, removal of, in the operating theatre of a hospital or approved day hospital facility (AU 6)	\$114.00
47951	External fixation, removal of, in conjunction with operations involving internal fixation or bone grafting or both (AU 7)	\$134.10
47954	Tendon, large rupture, repair of, not being a service to which another item in this Group applies (AU 10)	\$268.20
47957	Tendon, large, lengthening of, not being a service to which another item in this Group applies (AU 9)	\$201.15
47960	Tenotomy, subcutaneous, not being a service to which another item in this Group applies (AU 4)	\$93.90
47963	Tenotomy, open, with or without tenoplasty, not being a service to which another item in this Group applies (AU 7)	\$154.20
47966	Tendon or ligament transfer, not being a service to which another item in this Group applies (AU 9)	\$308.45
47969	Tenosynovectomy, not being a service to which another item in this Group applies (AU 8)	\$187.75
47972	Tendon sheath, open operation for teno-vaginitis, not being a service to which another item in this Group applies (AU 8)	\$167.65
47975	Forearm or calf, decompression fasciotomy of, for acute compartment syndrome, requiring excision of muscle and deep tissue (AU 9)	\$262.85
47978	Forearm or calf, decompression fasciotomy of, for chronic compartment syndrome, requiring excision of muscle and deep tissue (AU 7)	\$159.70
47981	Forearm, calf or interosseous muscle space of hand, decompression fasciotomy of, not being a service to which another item applies (AU 5)	\$107.15
48200	Femur, bone graft to (AU 12)	\$536.45
48203	Femur, bone graft to, with internal fixation (AU 14)	\$650.40
48206	Tibia, bone graft to (AU 10)	\$402.70
48209	Tibia, bone graft to, with internal fixation (AU 12)	\$516.30
48212	Humerus, bone graft to (AU 10)	\$402.30
48215	Humerus, bone graft to, with internal fixation (AU 12)	\$516.30
48218	Radius or ulna, bone graft to (AU 10)	\$402.30
48221	Radius and ulna, bone graft to, with internal fixation of 1 or both bones (AU 12)	\$536.45
48224	Radius or ulna, bone graft to (AU 10)	\$268.20
48227	Radius or ulna, bone graft to, with internal fixation of 1 or	\$348.70

	both bones (AU 11)	
48230	Scaphoid, bone graft to, for non-union (AU 10)	\$301.75
48233	Scaphoid, bone graft to, for non-union, with internal fixation (AU 10)	\$435.85
48236	Scaphoid, bone graft to, for mal-union, including osteotomy, bone graft and internal fixation (AU 11)	\$569.95
48239	Bone graft, not being a service to which another item in this Group applies (AU 10)	\$315.15
48242	Bone graft, with internal fixation, not being a service to which another item in this Group applies (AU 11)	\$435.85
48400	Phalanx, metatarsal, accessory bone or sesamoid bone, osteotomy or osteectomy of, excluding services to which item 49848 or 49851 applies (AU 7)	\$234.70
48403	Phalanx or metatarsal, osteotomy or osteectomy of, with internal fixation (AU 8)	\$368.80
48406	Fibula, radius, ulna, clavicle, scapula (other than acromion), rib, tarsus or carpus, osteotomy or osteectomy of (AU 9)	\$234.70
48409	Fibula, radius, ulna, clavicle, scapula (other than acromion), rib, tarsus or carpus, osteotomy or osteectomy, with internal fixation (AU 10)	\$368.80
48412	Humerus, osteotomy or osteectomy of (AU 11)	\$449.25
48415	Humerus, osteotomy or osteectomy of, with internal fixation (AU 12)	\$569.95
48418	Tibia, osteotomy or osteectomy of (AU 9)	\$449.25
48421	Tibia, osteotomy or osteectomy of, with internal fixation (AU 12)	\$569.95
48424	Femur or pelvis, osteotomy or osteectomy of (AU 15)	\$536.45<
48427	Femur or pelvis, osteotomy or osteectomy of, with internal fixation (AU 17)	\$650.40
48500	Femur, epiphysiodesis of (AU 11)	\$234.70
48503	Tibia and fibula, epiphysiodesis of (AU 11)	\$234.70
48506	Femur, tibia and fibula, epiphysiodesis of (AU 15)	\$348.70
48509	Epiphysiodesis, staple arrest of hemi-epiphysis (AU 10)	\$167.65
48512	Epiphysiolysis, operation to prevent closure of plate (AU 15)	\$637.00
48600	Spine, manipulation of, performed in the operating theatre of a hospital or approved day-hospital facility (AU 6)	\$67.05
48603	Spine, manipulation of, under epidural anaesthesia, with or without steroid injection, where the manipulation and the administration of the epidural anaesthetic are performed by the same medical practitioner in the operating theatre of a hospital or approved day-hospital facility, not being a service associated with a service to which item 48600 or 50115 applies (AU 6)	\$100.60
48606	Scoliosis or Kyphosis, spinal fusion for (without instrumentation) (AU 24)	\$938.75
48609	Scoliosis or Kyphosis, spinal fusion for, using Harrington or other nonsegmental fixation (AU 24)	\$1,173.45
48612	Scoliosis, spinal fusion for, using segmental instrumentation (C D, Zielke, Luque, or similar) (AU 30)	\$1,743.40
48615	Scoliosis, re-exploration for, involving adjustment or removal	\$315.15

	of instrumentation or simple bone grafting procedure (AU 14)	
48618	Scoliosis, revision of failed scoliosis surgery, involving more than 1 of multiple osteotomy, fusion or instrumentation (AU 26)	\$1,743.40
48621	Scoliosis, anterior correction of, with fusion and segmental fixation (Dwyer, Zielke, or similar)-not more than 4 levels (AU 26)	\$1,139.90
48624	Scoliosis, anterior correction of, with fusion and segmental fixation (Dwyer, Zielke or similar)-more than 4 levels (AU 30)	\$1,408.15
48627	Scoliosis, spinal fusion for, combined with segmental instrumentation (C D, Zielke or similar) down to and including pelvis (AU 30)	\$1,810.45
48630	Scoliosis, requiring anterior decompression of spinal cord with resection of vertebrae including bone graft and instrumentation in the presence of spinal cord involvement (AU 30)	\$2,011.60
48632	Scoliosis, congenital, vertebral resection and fusion for (AU 30)	\$1,112.00
48636	Percutaneous lumbar discectomy, 1 or more levels (AU 9)	\$576.65
48639	Vertebral body, total or sub-total excision of, including bone grafting or other form of fixation (AU 28)	\$972.30
48642	Spine, posterior, bone graft to, not being a service to which item 48648 or 48651 applies-1 or 2 levels (AU 16)	\$569.95
48645	Spine, posterior, bone graft to, not being a service to which item 48648 or 48651 applies-more than 2 levels (AU 18)	\$771.10
48648	Spine, bone graft to, (postero-lateral fusion)-1 or 2 levels (AU 16)	\$771.10
48651	Spine, bone graft to, (postero-lateral fusion)-more than 2 levels (AU 18)	\$1,072.85
48654	Spinal fusion (posterior interbody), with laminectomy, 1 level (AU 18)	\$771.10
48657	Spinal fusion (posterior interbody), with laminectomy, more than 1 level (AU 21)	\$1,072.85
48660	Spinal fusion (anterior interbody) to cervical, thoracic or lumbar regions-1 level (AU 18)	\$771.10
48663	Spinal fusion (anterior interbody) to cervical, thoracic or lumbar regions-1 level (where an assisting surgeon performs the approach)- principal surgeon (AU 18)	\$576.65
48666	Spinal fusion (anterior interbody) to cervical, thoracic or lumbar regions-1 level (where an assisting surgeon performs the approach)- assisting surgeon	\$348.70
48669	Spinal fusion (anterior interbody) to cervical, thoracic or lumbar regions-more than 1 level (AU 20)	\$1,039.35
48672	Spinal fusion (anterior interbody) to cervical, thoracic or lumbar regions-more than 1 level (where an assisting surgeon performs the approach)-principal surgeon (AU 20)	\$777.85
48675	Spinal fusion (anterior interbody) to cervical, thoracic or lumbar regions-more than 1 level (where an assisting surgeon performs the approach)-assisting surgeon	\$469.40

