

Health Insurance (General Medical Services Table) Regulations 2021

made under the

Health Insurance Act 1973

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**About this compilation**

**This compilation**

This is a compilation of the *Health Insurance (General Medical Services Table) Regulations 2021* that shows the text of the law as amended and in force on 17 October 2023 (the ***compilation date***).

The notes at the end of this compilation (the ***endnotes***) include information about amending laws and the amendment history of provisions of the compiled law.

**Uncommenced amendments**

The effect of uncommenced amendments is not shown in the text of the compiled law. Any uncommenced amendments affecting the law are accessible on the Register (www.legislation.gov.au). The details of amendments made up to, but not commenced at, the compilation date are underlined in the endnotes. For more information on any uncommenced amendments, see the Register for the compiled law.

**Application, saving and transitional provisions for provisions and amendments**

If the operation of a provision or amendment of the compiled law is affected by an application, saving or transitional provision that is not included in this compilation, details are included in the endnotes.

**Editorial changes**

For more information about any editorial changes made in this compilation, see the endnotes.

**Modifications**

If the compiled law is modified by another law, the compiled law operates as modified but the modification does not amend the text of the law. Accordingly, this compilation does not show the text of the compiled law as modified. For more information on any modifications, see the Register for the compiled law.

**Self‑repealing provisions**

If a provision of the compiled law has been repealed in accordance with a provision of the law, details are included in the endnotes.

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1 Name

This instrument is the *Health Insurance (General Medical Services Table) Regulations 2021*.

3 Authority

This instrument is made under the *Health Insurance Act 1973*.

4 General medical services table

For the purposes of subsection 4(1) of the *Health Insurance Act 1973*, Schedule 1 is prescribed as a table of medical services.

Schedule 1—General medical services table

Note: See section 4.

Part 1—Preliminary

Division 1.1—Interpretation

1.1.1 Dictionary

The Dictionary in Part 7 defines certain words and expressions that are used in this Schedule, and includes references to certain words and expressions that are defined elsewhere in this Schedule.

1.1.2 Meaning of *eligible non‑vocationally recognised medical practitioner*

(1) In this Schedule:

***eligible non‑vocationally recognised medical practitioner*** means:

(a) a medical practitioner:

(i) who is registered under the MedicarePlus for Other Medical Practitioners Program; and

(ii) who successfully completed the requirements of that Program, as evidenced by written advice from the Chief Executive Medicare; or

Note: The MedicarePlus for Other Medical Practitioners Program will cease on 31 December 2023.

(b) a medical practitioner who:

(i) as at 30 June 2023, was registered under:

(A) the After Hours Other Medical Practitioners Program; or

(B) the Outer Metropolitan (Other Medical Practitioners) Relocation Incentive Program; or

(C) the Rural Other Medical Practitioners’ Program; and

(ii) is registered under, and providing general medical services in accordance with, the Other Medical Practitioners Extension Program; or

(c) a medical practitioner:

(i) who is registered as a medical practitioner under the MedicarePlus for Other Medical Practitioners Program; and

(ii) providing general medical services in accordance with that Program.

Note: The MedicarePlus for Other Medical Practitioners Program will cease on 31 December 2023.

(2) In subclause (1):

***After Hours Other Medical Practitioners Program*** means the program by that name that, before 1 July 2023, was administered by the Chief Executive Medicare.

***MedicarePlus for Other Medical Practitioners Program*** means the program by that name administered by the Chief Executive Medicare that, for medical services provided in accordance with the Program, provides a particular level of medicare benefits.

***Other Medical Practitioners Extension Program*** means the program by that name administered by the Chief Executive Medicare that, for medical services provided in accordance with the Program, provides a particular level of medicare benefits.

***Outer Metropolitan (Other Medical Practitioners) Relocation Incentive Program*** means the program by that name that, before 1 July 2023, was administered by the Chief Executive Medicare.

***Rural Other Medical Practitioners’ Program*** means the program by that name that, before 1 July 2023, was administered by the Chief Executive Medicare.

Note 1: The After Hours Other Medical Practitioners Program, the Outer Metropolitan (Other Medical Practitioners) Relocation Incentive Program and the Rural Other Medical Practitioners’ Program ceased on 30 June 2023.

Note 2: The MedicarePlus for Other Medical Practitioners Program will cease on 31 December 2023.

1.1.3 General practitioners

For the purposes of paragraph (b) of the definition of ***general practitioner*** in subsection 3(1) of the Act, the following medical practitioners are specified:

(a) a medical practitioner who is undertaking a placement in general practice that is approved by the Royal Australian College of General Practitioners (the ***RACGP***):

(i) as part of a training program for general practice leading to the award of Fellowship of the RACGP; or

(ii) as part of another training program recognised by the RACGP as being of an equivalent standard;

(b) an eligible non‑vocationally recognised medical practitioner;

(c) a medical practitioner who is undertaking a placement in general practice as part of the Remote Vocational Training Scheme administered by Remote Vocational Training Scheme Limited;

(d) a medical practitioner who is undertaking a placement in general practice that is approved by the Australian College of Rural and Remote Medicine (the ***ACRRM***):

(i) as part of a training program for general practice leading to the award of Fellowship of the ACRRM; or

(ii) as part of another training program recognised by the ACRRM as being of an equivalent standard.

Note: For other medical practitioners who are general practitioners, see the definition of ***general practitioner*** in subsection 3(1) of the Act and section 16 of the *Health Insurance Regulations 2018*.

1.1.4 Meaning of multidisciplinary case conference

In this Schedule:

***multidisciplinary case conference*** means a process by which a multidisciplinary case conference team carries out all of the following activities:

(a) discussing a patient’s history;

(b) identifying the patient’s multidisciplinary care needs;

(c) identifying outcomes to be achieved by members of the multidisciplinary case conference team giving care and service to the patient;

(d) identifying tasks that need to be undertaken to achieve these outcomes, and allocating those tasks to members of the multidisciplinary case conference team;

(e) assessing whether previously identified outcomes (if any) have been achieved.

1.1.5 Meaning of multidisciplinary case conference team

(1) In this Schedule, a ***multidisciplinary case conference team*** for a patient:

(a) includes a medical practitioner; and

(b) either:

(i) for items 735 to 758, 825 to 828, 930, 933, 935, 937, 943, 945, 946, 948, 959, 961, 962, 964, 6029 to 6042 and 6064 to 6075—includes at least 2 other members; or

(ii) for an item mentioned in subclause (3)—includes at least 3 other members; and

(c) may also include a family member of the patient.

(2) For the members mentioned in paragraph (b):

(a) each member must provide a different kind of care or service to the patient; and

(b) each member must not be an unpaid carer of the patient; and

(c) one member may be another medical practitioner.

Example: Other members may be allied health professionals, home and community service providers and care organisers, including the following:

(a) Aboriginal and Torres Strait Islander health practitioners;

(b) asthma educators;

(c) audiologists;

(d) dental therapists;

(e) dentists;

(f) diabetes educators;

(g) dieticians;

(h) mental health workers;

(i) occupational therapists;

(j) optometrists;

(k) orthoptists;

(l) orthotists or prosthetists;

(m) pharmacists;

(n) physiotherapists;

(o) podiatrists;

(p) psychologists;

(q) registered nurses;

(r) social workers;

(s) speech pathologists;

(t) education providers;

(u) “meals on wheels” providers;

(v) personal care workers;

(w) probation officers.

(3) For the purposes of subparagraph (1)(b)(ii), the items are items 820, 822, 823, 830, 832, 834, 2946, 2949, 2954, 2978, 2984, 2988, 3032, 3040, 3044, 3069 and 3074.

1.1.6 Meaning of single course of treatment

(1) Use this clause for items 104 to 133, 385 to 388, 2801 to 2840, 3005 to 3028, 6007 to 6015, 6018, 6019, 6024, 6051, 6052, 6058, 6062, 6063, 16401, 16404, 16406, 51700 and 51703.

(2) A ***single course of treatment*** for a patient:

(a) includes:

(i) the initial attendance on the patient by a specialist or consultant physician; and

(ii) the continuing management or treatment up to and including the stage when the patient is referred back to the care of the referring practitioner; and

(iii) any subsequent review of the patient’s condition by the specialist or consultant physician that may be necessary, whether the review is initiated by the referring practitioner or by the specialist or consultant physician; but

(b) does not include:

(i) referral of the patient to the specialist or consultant physician; or

(ii) an attendance (the ***later attendance***) on the patient by the specialist or consultant physician, after the end of the period of validity of the last referral to have application under section 102 of the *Health Insurance Regulations 2018* if:

(A) the referring practitioner considers the later attendance necessary for the patient’s condition to be reviewed; and

(B) the patient was most recently attended by the specialist or consultant physician more than 9 months before the later attendance.

Note: Division 4 of Part 11 of the *Health Insurance Regulations 2018* prescribes the manner in which patients are to be referred when an item in this Schedule specifies a service that is to be rendered by a specialist or consultant physician to a patient who has been referred.

1.1.7 Meaning of symbol (H)

An item in this Schedule including the symbol ***(H)***applies only to a service performed or provided in a hospital.

1.1.8 References in this Schedule to items include items determined under section 3C of the Act

A reference in this Schedule to an item includes a reference to an item relating to a health service that, under a determination in force under subsection 3C(1) of the Act, is treated as if there were an item in the table that relates to the service.

Division 1.2—General application provisions

1.2.1 Application

An item in this Schedule does not apply to a service provided in contravention of a law of the Commonwealth, a State or Territory.

1.2.2 Restrictions on certain items—attendances by specialists and consultant physicians without referrals

(1) Use this clause for items 104 to 111, 115 to 137, 141 to 147, 289 to 388, 2801 to 2840, 3005 to 3028, 6007 to 6015, 6018 to 6028, 6051 to 6063, 16401, 16404, 16407, 16408, 16508, 16509, 16533, 16534, 17640 to 17655, 90260, 90261, 90266 and 90267.

(2) The item does not apply to an attendance on a patient by a specialist or consultant physician if:

(a) the attendance forms part of a single course of treatment for the patient; and

(b) the attendance is after the end of the period of validity (under section 102 of the *Health Insurance Regulations 2018*) of the referral that was valid for the initial attendance on the patient by the specialist or consultant physician in the single course of treatment; and

(c) the attendance is not within the period of validity (under section 102 of the *Health Insurance Regulations 2018*) of a later referral.

Note: Division 4 of Part 11 of the *Health Insurance Regulations 2018* prescribes the manner in which patients are to be referred when an item in this Schedule specifies a service that is to be rendered by a specialist or consultant physician to a patient who has been referred.

1.2.3 Restrictions on certain items—attendances by specialist radiologists in conjunction with certain diagnostic imaging services

(1) Use this clause for items 52, 53, 54, 57, 104 and 105.

(2) The item does not apply to an attendance on a patient by a specialist in the specialty of diagnostic radiology if the attendance is in association with a service to which any of the following items of the diagnostic imaging services table applies:

(a) an item in Subgroup 6 of Group I1;

(b) an item in any of Subgroups 1 to 7 of Group I3;

(c) items 58900 and 58903 in Subgroup 8 of Group I3;

(d) item 59103 in Subgroup 9 of Group I3.

(3) The item also does not apply to an attendance on a patient if the attendance is in association with a service to which an item in Group I5 of the diagnostic imaging services table applies, unless the practitioner providing the service considers the attendance is necessary for the management or treatment of the patient.

1.2.4 Restrictions on certain items—attendances by specialists and consultant physicians on same day as they perform certain surgical operations

(1) Use this clause for items 105, 116, 119, 386, 2806, 2814, 3010, 3014, 6009 to 6015, 6019, 6052 and 16404.

(2) The item does not apply to a service if:

(a) the service is an attendance on a patient by a specialist or a consultant physician on the same day as the day on which an operation is performed on the patient by the specialist or consultant physician; and

(b) the operation is a service to which an item in Group T8 applies; and

(c) the amount specified in the item in Group T8 as the fee for a service to which that item applies is $328.55 or more.

1.2.5 Professional attendance services—matters included

(1) Use this clause for items 3 to 338, 348 to 388, 410 to 417, 585 to 600, 900, 903, 2497 to 2840, 3005 to 3028, 5000 to 5267, 6007 to 6015, 6018 to 6024, 6051 to 6063, 13899, 16401, 16404, 16406, 16407, 16508, 16509, 16533, 16534, 17610 to 17690, 90020 to 90096 and 90250 to 90278.

(2) A professional attendance includes the provision, for a patient, of any of the following services:

(a) evaluating the patient’s condition or conditions including, if applicable, evaluation using a health screening service mentioned in subsection 19(5) of the Act;

(b) formulating a plan for the management and, if applicable, for the treatment of the patient’s condition or conditions;

(c) giving advice to the patient about the patient’s condition or conditions and, if applicable, about treatment;

(d) if authorised by the patient—giving advice to another person, or other persons, about the patient’s condition or conditions and, if applicable, about treatment;

(e) providing appropriate preventive health care;

(f) recording the clinical details of the service or services provided to the patient.

(3) However, a professional attendance does not include the supply of a vaccine to a patient if:

(a) the vaccine is supplied to the patient in connection with a professional attendance mentioned in any of items 3 to 65, 5000 to 5267 and 90020 to 90096; and

(b) the cost of the vaccine is not subsidised by the Commonwealth or a State.

1.2.6 Personal attendance by medical practitioners generally—application and matters included

(1) Use this clause for items 3 to 147, 177, 179, 181, 185, 187, 189, 191, 193 to 338, 348 to 417, 585 to 600, 2497 to 2840, 3005 to 3028, 35570, 35571, 35573, 35577, 35581, 35582, 35585, 4001 to 6015, 6018 to 6024, 6051 to 6058, 6062, 6063, 10801 to 10816, 11012 to 11021, 11304, 11600, 11627, 11705, 11724, 11731, 12000 to 12004, 12201, 13030 to 13104, 13106 to 13110, 13209, 13290 to 13700, 13815 to 13899, 14100 to 14124, 14203 to 14212, 14216, 14219, 14224, 14255 to 14288, 15600, 16003 to 16512, 16515 to 51318, 90020 to 90096 and 90250 to 90278.

(2) The item applies to a service provided in the course of a personal attendance by a single medical practitioner on a single patient on a single occasion.

(3) A personal attendance by the medical practitioner on the patient includes any of the following:

(a) the planning, management and supervision of the patient on home dialysis to which item 13104 applies;

(b) participating in a video conferencing consultation referred to in item 294.

1.2.7 Personal attendance by medical practitioners—application and matters included

(1) Use this clause for items 3 to 723, 732, 900, 903, 2700 to 6015, 6018 to 6024, 6028, 6051 to 6058, 6062, 6063, 10801 to 10816, 11012 to 11021, 11304, 11600, 11627, 11705, 11724, 11728, 11731, 11820, 11823, 12000, 12003, 12004, 12201, 13030 to 13104, 13106 to 13110, 13209, 13290 to 13700, 13815 to 13899, 14100 to 14124, 14203 to 14212, 14216, 14219, 14224, 14255 to 14288, 15600, 16003 to 16512, 16515 to 51318, 90020 to 90096 and 90250 to 90278.

(2) The item applies to a service provided during a personal attendance by:

(a) a medical practitioner (other than a medical practitioner employed by the proprietor of a hospital that is not a private hospital); or

(b) a medical practitioner who:

(i) is employed by the proprietor of a hospital that is not a private hospital; and

(ii) provides the service otherwise than in the course of employment by that proprietor.

(3) Subclause (2) applies whether or not another person provides essential assistance to the medical practitioner in accordance with accepted medical practice.

(4) A personal attendance by the medical practitioner on the patient includes any of the following:

(a) the planning, management and supervision of the patient on home dialysis to which item 13104 applies;

(b) participating in a video conferencing consultation referred to in item 294.

1.2.8 Restriction on items—services provided with non‑medicare services

Items 3 to 10816, 90020 to 90096 and 90250 to 90278 do not apply to a service described in the item if the service is provided at the same time as, or in connection with, a non‑medicare service.

1.2.9 Restrictions on items—services rendered in certain circumstances or for certain purposes

An item in this Schedule does not apply to a service described in the item if the service is rendered in any of the following circumstances:

(a) the service is rendered in relation to the provision of chelation therapy, in the form of the intravenous administration of ethylenediamine tetra‑acetic acid or any of its salts, otherwise than for the treatment of heavy‑metal poisoning;

(b) the service is rendered in association with the injection of human chorionic gonadotrophin in the management of obesity;

(c) the service is rendered in relation to the use of hyperbaric oxygen therapy in the treatment of multiple sclerosis;

(d) the service is rendered for the purpose of, or in relation to, the removal of tattoos;

(e) the service is rendered for the purposes of, or in relation to, the removal from a cadaver of kidneys for transplantation;

(f) the service is rendered to a patient of a hospital for the purposes of, or in relation to:

(i) the transplantation of a thoracic or abdominal organ, other than a kidney, or of part of an organ of that kind; or

(ii) the transplantation of a kidney in conjunction with the transplantation of a thoracic or other abdominal organ, or of a part of an organ of that kind;

(g) the service is rendered for the purpose of administering microwave (UHF radiowave) cancer therapy, including the intravenous injection of drugs used immediately before or during the therapy;

(h) the service is rendered to a patient at the same time as, or in connection with, an injection of blood or a blood product that is autologous.

1.2.10 Restriction on items—services provided with harvesting, storage, in vitro processing or injection of non‑haematopoietic stem cells

An item in this Schedule does not apply to a service described in the item if the service is provided to a patient at the same time as, or in connection with, the harvesting, storage, in vitro processing or injection of non‑haematopoietic stem cells.

1.2.11 Services that may be provided by persons other than medical practitioners

(1) Use this clause for items 10983 to 10989, 10997, 11000, 11003, 11004, 11005, 11009, 11024, 11027, 11200, 11203, 11204, 11205, 11210, 11211, 11215, 11218, 11221, 11224, 11235, 11237, 11240, 11241, 11242, 11243, 11244, 11300, 11302, 11303, 11306, 11309, 11312, 11315, 11318, 11324, 11332, 11342, 11345, 11503, 11505, 11506, 11507, 11508, 11512, 11602, 11604, 11605, 11607, 11610, 11611, 11612, 11614, 11615, 11704, 11707, 11713, 11714, 11716, 11717, 11721, 11723, 11725, 11726, 11727, 11729, 11730, 11735, 11800, 11810, 11830, 11833, 11900, 11912, 11919, 12012, 12017, 12021, 12022, 12024, 12200, 12203, 12204, 12205, 12207, 12208, 12210, 12213, 12215, 12217, 12250 to 12272, 12500 to 12527, 13015, 13020, 13025, 13200 to 13203, 13212, 13215, 13218, 13221, 13703, 13706, 13750, 13755, 13757, 13760, 14050, 14217, 14218, 14220, 14221, 15000 to 15336, 15339 to 15357, 15500 to 15539, 16514 and 41764.

(2) The item applies whether the medical 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) in accordance with accepted medical practice, acts under the supervision of a medical practitioner.

1.2.12 Restriction on items—services involving video conferences between patients and medical practitioners separated by at least 15 km

If it is a condition of a service, in an item, involving a video conference between a patient and a medical practitioner that the patient and practitioner be at least 15 km by road from one another, the item does not apply if the patient or the practitioner travels to ensure that the condition is met.

Note: This clause has effect whether the condition is set out in the item or not.

1.2.13 Restriction on items—attendances on same day as electrocardiogram services are performed

(1) An item in Part 2 of this Schedule does not apply to a service (the ***attendance service***) provided by a specialist, consultant physician or medical practitioner to a patient on a day if an electrocardiogram service to which item 11716, 11717, 11723, 11729 or 11735 applies is provided by the specialist, consultant physician or medical practitioner to the patient on the same day.

(2) Subclause (1) does not apply if:

(a) the patient has been referred to the specialist, consultant physician or medical practitioner; or

(b) the patient is being provided with ongoing care by the specialist, consultant physician or medical practitioner; or

(c) both of the following apply:

(i) another medical practitioner has requested the electrocardiogram service;

(ii) the attendance service is provided at the same time as, or after, the electrocardiogram service and is required because there is an urgent clinical need to make decisions about the patient’s care as a result of the electrocardiogram service.

1.2.14 Restriction on items—attendances on same day as echocardiogram services or myocardial perfusion study services are performed

(1) An item in Part 2 of this Schedule does not apply to a service (the ***attendance service***) provided to a patient on a day if either of the following is provided to the patient on the same day:

(a) an echocardiogram service to which item 55126, 55127, 55128, 55129, 55132, 55133, 55134, 55137, 55141, 55143, 55145 or 55146 applies;

(b) a myocardial perfusion study service to which item 61321, 61324, 61325, 61329, 61345, 61349, 61357, 61394, 61398, 61406, 61410 or 61414 applies.

(2) Subclause (1) does not apply if:

(a) both:

(i) the attendance service is provided after another service is provided to the patient; and

(ii) clinical management decisions are made about the patient during that other service; or

(b) the decision to perform the echocardiogram service or the myocardial perfusion study service on the same day is made as a result of a clinical assessment of the patient during the attendance service.

Division 1.3—Indexation of fees

1.3.1 Indexation—1 July 2023

(1) At the start of 1 July 2023 (the ***indexation time***), each amount covered by subclause (2) is replaced by the amount worked out using the following formula:

Start formula 1.036 times the amount of the fee immediately before the indexation time end formula

Note: The indexed fees could in 2023 be viewed on the Department’s MBS Online website (http://www.health.gov.au).

(2) The amounts covered by this subclause are the fee for each item in a Group in this Schedule, other than the fee for the following:

(a) an item in Group A2;

(b) item 173 in Group A7;

(c) an item in Group A19;

(d) an item in Group A23;

(e) items 90092, 90093, 90095 and 90096 in Group A35;

(f) items 90254, 90255, 90256, 90257, 90265, 90275 and 90277 in Group A36;

(g) items 32026, 32028, 32117, 32231, 32232, 32233, 32234, 32235, 32236 and 32237 in Group T8;

(h) an item in Group T10.

(3) To avoid doubt, a fee listed in any of the following items is not indexed under subclause (1):

(a) items in a Group that list the fee as a percentage of a fee listed in another item in the Group;

(b) items in a Group that list the fee as an amount under a specified clause in this Schedule;

(c) a table item of the following tables:

(i) table 2.1.1;

(ii) table 2.20.2;

(iii) table 5.3.1.

(4) An amount worked out under subclause (1) is to be rounded up or down to the nearest 5 cents (rounding down if the amount is an exact multiple of 2.5 cents).

Part 2—Attendances

Division 2.1—Preliminary

2.1.1 Meaning of amount under clause 2.1.1

In an item of this Schedule mentioned in column 1 of table 2.1.1:

***amount under clause 2.1.1*** means the sum of:

(a) the fee mentioned in column 2 for the item; and

(b) either:

(i) if a practitioner attends not more than 6 patients in a single attendance—the amount mentioned in column 3 for the item, divided by the number of patients attended; or

(ii) if a practitioner attends more than 6 patients in a single attendance—the amount mentioned in column 4 for the item.

| Table 2.1.1—Amount under clause 2.1.1 | | | | |
| --- | --- | --- | --- | --- |
| Item | Column 1  Items of this Schedule | Column 2  Fee | Column 3  Amount if not more than 6 patients (to be divided by the number of patients) ($) | Column 4  Amount if more than 6 patients ($) |
| 1 | 4 | The fee for item 3 | 28.85 | 2.30 |
| 2 | 24 | The fee for item 23 | 28.85 | 2.30 |
| 3 | 37 | The fee for item 36 | 28.85 | 2.30 |
| 4 | 47 | The fee for item 44 | 28.85 | 2.30 |
| 5 | 58 | $8.50 | 15.50 | 0.70 |
| 6 | 59, 2610, 2631, 2673 | $16.00 | 17.50 | 0.70 |
| 7 | 60, 2613, 2633, 2675 | $35.50 | 15.50 | 0.70 |
| 8 | 65, 2616, 2635, 2677 | $57.50 | 15.50 | 0.70 |
| 9 | 195 | The fee for item 193 | 28.45 | 2.25 |
| 10 | 414 | The fee for item 410 | 28.35 | 2.25 |
| 11 | 415 | The fee for item 411 | 28.35 | 2.25 |
| 12 | 416 | The fee for item 412 | 28.35 | 2.25 |
| 13 | 417 | The fee for item 413 | 28.35 | 2.25 |
| 23 | 5003 | The fee for item 5000 | 28.45 | 2.25 |
| 24 | 5010 | The fee for item 5000 | 51.20 | 3.65 |
| 25 | 5023 | The fee for item 5020 | 28.45 | 2.25 |
| 26 | 5028 | The fee for item 5020 | 51.20 | 3.65 |
| 27 | 5043 | The fee for item 5040 | 28.45 | 2.25 |
| 28 | 5049 | The fee for item 5040 | 51.20 | 3.65 |
| 29 | 5063 | The fee for item 5060 | 28.45 | 2.25 |
| 30 | 5067 | The fee for item 5060 | 51.20 | 3.65 |
| 31 | 5220 | $18.50 | 15.50 | 0.70 |
| 32 | 5223 | $26.00 | 17.50 | 0.70 |
| 33 | 5227 | $45.50 | 15.50 | 0.70 |
| 34 | 5228 | $67.50 | 15.50 | 0.70 |
| 35 | 5260 | $18.50 | 27.95 | 1.25 |
| 36 | 5263 | $26.00 | 31.55 | 1.25 |
| 37 | 5265 | $45.50 | 27.95 | 1.25 |
| 38 | 5267 | $67.50 | 27.95 | 1.25 |
| 39 | 90272 | The fee for item 90271 | 28.45 | 2.25 |
| 40 | 90274 | The fee for item 90273 | 28.45 | 2.25 |
| 41 | 90276 | The fee for item 90275 | 22.75 | 1.80 |
| 42 | 90278 | The fee for item 90277 | 22.75 | 1.80 |

Division 2.2—Group A1: General practitioner attendances to which no other item applies

2.2.1 Items in Group A1

This clause sets out items in Group A1.

Note: The fees in Group A1 are indexed in accordance with clause 1.3.1.

| Group A1—General practitioner attendances to which no other item applies | | |
| --- | --- | --- |
| Column 1  Item | Column 2  Description | Column 3  Fee ($) |
| 3 | Professional attendance at consulting rooms (other than a service to which another item applies) by a general practitioner for an obvious problem characterised by the straightforward nature of the task that requires a short patient history and, if required, limited examination and management | 17.90 |
| 4 | Professional attendance by a general practitioner (other than attendance at consulting rooms or a residential aged care facility or a service to which another item in this Schedule applies) that requires a short patient history and, if necessary, limited examination and management—an attendance on one or more patients at one place on one occasion—each patient | Amount under clause 2.1.1 |
| 23 | Professional attendance by a general practitioner at consulting rooms (other than a service to which another item in this Schedule applies), lasting less than 20 minutes and including any of the following that are clinically relevant:  (a) taking a patient history;  (b) performing a clinical examination;  (c) arranging any necessary investigation;  (d) implementing a management plan;  (e) providing appropriate preventive health care;  for one or more health‑related issues, with appropriate documentation | 39.10 |
| 24 | Professional attendance by a general practitioner (other than attendance at consulting rooms or a residential aged care facility or a service to which another item in this Schedule applies), lasting less than 20 minutes and including any of the following that are clinically relevant:  (a) taking a patient history;  (b) performing a clinical examination;  (c) arranging any necessary investigation;  (d) implementing a management plan;  (e) providing appropriate preventive health care;  for one or more health‑related issues, with appropriate documentation—an attendance on one or more patients at one place on one occasion—each patient | Amount under clause 2.1.1 |
| 36 | Professional attendance by a general practitioner at consulting rooms (other than a service to which another item in this Schedule applies), lasting at least 20 minutes and including any of the following that are clinically relevant:  (a) taking a detailed patient history;  (b) performing a clinical examination;  (c) arranging any necessary investigation;  (d) implementing a management plan;  (e) providing appropriate preventive health care;  for one or more health‑related issues, with appropriate documentation | 75.75 |
| 37 | Professional attendance by a general practitioner (other than attendance at consulting rooms or a residential aged care facility or a service to which another item in this Schedule applies), lasting at least 20 minutes and including any of the following that are clinically relevant:  (a) taking a detailed patient history;  (b) performing a clinical examination;  (c) arranging any necessary investigation;  (d) implementing a management plan;  (e) providing appropriate preventive health care;  for one or more health‑related issues, with appropriate documentation—an attendance on one or more patients at one place on one occasion—each patient | Amount under clause 2.1.1 |
| 44 | Professional attendance by a general practitioner at consulting rooms (other than a service to which another item in this Schedule applies), lasting at least 40 minutes and including any of the following that are clinically relevant:  (a) taking an extensive patient history;  (b) performing a clinical examination;  (c) arranging any necessary investigation;  (d) implementing a management plan;  (e) providing appropriate preventive health care;  for one or more health‑related issues, with appropriate documentation | 111.50 |
| 47 | Professional attendance by a general practitioner (other than attendance at consulting rooms or a residential aged care facility or a service to which another item in this Schedule applies), lasting at least 40 minutes and including any of the following that are clinically relevant:  (a) taking an extensive patient history;  (b) performing a clinical examination;  (c) arranging any necessary investigation;  (d) implementing a management plan;  (e) providing appropriate preventive health care;  for one or more health‑related issues, with appropriate documentation—an attendance on one or more patients at one place on one occasion—each patient | Amount under clause 2.1.1 |

Division 2.3—Group A2: Other non‑referred attendances to which no other item applies

2.3.1 Items in Group A2

This clause sets out items in Group A2.

| Group A2—Other non‑referred attendances to which no other item applies | | |
| --- | --- | --- |
| Column 1  Item | Column 2  Description | Column 3  Fee ($) |
| 52 | Professional attendance at consulting rooms lasting not more than 5 minutes (other than a service to which any other item applies) by:  (a) a medical practitioner who is not a general practitioner; or  (b) a Group A1 disqualified general practitioner | 11.00 |
| 53 | Professional attendance at consulting rooms lasting more than 5 minutes, but not more than 25 minutes (other than a service to which any other item applies) by:  (a) a medical practitioner who is not a general practitioner; or  (b) a Group A1 disqualified general practitioner | 21.00 |
| 54 | Professional attendance at consulting rooms lasting more than 25 minutes, but not more than 45 minutes (other than a service to which any other item applies) by:  (a) a medical practitioner who is not a general practitioner; or  (b) a Group A1 disqualified general practitioner | 38.00 |
| 57 | Professional attendance at consulting rooms lasting more than 45 minutes (other than a service to which any other item applies) by:  (a) a medical practitioner who is not a general practitioner; or  (b) a Group A1 disqualified general practitioner | 61.00 |
| 58 | Professional attendance (other than an attendance at consulting rooms or a residential aged care facility or a service to which any other item in this Schedule applies), lasting not more than 5 minutes—an attendance on one or more patients at one place on one occasion—each patient, by:  (a) a medical practitioner who is not a general practitioner; or  (b) a Group A1 disqualified general practitioner | Amount under clause 2.1.1 |
| 59 | Professional attendance (other than an attendance at consulting rooms or a residential aged care facility or a service to which any other item in this Schedule applies) lasting more than 5 minutes, but not more than 25 minutes—an attendance on one or more patients at one place on one occasion—each patient, by:  (a) a medical practitioner who is not a general practitioner; or  (b) a Group A1 disqualified general practitioner | Amount under clause 2.1.1 |
| 60 | Professional attendance (other than an attendance at consulting rooms or a residential aged care facility or a service to which any other item in this Schedule applies) lasting more than 25 minutes, but not more than 45 minutes—an attendance on one or more patients at one place on one occasion—each patient, by:  (a) a medical practitioner who is not a general practitioner; or  (b) a Group A1 disqualified general practitioner | Amount under clause 2.1.1 |
| 65 | Professional attendance (other than an attendance at consulting rooms or a residential aged care facility or a service to which any other item in this Schedule applies) lasting more than 45 minutes—an attendance on one or more patients at one place on one occasion—each patient, by:  (a) a medical practitioner who is not a general practitioner; or  (b) a Group A1 disqualified general practitioner | Amount under clause 2.1.1 |

Division 2.4—Group A3: Specialist attendances to which no other item applies

2.4.1 Items in Group A3

This clause sets out items in Group A3.

