



Statutory Rules 1992 No. 337¹

Health Insurance (1992-1993 Diagnostic Imaging Services Table) Regulations

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 20 October 1992.

BILL HAYDEN
Governor-General

By His Excellency's Command,

B. HOWE
Minister of State for Health, Housing and Community Services

Citation

1. These Regulations may be cited as the Health Insurance (1992-1993 Diagnostic Imaging Services Table) Regulations.

Commencement

2. These Regulations commence on 1 November 1992.

Repeal

3. Statutory Rules 1991 No. 352 and 1992 Nos. 120 and 240 are repealed.

Diagnostic imaging services table

4. The table of diagnostic imaging services in the Schedule is prescribed for the purposes of subsection 4AA (1) of the *Health Insurance Act 1973*.

SCHEDULE

Regulation 4

TABLE OF DIAGNOSTIC IMAGING SERVICES

RULES OF INTERPRETATION

General

1. (1) In this table, unless the contrary intention appears, “the Act” means the *Health Insurance Act 1973*.

(2) In this table, a reference by number to an item in the series 11603 to 11612 (both inclusive) is a reference to the item so numbered in the table of general medical services.

Meaning of “(AU *n*)”

2. The symbol “(AU *n*)” (where *n* is a number) is explained in the general medical services table in items 17901 to 17959 (inclusive).

Meaning of “(C)” and “(NC)”

3. (1) An item including the symbol “(C)” applies only to a service provided using a radioisotope imaging scanner at a nuclear medicine unit that has computerised processing facilities capable of being used for the service.

(2) An item including the symbol “(NC)” applies only to a service provided using a radioisotope imaging scanner at a nuclear medicine unit that does not have computerised processing facilities capable of being used for the service.

SCHEDULE—continued

Meaning of “(R)” and “(NR)”

4. (1) An item including the symbol “(R)” is an R-type diagnostic imaging service.

(2) An item including the symbol “(NR)” is an NR-type diagnostic imaging service.

Meaning of “(S)”

5. An item including the symbol “(S)” applies only to a service given by a specialist in the practice of diagnostic radiology.

Who may give a diagnostic imaging service

6. A diagnostic imaging service set out in this table is a diagnostic imaging service for the purposes of the Act, whether the service is given by:

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

Meaning of “report” in certain items

7. In items 55000 to 61109 (inclusive), “**report**” means a report prepared by a medical practitioner.

Meaning of “group of practitioners” in item 55003

8. In item 55003, “**group of practitioners**” has the same meaning as in subsection 16A (10) of the Act.

Meaning of “amount under rule 9” in item 57303

9. In item 57303, “**amount under rule 9**” means an amount equal to the sum of:

- (a) the fee set out in the item in items 56000 to 57406 (inclusive) in conjunction with which a service referred to in item 57303 is given; and
- (b) \$110.00.

SCHEDULE—continued

Meaning of “amount under rule 10” in certain items

10. In items 59103, 59739 and 60300, “**amount under rule 10**” means an amount equal to the sum of:

- (a) the fee set out in another item for the radiographic examination in conjunction with which a service referred to in item 59103, 59739 or 60300 is given; and
- (b) 1 of the following amounts:
 - (i) in the case of item 59103—\$20.50;
 - (ii) in the case of item 59739—\$21.50;
 - (iii) in the case of item 60300—\$12.80.

Preparation of patients for radiological procedures

11. Items 60900 to 60981 (inclusive) apply only to the preparation of a patient for a radiological procedure by:

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

Meaning of “angiography suite” in item 61109

12. In item 61109, “**angiography suite**” means a room that contains only equipment designed for angiography that is able to perform digital subtraction or rapid sequence film angiography.

Nuclear scanning services

13. Items 61300 to 61502 (inclusive) apply to a nuclear scanning service only if:

- (a) the performance of the scan is undertaken:
 - (i) by a medical practitioner; or
 - (ii) by a person acting on behalf of a medical practitioner in the presence of the practitioner; and
- (b) the compilation of the final report is undertaken by the medical practitioner who undertook the preliminary examination of the patient and the estimation and administration of the dosage.

SCHEDULE— continued

Meaning of “amount under rule 14” in certain items

14. In items 61322 and 61323, “**amount under rule 14**” means an amount equal to the sum of:

- (a) the fee set out in the item in items 61300 to 61502 (inclusive) in conjunction with which a service referred to in item 61322 or 61323 is given and;
- (b) 1 of the following amounts:
 - (i) in the case of item 61322—\$89.00;
 - (ii) in the case of item 61323—\$67.00.

Meaning of “amount under rule 15” in item 61490

15. In item 61490, “**amount under rule 15**” means an amount equal to the sum of:

- (a) the fee set out in the item in items 61300 to 61502 (inclusive) in conjunction with which a service referred to in item 61490 is given; and
- (b) \$178.00.

SERVICES AND FEES

Item	Diagnostic imaging service	Fee
\$		

GROUP II—ULTRASOUND

Subgroup 1—General

55000	Ultrasonic cross-sectional echography, not being a service associated with a service to which item 55003, 55004, 55006, 55102, 55105, 55112, 55118, 55124, 55130, 55201, 55204, 55225, 55231, 55234 or 55237 applies, if the patient is not referred by a medical practitioner for ultrasonic examination—each ultrasonic examination not exceeding 2 examinations in 1 pregnancy (NR)	33.00
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SCHEDULE—continued