48678	Spine, simple internal fixation of, involving 1 or more of facet screw, wire loop or similar, being a service associated with a service to which items 48642 to 48675 apply (AU 16)	\$402.30
48681	Spine, non-segmental internal fixation of (Harrington or similar), other than for scoliosis, being a service associated with a service to which any one of items 48642 to 48675 applies (AU 16)	\$670.55
48684	Spine, segmental internal fixation of, other than for scoliosis, being a service associated with a service to which any one of items 48642 to 48675 applies-1 or 2 levels (AU 16)	\$670.55
48687	Spine, segmental internal fixation of, other than for scoliosis, being a service associated with a service to which any one of items 48642 to 48675 applies-3 or 4 levels (AU 20)	\$938.75
48690	Spine, segmental internal fixation of, other than for scoliosis, being a service associated with a service to which any one of items 48642 to 48675 applies-more than 4 levels (AU 22)	\$1,072.85
48900	Shoulder, excision of coraco-acromial ligament or removal of calcium deposit from cuff or both (AU 10)	\$201.15
48903	Shoulder, decompression of subacromial space by acromionectomy, excision of coraco-acromial ligament and distal clavicle, or any combination (AU 14)	\$402.30
48906	Shoulder, repair of rotator cuff, including excision of coraco-acromial ligament or removal of calcium deposit from cuff, or both-not being a service associated with a service to which item 48900 applies (AU 14)	\$402.30
48909	Shoulder, repair of rotator cuff, including decompression of subacromial space by acromionectomy, excision of coraco-acromial ligament and distal clavicle, or any combination, not being a service associated with a service to which item 48903 applies (AU 15)	\$536.45
48912	Shoulder, arthrotomy of (AU 9)	\$234.70
48915	Shoulder, hemi-arthroplasty of (AU 14)	\$536.45
48918	Shoulder, total replacement arthroplasty of, including any associated rotator cuff repair (AU 17)	\$1,072.85
48921	Shoulder, total replacement arthroplasty, revision of (AU 17)	\$1,106.40
48924	Shoulder, total replacement arthroplasty, revision of, requiring bone graft to scapula or humerus, or both (AU 23)	\$1,274.05
48927	Shoulder prosthesis, removal of (AU 10)	\$261.50
48930	Shoulder, anterior stabilisation procedure for recurrent dislocation (AU 13)	\$536.45
48933	Shoulder, stabilisation procedure for multi-directional instability (AU 15)	\$704.05
48936	Shoulder, synovectomy of, as an independent procedure (AU 12)	\$536.45
48939	Shoulder, arthrodesis of (AU 16)	\$771.10
48942	Shoulder, arthrodesis of, including removal of prosthesis, requiring bone grafting or internal fixation (AU 18)	\$1,005.80
48945	Shoulder, diagnostic arthroscopy of (including biopsy)-not being a service associated with any other arthroscopic procedure of the shoulder region (AU 7)	\$194.45

48948	Shoulder, arthroscopic surgery of, involving any 1 or more of: removal of loose bodies; debridement of labrum, synovium or rotator cuff; or chondroplasty-not being a service associated with any other arthroscopic procedure of the shoulder region (AU 12)	\$435.85
48951	Shoulder, arthroscopic division of coraco-acromial ligament including acromionplasty-not being a service associated with any other arthroscopic procedure of the shoulder region (AU 12)	\$637.00
48954	Shoulder, arthroscopic total synovectomy of-not being a service associated with any other arthroscopic procedure of the shoulder region (AU 12)	\$670.55
48957	Shoulder, arthroscopic stabilisation of, for recurrent instability-not being a service associated with any other arthroscopic procedure of the shoulder region (AU 14)	\$771.10
48960	Shoulder, arthroscopic reconstruction of, including repair of rotator cuff-not being a service associated with any other arthroscopic procedure of the shoulder region (AU 14)	\$670.55
49100	Elbow, arthrotomy of, involving 1 or more of lavage, removal of loose body or division of contracture (AU 11)	\$234.70
49103	Elbow, ligamentous stabilisation of (AU 11)	\$502.90
49106	Elbow, arthrodesis of (AU 13)	\$670.55
49109	Elbow, total synovectomy of (AU 13)	\$502.90
49112	Elbow, silastic or other replacement of radial head (AU 13)	\$502.90
49115	Elbow, total joint replacement of (AU 19)	\$804.65<
49118	Elbow, diagnostic arthroscopy of, including biopsy (AU 7)	\$194.45
49121	Elbow, arthroscopic surgery involving any 1 or more of drilling of defect, removal of loose body or chondroplasty-not being a service associated with any other arthroscopic procedure of the elbow joint (AU 10)	\$435.85
49200	Wrist, arthrodesis of, including bone graft, with or without internal fixation of the radiocarpal joint (AU 12)	\$583.35
49203	Wrist, limited arthrodesis of the intercarpal joint, including bone graft (AU 12)	\$435.85
49206	Wrist, excision arthroplasty of, with radial styloidectomy and proximal carpectomy (AU 12)	\$402.30
49209	Wrist, total replacement arthroplasty of (AU 18)	\$536.45
49212	Wrist, arthrotomy of (AU 10)	\$167.65
49215	Wrist, reconstruction of, including repair of single or multiple ligaments or capsules, including associated arthrotomy (AU 12)	\$462.65
49218	Wrist, diagnostic arthroscopy of, including radiocarpal or midcarpal joints, or both (including biopsy)-not being a service associated with any other arthroscopic procedure of the wrist joint (AU 7)	\$194.45
49221	Wrist, arthroscopic surgery of, involving any 1 or more of drilling of defect, removal of loose body, local synovectomy or debridement-not being a service associated with any other arthroscopic procedure of the wrist joint (AU 2)	\$435.85
49224	Wrist, arthroscopic debridement of or total synovectomy of-	\$502.90