Note: The fees in Group A3 are indexed in accordance with clause 1.3.1.

| Group A3—Specialist attendances to which no other item applies | | |
| --- | --- | --- |
| Column 1  Item | Column 2  Description | Column 3  Fee ($) |
| 104 | Professional attendance at consulting rooms or hospital by a specialist in the practice of the specialist’s specialty after referral of the patient to the specialist—initial attendance in a single course of treatment, other than a service to which item 106, 109 or 16401 applies | 90.35 |
| 105 | Professional attendance by a specialist in the practice of the specialist’s specialty following referral of the patient to the specialist—an attendance after the initial attendance in a single course of treatment, if that attendance is at consulting rooms or hospital, other than a service to which item 16404 applies | 45.40 |
| 106 | Professional attendance by a specialist in the practice of the specialist’s specialty of ophthalmology and following referral of the patient to the specialist—an initial attendance at which the only service provided is refraction testing for the issue of a prescription for spectacles or contact lenses, if that attendance is at consulting rooms or hospital (other than a service to which any of items 104, 109 and 10801 to 10816 applies) | 74.95 |
| 107 | Professional attendance by a specialist in the practice of the specialist’s specialty following referral of the patient to the specialist—an initial attendance, if that attendance is at a place other than consulting rooms or hospital | 132.60 |
| 108 | Professional attendance by a specialist in the practice of the specialist’s specialty following referral of the patient to the specialist—an attendance after the initial attendance in a single course of treatment, if that attendance is at a place other than consulting rooms or hospital | 83.95 |
| 109 | Professional attendance by a specialist in the practice of the specialist’s specialty of ophthalmology following referral of the patient to the specialist—an initial attendance at which a comprehensive eye examination, including pupil dilation, is performed on:  (a) a patient aged 9 years or younger; or  (b) a patient aged 14 years or younger with developmental delay;  (other than a service to which any of items 104, 106 and 10801 to 10816 applies) | 203.65 |
| 111 | Professional attendance at consulting rooms or in hospital by a specialist in the practice of the specialist’s specialty following referral of the patient to the specialist by a referring practitioner—an attendance after the initial attendance in a single course of treatment, if:  (a) during the attendance, the specialist determines the need to perform an operation on the patient that had not otherwise been scheduled; and  (b) the specialist subsequently performs the operation on the patient, on the same day; and  (c) the operation is a service to which an item in Group T8 applies; and  (d) the amount specified in the item in Group T8 as the fee for a service to which that item applies is $328.55 or more  For any particular patient, once only on the same day | 45.40 |
| 115 | Professional attendance at consulting rooms or in hospital on a day by a medical practitioner (the ***attending practitioner***) who is a specialist or consultant physician in the practice of the attending practitioner’s specialty after referral of the patient to the attending practitioner by a referring practitioner—an attendance after the initial attendance in a single course of treatment, if:  (a) the attending practitioner performs a scheduled operation on the patient on the same day; and  (b) the operation is a service to which an item in Group T8 applies; and  (c) the amount specified in the item in Group T8 as the fee for a service to which that item applies is $328.55 or more; and  (d) the attendance is unrelated to the scheduled operation; and  (e) it is considered a clinical risk to defer the attendance to a later day  For any particular patient, once only on the same day | 45.40 |

Division 2.5—Group A4: Consultant physician (other than psychiatry) attendances to which no other item applies

2.5.1 Items in Group A4

This clause sets out items in Group A4.

Note: The fees in Group A4 are indexed in accordance with clause 1.3.1.

| Group A4—Consultant physician (other than psychiatry) attendances to which no other item applies | | |
| --- | --- | --- |
| Column 1  Item | Column 2  Description | Column 3  Fee ($) |
| 110 | Professional attendance at consulting rooms or hospital, by a consultant physician in the practice of the consultant physician’s specialty (other than psychiatry) following referral of the patient to the consultant physician by a referring practitioner—initial attendance in a single course of treatment | 159.35 |
| 116 | Professional attendance at consulting rooms or hospital, by a consultant physician in the practice of the consultant physician’s specialty (other than psychiatry) following referral of the patient to the consultant physician by a referring practitioner—an attendance (other than a service to which item 119 applies) after the initial attendance in a single course of treatment | 79.75 |
| 117 | Professional attendance at consulting rooms or in hospital, by a consultant physician in the practice of the consultant physician’s specialty (other than psychiatry) following referral of the patient to the consultant physician by a referring practitioner—an attendance after the initial attendance in a single course of treatment, if:  (a) the attendance is not a minor attendance; and  (b) during the attendance, the consultant physician determines the need to perform an operation on the patient that had not otherwise been scheduled; and  (c) the consultant physician subsequently performs the operation on the patient, on the same day; and  (d) the operation is a service to which an item in Group T8 applies; and  (e) the amount specified in the item in Group T8 as the fee for a service to which that item applies is $328.55 or more  For any particular patient, once only on the same day | 79.75 |
| 119 | Professional attendance at consulting rooms or hospital, by a consultant physician in the practice of the consultant physician’s specialty (other than psychiatry) following referral of the patient to the consultant physician by a referring practitioner—minor attendance | 45.40 |
| 120 | Professional attendance at consulting rooms or in hospital by a consultant physician in the practice of the consultant physician’s specialty (other than psychiatry) following referral of the patient to the consultant physician by a referring practitioner—minor attendance, if:  (a) during the attendance, the consultant physician determines the need to perform an operation on the patient that had not otherwise been scheduled; and  (b) the consultant physician subsequently performs the operation on the patient, on the same day; and  (c) the operation is a service to which an item in Group T8 applies; and  (d) the amount specified in the item in Group T8 as the fee for a service to which that item applies is $328.55 or more  For any particular patient, once only on the same day | 45.40 |
| 122 | Professional attendance at a place other than consulting rooms or hospital, by a consultant physician in the practice of the consultant physician’s specialty (other than psychiatry) following referral of the patient to the consultant physician by a referring practitioner—initial attendance in a single course of treatment | 193.35 |
| 128 | Professional attendance at a place other than consulting rooms or hospital, by a consultant physician in the practice of the consultant physician’s specialty (other than psychiatry) following referral of the patient to the consultant physician by a referring practitioner—an attendance (other than a service to which item 131 applies) after the initial attendance in a single course of treatment | 116.95 |
| 131 | Professional attendance at a place other than consulting rooms or hospital, by a consultant physician in the practice of the consultant physician’s specialty (other than psychiatry) following referral of the patient to the consultant physician by a referring practitioner—minor attendance | 84.25 |
| 132 | Professional attendance by a consultant physician in the practice of the consultant physician’s specialty (other than psychiatry) lasting at least 45 minutes for an initial assessment of a patient with at least 2 morbidities (which may include complex congenital, developmental and behavioural disorders) following referral of the patient to the consultant physician by a referring practitioner, if:  (a) an assessment is undertaken that covers:  (i) a comprehensive history, including psychosocial history and medication review; and  (ii) comprehensive multi or detailed single organ system assessment; and  (iii) the formulation of differential diagnoses; and  (b) a consultant physician treatment and management plan of significant complexity is prepared and provided to the referring practitioner, which involves:  (i) an opinion on diagnosis and risk assessment; and  (ii) treatment options and decisions; and  (iii) medication recommendations; and  (c) an attendance on the patient to which item 110, 116 or 119 applies did not take place on the same day by the same consultant physician; and  (d) this item has not applied to an attendance on the patient in the preceding 12 months by the same consultant physician | 278.75 |
| 133 | Professional attendance by a consultant physician in the practice of the consultant physician’s specialty (other than psychiatry) lasting at least 20 minutes after the initial attendance in a single course of treatment for a review of a patient with at least 2 morbidities (which may include complex congenital, developmental and behavioural disorders) if:  (a) a review is undertaken that covers:  (i) review of initial presenting problems and results of diagnostic investigations; and  (ii) review of responses to treatment and medication plans initiated at time of initial consultation; and  (iii) comprehensive multi or detailed single organ system assessment; and  (iv) review of original and differential diagnoses; and  (b) the modified consultant physician treatment and management plan is provided to the referring practitioner, which involves, if appropriate:  (i) a revised opinion on the diagnosis and risk assessment; and  (ii) treatment options and decisions; and  (iii) revised medication recommendations; and  (c) an attendance on the patient to which item 110, 116 or 119 applies did not take place on the same day by the same consultant physician; and  (d) item 132 applied to an attendance claimed in the preceding 12 months; and  (e) the attendance under this item is claimed by the same consultant physician who claimed item 132 or a locum tenens; and  (f) this item has not applied more than twice in any 12 month period | 139.55 |

Division 2.6—Group A29: Attendance services for complex neurodevelopmental disorder or disability

2.6.1 Meaning of eligible disability

In this Schedule:

***eligible disability*** means any of the following:

(a) sight impairment that results in vision of less than or equal to 6/18 vision or equivalent field loss in the better eye, with correction;

(b) hearing impairment that results in:

(i) a hearing loss of 40 decibels or greater in the better ear, across 4 frequencies; or

(ii) permanent conductive hearing loss and auditory neuropathy;

(c) deafblindness;

(d) cerebral palsy;

(e) Down syndrome;

(f) Fragile X syndrome;

(g) Prader‑Willi syndrome;

(h) Williams syndrome;

(i) Angelman syndrome;

(j) Kabuki syndrome;

(k) Smith‑Magenis syndrome;

(l) CHARGE syndrome;

(m) Cri du Chat syndrome;

(n) Cornelia de Lange syndrome;

(o) microcephaly, if a child has:

(i) a head circumference less than the third percentile for age and sex; and

(ii) a functional level at or below 2 standard deviations below the mean for age on a standard development test or an IQ score of less than 70 on a standardised test of intelligence;

(p) Rett’s disorder;

(q) fetal alcohol spectrum disorder;

(r) Lesch‑Nyhan syndrome;

(s) 22q deletion syndrome.

2.6.2 Meaning of risk assessment

In items 135, 137 and 139:

***risk assessment*** means an assessment of:

(a) the risk to the patient of a contributing co‑morbidity; and

(b) environmental, physical, social and emotional risk factors that may apply to the patient or to another individual.

2.6.3 Items in Group A29

This clause sets out items in Group A29.

Note: The fees in Group A29 are indexed in accordance with clause 1.3.1.

| Group A29—Attendance services for complex neurodevelopmental disorder or disability | | |
| --- | --- | --- |
| Column 1  Item | Column 2  Description | Column 3  Fee ($) |
| 135 | Professional attendance lasting at least 45 minutes by a consultant physician in the practice of the consultant physician’s specialty of paediatrics, following referral of the patient to the consultant paediatrician by a referring practitioner, for a patient aged under 25, if the consultant paediatrician:  (a) undertakes, or has previously undertaken in prior attendances, a comprehensive assessment in relation to which a diagnosis of a complex neurodevelopmental disorder (such as autism spectrum disorder) is made (if appropriate, using information provided by an eligible allied health provider); and  (b) develops a treatment and management plan, which must include:  (i) documentation of the confirmed diagnosis; and  (ii) findings of any assessments performed for the purposes of formulation of the diagnosis or contribution to the treatment and management plan; and  (iii) a risk assessment; and  (iv) treatment options (which may include biopsychosocial recommendations); and  (c) provides a copy of the treatment and management plan to:  (i) the referring practitioner; and  (ii) one or more allied health providers, if appropriate, for the treatment of the patient;  (other than attendance on a patient for whom payment has previously been made under this item or item 137, 139, 289, 92140, 92141, 92142 or 92434)  Applicable only once per lifetime | 278.75 |
| 137 | Professional attendance lasting at least 45 minutes by a specialist or consultant physician (not including a general practitioner), following referral of the patient to the specialist or consultant physician by a referring practitioner, for a patient aged under 25, if the specialist or consultant physician:  (a) undertakes, or has previously undertaken in prior attendances, a comprehensive assessment in relation to which a diagnosis of an eligible disability is made (if appropriate, using information provided by an eligible allied health provider); and  (b) develops a treatment and management plan, which must include:  (i) documentation of the confirmed diagnosis; and  (ii) findings of any assessments performed for the purposes of formulation of the diagnosis or contribution to the treatment and management plan; and  (iii) a risk assessment; and  (iv) treatment options (which may include biopsychosocial recommendations); and  (c) provides a copy of the treatment and management plan to:  (i) the referring practitioner; and  (ii) one or more allied health providers, if appropriate, for the treatment of the patient;  (other than attendance on a patient for whom payment has previously been made under this item or item 135, 139, 289, 92140, 92141, 92142 or 92434)  Applicable only once per lifetime | 278.75 |
| 139 | Professional attendance lasting at least 45 minutes, at a place other than a hospital, by a general practitioner (not including a specialist or consultant physician), for a patient aged under 25, if the general practitioner:  (a) undertakes, or has previously undertaken in prior attendances, a comprehensive assessment in relation to which a diagnosis of an eligible disability is made (if appropriate, using information provided by an eligible allied health provider); and  (b) develops a treatment and management plan, which must include:  (i) documentation of the confirmed diagnosis; and  (ii) findings of any assessments performed for the purposes of formulation of the diagnosis or contribution to the treatment and management plan; and  (iii) a risk assessment; and  (iv) treatment options (which may include biopsychosocial recommendations); and  (c) provides a copy of the treatment and management plan to one or more allied health providers, if appropriate, for the treatment of the patient;  (other than attendance on a patient for whom payment has previously been made under this item or item 135, 137, 289, 92140, 92141, 92142 or 92434)  Applicable only once per lifetime | 139.95 |

Division 2.7—Group A28: Geriatric medicine

2.7.1 Items in Group A28

This clause sets out items in Group A28.

Note: The fees in Group A28 are indexed in accordance with clause 1.3.1.

| Group A28—Geriatric medicine | | |
| --- | --- | --- |
| Column 1  Item | Column 2  Description | Column 3  Fee ($) |
| 141 | Professional attendance lasting more than 60 minutes at consulting rooms or hospital by a consultant physician or specialist in the practice of the consultant physician’s or specialist’s specialty of geriatric medicine, if:  (a) the patient is at least 65 years old and referred by a medical practitioner practising in general practice (including a general practitioner, but not including a specialist or consultant physician) or a participating nurse practitioner; and  (b) the attendance is initiated by the referring practitioner for the provision of a comprehensive assessment and management plan; and  (c) during the attendance:  (i) the medical, physical, psychological and social aspects of the patient’s health are evaluated in detail using appropriately validated assessment tools if indicated (the ***assessment***); and  (ii) the patient’s various health problems and care needs are identified and prioritised (the ***formulation***); and  (iii) a detailed management plan is prepared (the ***management plan***) setting out:  (A) the prioritised list of health problems and care needs; and  (B) short and longer term management goals; and  (C) recommended actions or intervention strategies to be undertaken by the patient’s general practitioner or another relevant health care provider that are likely to improve or maintain health status and are readily available and acceptable to the patient and the patient’s family and carers; and  (iv) the management plan is explained and discussed with the patient and, if appropriate, the patient’s family and any carers; and  (v) the management plan is communicated in writing to the referring practitioner; and  (d) an attendance to which item 104, 105, 107, 108, 110, 116 or 119 applies has not been provided to the patient on the same day by the same practitioner; and  (e) an attendance to which this item or item 145 applies has not been provided to the patient by the same practitioner in the preceding 12 months | 478.05 |
| 143 | Professional attendance lasting more than 30 minutes at consulting rooms or hospital by a consultant physician or specialist in the practice of the consultant physician’s or specialist’s specialty of geriatric medicine to review a management plan previously prepared by that consultant physician or specialist under item 141 or 145, if:  (a) the review is initiated by the referring medical practitioner practising in general practice or a participating nurse practitioner; and  (b) during the attendance:  (i) the patient’s health status is reassessed; and  (ii) a management plan prepared under item 141 or 145 is reviewed and revised; and  (iii) the revised management plan is explained to the patient and (if appropriate) the patient’s family and any carers and communicated in writing to the referring practitioner; and  (c) an attendance to which item 104, 105, 107, 108, 110, 116 or 119 applies was not provided to the patient on the same day by the same practitioner; and  (d) an attendance to which item 141 or 145 applies has been provided to the patient by the same practitioner in the preceding 12 months; and  (e) an attendance to which this item or item 147 applies has not been provided to the patient in the preceding 12 months, unless there has been a significant change in the patient’s clinical condition or care circumstances that requires a further review | 298.85 |
| 145 | Professional attendance lasting more than 60 minutes at a place other than consulting rooms or hospital by a consultant physician or specialist in the practice of the consultant physician’s or specialist’s specialty of geriatric medicine, if:  (a) the patient is at least 65 years old and referred by a medical practitioner practising in general practice (including a general practitioner, but not including a specialist or consultant physician) or a participating nurse practitioner; and  (b) the attendance is initiated by the referring practitioner for the provision of a comprehensive assessment and management plan; and  (c) during the attendance:  (i) the medical, physical, psychological and social aspects of the patient’s health are evaluated in detail utilising appropriately validated assessment tools if indicated (the ***assessment***); and  (ii) the patient’s various health problems and care needs are identified and prioritised (the ***formulation***); and  (iii) a detailed management plan is prepared (the ***management*** ***plan***) setting out:  (A) the prioritised list of health problems and care needs; and  (B) short and longer term management goals; and  (C) recommended actions or intervention strategies, to be undertaken by the patient’s general practitioner or another relevant health care provider that are likely to improve or maintain health status and are readily available and acceptable to the patient, the patient’s family and any carers; and  (iv) the management plan is explained and discussed with the patient and, if appropriate, the patient’s family and any carers; and  (v) the management plan is communicated in writing to the referring practitioner; and  (d) an attendance to which item 104, 105, 107, 108, 110, 116 or 119 applies has not been provided to the patient on the same day by the same practitioner; and  (e) an attendance to which this item or item 141 applies has not been provided to the patient by the same practitioner in the preceding 12 months | 579.65 |
| 147 | Professional attendance lasting more than 30 minutes at a place other than consulting rooms or hospital by a consultant physician or specialist in the practice of the consultant physician’s or specialist’s specialty of geriatric medicine to review a management plan previously prepared by that consultant physician or specialist under items 141 or 145, if:  (a) the review is initiated by the referring medical practitioner practising in general practice or a participating nurse practitioner; and  (b) during the attendance:  (i) the patient’s health status is reassessed; and  (ii) a management plan that was prepared under item 141 or 145 is reviewed and revised; and  (iii) the revised management plan is explained to the patient and (if appropriate) the patient’s family and any carers and communicated in writing to the referring practitioner; and  (c) an attendance to which item 104, 105, 107, 108, 110, 116 or 119 applies has not been provided to the patient on the same day by the same practitioner; and  (d) an attendance to which item 141 or 145 applies has been provided to the patient by the same practitioner in the preceding 12 months; and  (e) an attendance to which this item or 143 applies has not been provided by the same practitioner in the preceding 12 months, unless there has been a significant change in the patient’s clinical condition or care circumstances that requires a further review | 362.35 |

Division 2.8—Group A5: Prolonged attendances to which no other item applies

2.8.1 Restrictions on items in Group A5

(1) Items 160 to 164 apply only to a service provided in the course of a personal attendance by one or more general practitioners, specialists or consultant physicians on a single patient on a single occasion.

(2) If the personal attendance is provided by one or more general practitioners, specialists or consultant physicians concurrently, each general practitioner, specialist or consultant physician may claim an attendance fee.

(3) However, if the personal attendance is not continuous, the occasion on which the service is provided is taken to be the total time of the attendance.

2.8.2 Items in Group A5

This clause sets out items in Group A5.

Note: The fees in Group A5 are indexed in accordance with clause 1.3.1.

| Group A5—Prolonged attendances to which no other item applies | | |
| --- | --- | --- |
| Column 1  Item | Column 2  Description | Column 3  Fee ($) |
| 160 | Professional attendance for a period of not less than 1 hour but less than 2 hours (other than a service to which another item applies) on a patient in imminent danger of death | 230.50 |
| 161 | Professional attendance for a period of not less than 2 hours but less than 3 hours (other than a service to which another item applies) on a patient in imminent danger of death | 384.15 |
| 162 | Professional attendance for a period of not less than 3 hours but less than 4 hours (other than a service to which another item applies) on a patient in imminent danger of death | 537.55 |
| 163 | Professional attendance for a period of not less than 4 hours but less than 5 hours (other than a service to which another item applies) on a patient in imminent danger of death | 691.50 |
| 164 | Professional attendance for a period of 5 hours or more (other than a service to which another item applies) on a patient in imminent danger of death | 768.30 |

Division 2.9—Group A6: Group therapy

2.9.1 Items in Group A6

This clause sets out items in Group A6.

Note: The fees in Group A6 are indexed in accordance with clause 1.3.1.

| Group A6—Group therapy | | |
| --- | --- | --- |
| Column 1  Item | Column 2  Description | Column 3  Fee ($) |
| 170 | Professional attendance for the purpose of group therapy lasting at least 1 hour given under the direct continuous supervision of a general practitioner, specialist or consultant physician (other than a consultant physician in the practice of the consultant physician’s specialty of psychiatry) involving members of a family and persons with close personal relationships with that family—each group of 2 patients | 122.35 |
| 171 | Professional attendance for the purpose of group therapy lasting at least 1 hour given under the direct continuous supervision of a general practitioner, specialist or consultant physician (other than a consultant physician in the practice of the consultant physician’s specialty of psychiatry) involving members of a family and persons with close personal relationships with that family—each group of 3 patients | 128.90 |
| 172 | Professional attendance for the purpose of group therapy lasting at least 1 hour given under the direct continuous supervision of a general practitioner, specialist or consultant physician (other than a consultant physician in the practice of the consultant physician’s specialty of psychiatry) involving members of a family and persons with close personal relationships with that family—each group of 4 or more patients | 156.80 |

Division 2.10—Group A7: Acupuncture and non‑specialist practitioner items

2.10.1 Restriction on treatment time

For the purposes of items 193 to 199, treatment time for a medical practitioner does not include the period:

(a) commencing immediately after the practitioner has completed applying all acupuncture stimuli on or through a patient’s skin; and

(b) ending immediately before the practitioner begins to remove the acupuncture stimuli from the patient;

unless the practitioner personally attends the patient during that period for a consultation related to the condition for which the acupuncture was performed or another consultation.

2.10.2 Items in Group A7

This clause sets out items in Group A7.

Note: The fees in Group A7 are indexed in accordance with clause 1.3.1.

| Group A7—Acupuncture and non‑specialist practitioner items | | |
| --- | --- | --- |
| Column 1  Item | Column 2  Description | Column 3  Fee ($) |
| Subgroup 1—Acupuncture | | |
| 193 | Professional attendance by a medical practitioner who holds endorsement of registration for acupuncture with the Medical Board of Australia or is registered by the Chinese Medicine Board of Australia as an acupuncturist, at a place other than a hospital, for treatment lasting less than 20 minutes and including any of the following that are clinically relevant:  (a) taking a patient history;  (b) performing a clinical examination;  (c) arranging any necessary investigation;  (d) implementing a management plan;  (e) providing appropriate preventive health care;  for one or more health‑related issues, with appropriate documentation, at which acupuncture is performed by the medical practitioner by the application of stimuli on or through the skin by any means, including any consultation on the same occasion and another attendance on the same day related to the condition for which the acupuncture is performed | 38.55 |
| 195 | Professional attendance by a medical practitioner who holds endorsement of registration for acupuncture with the Medical Board of Australia or is registered by the Chinese Medicine Board of Australia as an acupuncturist, on one or more patients at a hospital, for treatment lasting less than 20 minutes and including any of the following that are clinically relevant:  (a) taking a patient history;  (b) performing a clinical examination;  (c) arranging any necessary investigation;  (d) implementing a management plan;  (e) providing appropriate preventive health care;  for one or more health‑related issues, with appropriate documentation, at which acupuncture is performed by the medical practitioner by the application of stimuli on or through the skin by any means, including any consultation on the same occasion and another attendance on the same day related to the condition for which the acupuncture is performed | Amount under clause 2.1.1 |
| 197 | Professional attendance by a medical practitioner who holds endorsement of registration for acupuncture with the Medical Board of Australia or is registered by the Chinese Medicine Board of Australia as an acupuncturist, at a place other than a hospital, for treatment lasting at least 20 minutes and including any of the following that are clinically relevant:  (a) taking a detailed patient history;  (b) performing a clinical examination;  (c) arranging any necessary investigation;  (d) implementing a management plan;  (e) providing appropriate preventive health care;  for one or more health‑related issues, with appropriate documentation, at which acupuncture is performed by the medical practitioner by the application of stimuli on or through the skin by any means, including any consultation on the same occasion and another attendance on the same day related to the condition for which the acupuncture is performed | 74.60 |
| 199 | Professional attendance by a medical practitioner who holds endorsement of registration for acupuncture with the Medical Board of Australia or is registered by the Chinese Medicine Board of Australia as an acupuncturist, at a place other than a hospital, for treatment lasting at least 40 minutes and including any of the following that are clinically relevant:  (a) taking an extensive patient history;  (b) performing a clinical examination;  (c) arranging any necessary investigation;  (d) implementing a management plan;  (e) providing appropriate preventive health care;  for one or more health‑related issues, with appropriate documentation, at which acupuncture is performed by the medical practitioner by the application of stimuli on or through the skin by any means, including any consultation on the same occasion and another attendance on the same day related to the condition for which the acupuncture is performed | 109.85 |

Division 2.11—Group A8: Consultant psychiatrist attendances to which no other item applies

2.11.1 Restriction on timing of services in items 291and 293

Items 291 and 293 may only apply once in a 12 month period.

2.11.2 Restriction on items 342, 344 and 346

Items 342, 344 and 346 apply only to a service provided in the course of a personal attendance by a single medical practitioner.

2.11.3 Certain services may be provided by video conference rather than at consulting rooms

A service provided to a patient under item 291, 293, 296, 300, 302, 304, 306, 308, 310, 312, 314, 316, 318 or 319 may be provided by video conference rather than at consulting rooms if the service is associated with a service to which item 294 applies.

2.11.4 Meaning of risk assessment

In item 289:

***risk assessment*** means an assessment of:

(a) the risk to the patient of a contributing co‑morbidity; and

(b) environmental, physical, social and emotional risk factors that may apply to the patient or to another individual.

2.11.5 Items in Group A8

This clause sets out items in Group A8.

