



Statutory Rules 1995 No. 160<sup>1</sup>

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## **Health Insurance (1994-1995 General Medical Services Table) Regulations<sup>2</sup> (Amendment)**

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

Dated 27 June 1995.

BILL HAYDEN  
Governor-General

By His Excellency's Command,

CARMEN LAWRENCE  
Minister for Human Services and Health

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### **1. Commencement**

1.1 These Regulations commence on 1 July 1995.

### **2. Amendment**

2.1 The Health Insurance (1994-1995 General Medical Services Table) Regulations are amended as set out in these Regulations.

### **3. Schedule (Part 1—Rules of interpretation)**

#### **3.1 Subrule 1 (1):**

Insert the following definitions:

“**‘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;”.

#### **3.2 Subrule 1 (4):**

Omit “to which rule 5 applies—the number by which **B** is multiplied in the application of the formula set out in that rule in the other item;”, substitute “that includes the formula described in rule 5—the number associated with **B** in the formula in the other item;”.

#### **3.3 Subrule 1 (4):**

Omit “to which rule 5 applies—the number by which **T** is multiplied in the application of the formula set out in that rule in the other item;”, substitute “that includes the formula described in rule 5—the number associated with **T** in the formula in the other item;”.

#### **3.4 Subrule 21 (1):**

Insert the following definition:

“**‘appropriate law’**, in relation to a service rendered to a patient, means the law of the State or Territory in which the service is rendered that provides for the registration or licensing of oral and maxillofacial surgeons;”.

#### **3.5 Subparagraph 21 (1) (b) (ii):**

Omit “75000”, substitute “75001”.

3.6 Subrule 21 (2):

Omit “75000 to 75051”, substitute “75001 to 75006 or 75024 to 75051”.

3.7 Rule 21:

Add at the end:

“(3) An item in the series 75009 to 75023 that includes the symbol ‘(AO)’ and the symbol ‘(AOS)’ applies only to a service provided by:

- (a) an accredited orthodontist; or
- (b) a dental practitioner who is:
  - (i) registered under the appropriate law as an oral and maxillofacial surgeon; and
  - (ii) a dental practitioner approved by the Minister for the purposes of the definition of ‘professional service’ in subsection 3 (1) of the Act.”.

3.8 Rule 32:

Omit the rule.

3.9 New rules 38 and 39:

After rule 37, insert:

**Meaning of “Amount under rule 38” in item 16633**

“38. In item 16633 ‘**Amount under rule 38**’ means the amount equal to the sum of:

- (a) the fee specified in an item in the series 16600 to 16627 for provision of the relevant service in relation to a foetus; and
- (b) 50% of that fee for each additional foetus in relation to whom that service is provided.

**Meaning of “Amount under rule 39” in item 51312**

“39. In item 51312 ‘**Amount under rule 39**’, in relation to an amount payable for assistance at a procedure, means an amount equal to 20% of the sum of the fees payable under the Act for the services at that procedure of the practitioner to whom the assistance was given.”.

**4. Schedule (Part 2—Services and fees)**

**4.1 Items 11000 and 11003:**

Omit the items, substitute:

“11000      Electroencephalography, not being a service:      \$88.70

(a) associated with a service to which item  
11003, 11006 or 11009 applies; or

(b) involving quantitative topographic  
mapping using neurometrics or similar  
devices

(Anaes. 17708 = 5B + 3T)

11003      Electroencephalography, prolonged recording of      \$234.95”.  
at least 3 hours duration, not being a service:

(a) associated with a service to which item  
11000, 11006 or 11009 applies; or

(b) involving quantitative topographic  
mapping using neurometrics or similar  
devices

**4.2 Item 11006:**

Omit “temporosphenoidal”, substitute “temporosphenoidal, not being a service involving quantitative topographic mapping using neurometrics or similar devices”.

**4.3 Item 11024:**

Omit “techniques—1 or 2 studies”, substitute “techniques, not being a service involving quantitative topographic mapping of event related potentials—1 or 2 studies”.

4.4 Item 11027:

Omit “techniques—3 or more studies”, substitute “techniques, not being a service involving quantitative topographic mapping of event related potentials—3 or more studies”.

4.5 After item 11721, insert:

“11724 Up-right tilt table testing for the investigation of \$121.85”.  
syncope of suspected cardiothoracic origin,  
including blood pressure monitoring,  
continuous ECG monitoring and the recording  
of other parameters, and involving an  
established intravenous line and the continuous  
attendance of a specialist or consultant  
physician—on premises equipped with a  
mechanical respirator and defibrillator

## 4.6 After item 12200, insert in subgroup 10 of Group D1:

- “12203      Overnight investigation for sleep apnoea for a      \$475.95  
period of at least 8 hours duration:
- (a) involving continuous monitoring of oxygen saturation and breathing using a multi-channel polygraph, and recordings of EEG, EOG, submental EMG, anterior tibial EMG, respiratory movement, airflow, oxygen saturation and ECG; and
  - (b) with the continuous attendance of a technician; and
  - (c) under the supervision of a consultant physician in the practice of his or her specialty of thoracic medicine, or under the supervision of a specialist in a sleep laboratory of a recognised hospital; and
  - (d) where the patient has been referred to the consultant physician or specialist by a medical practitioner; and
  - (e) including interpretation of recordings by the consultant physician or specialist;
- payable only in relation to each of the first 3 times the investigation is performed in any 12 month period

- 12206      Overnight investigation for sleep apnoea for a      \$5.20".  
period of at least 8 hours duration:
- (a) involving continuous monitoring of oxygen saturation and breathing using a multi-channel polygraph, and recordings of EEG, EOG, submental EMG, anterior tibial EMG, respiratory movement, airflow, oxygen saturation and ECG; and
  - (b) with the continuous attendance of a technician; and
  - (c) under the supervision of a consultant physician in the practice of his or her specialty of thoracic medicine, or under the supervision of a specialist in a sleep laboratory of a recognised hospital; and
  - (d) where the patient has been referred to the consultant physician or specialist by a medical practitioner; and
  - (e) including interpretation of recordings by the consultant physician or specialist;
- payable only in relation to the fourth investigation, and each subsequent investigation, performed in a 12 month period identified for the purposes of item 12203