	not being a service associated with any other arthroscopic procedure of the wrist joint (AU 12)	
49227	Wrist, arthroscopic pinning of osteochondral fragment-not being a service associated with any other arthroscopic procedure of the wrist joint (AU 12)	\$502.90
49300	Sacro-iliac joint-arthrodesis of (AU 16)	\$371.25
49303	Hip, arthrotomy of, including lavage, drainage or biopsy when performed (AU 11)	\$388.90
49306	Hip, arthrodesis of (AU 20)	\$771.10
49309	Hip, arthectomy or excision arthroplasty of, including removal of prosthesis (Austin Moore or similar (non cement)) (AU 16)	\$536.45
49312	Hip, arthrectomy or excision arthroplasty of, including removal of prosthesis (cemented, porous coated or similar) (AU 16)	\$670.55
49315	Hip, arthroplasty of, unipolar or bipolar (AU 13)	\$603.50
49318	Hip, total replacement arthroplasty of, including minor bone grafting (AU 18)	\$938.75
49321	Hip, total replacement arthroplasty of, including major bone grafting, including obtaining of graft (AU 20)	\$1,139.90
49324	Hip, total replacement arthroplasty of, revision procedure including removal of prosthesis (AU 22)	\$1,341.10
49327	Hip, total replacement arthroplasty of, revision procedure requiring bone grafting to acetabulum, including obtaining of graft (AU 22)	\$1,542.25
49330	Hip, total replacement arthroplasty of, revision procedure requiring bone grafting to femur, including obtaining of graft (AU 22)	\$1,542.25
49333	Hip, total replacement arthroplasty of, revision procedure requiring bone grafting to both acetabulum and femur, including obtaining of graft (AU 24)	\$1,743.40
49336	Hip, treatment of a fracture of the femur where revision total hip replacement is required as part of the treatment of the fracture (not including intra-operative fracture), being a service associated with a service to which items 49324 to 49333 apply (AU 22)	\$254.80
49339	Hip, revision total replacement of, requiring anatomic specific allograft of proximal femur greater than 5 cm in length (AU 24)	\$1,978.10
49342	Hip, revision total replacement of, requiring anatomic specific allograft of acetabulum (AU 24)<	\$1,978.10
49345	Hip, revision total replacement of, requiring anatomic specific allograft of both femur and acetabulum (AU 26)	\$2,346.90
49348	Hip, congenital dislocation of, treatment of, by closed reduction (AU 5)	\$114.00
49351	Hip, congenital dislocation of, treatment of, involving supervision of splint, harness or cast-each attendance (AU 5)	\$40.25
49354	Hip, congenital dislocation of, open reduction of (AU 8)	\$603.50
49357	Hip spica, initial application of, for congenital dislocation of hip (excluding aftercare) (AU 8)	\$252.70
49500	Knee, arthrotomy of, involving 1 or more of; capsular release,	\$268.20

	biopsy or lavage, or removal of loose body or foreign body (AU 10)	
49503	Knee, meniscectomy of, repair of collateral or cruciate ligament, patellectomy of, chondroplasty of, osteoplasty of, patello-femoral stabilisation or single transfer of ligament or tendon or any other single procedure (not being a service to which another item in this Group applies)-any 1 procedure (AU 10)	\$348.70
49506	Knee, meniscectomy of, repair of collateral or cruciate ligament, patellectomy of, chondroplasty of, osteoplasty of, patello-femoral stabilisation or single transfer of ligament or tendon or any other single procedure (not being a service to which another item in this Group applies)-any 2 or more procedures (AU 12)	\$523.00
49509	Knee, total synovectomy or arthrodesis of (AU 12)	\$536.45
49512	Knee, arthrodesis of, with removal of prosthesis (AU 13)	\$771.10
49515	Knee, removal of prosthesis, cemented or uncemented, including associated cement, as the first stage of a 2 stage procedure (AU 9)	\$603.50
49517	Knee, hemiarthroplasty of (AU 20)	\$859.25
49518	Knee, total replacement arthroplasty of (AU 18)	\$938.75
49521	Knee, total replacement arthroplasty of, requiring major bone grafting to femur or tibia, including obtaining of graft (AU 19)	\$1,139.90
49524	Knee, total replacement arthroplasty of, requiring major bone grafting to femur and tibia, including obtaining of graft (AU 20)<	\$1,341.10
49527	Knee, total replacement arthroplasty of, revision procedure, including removal of prosthesis (AU 21)	\$1,139.90
49530	Knee, total replacement arthroplasty of, revision procedure, requiring bone grafting to femur or tibia, including obtaining of graft and including removal of prosthesis (AU 22)	\$1,408.15
49533	Knee, total replacement arthroplasty of, revision procedure, requiring bone grafting to both femur and tibia, including obtaining of graft and including removal of prosthesis (AU 23)	\$1,609.30
49536	Knee, repair or reconstruction of, for chronic instability involving either cruciate or collateral ligaments (AU 15)	\$670.55
49539	Knee, reconstructive surgery of cruciate ligaments (open or arthroscopic, or both), including surgery to other internal derangements, not being a service to which another item in this Group applies (AU 13)	\$670.55
49542	Knee, reconstructive surgery of cruciate ligaments (open or air, extracapsular procedure and debridement when performed (AU 14)	\$938.75
49545	Knee, revision arthrodesis of (AU 15)	\$536.45
49548	Knee, revision of patello-femoral stabilisation (AU 11)	\$670.55
49551	Knee, revision of procedures to which item 49536, 49539 or 49542 applies (AU 15)	\$938.75
49554	Knee, revision of total replacement of, by anatomic specific allograft of tibia or femur (AU 23)	\$1,341.10

49557	Knee, diagnostic arthroscopy of (including biopsy, simple trimming of meniscal margin or plica)-not being a service associated with any other arthroscopic procedure of the knee region (AU 7)	\$194.45
49560	Knee, arthroscopic surgery of, involving any 1 or more of: meniscectomy, removal of loose body, lateral release, or chondroplasty-not being a service associated with any other arthroscopic procedure of the knee region (AU 10)	\$435.85
49563	Knee, arthroscopic surgery of, involving meniscus repair or osteoplasty, or both (AU 10)	\$637.00
49566	Knee, arthroscopic total synovectomy of (AU 12)	\$536.45
49700	Ankle, diagnostic arthroscopy of, including biopsy (AU 8)	\$194.45
49703	Ankle, arthroscopic surgery of (AU 12)	\$435.85
49706	Ankle, arthrotomy of, involving 1 or more of: lavage, removal of loose body or division of contracture (AU 10)	\$234.70
49709	Ankle, ligamentous stabilisation of (AU 11)	\$502.90
49712	Ankle, arthrodesis of (AU 12)	\$536.45
49715	Ankle, total joint replacement of (AU 17)	\$804.65
49718	Ankle, Achilles' tendon or other major tendon, repair of (AU 10)	\$268.20
49721	Ankle, Achilles' tendon rupture managed by non-operative treatment	\$167.65
49724	Ankle, Achilles' tendon, secondary repair or reconstruction of (AU 11)	\$469.40
49727	Ankle, Achilles' tendon, operation for lengthening (AU 10)	\$201.15
49800	Foot, flexor or extensor tendon, primary repair of (AU 9)	\$93.90
49803	Foot, flexor or extensor tendon, secondary repair of (AU 9)	\$120.70
49806	Foot, subcutaneous tenotomy of, 1 or more tendons (AU 4)	\$93.90
49809	Foot, open tenotomy of, with or without tenoplasty (AU 7)	\$154.20
49812	Foot, tendon or ligament transplantation of, not being a service to which another item in this Group applies (AU 10)	\$308.45
49815	Foot, triple arthrodesis of (AU 12)	\$536.45<
49818	Foot, excision of calcaneal spur (AU 6)	\$194.45
49821	Foot, correction of hallux valgus or hallux rigidus by excision arthroplasty (Keller's or similar procedure)-unilateral (AU 9)	\$308.45
49824	Foot, correction of hallux valgus or hallux rigidus by excision arthroplasty (Keller's or similar procedure)-bilateral (AU 10)	\$539.80
49827	Foot, correction of hallux valgus and transfer of adductor hallucis tendon-unilateral (AU 10)	\$335.25
49830	Foot, correction of hallux valgus and transfer of adductor hallucis tendon-bilateral (AU 12)	\$586.70
49833	Foot, correction of hallux valgus by osteotomy of first metatarsal including internal fixation where performed-unilateral (AU 10)	\$368.80
49836	Foot, correction of hallux valgus by osteotomy of first metatarsal including internal fixation where performed-bilateral (AU 13)	\$637.00
49839	Foot, correction of hallux rigidus or hallux valgus by prosthetic arthroplasty-unilateral (AU 11)	\$368.80
49842	Foot, correction of hallux rigidus or hallux valgus by	\$637.00