Note: The fees in Group A8 are indexed in accordance with clause 1.3.1.

| Group A8—Consultant psychiatrist attendances to which no other item applies | | |
| --- | --- | --- |
| Column 1  Item | Column 2  Description | Column 3  Fee ($) |
| 289 | Professional attendance lasting at least 45 minutes, by a consultant physician in the practice of the consultant physician’s specialty of psychiatry, following referral of the patient to the consultant psychiatrist by a referring practitioner, for a patient aged under 25, if the consultant psychiatrist:  (a) undertakes, or has previously undertaken in prior attendances, a comprehensive assessment in relation to which a diagnosis of a complex neurodevelopmental disorder (such as autism spectrum disorder) is made (if appropriate, using information provided by an eligible allied health provider); and  (b) develops a treatment and management plan, which must include:  (i) documentation of the confirmed diagnosis; and  (ii) findings of any assessments performed for the purposes of formulation of the diagnosis or contribution to the treatment and management plan; and  (iii) a risk assessment; and  (iv) treatment options (which may include biopsychosocial recommendations); and  (c) provides a copy of the treatment and management plan to:  (i) the referring practitioner; and  (ii) one or more allied health providers, if appropriate, for the treatment of the patient;  (other than attendance on a patient for whom payment has previously been made under this item or item 135, 137, 139, 92140, 92141, 92142 or 92434)  Applicable only once per lifetime | 278.75 |
| 291 | Professional attendance lasting more than 45 minutes at consulting rooms by a consultant physician in the practice of the consultant physician’s specialty of psychiatry, if:  (a) the attendance follows referral of the patient to the consultant for an assessment or management by a medical practitioner in general practice (including a general practitioner, but not a specialist or consultant physician) or a participating nurse practitioner; and  (b) during the attendance, the consultant:  (i) uses an outcome tool (if clinically appropriate); and  (ii) carries out a mental state examination; and  (iii) makes a psychiatric diagnosis; and  (c) the consultant decides that it is clinically appropriate for the patient to be managed by the referring practitioner without ongoing treatment by the consultant; and  (d) within 2 weeks after the attendance, the consultant:  (i) prepares a written diagnosis of the patient; and  (ii) prepares a written management plan for the patient that:  (A) covers the next 12 months; and  (B) is appropriate to the patient’s diagnosis; and  (C) comprehensively evaluates the patient’s biological, psychological and social issues; and  (D) addresses the patient’s diagnostic psychiatric issues; and  (E) makes management recommendations addressing the patient’s biological, psychological and social issues; and  (iii) gives the referring practitioner a copy of the diagnosis and the management plan; and  (iv) if clinically appropriate, explains the diagnosis and management plan, and a gives a copy, to:  (A) the patient; and  (B) the patient’s carer (if any), if the patient agrees | 478.05 |
| 293 | Professional attendance lasting more than 30 minutes, but not more than 45 minutes, at consulting rooms by a consultant physician in the practice of the consultant physician’s specialty of psychiatry, if:  (a) the patient is being managed by a medical practitioner or a participating nurse practitioner in accordance with a management plan prepared by the consultant in accordance with item 291; and  (b) the attendance follows referral of the patient to the consultant for review of the management plan by the medical practitioner or a participating nurse practitioner managing the patient; and  (c) during the attendance, the consultant:  (i) uses an outcome tool (if clinically appropriate); and  (ii) carries out a mental state examination; and  (iii) makes a psychiatric diagnosis; and  (iv) reviews the management plan; and  (d) within 2 weeks after the attendance, the consultant:  (i) prepares a written diagnosis of the patient; and  (ii) revises the management plan; and  (iii) gives the referring practitioner a copy of the diagnosis and the revised management plan; and  (iv) if clinically appropriate, explains the diagnosis and the revised management plan, and gives a copy, to:  (A) the patient; and  (B) the patient’s carer (if any), if the patient agrees; and  (e) in the preceding 12 months, a service to which item 291 applies has been provided; and  (f) in the preceding 12 months, a service to which this item applies has not been provided | 298.85 |
| 294 | Professional attendance on a patient by a consultant physician practising in the consultant physician’s specialty of psychiatry if:  (a) the attendance is by video conference; and  (b) except for the requirement for the attendance to be at consulting rooms—item 291, 293, 296, 300, 302, 304, 306, 308, 310, 312, 314, 316, 318, 319, 348, 350 or 352 would otherwise apply to the attendance; and  (c) the patient is not an admitted patient; and  (d) the patient is bulk‑billed; and  (e) the patient:  (i) is located:  (A) within a Modified Monash 2, 3, 4, 5, 6 or 7 area; and  (B) at the time of the attendance—at least 15 km by road from the physician; or  (ii) is a care recipient in a residential aged care facility; or  (iii) is a patient of:  (A) an Aboriginal medical service; or  (B) an Aboriginal community controlled health service;  for which a direction made under subsection 19(2) of the Act applies | 50% of the fee for the relevant item referred to in paragraph (b) of column 2 |
| 296 | Professional attendance lasting more than 45 minutes by a consultant physician in the practice of the consultant physician’s speciality of psychiatry following referral of the patient to the consultant physician by a referring practitioner—an attendance at consulting rooms if the patient:  (a) is a new patient for this consultant physician; or  (b) has not received a professional attendance from this consultant physician in the preceding 24 months;  other than attendance on a patient in relation to whom this item, or item 297 or 299 or any of items 300 to 308 has applied in the preceding 24 months | 274.95 |
| 297 | Professional attendance lasting more than 45 minutes by a consultant physician in the practice of the consultant physician’s speciality of psychiatry following referral of the patient to the consultant physician by a referring practitioner—an attendance at hospital if the patient:  (a) is a new patient for this consultant physician; or  (b) has not received a professional attendance from this consultant physician in the preceding 24 months;  other than attendance on a patient in relation to whom this item, or item 296 or 299 or any of items 300 to 308 has applied in the preceding 24 months (H) | 274.95 |
| 299 | Professional attendance lasting more than 45 minutes by a consultant physician in the practice of the consultant physician’s speciality of psychiatry following referral of the patient to the consultant physician by a referring practitioner—an attendance at a place other than consulting rooms or a hospital if the patient:  (a) is a new patient for this consultant physician; or  (b) has not received a professional attendance from this consultant physician in the preceding 24 months;  other than attendance on a patient in relation to whom this item, or item 296 or 297 or any of items 300 to 308 has applied in the preceding 24 months | 328.75 |
| 300 | Professional attendance by a consultant physician in the practice of the consultant physician’s specialty of psychiatry following referral of the patient to the consultant physician by a referring practitioner—an attendance lasting not more than 15 minutes at consulting rooms, if that attendance and another attendance to which item 296 or any of items 300 to 308 applies have not exceeded 50 attendances in a calendar year for the patient | 45.75 |
| 302 | Professional attendance by a consultant physician in the practice of the consultant physician’s specialty of psychiatry following referral of the patient to the consultant physician by a referring practitioner—an attendance lasting more than 15 minutes, but not more than 30 minutes, at consulting rooms, if that attendance and another attendance to which item 296 or any of items 300 to 308 applies have not exceeded 50 attendances in a calendar year for the patient | 91.30 |
| 304 | Professional attendance by a consultant physician in the practice of the consultant physician’s specialty of psychiatry following referral of the patient to the consultant physician by a referring practitioner—an attendance lasting more than 30 minutes, but not more than 45 minutes, at consulting rooms, if that attendance and another attendance to which item 296 or any of items 300 to 308 applies have not exceeded 50 attendances in a calendar year for the patient | 140.55 |
| 306 | Professional attendance by a consultant physician in the practice of the consultant physician’s specialty of psychiatry following referral of the patient to the consultant physician by a referring practitioner—an attendance lasting more than 45 minutes, but not more than 75 minutes, at consulting rooms, if that attendance and another attendance to which item 296 or any of items 300 to 308 applies have not exceeded 50 attendances in a calendar year for the patient | 194.00 |
| 308 | Professional attendance by a consultant physician in the practice of the consultant physician’s specialty of psychiatry following referral of the patient to the consultant physician by a referring practitioner—an attendance lasting more than 75 minutes at consulting rooms, if that attendance and another attendance to which item 296 or any of items 300 to 308 applies have not exceeded 50 attendances in a calendar year for the patient | 225.10 |
| 310 | Professional attendance by a consultant physician in the practice of the consultant physician’s specialty of psychiatry following referral of the patient to the consultant physician by a referring practitioner—an attendance lasting not more than 15 minutes at consulting rooms, if that attendance and another attendance to which item 296 or any of items 300 to 308 applies exceed 50 attendances in a calendar year for the patient | 22.80 |
| 312 | Professional attendance by a consultant physician in the practice of the consultant physician’s specialty of psychiatry following referral of the patient to the consultant physician by a referring practitioner—an attendance lasting more than 15 minutes, but not more than 30 minutes, at consulting rooms, if that attendance and another attendance to which item 296 or any of items 300 to 308 applies exceed 50 attendances in a calendar year for the patient | 45.75 |
| 314 | Professional attendance by a consultant physician in the practice of the consultant physician’s specialty of psychiatry following referral of the patient to the consultant physician by a referring practitioner—an attendance lasting more than 30 minutes, but not more than 45 minutes, at consulting rooms, if that attendance and another attendance to which item 296 or any of items 300 to 308 applies exceed 50 attendances in a calendar year for the patient | 70.45 |
| 316 | Professional attendance by a consultant physician in the practice of the consultant physician’s specialty of psychiatry following referral of the patient to the consultant physician by a referring practitioner—an attendance lasting more than 45 minutes, but not more than 75 minutes, at consulting rooms, if that attendance and another attendance to which item 296 or any of items 300 to 308 applies exceed 50 attendances in a calendar year for the patient | 97.10 |
| 318 | Professional attendance by a consultant physician in the practice of the consultant physician’s specialty of psychiatry following referral of the patient to the consultant physician by a referring practitioner—an attendance lasting more than 75 minutes at consulting rooms, if that attendance and another attendance to which item 296 or any of items 300 to 308 applies exceed 50 attendances in a calendar year for the patient | 112.60 |
| 319 | Professional attendance by a consultant physician in the practice of the consultant physician’s specialty of psychiatry following referral of the patient to the consultant physician by a referring practitioner—an attendance lasting more than 45 minutes at consulting rooms, if the patient has:  (a) been diagnosed as suffering severe personality disorder, anorexia nervosa, bulimia nervosa, dysthymic disorder, substance‑related disorder, somatoform disorder or a pervasive development disorder; and  (b) for patients 18 years and over—been rated with a level of functional impairment within the range 1 to 50 according to the Global Assessment of Functioning Scale;  if that attendance and another attendance to which item 296 or any of items 300 to 308 applies have not exceeded 160 attendances in a calendar year for the patient | 194.00 |
| 320 | Professional attendance by a consultant physician in the practice of the consultant physician’s specialty of psychiatry following referral of the patient to the consultant physician by a referring practitioner—an attendance lasting not more than 15 minutes at hospital | 45.75 |
| 322 | Professional attendance by a consultant physician in the practice of the consultant physician’s specialty of psychiatry following referral of the patient to the consultant physician by a referring practitioner—an attendance lasting more than 15 minutes, but not more than 30 minutes, at hospital | 91.30 |
| 324 | Professional attendance by a consultant physician in the practice of the consultant physician’s specialty of psychiatry following referral of the patient to the consultant physician by a referring practitioner—an attendance lasting more than 30 minutes, but not more than 45 minutes, at hospital | 140.55 |
| 326 | Professional attendance by a consultant physician in the practice of the consultant physician’s specialty of psychiatry following referral of the patient to the consultant physician by a referring practitioner—an attendance lasting more than 45 minutes, but not more than 75 minutes, at hospital | 194.00 |
| 328 | Professional attendance by a consultant physician in the practice of the consultant physician’s specialty of psychiatry following referral of the patient to the consultant physician by a referring practitioner—an attendance lasting more than 75 minutes at hospital | 225.10 |
| 330 | Professional attendance by a consultant physician in the practice of the consultant physician’s specialty of psychiatry following referral of the patient to the consultant physician by a referring practitioner—an attendance lasting not more than 15 minutes if that attendance is at a place other than consulting rooms or hospital | 84.05 |
| 332 | Professional attendance by a consultant physician in the practice of the consultant physician’s specialty of psychiatry following referral of the patient to the consultant physician by a referring practitioner—an attendance lasting more than 15 minutes, but not more than 30 minutes, if that attendance is at a place other than consulting rooms or hospital | 131.60 |
| 334 | Professional attendance by a consultant physician in the practice of the consultant physician’s specialty of psychiatry following referral of the patient to the consultant physician by a referring practitioner—an attendance lasting more than 30 minutes, but not more than 45 minutes, if that attendance is at a place other than consulting rooms or hospital | 191.80 |
| 336 | Professional attendance by a consultant physician in the practice of the consultant physician’s specialty of psychiatry following referral of the patient to the consultant physician by a referring practitioner—an attendance lasting more than 45 minutes, but not more than 75 minutes, if that attendance is at a place other than consulting rooms or hospital | 232.05 |
| 338 | Professional attendance by a consultant physician in the practice of the consultant physician’s specialty of psychiatry following referral of the patient to the consultant physician by a referring practitioner—an attendance lasting more than 75 minutes if that attendance is at a place other than consulting rooms or hospital | 263.55 |
| 342 | Group psychotherapy (including any associated consultations with a patient taking place on the same occasion and relating to the condition for which group therapy is conducted) lasting at least 1 hour given under the continuous direct supervision of a consultant physician in the practice of the consultant physician’s specialty of psychiatry, involving a group of 2 to 9 unrelated patients or a family group of more than 3 patients, each of whom is referred to the consultant physician by a referring practitioner—each patient | 52.05 |
| 344 | Group psychotherapy (including any associated consultations with a patient taking place on the same occasion and relating to the condition for which group therapy is conducted) lasting at least 1 hour given under the continuous direct supervision of a consultant physician in the practice of the consultant physician’s specialty of psychiatry, involving a family group of 3 patients, each of whom is referred to the consultant physician by a referring practitioner—each patient | 69.10 |
| 346 | Group psychotherapy (including any associated consultations with a patient taking place on the same occasion and relating to the condition for which group therapy is conducted) lasting at least 1 hour given under the continuous direct supervision of a consultant physician in the practice of the consultant physician’s specialty of psychiatry, involving a family group of 2 patients, each of whom is referred to the consultant physician by a referring practitioner—each patient | 102.20 |
| 348 | Professional attendance by a consultant physician in the practice of the consultant physician’s specialty of psychiatry, following referral of the patient to the consultant physician by a referring practitioner, involving an interview of a person other than the patient lasting at least 20 minutes, but less than 45 minutes, in the course of initial diagnostic evaluation of a patient | 133.85 |
| 350 | Professional attendance by a consultant physician in the practice of the consultant physician’s specialty of psychiatry, following referral of the patient to the consultant physician by a referring practitioner, involving an interview of a person other than the patient lasting not less than 45 minutes, in the course of initial diagnostic evaluation of a patient | 184.80 |
| 352 | Professional attendance by a consultant physician in the practice of the consultant physician’s specialty of psychiatry, following referral of the patient to the consultant physician by a referring practitioner, involving an interview of a person other than the patient lasting at least 20 minutes, in the course of continuing management of a patient—if that attendance and another attendance to which this item applies have not exceeded 4 in a calendar year for the patient | 133.85 |

Division 2.12—Group A12: Consultant occupational physician attendances to which no other item applies

2.12.1 Restrictions on items in Group A12—attendances by consultant occupational physicians

Items 385 to 388 apply to an attendance by a consultant occupational physician only if the attendance relates to one or more of the following matters:

(a) evaluating and assessing a patient’s rehabilitation requirements when, in the consultant’s opinion, the patient has an accepted medical condition that:

(i) may be affected by the patient’s working environment; or

(ii) affects the patient’s capacity to be employed;

(b) managing an accepted medical condition that, in the consultant’s opinion, may affect a patient’s capacity for continued employment, or return to employment, following a non‑compensable accident, injury or ill‑health;

(c) evaluating and forming an opinion about, including management as the case requires, a patient’s medical condition when causation may be related to acute or chronic exposure to scientifically acknowledged environmental hazards or toxins.

2.12.2 Items in Group A12

This clause sets out items in Group A12.

Note: The fees in Group A12 are indexed in accordance with clause 1.3.1.

| Group A12—Consultant occupational physician attendances to which no other item applies | | |
| --- | --- | --- |
| Column 1  Item | Column 2  Description | Column 3  Fee ($) |
| 385 | Professional attendance at consulting rooms or hospital by a consultant occupational physician in the practice of the consultant occupational physician’s specialty of occupational medicine following referral of the patient to the consultant occupational physician by a referring practitioner—initial attendance in a single course of treatment | 90.35 |
| 386 | Professional attendance at consulting rooms or hospital by a consultant occupational physician in the practice of the consultant occupational physician’s specialty of occupational medicine following referral of the patient to the consultant occupational physician by a referring practitioner—an attendance after the initial attendance in a single course of treatment | 45.40 |
| 387 | Professional attendance at a place other than consulting rooms or hospital by a consultant occupational physician in the practice of the consultant occupational physician’s specialty of occupational medicine following referral of the patient to the consultant occupational physician by a referring practitioner—initial attendance in a single course of treatment | 132.60 |
| 388 | Professional attendance at a place other than consulting rooms or hospital by a consultant occupational physician in the practice of the consultant occupational physician’s specialty of occupational medicine following referral of the patient to the consultant occupational physician by a referring practitioner—an attendance after the initial attendance in a single course of treatment | 83.95 |

Division 2.13—Group A13: Public health physician attendances to which no other item applies

2.13.1 Restrictions on items in Group A13—attendances by public health physicians

Items 410 to 417 apply to an attendance on a patient by a public health physician only if the attendance relates to one or more of the following matters:

(a) management of a patient’s vaccination requirements for immunisation programs;

(b) prevention or management of sexually transmitted disease;

(c) prevention or management of disease caused by scientifically accepted environmental hazards or toxins;

(d) prevention or management of infection arising from an outbreak of an infectious disease;

(e) prevention or management of an exotic disease.

2.13.2 Items in Group A13

This clause sets out items in Group A13.

Note: The fees in Group A13 are indexed in accordance with clause 1.3.1.

| Group A13—Public health physician attendances to which no other item applies | | |
| --- | --- | --- |
| Column 1  Item | Column 2  Description | Column 3  Fee ($) |
| 410 | Professional attendance at consulting rooms by a public health physician in the practice of the public health physician’s specialty of public health medicine—attendance for an obvious problem characterised by the straightforward nature of the task that requires a short patient history and, if required, limited examination and management | 20.65 |
| 411 | Professional attendance by a public health physician in the practice of the public health physician’s specialty of public health medicine at consulting rooms, lasting less than 20 minutes and including any of the following that are clinically relevant:  (a) taking a patient history;  (b) performing a clinical examination;  (c) arranging any necessary investigation;  (d) implementing a management plan;  (e) providing appropriate preventive health care;  for one or more health‑related issues, with appropriate documentation | 45.15 |
| 412 | Professional attendance by a public health physician in the practice of the public health physician’s specialty of public health medicine at consulting rooms, lasting at least 20 minutes and including any of the following that are clinically relevant:  (a) taking a detailed patient history;  (b) performing a clinical examination;  (c) arranging any necessary investigation;  (d) implementing a management plan;  (e) providing appropriate preventive health care;  for one or more health‑related issues, with appropriate documentation | 87.35 |
| 413 | Professional attendance by a public health physician in the practice of the public health physician’s specialty of public health medicine at consulting rooms, lasting at least 40 minutes and including any of the following that are clinically relevant:  (a) taking an extensive patient history;  (b) performing a clinical examination;  (c) arranging any necessary investigation;  (d) implementing a management plan;  (e) providing appropriate preventive health care;  for one or more health‑related issues, with appropriate documentation | 128.60 |
| 414 | Professional attendance at other than consulting rooms by a public health physician in the practice of the public health physician’s specialty of public health medicine—attendance for an obvious problem characterised by the straightforward nature of the task that requires a short patient history and, if required, limited examination and management | Amount under clause 2.1.1 |
| 415 | Professional attendance by a public health physician in the practice of the public health physician’s specialty of public health medicine at other than consulting rooms, lasting less than 20 minutes and including any of the following that are clinically relevant:  (a) taking a patient history;  (b) performing a clinical examination;  (c) arranging any necessary investigation;  (d) implementing a management plan;  (e) providing appropriate preventive health care;  for one or more health‑related issues, with appropriate documentation | Amount under clause 2.1.1 |
| 416 | Professional attendance by a public health physician in the practice of the public health physician’s specialty of public health medicine at other than consulting rooms, lasting at least 20 minutes and including any of the following that are clinically relevant:  (a) taking a detailed patient history;  (b) performing a clinical examination;  (c) arranging any necessary investigation;  (d) implementing a management plan;  (e) providing appropriate preventive health care;  for one or more health‑related issues, with appropriate documentation | Amount under clause 2.1.1 |
| 417 | Professional attendance by a public health physician in the practice of the public health physician’s specialty of public health medicine at other than consulting rooms, lasting at least 40 minutes and including any of the following that are clinically relevant:  (a) taking an extensive patient history;  (b) performing a clinical examination;  (c) arranging any necessary investigation;  (d) implementing a management plan;  (e) providing appropriate preventive health care;  for one or more health‑related issues, with appropriate documentation | Amount under clause 2.1.1 |

Division 2.14—Group A11: Urgent attendances after—hours

2.14.1 Meaning of patient’s medical condition requires urgent assessment

(1) A ***patient’s medical condition requires urgent assessment*** if:

(a) medical opinion is to the effect that the patient’s medical condition requires assessment within the unbroken after‑hours period in which the attendance mentioned in the item was requested; and

(b) assessment could not be delayed until the start of the next in‑hours period.

(2) For the purposes of subclause (1), medical opinion is to a particular effect if:

(a) the attending practitioner is of that opinion; and

(b) in the circumstances that existed and on the information available when the opinion was formed, that opinion would be acceptable to the general body of medical practitioners.

2.14.2 Restrictions on items in Group A11

(1) Items 585 to 600 do not apply to a service provided by a medical practitioner if:

(a) the service is provided at consulting rooms; and

(b) the practitioner:

(i) routinely provides services to patients in after‑hours periods at consulting rooms; or

(ii) provides the service (as a contractor, employee, member or otherwise) for a general practice or clinic that routinely provides services to patients in after‑hours periods at consulting rooms.

(2) Items 585 to 600 do not apply to a professional attendance requested by:

(a) the attending medical practitioner; or

(b) an employee of the attending medical practitioner; or

(c) a person contracted by, or an employee or member of, the general practice of which the attending medical practitioner is a contractor, employee or member; or

(d) a call centre; or

(e) a reception service.

(3) Also, item 585, 588, 591, 599 or 600 applies to a service only if the practitioner keeps a record of the assessment of the patient.

2.14.4 Restrictions on items in Group A11—practitioners

(1) Item 585 does not apply to a service described in the item that is provided by an eligible non‑vocationally recognised medical practitioner registered under the Other Medical Practitioners Extension Program (within the meaning of subclause 1.1.2(2)) who:

(a) was registered under the After Hours Other Medical Practitioners Program on or before 30 June 2023; and

(b) provides the service through a medical deputising service.

(2) Each of items 588 and 591 apply to a service described in the item only if the service is provided by:

(a) a medical practitioner other than a general practitioner; or

(b) an eligible non‑vocationally recognised medical practitioner registered under the Other Medical Practitioners Extension Program (within the meaning of subclause 1.1.2(2)) who:

(i) was registered under the After Hours Other Medical Practitioners Program on or before 30 June 2023; and

(ii) provides the service through a medical deputising service.

2.14.5 Items in Group A11

This clause sets out items in Group A11.

Note: The fees in Group A11 are indexed in accordance with clause 1.3.1.

| Group A11—Urgent attendances after hours | | |
| --- | --- | --- |
| Column 1  Item | Column 2  Description | Column 3  Fee ($) |
| 585 | Professional attendance by a general practitioner on one patient on one occasion in an after‑hours period outside unsociable hours if:  (a) the attendance is requested by or on behalf of the patient in the same unbroken after‑hours period; and  (b) the patient’s medical condition requires urgent assessment; and  (c) if the attendance is at consulting rooms—it is necessary for the practitioner to return to, and specially open, the consulting rooms for the attendance | 135.10 |
| 588 | Professional attendance by a medical practitioner on one patient on one occasion in an after‑hours period outside unsociable hours if:  (a) the attendance is requested by or on behalf of the patient in the same unbroken after‑hours period; and  (b) the patient’s medical condition requires urgent assessment; and  (c) the attendance is in an after‑hours rural area; and  (d) if the attendance is at consulting rooms—it is necessary for the practitioner to return to, and specially open, the consulting rooms for the attendance | 135.10 |
| 591 | Professional attendance by a medical practitioner on one patient on one occasion in an after‑hours period outside unsociable hours if:  (a) the attendance is requested by or on behalf of the patient in the same unbroken after‑hours period; and  (b) the patient’s medical condition requires urgent assessment; and  (c) the attendance is not in an after‑hours rural area; and  (d) if the attendance is at consulting rooms—it is necessary for the practitioner to return to, and specially open, the consulting rooms for the attendance | 93.65 |
| 594 | Professional attendance by a medical practitioner—each additional patient at an attendance that qualifies for item 585, 588 or 591 in relation to the first patient | 43.65 |
| 599 | Professional attendance by a general practitioner on one patient on one occasion in unsociable hours if:  (a) the attendance is requested by or on behalf of the patient in the same unbroken after‑hours period; and  (b) the patient’s medical condition requires urgent assessment; and  (c) if the attendance is at consulting rooms—it is necessary for the practitioner to return to, and specially open, the consulting rooms for the attendance | 159.20 |
| 600 | Professional attendance by a medical practitioner (other than a general practitioner) on one patient on one occasion in unsociable hours if:  (a) the attendance is requested by or on behalf of the patient in the same unbroken after‑hours period; and  (b) the patient’s medical condition requires urgent assessment; and  (c) if the attendance is at consulting rooms—it is necessary for the practitioner to return to, and specially open, the consulting rooms for the attendance | 127.25 |

Division 2.15—Group A14: Health assessments

2.15.1 Restrictions on items in Group A14

Items 701 to 715 apply only to a service provided in the course of a personal attendance by a single general practitioner on a single patient.

2.15.2 Types of health assessments

(1) The following health assessments may be performed under item 701, 703, 705 or 707:

(a) a Type 2 Diabetes Risk Evaluation, in accordance with clause 2.15.4, for a patient who:

(i) is at least 40 years old and under 50 years old; and

(ii) has a high risk of developing type 2 diabetes as determined by the Australian Type 2 Diabetes Risk Assessment Tool; and

(iii) is not an in‑patient of a hospital;

(b) a 45 year old Health Assessment, in accordance with clause 2.15.5, for a patient who is:

(i) at least 45 years old and under 50 years old; and

(ii) at risk of developing a chronic disease; and

(iii) not an in‑patient of a hospital or a care recipient in a residential aged care facility;

(c) an Older Person’s Health Assessment, in accordance with clause 2.15.6, for a patient who is:

(i) at least 75 years old; and

(ii) not an in‑patient of a hospital or a care recipient in a residential aged care facility;

(d) a Comprehensive Medical Assessment, in accordance with clause 2.15.7, for a patient who is a care recipient in a residential aged care facility;

(e) a health assessment, in accordance with clause 2.15.8, for a person with an intellectual disability, if the patient is not an in‑patient of a hospital or a care recipient in a residential aged care facility;

(f) a **health assessment**, in accordance with clause 2.15.9, **for a patient** who:

(i) is a refugee or humanitarian entrant, with eligibility for Medicare; and

(ii) either:

(A) holds a relevant visa that the person has held for less than 12 months at the time of the assessment; or

(B) first entered Australia less than 12 months before the assessment is performed; and

(iii) is not an in‑patient of a hospital or a care recipient in a residential aged care facility;

(g) a health assessment, in accordance with clause 2.15.10, for a patient who:

(i) is a veteran, being a former member of the Permanent Forces (within the meaning of the *Defence Act 1903*) or a former member of the Reserves (within the meaning of that Act); and

(ii) has not already received such an assessment.

(2) In this clause:

***relevant visa*** means any of the following visas granted under the *Migration Act 1958*:

(a) Subclass 070 Bridging (Removal Pending) visa;

(b) Subclass 200 (Refugee) visa;

(c) Subclass 201 (In‑country Special Humanitarian) visa;

(d) Subclass 202 (Global Special Humanitarian) visa;

(e) Subclass 203 (Emergency Rescue) visa;

(f) Subclass 204 (Woman at Risk) visa;

(h) Subclass 786 (Temporary (Humanitarian Concern)) visa;

(ha) Subclass 790 (Safe Haven Enterprise) visa;

(i) Subclass 866 (Protection) visa.

2.15.3 Application of item 715

(1) Item 715 applies to the following health assessments:

(a) an Aboriginal and Torres Strait Islander child health assessment, in accordance with clause 2.15.11, for a patient if the patient is:

(i) under 15 years old; and

(ii) not an in‑patient of a hospital or a care recipient in a residential aged care facility;

(b) an Aboriginal and Torres Strait Islander adult health assessment, in accordance with clause 2.15.12, for a patient if the patient is:

(i) at least 15 years old and under 55 years old; and

(ii) not an in‑patient of a hospital or a care recipient in a residential aged care facility;

(c) an Aboriginal and Torres Strait Islander Older Person’s Health Assessment, in accordance with clause 2.15.13, for a patient if the patient is:

(i) at least 55 years old; and

(ii) not an in‑patient of a hospital or a care recipient in a residential aged care facility.

(2) For the purpose of item 715, a person is of Aboriginal or Torres Strait Islander descent if the person identifies as being of that descent.

2.15.4 Type 2 Diabetes Risk Evaluation

(1) A Type 2 Diabetes Risk Evaluation must include:

(a) a review of the risk factors underlying a patient’s high risk score as identified by the Australian Type 2 Diabetes Risk Assessment Tool; and

(b) initiating interventions, if appropriate, to address risk factors or to exclude diabetes.

(2) The Type 2 Diabetes Risk Evaluation for a patient must also include:

(a) assessing the patient’s high risk score as determined by the Australian Type 2 Diabetes Risk Assessment Tool (to be completed by the patient within 3 months before performing the Type 2 Diabetes Risk Evaluation); and

(b) updating the patient’s history and performing physical examinations and clinical investigations; and

(c) making an overall assessment of the patient’s risk factors and the results of examinations and investigations; and

(d) initiating interventions, if appropriate, including referrals and follow‑up services relating to the management of any risk factors identified; and

(e) giving the patient advice and information, including strategies to achieve lifestyle and behaviour changes if appropriate.

(3) A Type 2 Diabetes Risk Evaluation must not be provided more than once every 3 years to an eligible person.

(4) For this clause, ***risk factors*** includes:

(a) lifestyle risk factors (for example smoking, physical inactivity or poor nutrition); and

(b) biomedical risk factors (for example high blood pressure, impaired glucose metabolism or excess weight); and

(c) a family history of a chronic disease.

2.15.5 45 year old Health Assessment

(1) A 45 year old Health Assessment is an assessment for a patient if the patient, in the clinical judgement of the attending general practitioner based on the identification of a specific risk factor, is at risk of developing a chronic disease.

(2) The 45 year old Health Assessment must include:

(a) information collection, including taking a patient’s history and performing examinations and investigations, as required; and

(b) making an overall assessment of the patient; and

(c) initiating interventions or referrals, as appropriate; and

(d) giving health advice and information to the patient.

(3) The general practitioner providing the assessment is responsible for the overall health assessment of the patient.

(4) A 45 year old Health Assessment must not be given more than once to an eligible person.

(5) In this clause:

***chronic disease*** means a disease that has been, or is likely to be, present for at least 6 months, including asthma, cancer, cardiovascular illness, diabetes mellitus, a mental health condition, arthritis or a musculoskeletal condition.

***specific risk factors*** includes:

(a) lifestyle risk factors (for example smoking, physical inactivity, poor nutrition or alcohol misuse); and

(b) biomedical risk factors (for example high cholesterol, high blood pressure, impaired glucose metabolism or excess weight); and

(c) a family history of a chronic disease.

2.15.6 Older Person’s Health Assessment

(1) An Older Person’s Health Assessment is the assessment of:

(a) a patient’s health and physical, psychological and social function; and

(b) whether preventive health care and education should be offered to the patient, to improve the patient’s health and physical, psychological and social function.

(2) An Older Person’s Health Assessment must include:

(a) personal attendance by a general practitioner; and

(b) measurement of the patient’s blood pressure, pulse rate and rhythm; and

(c) assessment of the patient’s medication; and

(d) assessment of the patient’s continence; and

(e) assessment of the patient’s immunisation status for influenza, tetanus and pneumococcus; and

(f) assessment of the patient’s physical functions, including the patient’s activities of daily living and whether or not the patient has had a fall in the last 3 months; and

(g) assessment of the patient’s psychological function, including the patient’s cognition and mood; and

(h) assessment of the patient’s social function, including:

(i) the availability and adequacy of paid, and unpaid, help; and

(ii) whether the patient is responsible for caring for another person.

(3) An Older Person’s Health Assessment must also include:

(a) keeping a record of the health assessment; and

(b) offering the patient a written report on the health assessment, with recommendations about matters covered by the health assessment; and

(c) offering the patient’s carer (if any, and if the practitioner considers it appropriate and the patient agrees) a copy of the report or extracts of the report relevant to the carer.

(4) An Older Person’s Health Assessment must not be provided more than once every 12 months to an eligible person.

2.15.7 Comprehensive Medical Assessment for care recipient in a residential aged care facility

(1) A Comprehensive Medical Assessment of a care recipient in a residential aged care facility includes an assessment of the resident’s health and physical and psychological function.

(2) A Comprehensive Medical Assessment must include:

(a) a personal attendance by a general practitioner; and

(b) taking a detailed patient history of the resident; and

(c) conducting a comprehensive medical examination of the resident; and

(d) developing a list of diagnoses and medical problems based on the medical history and examination; and

(e) giving a written copy of a summary of the outcomes of the assessment to the residential aged care facility for the resident’s medical records.

(3) A Comprehensive Medical Assessment must also include:

(a) making a written summary of the Comprehensive Medical Assessment; and

(b) giving a copy of the summary to the residential aged care facility; and

(c) offering the resident a copy of the summary.

(4) A Comprehensive Medical Assessment may be provided:

(a) on admission to a residential aged care facility, if a Comprehensive Medical Assessment has not already been provided in another residential aged care facility in the last 12 months; and

(b) at 12 month intervals after that assessment.

(5) A Comprehensive Medical Assessment may be performed in conjunction with a consultation for another purpose, but must be claimed separately.

2.15.8 Health assessment for a person with an intellectual disability

(1) A health assessment for a person with an intellectual disability is an assessment of:

(a) the patient’s physical, psychological and social function; and

(b) whether any medical intervention and preventive health care is required.