Item	Diagnostic imaging service	Fee
55003	<p>Ultrasonic cross-sectional echography, performed by, or on behalf of, a medical practitioner, if:</p> <p>(a) the patient is referred by a medical practitioner for ultrasonic examination, not being a service associated with a service to which item 55004, 55006, 55102, 55105, 55112, 55118, 55124, 55130, 55201, 55204, 55225, 55231, 55234 or 55237 applies; and</p> <p>(b) the referring medical practitioner is not a member of a group of practitioners of which the first-mentioned practitioner is a member (R)</p>	95.00
55004	Ultrasonic cross-sectional echography, in association with a surgical procedure using interventional techniques, not being a service associated with a service to which another item in this table applies (R)	95.00
55006	Ultrasonic echography, unidimensional, not being a service associated with a service to which item 55003, 55004, 55102, 55105, 55112, 55201, 55204, 55225, 55231, 55234 or 55237 applies (NR)	57.00
Subgroup 2—Cardiac		
55102	M-Mode and 2 dimensional real time echocardiographic examination of the heart from at least 2 thoracic windows, performed using a mechanical sector scanner or phased array transducer, with measurement of blood flow velocities across the cardiac valves using pulsed wave and continuous wave Doppler techniques, with recordings on video tape, not being a service associated with a service to which item 55000, 55003 or 55006 applies (R)	156.00

SCHEDULE—continued

Item	Diagnostic imaging service	Fee
55105	M-Mode and 2 dimensional real time echocardiographic examination of the heart from at least 2 thoracic windows, performed using a mechanical sector scanner or phased array transducer, with measurement of cardiac dimensions, with recordings on video tape, not being a service associated with a service to which item 55000, 55003 or 55006 applies (R)	88.00
55112	M-Mode and 2 dimensional real time echocardiographic examination of the heart from at least 2 thoracic windows, performed using a mechanical sector scanner or phased array transducer, with measurement of blood flow velocities across the cardiac valves using pulsed wave and continuous wave Doppler techniques, together with real time colour flow mapping from at least 2 thoracic windows, with recordings on video tape, not being a service associated with a service to which item 55000, 55003 or 55006 applies (R)	240.00
55118	2 dimensional real time transoesophageal echocardiographic examination of the heart, not associated with another echocardiographic examination (R)	190.00
55124	2 dimensional real time transoesophageal echocardiographic examination of the heart, associated with another echocardiographic examination (R)	95.00
55130	Intra-operative 2 dimensional real time transoesophageal echocardiography incorporating Doppler techniques with colour flow mapping and recording onto video tape, performed during cardiac surgery incorporating sequential assessment of cardiac function before and after the surgical procedure (R)	345.00

SCHEDULE—continued

Item	Diagnostic imaging service	Fee
Subgroup 3—Vascular		
55201	Duplex scanning (unilateral or bilateral) involving B mode ultrasound imaging and integrated Doppler flow measurement by spectral analysis of carotid vessels (with or without vertebral arteries) or peripheral vessels or intra-thoracic or intra-abdominal vascular structures (excluding cardiac and pregnancy-related studies), not being a service associated with a service to which item 55000, 55003 or 55006 applies—1 examination and report (R)	164.00
55204	2 or more examinations of the kind referred to in item 55201 and report, not being a service associated with a service to which item 55000, 55003 or 55006 applies (R)	280.00
55225	Duplex scanning (unilateral or bilateral) involving B mode ultrasound imaging and integrated Doppler flow measurement by spectral analysis of carotid vessels, with oculoplethysmography, not being a service associated with a service to which item 55000, 55003 or 55006 applies—examination and report (R)	196.00
55231	Duplex scanning (unilateral or bilateral) involving B mode ultrasound imaging and integrated Doppler flow measurement by spectral analysis, of peripheral vessels and carotid vessels, with oculoplethysmography, not being a service associated with a service to which item 55000, 55003 or 55006 applies—examination and report (R)	315.00
55234	Duplex scanning (unilateral or bilateral) involving B mode ultrasound imaging and integrated Doppler flow measurement by spectral analysis, of peripheral vessels, including a service referred to in item 11603, 11606 or 11609, not being a service associated with a service to which item 55000, 55003 or 55006 applies—examination and report (R)	190.00

SCHEDULE—continued

Item	Diagnostic imaging service	Fee
55237	Duplex scanning (unilateral or bilateral) involving B mode ultrasound imaging and integrated Doppler flow measurement by spectral analysis of peripheral vessels before measured exercise using treadmill or bicycle ergometer, and measurement of pressure after exercise for 10 minutes or until pressure is normal (unilateral or bilateral), not being a service associated with a service to which item 55000, 55003 or 55006 applies—examination and report (R)	210.00
GROUP I2—COMPUTERISED TOMOGRAPHY(EXCLUDING MAGNETIC RESONANCE IMAGING)		
Subgroup 1—Computerised Tomography on a Body Scanner and Report		
56000	Computerised tomography—scan of brain with or without scan of internal auditory meatus without intravenous contrast medium, not being a service associated with a service to which item 57000 or 57100 applies (R)	142.00
56003	Computerised tomography—scan of brain with or without scan of internal auditory meatus with intravenous contrast medium, not being a service associated with a service to which item 57003 or 57103 applies (R)	196.00
56006	Computerised tomography—scan of brain with or without scan of internal auditory meatus without intravenous contrast medium (minimum of 8 slices) with intravenous contrast medium, not being a service associated with a service to which item 57006 or 57106 applies (R)	230.00
56009	Computerised tomography—scan of pituitary fossa by multiple thin slices (including reconstructions) with or without intravenous contrast medium or brain scan (R)	470.00
56012	Computerised tomography—scan of orbits by multiple thin slices (including reconstructions) with or without intravenous contrast medium or brain scan (R)	465.00