	prosthetic arthroplasty-bilateral (AU 14)	
49845	Foot, arthrodesis of, first metatarso-phalangeal joint (AU 10)	\$335.25
49848	Foot, correction of claw or hammer toe (AU 8)	\$114.00
49851	Foot, correction of claw or hammer toe with internal fixation (AU 8)	\$147.50
49854	Foot, radical plantar fasciotomy or fasciectomy of (AU 9)	\$268.20
49857	Foot, metatarso-phalangeal joint replacement (AU 12)	\$248.10
49860	Foot, synovectomy of metatarso-phalangeal joint, single joint (AU 9)	\$201.15
49863	Foot, synovectomy of metatarso-phalangeal joint, 2 or more joints (AU 11)<	\$301.75
49866	Foot, neurectomy for plantar-digital neuritis (Morton's or Bett's syndrome) (AU 7)	\$214.55
49869	Talipes equinovarus, posterior release of (AU8)	\$268.20
49872	Talipes equinovarus, medial release of (AU 8)	\$268.20
49875	Talipes equinovarus, combined postero-medial release of (AU 9)	\$402.30
49878	Talipes equinovarus, calcaneo valgus or metatarsus varus, treatment by cast, splint or manipulation-each attendance (AU 6)	\$40.25
50100	Joint, diagnostic arthroscopy of (including biopsy), not being a service to which another item in this Group applies and not being a service associated with any other arthroscopic procedure (AU 8)	\$194.45
50103	Joint, arthrotomy of, not being a service to which another item in this Group applies (AU 9)	\$234.70
50104	Joint, synovectomy of, not being a service to which another item in this Group applies (AU 9)	\$222.40
50106	Joint, stabilisation of, involving 1 or more of: repair of capsule, repair of ligament or internal fixation, not being a service to which another item in this Group applies (AU 10)	\$335.25
50109	Joint, arthrodesis of, not being a service to which another item in this Group applies (AU 11)	\$335.25
50112	Joint, cicatricial flexion contracture of, correction of, involving tissues deeper than skin and subcutaneous tissue (AU 10)	\$268.20
50115	Joint or joints, manipulation of, performed in the operating theatre of a hospital or approved day hospital facility, not being a service associated with a service to which another item in this Group applies (AU 4)	\$100.60
50118	Subtalar joint, arthrodesis of (AU 11)	\$308.45
50121	Greater Trochanter, transplantation of ileopsoas tendon to (AU 13)	\$603.50
50124	Joint or other synovial cavity, aspiration of, injection into, or both of these procedures; payable on not more than 25 occasions in any 12-month period (AU 5)	\$21.10
50127	Joint or joints, arthroplasty of, by any technique not being a service to which another item applies (AU 15)	\$500.40
50130	Joint or joints, application of external fixator to, other than for treatment of fractures (AU 9)	\$222.40

50200	Aggressive or potentially malignant bone or deep soft tissue tumour, biopsy of (not including aftercare) (AU 5)	\$134.10
50203	Bone or malignant deep soft tissue tumour, lesional or marginal excision of (AU 8)	\$295.05
50206	Bone tumour, lesional or marginal excision of, combined with any 1 of: liquid nitrogen freezing, autograft, allograft or cementation (AU 9)	\$435.85
50209	Bone tumour, lesional or marginal excision of, combined with any 2 or more of: liquid nitrogen freezing, autograft, allograft or cementation (AU 10)	\$536.45
50212	Malignant or aggressive soft tissue tumour affecting the long bones of leg or arm, enbloc resection of, with compartmental or wide excision of soft tissue, without reconstruction (AU 19)	\$1,173.45
50215	Malignant or aggressive soft tissue tumour affecting the long bones of leg or arm, enbloc resection of, with compartmental or wide excision of soft tissue, with intercalary reconstruction (prosthesis, allograft or autograft) (AU 21)	\$1,475.20
50218	Malignant tumour of long bone, enbloc resection of, with replacement or arthrodesis of adjacent joint (AU 21)	\$1,944.55
50221	Malignant or aggressive soft tissue tumour of pelvis, sacrum or spine; or scapula and shoulder, enbloc resection of (AU 22)	\$1,810.45
50224	Malignant or aggressive soft tissue tumour of pelvis, sacrum or spine; or scapula and shoulder, enbloc resection of, with reconstruction by prosthesis, allograft or autograft (AU 25)	\$2,011.60
50227	Malignant bone tumour, enbloc resection of, with massive anatomic specific allograft or autograft, with or without prosthetic replacement (AU 27)	\$2,346.90
50230	Benign tumour, resection of, requiring anatomic specific allograft, with or without internal fixation (AU 19)	\$1,206.95
50233	Malignant tumour, amputation for, hemipelvectomy or interscapulo-thoracic (AU 26)	\$1,542.25
50236	Malignant tumour, amputation for, hip dis-articulation, shoulder disarticulation or proximal third femur (AU 20)	\$1,206.95
50239	Malignant tumour, amputation for, not being a service to which another item in this Group applies (AU 13)	\$804.65

GROUP T9-ASSISTANCE AT OPERATIONS

51300	Assistance at any operation for which the fee exceeds \$180.90 but does not exceed \$321.35 or at a series or a combination of operations where the fee for at least 1 of the operations exceeds \$180.90 but where the fee for the series or combination of operations does not exceed \$321.35	\$61.45
51303	Assistance at any operation for which the fee exceeds \$321.35 or at a combination of operations for which the aggregate fee exceeds \$321.35 provided that the fee for at least 1 of the operations exceeds \$180.90	Amount under rule 33
51306	Assistance at a delivery involving Caesarean section	\$88.85
51309	Assistance at a series or combination of operations, 1 of which	Amount

is a delivery involving Caesarean section

under rule
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ORAL AND MAXILLOFACIAL SERVICES GROUP O1-CONSULTATIONS

51700	Professional attendance (other than a second or subsequent attendance in a single course of treatment) by an approved dental practitioner where the patient is referred to the approved dental practitioner-being an attendance related to a subsequent operative procedure described in an item in Groups O3 to O9 where that attendance is at consulting rooms, hospital or nursing home	\$61.05
51703	Professional attendance by an approved dental practitioner where the patient is referred to the approved dental practitioner-each attendance related to an operative procedure described in an item in Groups O3 to O9 subsequent to the first in a single course of treatment where that attendance is at consulting rooms, hospital or nursing home	\$30.55

GROUP O2-ASSISTANCE AT OPERATION

51800	Assistance by an approved dental practitioner at any operation for which the fee exceeds \$180.90 but does not exceed \$321.35 or at a series or a combination of operations where the fee for 1 of the operations exceeds \$180.90 but where the fee for the series or combination of operations does not exceed \$321.35	\$61.05
51803	Assistance by an approved dental practitioner at any operation for which the fee exceeds \$321.35 or at a combination of operations for which the aggregate fee exceeds \$321.35 provided that the fee for at least 1 of the operations exceeds \$180.90	Amount under rule 33