(2) The health assessment for a person with an intellectual disability must include the following matters to the extent that they are relevant to the patient:

(a) checking dental health (including dentition);

(b) conducting an aural examination (including arranging a formal audiometry if an audiometry has not been conducted within the last 5 years);

(c) assessing ocular health (arrange review by an ophthalmologist or optometrist if a comprehensive eye examination has not been conducted within the last 5 years);

(d) assessing nutritional status (including weight and height measurements) and a review of growth and development;

(e) assessing bowel and bladder function (particularly for incontinence or chronic constipation);

(f) assessing medications including:

(i) non‑prescription medicines taken by the patient, prescriptions from other doctors, medications prescribed but not taken, interactions, side effects and review of indications; and

(ii) advice to carers on the common side‑effects and interactions; and

(iii) consideration of the need for a formal medication review;

(g) checking immunisation status (including influenza, tetanus, hepatitis A and B, measles, mumps, rubella and pneumococcal vaccinations);

(h) checking exercise opportunities (with the aim of moderate exercise for at least 30 minutes each day);

(i) checking whether the support provided for activities of daily living adequately and appropriately meets the patient’s needs, and considering formal review if required;

(j) considering the need for breast examination, mammography, papanicolaou smears, testicular examination, lipid measurement and prostate assessment as for the general population;

(k) checking for dysphagia and gastro‑oesophageal disease (especially for patients with cerebral palsy) and arranging for investigation or treatment as required;

(l) assessing risk factors for osteoporosis (including diet, exercise, Vitamin D deficiency, hormonal status, family history, medication and fracture history) and arranging for investigation or treatment as required;

(m) for a patient diagnosed with epilepsy—reviewing seizure control (including anticonvulsant drugs) and considering referral to a neurologist at appropriate intervals;

(n) screening for thyroid disease at least every 2 years (or yearly for patients with Down syndrome);

(o) for a patient without a definitive aetiological diagnosis—considering referral to a genetic clinic every 5 years;

(p) assessing or reviewing treatment for co‑morbid mental health issues;

(q) considering timing of puberty and management of sexual development, sexual activity and reproductive health;

(r) considering whether there are any signs of physical, psychological or sexual abuse.

(3) A health assessment for a person with an intellectual disability must also include:

(a) keeping a record of the health assessment; and

(b) offering the patient a written report on the health assessment; and

(c) offering the patient’s carer (if any, and if the general practitioner considers it appropriate and the patient agrees) a copy of the report or extracts of the report; and

(d) offering relevant disability professionals (if the general practitioner considers it appropriate and the patient or, if appropriate, the patient’s carer, agrees) a copy of the report or extracts of the report.

(4) A health assessment for a person with an intellectual disability must not be provided more than once every 12 months to an eligible person.

2.15.9 Health assessment for a refugee or other humanitarian entrant

(1) A health assessment for **a refugee or other humanitarian entrant** is the assessment of:

(a) the patient’s health and physical, psychological and social function; and

(b) whether preventive health care and education should be offered to the patient to improve their health and physical, psychological or social function.

(2) A health assessment for a refugee or other humanitarian entrant must include:

(a) a personal attendance by a general practitioner; and

(b) taking the patient’s history; and

(c) examining the patient; and

(d) performing or arranging any required investigations; and

(e) assessing the patient, using the information gained in paragraphs (b), (c) and (d); and

(f) developing a management plan addressing the patient’s health care needs, health problems and relevant conditions; and

(g) making or arranging any necessary interventions and referrals.

(3) A health assessment for a refugee or other humanitarian entrant must also include:

(a) keeping a record of the health assessment; and

(b) offering to provide the patient with a written report of the health assessment.

(4) A health assessment for a refugee or other humanitarian entrantmust not be provided to a patient more than once.

2.15.10 Health assessment for a veteran

(1) A health assessment for a veteran is an assessment of:

(a) the patient’s physical and psychological health and social function; and

(b) whether health care, education or other assistance should be offered to the patient to improve the patient’s physical or psychological health or social function.

(2) The assessment must be performed by the patient’s usual doctor.

(3) The assessment must not be performed in conjunction with a separate consultation in relation to the patient unless the consultation is clinically necessary.

(4) The assessment may be performed using the *Veteran Health Check* tool, as existing on 2 September 2021.

Note 1: The *Veteran Health Check* tool could in 2021 be viewed on the Department of Veterans’ Affairs’ website (http://dva.gov.au).

Note 2: Other assessment tools mentioned in the Department of Veterans’ Affairs’ *Mental Health Advice Book* may be relevant. The *Mental Health Advice Book* could in 2021 be viewed on the Department of Veterans’ Affairs’ website (http://dva.gov.au).

(5) The assessment must include taking a history of the patient that includes the following:

(a) the patient’s service with the Australian Defence Force, including service type, years of service, field of work, number of deployments and reason for discharge;

(b) the patient’s social history, including relationship status, number of children (if any) and current occupation;

(c) the patient’s current medical conditions;

(d) whether the patient suffers from hearing loss or tinnitus;

(e) the patient’s use of medication, including medication prescribed by another doctor and medication obtained without a prescription;

(f) the patient’s smoking, if applicable;

(g) the patient’s alcohol use, if applicable;

(h) the patient’s substance use, if applicable;

(i) the patient’s level of physical activity;

(j) whether the patient has bodily pain;

(k) whether the patient has difficulty getting to sleep or staying asleep;

(l) whether the patient has psychological distress;

(m) whether the patient has posttraumatic stress disorder;

(n) whether the patient is at risk of harm to self or others;

(o) whether the patient has anger problems;

(p) the patient’s sexual health;

(q) any other health concerns the patient has.

(6) The assessment must also include the following:

(a) measuring the patient’s height;

(b) weighing the patient and ascertaining, or asking the patient, whether the patient’s weight has changed in the last 12 months;

(c) measuring the patient’s waist circumference;

(d) taking the patient’s blood pressure;

(e) using information gained in the course of taking the patient’s history to assess whether any further assessment of the patient’s health is necessary;

(f) either:

(i) making the further assessment mentioned in paragraph (e); or

(ii) referring the patient to another medical practitioner who can make the further assessment;

(g) documenting a strategy for improving the patient’s health;

(h) offering to give the patient a written report of the assessment that makes recommendations for treating the patient including preventive health measures.

(7) The doctor must keep a record of the assessment.

(8) In this clause:

***usual doctor***, in relation to a patient, means a general practitioner employed by a medical practice:

(a) that has provided at least 50% of the primary health care required by the patient in the last 12 months; or

(b) that the patient anticipates will provide at least 50% of the patient’s primary health care requirements in the next 12 months.

2.15.11 Aboriginal and Torres Strait Islander child health assessment

(1) An Aboriginal and Torres Strait Islander child health assessment is the assessment of:

(a) a patient’s health and physical, psychological and social function; and

(b) whether preventive health care, education and other assistance should be offered to the patient, or the patient’s parent or carer, to improve the patient’s health and physical, psychological or social function.

(2) An Aboriginal and Torres Strait Islander child health assessment must include:

(a) a personal attendance by a general practitioner; and

(b) taking the patient’s history, including the following:

(i) mother’s pregnancy history;

(ii) birth and neo‑natal history;

(iii) breastfeeding history;

(iv) weaning, food access and dietary history;

(v) physical activity engaged in;

(vi) previous presentations, hospital admissions and medication use;

(vii) relevant family medical history;

(viii) immunisation status;

(ix) vision and hearing (including neo‑natal hearing screening);

(x) development (including achievement of age‑appropriate milestones);

(xi) family relationships, social circumstances and whether the patient is cared for by another person;

(xii) exposure to environmental factors (including tobacco smoke);

(xiii) environmental and living conditions;

(xiv) educational progress;

(xv) stressful life events experienced;

(xvi) mood (including incidence of depression and risk of self‑harm);

(xvii) substance use;

(xviii) sexual and reproductive health;

(xix) dental hygiene (including access to dental services); and

(c) examination of the patient, including the following:

(i) measurement of the patient’s height and weight to calculate the patient’s body mass index and position on the growth curve;

(ii) newborn baby check (if not previously completed);

(iii) vision (including red reflex in a newborn);

(iv) ear examination (including otoscopy);

(v) oral examination (including gums and dentition);

(vi) trachoma check, if indicated;

(vii) skin examination, if indicated;

(viii) respiratory examination, if indicated;

(ix) cardiac auscultation, if indicated;

(x) development assessment, to determine whether age‑appropriate milestones have been achieved, if indicated;

(xi) assessment of parent and child interaction, if indicated;

(xii) other examinations as indicated by a previous child health assessment; and

(d) performing or arranging any required investigation, in particular considering the need for the following tests:

(i) haemoglobin testing for those at a high risk of anaemia;

(ii) audiometry, especially for school age children; and

(e) assessing the patient using the information gained in the child health assessment; and

(f) making or arranging any necessary interventions and referrals, and documenting a strategy for the good health of the patient; and

(g) both:

(i) keeping a record of the health assessment; and

(ii) offering the patient, or the patient’s parent or carer, a written report on the health assessment, with recommendations on matters covered by the health assessment (including a strategy for the good health of the patient).

2.15.12 Aboriginal and Torres Strait Islander adult health assessment

(1) An Aboriginal and Torres Strait Islander adult health assessment is the assessment of:

(a) a patient’s health and physical, psychological and social function; and

(b) whether preventive health care, education and other assistance should be offered to the patient to improve their health and physical, psychological or social function.

(2) An Aboriginal and Torres Strait Islander adult health assessment must include:

(a) personal attendance by a general practitioner; and

(b) taking the patient’s history, including the following:

(i) current health problems and risk factors;

(ii) relevant family medical history;

(iii) medication use (including medication obtained without prescription or from other doctors);

(iv) immunisation status, by reference to the appropriate current age and sex immunisation schedule;

(v) sexual and reproductive health;

(vi) physical activity, nutrition and alcohol, tobacco or other substance use;

(vii) hearing loss;

(viii) mood (including incidence of depression and risk of self‑harm);

(ix) family relationships and whether the patient is a carer, or is cared for by another person;

(x) vision; and

(c) examination of the patient, including the following:

(i) measurement of the patient’s blood pressure, pulse rate and rhythm;

(ii) measurement of height and weight to calculate the patient’s body mass index and, if indicated, measurement of waist circumference for central obesity;

(iii) oral examination (including gums and dentition);

(iv) ear and hearing examination (including otoscopy and, if indicated, a whisper test);

(v) urinalysis (by dipstick) for proteinuria;

(vi) eye examination; and

(d) performing or arranging any required investigation, in particular considering the need for the following tests:

(i) fasting blood sugar and lipids (by laboratory‑based test on venous sample) or, if necessary, random blood glucose levels;

(ii) papanicolaou smear;

(iii) examination for sexually transmitted infection (by urine or endocervical swab for chlamydia and gonorrhoea, especially for those 15 to 35 years old);

(iv) mammography, if eligible (by scheduling appointments with visiting services or facilitating direct referral); and

(e) assessing the patient using the information gained in the health assessment; and

(f) making or arranging any necessary interventions and referrals, and documenting a simple strategy for the good health of the patient.

(3) An Aboriginal and Torres Strait Islander adult health assessment must also include:

(a) keeping a record of the health assessment; and

(b) offering the patient a written report on the health assessment, with recommendations on matters covered by the health assessment (including a simple strategy for the good health of the patient).

2.15.13 Aboriginal and Torres Strait Islander Older Person’s Health Assessment

(1) An Aboriginal and Torres Strait Islander Older Person’s Health Assessment is the assessment of:

(a) a patient’s health and physical, psychological and social function; and

(b) whether preventive health care and education should be offered to the patient, to improve the patient’s health and physical, psychological or social function.

(2) An Aboriginal and Torres Strait Islander Older Person’s Health Assessment must include:

(a) personal attendance by a general practitioner; and

(b) measurement of the patient’s blood pressure, pulse rate and rhythm; and

(c) assessment of the patient’s medication; and

(d) assessment of the patient’s continence; and

(e) assessment of the patient’s immunisation status for influenza, tetanus and pneumococcus; and

(f) assessment of the patient’s physical functions, including the patient’s activities of daily living and whether or not the patient has had a fall in the last 3 months; and

(g) assessment of the patient’s psychological function, including the patient’s cognition and mood; and

(h) assessment of the patient’s social function, including:

(i) the availability and adequacy of paid, and unpaid, help; and

(ii) whether the patient is responsible for caring for another person; and

(i) an examination of the patient’s eyes.

(3) An Aboriginal and Torres Strait Islander Older Person’s Health Assessment must also include:

(a) keeping a record of the health assessment; and

(b) offering the patient a written report on the health assessment, with recommendations on matters covered by the health assessment; and

(c) offering the patient’s carer (if any, and if the practitioner considers it appropriate and the patient agrees) a copy of the report or extracts of the report relevant to the carer.

2.15.14 Restrictions on health assessments for Group A14

(1) A health assessment mentioned in an item in Group A14 must not include a health screening service.

(2) A separate consultation must not be performed in conjunction with a health assessment, unless clinically necessary.

(3) A health assessment must be performed by the patient’s usual general practitioner, if reasonably practicable.

(4) Practice nurses, Aboriginal health workers and Aboriginal and Torres Strait Islander health practitioners may assist general practitioners in performing a health assessment, in accordance with accepted medical practice, and under the supervision of the general practitioner.

(5) For the purposes of subclause (4), assistance may include activities associated with:

(a) information collection; and

(b) at the direction of the general practitioner—provision to patients of information on recommended interventions.

(6) In this clause:

***health screening service*** has the same meaning as in subsection 19(5) of the Act.

2.15.15 Items in Group A14

This clause sets out items in Group A14.

Note: The fees in Group A14 are indexed in accordance with clause 1.3.1.

| Group A14—Health assessments | | |
| --- | --- | --- |
| Column 1  Item | Column 2  Description | Column 3  Fee ($) |
| 701 | Professional attendance by a general practitioner (other than a specialist or consultant physician) to perform a brief health assessment, lasting not more than 30 minutes and including:  (a) collection of relevant information, including taking a patient history; and  (b) a basic physical examination; and  (c) initiating interventions and referrals as indicated; and  (d) providing the patient with preventive health care advice and information | 61.75 |
| 703 | Professional attendance by a general practitioner (other than a specialist or consultant physician) to perform a standard health assessment, lasting more than 30 minutes but less than 45 minutes, including:  (a) detailed information collection, including taking a patient history; and  (b) an extensive physical examination; and  (c) initiating interventions and referrals as indicated; and  (d) providing a preventive health care strategy for the patient | 143.50 |
| 705 | Professional attendance by a general practitioner (other than a specialist or consultant physician) to perform a long health assessment, lasting at least 45 minutes but less than 60 minutes, including:  (a) comprehensive information collection, including taking a patient history; and  (b) an extensive examination of the patient’s medical condition and physical function; and  (c) initiating interventions and referrals as indicated; and  (d) providing a basic preventive health care management plan for the patient | 198.00 |
| 707 | Professional attendance by a general practitioner (other than a specialist or consultant physician) to perform a prolonged health assessment, lasting at least 60 minutes, including:  (a) comprehensive information collection, including taking a patient history; and  (b) an extensive examination of the patient’s medical condition, and physical, psychological and social function; and  (c) initiating interventions or referrals as indicated; and  (d) providing a comprehensive preventive health care management plan for the patient | 279.70 |
| 715 | Professional attendance by a general practitioner (other than a specialist or consultant physician) at consulting rooms or in another place other than a hospital or residential aged care facility, for a health assessment of a patient who is of Aboriginal or Torres Strait Islander descent—not more than once in a 9 month period | 220.85 |

Division 2.16—Group A15: GP management plans, team care arrangements and multidisciplinary care plans and case conferences

Subdivision A—General

2.16.1 Restrictions on items 729 to 866—services by certain medical practitioners

(1) Items 729 to 866 apply only to a service provided by:

(a) a medical practitioner (other than a medical practitioner employed by the proprietor of a hospital that is not a private hospital); or

(b) a medical practitioner who:

(i) is employed by the proprietor of a hospital that is not a private hospital; and

(ii) provides the service otherwise than in the course of employment by that proprietor.

(2) Paragraph (1)(b) applies whether or not another person provides essential assistance to the medical practitioner in accordance with accepted medical practice.

Subdivision B—Subgroup 1 of Group A15

2.16.2 Meaning of associated general practitioner

In item 732:

***associated general practitioner*** means a general practitioner who, if not engaged in the same general practice as the general practitioner mentioned in the item, performs the service described in the item at the request of the patient (or the patient’s guardian).

2.16.3 Meaning of contribute to a multidisciplinary care plan

In items 729 and 731:

***contribute to a multidisciplinary care plan***, for a patient, includes the following:

(a) preparing part of a multidisciplinary care plan and adding a copy of that part of the plan to the patient’s medical records;

(b) preparing amendments to part of a multidisciplinary care plan and adding a copy of the amendments to the patient’s medical records;

(c) giving advice to a person who prepares part of a multidisciplinary care plan and recording in writing, on the patient’s medical records, any advice provided to the person;

(d) giving advice to a person who reviews part of a multidisciplinary care plan and recording in writing, on the patient’s medical records, any advice provided to the person.

2.16.4 Meaning of coordinating the development of team care arrangements

(1) In item 723:

***coordinating the development of team care arrangements*** means a process by which a general practitioner:

(a) in consultation with at least 2 collaborating providers, each of whom provides a different kind of treatment or service, and one of whom may be another medical practitioner, makes arrangements for the multidisciplinary care of the patient; and

(b) prepares a document that describes the following:

(i) treatment and service goals for the patient;

(ii) treatment and services that collaborating providers will provide to the patient;

(iii) actions to be taken by the patient;

(iv) arrangements to review the matters mentioned in subparagraphs (i), (ii) and (iii) by a day mentioned in the document; and

(c) undertakes all of the following activities:

(i) explains the steps involved in the development of the arrangements to the patient and the patient’s carer (if any, and if the practitioner considers it appropriate and the patient agrees);

(ii) discusses with the patient the collaborating providers who will contribute to the development of team care arrangements, and provide treatment and services to the patient under those arrangements;

(iii) records the patient’s agreement to the development of team care arrangements;

(iv) gives the collaborating provider a copy of those parts of the document that relate to the collaborating provider’s treatment of the patient’s condition;

(v) offers a copy of the document to the patient and the patient’s carer (if any, and if the practitioner considers it appropriate and the patient agrees);

(vi) adds a copy of the document to the patient’s medical records.

(2) For this clause, a ***collaborating provider*** is a person who:

(a) provides treatment or a service to a patient; and

(b) is not an unpaid carer of the patient.

2.16.5 Meaning of coordinating a review of team care arrangements

(1) In item 732:

***coordinating a review of team care arrangements*** means a process by which a general practitioner:

(a) in consultation with at least 2 collaborating providers, each of whom provides a different kind of treatment or service, and one of whom may be another medical practitioner, reviews the matters mentioned in:

(i) paragraph (b) of the definition of ***coordinating the development of team care arrangements*** in subclause 2.16.4(1); and

(ii) paragraph (a) of the definition of ***preparing a GP management plan*** in clause 2.16.7;

as applicable; and

(b) if different arrangements need to be made—makes amendments to the plan, or to the document mentioned in paragraph (b) of the definition of ***coordinating the development of team care arrangements*** in subclause 2.16.4(1), that:

(i) state the new arrangements; and

(ii) provide for the review of the amended plan or document by a date stated in the plan or document; and

(c) explains the steps involved in the review to the patient and the patient’s carer (if any, and if the practitioner considers it appropriate and the patient agrees); and

(d) records the patient’s agreement to the review of team care arrangements or the plan; and

(e) gives the collaborating provider a copy of those parts of the amended document, or the amended plan, that relate to the collaborating provider’s treatment of the patient’s condition; and

(f) offers a copy of the amended document, or plan, to the patient and the patient’s carer (if any, and if the practitioner considers it appropriate and the patient agrees); and

(g) adds a copy of the amended document or plan to the patient’s medical records.

(2) For this clause, a ***collaborating provider*** is a person who:

(a) provides treatment or a service to a patient; and

(b) is not an unpaid carer of the patient.

2.16.6 Meaning of multidisciplinary care plan

(1) In items 729 and 731:

***multidisciplinary care plan***, for a patient, means a written plan that:

(a) is prepared for the patient by:

(i) a general practitioner, in consultation with 2 other collaborating providers, each of whom provides a different kind of treatment or service to the patient, and one of whom may be another medical practitioner; or

(ii) a collaborating provider (other than a general practitioner), in consultation with at least 2 other collaborating providers, each of whom provides a different kind of treatment or service to the patient; and

(b) describes, at least, treatment and services to be provided to the patient by the collaborating providers.

(2) For this clause, a ***collaborating provider*** is a person, including a medical practitioner, who:

(a) provides treatment or a service to a patient; and

(b) is not an unpaid carer of the patient.

2.16.7 Meaning of preparing a GP management plan

In item 721:

***preparing a GP management plan***, for a patient, means a process by which a general practitioner:

(a) prepares a written plan for the patient that describes:

(i) the patient’s condition and associated health care needs; and

(ii) management goals with which the patient agrees; and

(iii) actions to be taken by the patient; and

(iv) treatment and services the patient is likely to need; and

(v) arrangements for providing the treatment and services mentioned in subparagraph (a)(iv); and

(vi) arrangements to review the plan by a day mentioned in the plan; and

(b) explains to the patient and the patient’s carer (if any, and if the practitioner considers it appropriate and the patient agrees) the steps involved in preparing the plan; and

(c) records the plan; and

(d) records the patient’s agreement to the preparation of the plan; and

(e) offers a copy of the plan to the patient and the patient’s carer (if any, and if the practitioner considers it appropriate and the patient agrees); and

(f) adds a copy of the plan to the patient’s medical records.

2.16.8 Meaning of reviewing a GP management plan

In item 732:

***reviewing a GP management plan*** means a process by which a general practitioner:

(a) reviews the matters mentioned in paragraph (a) of the definition of ***preparing a GP management plan*** in clause 2.16.7; and

(b) if different arrangements need to be made—makes amendments to the plan that:

(i) state the new arrangements; and

(ii) provide for a further review of the amended plan by a date stated in the plan; and

(c) explains to the patient and the patient’s carer (if any, and if the practitioner considers it appropriate and the patient agrees) the steps involved in the review; and

(d) records the patient’s agreement to the review of the plan; and

(e) if amendments are made to the plan:

(i) offers a copy of the amended plan to the patient and the patient’s carer (if any, and if the practitioner considers it appropriate and the patient agrees); and

(ii) adds a copy of the amended plan to the patient’s medical records.

2.16.9 Restrictions on items 721, 723, 729, 731 and 732—services for certain patients

(1) An item of this Schedule mentioned in column 1 of table 2.16.9 applies only to a service for a patient who:

(a) suffers from at least one medical condition that:

(i) has been (or is likely to be) present for at least 6 months; or

(ii) is terminal; and

(b) is described in column 2 of table 2.16.9.

| Table 2.16.9—Application of items 721, 723, 729, 731 and 732 | | |
| --- | --- | --- |
| Item | Column 1  Items of this Schedule | Column 2  Description of patient |
| 1 | 721 and 732  (if the service is for preparing a GP management plan or reviewing a GP management plan) | The patient:  (a) is a private in‑patient of a hospital; or  (b) is not a public in‑patient of a hospital or a care recipient in a residential aged care facility |
| 2 | 723 and 732 (if the service is for the creation or review of team care arrangements) | The patient:  (a) requires ongoing care from at least 3 collaborating providers, each of whom provides a different kind of treatment or service to the patient, and at least one of whom is a medical practitioner; and  (b) either:  (i) is a private in‑patient of a hospital; or  (ii) is not a public in‑patient of a hospital or a care recipient in a residential aged care facility |
| 3 | 729 | The patient:  (a) requires ongoing care from at least 3 collaborating providers, each of whom provides a different kind of treatment or service to the patient, and at least one of whom is a medical practitioner; and  (b) is not a care recipient in a residential aged care facility |
| 4 | 731 | The patient:  (a) requires ongoing care from at least 3 collaborating providers, each of whom provides a different kind of treatment or service to the patient, and at least one of whom is a medical practitioner; and  (b) is a care recipient in a residential aged care facility |

(1A) Despite subclause (1), items 723 and 732 also apply to a service for a patient if:

(a) the service is provided for the purpose of coordinating the development of team care arrangements, or coordinating a review of team care arrangements, for the patient; and

(b) the patient:

(i) is referred for a service to which any of the following items apply:

(A) an item in Subgroup 2 of Group A20;

(B) an item in Subgroup 9 of Group A7;

(C) an item in Subgroup 3 or 10 of Group A40;

(D) an item in Group M6 or M7;

(E) an item in Subgroup 1, 2, 3, 4, 6, 7, 8 or 9 of Group M18; or

(ii) has an eating disorder treatment and management plan; and

(c) the patient is described in column 2 of an item in table 2.16.9.

(2) For this clause, a ***collaborating provider*** is a person who:

(a) provides treatment or a service to a patient; and

(b) is not an unpaid carer of the patient.

2.16.10 Restrictions on items 721, 723 and 732

Items 721, 723 and 732 apply only to a service provided in the course of personal attendance by a single general practitioner on a single patient.

2.16.11 Restrictions on other items—services provided on same day as services in items 721, 723 and 732

The following items do not apply to a service described in the item that is provided by a general practitioner, if the service is provided on the same day for the same patient for whom the practitioner provides a service described in item 721, 723 or 732:

(a) items 3, 4, 23, 24, 36, 37, 44, 47, 52, 53, 54, 57, 58, 59, 60 and 65;

(b) items 585, 588, 591, 594, 599 and 600;

(c) items 5000, 5003, 5020, 5023, 5040, 5043, 5060 and 5063;

(d) items 5200, 5203, 5207, 5208, 5220, 5223, 5227 and 5228;

(e) items 91790, 91800, 91801, 91802, 91890, 91891, 91792, 91803, 91804, 91805, 91892, 91893, 91794, 91806, 91807, 91808, 91894, 91895, 92210 and 92211.

2.16.12 Conditions relating to timing of services in items 721, 723, 729, 731 and 732 if exceptional circumstances do not exist

(1) This clause applies to the performances of services for a patient for whom exceptional circumstances do not exist.

(2) Items 721, 723, 729, 731 and 732 apply in the circumstances mentioned in table 2.16.12.

| Table 2.16.12—Conditions relating to timing of services in items 721, 723, 729, 731 and 732 | | |
| --- | --- | --- |
| Item | Column 1  Item of  this Schedule | Column 2  Circumstances |
| 1 | 721 | (a) In the 3 months before performance of the service, being a service to which item 729, 731 or 732 (for reviewing a GP management plan) applies but had not been performed for the patient; and  (b) the service is not performed more than once in a 12 month period; and  (c) the service is not performed by a general practitioner:  (i) who is a recognised specialist in palliative medicine; and  (ii) who is treating a palliative patient that has been referred to the general practitioner; and  (iii) to which an item in Subgroup 3 or 4 of Group A24 applies because of the treatment of the palliative patient by the general practitioner |
| 2 | 723 (if subclause 2.16.9(1) applies to the item) | (a) In the 3 months before performance of the service, being a service to which item 732 (for coordinating a review of team care arrangements, a multi‑disciplinary community care plan or a multi‑disciplinary discharge care plan in accordance with subclause 2.16.9(1)) applies but had not been performed for the patient; and  (b) the service is performed not more than once in a 12 month period; and  (c) the service is not performed by a general practitioner:  (i) who is a recognised specialist in palliative medicine; and  (ii) who is treating a palliative patient that has been referred to the general practitioner; and  (iii) to which an item in Subgroup 3 or 4 of Group A24 applies because of the treatment of the palliative patient by the general practitioner |
| 2A | 723 (if subclause 2.16.9(1A) applies to the item) | (a) In the 3 months before performance of the service, being a service to which item 732 (for coordinating the review of team care arrangements in accordance with subclause 2.16.9(1A)) applies but had not been performed for the patient; and  (b) the service is performed not more than once in a 12 month period; and  (c) the service is not performed by a general practitioner:  (i) who is a recognised specialist in palliative medicine; and  (ii) who is treating a palliative patient that has been referred to the general practitioner; and  (iii) to which an item in Subgroup 3 or 4 of Group A24 applies because of the treatment of the palliative patient by the general practitioner |
| 3 | 729 | (a) either:  (i) in the 3 months before performance of the service, being a service to which item 731 or 732 applies but had not been performed for the patient; or  (ii) in the 12 months before performance of the service, being a service that has not been performed for the patient:  (A) by the general practitioner who performs the service to which item 729 would, but for this item, apply; and  (B) for which a payment has been made under item 721 or 723; and  (b) the service is performed not more than once in a 3 month period |
| 4 | 731 | (a) In the 3 months before performance of the service, being a service to which item 721, 723, 729 or 732 applies but had not been performed for the patient; and  (b) the service is performed not more than once in a 3 month period |
| 5 | 732 (if subclause 2.16.9(1) applies to the item) | Each service:  (a) may be performed:  (i) once in a 3 month period; and  (ii) on the same day; but  (b) may not be performed by a general practitioner:  (i) who is a recognised specialist in palliative medicine; and  (ii) who is treating a palliative patient that has been referred to the general practitioner; and  (iii) to which an item in Subgroup 3 or 4 of Group A24 applies because of the treatment of the palliative patient by the general practitioner |
| 5A | 732 (if subclause 2.16.9(1A) applies to the item | The service, being a service to which item 732 (for coordinating the review of team care arrangements) applies:  (a) may be performed once in a 3 month period; but  (b) may not be performed by a general practitioner:  (i) who is a recognised specialist in palliative medicine; and  (ii) who is treating a palliative patient that has been referred to the general practitioner; and  (iii) to which an item in Subgroup 3 or 4 of Group A24 applies because of the treatment of the palliative patient by the general practitioner |

(3) In this clause:

***exceptional circumstances***, for a patient, means there has been a significant change in the patient’s clinical condition or care circumstances that necessitates the performance of the service for the patient.

2.16.13 Items in Subgroup 1 of Group A15

This clause sets out items in Subgroup 1 of Group A15.

Note: The fees in Group A15 are indexed in accordance with clause 1.3.1.

| Group A15—GP management plans, team care arrangements and multidisciplinary care plans and case conferences | | |
| --- | --- | --- |
| Column 1  Item | Column 2  Description | Column 3  Fee ($) |
| Subgroup 1—GP management plans, team care arrangements and multidisciplinary care plans | | |
| 721 | Attendance by a general practitioner (not including a specialist or consultant physician), for preparation of a GP management plan for a patient (other than a service associated with a service to which any of items 735 to 758 apply) | 150.10 |
| 723 | Attendance by a general practitioner (not including a specialist or consultant physician), to coordinate the development of team care arrangements for a patient (other than a service associated with a service to which any of items 735 to 758 apply) | 118.95 |
| 729 | Contribution by a general practitioner (not including a specialist or consultant physician), to a multidisciplinary care plan prepared by another provider or a review of a multidisciplinary care plan prepared by another provider (other than a service associated with a service to which any of items 735 to 758 apply) | 73.25 |
| 731 | Contribution by a general practitioner (not including a specialist or consultant physician), to:  (a) a multidisciplinary care plan for a patient in a residential aged care facility, prepared by that facility, or to a review of such a plan prepared by such a facility; or  (b) a multidisciplinary care plan prepared for a patient by another provider before the patient is discharged from a hospital, or to a review of such a plan prepared by another provider  (other than a service associated with a service to which items 735 to 758 apply) | 73.25 |
| 732 | Attendance by a general practitioner (not including a specialist or consultant physician) to review or coordinate a review of:  (a) a GP management plan prepared by a general practitioner (or an associated general practitioner) to which item 721 applies; or  (b) team care arrangements which have been coordinated by the general practitioner (or an associated general practitioner) to which item 723 applies | 74.95 |

Subdivision C—Subgroup 2 of Group A15

2.16.14 Meaning of multidisciplinary discharge case conference

In items 735, 739, 743, 747, 750 and 758:

***multidisciplinary discharge case conference*** means a multidisciplinary case conference carried out for a patient before the patient is discharged from a hospital.