4.7 After item 12530, insert in Group D2:

- "12533      C-14 urea breath test using oral C-14 urea,      \$61.00".  
including the measurement of exhaled  $^{14}\text{CO}_2$ ,  
performed by a specialist or a consultant physician (to whom the patient has been referred by another medical practitioner) for:
- (a) the monitoring of the success of eradication therapy for *Helicobacter pylori*; or
  - (b) the confirmation of *Helicobacter pylori* colonisation

4.8 After item 13009, insert in Subgroup 1 of Group T1:

“13012	Hyperbaric treatment, including oxygen therapy, for a period of more than 2 hours (including examination immediately before and after treatment)—per hour	\$82.90”.
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4.9 After item 14053, insert in Subgroup 12 of Group T1:

“14056	Laser photocoagulation using laser light within the wave length of 510-600 nanometres in the treatment of severely disfiguring vascular lesions of the head or neck where the individual abnormal vessels are visible at a distance of 2 metres, including any associated consultation—session with a duration of at least 30 minutes but less than 60 minutes—payable not more than 12 times (including any times payment is made in respect of the patient for a service described in item 14059, 14062, 14065, 14068, 14071 or 14074) in any 12 month period (Anaes. 17708 = 5B + 3T)	\$91.35
14059	Laser photocoagulation using laser light within the wave length of 510-600 nanometres in the treatment of severely disfiguring vascular lesions of the head or neck where the individual abnormal vessels are visible at a distance of 2 metres, including any associated consultation—session with a duration of at least 60 minutes but less than 1 hour and 15 minutes—payable not more than 12 times (including any times payment is made in respect of the patient for a service described in item 14056, 14062, 14065, 14068, 14071 or 14074) in any 12 month period (Anaes. 17710 = 5B + 5T)	\$115.35



14062	Laser photocoagulation using laser light within the wave length of 510-600 nanometres in the treatment of severely disfiguring vascular lesions of the head or neck where the individual abnormal vessels are visible at a distance of 2 metres, including any associated consultation—session with a duration of at least 1 hour and 15 minutes but less than 1 hour and 30 minutes—payable not more than 12 times (including any times payment is made in respect of the patient for a service described in item 14056, 14059, 14065, 14068, 14071 or 14074) in any 12 month period (Anaes. 17711 = 5B + 6T)	\$139.40
14065	Laser photocoagulation using laser light within the wave length of 510-600 nanometres in the treatment of severely disfiguring vascular lesions of the head or neck where the individual abnormal vessels are visible at a distance of 2 metres, including any associated consultation—session with a duration of at least 1 hour and 30 minutes but less than 1 hour and 45 minutes—payable not more than 12 times (including any times payment is made in respect of the patient for a service described in item 14056, 14059, 14062, 14068, 14071 or 14074) in any 12 month period (Anaes. 17712 = 5B + 7T)	\$163.45
14068	Laser photocoagulation using laser light within the wave length of 510-600 nanometres in the treatment of severely disfiguring vascular lesions of the head or neck where the individual abnormal vessels are visible at a distance of 2 metres, including any associated consultation—session with a duration of at least 1 hour and 45 minutes but less than 2 hours—payable not more than 12 times (including any times payment is made in respect of the patient for a service described in item 14056, 14059, 14062, 14065, 14071 or 14074) in any 12 month period (Anaes. 17713 = 5B + 8T)	\$187.45

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| 14071 | Laser photocoagulation using laser light within the wave length of 510-600 nanometres in the treatment of severely disfiguring vascular lesions of the head or neck where the individual abnormal vessels are visible at a distance of 2 metres, including any associated consultation—session with a duration of at least 2 hours but less than 2 hours and 15 minutes—payable not more than 12 times (including any times payment is made in respect of the patient for a service described in item 14056, 14059, 14062, 14065, 14068 or 14074) in any 12 month period (Anaes. 17714 = 5B + 9T) | \$211.50 |
| 14074 | Laser photocoagulation using laser light within the wave length of 510-600 nanometres in the treatment of severely disfiguring vascular lesions of the head or neck where the individual abnormal vessels are visible at a distance of 2 metres, including any associated consultation—session with a duration of at least 2 hours and 15 minutes—payable not more than 12 times (including any times payment is made in respect of the patient for a service described in item 14056, 14059, 14062, 14065, 14068 or 14071) in any 12 month period (Anaes. 17715 = 5B + 10T)                      | \$235.50 |
| 14077 | Laser photocoagulation using laser light within the wave length of 510-600 nanometres in the treatment of port wine stains, including any associated consultations—session with a duration of at least 30 minutes but less than 60 minutes—payable not more than 12 times (including any times payment is made in respect of the patient for a service described in item 14080, 14083, 14086, 14089, 14092 or 14095) in any 12 month period (Anaes. 17708 = 5B + 3T)  | \$91.35  |

14080	Laser photocoagulation using laser light within the wave length of 510-600 nanometres in the treatment of port wine stains, including any associated consultation—session with a duration of at least 60 minutes but less than 1 hour and 15 minutes—payable not more than 12 times (including any times payment is made in respect of the patient for a service described in item 14077, 14083, 14086, 14089, 14092 or 14095) in any 12 month period (Anaes. 17710 = 5B + 5T)	\$115.35
14083	Laser photocoagulation using laser light within the wave length of 510-600 nanometres in the treatment of port wine stains, including any associated consultation—session with a duration of at least 1 hour and 15 minutes but less than 1 hour and 30 minutes—payable not more than 12 times (including any times payment is made in respect of the patient for a service described in item 14077, 14080, 14086, 14089, 14092 or 14095) in any 12 month period (Anaes. 17711 = 5B + 6T)	\$139.40
14086	Laser photocoagulation using laser light within the wave length of 510-600 nanometres in the treatment of port wine stains, including any associated consultation—session with a duration of at least 1 hour and 30 minutes but less than 1 hour and 45 minutes—payable not more than 12 times (including any times payment is made in respect of the patient for a service described in item 14077, 14080, 14083, 14089, 14092 or 14095) in any 12 month period (Anaes. 17712 = 5B + 7T)	\$163.45

14089	Laser photocoagulation using laser light within the wave length of 510-600 nanometres in the treatment of port wine stains, including any associated consultation—session with duration of at least 1 hour and 45 minutes but less than 2 hours—payable not more than 12 times (including any times payment is made in respect of the patient for a service described in item 14077, 14080, 14083, 14086, 14092 or 14095) in any 12 month period (Anaes. 17713 = 5B + 8T)	\$187.45
14092	Laser photocoagulation using laser light within the wave length of 510-600 nanometres in the treatment of port wine stains, including any associated consultation—session with a duration of at least 2 hours but less than 2 hours and 15 minutes—payable not more than 12 times (including any times payment is made in respect of the patient for a service described in item 14077, 14080, 14083, 14086, 14089 or 14095) in any 12 month period (Anaes. 17714 = 5B + 9T)	\$211.50
14095	Laser photocoagulation using laser light within the wave length of 510-600 nanometres in the treatment of port wine stains, including any associated consultation—session with a duration of at least 2 hours and 15 minutes—payable not more than 12 times (including any times payment is made in respect of the patient for a service described in item 14077, 14080, 14083, 14086, 14089 or 14092) in any 12 month period (Anaes. 17715 = 5B + 10T)	\$235.50”.