GROUP O3-GENERAL SURGERY

52000	Skin and subcutaneous tissue or mucous membrane, repair of recent wound of, on face or neck, small (not more than 7 cm long), superficial (AU 7)	\$58.90
52001	Operative procedure on tissue, organ or region, not being a service to which another item in Groups O3 to O9 applies, including any consultation on the same occasion	\$5.15
52003	Skin and subcutaneous tissue or mucous membrane, repair of recent wound of, on face or neck, small (not more than 7 cm long), involving deeper tissue (AU 7)	\$83.55
52006	Skin and subcutaneous tissue or mucous membrane, repair of recent wound of, on face or neck, large (more than 7 cm long), superficial (AU 7)	\$83.55
52009	Skin and subcutaneous tissue or mucous membrane, repair of recent wound of, on face or neck, large (more than 7 cm long), involving deeper tissue (AU 8)	\$132.85

52012	Superficial foreign body, removal of, as an independent procedure (AU 5)	\$16.70
52015	Subcutaneous foreign body, removal of, requiring incision and suture, as an independent procedure (AU 6)	\$78.20
52018	Foreign body in muscle, tendon or other deep tissue, removal of, as an independent procedure (AU 7)	\$197.10
52021	Aspiration biopsy of 1 or more jaw cysts as an independent procedure to obtain material for diagnostic purposes and not being a service associated with an operative procedure on the same day (AU 6)	\$21.00
52024	Biopsy of skin or mucous membrane, as an independent procedure (AU 5)	\$37.25
52027	Biopsy of lymph gland, muscle or other deep tissue or organ, as an independent procedure (AU 6)	\$107.10
52030	Sinus, excision of, involving superficial tissue only (AU 6)	\$64.25
52033	Sinus, excision of, involving muscle and deep tissue (AU 7)	\$130.70
52036	Tumour, cyst, ulcer or scar (other than a scar removed during the surgical approach at an operation), up to 3 cm in diameter, removal from cutaneous or subcutaneous tissue or from mucous membrane, where the removal is by surgical excision and suture, not being a service to which item 52039 applies (AU 6)	\$90.00
52039	Tumours, cysts, ulcers or scars (other than a scar removed during the surgical approach at an operation), up to 3 cm in diameter, removal from cutaneous or subcutaneous tissue or from mucous membrane, where the removal is by surgical excision and suture, and the procedure is performed on more than 3 but not more than 10 lesions (AU 9)	\$230.30
52042	Tumour, cyst, ulcer or scar (other than a scar removed during the surgical approach at an operation), more than 3 cm in diameter, removal from cutaneous or subcutaneous tissue or from mucous membrane (AU 6)<	\$122.10
52045	Tumour, cyst (other than a cyst associated with a tooth or tooth fragment unless it has been established by radiological examination that there is a minimum of 5 mm separation between the cyst lining and tooth structure or where a tumour or cyst has been proven by positive histopathology), ulcer or scar (other than a scar removed during the surgical approach at an operation), removal of, not being a service to which another item in Groups O3 to O9 applies, involving muscle, bone, or other deep tissue (AU 8)	\$175.65
52048	Tumour or deep cyst (other than a cyst associated with a tooth or tooth fragment unless it has been established by radiological examination that there is a minimum of 5 mm separation between the cyst lining and tooth structure or where a tumour or cyst has been proven by positive histopathology), removal of, requiring wide excision, not being a service to which another item in Groups O3 to O9 applies (AU 8)	\$262.45
52051	Tumour, removal of, from soft tissue (including muscle, fascia	\$358.85

	and connective tissue), extensive excision of, without skin or mucosal graft (AU 8)	
52054	Tumour, removal of, from soft tissue (including muscle, fascia and connective tissue), extensive excision of, with skin or mucosal graft (AU 10)<	\$417.75
52055	Haematoma, abscess or cellulitis not requiring a general anaesthesia, incision with drainage of (excluding after-care)	\$19.45
52057	Large haematoma, large abscess, carbuncle, cellulitis or similar lesion, incision with drainage of (excluding after-care), where undertaken in the operating theatre of a hospital or approved day-hospital facility (AU 5)	\$115.70
52060	Muscle, excision of (AU 6)	\$134.95
52063	Bone tumour, innocent, excision of, not being a service to which another item in Groups O3 to O9 applies (AU 7)	\$251.75
52066	Submandibular gland, extirpation of (AU 8)	\$316.00
52069	Sublingual gland, extirpation of (AU 7)	\$141.40
52072	Salivary gland, dilatation or diathermy of duct (AU 6)	\$41.80
52075	Salivary gland, removal of calculus from duct or meatotomy or marsupialisation, 1 or more such procedures (AU 7)	\$107.10
52078	Tongue, partial excision of (AU 7)	\$210.00
52081	Tongue tie, division or excision of frenulum (AU 6)	\$33.20
52084	Tongue tie, mandibular frenulum or maxillary frenulum, division or excision of frenulum, in a person aged not less than 2 years (AU 6)	\$84.60
52087	Ranula or mucous cyst of mouth, removal of (AU 9)	\$145.70
52090	Operation on mandible or maxilla (other than alveolar margins) for osteomyelitis-1 bone (AU 10)	\$253.40
52092	Operation on skull for osteomyelitis (AU 12)	\$330.95
52096	Orthopaedic pin or wire, insertion of, into maxilla or mandible or zygoma, as an independent procedure (AU 5)	\$80.65
52099	Buried wire, pin or screw, 1 or more, which were inserted for internal fixation purposes into maxilla or mandible or zygoma, removal of, requiring anaesthesia, incision, dissection and suturing, per bone, not being a service associated with a service to which item 52102 or 52105 applies (AU 6)	\$100.30
52102	Buried wire, pin or screw, 1 or more, which were inserted for internal fixation purposes into maxilla or mandible or zygoma, removal of, requiring anaesthesia, incision, dissection and suturing, where undertaken in the operating theatre of a hospital or approved day-hospital facility, per bone (AU 6)	\$100.30
52105	Plate, 1 or more of, and associated screw and wire which were inserted for internal fixation purposes into maxilla or mandible or zygoma, removal of, requiring anaesthesia, incision, dissection and suturing, per bone, not being a service associated with a service to which item 52099 or 52102 applies (AU 6)	\$188.25
52108	Lip, full thickness wedge excision of, with repair by direct sutures (AU 8)	\$230.30
52111	Vermilionectomy (AU 8)	\$230.30
52114	Mandible or maxilla, segmental resection of, for tumours or	\$417.75

	cysts (AU 13)	
52117	Mandible, including lower border, or maxilla, sub-total resection of (AU 13)	\$496.45
52120	Mandible, hemimandiblectomy of, including condylectomy where performed (AU 29)	\$589.15
52122	Mandible, hemi-mandibular reconstruction with bone graft, not being a service associated with a service to which item 52123 applies (AU 15)	\$589.50
52123	Mandible, total resection of both sides, including condylectomies where performed (AU 35)	\$667.10
52126	Maxilla, total resection of (AU 25)	\$642.70
52129	Maxilla, total resection of both maxillae (AU 30)	\$856.95
52132	Tracheostomy (AU 10)	\$169.25
52135	Post-operative or post-nasal haemorrhage, or both, control of, where undertaken in the operating theatre of a hospital or approved day-hospital facility (AU 7)	\$102.85
52138	Maxillary artery, ligation of (AU 12)	\$316.00
52141	Facial, mandibular or lingual artery or vein or artery and vein, ligation of, not being a service to which item 52138 applies (AU 12)	\$316.00
52144	Foreign body, deep, removal of using interventional imaging techniques (AU 10)	\$294.55
52147	Duct of major salivary gland, transposition of (AU 16)	\$278.50
52148	Parotid duct, repair of, using micro-surgical techniques (AU 14)	\$491.25