2.16.15 Meaning of organise and coordinate

In items 735, 739, 743, 820, 822, 823, 825, 826, 828, 830, 832, 834, 835, 837, 838, 855, 857, 858, 861, 864, 866, 930, 933, 935, 946, 948 and 959:

***organise and coordinate***, for a conference mentioned in the item, means undertaking all of the following activities:

(a) explaining to the patient the nature of the conference;

(b) asking the patient whether the patient agrees to the conference taking place;

(c) recording the patient’s agreement to the conference;

(d) recording the day the conference was held and the times the conference started and ended;

(e) recording the names of the participants;

(f) recording the activities mentioned in the definition of ***multidisciplinary case conference*** in clause 1.1.4 and putting a copy of that record in the patient’s medical records;

(g) offering the patient and the patient’s carer (if any and if the practitioner considers appropriate and the patient agrees), and giving each other member of the team, a summary of the conference;

(h) discussing the outcomes of the conference with the patient and the patient’s carer (if any and if the practitioner considers appropriate and the patient agrees).

2.16.16 Meaning of participate

In items 747, 750, 758, 825, 826, 828, 835, 837, 838, 937, 943, 945, 961, 962 and 964:

***participate***, for a conference mentioned in the item, means participation that:

(a) does not include organising and coordinating the conference; and

(b) involves undertaking all of the following activities in relation to the conference:

(i) explaining to the patient the nature of the conference;

(ii) asking the patient whether the patient agrees to the practitioner’s participation in the conference;

(iii) recording the patient’s agreement to the practitioner’s participation in the conference;

(iv) recording the day the conference was held and the times the conference started and ended;

(v) recording the names of the participants;

(vi) recording the matters mentioned in the definition of ***multidisciplinary case conference*** in clause 1.1.4 and putting a copy of that record in the patient’s medical records.

2.16.17 Meaning of coordinating

In item 880:

***coordinating***, for a case conference, means undertaking all of the following activities:

(a) coordinating and facilitating the case conference;

(b) resolving any disagreement or conflict to enable the members of the case conference team giving care and service to the patient to agree on the outcomes to be achieved;

(c) identifying tasks that need to be undertaken to achieve these outcomes, and allocating those tasks to members of the case conference team;

(d) recording the input of each member and the outcome of the case conference.

2.16.18 Meaning of case conference team

In item 880:

***case conference team***:

(a) includes a specialist, or consultant physician, in the practice of the specialist’s or consultant physician’s specialty of geriatric or rehabilitation medicine; and

(b) includes at least 2 other allied health professionals, each of whom provides a different kind of care or service to the patient and is not a medical practitioner or unpaid carer of the patient; and

(c) may include the patient, an unpaid carer of the patient or a medical practitioner.

Example: For the purposes of paragraph (b), persons who may be included in a team are the following:

(a) dieticians;

(b) mental health workers;

(c) occupational therapists;

(d) pharmacists;

(e) physiotherapists;

(f) podiatrists;

(g) psychologists;

(h) social workers;

(i) speech pathologists.

2.16.19 Restrictions on item 880—certain patients

(1) Item 880 applies if the attendance is on a patient who:

(a) is an admitted patient of a hospital; and

(b) is not a care recipient in a residential aged care facility; and

(c) is being provided with one of the following types of specialist care:

(i) geriatric evaluation and management;

(ii) rehabilitation care.

(2) In this clause:

***geriatric evaluation and management*** means care provided to a patient with a disability or psychosocial problem for the purpose of maximising the patient’s health status or optimising the patient’s living arrangements.

***rehabilitation care*** means care provided to a patient with an impairment or disability for the purpose of improving the patient’s functional status.

2.16.19A Restrictions on items 930 to 964

Items 930 to 964 apply to a patient only if the patient:

(a) is referred for a service to which any of the following items apply:

(i) an item in Subgroup 2 of Group A20;

(ii) an item in Subgroup 9 of Group A7;

(iii) an item in Subgroup 3 or 10 of Group A40;

(iv) an item in Group M6 or M7;

(v) an item in Subgroup 1, 2, 3, 4, 6, 7, 8 or 9 of Group M18; or

(b) has an eating disorder treatment and management plan.

2.16.20 Items in Subgroup 2 of Group A15

This clause sets out items in Subgroup 2 of Group A15.

Note: The fees in Group A15 are indexed in accordance with clause 1.3.1.

| Group A15—GP management plans, team care arrangements and multidisciplinary care plans and case conferences | | |
| --- | --- | --- |
| Column 1  Item | Column 2  Description | Column 3  Fee ($) |
| Subgroup 2—Case conferences | | |
| 735 | Attendance by a general practitioner (not including a specialist or consultant physician), as a member of a multidisciplinary case conference team, to organise and coordinate:  (a) a community case conference; or  (b) a multidisciplinary case conference carried out for a care recipient in a residential aged care facility; or  (c) a multidisciplinary discharge case conference;  if the conference lasts for at least 15 minutes, but for less than 20 minutes (other than a service associated with a service to which items 721 to 732 apply) | 73.55 |
| 739 | Attendance by a general practitioner (not including a specialist or consultant physician), as a member of a multidisciplinary case conference team, to organise and coordinate:  (a) a community case conference; or  (b) a multidisciplinary case conference carried out for a care recipient in a residential aged care facility; or  (c) a multidisciplinary discharge case conference;  if the conference lasts for at least 20 minutes, but for less than 40 minutes (other than a service associated with a service to which items 721 to 732 apply) | 125.85 |
| 743 | Attendance by a general practitioner (not including a specialist or consultant physician), as a member of a multidisciplinary case conference team, to organise and coordinate:  (a) a community case conference; or  (b) a multidisciplinary case conference carried out for a care recipient in a residential aged care facility; or  (c) a multidisciplinary discharge case conference;  if the conference lasts for at least 40 minutes (other than a service associated with a service to which items 721 to 732 apply) | 209.80 |
| 747 | Attendance by a general practitioner (not including a specialist or consultant physician), as a member of a multidisciplinary case conference team, to participate in:  (a) a community case conference; or  (b) a multidisciplinary case conference carried out for a care recipient in a residential aged care facility; or  (c) a multidisciplinary discharge case conference;  if the conference lasts for at least 15 minutes, but for less than 20 minutes (other than a service associated with a service to which items 721 to 732 apply) | 54.05 |
| 750 | Attendance by a general practitioner (not including a specialist or consultant physician), as a member of a multidisciplinary case conference team, to participate in:  (a) a community case conference; or  (b) a multidisciplinary case conference carried out for a care recipient in a residential aged care facility; or  (c) a multidisciplinary discharge case conference;  if the conference lasts for at least 20 minutes, but for less than 40 minutes (other than a service associated with a service to which items 721 to 732 apply) | 92.60 |
| 758 | Attendance by a general practitioner (not including a specialist or consultant physician), as a member of a multidisciplinary case conference team, to participate in:  (a) a community case conference; or  (b) a multidisciplinary case conference carried out for a care recipient in a residential aged care facility; or  (c) a multidisciplinary discharge case conference;  if the conference lasts for at least 40 minutes (other than a service associated with a service to which items 721 to 732 apply) | 154.20 |
| 820 | Attendance by a consultant physician in the practice of the consultant physician’s specialty, as a member of a case conference team, to organise and coordinate a community case conference of at least 15 minutes but less than 30 minutes, with a multidisciplinary team of at least 3 other formal care providers of different disciplines | 146.90 |
| 822 | Attendance by a consultant physician in the practice of the consultant physician’s specialty, as a member of a case conference team, to organise and coordinate a community case conference of at least 30 minutes but less than 45 minutes, with a multidisciplinary team of at least 3 other formal care providers of different disciplines | 220.45 |
| 823 | Attendance by a consultant physician in the practice of the consultant physician’s specialty, as a member of a case conference team, to organise and coordinate a community case conference of at least 45 minutes, with a multidisciplinary team of at least 3 other formal care providers of different disciplines | 293.70 |
| 825 | Attendance by a consultant physician in the practice of the consultant physician’s specialty, as a member of a multidisciplinary case conference team of at least 2 other formal care providers of different disciplines, to participate in a community case conference (other than to organise and coordinate the conference) of at least 15 minutes but less than 30 minutes, with the multidisciplinary case conference team | 105.50 |
| 826 | Attendance by a consultant physician in the practice of the consultant physician’s specialty, as a member of a multidisciplinary case conference team of at least 2 other formal care providers of different disciplines, to participate in a community case conference (other than to organise and coordinate the conference) of at least 30 minutes but less than 45 minutes, with the multidisciplinary case conference team | 168.25 |
| 828 | Attendance by a consultant physician in the practice of the consultant physician’s specialty, as a member of a multidisciplinary case conference team of at least 2 other formal care providers of different disciplines, to participate in a community case conference (other than to organise and coordinate the conference) of at least 45 minutes, with the multidisciplinary case conference team | 231.05 |
| 830 | Attendance by a consultant physician in the practice of the consultant physician’s specialty, as a member of a case conference team, to organise and coordinate a discharge case conference of at least 15 minutes but less than 30 minutes, with a multidisciplinary team of at least 3 other formal care providers of different disciplines | 146.90 |
| 832 | Attendance by a consultant physician in the practice of the consultant physician’s specialty, as a member of a case conference team, to organise and coordinate a discharge case conference of at least 30 minutes but less than 45 minutes, with a multidisciplinary team of at least 3 other formal care providers of different disciplines | 220.45 |
| 834 | Attendance by a consultant physician in the practice of the consultant physician’s specialty, as a member of a case conference team, to organise and coordinate a discharge case conference of at least 45 minutes, with a multidisciplinary team of at least 3 other formal care providers of different disciplines | 293.70 |
| 835 | Attendance by a consultant physician in the practice of the consultant physician’s specialty, as a member of a case conference team, to participate in a discharge case conference (other than to organise and coordinate the conference) of at least 15 minutes but less than 30 minutes, with a multidisciplinary team of at least 2 other formal care providers of different disciplines | 105.50 |
| 837 | Attendance by a consultant physician in the practice of the consultant physician’s specialty, as a member of a case conference team, to participate in a discharge case conference (other than to organise and coordinate the conference) of at least 30 minutes but less than 45 minutes, with a multidisciplinary team of at least 2 other formal care providers of different disciplines | 168.25 |
| 838 | Attendance by a consultant physician in the practice of the consultant physician’s specialty, as a member of a case conference team, to participate in a discharge case conference (other than to organise and coordinate the conference) of at least 45 minutes, with a multidisciplinary team of at least 2 other formal care providers of different disciplines | 231.05 |
| 855 | Attendance by a consultant physician in the practice of the consultant physician’s specialty of psychiatry, as a member of a multidisciplinary case conference team of at least 2 other formal care providers of different disciplines, to organise and coordinate a community case conference of at least 15 minutes but less than 30 minutes, with the multidisciplinary case conference team | 146.90 |
| 857 | Attendance by a consultant physician in the practice of the consultant physician’s specialty of psychiatry, as a member of a multidisciplinary case conference team of at least 2 other formal care providers of different disciplines, to organise and coordinate a community case conference of at least 30 minutes but less than 45 minutes, with the multidisciplinary case conference team | 220.45 |
| 858 | Attendance by a consultant physician in the practice of the consultant physician’s specialty of psychiatry, as a member of a multidisciplinary case conference team of at least 2 other formal care providers of different disciplines, to organise and coordinate a community case conference of at least 45 minutes, with the multidisciplinary case conference team | 293.70 |
| 861 | Attendance by a consultant physician in the practice of the consultant physician’s specialty of psychiatry, as a member of a case conference team, to organise and coordinate a discharge case conference of at least 15 minutes but less than 30 minutes, with a multidisciplinary team of at least 2 other formal care providers of different disciplines | 146.90 |
| 864 | Attendance by a consultant physician in the practice of the consultant physician’s specialty of psychiatry, as a member of a case conference team, to organise and coordinate a discharge case conference of at least 30 minutes but less than 45 minutes, with a multidisciplinary team of at least 2 other formal care providers of different disciplines | 220.45 |
| 866 | Attendance by a consultant physician in the practice of the consultant physician’s specialty of psychiatry, as a member of a case conference team, to organise and coordinate a discharge case conference of at least 45 minutes, with a multidisciplinary team of at least 2 other formal care providers of different disciplines | 293.70 |
| 871 | Attendance by a general practitioner, specialist or consultant physician, as a member of a case conference team, to lead and coordinate a multidisciplinary case conference on a patient with cancer to develop a multidisciplinary treatment plan, if the case conference is of at least 10 minutes, with a multidisciplinary team of at least 3 other medical practitioners from different areas of medical practice (which may include general practice), and, in addition, allied health providers | 84.80 |
| 872 | Attendance by a general practitioner, specialist or consultant physician, as a member of a case conference team, to participate in a multidisciplinary case conference on a patient with cancer to develop a multidisciplinary treatment plan, if the case conference is of at least 10 minutes, with a multidisciplinary team of at least 4 medical practitioners from different areas of medical practice (which may include general practice), and, in addition, allied health providers | 39.50 |
| 880 | Attendance by a specialist, or consultant physician, in the practice of the specialist’s or consultant physician’s specialty of geriatric or rehabilitation medicine, as a member of a case conference team, to coordinate a case conference of at least 10 minutes but less than 30 minutes—for any particular patient, one attendance only in a 7 day period (other than attendance on the same day as an attendance for which item 832, 834, 835, 837 or 838 was applicable in relation to the patient) (H) | 51.40 |
| 930 | Attendance by a general practitioner, as a member of a multidisciplinary case conference team, to organise and coordinate a mental health case conference, if the conference lasts for at least 15 minutes, but for less than 20 minutes | 77.45 |
| 933 | Attendance by a general practitioner, as a member of a multidisciplinary case conference team, to organise and coordinate a mental health case conference, if the conference lasts for at least 20 minutes, but for less than 40 minutes | 132.45 |
| 935 | Attendance by a general practitioner, as a member of a multidisciplinary case conference team, to organise and coordinate a mental health case conference, if the conference lasts for at least 40 minutes | 220.80 |
| 937 | Attendance by a general practitioner, as a member of a multidisciplinary case conference team, to participate in a mental health case conference, if the conference lasts for at least 15 minutes, but for less than 20 minutes | 56.90 |
| 943 | Attendance by a general practitioner, as a member of a multidisciplinary case conference team, to participate in a mental health case conference, if the conference lasts for at least 20 minutes, but for less than 40 minutes | 97.50 |
| 945 | Attendance by a general practitioner, as a member of a multidisciplinary case conference team, to participate in a mental health case conference, if the conference lasts for at least 40 minutes | 162.30 |
| 946 | Attendance by a consultant physician in the practice of the consultant physician’s specialty of psychiatry or paediatrics, as a member of multidisciplinary case conference team, to organise and coordinate a mental health case conference of at least 15 minutes but less than 30 minutes, with the multidisciplinary case conference team | 154.60 |
| 948 | Attendance by a consultant physician in the practice of the consultant physician’s specialty of psychiatry or paediatrics, as a member of a multidisciplinary case conference team, to organise and coordinate a mental health case conference of at least 30 minutes but less than 45 minutes, with the multidisciplinary case conference team | 232.05 |
| 959 | Attendance by a consultant physician in the practice of the consultant physician’s specialty of psychiatry or paediatrics, as a member of a multidisciplinary case conference team, to organise and coordinate a mental health case conference of at least 45 minutes, with the multidisciplinary case conference team | 309.15 |
| 961 | Attendance by a consultant physician in the practice of the consultant physician’s specialty of psychiatry or paediatrics, as a member of a multidisciplinary case conference team, to participate in a mental health case conference of at least 15 minutes but less than 30 minutes, with the multidisciplinary case conference team | 111.05 |
| 962 | Attendance by a consultant physician in the practice of the consultant physician’s specialty of psychiatry or paediatrics, as a member of a multidisciplinary case conference team, to participate in a mental health case conference of at least 30 minutes but less than 45 minutes, with the multidisciplinary case conference team | 177.10 |
| 964 | Attendance by a consultant physician in the practice of the consultant physician’s specialty of psychiatry or paediatrics, as a member of a multidisciplinary case conference team, to participate in a mental health case conference of at least 45 minutes, with the multidisciplinary case conference team | 243.20 |

Division 2.17—Group A17: Domiciliary and residential medication management reviews

2.17.1 Meaning of living in a community setting

In item 900:

***living in a community setting***: a patient is ***living in a community setting*** if the patient is not an in‑patient of a hospital or a care recipient in a residential aged care facility.

2.17.2 Meaning of residential medication management review

(1) In item 903:

***residential medication management review*** means a collaborative service provided by a general practitioner and a pharmacist to review the medication management needs of a care recipient in a residential aged care facility.

(2) A general practitioner’s involvement in a residential medication management review includes all of the following:

(a) discussing the proposed review with the resident and seeking the resident’s consent to the review;

(b) collaborating with the reviewing pharmacist about the pharmacist’s involvement in the review;

(c) providing input from the resident’s most recent comprehensive medical assessment or, if such an assessment has not been undertaken, providing relevant clinical information for the review and for the resident’s records;

(d) subject to subclause (4), participating in a post‑review discussion (either face‑to‑face or by telephone) with the pharmacist to discuss the outcomes of the review including:

(i) the findings of the review; and

(ii) medication management strategies; and

(iii) means to ensure that the strategies are implemented and reviewed, including any issues for implementation and follow‑up;

(e) developing or revising the resident’s medication management plan after discussion with the reviewing pharmacist, and finalising the plan after discussion with the resident.

(3) A general practitioner’s involvement in a residential medication management review also includes:

(a) offering a copy of the medication management plan to the resident (or the resident’s carer or representative if appropriate); and

(b) providing copies of the plan for the resident’s records and for the nursing staff of the residential aged care facility; and

(c) discussing the plan with nursing staff if necessary.

(4) A post‑review discussion is not required if:

(a) there are no recommended changes to the resident’s medication management arising out of the review; or

(b) any changes are minor in nature and do not require immediate discussion; or

(c) the pharmacist and general practitioner agree that issues arising out of the review should be considered in a case conference.

2.17.3 Restrictions on items 900 and 903

Items 900 and 903 apply only to a service provided in the course of personal attendance by a single general practitioner on a single patient.

2.17.4 Items in Group A17

This clause sets out items in Group A17.

Note: The fees in Group A17 are indexed in accordance with clause 1.3.1.

| Group A17—Domiciliary and residential medication management reviews | | |
| --- | --- | --- |
| Column 1  Item | Column 2  Description | Column 3  Fee ($) |
| 900 | Participation by a general practitioner (not including a specialist or consultant physician) in a Domiciliary Medication Management Review (***DMMR***) for a patient living in a community setting, in which the general practitioner, with the patient’s consent:  (a) assesses the patient as:  (i) having a chronic medical condition or a complex medication regimen; and  (ii) not having their therapeutic goals met; and  (b) following that assessment:  (i) refers the patient to a community pharmacy or an accredited pharmacist for the DMMR; and  (ii) provides relevant clinical information required for the DMMR; and  (c) discusses with the reviewing pharmacist the results of the DMMR including suggested medication management strategies; and  (d) develops a written medication management plan following discussion with the patient; and  (e) provides the written medication management plan to a community pharmacy chosen by the patient  For any particular patient—applicable not more than once in each 12 month period, except if there has been a significant change in the patient’s condition or medication regimen requiring a new DMMR | 161.10 |
| 903 | Participation by a general practitioner (not including a specialist or consultant physician) in a residential medication management review (***RMMR***) for a patient who is a care recipient in a residential aged care facility—other than an RMMR for a resident in relation to whom, in the preceding 12 months, this item has applied, unless there has been a significant change in the resident’s medical condition or medication management plan requiring a new RMMR | 110.30 |

Division 2.18—Group A30: Medical practitioner video conferencing consultation

2.18.4 Restrictions on items in Subgroups 5 and 6 of Group A30 (video conferencing consultation attendances for patients in rural and remote areas)

An item in Subgroup 5 or 6 of Group A30 applies to a professional attendance on a patient by a medical practitioner only if:

(a) the patient is not an admitted patient; and

(b) the patient is located within a Modified Monash 6 area or a Modified Monash 7 area; and

(c) at the time of the attendance, the patient and the medical practitioner are at least 15 km by road from each other; and

(d) the patient has received 3 face‑to‑face professional attendances from that practitioner in the preceding 12 months.

2.18.5 Items in Group A30

This clause sets out items in Group A30.

| Group A30—Medical practitioner video conferencing consultation | | |
| --- | --- | --- |
| Column 1  Item | Column 2  Description | Column 3  Fee ($) |
| Subgroup 1—Video conferencing consultation attendance at consulting rooms, home visit or other institution | | |
| Subgroup 2—Video conferencing consultation attendance at a residential aged care facility | | |

Division 2.20—Group A20: Mental health care

2.20.1 Definitions

In this Schedule:

***focussed psychological strategies*** means any of the following mental health care management strategies which have been derived from evidence‑based psychological therapies:

(a) psycho‑education;

(b) cognitive‑behavioural therapy which involves cognitive or behavioural interventions;

(c) relaxation strategies;

(d) skills training;

(e) interpersonal therapy;

(f) eye movement desensitisation and reprocessing.

***mental disorder*** means a significant impairment of any or all of an individual’s cognitive, affective and relational abilities that:

(a) may require medical intervention; and

(b) may be a recognised, medically diagnosable illness or disorder; and

(c) is not dementia, delirium, tobacco use disorder or mental retardation.

Note: In relation to this definition, attention is drawn to the *Diagnostic and Management Guidelines for Mental Disorders in Primary Care* (ICD‑10, Chapter 5, Primary Care Version), developed by the World Health Organisation and published in 1996.

***outcome measurement tool*** means a tool used to monitor changes in a patient’s health that occur in response to treatment received by the patient.

2.20.2 Meaning of amount under clause 2.20.2

(1) In items 2723, 2727, 2741 and 2745:

***amount under clause 2.20.2***, for an item mentioned in column 1 of table 2.20.2, means the sum of:

(a) the fee mentioned in column 2 for the item; and

(b) either:

(i) if not more than 6 patients are attended at a single attendance—the amount mentioned in column 3 for the item, divided by the number of patients attended; or

(ii) if more than 6 patients are attended at a single attendance—the amount mentioned in column 4 for the item.

| Table 2.20.2—Amount under clause 2.20.2 | | | | |
| --- | --- | --- | --- | --- |
| Item | Column 1  Item of this Schedule | Column 2  Fee | Column 3  Amount if not more than 6 patients (to be divided by the number of patients) ($) | Column 4  Amount if more than 6 patients ($) |
| 1 | 2723 | The fee for item 2721 | 28.45 | 2.25 |
| 2 | 2727 | The fee for item 2725 | 28.45 | 2.25 |
| 3 | 2741 | The fee for item 2739 | 28.45 | 2.25 |
| 4 | 2745 | The fee for item 2743 | 28.45 | 2.25 |

(2) A reference in subclause (1) to an attendance on a patient includes, in relation to an attendance to which item 2741 or 2745 applies, an attendance on a person other than a patient as part of a patient’s treatment.

2.20.3 Meaning of preparation of a GP mental health treatment plan

(1) In this Schedule:

***preparation of a GP mental health treatment plan***, for a patient, means each of the following:

(a) preparation of a written plan by a general practitioner for the patient that includes:

(i) an assessment of the patient’s mental disorder, including administration of an outcome measurement tool (except if considered clinically inappropriate); and

(ii) formulation of the mental disorder, including provisional diagnosis or diagnosis; and

(iii) treatment goals with which the patient agrees; and

(iv) any actions to be taken by the patient; and

(v) a plan for either or both of the following:

(A) crisis intervention;

(B) relapse prevention; and

(vi) referral and treatment options for the patient; and

(vii) arrangements for providing the referral and treatment options mentioned in subparagraph (vi); and

(viii) arrangements to review the plan;

(b) explaining to the patient and the patient’s carer (if any, and if the practitioner considers it appropriate and the patient agrees) the steps involved in preparing the plan;

(c) recording the plan;

(d) recording the patient’s agreement to the preparation of the plan;

(e) offering the patient and the patient’s carer (if any, and if the practitioner considers it appropriate and the patient agrees):

(i) a copy of the plan; and

(ii) suitable education about the mental disorder;

(f) adding a copy of the plan to the patient’s medical records.

(2) In subparagraph (1)(a)(vi):

***referral and treatment options***, for a patient, includes:

(a) support services for the patient; and

(b) psychiatric services for the patient; and

(c) subject to the applicable limitations:

(i) psychological therapies provided to the patient, or to a person other than the patient as part of the patient’s treatment, by a clinical psychologist (items 80000 to 80025, 91166, 91167, 91168, 91171, 91181, 91182, 91198 and 91199); and

(ii) focussed psychological strategies services provided to the patient, or to a person other than the patient as part of the patient’s treatment, by a general practitioner mentioned in paragraph 2.20.7(1)(b) to provide those services (items 2721 to 2745, 91818, 91819, 91842, 91843, 91859, 91861, 91864 and 91865); and

(iii) focussed psychological strategies services provided to the patient, or to a person other than the patient as part of the patient’s treatment, by an allied mental health professional (items 80100 to 80175, 91169, 91170, 91172, 91173, 91174, 91175, 91176, 91177, 91183, 91184, 91185, 91186, 91187, 91188, 91194, 91195, 91196, 91197, 91200, 91201, 91202, 91203, 91204 and 91205); and

(iv) focussed psychological strategies services provided to the patient, or to a person other than the patient as part of the patient’s treatment, by a medical practitioner mentioned in paragraph 1.9.4(1)(b) of the *Health Insurance (Section 3C General Medical Services – Other Medical Practitioner) Determination 2018* to provide those services (items 283, 285, 286, 287, 309, 311, 313, 315, 91820, 91821, 91844, 91845, 91862, 91863, 91866, 91867).

2.20.4 Meaning of review of a GP mental health treatment plan

In this Schedule:

***review of a GP mental health treatment plan*** means a process by which a general practitioner:

(a) reviews the matters mentioned in paragraph (a) of the definition of ***preparation of a GP mental health treatment plan*** in subclause 2.20.3(1); and

(b) checks, reinforces and expands any education given under the plan; and

(c) if appropriate and if not previously provided—prepares a plan for either or both of the following:

(i) crisis intervention;

(ii) relapse prevention;

(d) re‑administers the outcome measurement tool used in the assessment mentioned in subparagraph (a)(i) of the definition of ***preparation of a GP mental health treatment plan*** in subclause 2.20.3(1) (except if considered clinically inappropriate); and

(e) if different arrangements need to be made—makes amendments to the plan that state those new arrangements; and

(f) explains to the patient and the patient’s carer (if any, and if the practitioner considers it appropriate and the patient agrees) the steps involved in the review of the plan; and

(g) records the patient’s agreement to the review of the plan; and

(h) if amendments are made to the plan:

(i) offers a copy of the amended plan to the patient and the patient’s carer (if any, and if the practitioner considers it appropriate and the patient agrees); and

(ii) adds a copy of the amended plan to the patient’s medical records.

2.20.5 Meaning of associated general practitioner

In item 2712:

***associated general practitioner*** means a general practitioner (not including a specialist or consultant physician) who, if not engaged in the same general practice as the general practitioner mentioned in that item, performs the service described in the item at the request of the patient (or the patient’s guardian).

2.20.6 Restrictions on items in Subgroup 1 of Group A20 (GP mental health treatment plans)

Patients provided with certain services

(1) Items 2700, 2701, 2712, 2713, 2715 and 2717 apply only to a patient with a mental disorder.

(2) Items 2700, 2701, 2712, 2715 and 2717 apply only to:

(a) a patient in the community; and

(b) a private in‑patient (including a private in‑patient who is a resident of an aged care facility) being discharged from hospital; and

(c) a service provided in the course of personal attendance by a single general practitioner on a single patient.

Timing of certain services

(3) Unless exceptional circumstances exist, items 2700, 2701, 2715 and 2717 cannot be claimed:

(a) with a service to which items 735 to 758, or item 2713 apply; or

(b) more than once in a 12 month period from the provision of any of the items for a particular patient.

Item 2712

(4) Item 2712 applies only if one of the following services has been provided to the patient:

(a) the preparation of a GP mental health treatment plan under item 2700, 2701, 2715, 2717, 92112, 92113, 92116 or 92117;

(b) a psychiatrist assessment and management plan under item 291.

(5) Item 2712 does not apply:

(a) to a service to which items 735 to 758, or item 2713 apply; or

(b) unless exceptional circumstances exist for the provision of the service:

(i) more than once in a 3 month period; or

(ii) within 4 weeks following the preparation of a GP mental health treatment plan (item 2700, 2701, 2715 or 2717).

Item 2713

(7) Item 2713 does not apply in association with a service to which item 2700, 2701, 2715, 2717 or 2712 applies.

Items 2715 and 2717—practitioner training

(8) Items 2715 and 2717 apply only if the general practitioner providing the service has successfully completed mental health skills training.

Definition

(9) In this clause:

***exceptional circumstances*** means a significant change in:

(a) the patient’s clinical condition; or

(b) the patient’s care circumstances.

2.20.7 Restrictions on items in Subgroup 2 of Group A20 (focussed psychological strategies)

(1) An item in Subgroup 2 of Group A20 applies to a service which:

(a) is clinically indicated under a GP mental health treatment plan or a psychiatrist assessment and management plan; and

(b) is provided by a general practitioner:

(i) whose name is entered in the register maintained by the Chief Executive Medicare under section 33 of the *Human Services (Medicare) Regulations 2017*; and

(ii) who is identified in the register as a medical practitioner who can provide services to which Subgroup 2 of Group A20 applies; and

(iii) who meets any training and skills requirements, as determined by the General Practice Mental Health Standards Collaboration for providing services to which Subgroup 2 of Group A20 applies.

(2) An item in Subgroup 2 of Group A20 does not apply to:

(a) a service which:

(i) is provided to a patient, or to a person other than the patient as part of the patient’s treatment, if, in the calendar year, 6 other services to which any of the items in Subgroup 2 of Group A20 apply have already been provided to or in relation to the patient; and

(ii) is provided before the medical practitioner managing the GP mental health treatment plan or the psychiatrist assessment and management plan has conducted a patient review and recorded in the patient’s records a recommendation that the patient have additional sessions of focussed psychological strategies in the same calendar year; or

(b) a service which is provided to a patient, or to a person other than the patient as part of the patient’s treatment, if, in the calendar year, 10 other services to which an item in Subgroup 2 of Group A20, or item 283, 285, 286, 287, 309, 311, 313, 315, 80000 to 80016, 80100 to 80116, 80125 to 80141, 80150 to 80166, 91166, 91167, 91168, 91169, 91170, 91171, 91172, 91173, 91174, 91175, 91176, 91177, 91181, 91182, 91183, 91184, 91185, 91186, 91187, 91188, 91194, 91195, 91196, 91197, 91198, 91199, 91200, 91201, 91202, 91203, 91204, 91205, 91818, 91819, 91820, 91821, 91842, 91843, 91844, 91845, 91859, 91861, 91862, 91863, 91864, 91865, 91866 or 91867, apply, have already been provided to or in relation to the patient.