4.10 Items 16549 and 16552:

Omit the items.

4.11 After item 16573, insert in Group T4:

“16600	Amniocentesis, diagnostic	\$45.80
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16603	Chorionic villus sampling, by any route	\$87.95
16606	Foetal blood sampling, using interventional techniques from umbilical cord or foetus, including foetal neuromuscular blockade and amniocentesis	\$175.40
16609	Foetal intravascular blood transfusion, using blood already collected, including neuromuscular blockade, amniocentesis and foetal blood sampling	\$357.70
16612	Foetal intraperitoneal blood transfusion, using blood already collected, including neuromuscular blockade, amniocentesis and foetal blood sampling—not performed in conjunction with a service described in item 16609	\$281.55
16615	Foetal intraperitoneal blood transfusion, using blood already collected, including neuromuscular blockade, amniocentesis and foetal blood sampling—performed in conjunction with a service described in item 16609	\$149.85
16618	Amniocentesis, therapeutic, when indicated because of polyhydramnios with at least 500ml being aspirated	\$149.85
16621	Amnioinfusion, for diagnostic or therapeutic purposes in the presence of severe oligohydramnios	\$149.85
16624	Foetal fluid filled cavity, drainage of	\$215.70
16627	Foeto-amniotic shunt, insertion of, into foetal fluid filled cavity, including neuromuscular blockade and amniocentesis	\$439.25

16633	Provision of a service specified in any of items 16600 to 16627 in relation to more than 1 foetus in a multiple pregnancy	Amount under rule 38".
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4.12 After item 18019, insert in Subgroup 2 of Group T6:

"18021	Administration of an anaesthetic in connection with muscle biopsy for malignant hyperpyrexia	\$79.00".
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4.13 After item 30379, insert:

"30382	Enterocutaneous fistula, radical repair of, involving extensive dissection and resection of bowel (Anaes. 17716 = 7B + 9T)	\$942.65".
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4.14 After item 30387, insert:

"30388	Laparotomy for trauma, involving 3 or more organs (Anaes. 17721 = 7B + 14T)	\$1,152.15".
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4.15 After item 30394, insert:

"30396	Laparotomy for gross intra peritoneal sepsis requiring debridement of fibrin, with or without removal of foreign material or enteric contents, with lavage of the entire peritoneal cavity via a major abdominal incision, with or without closure of abdomen, and with or without mesh or zipper insertion (Anaes. 17720 = 7B + 13T)	\$733.20
30397	Laparostomy, via wound previously made and left open or closed with zipper, involving change of dressings or packs, and with or without drainage of loculated collections (Anaes. 17713 = 7B + 6T)	\$167.60
30399	Laparostomy, final closure of wound made at a previous operation, after removal of dressings or packs and removal of mesh or zipper if previously inserted (Anaes. 17714 = 7B + 7T)	\$230.45".

4.16 After item 30403, insert:

“30405      Ventral or incisional hernia, repair of, requiring      \$659.90”.  
                  muscle transposition, mesh hernioplasty or  
                  resection of strangulated bowel (Anaes. 17716 =  
                  6B + 10T)

4.17 After item 30406, insert:

“30408      Peritoneo venous (Leveen) shunt, insertion of      \$282.80”.  
                  (Anaes. 17711 = 7B + 4T)

4.18 After item 30411, insert:

“30412	Liver biopsy by core needle, performed in association with another intra-abdominal procedure (Anaes. 17711 = 7B + 4T)	\$37.70
30414	Liver, subsegmental resection of (local excision), other than for trauma (Anaes. 17716 = 7B + 9T)	\$497.50
30415	Liver, segmental resection of, other than for trauma (Anaes. 17722 = 13B + 9T)	\$995.05
30418	Liver, lobectomy of, other than for trauma (Anaes. 17724 = 13B + 11T)	\$1,152.15
30421	Liver, tri-segmental resection (extended lobectomy) of, other than for trauma (Anaes. 17726 = 13B + 13T)	\$1,440.15
30422	Liver, repair of superficial laceration of, for trauma (Anaes. 17712 = 7B + 5T)	\$487.05
30425	Liver, repair of deep multiple lacerations of, or debridement of, for trauma (Anaes. 17718 = 7B + 11T)	\$942.65

30427	Liver, segmental resection of, for trauma (Anaes. 17724 = 13B + 11T)	\$1,125.90
30428	Liver, lobectomy of, for trauma (Anaes. 17726 = 13B + 13T)	\$1,204.50
30430	Liver, extended lobectomy (tri-segmental resection) of, for trauma (Anaes. 17728 = 13B + 15T)	\$1,675.80".

4.19 After item 30431, insert:

"30433	Liver abscess (multiple), open abdominal drainage of (Anaes. 17716 = 7B + 9T)	\$523.70
30434	Hydatid cyst of liver, peritoneum or viscus, complete removal of contents of, with or without suture of biliary radicles (Anaes. 17714 = 7B + 7T)	\$424.15
30436	Hydatid cyst of liver, peritoneum or viscus, complete removal of contents of, with or without suture of biliary radicles, with omentoplasty or myeloplasty (Anaes. 17716 = 7B + 9T)	\$471.30
30437	Hydatid cyst of liver, total excision of, by cysto- pericystectomy (membrane plus fibrous wall) (Anaes. 17718 = 7B + 11T)	\$586.55".