SCHEDULE—continued

Item	Diagnostic imaging service	Fee
56015	Computerised tomography—scan of middle ear and temporal bone, unilateral or bilateral, detailed study by multiple thin slices (including reconstructions) with or without intravenous contrast medium or brain scan (R)	455.00
56018	Computerised tomography—scan of temporal bones with air study (including reconstructions), including intrathecal injection but not including an associated brain scan (R)	365.00
56021	Computerised tomography—scan of facial bones, sinuses and salivary glands of 1 or more regions without intravenous contrast medium (R)	255.00
56024	Computerised tomography—scan of facial bones, sinuses and salivary glands—scan of 1 or more regions with intravenous contrast medium (R)	270.00
56027	Computerised tomography—scan of facial bones, sinuses and salivary glands—scan of 1 or more regions without and with intravenous contrast medium (R)	385.00
56100	Computerised tomography—scan of soft tissues of neck including larynx, pharynx and upper oesophagus (not associated with cervical spine)—scan of 1 or more regions without intravenous contrast medium, not being a service to which item 56900 applies (R)	365.00
56103	Computerised tomography—scan of soft tissues of neck including larynx, pharynx and upper oesophagus (not associated with cervical spine)—scan of 1 or more regions with intravenous contrast medium, not being a service to which item 56903 applies (R)	395.00
56106	Computerised tomography—scan of soft tissues of neck including larynx, pharynx and upper oesophagus (not associated with cervical spine)—scan of 1 or more regions without and with intravenous contrast medium, not being a service to which item 56906 applies (R)	430.00

SCHEDULE—continued

Item	Diagnostic imaging service	Fee
56200	Computerised tomography—scan of spine, 1 or more regions, 25 slices or less without intravenous contrast medium (R)	180.00
56203	Computerised tomography—scan of spine, 1 or more regions, 25 slices or less with intravenous contrast medium (R)	210.00
56206	Computerised tomography—scan of spine, 1 or more regions, 25 slices or less without and with intravenous contrast medium (R)	280.00
56209	Computerised tomography—scan of spine, 1 or more regions, 26 or more slices without intravenous contrast medium (R)	255.00
56212	Computerised tomography—scan of spine, 1 or more regions, 26 or more slices with intravenous contrast medium (R)	280.00
56215	Computerised tomography—scan of spine, 1 or more regions, 26 or more slices without and with intravenous contrast medium (R)	395.00
56218	Computerised tomography—scan of spine, 1 or more regions with intrathecal contrast medium, not including the preparation by intrathecal injection of contrast medium (R)	255.00
56300	Computerised tomography—scan of chest, including lungs, mediastinum and pleura, without intravenous contrast medium, not being a service associated with a service to which item 56700, 56800, 56900, 57000 or 57100 applies (R)	255.00
56303	Computerised tomography—scan of chest, including lungs, mediastinum and pleura, with intravenous contrast medium, not being a service associated with a service to which item 56703, 56803, 56903, 57003 or 57103 applies (R)	290.00
56306	Computerised tomography—scan of chest, including lungs, mediastinum and pleura, without intravenous contrast medium (minimum of 8 slices) and with intravenous contrast medium, not being a service associated with a service to which item 56706, 56806, 56906, 57006 or 57106 applies (R)	365.00

SCHEDULE—continued

Item	Diagnostic imaging service	Fee
56400	Computerised tomography—scan of upper abdomen (diaphragm to iliac crest) or pelvis without intravenous contrast medium, not being a service associated with a service to which item 56700, 56800, 56900 or 57100 applies (R)	142.00
56403	Computerised tomography—scan of upper abdomen (diaphragm to iliac crest) or pelvis with intravenous contrast medium, not being a service associated with a service to which item 56703, 56803, 56903 or 57103 applies (R)	172.00
56406	Computerised tomography—scan of upper abdomen (diaphragm to iliac crest) or pelvis without intravenous contrast medium (minimum of 8 slices) and with intravenous contrast medium, not being a service associated with a service to which item 56706, 56806, 56906 or 57106 applies (R)	280.00
56500	Computerised tomography—scan of upper abdomen and pelvis without intravenous contrast medium, not being a service associated with a service to which item 56700, 56800, 56900 or 57100 applies (R)	215.00
56503	Computerised tomography—scan of upper abdomen and pelvis with intravenous contrast medium, not being a service associated with a service to which item 56703, 56803, 56903 or 57103 applies (R)	260.00
56506	Computerised tomography—scan of upper abdomen and pelvis without intravenous contrast medium (minimum of 8 slices) and with intravenous contrast medium, not being a service associated with a service to which item 56706, 56806, 56906 or 57106 applies (R)	365.00
56600	Computerised tomography—scan of extremities, 1 or more regions involving up to 20 slices without intravenous contrast medium (R)	142.00

SCHEDULE—continued

Item	Diagnostic imaging service	Fee
56603	Computerised tomography—scan of extremities, 1 or more regions involving up to 20 slices with intravenous contrast medium (R)	172.00
56606	Computerised tomography—scan of extremities, 1 or more regions involving up to 20 slices without and with intravenous contrast medium (R)	210.00
56609	Computerised tomography—scan of extremities, 1 or more regions involving more than 20 slices but not more than 40 slices without intravenous contrast medium (R)	180.00
56612	Computerised tomography—scan of extremities, 1 or more regions involving more than 20 slices but not more than 40 slices with intravenous contrast medium (R)	210.00
56615	Computerised tomography—scan of extremities, 1 or more regions involving more than 20 slices but not more than 40 slices without and with intravenous contrast medium (R)	280.00
56618	Computerised tomography—scan of extremities, 1 or more regions involving more than 40 slices without intravenous contrast medium (R)	255.00
56621	Computerised tomography—scan of extremities, 1 or more regions involving more than 40 slices with intravenous contrast medium (R)	280.00
56624	Computerised tomography—scan of extremities, 1 or more regions involving more than 40 slices without and with intravenous contrast medium (R)	355.00
56700	Computerised tomography—scan of chest and upper abdomen (from lung apices to iliac crest) without intravenous contrast medium, not being a service associated with a service to which item 56800, 56900 or 57100 applies (R)	255.00