(3) In addition to the restrictions in subclauses (1) and (2) of this clause, item 2739, 2741, 2743 or 2745 applies to a service provided by a general practitioner to a person other than the patient only if:

(a) the general practitioner determines it is clinically appropriate to provide focussed psychological strategies services to a person other than the patient, and makes a written record of this determination in the patient’s records; and

(b) the general practitioner:

(i) explains the service to the patient; and

(ii) obtains the patient’s consent for the service to be provided to the other person as part of the patient’s treatment; and

(iii) makes a written record of the consent; and

(c) the service is provided as part of the patient’s treatment; and

(d) the patient is not in attendance during the provision of the service; and

(e) in the calendar year, no more than one other service to which any of items 309, 311, 313, 315, 2739, 2741, 2743, 2745, 80002, 80006, 80012, 80016, 80102, 80106, 80112, 80116, 80129, 80131, 80137, 80141, 80154, 80156, 80162, 80166, 91168, 91171, 91174, 91177, 91194, 91195, 91196, 91197, 91198, 91199, 91200, 91201, 91202, 91203, 91204, 91205, 91859, 91861, 91862, 91863, 91864, 91865, 91866 or 91867 apply has already been provided to or in relation to the patient.

Note: The patient’s consent may be withdrawn at any time.

2.20.8 Items in Group A20

This clause sets out items in Group A20.

Note: The fees in Group A20 are indexed in accordance with clause 1.3.1.

| Group A20—Mental health care | | |
| --- | --- | --- |
| Column 1  Item | Column 2  Description | Column 3  Fee ($) |
| Subgroup 1—GP mental health treatment plans | | |
| 2700 | Professional attendance, by a general practitioner who has not undertaken mental health skills training (and not including a specialist or consultant physician), lasting at least 20 minutes, but less than 40 minutes, for the preparation of a GP mental health treatment plan for a patient | 74.60 |
| 2701 | Professional attendance, by a general practitioner who has not undertaken mental health skills training (and not including a specialist or consultant physician), lasting at least 40 minutes for the preparation of a GP mental health treatment plan for a patient | 109.85 |
| 2712 | Professional attendance by a general practitioner (not including a specialist or consultant physician) to review a GP mental health treatment plan which the general practitioner, or an associated general practitioner has prepared, or to review a Psychiatrist Assessment and Management Plan | 74.60 |
| 2713 | Professional attendance at consulting rooms by a general practitioner (not including a specialist or consultant physician) in relation to a mental disorder and lasting at least 20 minutes, involving taking relevant history and identifying the presenting problem (to the extent not previously recorded), providing treatment and advice and, if appropriate, referral for other services or treatments, and documenting the outcomes of the consultation | 74.60 |
| 2715 | Professional attendance, by a general practitioner who has undertaken mental health skills training (but not including a specialist or consultant physician), lasting at least 20 minutes, but less than 40 minutes, for the preparation of a GP mental health treatment plan for a patient | 94.75 |
| 2717 | Professional attendance, by a general practitioner who has undertaken mental health skills training (but not including a specialist or consultant physician), lasting at least 40 minutes for the preparation of a GP mental health treatment plan for a patient | 139.55 |
| Subgroup 2—Focussed psychological strategies | | |
| 2721 | Professional attendance at consulting rooms by a general practitioner (not including a specialist or a consultant physician), for providing focussed psychological strategies for assessed mental disorders by a medical practitioner registered with the Chief Executive Medicare as meeting the credentialling requirements for provision of this service, and lasting at least 30 minutes, but less than 40 minutes | 96.50 |
| 2723 | Professional attendance at a place other than consulting rooms by a general practitioner (not including a specialist or a consultant physician), for providing focussed psychological strategies for assessed mental disorders by a medical practitioner registered with the Chief Executive Medicare as meeting the credentialling requirements for provision of this service, and lasting at least 30 minutes, but less than 40 minutes | Amount under clause 2.20.2 |
| 2725 | Professional attendance at consulting rooms by a general practitioner (not including a specialist or a consultant physician), for providing focussed psychological strategies for assessed mental disorders by a medical practitioner registered with the Chief Executive Medicare as meeting the credentialling requirements for provision of this service, and lasting at least 40 minutes | 138.10 |
| 2727 | Professional attendance at a place other than consulting rooms by a general practitioner (not including a specialist or a consultant physician), for providing focussed psychological strategies for assessed mental disorders by a medical practitioner registered with the Chief Executive Medicare as meeting the credentialling requirements for provision of this service, and lasting at least 40 minutes | Amount under clause 2.20.2 |
| 2739 | Professional attendance at consulting rooms by a general practitioner (not including a specialist or a consultant physician) registered with the Chief Executive Medicare as meeting the credentialling requirements for provision of this service:  (a) for providing focussed psychological strategies to a person other than the patient, if the service is part of the patient’s treatment; and  (b) lasting at least 30 minutes, but less than 40 minutes | 98.05 |
| 2741 | Professional attendance at a place other than consulting rooms by a general practitioner (not including a specialist or a consultant physician) registered with the Chief Executive Medicare as meeting the credentialling requirements for provision of this service:  (a) for providing focussed psychological strategies to a person other than the patient, if the service is part of the patient’s treatment; and  (b) lasting at least 30 minutes, but less than 40 minutes | Amount under clause 2.20.2 |
| 2743 | Professional attendance at consulting rooms by a general practitioner (not including a specialist or a consultant physician) registered with the Chief Executive Medicare as meeting the credentialling requirements for provision of this service:  (a) for providing focussed psychological strategies to a person other than the patient, if the service is part of the patient’s treatment; and  (b) lasting at least 40 minutes | 140.30 |
| 2745 | Professional attendance at a place other than consulting rooms by a general practitioner (not including a specialist or a consultant physician) registered with the Chief Executive Medicare as meeting the credentialling requirements for provision of this service:  (a) for providing focussed psychological strategies to a person other than the patient, if the service is part of the patient’s treatment; and  (b) lasting at least 40 minutes | Amount under clause 2.20.2 |

Division 2.21—Group A24: Palliative and pain medicine

2.21.1 Meaning of organise and coordinate

In the items in Subgroups 2 and 4 of Group A24:

***organise and coordinate***, for a conference mentioned in the item, means undertaking all of the following activities:

(a) explaining to the patient the nature of the conference;

(b) asking the patient whether the patient agrees to the conference taking place;

(c) recording the patient’s agreement to the conference;

(d) recording the day the conference was held and the times the conference started and ended;

(e) recording the names of the participants;

(f) recording the activities mentioned in the definition of ***multidisciplinary case conference*** in clause 1.1.4 and putting a copy of that record in the patient’s medical records;

(g) offering the patient and the patient’s carer (if any and if the practitioner considers appropriate and the patient agrees), and giving each other member of the team, a summary of the conference;

(h) discussing the outcomes of the conference with the patient and the patient’s carer (if any and if the practitioner considers appropriate and the patient agrees).

2.21.2 Meaning of participate

In items 2958, 2972, 2974, 2992, 2996, 3000, 3051, 3055, 3062, 3083, 3088 and 3093:

***participate***, for a conference mentioned in the item, means participation that:

(a) if the conference is a community case conference—is at the request of the person who organises and coordinates the conference; and

(b) involves undertaking all of the following activities in relation to the conference:

(i) explaining to the patient the nature of the conference;

(ii) asking the patient whether the patient agrees to the practitioner’s participation in the conference;

(iii) recording the patient’s agreement to the practitioner’s participation in the conference;

(iv) recording the day the conference was held and the times the conference started and ended;

(v) recording the names of the participants;

(vi) recording the activities mentioned in the definition of ***multidisciplinary case conference*** in clause 1.1.4 and putting a copy of that record in the patient’s medical records; but

(c) if the conference is a community case conference—does not include organising and coordinating the conference.

2.21.3 Restrictions on items in Subgroups 2 and 4 of Group A24—timing

The items in Subgroups 2 and 4 of Group A24 may only apply to a patient 5 times in a 12 month period.

2.21.4 Items in Group A24

This clause sets out items in Group A24.

Note: The fees in Group A24 are indexed in accordance with clause 1.3.1.

| Group A24—Palliative and pain medicine | | |
| --- | --- | --- |
| Column 1  Item | Column 2  Description | Column 3  Fee ($) |
| Subgroup 1—Pain medicine attendances | | |
| 2801 | Professional attendance at consulting rooms or hospital by a specialist, or consultant physician, in the practice of the specialist’s or consultant physician’s specialty of pain medicine following referral of the patient to the specialist or consultant physician by a referring practitioner—initial attendance in a single course of treatment | 159.35 |
| 2806 | Professional attendance at consulting rooms or hospital by a specialist, or consultant physician, in the practice of the specialist’s or consultant physician’s specialty of pain medicine following referral of the patient to the specialist or consultant physician by a referring practitioner—an attendance (other than a service to which item 2814 applies) after the initial attendance in a single course of treatment | 79.75 |
| 2814 | Professional attendance at consulting rooms or hospital by a specialist, or consultant physician, in the practice of the specialist’s or consultant physician’s specialty of pain medicine following referral of the patient to the specialist or consultant physician by a referring practitioner—minor attendance | 45.40 |
| 2824 | Professional attendance at a place other than consulting rooms or hospital by a specialist, or consultant physician, in the practice of the specialist’s or consultant physician’s specialty of pain medicine following referral of the patient to the specialist or consultant physician by a referring practitioner—initial attendance in a single course of treatment | 193.35 |
| 2832 | Professional attendance at a place other than consulting rooms or hospital by a specialist, or consultant physician, in the practice of the specialist’s or consultant physician’s specialty of pain medicine following referral of the patient to the specialist or consultant physician by a referring practitioner—an attendance (other than a service to which item 2840 applies) after the initial attendance in a single course of treatment | 116.95 |
| 2840 | Professional attendance at a place other than consulting rooms or hospital by a specialist, or consultant physician, in the practice of the specialist’s or consultant physician’s specialty of pain medicine following referral of the patient to the specialist or consultant physician by a referring practitioner—minor attendance | 84.25 |
| Subgroup 2—Pain medicine case conferences | | |
| 2946 | Attendance by a specialist, or consultant physician, in the practice of the specialist’s or consultant physician’s specialty of pain medicine, as a member of a multidisciplinary case conference team, to organise and coordinate a community case conference of at least 15 minutes but less than 30 minutes | 146.90 |
| 2949 | Attendance by a specialist, or consultant physician, in the practice of the specialist’s or consultant physician’s specialty of pain medicine, as a member of a multidisciplinary case conference team, to organise and coordinate a community case conference of at least 30 minutes but less than 45 minutes | 220.45 |
| 2954 | Attendance by a specialist, or consultant physician, in the practice of the specialist’s or consultant physician’s specialty of pain medicine, as a member of a multidisciplinary case conference team, to organise and coordinate a community case conference of at least 45 minutes | 293.70 |
| 2958 | Attendance by a specialist, or consultant physician, in the practice of the specialist’s or consultant physician’s specialty of pain medicine, as a member of a multidisciplinary case conference team, to participate in a community case conference (other than to organise and coordinate the conference) of at least 15 minutes but less than 30 minutes | 105.50 |
| 2972 | Attendance by a specialist, or consultant physician, in the practice of the specialist’s or consultant physician’s specialty of pain medicine, as a member of a multidisciplinary case conference team, to participate in a community case conference (other than to organise and coordinate the conference) of at least 30 minutes but less than 45 minutes | 168.25 |
| 2974 | Attendance by a specialist, or consultant physician, in the practice of the specialist’s or consultant physician’s specialty of pain medicine, as a member of a multidisciplinary case conference team, to participate in a community case conference (other than to organise and coordinate the conference) of at least 45 minutes | 231.05 |
| 2978 | Attendance by a specialist, or consultant physician, in the practice of the specialist’s or consultant physician’s specialty of pain medicine, as a member of a multidisciplinary case conference team, to organise and coordinate a discharge case conference of at least 15 minutes but less than 30 minutes, before the patient is discharged from a hospital (H) | 146.90 |
| 2984 | Attendance by a specialist, or consultant physician, in the practice of the specialist’s or consultant physician’s specialty of pain medicine, as a member of a multidisciplinary case conference team, to organise and coordinate a discharge case conference of at least 30 minutes but less than 45 minutes, before the patient is discharged from a hospital (H) | 220.45 |
| 2988 | Attendance by a specialist, or consultant physician, in the practice of the specialist’s or consultant physician’s specialty of pain medicine, as a member of a multidisciplinary case conference team, to organise and coordinate a discharge case conference of at least 45 minutes, before the patient is discharged from a hospital (H) | 293.70 |
| 2992 | Attendance by a specialist, or consultant physician, in the practice of the specialist’s or consultant physician’s specialty of pain medicine, as a member of a multidisciplinary case conference team, to participate in a discharge case conference (other than to organise and coordinate the conference) of at least 15 minutes but less than 30 minutes, before the patient is discharged from a hospital (H) | 105.50 |
| 2996 | Attendance by a specialist, or consultant physician, in the practice of the specialist’s or consultant physician’s specialty of pain medicine, as a member of a multidisciplinary case conference team, to participate in a discharge case conference (other than to organise and coordinate the conference) of at least 30 minutes but less than 45 minutes, before the patient is discharged from a hospital (H) | 168.25 |
| 3000 | Attendance by a specialist, or consultant physician, in the practice of the specialist’s or consultant physician’s specialty of pain medicine, as a member of a multidisciplinary case conference team, to participate in a discharge case conference (other than to organise and coordinate the conference) of at least 45 minutes, before the patient is discharged from a hospital (H) | 231.05 |
| Subgroup 3—Palliative medicine attendances | | |
| 3005 | Professional attendance at consulting rooms or hospital by a specialist, or consultant physician, in the practice of the specialist’s or consultant physician’s specialty of palliative medicine following referral of the patient to the specialist or consultant physician by a referring practitioner—initial attendance in a single course of treatment | 159.35 |
| 3010 | Professional attendance at consulting rooms or hospital by a specialist, or consultant physician, in the practice of the specialist’s or consultant physician’s specialty of palliative medicine following referral of the patient to the specialist or consultant physician by a referring practitioner—an attendance (other than a service to which item 3014 applies) after the initial attendance in a single course of treatment | 79.75 |
| 3014 | Professional attendance at consulting rooms or hospital by a specialist, or consultant physician, in the practice of the specialist’s or consultant physician’s specialty of palliative medicine following referral of the patient to the specialist or consultant physician by a referring practitioner—minor attendance | 45.40 |
| 3018 | Professional attendance at a place other than consulting rooms or hospital by a specialist, or consultant physician, in the practice of the specialist’s or consultant physician’s specialty of palliative medicine following referral of the patient to the specialist or consultant physician by a referring practitioner—initial attendance in a single course of treatment | 193.35 |
| 3023 | Professional attendance at a place other than consulting rooms or hospital by a specialist, or consultant physician, in the practice of the specialist’s or consultant physician’s specialty of palliative medicine following referral of the patient to the specialist or consultant physician by a referring practitioner—an attendance (other than a service to which item 3028 applies) after the initial attendance in a single course of treatment | 116.95 |
| 3028 | Professional attendance at a place other than consulting rooms or hospital by a specialist, or consultant physician, in the practice of the specialist’s or consultant physician’s specialty of palliative medicine following referral of the patient to the specialist or consultant physician by a referring practitioner—minor attendance | 84.25 |
| Subgroup 4—Palliative medicine case conferences | | |
| 3032 | Attendance by a specialist, or consultant physician, in the practice of the specialist’s or consultant physician’s specialty of palliative medicine, as a member of a multidisciplinary case conference team, to organise and coordinate a community case conference of at least 15 minutes but less than 30 minutes | 146.90 |
| 3040 | Attendance by a specialist, or consultant physician, in the practice of the specialist’s or consultant physician’s specialty of palliative medicine, as a member of a multidisciplinary case conference team, to organise and coordinate a community case conference of at least 30 minutes but less than 45 minutes | 220.45 |
| 3044 | Attendance by a specialist, or consultant physician, in the practice of the specialist’s or consultant physician’s specialty of palliative medicine, as a member of a multidisciplinary case conference team, to organise and coordinate a community case conference of at least 45 minutes | 293.70 |
| 3051 | Attendance by a specialist, or consultant physician, in the practice of the specialist’s or consultant physician’s specialty of palliative medicine, as a member of a multidisciplinary case conference team, to participate in a community case conference (other than to organise and coordinate the conference) of at least 15 minutes but less than 30 minutes | 105.50 |
| 3055 | Attendance by a specialist, or consultant physician, in the practice of the specialist’s or consultant physician’s specialty of palliative medicine, as a member of a multidisciplinary case conference team, to participate in a community case conference (other than to organise and coordinate the conference) of at least 30 minutes but less than 45 minutes, with a multidisciplinary team of at least 2 other formal care providers of different disciplines | 168.25 |
| 3062 | Attendance by a specialist, or consultant physician, in the practice of the specialist’s or consultant physician’s specialty of palliative medicine, as a member of a multidisciplinary case conference team, to participate in a community case conference (other than to organise and coordinate the conference) of at least 45 minutes | 231.05 |
| 3069 | Attendance by a specialist, or consultant physician, in the practice of the specialist’s or consultant physician’s specialty of palliative medicine, as a member of a multidisciplinary case conference team, to organise and coordinate a discharge case conference of at least 15 minutes but less than 30 minutes, before the patient is discharged from a hospital (H) | 146.90 |
| 3074 | Attendance by a specialist, or consultant physician, in the practice of the specialist’s or consultant physician’s specialty of palliative medicine, as a member of a case conference team, to organise and coordinate a discharge case conference of at least 30 minutes but less than 45 minutes, before the patient is discharged from a hospital (H) | 220.45 |
| 3078 | Attendance by a specialist, or consultant physician, in the practice of the specialist’s or consultant physician’s specialty of palliative medicine, as a member of a multidisciplinary case conference team, to organise and coordinate a discharge case conference of at least 45 minutes, before the patient is discharged from a hospital (H) | 293.70 |
| 3083 | Attendance by a specialist, or consultant physician, in the practice of the specialist’s or consultant physician’s specialty of palliative medicine, as a member of a case conference team, to participate in a discharge case conference (other than to organise and coordinate the conference) of at least 15 minutes but less than 30 minutes, before the patient is discharged from a hospital (H) | 105.50 |
| 3088 | Attendance by a specialist, or consultant physician, in the practice of the specialist’s or consultant physician’s specialty of palliative medicine, as a member of a multidisciplinary case conference team, to participate in a discharge case conference (other than to organise and coordinate the conference) of at least 30 minutes but less than 45 minutes, before the patient is discharged from a hospital (H) | 168.25 |
| 3093 | Attendance by a specialist, or consultant physician, in the practice of the specialist’s or consultant physician’s specialty of palliative medicine, as a member of a multidisciplinary case conference team, to participate in a discharge case conference (other than to organise and coordinate the conference) of at least 45 minutes, before the patient is discharged from a hospital (H) | 231.05 |

Division 2.22—Group A27: Pregnancy support counselling

2.22.1 Restrictions on item 4001

(1) A service to which item 4001 applies must not be provided by a general practitioner who has a direct pecuniary interest in a health service that has as its primary purpose the provision of services for pregnancy termination.

(2) Item 4001 does not apply if a patient has already been provided, for the same pregnancy, with 3 services to which that item or item 81000, 81005 or 81010 applies.

Note: For items 81000, 81005 and 81010, see the determination about allied health services under subsection 3C(1) of the Act.

(3) In item 4001:

***non‑directive pregnancy support counselling*** means counselling provided by a general practitioner to a patient in which:

(a) information and issues relating to pregnancy are discussed; and

(b) the general practitioner does not impose the general practitioner’s views or values about what the patient should or should not do in relation to the pregnancy.

(4) A service to which item 4001 applies may be used to address any pregnancy‑related issue.

2.22.2 Items in Group A27

This clause sets out items in Group A27.

Note: The fees in Group A27 are indexed in accordance with clause 1.3.1.

| Group A27—Pregnancy support counselling | | |
| --- | --- | --- |
| Column 1  Item | Column 2  Description | Column 3  Fee ($) |
| 4001 | Professional attendance lasting at least 20 minutes at consulting rooms by a general practitioner (not including a specialist or consultant physician) who is registered with the Chief Executive Medicare as meeting the credentialling requirements for provision of this service for the purpose of providing non‑directive pregnancy support counselling to a patient who:  (a) is currently pregnant; or  (b) has been pregnant in the 12 months preceding the provision of the first service to which this item or item 81000, 81005 or 81010 applies in relation to that pregnancy  Note: For items 81000, 81005 and 81010, see the determination about allied health services under subsection 3C(1) of the Act. | 79.70 |

Division 2.23—Group A21: Professional attendances at recognised emergency departments of private hospitals

2.23.1 Items in Group A21

This clause sets out items in Group A21.

Note: The fees in Group A21 are indexed in accordance with clause 1.3.1.

| Group A21—Professional attendances at recognised emergency departments of private hospitals | | | |
| --- | --- | --- | --- |
| Column 1  Item | | Column 2  Description | Column 3  Fee ($) |
| 5001 | | Professional attendance, on a patient at least 4 years old but under 75 years old, at a recognised emergency department of a private hospital by a specialist in the practice of the specialist’s specialty of emergency medicine involving medical decision‑making of ordinary complexity | 61.05 |
| 5004 | | Professional attendance, on a patient under 4 years old, at a recognised emergency department of a private hospital by a specialist in the practice of the specialist’s specialty of emergency medicine involving medical decision‑making of ordinary complexity | 102.50 |
| 5011 | | Professional attendance, on a patient at least 75 years old, at a recognised emergency department of a private hospital by a specialist in the practice of the specialist’s specialty of emergency medicine involving medical decision‑making of ordinary complexity | 102.50 |
| 5012 | | Professional attendance, on a patient at least 4 years old but under 75 years old, at a recognised emergency department of a private hospital by a specialist in the practice of the specialist’s specialty of emergency medicine involving medical decision‑making of complexity that is more than ordinary but is not high | 160.70 |
| 5013 | | Professional attendance, on a patient under 4 years old, at a recognised emergency department of a private hospital by a specialist in the practice of the specialist’s specialty of emergency medicine involving medical decision‑making of complexity that is more than ordinary but is not high | 202.15 |
| 5014 | | Professional attendance, on a patient at least 75 years old, at a recognised emergency department of a private hospital by a specialist in the practice of the specialist’s specialty of emergency medicine involving medical decision‑making of complexity that is more than ordinary but is not high | 202.15 |
| 5016 | | Professional attendance, on a patient at least 4 years old but under 75 years old, at a recognised emergency department of a private hospital by a specialist in the practice of the specialist’s specialty of emergency medicine involving medical decision‑making of high complexity | 271.25 |
| 5017 | | Professional attendance, on a patient under 4 years old, at a recognised emergency department of a private hospital by a specialist in the practice of the specialist’s specialty of emergency medicine involving medical decision‑making of high complexity | 312.80 |
| 5019 | | Professional attendance, on a patient at least 75 years old, at a recognised emergency department of a private hospital by a specialist in the practice of the specialist’s specialty of emergency medicine involving medical decision‑making of high complexity | 312.80 |
| 5021 | | Professional attendance, on a patient at least 4 years old but under 75 years old, at a recognised emergency department of a private hospital by a medical practitioner (except a specialist in the practice of the specialist’s specialty of emergency medicine) involving medical decision‑making of ordinary complexity | 45.75 |
| 5022 | | Professional attendance, on a patient under 4 years old, at a recognised emergency department of a private hospital by a medical practitioner (except a specialist in the practice of the specialist’s specialty of emergency medicine) involving medical decision‑making of ordinary complexity | 76.90 |
| 5027 | | Professional attendance, on a patient at least 75 years old, at a recognised emergency department of a private hospital by a medical practitioner (except a specialist in the practice of the specialist’s specialty of emergency medicine) involving medical decision‑making of ordinary complexity | 76.90 |
| 5030 | | Professional attendance, on a patient at least 4 years old but under 75 years old, at a recognised emergency department of a private hospital by a medical practitioner (except a specialist in the practice of the specialist’s specialty of emergency medicine) involving medical decision‑making of complexity that is more than ordinary but is not high | 120.45 |
| 5031 | | Professional attendance, on a patient under 4 years old, at a recognised emergency department of a private hospital by a medical practitioner (except a specialist in the practice of the specialist’s specialty of emergency medicine) involving medical decision‑making of complexity that is more than ordinary but is not high | 151.60 |
| 5032 | | Professional attendance, on a patient at least 75 years old, at a recognised emergency department of a private hospital by a medical practitioner (except a specialist in the practice of the specialist’s specialty of emergency medicine) involving medical decision‑making of complexity that is more than ordinary but is not high | 151.60 |
| 5033 | | Professional attendance, on a patient at least 4 years old but under 75 years old, at a recognised emergency department of a private hospital by a medical practitioner (except a specialist in the practice of the specialist’s specialty of emergency medicine) involving medical decision‑making of high complexity | 203.45 |
| 5035 | | Professional attendance, on a patient under 4 years old, at a recognised emergency department of a private hospital by a medical practitioner (except a specialist in the practice of the specialist’s specialty of emergency medicine) involving medical decision‑making of high complexity | 234.60 |
| 5036 | | Professional attendance, on a patient at least 75 years old, at a recognised emergency department of a private hospital by a medical practitioner (except a specialist in the practice of the specialist’s specialty of emergency medicine) involving medical decision‑making of high complexity | 234.60 |
| 5039 | | Professional attendance at a recognised emergency department of a private hospital by a specialist in the practice of the specialist’s specialty of emergency medicine for preparation of goals of care by the specialist for a gravely ill patient lacking current goals of care if:  (a) the specialist takes overall responsibility for the preparation of the goals of care for the patient; and  (b) the attendance is the initial attendance by the specialist for the preparation of the goals of care for the patient following the presentation of the patient to the emergency department; and  (c) the attendance is in conjunction with, or after, an attendance on the patient by the specialist that is described in item 5001, 5004, 5011, 5012, 5013, 5014, 5016, 5017 or 5019 | 148.25 |
| 5041 | Professional attendance at a recognised emergency department of a private hospital by a specialist in the practice of the specialist’s specialty of emergency medicine for preparation of goals of care by the specialist for a gravely ill patient lacking current goals of care if:  (a) the specialist takes overall responsibility for the preparation of the goals of care for the patient; and  (b) the attendance is the initial attendance by the specialist for the preparation of the goals of care for the patient following the presentation of the patient to the emergency department; and  (c) the attendance is not in conjunction with, or after, an attendance on the patient by the specialist that is described in item 5001, 5004, 5011, 5012, 5013, 5014, 5016, 5017 or 5019; and  (d) the attendance is for at least 60 minutes | 278.75 |
| 5042 | Professional attendance at a recognised emergency department of a private hospital by a medical practitioner (except a specialist in the practice of the specialist’s specialty of emergency medicine) for preparation of goals of care by the practitioner for a gravely ill patient lacking current goals of care if:  (a) the practitioner takes overall responsibility for the preparation of the goals of care for the patient; and  (b) the attendance is the initial attendance by the practitioner for the preparation of the goals of care for the patient following the presentation of the patient to the emergency department; and  (c) the attendance is in conjunction with, or after, an attendance on the patient by the practitioner that is described in item 5021, 5022, 5027, 5030, 5031, 5032, 5033, 5035 or 5036 | 111.25 |
| 5044 | Professional attendance at a recognised emergency department of a private hospital by a medical practitioner (except a specialist in the practice of the specialist’s specialty of emergency medicine) for preparation of goals of care by the practitioner for a gravely ill patient lacking current goals of care if:  (a) the practitioner takes overall responsibility for the preparation of the goals of care for the patient; and  (b) the attendance is the initial attendance by the practitioner for the preparation of the goals of care for the patient following the presentation of the patient to the emergency department; and  (c) the attendance is not in conjunction with, or after, an attendance on the patient by the practitioner that is described in item 5021, 5022, 5027, 5030, 5031, 5032, 5033, 5035 or 5036; and  (d) the attendance is for at least 60 minutes | 209.00 |

Division 2.24—Group A22: General practitioner after‑hours attendances to which no other item applies

2.24.1 Restrictions on items in Group A22—timing

(1) Items 5000, 5020, 5040 and 5060 apply only to a professional attendance that is provided:

(a) on a public holiday; or

(b) on a Sunday; or

(c) before 8 am, or after 1 pm, on a Saturday; or

(d) before 8 am, or after 8 pm, on a day other than a day mentioned in paragraphs (a) to (c).

(2) Items 5003, 5010, 5023, 5028, 5043, 5049, 5063 and 5067 apply only to a professional attendance that is provided in an after‑hours period.

2.24.2 Items in Group A22

This clause sets out items in Group A22.