4.20 After item 30443, insert:

"30445	Laparoscopic cholecystectomy (Anaes. 17715 = 7B + 8T)	\$586.55
30446	Laparoscopic cholecystectomy when procedure is completed by laparotomy (Anaes. 17717 = 7B + 10T)	\$586.55



30448	Laparoscopic cholecystectomy, involving removal of common duct calculi via the cystic duct (Anaes. 17718 = 7B + 11T)	\$701.75
30449	Laparoscopic cholecystectomy with removal of common duct calculi via laparoscopic choledochotomy (Anaes. 17720 = 7B + 13T)	\$780.30".
4.21 After item 30451, insert:		
"30452	Choledochoscopy with balloon dilation of a stricture or passage of stent or extraction of calculi (Anaes. 17716 = 7B + 9T)	\$272.30".
4.22 After item 30455, insert:		
"30457	Choledochotomy, intrahepatic, involving removal of intrahepatic bile duct calculi (Anaes. 17716 = 7B + 9T)	\$995.05".
4.23 After item 30461, insert:		
"30463	Radical resection of common hepatic duct and right and left hepatic ducts for carcinoma, with two duct anastomoses (Anaes. 17724 = 7B + 17T)	\$1,309.20
30464	Radical resection of common hepatic duct and right and left hepatic ducts for carcinoma, involving more than 2 anastomoses or resection of segment or major portion of segment of liver (Anaes. 17730 = 7B + 23T)	\$1,571.10
30466	Intrahepatic biliary bypass of left hepatic ductal system by Roux-en-Y loop to peripheral ductal system (Anaes. 17722 = 7B + 15T)	\$906.00
30467	Intraheptic bypass of right hepatic ductal system by Roux-en-Y loop to peripheral ductal system (Anaes. 17722 = 7B + 15T)	\$1,120.70

30469	Biliary stricture, repair of, after 1 or more operations on the biliary tree (Anaes. 17724 = 7B + 17T)	\$1,241.15
30470	Bile duct fistula, repair of, following previous bile duct surgery (Anaes. 17722 = 7B + 15T)	\$785.55
30472	Hepatic or common bile duct, repair of, as the primary procedure subsequent to transection of bile duct or ducts (Anaes. 17722 = 7B + 15T)	\$670.30".

4.24 Items 30653, 30656, 30659 and 30660:

Omit "person" (wherever occurring), substitute "male".

4.25 After item 30679, insert in Subgroup 1 of Group T8:

"31000	Micrographically controlled serial excision of skin tumour utilising horizontal frozen sections with mapping of all excised tissue, and histological examination of all excised tissue by the specialist performing the procedure—6 or fewer sections	\$418.95
31001	Micrographically controlled serial excision of skin tumour utilising horizontal frozen sections with mapping of all excised tissue, and histological examination of all excised tissue by the specialist performing the procedure—7 to 12 sections (inclusive)	\$523.70
31002	Micrographically controlled serial excision of skin tumour utilising horizontal frozen sections with mapping of all excised tissue, and histological examination of all excised tissue by the specialist performing the procedure—13 or more sections	\$628.45".

4.26 Item 32138:

Omit “Haemorrhoidectomy”, substitute “Haemorrhoidectomy, including excision of anal skin tags when performed”.

4.27 Item 32727:

Omit the item.

4.28 Item 34530:

After “removal of”, insert “by open surgical procedure”.

4.29 After item 35517, insert:

“35518 Ovarian cyst aspiration, for cysts of at least 4cm \$149.85”.  
in diameter in premenopausal women and at  
least 2cm in diameter in postmenopausal  
women, by abdominal or vaginal route, using  
interventional imaging techniques and not  
associated with services provided for assisted  
reproductive techniques

4.30 After item 35673, insert:

“35674 Ultrasound guided needling and injection of \$149.85”.  
ectopic pregnancy

4.31 Item 36515:

Omit the item.

4.32 Item 36839:

Omit “Cystoscopy with resection or diathermy”, substitute  
“Cystoscopy, with resection, diathermy or visual laser destruction”.

4.33 Item 36845:

Omit “Cystoscopy with diathermy or resection”, substitute  
“Cystoscopy, with diathermy, resection or visual laser destruction”.

4.34 Item 37003:

Omit the item.

4.35 Item 37007:

Omit the item.

4.36 Items 37203 and 37206:

Omit the items, substitute:

“37203	Prostatectomy (endoscopic, using diathermy or cold punch), with or without cystoscopy, and with or without urethroscopy, and including services to which item 36854, 37207, 37208, 37303, 37321 or 37324 applies (Anaes. 17710 = 6B + 4T)	\$835.15
37206	Prostatectomy (endoscopic, using diathermy or cold punch), 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 the procedure described by item 37203 or 37208 which had to be discontinued for medical reasons (Anaes. 17709 = 6B + 3T)	\$402.55
37207	Prostate, endoscopic non-contact (side firing) visual laser ablation, with or without cystoscopy, and with or without urethroscopy, and including services to which item 36854, 37203, 37206, 37321 or 37324 applies (Anaes. 17710 = 6B + 4T)	\$625.00
37208	Prostate, endoscopic non-contact (side firing) visual laser ablation, with or without cystoscopy, and with or without urethroscopy, and including services to which item 36854, 37203, 37321 or 37324 applies, continuation of, within 10 days of the procedure described by items 37203 or 37207 which had to be discontinued for medical reasons (Anaes. 17709 = 6B + 3T)	\$300.00”.

4.37 Item 37318:

Omit “diathermy”, substitute “diathermy, visual laser destruction of stone”.

4.38 Item 37339:

Omit “Peri-urethral injection of Teflon,”, substitute “Periurethral or transurethral injection of materials for the treatment of urinary incontinence,”.

4.39 Item 37378:

Omit the item.

4.40 Item 37600:

Omit the item.

4.41 Item 38212:

Omit “catheter ablation;”, substitute “catheter ablation to intentionally induce complete AV block;”.

4.42 After item 38524, insert:

“38530	Ablation of arrhythmia circuit or focus; or isolation procedure involving 1 atrial chamber (Anaes. 17734 = 20B + 14T)	\$1,513.50
38533	Ablation of arrhythmia circuits or foci; or isolation procedure involving both atrial chambers and including curative procedures for atrial fibrillation (Anaes. 17738 = 20B + 18T)	\$1,927.15
38536	Ventricular arrhythmia with mapping and ablation, including all associated electrophysiological studies performed on the same day (Anaes. 17744 = 20B + 24T)	\$2,068.60”.