GROUP O4-PLASTIC AND RECONSTRUCTIVE<

52300	Single-stage local flap, where indicated, repair to 1 defect, with skin or mucosa (AU 7)	\$203.50
52303	Single-stage local flap, where indicated, repair to 1 defect, with buccal pad of fat (AU 10)	\$289.20
52306	Single-stage local flap, where indicated, repair to 1 defect, using temporalis muscle (AU 10)	\$429.20
52309	Free grafting (mucosa or split skin) of a granulating area (AU 7)	\$145.70
52312	Free grafting (mucosa or split skin) to 1 defect, including elective dissection (AU 8)	\$203.50
52315	Free grafting, full thickness, to 1 defect (mucosa or skin) (AU 9)	\$337.40
52318	Bone graft, harvesting of, via separate incision, being a service associated with a service to which another item in Groups O3 to O9 applies-Autogenous-small quantity (AU 7)	\$100.30
52319	Bone graft, harvesting of, via separate incision, being a service associated with a service to which another item in Groups O3 to O9 applies-Autogenous-large quantity (AU 7)	\$167.55
52321	Foreign implant (non-biological), insertion of, for contour reconstruction of pathological deformity, not being a service associated with a service to which item 52624 applies (AU 10)<	\$337.40

52324	Direct flap repair, using tongue, first stage (AU 7)	\$337.40
52327	Direct flap repair, using tongue, second stage (AU 7)	\$167.55
52330	Palatal defect (oro-nasal fistula), plastic closure of, including services to which item 52300, 52303, 52306 or 52324 applies (AU 14)	\$557.00
52333	Cleft palate, primary repair (AU 14)	\$557.00
52336	Cleft palate, secondary repair, closure of fistula using local flaps (AU 13)	\$348.15
52339	Cleft palate, secondary repair, lengthening procedure (AU 12)	\$396.35
52342	Mandible or maxilla, unilateral osteotomy or osteectomy of, including transposition of nerves and vessels and bone grafts taken from the same site (AU 14)	\$687.80
52345	Mandible or maxilla, unilateral osteotomy or osteectomy of, including transposition of nerves and vessels and bone grafts taken from the same site and rigid fixation by bone plates, screws or both (AU 19)	\$775.70
52348	Mandible or maxilla, bilateral osteotomy or osteectomy of, including transposition of nerves and vessels and bone grafts taken from the same site (AU 25)	\$878.35
52351	Mandible or maxilla, bilateral osteotomy or osteectomy of, including transposition of nerves and vessels and bone grafts taken from the same site and rigid fixation by bone plates, screws or both (AU 29)	\$987.70
52354	Mandible or maxilla, osteotomies or osteectomies of, involving 3 or more such procedures on the 1 jaw, including transposition of nerves and vessels and bone grafts taken from the same site (AU 29)	\$998.05
52357	Mandible or maxilla, osteotomies or osteectomies of, involving 3 or more such procedures on the 1 jaw, including transposition of nerves and vessels and bone grafts taken from the same site and rigid fixation by bone plates, screws or both (AU 32)	\$1,122.15
52360	Mandible or maxilla, osteotomies or osteectomies of, involving 2 such procedures of each jaw including transposition of nerves and vessels and bone grafts taken from the same site (AU 26)	\$1,146.15
52363	Mandible or maxilla, osteotomies or osteectomies of, involving 2 such procedures of each jaw, including transposition of nerves and vessels and bone grafts taken from the same site and rigid fixation by bone plates, screws or both (AU 32)	\$1,292.80
52366	Mandible or maxilla, complex bilateral osteotomies or osteectomies of, involving 3 or more such procedures of 1 jaw and 2 such procedures of the other jaw, including genioplasty when performed and transposition of nerves and vessels and bone grafts taken from the same site (AU 47)	\$1,264.00
52369	Mandible or maxilla, complex bilateral osteotomies or osteectomies of, involving 3 or more such procedures of 1 jaw and 2 such procedures of the other jaw, including genioplasty when performed and transposition of nerves and vessels and	\$1,416.90

	bone grafts taken from the same site and rigid fixation by bone plates, screws or both (AU 50)	
52372	Mandible or maxilla, complex bilateral osteotomies or osteectomies of, involving 3 or more such procedures of each jaw, including genioplasty when performed and transposition of nerves and vessels and bone grafts taken from the same site (AU 50)	\$1,376.45
52375	Mandible or maxilla, complex bilateral osteotomies or osteectomies of, involving 3 or more such procedures of each jaw, including genioplasty when performed and transposition of nerves and vessels and bone grafts taken from the same site and rigid fixation by bone plates, screws or both (AU 59)	\$1,541.05
52378	Genioplasty including transposition of nerves and vessels and bone grafts taken from the same site (AU 16)	\$532.65
52379	Face, contour reconstruction of 1 region, using autogenous bone or cartilage graft (AU 18)	\$910.15
52380	Midfacial osteotomies-Le Fort II, Modified Le Fort III (Nasomalar), Modified Le Fort III (Malar-Maxillary), Le Fort III involving 3 or more osteotomies of the midface including transposition of nerves and vessels and bone grafts taken from the same site (AU 50)	\$1,551.40
52382	Midfacial osteotomies-Le Fort II, Modified Le Fort III (Nasomalar), Modified Le Fort III (Malar-Maxillary), Le Fort III involving 3 or more osteotomies of the midface including transposition of nerves and vessels and bone grafts taken from the same site and rigid fixation by bone plates, screws or both (AU 58)	\$1,861.65
52420	Mandible, fixation by intermaxillary wiring, excluding wiring for obesity	\$171.70

GROUP O5-PREPROSTHETIC

52600	Mandibular or palatal exostosis, excision of (AU 10)	\$241.00
52603	Mylohyoid ridge, reduction of (AU 10)	\$230.30
52606	Maxillary tuberosity, reduction of (AU 12)	\$175.65
52609	Papillary hyperplasia of the palate, removal of-less than 5 lesions (AU 10)	\$230.30
52612	Papillary hyperplasia of the palate, removal of-5 to 20 lesions (AU 12)	\$289.20
52615	Papillary hyperplasia of the palate, removal of-more than 20 lesions (AU 13)	\$358.85
52618	Vestibuloplasty, submucosal or open, including excision of muscle and skin or mucosal graft when performed-unilateral or bilateral (AU 19)	\$417.75
52621	Floor of mouth lowering (Obwegeser or similar procedure), including excision of muscle and skin or mucosal graft when performed-unilateral (AU 19)	\$417.75
52624	Alveolar ridge augmentation with bone or alloplast or both-unilateral (AU 13)	\$337.40
52626	Alveolar ridge augmentation-unilateral, insertion of tissue	\$206.85

	expanding device into maxillary or mandibular alveolar ridge region for (AU 13)	
52627	Osseo-integration procedure-extra oral implantation of titanium fixture (AU 11)	\$358.85
52630	Osseo-integration procedure-fixation of transcutaneous abutment (AU 6)	\$132.85