SCHEDULE—continued

Item	Diagnostic imaging service	Fee
56703	Computerised tomography—scan of chest and upper abdomen (from lung apices to iliac crest) with intravenous contrast medium, not being a service associated with a service to which item 56803, 56903 or 57103 applies (R)	295.00
56706	Computerised tomography—scan of chest and upper abdomen (from lung apices to iliac crest) without and with intravenous contrast medium, not being a service associated with a service to which item 56806, 56906 or 57106 applies (R)	370.00
56800	Computerised tomography—scan of chest, abdomen and pelvis without intravenous contrast medium, not being a service associated with a service to which item 56900 applies (R)	330.00
56803	Computerised tomography—scan of chest, abdomen and pelvis with intravenous contrast medium, not being a service associated with a service to which item 56903 applies (R)	370.00
56806	Computerised tomography—scan of chest, abdomen and pelvis without and with intravenous contrast medium, not being a service associated with a service to which item 56906 applies (R)	525.00
56900	Computerised tomography—scan of neck, chest, abdomen and pelvis without intravenous contrast medium (R)	475.00
56903	Computerised tomography—scan of neck, chest, abdomen and pelvis with intravenous contrast medium (R)	525.00
56906	Computerised tomography—scan of neck, chest, abdomen and pelvis without and with intravenous contrast medium (R)	630.00
57000	Computerised tomography scan of brain and chest without intravenous contrast medium (R)	255.00
57003	Computerised tomography—scan of brain and chest with intravenous contrast medium (R)	295.00

SCHEDULE—continued

Item	Diagnostic imaging service	Fee
57006	Computerised tomography—scan of brain and chest without and with intravenous contrast medium (R)	410.00
57100	Computerised tomography—scan of chest and upper abdomen (from lung apices to iliac crest) and scan of brain without intravenous contrast medium (R)	365.00
57103	Computerised tomography—scan of chest and upper abdomen (from lung apices to iliac crest) and scan of brain with intravenous contrast medium (R)	410.00
57106	Computerised tomography—scan of chest and upper abdomen (from lung apices to iliac crest) and scan of brain without and with intravenous contrast medium (R)	525.00
57200	Computerised tomography—pelvimetry (R)	142.00
57300	Computerised tomography—dynamic scan of region, not being a service associated with a service to which another item in this Group applies (R)	172.00
57303	Computerised tomography—dynamic scan of region, when associated with another item in this Group (R)	Amount under rule 9
57340	Computerised tomography, in association with a surgical procedure using interventional techniques, not being a service associated with a service to which another item in this table applies (R)	255.00
Subgroup 2—Computerised Tomography on a Brain Scanner		
57400	Computerised tomography—scan of brain without intravenous contrast medium (R)	72.00
57403	Computerised tomography—scan of brain with intravenous contrast medium (R)	87.00

SCHEDULE—continued

Item	Diagnostic imaging service	Fee
57406	Computerised tomography—scan of brain without and with intravenous contrast medium (R)	136.00
GROUP I3—DIAGNOSTIC RADIOLOGY		
Subgroup 1—Radiographic Examination of Extremities and Report		
57500	Digits or phalanges—all or any of either hand or either foot (NR)	29.50
57503	Digits or phalanges—all or any of either hand or either foot (R)	39.50
57506	Hand, wrist, forearm, elbow or arm (elbow to shoulder) (NR)	29.50
57509	Hand, wrist, forearm, elbow or arm (elbow to shoulder) (R)	39.50
57512	Hand, wrist and lower forearm, upper forearm and elbow or elbow and arm (elbow to shoulder) (NR)	40.00
57515	Hand, wrist and lower forearm, upper forearm and elbow or elbow and arm (elbow to shoulder) (R)	54.00
57518	Foot, ankle, lower leg, upper leg, knee or thigh (femur) (NR)	32.50
57521	Foot, ankle, lower leg, upper leg, knee or thigh (femur) (R)	43.00
57524	Foot, ankle and lower leg or upper leg and knee (NR)	49.00
57527	Foot, ankle and lower leg or upper leg and knee (R)	65.00
Subgroup 2—Radiographic Examination of Shoulder or Pelvis and Report		
57700	Shoulder or scapula (NR)	40.00

SCHEDULE—continued

Item	Diagnostic imaging service	Fee
57703	Shoulder or scapula (R)	54.00
57706	Clavicle (NR)	32.50
57709	Clavicle (R)	43.00
57712	Hip joint (R)	47.00
57715	Pelvic girdle (R)	60.00
57718	Sacro-iliac joints (R)	60.00
57721	Femur, internal fixation of neck or intertrochanteric (pertrochanteric) fracture (R)	99.00
	Subgroup 3—Radiographic Examination of Head and Report	
57900	Skull (calvarium) (R)	64.00
57903	Sinuses (R)	47.00
57906	Mastoids (R)	64.00
57909	Petrous temporal bones (R)	64.00
57912	Facial bones—orbit, maxilla or malar, any or all (R)	47.00
57915	Mandible (R)	47.00
57918	Salivary calculus (R)	47.00
57921	Nose (R)	47.00
57924	Eye (R)	47.00
57927	Temporo-mandibular joints (R)	49.50
57930	Teeth—single area (R)	32.50

SCHEDULE—continued

Item	Diagnostic imaging service	Fee
57933	Teeth —full mouth (R)	78.00
57936	Teeth—orthopantomography (R)	47.00
57939	Palato-pharyngeal studies with fluoroscopic screening (R)	64.00
57942	Palato-pharyngeal studies without fluoroscopic screening (R)	49.50
57945	Larynx (R)	43.00
	Subgroup 4—Radiographic Examination of Spine and Report	
58100	Spine—cervical (R)	64.00
58103	Spine—thoracic (R)	55.00
58106	Spine—lumbo-sacral (R)	75.00
58109	Spine—sacro-coccygeal (R)	46.00
58112	Spine—2 regions (R)	95.00
58115	Spine—3 or more regions (R)	130.00
58118	Spine—functional views of 1 area (R)	20.50
	Subgroup 5—Bone Age Study and Skeletal Surveys and Report	
58300	Bone age study, wrist and knee (R)	47.00
58303	Bone age study, wrist (R)	39.50
58306	Skeletal survey involving 4 or more regions (R)	89.00