4.43 After item 38662, insert in subgroup 6 of Group T8:

“38700	Patent ductus arteriosus, shunt, collateral or other single large vessel, division or ligation of, without cardiopulmonary bypass, for congenital heart disease (Anaes. 17727 = 15B + 12T)	\$769.85
38703	Patent ductus arteriosus, shunt, collateral or other single large vessel, division or ligation of, with cardiopulmonary bypass, for congenital heart disease (Anaes. 17732 = 20B + 12T)	\$1,387.80

38706	Aorta, anastomosis or repair of, without cardiopulmonary bypass, for congenital heart disease (Anaes. 17729 = 15B + 14T)	\$1,314.50
38709	Aorta, anastomosis or repair of, with cardiopulmonary bypass, for congenital heart disease (Anaes. 17736 = 20B + 16T)	\$1,539.65
38712	Aortic interruption, repair of, for congenital heart disease (Anaes. 17729 = 15B + 14T)	\$1,848.65
38715	Main pulmonary artery—banding, debanding or repair of, without cardiopulmonary bypass, for congenital heart disease (Anaes. 17727 = 15B + 12T)	\$1,230.70
38718	Main pulmonary artery—banding, debanding or repair of, with cardiopulmonary bypass, for congenital heart disease (Anaes. 17734 = 20B + 14T)	\$1,539.65
38721	Vena cava, anastomosis or repair of, without cardiopulmonary bypass, for congenital heart disease (Anaes. 17731 = 15B + 16T)	\$1,078.85
38724	Vena cava, anastomosis or repair of, with cardiopulmonary bypass, for congenital heart disease (Anaes. 17738 = 20B + 18T)	\$1,539.65
38727	Intrathoracic vessels, anastomosis or repair of, without cardiopulmonary bypass, not being a service to which item 38700, 38703, 38706, 38709, 38712, 38715, 38718, 38721 or 38724 applies, for congenital heart disease (Anaes. 17732 = 15B + 17T)	\$1,078.85

38730	Intrathoracic vessels, anastomosis or repair of, with cardiopulmonary bypass, not being a service to which item 38700, 38703, 38706, 38709, 38712, 38715, 38718, 38721 or 38724 applies, for congenital heart disease (Anaes. 17736 = 20B + 16T)	\$1,539.65
38733	Systemic pulmonary or cavo-pulmonary shunt, creation of, without cardiopulmonary bypass, for congenital heart disease (Anaes. 17733 = 15B + 18T)	\$1,078.85
38736	Systemic pulmonary or cavo-pulmonary shunt, creation of, with cardiopulmonary bypass, for congenital heart disease (Anaes. 17740 = 20B + 20T)	\$1,539.65
38739	Atrial septectomy, with or without cardiopulmonary bypass, for congenital heart disease (Anaes. 17733 = 15B + 18T)	\$1,387.80
38742	Atrial septal defect, closure by direct suture or patch, for congenital heart disease (Anaes. 17734 = 20B + 14T)	\$1,387.80
38745	Intra-atrial baffle, insertion of, for congenital heart disease (Anaes. 17734 = 20B + 14T)	\$1,539.65
38748	Ventricular septectomy, for congenital heart disease (Anaes. 17734 = 20B + 14T)	\$1,539.65
38751	Ventricular septal defect, closure by direct suture or patch, for congenital heart disease (Anaes. 17736 = 20B + 16T)	\$1,539.65
38754	Intraventricular baffle or conduit, insertion of, for congenital heart disease (Anaes. 17738 = 20B + 18T)	\$1,927.15

38757	Extracardiac conduit, insertion of, for congenital heart disease (Anaes. 17734 = 20B + 14T)	\$1,539.65
38760	Extracardiac conduit, replacement of, for congenital heart disease (Anaes. 17736 = 20B + 16T)	\$1,539.65
38763	Ventricular myectomy, for relief of ventricular obstruction, right or left, for congenital heart disease (Anaes. 17734 = 20B + 14T)	\$1,539.65
38766	Ventricular augmentation, right or left, for congenital heart disease (Anaes. 17736 = 20B + 16T)	\$1,539.65".

4.44 Item 39013:

After "nerves", insert "(Anaes. 17708 = 5B + 3T)".

4.45 Item 39115:

Omit "\$71.60", substitute "\$54.25".

4.46 After item 39615, insert:

"39640	Tumour involving anterior cranial fossa, removal of, involving craniotomy, radical excision of the skull base and dural repair (Anaes. 17748 = 12B + 36T)	\$1,547.50
39642	Tumour involving anterior cranial fossa, removal of, involving frontal craniotomy with lateral rhinotomy for clearance of paranasal sinus extension (intracranial procedure)—conjoint surgery, principal surgeon (Anaes. 17751 = 12B + 39T)	\$1,625.00



39644	Tumour involving anterior cranial fossa, removal of, involving frontal craniotomy with lateral rhinotomy for clearance of paranasal sinus extension (intracranial procedure)—conjoint surgery, co-surgeon	\$1,218.75
39646	Tumour involving anterior cranial fossa, removal of, involving frontal craniotomy with lateral rhinotomy and radical clearance of paranasal sinus and orbital fossa extensions, with intracranial decompression of the optic nerve (intracranial procedure)—conjoint surgery, principal surgeon (Anaes. 17754 = 12B + 42T)	\$1,875.00
39648	Tumour involving anterior cranial fossa, removal of, involving frontal craniotomy with lateral rhinotomy and radical clearance of paranasal sinus and orbital fossa extensions, with intracranial decompression of the optic nerve (intracranial procedure)—conjoint surgery, co-surgeon	\$1,406.25
39650	Tumour involving infra-temporal fossa, removal of, involving craniotomy and radical excision, with division and reconstruction of zygomatic arch, and disarticulation of temporo-mandibular joint and complete facial nerve mobilisation (intracranial procedure)—conjoint surgery, principal surgeon (Anaes. 17763 = 12B + 51T)	\$1,345.00
39652	Tumour involving infra-temporal fossa, removal of, involving craniotomy and radical excision, with division and reconstruction of zygomatic arch, and disarticulation of temporo-mandibular joint and complete facial nerve mobilisation (intra cranial procedure)—conjoint surgery, co-surgeon	\$1,008.75

39654	Petro-clival and clival tumour, removal of, by supra and infratentorial approaches for radical excision (intracranial procedure)—conjoint surgery, principal surgeon (Anaes. 17763 = 12B + 51T)	\$1,750.00
39656	Petro-clival and clival tumour, removal of, by supra and infratentorial approaches for radical excision (intracranial procedure)—conjoint surgery, co-surgeon	\$1,312.50
39658	Tumour involving the clivus, radical excision of, involving transoral approach and division of palate (Anaes. 17763 = 12B + 51T)	\$1,547.50
39660	Tumour or vascular lesion of cavernous sinus, radical excision of, involving craniotomy with or without carotid artery exposure (Anaes. 17762 = 20B + 42T)	\$1,547.50
39662	Tumour or vascular lesion of foramen magnum, radical excision of, via transcondylar or far lateral suboccipital approach (Anaes. 17762 = 20B + 42T)	\$1,547.50”.

