



**Statutory Rules 1994 No. 112<sup>1</sup>**

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**Health Insurance (1993-1994 General Medical Services Table) Regulations<sup>2</sup> (Amendment)**

I, THE ADMINISTRATOR of the Government of the Commonwealth of Australia, acting with the advice of the Federal Executive Council, make the following Regulations under the *Health Insurance Act 1973*.

Dated 26 April 1994.

P. BENNETT  
Administrator

By His Excellency's Command,

B. HOWE  
Minister for Housing and Regional Development for the  
Minister for Human Services and Health

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**1. Commencement**

1.1 These Regulations commence on 1 May 1994.

**2. Amendment**

2.1 The Health Insurance (1993-1994 General Medical Services Table) Regulations are amended as set out in these Regulations.

### 3.1 Paragraph 2 (1) (b) (iii):

### 3.2 Rule 27:

Omit “16506.”.

### 3.3 Rule 27:

Omit “, 16516”.

### 3.4 Rule 28:

Omit “16516.”.

#### 4.1 Item 11600:

Omit the item, substitute:

“11600	Blood pressure monitoring (central venous, pulmonary arterial, systemic arterial or cardiac intracavity), by indwelling catheter—each day of monitoring for each pressure up to a maximum of 4 pressures (not being a service to which item 13876 applies) (AU 4)	\$49.30
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11601	Blood pressure monitoring (central venous, pulmonary arterial, systemic arterial or cardiac intracavity), by indwelling catheter—for each pressure up to a maximum of 4 pressures (not being a service to which item 13876 applies) performed in association with the administration of an anaesthetic relating to another discrete operation on the same day (AU 4)	\$49.30”.
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#### 4.2 Item 11630:

Omit the item.

4.3 Item 11830:

Omit “\$93.10”, substitute “\$133.00”.

4.4 Items 12100, 12103, 12106, 12109, 12112 and 12115:

Omit the items.

4.5 After item 13503, insert:

“13506 Gastro-oesophageal balloon intubation, \$131.40”.  
Minnesota, Sengstaken-Blakemore or  
similar, for control of bleeding from gastric  
oesophageal varices

4.6 After item 13606, insert:

“13609 Cardioplegia, retrograde administration of, \$180.00”.  
involving crystalloid or blood, via a roller  
pump or pump-oxygenator

4.7 Subgroup 9 (heading):

Omit the heading, substitute:

“Subgroup 9—Procedures associated with intensive care  
and cardiopulmonary support”.

4.8 Items 13809 and 13812:

Omit the items.

4.9 Item 13818:

Omit the item, substitute:

“13818 Right heart balloon catheter, insertion of, \$81.00”.  
including pulmonary wedge pressure and  
cardiac output measurement

4.10 Items 13819, 13821, 13824, and 13827:

Omit the items.

4.11 Omit items 13833 and 13836, substitute:

“13839	Arterial puncture and collection of blood for diagnostic purposes	\$16.40
13842	Intra-arterial cannulisation for the purpose of taking multiple arterial blood samples for blood gas analysis	\$49.30
13845	Counterpulsation by intra-aortic balloon—management on the first day, including percutaneous insertion, initial and subsequent consultations and monitoring of parameters	\$385.30
13848	Counterpulsation by intra-aortic balloon—management on each day subsequent to the first, including associated consultations and monitoring of parameters	\$93.30
13851	Circulatory support device, management of, on first day	\$351.65
13854	Circulatory support device, management of, on each day subsequent to the first	\$81.70

Subgroup 9A—Management and procedures undertaken  
in an intensive care unit

13870	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
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13873	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
13876	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	\$49.30
13879	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
13882	Ventilatory support in an intensive care unit, management of, by a specialist or consultant physician (not being a service to which item 13879 applies) each day	\$53.60
13885	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
13888	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”.

4.12 Items 16500, 16503, 16506, and 16507:

Omit the items, substitute:

“16500	Antenatal care (not including any service or services to which item 16517 applies) where the attendances do not exceed 10—each attendance	\$24.15
16503	Antenatal care (not including any service or services to which item 16517 applies) where the attendances exceed 10	\$241.50
16507	Confinement and postnatal care for 9 days where the medical practitioner has not given the antenatal care	\$290.00”.

4.13 Items 16516 and 16517:

Omit the items, substitute:

“16517	Antenatal care, confinement with delivery by any means (including Caesarean section) and postnatal care for 9 days	\$621.55”.
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4.14 Item 16552:

Omit the item, substitute:

“16552	Chorionic villus sampling using interventional imaging techniques	\$182.65”.
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4.15 Items 16558 and 16561:

Omit the items, substitute:

“16558	Version, external, under general anaesthesia, not being a service to which items 16507 to 16517 apply (AU 6)	\$45.25
16561	Version, internal, under general anaesthesia, not being a service to which items 16507 to 16517 apply (AU 6)	\$81.00”.

4.16 Item 30381:

Omit the item.

4.17 After item 30563, insert:

“30564 Small bowel strictureplasty for chronic inflammatory bowel disease (AU 14) \$550.00”.

4.18 Item 30609:

Omit “\$328.55”, substitute “\$330.75”.

4.19 Item 32027:

Omit the item, substitute:

“32025 Rectum, low restorative anterior resection with extraperitoneal anastomosis (of the rectum) less than 10 cm from the anal verge, with or without covering stoma (AU 27) \$1,300.00

32026 Rectum, ultra low restorative resection, with or without covering stoma, where the anastomosis is sited in the anorectal region and is 6 cm or less from the anal verge (AU 30) \$1,400.00

32028 Rectum, low or ultra low restorative resection, with peranal sutured coloanal anastomosis, with or without covering stoma (AU 34) \$1,500.00

32029 Colonic reservoir, construction of, being a service associated with a service to which any other item in this Subgroup applies (AU 20) \$300.00”.