SCHEDULE—continued

Item	Diagnostic imaging service	Fee
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Subgroup 6—Radiographic Examination of Thoracic Region and Report

58500	Chest (lung fields) by direct radiography (NR)	35.00
58503	Chest (lung fields) by direct radiography (R)	47.00
58506	Chest (lung fields) by direct radiography with fluoroscopic screening (R)	60.00
58509	Thoracic inlet or trachea (R)	39.50
58512	Chest by miniature radiography (R)	21.50
58515	Cardiac examination (including barium swallow) (NR)	45.50
58518	Cardiac examination (including barium swallow) (R)	60.00
58521	Sternum or ribs on 1 side (R)	43.00
58524	Sternum and ribs on 1 side or ribs on both sides (R)	56.00
58527	Sternum and ribs on both sides (R)	69.00

Subgroup 7—Radiographic Examination of Urinary Tract and Report

58700	Plain renal only (R)	47.00
58703	Drip-infusion pyelography (R)	130.00
58706	Intravenous pyelography, including preliminary plain film (R)	124.00
58709	Intravenous pyelography, including preliminary plain film and limited tomography, involving up to 3 tomographic cuts (R)	154.00

SCHEDULE—continued

Item	Diagnostic imaging service	Fee
58712	Intravenous pyelography, including preliminary plain film with delayed examination for the cysto-ureteric reflex (R)	156.00
58715	Antegrade or retrograde pyelography including preliminary plain film (R)	99.00
58718	Retrograde cystography or retrograde urethrography (R)	65.00
58721	Retrograde micturating cysto-urethrography (R)	78.00
58724	Retro-peritoneal pneumogram (R)	49.50
Subgroup 8—Radiographic Examination of Alimentary Tract and Biliary System and Report		
58900	Plain abdominal only, not being a service associated with a service to which item 58909, 58912, 58915 or 58924 applies (NR)	35.00
58903	Plain abdominal only, not being a service associated with a service to which item 58909, 58912, 58915 or 58924 applies (R)	47.00
58906	Oesophagus, with or without examination for foreign body or barium swallow (R)	67.00
58909	Barium or other opaque meal of oesophagus, stomach and duodenum, with or without screening of chest and with or without preliminary plain film (R)	91.00
58912	Barium or other opaque meal of oesophagus, stomach, duodenum and follow through to colon, with or without screening of chest and with or without preliminary plain film (R)	108.00
58915	Barium or other opaque meal, small bowel series only, with or without preliminary plain film (R)	78.00

SCHEDULE—continued

Item	Diagnostic imaging service	Fee
58918	Opaque enema (R)	91.00
58921	Opaque enema, including air contrast study (R)	108.00
58924	Graham's test (cholecystography), including preliminary abdominal radiography (R)	78.00
58927	Cholegraphy direct—operative or post-operative (R)	75.00
58930	Cholegraphy—intravenous (R)	108.00
58933	Cholegraphy—percutaneous transhepatic (R)	89.00
58936	Cholegraphy—drip infusion (R)	148.00
Subgroup 9—Radiographic Examination for Localisation of Foreign Bodies and Report		
59100	Foreign body in eye (special method, Sweet's or other) (R)	65.00
59103	Foreign body, localization of and report, not being a service associated with a service to which another item in this Group applies (R)	Amount under rule 10

SCHEDULE—continued

Item	Diagnostic imaging service	Fee
Subgroup 10—Radiographic Examination of Breasts and Report		
59300	Radiographic examination of both breasts (with or without thermography) and report, if: <ul style="list-style-type: none"> (a) the patient is referred with a specific request for this procedure; and (b) there is reason to suspect the presence of malignancy in the breasts because of: <ul style="list-style-type: none"> (i) the past occurrence of breast malignancy in the patient or members of the patient's family; or (ii) symptoms or indications of malignancy found on an examination of the patient by a medical practitioner (R) (S) 	78.00
59303	Radiographic examination of 1 breast (with or without thermography) and report, if: <ul style="list-style-type: none"> (a) the patient is referred with a specific request for this procedure; and (b) there is reason to suspect the presence of malignancy in the breast because of: <ul style="list-style-type: none"> (i) the past occurrence of breast malignancy in the patient or members of the patient's family; or (ii) symptoms or indications of malignancy found on an examination of the patient by a medical practitioner (R) (S) 	47.00
59306	Mammary ductogram (galactography)—1 breast (R)	90.00
59309	Mammary ductogram (galactography)—2 breasts (R)	180.00

SCHEDULE—continued

Item	Diagnostic imaging service	Fee
Subgroup 11—Radiographic Examination in connection with Pregnancy and Report		
59500	Pregnant uterus (R)	48.00
59503	Pelvimetry or placentography (R)	89.00
59506	Control X-rays associated with intrauterine foetal blood transfusion (R)	65.00
Subgroup 12—Radiographic Examination with Opaque or Contrast Media and Report		
59700	Discography—1 disc (R)	69.00
59703	Dacryocystography—1 side (R)	47.00
59706	Encephalography (R)	102.00
59709	Cerebral ventriculography (R)	89.00
59712	Hysterosalpingography (R)	67.00
59715	Bronchography—1 side (R)	99.00
59718	Phlebography—1 side (R)	99.00
59721	Splenography (R)	99.00
59724	Myelography, 1 region (R)	118.00
59727	Myelography, 2 regions (R)	198.00
59730	Myelography, 3 regions (R)	265.00
59733	Sialography—1 side (R)	67.00
59736	Vasoepididymography—1 side (R)	67.00