4.47 Item 39809:

Omit the item.

4.48 Item 39818:

Omit the item, substitute:

“39818	Extracranial to intracranial bypass using superficial temporal artery (Anaes. 17750 = 20B + 30T)	\$1,318.05
39821	Extracranial to intracranial bypass using saphenous vein graft (Anaes. 17750 = 20B + 30T)	\$1,565.00”.

4.49 Item 40012:

After “ventriculostomy”, insert “(open or endoscopic) with or without endoscopic septum pellucidotomy”.

4.50 After item 40315, insert:

“40316	Odontoid screw fixation (Anaes. 17728 = 10B + 18T)	\$1,500.00”.
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4.51 Item 40330:

Omit the item, substitute

“40330	Spinal rhizolysis involving exposure of spinal nerve roots—for lateral recess, exit foraminal stenosis, adhesive radiculopathy or extensive epidural fibrosis, at 1 or more levels—with or without laminectomy (Anaes. 17719 = 9B + 10T)	\$688.85”.
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4.52 After item 40330, insert:

“40331	Cervical decompression of spinal cord with or without involvement of nerve roots, without fusion, 1 level, by any approach, not being a service to which item 40330 applies (Anaes. 17720 = 10B + 10T)	\$688.85
40332	Cervical decompression of spinal cord with or without involvement of nerve roots, including anterior fusion, 1 level, not being a service to which item 40330 applies (Anaes. 17724 = 10B + 14T)	\$860.00”.

4.53 After item 40333, insert:

“40334	Cervical decompression of spinal cord with or without involvement of nerve roots, without fusion, more than 1 level, by any approach, not being a service to which item 40330 applies (Anaes. 17724 = 10B + 14T)	\$760.00
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40335 Cervical decompression of spinal cord with or without involvement of nerve roots, including anterior fusion, more than 1 level, by any approach, not being a service to which item 40330 applies (Anaes. 17728 = 10B + 18T) \$1,185.00”.

4.54 After item 40342, insert:

“40345 Thoracic decompression of spinal cord with or without involvement of nerve roots, via pedicle or costotransversectomy (Anaes. 17726 = 10B + 16T) \$984.65

40348 Thoracic decompression of spinal cord via thoracotomy with vertebrectomy, not including stabilisation procedure (Anaes. 17735 = 13B + 22T) \$1,250.00

40351 Thoraco-lumbar or high lumbar anterior decompression of spinal cord, not including stabilisation procedure (Anaes. 17732 = 10B + 22T) \$1,250.00”.

4.55 After item 40803, insert in Subgroup 7 of Group T8:

“40903 Neuroendoscopy, for inspection of an intraventricular lesion, with or without biopsy including burr hole (Anaes. 17722 = 12B + 10T) \$400.00”.

4.56 Items 41578 and 41581:

Omit the items, substitute:

“41578 Cerebello-pontine angle tumour, removal of, by transmastoid, translabyrinthine or retromastoid approach (intracranial procedure)—conjoint surgery, principal surgeon (Anaes. 17748 = 12B + 36T) \$1,756.85

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|-------|---|--------------|
| 41579 | Cerebello-pontine angle tumour, removal of, by transmastoid, translabyrinthine or retromastoid approach (intracranial procedure)—conjoint surgery, co-surgeon | \$1,317.65   |
| 41581 | Tumour involving infra-temporal fossa, removal of, involving craniotomy and radical excision of (Anaes. 17749 = 12B + 37T)                                    | \$2,020.70”. |

4.57 After item 41883, insert:

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|--------|---|-----------|
| “41884 | Cricothyrostomy, by direct stab or Seldinger technique, using Minitrach or a similar device, for tracheobronchial toilet (Anaes. 17708 = 6B + 2T) | \$65.60”. |
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4.58 Item 42725:

Omit “(Anaes. 17715 = 8B + 7T)”, substitute “(Anaes. 17718 = 10B + 8T)”.

4.59 Item 42731:

Omit “(Anaes. 17716 = 8B + 8T)”, substitute “(Anaes. 17718 = 10B + 8T)”.

4.60 Items 47939, 47942, 47943 and 47945:

Omit the items.

4.61 Items 49869, 49872 and 49875:

Omit the items.

4.62 After item 50239, insert in Subgroup 15 of Group T8:

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|--------|--|----------|
| “50300 | Joint deformity, slow correction of, using ring fixator or similar device, including all associated attendances—payable only once in any 12 month period (Anaes. 17718 = 4B + 14T) | \$835.00 |
|--------|--|----------|

50303	Limb lengthening, up to and including 5cm, requiring slow distraction under general anaesthesia in the operating theatre of a hospital or approved day hospital facility, with or without application of a ring fixator or similar device, including all associated attendances—payable only once in any 12 month period (Anaes. 17721 = 4B + 17T)	\$1,140.00
50306	Limb lengthening, where the lengthening is bipolar, or bone transport is performed or where the fixator is extended to correct an adjacent joint deformity (Anaes. 17734 = 4B + 30T)	\$1,780.00
50309	Ring fixator or similar device, adjustment of, with or without insertion or removal of fixation pins, performed under general anaesthesia in the operating theatre of a hospital or approved day hospital facility, not being a service to which item 50303 or 50306 applies (Anaes. 17708 = 3B + 5T)	\$220.00
50312	Ankle, synovectomy of (Anaes. 17711 = 3B + 8T)	\$505.00
50315	Talipes equinovarus, posterior release of (Anaes. 17707 = 3B + 4T)	\$500.00
50318	Talipes equinovarus, medial release of (Anaes. 17707 = 3B + 4T)	\$500.00
50321	Talipes equinovarus, combined postero-medial release of (Anaes. 17709 = 3B + 6T)	\$670.00
50324	Talipes equinovarus, combined postero-medial release of, revision procedure (Anaes. 17715 = 3B + 12T)	\$955.00
50327	Talipes equinovarus, bilateral procedures (Anaes. 17718 = 3B + 15T)	\$1,165.00