## 4.20 Item 32048:

Omit the item.

## 4.21 After item 32111, insert:

“32112 Rectal prolapse, perineal recto- \$550.00”.  
sigmoidectomy for (AU 17)

## 4.22 Item 32117:

Omit “repair”, substitute “rectopexy”.

## 4.23 After item 32129, insert:

“32131 Rectocele, perineal repair of (AU 13) \$380.00”.

## 4.24 Item 32168:

Omit “wound—repair of,”, substitute “wound, review of,”.

## 4.25 Items 32183 and 32186:

Omit the items, substitute:

“32183 Intestinal sling procedure prior to \$400.00  
radiotherapy (AU 19)

32186 Colonic lavage, total, intra-operative \$400.00”.  
(AU 19)

## 4.26 Item 32500:

Omit all the words before “continuous”, substitute:

“Varicose veins (excluding telangiectases, starburst vessels, spider  
nevi or similar), multiple injections using”.

## 4.27 After item 35009, insert:

“35012 Sacral or pre-sacral sympathectomy \$503.45”.  
(AU 11)



4.28 Item 35567:

Omit the item, substitute:

“35567	Vaginal repair including 1 or more of anterior, posterior or enterocele repair, with sacrospinous colpopexy (AU 14)	\$500.00”.
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4.29 Item 35621, 35624 and 35625:

Omit the items, substitute:

“35619	Cervix, dilatation of, under general anaesthesia, not being a service to which item 35639, 35640 or 35643 applies (AU 5)	\$57.90
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35620	Endometrial biopsy where malignancy is suspected in patients with abnormal uterine bleeding or post menopausal bleeding (AU 5)	\$37.95
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35622	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 12)	\$429.20
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35623	Hysteroscopic resection of myoma or uterine septum followed by endometrial ablation by laser or diathermy (AU 15)	\$583.45”.
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## 4.30 Item 35636:

Omit “Hysteroscopy and laparoscopy”, substitute “Hysteroscopy, and laparoscopy where performed,”.

## 4.31 Item 35638:

Omit “dysmenorrhoea (AU 12)”, substitute “dysmenorrhoea—not being a service associated with any other intraperitoneal procedure (AU 14)”.

## 4.32 Item 36624:

Omit “including associated imaging”, substitute “using interventional imaging techniques”.

## 4.33 After item 37218, insert:

“37219 Prostate, transrectal needle biopsy of, using \$200.00”.  
transrectal prostatic ultrasound techniques  
and obtaining 1 or more than 1 prostatic  
specimen, being a service associated with a  
service to which item 55300 or 55303  
applies (AU 6)

## 4.34 Item 40803:

Omit “another item in this Group applies”, substitute “item 40800 or 40801 applies”.

## 4.35 After item 41614, insert:

“41615 Oval window surgery, including repair of \$776.30”.  
fistula, not being a service associated with  
a service to which any other item in this  
Group applies (AU 12)

4.36 Items 41882 and 41883:

Omit the items, substitute:

“41883 Tracheostomy (AU 10) \$181.00”.

4.37 After item 42509, insert:

“42510 Eye, enucleation of, with insertion of hydroxyapatite implant (coral implant), by 1 or more stages (AU 13) \$500.00”.

4.38 Item 42587:

Omit the item, substitute:

“42587 Trichiasis, treatment of, by cryotherapy, laser or electrolysis—each eyelid \$36.95”.

4.39 After item 42608, insert:

“42610 Nasolacrimal tube (unilateral) replacement of, or lacrimal passages, probing for obstruction, unilateral, with or without lavage—under general anaesthesia (AU 4) \$68.50”.

4.40 Items 42611 and 42614:

Omit the items, substitute:

“42611 Nasolacrimal tube (bilateral) replacement of, or lacrimal passages, probing for obstruction, bilateral, with or without lavage—under general anaesthesia (AU 5) \$102.85

42614 Nasolacrimal tube (unilateral) replacement of, or lacrimal passages, probing for obstruction, unilateral, with or without lavage, not being a service associated with a service to which item 42610 applies (excluding after-care) \$34.30

42615 Nasolacrimal tube (bilateral) replacement of, or lacrimal passages, probing for obstruction, bilateral, with or without lavage, not being a service associated with a service to which item 42611 applies (excluding after-care) \$51.45”.

4.41 Item 47531:

Omit “internal”, substitute “intramedullary”.

4.42 After item 47564, insert:

“47565 Tibia, shaft of, treatment of fracture of, by internal fixation or external fixation (AU 14) \$507.30

47566 Tibia, shaft of, treatment of fracture of, by intramedullary fixation and cross fixation (AU 15) \$646.80”.

4.43 After item 49345, insert:

“49346 Hip, revision arthroplasty with replacement of acetabular liner or ceramic head, not requiring removal of femoral component or acetabular shell (AU 15) \$603.50”.

4.44 After item 49357, insert:

“49360 Hip, diagnostic arthroscopy of (AU 9) \$245.00

49363 Hip, diagnostic arthroscopy of, with synovial biopsy (AU 10) \$295.00

49366 Hip, arthroscopic surgery of (AU 12) \$435.85”.

4.45 After item 49566, insert:

“49569 Knee, mobilisation for post-traumatic \$536.45”.  
stiffness, by multiple muscle or tendon  
release (quadricepsplasty) (AU 14)

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**NOTES**

1. Notified in the *Commonwealth of Australia Gazette* on 29 April 1994.
2. Statutory Rules 1993 No. 272.