SCHEDULE—continued

Item	Diagnostic imaging service	Fee
59739	Sinuses and fistulae (R)	Amount under rule 10
59742	Laryngography with contrast media (R)	49.50
59745	Pneumoarthrography (R)	42.00
59748	Arthrography—contrast (R)	49.50
59751	Arthrography—double contrast (R)	86.00
59754	Lymphangiography, including follow up radiography (R)	65.00
59757	Pneumomediastinum (R)	60.00
Subgroup 13—Angiography and report		
59900	Serial angiocardiology (rapid cassette changing)—each series (R) (AU 8)	83.00
59903	Serial angiocardiology (single plane, direct roll-film method)—each series (R) (AU 8)	114.00
59906	Serial angiocardiology (bi-plane, direct roll-film method)—each series (R) (AU 8)	114.00
59909	Serial angiocardiology (indirect roll-film method)—each series (R) (AU 8)	114.00
59912	Selective coronary arteriography (R)	300.00
59915	Cerebral angiography—1 side (R)	78.00
59918	Arteriography, peripheral—1 side (R)	99.00
59921	Aortography (R)	99.00

SCHEDULE—continued

Item	Diagnostic imaging service	Fee
59924	Selective arteriography, each injection and film run (R)	99.00
60000	Digital subtraction angiography, examination of head and neck with or without arch aortography, 1 to 3 data acquisition runs (R)	500.00
60003	Digital subtraction angiography, examination of head and neck with or without arch aortography, 4 to 6 data acquisition runs (R)	735.00
60006	Digital subtraction angiography, examination of head and neck with or without arch aortography, 7 to 9 data acquisition runs (R)	1,050.00
60009	Digital subtraction angiography, examination of head and neck with or without arch aortography, 10 or more data acquisition runs (R)	1,230.00
60012	Digital subtraction angiography, examination of thorax, 1 to 3 data acquisition runs (R)	500.00
60015	Digital subtraction angiography, examination of thorax, 4 to 6 data acquisition runs (R)	735.00
60018	Digital subtraction angiography, examination of thorax, 7 to 9 data acquisition runs (R)	1,050.00
60021	Digital subtraction angiography, examination of thorax, 10 or more data acquisition runs (R)	1,230.00
60024	Digital subtraction angiography, examination of abdomen, 1 to 3 data acquisition runs (R)	500.00
60027	Digital subtraction angiography, examination of abdomen, 4 to 6 data acquisition runs (R)	735.00
60030	Digital subtraction angiography, examination of abdomen, 7 to 9 data acquisition runs (R)	1,050.00

SCHEDULE—continued

Item	Diagnostic imaging service	Fee
60033	Digital subtraction angiography, examination of abdomen, 10 or more data acquisition runs (R)	1,230.00
60036	Digital subtraction angiography, examination of upper limb or limbs, 1 to 3 data acquisition runs (R)	500.00
60039	Digital subtraction angiography, examination of upper limb or limbs, 4 to 6 data acquisition runs (R)	735.00
60042	Digital subtraction angiography, examination of upper limb or limbs, 7 to 9 data acquisition runs (R)	1,050.00
60045	Digital subtraction angiography, examination of upper limb or limbs, 10 or more data acquisition runs (R)	1,230.00
60048	Digital subtraction angiography, examination of lower limb or limbs, 1 to 3 data acquisition runs (R)	500.00
60051	Digital subtraction angiography, examination of lower limb or limbs, 4 to 6 data acquisition runs (R)	735.00
60054	Digital subtraction angiography, examination of lower limb or limbs, 7 to 9 data acquisition runs (R)	1,050.00
60057	Digital subtraction angiography, examination of lower limb or limbs, 10 or more data acquisition runs (R)	1,230.00
60060	Digital subtraction angiography, examination of aorta and lower limb or limbs, 1 to 3 data acquisition runs (R)	500.00
60063	Digital subtraction angiography, examination of aorta and lower limb or limbs, 4 to 6 data acquisition runs (R)	735.00
60066	Digital subtraction angiography, examination of aorta and lower limb or limbs, 7 to 9 acquisition runs (R)	1,050.00
60069	Digital subtraction angiography, examination of aorta and lower limb or limbs, 10 or more acquisition runs (R)	1,230.00

SCHEDULE—continued

Item	Diagnostic imaging service	Fee
60072	Selective arteriography or selective venography by digital subtraction angiography technique, 1 vessel (NR)	43.00
60075	Selective arteriography or selective venography by digital subtraction angiography, 2 vessels (NR)	86.00
60078	Selective angiography or selective venography by digital subtraction angiography technique, 3 or more vessels (NR)	128.00
Subgroup 14—Tomography and Report		
60100	Tomography of any region and report (R)	60.00
Subgroup 15—Stereoscopic Examination and Report		
60300	Stereoscopic examination of any region and report (R)	Amount under rule 10
Subgroup 16—Fluoroscopic examination and report		
60500	Fluoroscopy, with general anaesthesia, not being a service associated with a radiographic examination) (R) (AU 7)	43.00
60503	Fluoroscopy without general anaesthesia, not being a service associated with a radiographic examination (R)	29.50
60506	Fluoroscopy, using a mobile image intensifier, in association with a surgical procedure lasting less than 1 hour, not being a service associated with a service to which another item in this table applies (R)	63.00