GROUP O6-NEUROSURGICAL

52800	Neurolysis by open operation, without transposition, not being a service associated with a service to which item 52803 applies (AU 7)	\$197.10
52803	Nerve trunk, internal (interfascicular), neurolysis of, using microsurgical techniques (AU 11)	\$283.85
52806	Neurectomy, neurotomy or removal of tumour from superficial peripheral nerve (AU 8)	\$197.10
52809	Neurectomy, neurotomy or removal of tumour from deep peripheral nerve (AU 10)	\$337.40
52812	Nerve trunk, primary repair of, using microsurgical techniques (AU 8)	\$482.05
52815	Nerve trunk, secondary repair of, using microsurgical techniques (AU 9)	\$508.80
52818	Nerve, transposition of (AU 8)	\$337.40
52821	Nerve graft to nerve trunk (cable graft) including harvesting of nerve graft using microsurgical techniques (AU 16)	\$733.75
52824	Peripheral branches of the trigeminal nerve, cryosurgery of, for pain relief (AU 8)	\$316.00

GROUP O7-EAR, NOSE & THROAT

53000	Maxillary antrum, proof puncture and lavage of (AU 6)	\$23.05
53003	Maxillary antrum, proof puncture and lavage of, where undertaken in the operating theatre of a hospital or approved day-hospital facility-not being a service associated with a service to which another item in this Group applies (AU 6)	\$65.35
53006	Antrostomy (radical) (AU 9)	\$372.35
53009	Antrum, intranasal operation on or removal of foreign body from (AU 8)	\$210.00
53012	Antrum, drainage of, through tooth socket (AU 7)	\$83.55
53015	Oro-antral fistula, plastic closure of (AU 11)	\$417.75
53018	Turbinectomy or turbinectomies, partial or total, unilateral (AU 6)	\$97.50
53019	Maxillary sinus, bone graft to floor of maxillary sinus following elevation of mucosal lining (sinus lift procedure), (unilateral) (AU 20)	\$413.70

GROUP O8-TEMPOROMANDIBULAR JOINT

53200	Mandible, treatment of a dislocation of, not requiring open reduction (AU 4)<	\$33.75
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53203	Mandible, treatment of a dislocation of, requiring open reduction (AU 4)	\$84.60
53206	Temporomandibular joint, manipulation of, performed in the operating theatre of a hospital or approved day-hospital facility, not being a service associated with a service to which another item in Groups O3 to O9 applies (AU 4)	\$101.75
53209	Glenoid fossa, zygomatic arch and temporal bone, reconstruction of (Obwegeser technique) (AU 19)	\$1,172.95
53212	Absent condyle and ascending ramus in hemifacial microsomia, construction of, not including harvesting of graft material (AU 15)	\$636.05
53215	Temporomandibular joint, arthroscopy of, with or without biopsy, not being a service associated with any other arthroscopic procedure of that joint (AU 9)	\$230.30
53218	Temporomandibular joint, arthroscopy of, removal of loose bodies, debridement, or treatment of adhesions-1 or more of such procedures (AU 12)	\$471.30
53221	Temporomandibular joint, open surgical exploration of, with or without microsurgical techniques (AU 18)	\$621.30
53224	Temporomandibular joint, open surgical exploration of, with condylectomy or condylotomy, with or without microsurgical techniques (AU 20)	\$690.90
53225	Arthrocentesis, irrigation of temporomandibular joint after insertion of 2 cannuli into the appropriate joint space(s) (AU 13)	\$206.85
53227	Temporomandibular joint, open surgical exploration of, with or without meniscus or capsular surgery, including meniscectomy when performed, with or without microsurgical techniques (AU 24)	\$846.25
53230	Temporomandibular joint, open surgical exploration of, with meniscus, capsular and condylar head surgery, with or without microsurgical techniques (AU 24)	\$953.35
53233	Temporomandibular joint, surgery of, involving procedures to which items 53224, 53227 and 53230 apply and also involving the use of tissue flaps, or cartilage graft, or allograft implants, with or without microsurgical techniques (AU 28)	\$1,071.15

GROUP O9-TREATMENT OF FRACTURES

53400	Maxilla, unilateral or bilateral, treatment of fracture of, not requiring splinting	\$92.05
53403	Mandible, treatment of fracture of, not requiring splinting	\$112.45
53406	Maxilla, treatment of fracture of, requiring splinting, wiring of teeth, circumosseous fixation or external fixation (AU 14)	\$289.20
53409	Mandible, treatment of fracture of, requiring splinting, wiring of teeth, circumosseous fixation or external fixation (AU 14)	\$289.20
53410	Zygomatic bone, treatment of fracture of, not requiring surgical reduction	\$61.05
53411	Zygomatic bone, treatment of fracture of, requiring surgical reduction, by temporal, intra-oral or other approach (AU 7)	\$169.25

53412	Zygomatic bone, treatment of fracture of, requiring surgical reduction and involving internal or external fixation at 1 site (AU 9)	\$278.50
53413	Zygomatic bone, treatment of fracture of, requiring surgical reduction and involving internal or external fixation, or both at 2 sites (AU 10)	\$342.80
53414	Zygomatic bone, treatment of, requiring surgical reduction and involving internal or external fixation, or both at 3 sites (AU 11)	\$391.00
53415	Maxilla, treatment of fracture of, requiring open reduction (AU 7)	\$310.65
53416	Mandible, treatment of fracture of, requiring open reduction (AU 7)	\$310.65
53418	Maxilla, treatment of fracture of, requiring open reduction and internal fixation not involving plate(s) (AU 9)	\$401.70
53419	Mandible, treatment of fracture of, requiring open reduction and internal fixation not involving plate(s) (AU 9)	\$401.70
53422	Maxilla, treatment of fracture of, requiring open reduction and internal fixation involving plate(s) (AU 11)	\$514.15
53423	Mandible, treatment of fracture of, requiring open reduction and internal fixation involving plate(s) (AU 11)	\$514.15
53424	Maxilla, treatment of a complicated fracture of, involving viscera, blood vessels or nerves, requiring open reduction not involving plate(s) (AU 10)	\$439.20
53425	Mandible, treatment of a complicated fracture of, involving viscera, blood vessels or nerves, requiring open reduction not involving plate(s) (AU 10)	\$439.20
53427	Maxilla, treatment of a complicated fracture of, involving viscera, blood vessels or nerves, requiring open reduction involving the use of plate(s) (AU 12)	\$599.85
53429	Mandible, treatment of a complicated fracture of, involving viscera, blood vessels or nerves, requiring open reduction involving the use of plate(s) (AU 12)	\$599.85
53439	Mandible, treatment of a closed fracture of, involving a joint surface (AU 6)	\$169.25
53453	Orbital cavity, reconstruction of a wall or floor with or without foreign implant (AU 12)	\$346.45
53455	Orbital cavity, bone or cartilage graft to orbital wall or floor including reduction of prolapsed or entrapped orbital contents (AU 14)	\$403.35