50330	Talipes equinovarus, or talus, vertical, congenital—post operative manipulation and change of plaster, performed under general anaesthesia in the operating theatre of a hospital or approved day hospital facility, not being a service to which item 50315, 50318, 50321, 50324 or 50327 applies (Anaes. 17707 = 3B + 4T)	\$165.00
50333	Tarsal coalition, excision of, with interposition of muscle, fat graft or similar graft (Anaes. 17711 = 3B + 8T)	\$445.00
50336	Talus, vertical, congenital—combined anterior and posterior reconstruction (Anaes. 17716 = 3B + 13T)	\$665.00
50339	Foot and ankle, tibialis anterior tendon (split or whole) transfer to lateral column (Anaes. 17710 = 3B + 7T)	\$405.00
50342	Foot and ankle, tibialis or tibialis posterior tendon transfer, through the interosseous membrane to anterior or posterior aspect of foot (Anaes. 17711 = 3B + 8T)	\$470.00
50345	Hyperextension deformity of toe, release incorporating V-Y plasty of skin, lengthening of extensor tendons and release of capsule contracture (Anaes. 17708 = 3B + 5T)	\$250.00
50348	Knee, deformity of, or post-operative manipulation and change of plaster—performed under general anaesthesia in the operating theatre of a hospital or approved day hospital facility (Anaes. 17707 = 3B + 4T)	\$165.00
50351	Hip, congenital or developmental dislocation, open reduction of (Anaes. 17720 = 6B + 14T)	\$720.00

50354	Tibia, pseudarthrosis of, congenital, resection and internal fixation (Anaes. 17715 = 3B + 12T)	\$945.00
50357	Knee, leg or thigh, rectus femoris tendon transfer or medial or lateral hamstring tendon transfer (Anaes. 17712 = 4B + 8T)	\$405.00
50360	Knee, leg or thigh, combined medial and lateral hamstring tendon transfer (Anaes. 17712 = 4B + 8T)	\$470.00
50363	Knee, contracture of, posterior release involving multiple tendon lengthening or tenotomies—unilateral (Anaes. 17712 = 4B + 8T)	\$360.00
50366	Knee, contracture of, posterior release involving multiple tendon lengthening or tenotomies—bilateral (Anaes. 17718 = 4B + 14T)	\$630.00
50369	Knee, contracture of, posterior release involving multiple tendon lengthening with or without tenotomies and release of joint capsule with or without cruciate ligaments—unilateral (Anaes. 17714 = 4B + 10T)	\$470.00
50372	Knee, contracture of, posterior release involving multiple tendon lengthening with or without tenotomies and release of joint capsule with or without cruciate ligaments—bilateral (Anaes. 17720 = 4B + 16T)	\$825.00
50375	Hip, contracture of, medial release, involving lengthening or division of the adductors and psoas with or without division of the obturator nerve—unilateral (Anaes. 17714 = 4B + 10T)	\$360.00
50378	Hip, contracture of, medial release, involving lengthening or division of the adductors and psoas with or without division of the obturator nerve—bilateral (Anaes. 17718 = 4B + 14T)	\$630.00



50381	Hip, contracture of, anterior release, involving lengthening or division of the hip flexors and psoas with or without division of the joint capsule—unilateral (Anaes. 17714 = 4B + 10T)	\$470.00
50384	Hip, contracture of, anterior release, involving lengthening or division of the hip flexors and psoas with or without division of the joint capsule—bilateral (Anaes. 17722 = 4B + 18T)	\$825.00
50387	Hip, iliopsoas tendon transfer to greater trochanter, or transfer of abdominal musculature to greater trochanter, or transfer of adductors to ischium (Anaes. 17716 = 4B + 12T)	\$470.00
50390	Perthes, cerebral palsy, or other neuromuscular conditions, affecting hips or knees—application of cast under general anaesthesia, performed in the operating theatre of a hospital or approved day hospital facility (Anaes. 17709 = 3B + 6T)	\$165.00
50393	Pelvis, bone graft or shelf procedures for acetabular dysplasia (Anaes. 17720 = 6B + 14T)	\$610.00
50396	Hand, congenital abnormalities or duplication of digits—amputation or splitting of phalanx or phalanges, with ligament or joint reconstruction (Anaes. 17711 = 3B + 8T)	\$335.00
50399	Forearm, radial aplasia or dysplasia (radial club hand), centralisation or radialisation of (Anaes. 17727 = 3B + 24T)	\$665.00
50402	Torticollis, bipolar release of sternocleidomastoid muscle and associated soft tissue (Anaes. 17712 = 5B + 7T)	\$305.00
50405	Elbow—flexorplasty, or tendon transfer to restore elbow function (Anaes. 17713 = 3B + 10T)	\$415.00

50408	Shoulder, congenital or developmental dislocation, open reduction of (Anaes. 17721 = 5B + 16T)	\$720.00
50411	Lower limb deficiency, treatment of congenital deficiency of the femur by resection of the distal femur and proximal tibia followed by knee fusion (Anaes. 17721 = 5B + 16T)	\$945.00
50414	Lower limb deficiency, treatment of congenital deficiency of the femur by resection of the distal femur and proximal tibia followed by knee fusion and rotationplasty (Anaes. 17732 = 5B + 27T)	\$1,275.00
50417	Lower limb deficiency, treatment of congenital deficiency of the tibia by reconstruction of the knee, involving transfer of fibula or tibia, and repair of quadriceps mechanism (Anaes. 17727 = 5B + 22T)	\$945.00
50420	Patella, congenital dislocation of, reconstruction of the quadriceps (Anaes. 17720 = 4B + 16T)	\$780.00
50423	Tibia, fibula or both, congenital deficiency of, transfer of the fibula to tibia, with internal fixation (Anaes. 17720 = 4B + 16T)	\$720.00
50426	Diaphyseal aclasia, removal of lesion or lesions from bone—1 approach (Anaes. 17714 = 6B + 8T)	\$335.00”.

4.63 Item 51300:

Omit “\$325.45” (second occurring), substitute “\$325.45, not being a service associated with a service to which item 30473, 30475, 30476, 30478, 32072, 32075, 32078, 32081, 32084, 32087, 32090 or 32093 applies”.

4.64 Item 51303:

Omit “\$183.20”, substitute “\$183.20, not being a service associated with a service to which item 30473, 30475, 30476, 30478, 32072, 32075, 32078, 32081, 32084, 32087, 32090 or 32093 applies”.