SCHEDULE—continued

Item	Diagnostic imaging service	Fee
60509	Fluoroscopy, using a mobile image intensifier, in association with a surgical procedure lasting 1 hour or longer, not being a service associated with a service to which another in this table applies (R)	98.00
	Subgroup 17—Examination not otherwise covered and Report	
60700	Radiographic examination of any region and report, not being a service associated with a service to which another item in this Group applies (R)	20.50
	Subgroup 18—Preparation for Radiological Procedure	
60900	Encephalography (NR) (AU 10)	180.00
60903	Cerebral angiography, 1 side—percutaneous, catheter or open exposure (NR) (AU 10)	128.00
60906	Cerebral ventriculography (NR) (AU 10)	172.00
60909	Dacryocystography—1 side (NR)	39.50
60912	Bronchography—1 or both sides (NR) (AU 8)	60.00
60915	Aortography (NR) (AU 8)	70.00
60918	Arteriography (peripheral) or phlebography—1 vessel (NR) (AU 6)	52.00
60921	Splenography (NR) (AU 6)	43.00
60924	Retroperitoneal pneumogram (NR)	47.00
60927	Selective arteriogram or phlebogram (NR) (AU 6)	43.00

SCHEDULE—continued

Item	Diagnostic imaging service	Fee
60930	Percutaneous injection of radio-opaque material into renal pelvis or into a renal cyst (including aspiration of the cyst) for antegrade pyelography (NR)	60.00
60933	Pneumoarthrography or pneumoperitoneum (NR)	48.00
60936	A single or double contrast arthrography excluding arthrography of the joints between articular processes of the vertebrae (NR)	48.00
60939	Drip-infusion pyelography or drip-infusion cholegraphy (NR)	36.00
60942	Retrograde micturating cystourethrography (NR)	68.00
60945	Hysterosalpingography (NR) (AU 6)	60.00
60948	Discography—1 disc (NR) (AU 5)	39.50
60951	Discography using Metrizamide contrast medium (NR)	60.00
60954	Intra-osseous venography (NR)	45.00
60957	Myelography, not being a service to which item 60960 applies (NR) (AU 11)	118.00
60960	Myelography, using Metrizamide (Amipaque) contrast medium (NR) (AU 11)	166.00
60963	Cisternal puncture (NR)	78.00
60966	Sinus or fistula injection into (NR)	20.50
60969	Sialography (NR)	54.00
60972	Lymphangiography—1 side (NR)	118.00
60975	Laryngography (NR)	60.00
60978	Pneumomediastinum (NR)	78.00

SCHEDULE—continued

Item	Diagnostic imaging service	Fee
60981	Cholegram, percutaneous transhepatic (NR) (AU 11)	118.00
Subgroup 19—Interventional Techniques		
61109	Fluoroscopy in an angiography suite with image intensification, in association with a surgical procedure, using interventional techniques, not being a service associated with a service to which another item in this table applies (R)	255.00
GROUP I5—NUCLEAR MEDICINE IMAGING		
61300	Myocardial perfusion study using thallium—single study for stress <i>or</i> reperfusion (R) (C)	365.00
61301	Myocardial perfusion study using thallium—single study for stress <i>or</i> reperfusion (R) (NC)	270.00
61304	Myocardial perfusion study using thallium—combined study for stress <i>and</i> reperfusion (R) (C)	575.00
61305	Myocardial perfusion study using thallium—combined study for stress <i>and</i> reperfusion (R) (NC)	430.00
61308	Myocardial infarct-avid imaging study (R) (C)	215.00
61309	Myocardial infarct-avid imaging study (R) (NC)	160.00
61312	Gated cardiac blood pool (equilibrium) study (R) (C)	245.00
61315	Gated cardiac blood pool study with intervention (R) (C)	305.00
61318	Cardiac first pass blood flow study, cardiac shunt study or cardiac output study, not being a service associated with a service to which another item in this Group applies (R) (C)	186.00

SCHEDULE—continued

Item	Diagnostic imaging service	Fee
61319	Cardiac first pass blood flow study, cardiac shunt study or cardiac output study, not being a service associated with a service to which another item in this Group applies (R) (NC)	138.00
61322	Cardiac first pass blood flow study, cardiac shunt study or cardiac output study, when associated with a service to which another item in this Group applies (R) (C)	Amount under rule 14
61323	Cardiac first pass blood flow study, cardiac shunt study or cardiac output study, when associated with a service to which another item in this Group applies (R) (NC)	Amount under rule 14
61326	Lung perfusion study (R) (C)	176.00
61327	Lung perfusion study (R) (NC)	132.00
61330	Lung ventilation study using Xe127 gas (R) (C)	295.00
61331	Lung ventilation study using Xe127 gas (R) (NC)	220.00
61334	Lung ventilation study using Xe133 gas (R) (C)	164.00
61335	Lung ventilation study using Xe133 gas (R) (NC)	122.00
61338	Lung ventilation study using aerosol (R) (C)	205.00
61339	Lung ventilation study using aerosol (R) (NC)	152.00
61342	Lung perfusion study and lung ventilation study using either Xe127 or Xe133 gas (R) (C)	315.00
61343	Lung perfusion study and lung ventilation study using either Xe127 or Xe133 gas (R) (NC)	235.00
61346	Lung perfusion study and lung ventilation study using aerosol (R) (C)	350.00
61347	Lung perfusion study and lung ventilation study using aerosol (R) (NC)	265.00