Note: The fees in Group A22 are indexed in accordance with clause 1.3.1.

| Group A22—General practitioner after‑hours attendances to which no other item applies | | |
| --- | --- | --- |
| Column 1  Item | Column 2  Description | Column 3  Fee ($) |
| 5000 | Professional attendance at consulting rooms (other than a service to which another item applies) by a general practitioner for an obvious problem characterised by the straightforward nature of the task that requires a short patient history and, if required, limited examination and management | 30.15 |
| 5003 | Professional attendance by a general practitioner (other than attendance at consulting rooms, a hospital or a residential aged care facility or a service to which another item in this Schedule applies) that requires a short patient history and, if necessary, limited examination and management—an attendance on one or more patients on one occasion—each patient | Amount under clause 2.1.1 |
| 5010 | Professional attendance (other than a service to which another item applies) at a residential aged care facility (other than a professional attendance at a self‑contained unit) or professional attendance at consulting rooms situated within such a complex, if the patient is a care recipient in the facility who is not a resident of a self‑contained unit, by a general practitioner for an obvious problem characterised by the straightforward nature of the task that requires a short patient history and, if required, limited examination and management—an attendance on one or more patients at one residential aged care facility on one occasion—each patient | Amount under clause 2.1.1 |
| 5020 | Professional attendance by a general practitioner at consulting rooms (other than a service to which another item in this Schedule applies), lasting less than 20 minutes and including any of the following that are clinically relevant:  (a) taking a patient history;  (b) performing a clinical examination;  (c) arranging any necessary investigation;  (d) implementing a management plan;  (e) providing appropriate preventive health care;  for one or more health‑related issues, with appropriate documentation | 51.00 |
| 5023 | Professional attendance by a general practitioner (other than attendance at consulting rooms, a hospital or a residential aged care facility or a service to which another item in this Schedule applies), lasting less than 20 minutes and including any of the following that are clinically relevant:  (a) taking a patient history;  (b) performing a clinical examination;  (c) arranging any necessary investigation;  (d) implementing a management plan;  (e) providing appropriate preventive health care;  for one or more health‑related issues, with appropriate documentation—an attendance on one or more patients on one occasion—each patient | Amount under clause 2.1.1 |
| 5028 | Professional attendance by a general practitioner (other than a service to which another item in this Schedule applies), on care recipients in a residential aged care facility, lasting less than 20 minutes and including any of the following that are clinically relevant:  (a) taking a patient history;  (b) performing a clinical examination;  (c) arranging any necessary investigation;  (d) implementing a management plan;  (e) providing appropriate preventive health care;  for one or more health‑related issues, with appropriate documentation—an attendance on one or more patients at one residential aged care facility on one occasion—each patient | Amount under clause 2.1.1 |
| 5040 | Professional attendance by a general practitioner at consulting rooms (other than a service to which another item in this Schedule applies), lasting at least 20 minutes and including any of the following that are clinically relevant:  (a) taking a detailed patient history;  (b) performing a clinical examination;  (c) arranging any necessary investigation;  (d) implementing a management plan;  (e) providing appropriate preventive health care;  for one or more health‑related issues, with appropriate documentation | 87.40 |
| 5043 | Professional attendance by a general practitioner (other than attendance at consulting rooms, a hospital or a residential aged care facility or a service to which another item in this Schedule applies), lasting at least 20 minutes and including any of the following that are clinically relevant:  (a) taking a detailed patient history;  (b) performing a clinical examination;  (c) arranging any necessary investigation;  (d) implementing a management plan;  (e) providing appropriate preventive health care;  for one or more health‑related issues, with appropriate documentation—an attendance on one or more patients on one occasion—each patient | Amount under clause 2.1.1 |
| 5049 | Professional attendance by a general practitioner, on care recipients in a residential aged care facility, other than a service to which another item in this Schedule applies, lasting at least 20 minutes and including any of the following that are clinically relevant:  (a) taking a detailed patient history;  (b) performing a clinical examination;  (c) arranging any necessary investigation;  (d) implementing a management plan;  (e) providing appropriate preventive health care;  for one or more health‑related issues, with appropriate documentation—an attendance on one or more patients at one residential aged care facility on one occasion—each patient | Amount under clause 2.1.1 |
| 5060 | Professional attendance by a general practitioner at consulting rooms (other than a service to which another item in this Schedule applies), lasting at least 40 minutes and including any of the following that are clinically relevant:  (a) taking an extensive patient history;  (b) performing a clinical examination;  (c) arranging any necessary investigation;  (d) implementing a management plan;  (e) providing appropriate preventive health care;  for one or more health‑related issues, with appropriate documentation | 122.55 |
| 5063 | Professional attendance by a general practitioner (other than attendance at consulting rooms, a hospital or a residential aged care facility or a service to which another item in this Schedule applies), lasting at least 40 minutes and including any of the following that are clinically relevant:  (a) taking an extensive patient history;  (b) performing a clinical examination;  (c) arranging any necessary investigation;  (d) implementing a management plan;  (e) providing appropriate preventive health care;  for one or more health‑related issues, with appropriate documentation—an attendance on one or more patients on one occasion—each patient | Amount under clause 2.1.1 |
| 5067 | Professional attendance by a general practitioner, on care recipients in a residential aged care facility, other than a service to which another item in this Schedule applies, lasting at least 40 minutes and including any of the following that are clinically relevant:  (a) taking an extensive patient history;  (b) performing a clinical examination;  (c) arranging any necessary investigation;  (d) implementing a management plan;  (e) providing appropriate preventive health care;  for one or more health‑related issues, with appropriate documentation—an attendance on one or more patients at one residential aged care facility on one occasion—each patient | Amount under clause 2.1.1 |

Division 2.25—Group A23: Other non‑referred after‑hours attendances to which no other item applies

2.25.1 Restrictions on items in Group A23—timing

(1) Items 5200, 5203, 5207 and 5208 apply only to a professional attendance that is provided:

(a) on a public holiday; or

(b) on a Sunday; or

(c) before 8 am, or after 1 pm, on a Saturday; or

(d) before 8 am, or after 8 pm, on a day other than a day mentioned in paragraphs (a) to (c).

(2) Items 5220 to 5267 apply only to a professional attendance that is provided in an after‑hours period.

2.25.2 Items in Group A23

This clause sets out items in Group A23.

| Group A23—Other non‑referred after‑hours attendances to which no other item applies | | |
| --- | --- | --- |
| Column 1  Item | Column 2  Description | Column 3  Fee ($) |
| 5200 | Professional attendance at consulting rooms lasting not more than 5 minutes (other than a service to which another item applies) by a medical practitioner (other than a general practitioner) | 21.00 |
| 5203 | Professional attendance at consulting rooms lasting more than 5 minutes, but not more than 25 minutes, (other than a service to which another item applies) by a medical practitioner (other than a general practitioner) | 31.00 |
| 5207 | Professional attendance at consulting rooms lasting more than 25 minutes, but not more than 45 minutes, (other than a service to which another item applies) by a medical practitioner (other than a general practitioner) | 48.00 |
| 5208 | Professional attendance at consulting rooms lasting more than 45 minutes (other than a service to which another item applies) by a medical practitioner (other than a general practitioner) | 71.00 |
| 5220 | Professional attendance by a medical practitioner who is not a general practitioner (other than attendance at consulting rooms, a hospital or a residential aged care facility or a service to which another item in this Schedule applies), lasting not more than 5 minutes—an attendance on one or more patients on one occasion—each patient | Amount under clause 2.1.1 |
| 5223 | Professional attendance by a medical practitioner who is not a general practitioner (other than attendance at consulting rooms, a hospital or a residential aged care facility or a service to which another item in this Schedule applies), lasting more than 5 minutes, but not more than 25 minutes—an attendance on one or more patients on one occasion—each patient | Amount under clause 2.1.1 |
| 5227 | Professional attendance by a medical practitioner who is not a general practitioner (other than attendance at consulting rooms, a hospital or a residential aged care facility or a service to which another item in this Schedule applies), lasting more than 25 minutes, but not more than 45 minutes—an attendance on one or more patients on one occasion—each patient | Amount under clause 2.1.1 |
| 5228 | Professional attendance by a medical practitioner who is not a general practitioner (other than attendance at consulting rooms, a hospital or a residential aged care facility or a service to which another item in this Schedule applies), lasting more than 45 minutes—an attendance on one or more patients on one occasion—each patient | Amount under clause 2.1.1 |
| 5260 | Professional attendance (other than a service to which another item applies) at a residential aged care facility (other than a professional attendance at a self‑contained unit) or professional attendance at consulting rooms situated within such a complex, if the patient is a care recipient in the facility who is not a resident of a self‑contained unit, lasting not more than 5 minutes by a medical practitioner (other than a general practitioner)—an attendance on one or more patients at one residential aged care facility on one occasion—each patient | Amount under clause 2.1.1 |
| 5263 | Professional attendance (other than a service to which another item applies) at a residential aged care facility (other than a professional attendance at a self‑contained unit) or professional attendance at consulting rooms situated within such a complex, if the patient is a care recipient in the facility who is not a resident of a self‑contained unit, lasting more than 5 minutes, but not more than 25 minutes, by a medical practitioner (other than a general practitioner)—an attendance on one or more patients at one residential aged care facility on one occasion—each patient | Amount under clause 2.1.1 |
| 5265 | Professional attendance (other than a service to which another item applies) at a residential aged care facility (other than a professional attendance at a self‑contained unit) or professional attendance at consulting rooms situated within such a complex, if the patient is a care recipient in the facility who is not a resident of a self‑contained unit, lasting more than 25 minutes, but not more than 45 minutes, by a medical practitioner (other than a general practitioner)—an attendance on one or more patients at one residential aged care facility on one occasion—each patient | Amount under clause 2.1.1 |
| 5267 | Professional attendance (other than a service to which another item applies) at a residential aged care facility (other than a professional attendance at a self‑contained unit) or professional attendance at consulting rooms situated within such a complex, if the patient is a care recipient in the facility who is not a resident of a self‑contained unit, lasting more than 45 minutes by a medical practitioner (other than a general practitioner)—an attendance on one or more patients at one residential aged care facility on one occasion—each patient | Amount under clause 2.1.1 |

Division 2.26—Group A26: Neurosurgery attendances to which no other item applies

2.26.1 Items in Group A26

This clause sets out items in Group A26.

Note: The fees in Group A26 are indexed in accordance with clause 1.3.1.

| Group A26—Neurosurgery attendances to which no other item applies | | |
| --- | --- | --- |
| Column 1  Item | Column 2  Description | Column 3  Fee ($) |
| 6007 | Professional attendance by a specialist practising in the specialist’s specialty of neurosurgery following referral of the patient to the specialist—an initial attendance in a single course of treatment at consulting rooms or hospital | 136.85 |
| 6009 | Professional attendance by a specialist practising in the specialist’s specialty of neurosurgery following referral of the patient to the specialist—minor attendance at consulting rooms or hospital | 45.40 |
| 6011 | Professional attendance by a specialist practising in the specialist’s specialty of neurosurgery following referral of the patient to the specialist—an attendance after the initial attendance in a single course of treatment, involving an extensive and comprehensive examination, arranging any necessary investigations in relation to one or more complex problems and lasting more than 15 minutes, but not more than 30 minutes, at consulting rooms or hospital | 90.35 |
| 6013 | Professional attendance by a specialist practising in the specialist’s specialty of neurosurgery following referral of the patient to the specialist—an attendance after the initial attendance in a single course of treatment, involving a detailed and comprehensive examination, arranging any necessary investigations in relation to one or more complex problems and lasting more than 30 minutes, but not more than 45 minutes, at consulting rooms or hospital | 125.15 |
| 6015 | Professional attendance by a specialist practising in the specialist’s specialty of neurosurgery following referral of the patient to the specialist—an attendance after the initial attendance in a single course of treatment, involving an exhaustive and comprehensive examination, arranging any necessary investigations in relation to one or more complex problems and lasting more than 45 minutes at consulting rooms or hospital | 159.35 |

Division 2.27—Group A31: Addiction medicine

2.27.1 Meaning of organise and coordinate

In items 6029 to 6042:

***organise and coordinate***, for a conference mentioned in the item, means undertaking all of the following activities:

(a) explaining to the patient the nature of the conference;

(b) asking the patient whether the patient agrees to the conference taking place;

(c) recording the patient’s agreement to the conference;

(d) recording the day the conference was held and the times the conference started and ended;

(e) recording the names of the participants;

(f) recording the activities mentioned in the definition of ***multidisciplinary case conference*** in clause 1.1.4 and putting a copy of that record in the patient’s medical records;

(g) offering the patient and the patient’s carer (if any and if the practitioner considers appropriate and the patient agrees), and giving each other member of the team, a summary of the conference;

(h) discussing the outcomes of the conference with the patient and the patient’s carer (if any and if the practitioner considers appropriate and the patient agrees).

2.27.2 Meaning of participate

In items 6035 to 6042:

***participate***, for a conference mentioned in the item, means participation that:

(a) does not include organising and coordinating the conference; and

(b) involves undertaking all of the following activities in relation to the conference:

(i) explaining to the patient the nature of the conference;

(ii) asking the patient whether the patient agrees to the practitioner’s participation in the conference;

(iii) recording the patient’s agreement to the practitioner’s participation in the conference;

(iv) recording the day the conference was held and the times the conference started and ended;

(v) recording the names of the participants;

(vi) recording the activities mentioned in the definition of ***multidisciplinary case conference*** in clause 1.1.4 and putting a copy of that record in the patient’s medical records.

2.27.3 Restrictions on item 6028

Item 6028 applies only to a service provided in the course of a personal attendance by a single addiction medicine specialist.

2.27.4 Items in Group A31

This clause sets out items in Group A31.

Note: The fees in Group A31 are indexed in accordance with clause 1.3.1.

| Group A31—Addiction medicine | | |
| --- | --- | --- |
| Column 1  Item | Column 2  Description | Column 3  Fee ($) |
| Subgroup 1—Addiction medicine attendances | | |
| 6018 | Professional attendance by an addiction medicine specialist in the practice of the addiction medicine specialist’s specialty following referral of the patient to the addiction medicine specialist by a referring practitioner, if the attendance:  (a) includes a comprehensive assessment; and  (b) is the first or only time in a single course of treatment that a comprehensive assessment is provided | 159.35 |
| 6019 | Professional attendance by an addiction medicine specialist in the practice of the addiction medicine specialist’s specialty following referral of the patient to the addiction medicine specialist by a referring practitioner, if the attendance is a patient assessment:  (a) before or after a comprehensive assessment under item 6018 in a single course of treatment; or  (b) that follows an initial assessment under item 6023 in a single course of treatment; or  (c) that follows a review under item 6024 in a single course of treatment | 79.75 |
| 6023 | Professional attendance by an addiction medicine specialist in the practice of the addiction medicine specialist’s specialty of at least 45 minutes for an initial assessment of a patient with at least 2 morbidities, following referral of the patient to the addiction medicine specialist by a referring practitioner, if:  (a) an assessment is undertaken that covers:  (i) a comprehensive history, including psychosocial history and medication review; and  (ii) a comprehensive multi or detailed single organ system assessment; and  (iii) the formulation of differential diagnoses; and  (b) an addiction medicine specialist treatment and management plan of significant complexity that includes the following is prepared and provided to the referring practitioner:  (i) an opinion on diagnosis and risk assessment;  (ii) treatment options and decisions;  (iii) medication recommendations; and  (c) an attendance on the patient to which item 104, 105, 110, 116, 119, 132, 133, 6018 or 6019 applies did not take place on the same day by the same addiction medicine specialist; and  (d) neither this item nor item 132 has applied to an attendance on the patient in the preceding 12 months by the same addiction medicine specialist | 278.75 |
| 6024 | Professional attendance by an addiction medicine specialist in the practice of the addiction medicine specialist’s specialty of at least 20 minutes, after the initial attendance in a single course of treatment for a review of a patient with at least 2 morbidities if:  (a) a review is undertaken that covers:  (i) review of initial presenting problems and results of diagnostic investigations; and  (ii) review of responses to treatment and medication plans initiated at time of initial consultation; and  (iii) comprehensive multi or detailed single organ system assessment; and  (iv) review of original and differential diagnoses; and  (b) the modified addiction medicine specialist treatment and management plan is provided to the referring practitioner, which involves, if appropriate:  (i) a revised opinion on diagnosis and risk assessment; and  (ii) treatment options and decisions; and  (iii) revised medication recommendations; and  (c) an attendance on the patient to which item 104, 105, 110, 116, 119, 132, 133, 6018 or 6019 applies did not take place on the same day by the same addiction medicine specialist; and  (d) item 6023 applied to an attendance claimed in the preceding 12 months; and  (e) the attendance under this item is claimed by the same addiction medicine specialist who claimed item 6023 or by a locum tenens; and  (f) this item has not applied more than twice in any 12 month period | 139.55 |
| Subgroup 2—Group therapy | | |
| 6028 | Group therapy (including any associated consultation with a patient taking place on the same occasion and relating to the condition for which group therapy is conducted) of not less than 1 hour, given under the continuous direct supervision of an addiction medicine specialist in the practice of the addiction medicine specialist’s specialty for a group of 2 to 9 unrelated patients, or a family group of more than 2 patients, each of whom is referred to the addiction medicine specialist by a referring practitioner—for each patient | 52.05 |
| Subgroup 3—Addiction medicine case conferences | | |
| 6029 | Attendance by an addiction medicine specialist in the practice of the addiction medicine specialist’s specialty, as a member of a multidisciplinary case conference team of at least 2 other formal care providers of different disciplines, to organise and coordinate a community case conference of less than 15 minutes, with the multidisciplinary case conference team | 45.10 |
| 6031 | Attendance by an addiction medicine specialist in the practice of the addiction medicine specialist’s specialty, as a member of a multidisciplinary case conference team of at least 2 other formal care providers of different disciplines, to organise and coordinate a community case conference of at least 15 minutes but less than 30 minutes, with the multidisciplinary case conference team | 79.75 |
| 6032 | Attendance by an addiction medicine specialist in the practice of the addiction medicine specialist’s specialty, as a member of a multidisciplinary case conference team of at least 2 other formal care providers of different disciplines, to organise and coordinate a community case conference of at least 30 minutes but less than 45 minutes, with the multidisciplinary case conference team | 119.65 |
| 6034 | Attendance by an addiction medicine specialist in the practice of the addiction medicine specialist’s specialty, as a member of a multidisciplinary case conference team of at least 2 other formal care providers of different disciplines, to organise and coordinate the multidisciplinary case conference of at least 45 minutes, with the multidisciplinary case conference team | 159.35 |
| 6035 | Attendance by an addiction medicine specialist in the practice of the addiction medicine specialist’s specialty, as a member of a multidisciplinary case conference team of at least 2 other formal care providers of different disciplines, to participate in a community case conference (other than to organise and coordinate the conference) of less than 15 minutes, with the multidisciplinary case conference team | 36.05 |
| 6037 | Attendance by an addiction medicine specialist in the practice of the addiction medicine specialist’s specialty, as a member of a multidisciplinary case conference team of at least 2 other formal care providers of different disciplines, to participate in a community case conference (other than to organise and coordinate the conference) of at least 15 minutes but less than 30 minutes, with the multidisciplinary case conference team | 63.80 |
| 6038 | Attendance by an addiction medicine specialist in the practice of the addiction medicine specialist’s specialty, as a member of a multidisciplinary case conference team of at least 2 other formal care providers of different disciplines, to participate in a community case conference (other than to organise and coordinate the conference) of at least 30 minutes but less than 45 minutes, with the multidisciplinary case conference team | 95.70 |
| 6042 | Attendance by an addiction medicine specialist in the practice of the addiction medicine specialist’s specialty, as a member of a multidisciplinary case conference team of at least 2 other formal care providers of different disciplines, to participate in a community case conference (other than to organise and coordinate the conference) of at least 45 minutes, with the multidisciplinary case conference team | 127.50 |

Division 2.28—Group A32: Sexual health medicine

2.28.1 Meaning of organise and coordinate

In items 6064 to 6075:

***organise and coordinate***, for a conference mentioned in the item, means undertaking all of the following activities:

(a) explaining to the patient the nature of the conference;

(b) asking the patient whether the patient agrees to the conference taking place;

(c) recording the patient’s agreement to the conference;

(d) recording the day the conference was held and the times the conference started and ended;

(e) recording the names of the participants;

(f) recording the activities mentioned in the definition of ***multidisciplinary case conference*** in clause 1.1.4 and putting a copy of that record in the patient’s medical records;

(g) offering the patient and the patient’s carer (if any and if the practitioner considers appropriate and the patient agrees), and giving each other member of the team, a summary of the conference;

(h) discussing the outcomes of the conference with the patient and the patient’s carer (if any and if the practitioner considers appropriate and the patient agrees).

2.28.2 Meaning of participate

In items 6071 to 6075:

***participate***, for a conference mentioned in the item, means participation that:

(a) does not include organising and coordinating the conference; and

(b) involves undertaking all of the following activities in relation to the conference:

(i) explaining to the patient the nature of the conference;

(ii) asking the patient whether the patient agrees to the practitioner’s participation in the conference;

(iii) recording the patient’s agreement to the practitioner’s participation in the conference;

(iv) recording the day the conference was held and the times the conference started and ended;

(v) recording the names of the participants;

(vi) recording the activities mentioned in the definition of ***multidisciplinary case conference*** in clause 1.1.4 and putting a copy of that record in the patient’s medical records.

2.28.3 Items in Group A32

This clause sets out items in Group A32.

Note: The fees in Group A32 are indexed in accordance with clause 1.3.1.

| Group A32—Sexual health medicine | | |
| --- | --- | --- |
| Column 1  Item | Column 2  Description | Column 3  Fee ($) |
| Subgroup 1—Sexual health medicine attendances | | |
| 6051 | Professional attendance by a sexual health medicine specialist in the practice of the sexual health medicine specialist’s specialty following referral of the patient to the sexual health medicine specialist by a referring practitioner, if the attendance:  (a) includes a comprehensive assessment; and  (b) is the first or only time in a single course of treatment that a comprehensive assessment is provided | 159.35 |
| 6052 | Professional attendance by a sexual health medicine specialist in the practice of the sexual health medicine specialist’s specialty following referral of the patient to the sexual health medicine specialist by a referring practitioner, if the attendance is a patient assessment:  (a) before or after a comprehensive assessment under item 6051 in a single course of treatment; or  (b) that follows an initial assessment under item 6057 in a single course of treatment; or  (c) that follows a review under item 6058 in a single course of treatment | 79.75 |
| 6057 | Professional attendance by a sexual health medicine specialist in the practice of the sexual health medicine specialist’s specialty of at least 45 minutes for an initial assessment of a patient with at least 2 morbidities, following referral of the patient to the sexual health medicine specialist by a referring practitioner, if:  (a) an assessment is undertaken that covers:  (i) a comprehensive history, including psychosocial history and medication review; and  (ii) a comprehensive multi or detailed single organ system assessment; and  (iii) the formulation of differential diagnoses; and  (b) a sexual health medicine specialist treatment and management plan of significant complexity that includes the following is prepared and provided to the referring practitioner:  (i) an opinion on diagnosis and risk assessment;  (ii) treatment options and decisions;  (iii) medication recommendations; and  (c) an attendance on the patient to which item 104, 105, 110, 116, 119, 132, 133, 6051 or 6052 applies did not take place on the same day by the same sexual health medicine specialist; and  (d) neither this item nor item 132 has applied to an attendance on the patient in the preceding 12 months by the same sexual health medicine specialist | 278.75 |
| 6058 | Professional attendance by a sexual health medicine specialist in the practice of the sexual health medicine specialist’s specialty of at least 20 minutes, after the initial attendance in a single course of treatment for a review of a patient with at least 2 morbidities if:  (a) a review is undertaken that covers:  (i) review of initial presenting problems and results of diagnostic investigations; and  (ii) review of responses to treatment and medication plans initiated at time of initial consultation; and  (iii) comprehensive multi or detailed single organ system assessment; and  (iv) review of original and differential diagnoses; and  (b) the modified sexual health medicine specialist treatment and management plan is provided to the referring practitioner, which involves, if appropriate:  (i) a revised opinion on diagnosis and risk assessment; and  (ii) treatment options and decisions; and  (iii) revised medication recommendations; and  (c) an attendance on the patient, being an attendance to which item 104, 105, 110, 116, 119, 132, 133, 6051 or 6052 applies did not take place on the same day by the same sexual health medicine specialist; and  (d) item 6057 applied to an attendance claimed in the preceding 12 months; and  (e) the attendance under this item is claimed by the same sexual health medicine specialist who claimed item 6057 or by a locum tenens; and  (f) this item has not applied more than twice in any 12 month period | 139.55 |
| Subgroup 2—Home visits | | |
| 6062 | Professional attendance at a place other than consulting rooms or a hospital by a sexual health medicine specialist in the practice of the sexual health medicine specialist’s specialty following referral of the patient to the sexual health medicine specialist by a referring practitioner—initial attendance in a single course of treatment | 193.35 |
| 6063 | Professional attendance at a place other than consulting rooms or a hospital by a sexual health medicine specialist in the practice of the sexual health medicine specialist’s specialty following referral of the patient to the sexual health medicine specialist by a referring practitioner—an attendance after the attendance under item 6062 in a single course of treatment | 116.95 |
| Subgroup 3—Sexual health medicine case conferences | | |
| 6064 | Attendance by a sexual health medicine specialist in the practice of the sexual health medicine specialist’s specialty, as a member of a multidisciplinary case conference team of at least 2 other formal care providers of different disciplines, to organise and coordinate a community case conference of less than 15 minutes, with the multidisciplinary case conference team | 45.10 |
| 6065 | Attendance by a sexual health medicine specialist in the practice of the sexual health medicine specialist’s specialty, as a member of a multidisciplinary case conference team of at least 2 other formal care providers of different disciplines, to organise and coordinate a community case conference of at least 15 minutes but less than 30 minutes, with the multidisciplinary case conference team | 79.75 |
| 6067 | Attendance by a sexual health medicine specialist in the practice of the sexual health medicine specialist’s specialty, as a member of a multidisciplinary case conference team of at least 2 other formal care providers of different disciplines, to organise and coordinate a community case conference of at least 30 minutes but less than 45 minutes, with the multidisciplinary case conference team | 119.65 |
| 6068 | Attendance by a sexual health medicine specialist in the practice of the sexual health medicine specialist’s specialty, as a member of a multidisciplinary case conference team of at least 2 other formal care providers of different disciplines, to organise and coordinate a community case conference of at least 45 minutes, with the multidisciplinary case conference team | 159.35 |
| 6071 | Attendance by a sexual health medicine specialist in the practice of the sexual health medicine specialist’s specialty, as a member of a multidisciplinary case conference team of at least 2 other formal care providers of different disciplines, to participate in a community case conference (other than to organise and coordinate the conference) of less than 15 minutes, with the multidisciplinary case conference team | 36.05 |
| 6072 | Attendance by a sexual health medicine specialist in the practice of the sexual health medicine specialist’s specialty, as a member of a multidisciplinary case conference team of at least 2 other formal care providers of different disciplines, to participate in a community case conference (other than to organise and coordinate the conference) of at least 15 minutes but less than 30 minutes, with the multidisciplinary case conference team | 63.80 |
| 6074 | Attendance by a sexual health medicine specialist in the practice of the sexual health medicine specialist’s specialty, as a member of a multidisciplinary case conference team of at least 2 other formal care providers of different disciplines, to participate in a community case conference (other than to organise and coordinate the conference) of at least 30 minutes but less than 45 minutes, with the multidisciplinary case conference team | 95.70 |
| 6075 | Attendance by a sexual health medicine specialist in the practice of the sexual health medicine specialist’s specialty, as a member of a multidisciplinary case conference team of at least 2 other formal care providers of different disciplines, to participate in a community case conference (other than to organise and coordinate the conference) of at least 45 minutes, with the multidisciplinary case conference team | 127.50 |

Division 2.29—Group A9: Contact lenses

2.29.1 Restrictions on item 10809

Item 10809 does not apply if the patient’s requirement for contact lenses is only for any of the following reasons:

(a) because the patient does not want to wear spectacles for reasons of appearance;

(b) because the patient wants contact lenses for work or sporting purposes;

(c) because the patient has difficulty in using, or cannot use, spectacles for psychological reasons.

2.29.2 Items in Group A9

This clause sets out items in Group A9.

Note: The fees in Group A9 are indexed in accordance with clause 1.3.1.

| Group A9—Contact lenses | | |
| --- | --- | --- |
| Column 1  Item | Column 2  Description | Column 3  Fee ($) |
| 10801 | Attendance for the investigation and evaluation of a patient for the fitting of contact lenses, with keratometry and testing with trial lenses and the issue of a prescription—one service in any period of 36 months—patient with myopia of 5.0 dioptres or greater (spherical equivalent) in one eye | 128.50 |
| 10802 | Attendance for the investigation and evaluation of a patient for the fitting of contact lenses, with keratometry and testing with trial lenses and the issue of a prescription—one service in any period of 36 months—patient with manifest hyperopia of 5.0 dioptres or greater (spherical equivalent) in one eye | 128.50 |
| 10803 | Attendance for the investigation and evaluation of a patient for the fitting of contact lenses, with keratometry and testing with trial lenses and the issue of a prescription—one service in any period of 36 months—patient with astigmatism of 3.0 dioptres or greater in one eye | 128.50 |
| 10804 | Attendance for the investigation and evaluation of a patient for the fitting of contact lenses, with keratometry and testing with trial lenses and the issue of a prescription—one service in any period of 36 months—patient with irregular astigmatism in either eye, being a condition the existence of which has been confirmed by keratometric observation, if the maximum visual acuity obtainable with spectacle correction is worse than 0.3 logMAR (6/12) and if that corrected acuity would be improved by an additional 0.1 logMAR by the use of a contact lens | 128.50 |
| 10805 | Attendance for the investigation and evaluation of a patient for the fitting of contact lenses, with keratometry and testing with trial lenses and the issue of a prescription—one service in any period of 36 months—patient with anisometropia of 3.0 dioptres or greater (difference between spherical equivalents) | 128.50 |
| 10806 | Attendance for the investigation and evaluation of a patient for the fitting of contact lenses, with keratometry and testing with trial lenses and the issue of a prescription—one service in any period of 36 months—patient with corrected visual acuity of 0.7 logMAR (6/30) or worse in both eyes and for whom a contact lens is prescribed as part of a telescopic system | 128.50 |
| 10807 | Attendance for the investigation and evaluation of a patient for the fitting of contact lenses, with keratometry and testing with trial lenses and the issue of a prescription—one service in any period of 36 months—patient for whom a wholly or segmentally opaque contact lens is prescribed for the alleviation of dazzle, distortion or diplopia caused by pathological mydriasis, aniridia, coloboma of the iris, pupillary malformation or distortion, significant ocular deformity or corneal opacity—whether congenital, traumatic or surgical in origin | 128.50 |
| 10808 | Attendance for the investigation and evaluation of a patient for the fitting of contact lenses, with keratometry and testing with trial lenses and the issue of a prescription—one service in any period of 36 months—patient who, because of physical deformity, are unable to wear spectacles | 128.50 |
| 10809 | Attendance for the investigation and evaluation of a patient for the fitting of contact lenses, with keratometry and testing with trial lenses and the issue of a prescription—one service in any period of 36 months—patient with a medical or optical condition (other than myopia, hyperopia, astigmatism, anisometropia or a condition to which item 10806, 10807 or 10808 applies) requiring the use of a contact lens for correction, if the condition is specified on the patient’s account | 128.50 |
| 10816 | Attendance for the refitting of contact lenses with keratometry and testing with trial lenses and the issue of a prescription, if the patient requires a change in contact lens material or basic lens parameters, other than simple power change, because of a structural or functional change in the eye or an allergic response within 36 months after the fitting of a contact lens to which items 10801 to 10809 apply | 128.50 |

Division 2.30—Group A35: Non‑referred attendance at a residential aged care facility

2.30.1 Fee in relation to the first patient during each attendance at a residential aged care facility

(1) For the first patient attended during one attendance by a general practitioner at one residential aged care facility on one occasion, the fee for the medical service described in whichever of items 90020, 90035, 90043 or 90051 applies is the amount listed in the item plus $60.25.

(2) For the first patient attended during one attendance by a medical practitioner at one residential aged care facility on one occasion, the fee for the medical service described in whichever of items 90092, 90093, 90095 or 90096 applies is the amount listed in the item plus $43.75.

2.30.2 Items in Group A35

This clause sets out items in Group A35.