4.65 After item 51309, insert in Group T9:

“51312	Assistance at any interventional obstetric procedure described in item 16609, 16612, 16615 or 16633	Amount under rule 39”.
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4.66 Items 75000 and 75003:

Omit the items, substitute:

“75001	Initial professional attendance in a single course of treatment by an accredited orthodontist (AO)	\$61.75
75004	Professional attendance by an accredited orthodontist subsequent to the first professional attendance by the orthodontist in a single course of treatment (AO)	\$30.90”.

4.67 Item 75006:

Omit the item, substitute:

“75006	Production of dental study models (not being a service associated with a service to which item 75004 applies) prior to provision of a service to which: (a) item 75030, 75033, 75034, 75035, 75036, 75037, 75039, 75045 or 75051 applies; or (b) an item in Group T8 or Groups O3 to O9 applies; in a single course of treatment (AO)	\$55.00”.
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4.68 Item 75009:

Omit “(panoramic radiography) (AO)”, substitute “(panoramic radiography), including any consultation on the same occasion (AO) (AOS)”.

4.69 Item 75012:

Omit “tracings (AO)”, substitute “tracings, including any consultation on the same occasion (AO) (AOS)”.

4.70 Items 75015:

Omit “tracings (AO)”, substitute “tracings, including any consultation on the same occasion (AO) (AOS)”.

4.71 Item 75018:

Omit “orthopantomography (AO)”, substitute “orthopantomography, including any consultation on the same occasion (AO) (AOS)”.

4.72 Items 75021, 75024, 75027, 75030, 75033, 75036, 75039, 75042, 75045, 75048 and 75051:

Omit the items, substitute:

“75021	Orthodontic radiography—hand-wrist studies (including growth prediction), including any consultation on the same occasion (AO) (AOS)	\$167.35
75023	Intraoral radiography—single area, periapical or bitewing film (AO) (AOS)	\$33.45
75024	Pre-surgical infant maxillary arch repositioning, including supply of appliances, all adjustments of appliances and supervision—where 1 appliance is used (AO)	\$432.90
75027	Pre-surgical infant maxillary arch repositioning, including supply of appliances, all adjustments of appliances and supervision—where 2 appliances are used (AO)	\$593.55
75030	Maxillary arch expansion not associated with a service to which item 75039, 75042, 75045 or 75048 applies, including supply of appliances, all adjustments of the appliances, removal of the appliances and retention (AO)	\$528.50

75033	Mixed dentition treatment—incisor alignment using fixed appliances in maxillary arch, including supply of appliances, all adjustments of appliances, removal of the appliances and retention (AO)	\$866.15
75034	Mixed dentition treatment—incisor alignment with or without lateral arch expansion using a removable appliance in the maxillary arch, including supply of appliances, associated adjustments and retention (AO)	\$440.85
75036	Mixed dentition treatment—lateral arch expansion and incisor alignment using fixed appliances in maxillary arch, including supply of appliances, all adjustments of appliances, removal of appliances and retention (AO)	\$1,196.45
75037	Mixed dentition treatment, lateral arch expansion and incisor correction—2-arch (maxillary and mandibular) using fixed appliances in both maxillary and mandibular arches, including supply of appliances, all adjustments of appliances, removal of appliances and retention (AO)	\$1,506.90
75039	Permanent dentition treatment—single arch (mandibular or maxillary) treatment (correction and alignment) using fixed appliances, including supply of appliances—initial 3 months of active treatment (AO)	\$400.45
75042	Permanent dentition treatment—single arch (mandibular or maxillary) treatment (correction and alignment) using fixed appliances, including supply of appliances—each 3 months of active treatment (including all adjustments and maintenance and removal of the appliances) after the first for a maximum of a further 33 months (AO)	\$149.75

75045	Permanent dentition treatment—2-arch (mandibular and maxillary) treatment (correction and alignment) using fixed appliances, including supply of appliances—initial 3 months of active treatment (AO)	\$801.70
75048	Permanent dentition treatment—2-arch (mandibular and maxillary) treatment (correction and alignment) using fixed appliances, including supply of appliances—each 3 months of active treatment (including all adjustments and maintenance, and removal of the appliances) after the first for a maximum of a further 33 months (AO)	\$205.55
75049	Retention, fixed or removable, single arch (mandibular or maxillary)—supply of retainer and supervision of retention (AO)	\$240.60
75050	Retention, fixed or removable, 2-arch (mandibular or maxillary)—supply of retainers and supervision of retention (AO)	\$464.55
75051	Jaw growth guidance using removable or functional appliances, including supply of appliances and all adjustments to appliances (AO)	\$713.10”.

4.73 Before item 75200, insert in Group C2:

“75150	Initial professional attendance in a single course of treatment by an accredited oral and maxillofacial surgeon where the patient is referred to the surgeon by an accredited orthodontist (AD)	\$61.75
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|-------|---|-----------|
| 75153 | Professional attendance by an accredited oral and maxillofacial surgeon subsequent to the first professional attendance by the surgeon in a single course of treatment where the patient is referred to the surgeon by an accredited orthodontist (AD)  | \$30.90   |
| 75156 | Production of dental study models (not being a service associated with a service to which item 75153 applies) prior to provision of a service:<br>(a) to which item 52321, 53212 or 75618 applies; or<br>(b) to which an item in the series 52300 to 52382, 52600 to 52630, 53400 to 53409 or 53415 to 53429 applies;<br>in a single course of treatment (AD) | \$55.00". |

4.74 After item 75609, insert in Group C2:

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|--------|---|------------|
| “75612 | Surgical procedure for intra oral implantation of osseointegrated fixture (first stage) (AOS)   | \$363.40   |
| 75615  | Surgical procedure for fixation of trans-mucosal abutment (second stage of osseointegrated implant) (AOS)   | \$134.55   |
| 75618  | Provision and fitting of a bite rising appliance or dental splint for the management of temporomandibular joint dysfunction syndrome (AOS)  | \$167.00   |
| 75621  | Provision and fitting of a surgical template in conjunction with orthognathic surgical procedures in association with:<br>(a) an item in the series 52342 to 52375; or<br>(b) item 52380 or 52382;<br>(AOS) | \$167.00". |
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**NOTES**

1. Notified in the *Commonwealth of Australia Gazette* on 30 June 1995.
2. Statutory Rules 1994 No. 362.