SCHEDULE—continued

Item	Diagnostic imaging service	Fee
61350	Liver and spleen study (colloid) (R) (C)	210.00
61351	Liver and spleen study (colloid) (R) (NC)	158.00
61354	Red blood cell spleen or liver study (R) (C)	215.00
61355	Red blood cell spleen or liver study (R) (NC)	160.00
61358	Hepatobiliary study (R) (C)	340.00
61359	Hepatobiliary study (R) (NC)	250.00
61362	Bowel haemorrhage study (R) (C)	395.00
61363	Bowel haemorrhage study (R) (NC)	295.00
61366	Meckel's diverticulum study (R) (C)	180.00
61367	Meckel's diverticulum study (R) (NC)	136.00
61370	Salivary study (R) (C)	180.00
61371	Salivary study (R) (NC)	136.00
61374	Gastro-oesophageal reflux study (R) (C)	385.00
61375	Gastro-oesophageal reflux study (R) (NC)	290.00
61378	Oesophageal clearance study (R) (C)	116.00
61379	Oesophageal clearance study (R) (NC)	87.00
61382	Gastric emptying study using single tracer (R) (C)	575.00
61385	Gastric emptying study using dual tracer (R) (C)	615.00
61388	Renal study with or without dynamic flow study and with or without computer extraction of functional parameters (R) (C)	265.00

SCHEDULE—continued

Item	Diagnostic imaging service	Fee
61391	Renal study with intervention (R) (C)	325.00
61392	Renal study with intervention (R) (NC)	240.00
61395	Cystoureterogram (R) (C)	200.00
61396	Cystoureterogram (R) (NC)	150.00
61399	Testicular study (R) (C)	132.00
61400	Testicular study (R) (NC)	99.00
61403	Brain study with blood brain barrier agent (R) (C)	178.00
61404	Brain study with blood brain barrier agent (R) (NC)	134.00
61407	Cerebro-spinal fluid transport study (R) (C)	700.00
61408	Cerebro-spinal fluid transport study (R) (NC)	520.00
61411	Cerebro-spinal fluid shunt patency study (R) (C)	184.00
61412	Cerebro-spinal fluid shunt patency study (R) (NC)	136.00
61415	Dynamic blood flow study or regional blood volume quantitative study, not being a service associated with a service to which another item in this Group applies (R) (C)	96.00
61416	Dynamic blood flow study or regional blood volume quantitative study, not being a service associated with a service to which another item in this Group applies (R) (NC)	72.00
61419	Bone study—whole body (R) (C)	385.00
61420	Bone study—whole body (R) (NC)	290.00
61423	Bone study—whole body and dynamic blood flow or regional blood volume quantitative study (R) (C)	480.00

SCHEDULE—continued

Item	Diagnostic imaging service	Fee
61424	Bone study—whole body and dynamic blood flow or regional blood volume quantitative study (R) (NC)	365.00
61427	Whole body study using iodine (R) (C)	440.00
61428	Whole body study using iodine (R) (NC)	330.00
61431	Whole body study using gallium (R) (C)	440.00
61432	Whole body study using gallium (R) (NC)	330.00
61435	Whole body study using cells labelled with technetium (R) (C)	395.00
61436	Whole body study using cells labelled with technetium (R) (NC)	295.00
61439	Bone marrow study—whole body (R) (C)	385.00
61440	Bone marrow study—whole body (R) (NC)	290.00
61443	Repeat of a whole body study on a different occasion using the same administration of radiopharmaceutical (R) (C)	178.00
61444	Repeat of a whole body study on a different occasion using the same administration of radiopharmaceutical (R) (NC)	134.00
61447	Localised bone or joint study including flow and blood pool studies (R) (C)	270.00
61448	Localised bone or joint study including flow and blood pool studies (R) (NC)	200.00
61451	Localised bone, joint, tumour, infection or inflammation seeking study using gallium (R) (C)	325.00
61452	Localised bone, joint, tumour, infection or inflammation seeking study using gallium (R) (NC)	240.00

SCHEDULE—continued

Item	Diagnostic imaging service	Fee
61455	Localised bone, joint, tumour, infection or inflammation seeking study using cells labelled with technetium (R) (C)	275.00
61456	Localised bone, joint, tumour, infection or inflammation seeking study using cells labelled with technetium (R) (NC)	205.00
61459	Repeat of a localised bone, joint, tumour, infection or inflammation seeking study on a different occasion using the same administration of radiopharmaceutical (R) (C)	120.00
61460	Repeat of a localised bone, joint, tumour, infection or inflammation seeking study on a different occasion using the same administration of radiopharmaceutical (R) (NC)	89.00
61463	Venography (including blood pool study, active uptake study or dynamic blood flow study) (R) (C)	215.00
61464	Venography (including blood pool study, active uptake study or dynamic blood flow study) (R) (NC)	160.00
61467	Lymphoscintigraphy (R) (C)	275.00
61468	Lymphoscintigraphy (R) (NC)	205.00
61471	Thyroid study (R) (C)	122.00
61472	Thyroid study (R) (NC)	92.00
61475	Thyroid uptake study performed on gamma camera (R) (C)	60.00
61476	Thyroid uptake study performed on gamma camera (R) (NC)	44.50
61479	Parathyroid (R) (C)	305.00
61482	Adrenal study using selenocholesterol (R) (C)	705.00
61483	Adrenal study using selenocholesterol (R) (NC)	530.00

SCHEDULE—continued

Item	Diagnostic imaging service	Fee
61486	Adrenal study, not being a service associated with a service to which item 61482 or 61483 applies (R) (C)	360.00
61487	Adrenal study, not being a service associated with a service to which item 61482 or 61483 applies (R) (NC)	270.00
61490	Single photon emission tomography, when associated with a service to which another item in this Group applies (R) (C)	Amount under rule 15
61493	Tear duct study (R) (C)	180.00
61494	Tear duct study (R) (NC)	136.00
61497	Particle perfusion study (intra-arterial) or Le Veen Shunt study (R) (C)	205.00
61498	Particle perfusion study (intra-arterial) or Le Veen Shunt study (R) (NC)	152.00
61501	Study of region or organ, not being a service to which another item in this Group applies (R) (C)	11.80
61502	Study of region or organ, not being a service to which another item in this Group applies (R) (NC)	8.80

NOTE

1. Notified in the *Commonwealth of Australia Gazette* on 27 October 1992.