CLEFT LIP & CLEFT PALATE SERVICES<
GROUP C1-ORTHODONTIC SERVICES

75000	Professional attendance not being a service to which item 75003 applies (AO)	\$29.00
75003	Professional attendance and treatment planning where treatment is deferred (AO)	\$58.70
75006	Production of dental study models not being a service associated with a service to which item 75003 applies, or not	\$29.00

	being a service to which item 75024, 75027, 75030, 75033, 75036, 75039, 75042, 75045, 75048, or 75051 applies (AO)	
75009	Orthodontic radiography-orthopantomography (panoramic radiography) (AO)	\$48.55
75012	Orthodontic radiography-anteroposterior cephalometric radiography with cephalometric tracings or lateral cephalometric radiography with cephalometric tracings (AO)	\$76.85
75015	Orthodontic radiography-anteroposterior and lateral cephalometric radiography, with cephalometric tracings (AO)	\$105.80
75018	Orthodontic radiography-anteroposterior and lateral cephalometric radiography, with cephalometric tracings and orthopantomography (AO)	\$134.80
75021	Orthodontic radiography-anteroposterior and lateral cephalometric radiography, with cephalometric tracings, orthopantomography and hand-wrist studies (including growth prediction) (AO)	\$165.25
75024	Pre-surgical infant maxillary arch repositioning, including supply of appliances and all associated consultations-where 1 appliance is used (AO)	\$391.40
75027	Pre-surgical infant maxillary arch repositioning, including supply of appliances and all associated consultations-where 2 appliances are used (AO)	\$463.90
75030	Deciduous dentition treatment-maxillary arch expansion, including supply of appliances and all associated consultations, treatment planning and retention services beyond the period of active treatment (AO)	\$521.85
75033	Deciduous and permanent dentition treatment-incisor alignment using fixed appliances in maxillary arch, including supply of appliances and all associated consultations, treatment-planning and retention services beyond the period of active treatment (AO)	\$855.30
75036	Deciduous and permanent dentition treatment (not being treatment associated with treatment to which item 75033 applies)-lateral arch expansion and incisor alignment using fixed appliances in maxillary arch, including supply of appliances and all associated attendances, treatment-planning and retention services beyond the period of active treatment (AO)	\$1,181.45
75039	Permanent dentition treatment (not being treatment associated with treatment to which item 75045 or 75048 applies)-single arch (mandibular or maxillary) treatment (correction or alignment, or both) using fixed appliances, including supply of appliances and all associated consultations, treatment-planning and retention services beyond the period of active treatment-initial 3 months of active treatment (AO)	\$391.40
75042	Permanent dentition treatment (not being treatment associated with treatment to which item 75045 or 75048 applies)-single arch (mandibular or maxillary) treatment (correction or alignment, or both) using fixed appliances, including supply of appliances and all associated consultations, treatment-	\$147.85

	planning and retention services beyond the period of active treatment-each 3 months of active treatment after the first for a maximum of a further 33 months (AO)	
75045	Permanent dentition treatment (not being treatment associated with treatment to which item 75039 or 75042 applies)-2-arch (mandibular and maxillary) treatment (correction or alignment, or both) using fixed appliances, including supply of appliances and all associated consultations, treatment-planning and retention services beyond the period of active treatment-initial 3 months of active treatment (AO)	\$768.30
75048	Permanent dentition treatment (not being treatment associated with treatment to which item 75039 or 75042 applies)-2-arch (mandibular and maxillary) treatment (correction or alignment, or both) using fixed appliances, including supply of appliances and all associated consultations, treatment-planning and retention services beyond the period of active treatment-each 3 months of active treatment after the first for a maximum of a further 33 months (AO)	\$202.95
75051	Pre-surgical or post-surgical jaw growth guidance using removable appliances, including supply of appliances and all associated consultations and treatment-planning (AO)	\$521.85

GROUP C2-ORAL SURGICAL SERVICES

75200	Removal of tooth or tooth fragment (not being treatment to which item 75400, 75403, 75406, 75409, 75412 or 75415 applies), where the patient is referred by an accredited orthodontist (AD)	\$39.15
75203	Removal of tooth or tooth fragment under general anaesthesia, where the patient is referred by an accredited orthodontist (AD)	\$58.70
75206	Removal of each additional tooth or tooth fragment at the same attendance at which a service to which item 75200 or 75203 applies is rendered (AD)	\$19.45
75400	Surgical removal of erupted tooth, where the patient is referred by an accredited orthodontist (AOS)	\$117.40
75403	Surgical removal of tooth with soft tissue impaction, where the patient is referred by an accredited orthodontist (AOS)	\$134.80
75406	Surgical removal of tooth with partial bone impaction, where the patient is referred by an accredited orthodontist (AOS)	\$153.65
75409	Surgical removal of tooth with complete bone impaction, where the patient is referred by an accredited orthodontist (AOS)	\$173.95
75412	Surgical removal of tooth fragment requiring incision of soft tissue only, where the patient is referred by an accredited orthodontist (AOS)	\$97.15
75415	Surgical removal of tooth fragment requiring removal of bone, where the patient is referred by an accredited orthodontist (AOS)	\$117.40
75600	Surgical exposure, stimulation and packing of unerupted	\$165.25

	tooth, where the patient is referred by an accredited orthodontist (AOS)	
75603	Surgical exposure of unerupted tooth for the purpose of fitting a traction device, where the patient is referred by an accredited orthodontist (AOS)	\$194.25
75606	Surgical repositioning of unerupted tooth, where the patient is referred by an accredited orthodontist (AOS)	\$194.25
75609	Transplantation of tooth bud, where the patient is referred by an accredited orthodontist (AOS)	\$289.95

GROUP C3-GENERAL AND PROSTHODONTIC SERVICES

75800	Attendance comprising consultation, preventive treatment and prophylaxis, of not less than 30 minutes' duration-each attendance to a maximum of 3 attendances in any period of 12 months (AD)	\$58.70
75803	Provision and fitting of acrylic base partial denture, including retainers-1 tooth (AD)	\$234.85
75806	Provision and fitting of acrylic base partial denture, including retainers-2 teeth (AD)	\$275.45
75809	Provision and fitting of acrylic base partial denture, including retainers-3 teeth (AD)	\$326.15
75812	Provision and fitting of acrylic base partial denture, including retainers-4 teeth (AD)	\$362.40
75815	Provision and fitting of acrylic base partial denture, including retainers-5 to 9 teeth (AD)	\$442.15
75818	Provision and fitting of acrylic base partial denture, including retainers-10 to 12 teeth (AD)	\$521.85
75821	Provision and fitting of cast metal base (cobalt chromium alloy) partial denture including casting and retainers-1 tooth (AD)	\$420.40
75824	Provision and fitting of cast metal base (cobalt chromium alloy) partial denture including casting and retainers-2 teeth (AD)	\$485.65
75827	Provision and fitting of cast metal base (cobalt chromium alloy) partial denture including casting and retainers-3 teeth (AD)	\$558.10
75830	Provision and fitting of cast metal base (cobalt chromium alloy) partial denture including casting and retainers-4 teeth (AD)	\$616.10
75833	Provision and fitting of cast metal base (cobalt chromium alloy) partial denture including casting and retainers-5 to 9 teeth (AD)	\$753.80
75836	Provision and fitting of cast metal base (cobalt chromium alloy) partial denture including casting and retainers-10 to 12 teeth (AD)	\$862.55
75839	Provision and fitting of retainers (not being treatment associated with treatment to which item 75803, 75806, 75809, 75812, 75815, 75818, 75821, 75824, 75827, 75830, 75833 or 75836 applies)-each retainer (AD)	\$19.45

75842	Adjustment of partial denture (not being treatment associated with treatment to which item 75803, 75806, 75809, 75812, 75815, 75818, 75821, 75824, 75827, 75830, 75833 or 75836 applies) (AD)	\$29.00
75845	Relining of partial denture by laboratory process and associated fitting (AD)	\$144.95
75848	Remodelling and fitting of partial denture of more than 4 teeth (AD)	\$173.95
75851	Repair to cast metal base of partial denture-1 or more points (AD)	\$87.00
75854	Addition of a tooth or teeth to a partial denture to replace extracted tooth or teeth, including taking of necessary impression (AD)	\$87.00

Notes

- 1 Notified in the *Commonwealth of Australia Gazette* on 1 November 1993.