Note: The fees in Group A35 are indexed in accordance with clause 1.3.1.

|  |  |  |
| --- | --- | --- |
| Group A35—Non‑referred attendance at a residential aged care facility | | |
| Column 1  Item | Column 2  Description | Column 3  Fee ($) |
| 90020 | Professional attendance (other than a service to which another item applies) at a residential aged care facility (other than a professional attendance at a self‑contained unit) or professional attendance at consulting rooms situated within such a complex, if the patient is a care recipient in the facility who is not a resident of a self‑contained unit, by a general practitioner for an obvious problem characterised by the straightforward nature of the task that requires a short patient history and, if required, limited examination and management—an attendance on one or more patients at one residential aged care facility on one occasion—each patient (subject to clause 2.30.1) | 17.90 |
| 90035 | Professional attendance by a general practitioner, on care recipients in a residential aged care facility, other than a service to which another item applies, lasting less than 20 minutes and including any of the following that are clinically relevant:  (a) taking a patient history;  (b) performing a clinical examination;  (c) arranging any necessary investigation;  (d) implementing a management plan;  (e) providing appropriate preventive health care;  for one or more health‑related issues, with appropriate documentation—an attendance on one or more patients at one residential aged care facility on one occasion—each patient (subject to clause 2.30.1) | 39.10 |
| 90043 | Professional attendance by a general practitioner, on care recipients in a residential aged care facility, other than a service to which another item applies, lasting at least 20 minutes and including any of the following that are clinically relevant:  (a) taking a detailed patient history;  (b) performing a clinical examination;  (c) arranging any necessary investigation;  (d) implementing a management plan;  (e) providing appropriate preventive health care;  for one or more health‑related issues, with appropriate documentation—an attendance on one or more patients at one residential aged care facility on one occasion—each patient (subject to clause 2.30.1) | 75.75 |
| 90051 | Professional attendance by a general practitioner, on care recipients in a residential aged care facility, other than a service to which another item applies, lasting at least 40 minutes and including any of the following that are clinically relevant:  (a) taking an extensive patient history;  (b) performing a clinical examination;  (c) arranging any necessary investigation;  (d) implementing a management plan;  (e) providing appropriate preventive health care;  for one or more health‑related issues, with appropriate documentation—an attendance on one or more patients at one residential aged care facility on one occasion—each patient (subject to clause 2.30.1) | 111.50 |
| 90092 | Professional attendance (other than a service to which any other item applies) at a residential aged care facility (other than a professional attendance at a self‑contained unit) or professional attendance at consulting rooms situated within such a complex, if the patient is a care recipient in the facility who is not a resident of a self‑contained unit, lasting not more than 5 minutes—an attendance on one or more patients at one residential aged care facility on one occasion—each patient (subject to clause 2.30.1), by a medical practitioner who is not a general practitioner | 8.50 |
| 90093 | Professional attendance (other than a service to which any other item applies) at a residential aged care facility (other than a professional attendance at a self‑contained unit) or professional attendance at consulting rooms situated within such a complex, if the patient is a care recipient in the facility who is not a resident of a self‑contained unit, lasting more than 5 minutes, but not more than 25 minutes—an attendance on one or more patients at one residential aged care facility on one occasion—each patient (subject to clause 2.30.1), by a medical practitioner who is not a general practitioner | 16.00 |
| 90095 | Professional attendance (other than a service to which any other item applies) at a residential aged care facility (other than a professional attendance at a self‑contained unit) or professional attendance at consulting rooms situated within such a complex, if the patient is a care recipient in the facility who is not a resident of a self‑contained unit, lasting more than 25 minutes, but not more than 45 minutes—an attendance on one or more patients at one residential aged care facility on one occasion—each patient (subject to clause 2.30.1), by a medical practitioner who is not a general practitioner | 35.50 |
| 90096 | Professional attendance (other than a service to which any other item applies) at a residential aged care facility (other than a professional attendance at a self‑contained unit) or professional attendance at consulting rooms situated within such a complex, if the patient is a care recipient in the facility who is not a resident of a self‑contained unit, lasting more than 45 minutes—an attendance on one or more patients at one residential aged care facility on one occasion—each patient (subject to clause 2.30.1), by a medical practitioner who is not a general practitioner | 57.50 |

Division 2.31—Group A36: Eating disorder services

2.31.1 Application of items in Group A36

Eligible patients

(1) Subject to this clause, the items in Group A36 apply to a service provided to a patient (an ***eligible patient***) covered by clause 2.31.2.

Preparation of eating disorder treatment and management plans

(2) The items in Subgroup 1 apply to a service provided to an eligible patient by a medical practitioner (other than a specialist or consultant physician) only if:

(a) the service includes the preparation of a plan for the patient in accordance with clause 2.31.3; and

(b) during the attendance, a copy of the plan and suitable education about the patient’s eating disorder is given to the patient and, if authorised by the patient, the patient’s carer.

(3) The items in Subgroup 2 apply to a service provided to an eligible patient by a consultant physician only if:

(a) the service includes the preparation of a plan for the patient in accordance with the requirements in clause 2.31.3; and

(b) for a service provided by a consultant psychiatrist—during the attendance, the consultant uses an outcome tool (if clinically appropriate) and carries out a mental state examination; and

(c) for a service provided by a consultant paediatrician—during the attendance, the consultant undertakes an assessment of the patient that includes:

(i) a comprehensive history (including a psychosocial history and medication review); and

(ii) a comprehensive multi‑organ system assessment or a detailed single‑organ system assessment; and

(d) within 2 weeks of the attendance, a copy of the plan is given to:

(i) the referring practitioner; and

(ii) if clinically appropriate—the patient and, if authorised by the patient, the patient’s carer.

Review of eating disorder treatment and management plans

(4) The items in Subgroup 3 apply to a service provided to an eligible patient by a medical practitioner (other than a specialist or consultant physician) only if:

(a) the service includes a review of an eating disorder treatment and management plan in accordance with clause 2.31.4; and

(b) during the attendance, a copy of the plan and suitable education about the patient’s eating disorder is given to the patient and, if authorised by the patient, the patient’s carer.

(5) The items in Subgroup 3 apply to a service provided to an eligible patient by a consultant physician only if:

(a) the service includes a review of an eating disorder treatment and management plan in accordance with clause 2.31.4; and

(b) for a service provided by a consultant psychiatrist—during the attendance, the consultant uses an outcome tool (if clinically appropriate) and carries out a mental state examination; and

(c) for a service provided by a consultant paediatrician—during the attendance, the consultant undertakes an assessment of the patient that includes:

(i) a comprehensive history (including a psychosocial history and medication review); and

(ii) a comprehensive multi‑organ system assessment or a detailed single‑organ system assessment; and

(d) within 2 weeks of the attendance, a copy of the planis given to:

(i) the referring practitioner; and

(ii) if clinically appropriate—the patient and, if authorised by the patient, the patient’s carer.

Providing treatments under eating disorder treatment and management plans

(6) The items in Subgroup 4 apply to a service only if the service:

(a) is provided by a medical practitioner covered by clause 2.31.5; and

(b) is clinically indicated by an eating disorder treatment and management plan; and

(c) is provided using at least one mental health care management strategy covered by clause 2.31.6.

2.31.2 Eating disorder services—patients

(1) For the purposes of clause 2.31.1, a patient is covered by this clause if:

(a) the patient has a clinical diagnosis of anorexia nervosa; or

(b) both:

(i) the patient has a clinical diagnosis of bulimia nervosa, a binge‑eating disorder or other specifiedfeeding or eating disorder; and

(ii) subclause (2) applies to the patient.

(2) This subclause applies to a patient if:

(a) the patient has been assessed as having an eating disorder classified as severe based on clinical screening tool results; and

(b) the patient’s condition is characterised by:

(i) rapid weight loss; or

(ii) frequent binge eating or inappropriate compensatory behaviour, as manifested by 3 or more occurrences per week; and

(c) at least 2 of the following apply to the patient:

(i) the patient is clinically underweight, with a body weight of less than 85% of the expected weight of the patient, and the weight loss is directly attributable to the eating disorder;

(ii) the patient is currently at risk, or has a high risk, of medical complications due to eating disorder behaviours and symptoms;

(iii) serious comorbid medical or psychological conditions are significantly impacting on the patient’s physical or psychological health and ability to function;

(iv) the patient has been admitted to a hospital for an eating disorder in the previous 12 months;

(v) the patient has had an inadequate treatment response to evidence based eating disorder treatment over the previous 6 months despite actively and consistently participating in the treatment.

2.31.3 Eating disorder services—requirements for eating disorder treatment and management plan

For the purposes of clause 2.31.1, a plan for the treatment and management of a patient’s eating disorder must:

(a) be in writing; and

(b) include the following:

(i) an opinion on the diagnosis of the patient’s eating disorder;

(ii) treatment options and recommendations to manage the patient’s condition for 12 months commencing on the day the plan is prepared;

(iii) an outline of the options for the referral of the patient to allied health professionals for mental health and dietetic services, and to specialists, as appropriate;

(iv) if the plan is prepared by a consultant psychiatrist—a comprehensive evaluation of the patient’s biological, psychological and social issues, and management recommendations addressing those issues;

(v) if the plan is prepared by a consultant paediatrician—a comprehensive history of the patient (including a psychosocial history and medication review) and a comprehensive multi‑organ system assessment or a detailed single‑organ system assessment; and

(c) be expressed to expire at the end of the period mentioned in subparagraph (b)(ii).

2.31.4 Eating disorder services—requirements for review of eating disorder treatment and management plan

(1) For the purposes of clause 2.31.1, a review of an eating disorder treatment and management plan for a patient must include a review of the treatment efficacyof treatments provided under the plan, including by discussing with the patient whether the treatments are meeting the patient’s needs.

(2) In conducting the review, the reviewing practitioner must:

(a) if the treatment options in the plan are to be continued—modify the plan, in writing, to include the recommendation that the treatment options are to be continued; and

(b) if the treatment options in the plan are to be revised—modify the plan, in writing, to include the recommendation that the treatment options are to be revised and the revised treatment options.

(3) If the review is conducted by a medical practitioner (other than a specialist or consultant physician), and the practitioner considers that it is appropriate for a consultant physician to review the plan, the practitioner must refer the patient to the consultant physician for the review of the plan.

2.31.5 Eating disorder services—medical practitioners for providing treatments

For the purposes of clause 2.31.1, a medical practitioner is covered by this clause if:

(a) the practitioner’s name is entered in the register maintained by the Chief Executive Medicare under section 33 of the *Human Services (Medicare) Regulations 2017*; and

(b) the practitioner is identified in the register as a medical practitioner who can provide services to which items in Subgroup 2 of Group A20, and items 283, 285, 286 and 287, apply; and

(c) the practitioner meets any training and skills requirements determined by the General Practice Mental Health Standards Collaboration for providing those services.

Note 1: Section 33 of the *Human Services (Medicare) Regulations 2017* provides for the Chief Executive Medicare to establish and maintain a register of medical practitioners who may provide focused psychological strategies under the initiative known as the Better Access to Psychiatrists, Psychologists and General Practitioners through the MBS (Better Access) Initiative.

Note 2: For items 285, 286 and 287, see the determination about other medical practitioners under subsection 3C(1) of the Act.

2.31.6 Eating disorder services—mental health care management strategies for use in providing treatments

For the purposes of clause 2.31.1, the following mental health care management strategies are covered by this clause:

(a) family based treatment (including whole family, parent based, parent only or separated therapy);

(b) adolescent focused therapy;

(c) cognitive behavioural therapy;

(d) specialist supportive clinical management;

(e) Maudsley model of anorexia treatment in adults;

(f) interpersonal therapy for bulimia nervosaorbinge‑eating disorder;

(g) dialectical behavioural therapy for bulimia nervosa orbinge‑eating disorder;

(h) focal psychodynamic therapy.

2.31.7 Restrictions on items in Group A36—general

Items do not apply to services provided to admitted patients

(1) An item in Group A36 does not apply to an attendance on an admitted patient.

Limit on number of plans that can be prepared for a patient each year

(2) An item in Subgroup 1 or 2 of Group A36 does not apply to a service that is provided to a patient who has already been provided, in the previous 12 months, with:

(a) another service to which an item in Subgroup 1 or 2 of Group A36 applies; or

(b) a service to which an item in Subgroup 21 to 24 of Group A40 applies.

Items do not apply to services provided in association with certain other services

(3) An item in Subgroup 1 of Group A36 does not apply to a service performed in association with a service to which item 279, 235 to 244, 735 to 758, 2713, 92115, 92121, 92127 or 92133 applies.

(4) Item 90261 does not apply to a service performed in association with a service to which item 110, 116, 119, 132, 133, 91824, 91825, 91826, 91834, 91835, 91836, 92422, 92423, 92431 or 92432 applies.

(5) An item in Subgroup 3 of Group A36 does not apply to a service performed in association with a service to which item 279, 2713, 92115, 92121, 92127 or 92133 applies.

2.31.9 Restriction on items in Group A36—limitation on number of services providing treatments under a plan

(1) An item in Subgroup 4 of Group A36 does not apply to a service providing a treatment to a patient under an eating disorder treatment and management plan if:

(a) the service is provided more than 12 months after the plan is prepared; or

(b) the patient has already been provided with 40 services under the plan; or

(c) the service is provided after the patient has already been provided with 10 services under the plan but before a recommendation by a reviewing practitioner is given that additional services should be provided under the plan; or

(d) the service is provided after the patient has already been provided with 20 services under the plan but before recommendations that additional services should be provided under the plan are given by each of the following:

(i) a medical practitioner (other than a specialist or consultant physician);

(ii) a consultant physician; or

(e) the service is provided after the patient has already been provided with 30 services under the plan but before a recommendation is given by a reviewing practitioner that additional services should be provided.

(1A) A reference in subclause (1) to a service providing a treatment to a patient includes any service to which item 309, 311, 313, 315, 2739, 2741, 2743, 2745, 80002, 80006, 80012, 80016, 80102, 80106, 80112, 80116, 80129, 80131, 80137, 80141, 80154, 80156, 80162, 80166, 91168, 91171, 91174, 91177, 91194, 91195, 91196, 91197, 91198, 91199, 91200, 91201, 91202, 91203, 91204, 91205, 91859, 91861, 91862, 91863, 91864, 91865, 91866, or 91867 applies that is provided to another person as part of the patient’s treatment.

(2) A reviewing practitioner may recommend that additional services be provided under a plan only if:

(a) the recommendation is made as part of a service to which an item in Subgroup 3 of Group A36 or Subgroup 25 or 26 of Group A40 applies; and

(b) the service is provided:

(i) for the purposes of paragraph (1)(c)—after the patient has been provided with 10 services under the plan; and

(ii) for the purposes of paragraph (1)(d)—after the patient has been provided with 20 services under the plan; and

(iii) for the purposes of paragraph (1)(e)—after the patient has been provided with 30 services under the plan; and

(c) the practitioner records the recommendation in the patient’s records.

(3) For the purposes of this clause, in counting the services providing treatments under a plan, only count the services to which any of the following apply:

(a) items 283, 285, 286, 287, 309, 311, 313 and 315;

(b) items 2721, 2723, 2725, 2727, 2739, 2741, 2743 and 2745;

(c) items in Groups M6, M7 and M16 other than item 82350;

(d) items 90271, 90272, 90273, 90274, 90275, 90276, 90277 and 90278;

(e) items 91166, 91167, 91168, 91169, 91170, 91171, 91172, 91173, 91174, 91175, 91176, 91177, 91181 to 91188, 91194, 91195, 91196, 91197, 91198, 91199, 91200, 91201, 91202, 91203, 91204, 91205, 91818, 91819, 91820, 91821, 91842, 91843, 91844, 91845, 91859, 91861, 91862, 91863, 91864, 91865, 91866, 91867, 92182, 92184, 92186, 92188, 92194, 92196, 92198, 92200, 93076, 93079, 93084, 93087, 93092, 93095, 93100, 93103, 93110, 93113, 93118, 93121, 93126, 93129, 93134 and 93137.

2.31.10 Items in Group A36

This clause sets out items in Group A36.

Note: The fees in Group A36 are indexed in accordance with clause 1.3.1.

| Group A36—Eating disorders | | |
| --- | --- | --- |
| Column 1  Item | Column 2  Description | Column 3  Fee ($) |
| Subgroup 1—Preparation of eating disorder treatment and management plans: general practitioners and non‑specialist medical practitioners | | |
| 90250 | Professional attendance by a general practitioner to prepare an eating disorder treatment and management plan, lasting at least 20 minutes but less than 40 minutes | 74.60 |
| 90251 | Professional attendance by a general practitioner to prepare an eating disorder treatment and management plan, lasting at least 40 minutes | 109.85 |
| 90252 | Professional attendance by a general practitioner to prepare an eating disorder treatment and management plan, lasting at least 20 minutes but less than 40 minutes, if the practitioner has successfully completed mental health skills training | 94.75 |
| 90253 | Professional attendance by a general practitioner to prepare an eating disorder treatment and management plan, lasting at least 40 minutes, if the practitioner has successfully completed mental health skills training | 139.55 |
| 90254 | Professional attendance by a medical practitioner (other than a general practitioner, specialist or consultant physician) to prepare an eating disorder treatment and management plan, lasting at least 20 minutes but less than 40 minutes | 62.85 |
| 90255 | Professional attendance by a medical practitioner (other than a general practitioner, specialist or consultant physician) to prepare an eating disorder treatment and management plan, lasting at least 40 minutes | 92.50 |
| 90256 | Professional attendance by a medical practitioner (other than a general practitioner, specialist or consultant physician) to prepare an eating disorder treatment and management plan, lasting at least 20 minutes but less than 40 minutes, if the practitioner has successfully completed mental health skills training | 79.75 |
| 90257 | Professional attendance by a medical practitioner (other than a general practitioner, specialist or consultant physician) to prepare an eating disorder treatment and management plan, lasting at least 40 minutes, if the practitioner has successfully completed mental health skills training | 117.50 |
| Subgroup 2—Preparation of eating disorder treatment and management plans: consultant physicians | | |
| 90260 | Professional attendance at consulting rooms by a consultant physician in the practice of the physician’s specialty of psychiatry to prepare an eating disorder treatment and management plan, if:  (a) the patient is referred; and  (b) the attendance lasts at least 45 minutes | 478.05 |
| 90261 | Professional attendance at consulting rooms by a consultant physician in the practice of the physician’s specialty of paediatrics to prepare an eating disorder treatment and management plan, if:  (a) the patient is referred; and  (b) the attendance lasts at least 45 minutes | 278.75 |
| Subgroup 3—Review of eating disorder treatment and management plans | | |
| 90264 | Professional attendance by a general practitioner to review an eating disorder treatment and management plan | 74.60 |
| 90265 | Professional attendance by a medical practitioner (other than a general practitioner, specialist or consultant physician) to review an eating disorder treatment and management plan | 62.85 |
| 90266 | Professional attendance at consulting rooms by a consultant physician in the practice of the physician’s specialty of psychiatry to review an eating disorder treatment and management plan, if:  (a) the patient is referred; and  (b) the attendance lasts at least 30 minutes | 298.85 |
| 90267 | Professional attendance at consulting rooms by a consultant physician in the practice of the physician’s specialty of paediatrics to review an eating disorder treatment and management plan, if:  (a) the patient is referred; and  (b) the attendance lasts at least 20 minutes | 139.55 |
| Subgroup 4—Providing treatments under eating disorder treatment and management plans | | |
| 90271 | Professional attendance at consulting rooms by a general practitioner to provide treatmentunder an eating disorder treatment and management plan, lasting at least 30 minutes but less than 40 minutes | 96.50 |
| 90272 | Professional attendance at a place other than consulting rooms by a general practitioner to provide treatmentunder an eating disorder treatment and management plan, lasting at least 30 minutes but less than 40 minutes | Amount under clause 2.1.1 |
| 90273 | Professional attendance at consulting rooms by a general practitioner to provide treatment under an eating disorder treatment and management plan, lasting at least 40 minutes | 138.10 |
| 90274 | Professional attendance at a place other than consulting rooms by a general practitioner to provide treatment under an eating disorder treatment and management plan, lasting at least 40 minutes | Amount under clause 2.1.1 |
| 90275 | Professional attendance at consulting rooms by a medical practitioner (other than a general practitioner, specialist or consultant physician) to provide treatment under an eating disorder treatment and management plan, lasting at least 30 minutes but less than 40 minutes | 81.30 |
| 90276 | Professional attendance at a place other than consulting rooms by a medical practitioner (other than a general practitioner, specialist or consultant physician) to provide treatment under an eating disorder treatment and management plan, lasting at least 30 minutes but less than 40 minutes | Amount under clause 2.1.1 |
| 90277 | Professional attendance at consulting rooms by a medical practitioner (other than a general practitioner, specialist or consultant physician) to provide treatment under an eating disorder treatment and management plan, lasting at least 40 minutes | 116.30 |
| 90278 | Professional attendance at a place other than consulting rooms by a medical practitioner (other than a general practitioner, specialist or consultant physician) to provide treatment under an eating disorder treatment and management plan, lasting at least 40 minutes | Amount under clause 2.1.1 |

Division 2.32—Group A37: Cardiothoracic surgeon attendance for lead extraction

2.32.1 Items in Group A37

This clause sets out items in Group A37.

Note: The fees in Group A37 are indexed in accordance with clause 1.3.1.

|  |  |  |
| --- | --- | --- |
| Group A37—Cardiothoracic surgeon attendance for lead extraction | | |
| Column 1  Item | Column 2  Description | Column 3  Fee ($) |
| 90300 | Professional attendance by a cardiothoracic surgeon in the practice of the surgeon’s speciality, if:  (a) the service is performed in conjunction with a service (the ***lead extraction service***) to which item 38358 applies; and  (b) the surgeon is:  (i) providing surgical backup for the provider (who is not a cardiothoracic surgeon) who is performing, the lead extraction service; and  (ii) present for the duration of the lead extraction service, other than during the low risk pre and post extraction phases; and  (iii) able to immediately scrub in and perform a thoracotomy if major complications occur  (H) | 895.25 |

Part 3—Miscellaneous services

Division 3.1—Group M12: Services provided by a practice nurse, an Aboriginal health worker or an Aboriginal and Torres Strait Islander health practitioner on behalf of a medical practitioner

3.1.1 Definitions for item 10997

In item 10997:

***GP management plan*** means a plan under item 721 or 732 (for coordination of a review of a GP management plan under item 721).

***multidisciplinary care plan*** means a plan under item 729 or 731.

***person with a chronic disease*** means a person who has a care plan under item 721, 723, 729, 731 or 732.

3.1.2 Restrictions on item 10988

(1) Item 10988 applies to an immunisation provided to a person by an Aboriginal and Torres Strait Islander health practitioner only if:

(a) the Aboriginal and Torres Strait Islander health practitioner is appropriately qualified and trained to provide immunisations to persons; and

(b) the medical practitioner under whose supervision the immunisation is provided retains responsibility for the health, safety and clinical outcomes of the person.

(2) If the cost of the vaccine supplied in connection with a service described in item 10988 is not subsidised by the Commonwealth or a State, the service is taken not to include the supply of that vaccine.

3.1.3 Restrictions on item 10989

Item 10989 applies to an Aboriginal and Torres Strait Islander health practitioner if:

(a) the health practitioner is appropriately qualified and trained to treat wounds; and

(b) a medical practitioner under whose supervision the health practitioner provides the treatment has conducted an initial assessment of the person; and

(c) the health practitioner has been instructed by the medical practitioner about the treatment of the wound; and

(d) the medical practitioner retains responsibility for the health, safety and clinical outcomes of the person.

3.1.4 Items in Group M12

This clause sets out items in Group M12.

Note: The fees in Group M12 are indexed in accordance with clause 1.3.1.

| Group M12—Services provided by a practice nurse, an Aboriginal health worker or an Aboriginal and Torres Strait Islander health practitioner on behalf of a medical practitioner | | |
| --- | --- | --- |
| Column 1  Item | Column 2  Description | Column 3  Fee ($) |
| Subgroup 1—Video conferencing consultation support service provided by a practice nurse, an Aboriginal health worker or an Aboriginal and Torres Strait Islander health practitioner on behalf of a medical practitioner | | |
| 10983 | Attendance by a practice nurse, an Aboriginal health worker or an Aboriginal and Torres Strait Islander health practitioner on behalf of, and under the supervision of, a medical practitioner, to provide clinical support to a patient who:  (a) is participating in a video conferencing consultation with a specialist, consultant physician or psychiatrist; and  (b) is not an admitted patient | 33.70 |
| Subgroup 3—Services provided by a practice nurse or an Aboriginal and Torres Strait Islander health practitioner on behalf of a medical practitioner | | |
| 10987 | Follow‑up service, to a maximum of 10 services per patient in a calendar year, provided by a practice nurse or an Aboriginal and Torres Strait Islander health practitioner, on behalf of a medical practitioner, for an Indigenous person who has received a health check if:  (a) the service is provided on behalf of and under the supervision of a medical practitioner; and  (b) the person is not an admitted patient of a hospital; and  (c) the service is consistent with the needs identified through the health assessment | 24.95 |
| 10988 | Immunisation provided to a person by an Aboriginal and Torres Strait Islander health practitioner if:  (a) the immunisation is provided on behalf of, and under the supervision of, a medical practitioner; and  (b) the person is not an admitted patient of a hospital | 12.50 |
| 10989 | Treatment of a person’s wound (other than normal aftercare) provided by an Aboriginal and Torres Strait Islander health practitioner if:  (a) the treatment is provided on behalf of, and under the supervision of, a medical practitioner; and  (b) the person is not an admitted patient of a hospital | 12.50 |
| 10997 | Service provided by a practice nurse or an Aboriginal and Torres Strait Islander health practitioner to a person with a chronic disease, to a maximum of 5 services for the person in a calendar year, if:  (a) the service is provided on behalf of and under the supervision of a medical practitioner; and  (b) the person is not an admitted patient of a hospital; and  (c) the person has a GP management plan, team care arrangements or multidisciplinary care plan in place and the service is consistent with the plan or arrangements | 12.50 |

Division 3.2—Group M1: Management of bulk‑billed services

3.2.1 Definitions

In this Division:

***concessional beneficiary*** has the same meaning as in Part VII of the *National Health Act 1953*.

***unreferred service*** means a medical service provided by, or on behalf of, a medical practitioner to a patient who has not been referred to the practitioner for the service.

3.2.2 Application of items 10990, 10991, 10992, 75855, 75856, 75857 and 75858

If item 10990, 10991, 10992, 75855, 75856, 75857 or 75858 applies to a medical service, the fee mentioned in that item applies in addition to the fee mentioned in another item in this Schedule that applies to the service.

3.2.3 Items in Group M1

This clause sets out items in Group M1.

Note: The fees in Group M1 are indexed in accordance with clause 1.3.1.

| Group M1—Management of bulk‑billed services | | |
| --- | --- | --- |
| Column 1  Item | Column 2  Description | Column 3  Fee ($) |
| 10990 | A medical service to which an item in this Schedule (other than this item or item 10991, 10992, 75855, 75856, 75857 or 75858) applies if:  (a) the service is an unreferred service; and  (b) the service is provided to a person who is under the age of 16 or is a concessional beneficiary; and  (c) the person is not an admitted patient of a hospital; and  (d) the service is bulk‑billed in relation to the fees for:  (i) this item; and  (ii) the other item in this Schedule applying to the service | 7.65 |
| 10991 | A medical service to which an item in this Schedule (other than this item or item 10990, 10992, 75855, 75856, 75857 or 75858) applies if:  (a) the service is an unreferred service; and  (b) the service is provided to a person who is under the age of 16 or is a concessional beneficiary; and  (c) the person is not an admitted patient of a hospital; and  (d) the service is bulk‑billed in relation to the fees for:  (i) this item; and  (ii) the other item in this Schedule applying to the service; and  (e) the service is provided at, or from, a practice location in a Modified Monash 2 area | 11.60 |
| 10992 | A medical service to which:  (a) item 585, 588, 591, 594, 599, 600, 5003, 5010, 5023, 5028, 5043, 5049, 5063, 5067, 5220, 5223, 5227, 5228, 5260, 5263, 5265 or 5267 applies; or  (b) item 761, 763, 766, 769, 772, 776, 788 or 789 of a Schedule (within the meaning of the *Health Insurance (Section 3C General Medical Services – Other Medical Practitioner) Determination 2018*) applies;  if:  (c) the service is an unreferred service; and  (d) the service is provided to a person who is under the age of 16 or is a concessional beneficiary; and  (e) the person is not an admitted patient of a hospital; and  (f) the service is not provided in consulting rooms; and  (g) the service is provided in any of the following areas:  (i) a Modified Monash 2 area;  (ii) a Modified Monash 3 area;  (iii) a Modified Monash 4 area;  (iv) a Modified Monash 5 area;  (v) a Modified Monash 6 area;  (vi) a Modified Monash 7 area; and  (h) the service is provided by, or on behalf of, a medical practitioner whose practice location is not in an area mentioned in paragraph (g); and  (i) the service is bulk‑billed in relation to the fees for:  (i) this item; and  (ii) the other item mentioned in paragraph (a) or (b) applying to the service | 11.60 |
| 75855 | A medical service to which an item in this Schedule (other than this item or item 10990, 10991, 10992, 75856, 75857 or 75858) applies if:  (a) the service is an unreferred service; and  (b) the service is provided to a person who is under the age of 16 or is a concessional beneficiary; and  (c) the person is not an admitted patient of a hospital; and  (d) the service is bulk‑billed in relation to the fees for:  (i) this item; and  (ii) the other item in this Schedule applying to the service; and  (e) the service is provided at, or from, a practice location in:  (i) a Modified Monash 3 area; or  (ii) a Modified Monash 4 area | 12.30 |
| 75856 | A medical service to which an item in this Schedule (other than this item or item 10990, 10991, 10992, 75855, 75857 or 75858) applies if:  (a) the service is an unreferred service; and  (b) the service is provided to a person who is under the age of 16 or is a concessional beneficiary; and  (c) the person is not an admitted patient of a hospital; and  (d) the service is bulk‑billed in relation to the fees for:  (i) this item; and  (ii) the other item in this Schedule applying to the service; and  (e) the service is provided at, or from, a practice location in a Modified Monash 5 area | 13.10 |
| 75857 | A medical service to which an item in this Schedule (other than this item or item 10990, 10991, 10992, 75855, 75856 or 75858) applies if:  (a) the service is an unreferred service; and  (b) the service is provided to a person who is under the age of 16 or is a concessional beneficiary; and  (c) the persons not an admitted patient of a hospital; and  (d) the service is bulk‑billed in relation to the fees for:  (i) this item; and  (ii) the other item in this Schedule applying to the service; and  (e) the service is provided at, or from, a practice location in a Modified Monash 6 area | 13.85 |
| 75858 | A medical service to which an item in this Schedule (other than this item or item 10990, 10991, 10992, 75855, 75856 or 75857) applies if:  (a) the service is an unreferred service; and  (b) the service is provided to a person who is under the age of 16 or is a concessional beneficiary; and  (c) the person is not an admitted patient of a hospital; and  (d) the service is bulk‑billed in relation to the fees for:  (i) this item; and  (ii) the other item in this Schedule applying to the service; and  (e) the service is provided at, or from, a practice location in a Modified Monash 7 area | 14.65 |

Part 4—Diagnostic procedures and investigations

Division 4.1—Group D1: Miscellaneous diagnostic procedures and investigations

4.1.1 Meaning of report

In this Division:

***report*** means a report prepared by a medical practitioner.

4.1.2 Meaning of qualified adult sleep medicine practitioner, qualified paediatric sleep medicine practitioner and qualified sleep medicine practitioner

(1) In this Schedule:

***qualified adult sleep medicine practitioner*** means a person who meets the conditions in one of subclauses (2), (3), (4) and (5) relating to:

(a) the field (the ***relevant field***) of adult sleep medicine; or

(b) the training program (the ***relevant training program***) of the Thoracic Society of Australia and New Zealand and the Australasian Sleep Association known as the Advanced Training Program in Adult Sleep Medicine.

***qualified paediatric sleep medicine practitioner*** means a person who meets the conditions in one of subclauses (2), (3), (4) and (5) relating to:

(a) the field (the ***relevant field***) of paediatric sleep medicine; or

(b) the training program (the ***relevant training program***) of the Thoracic Society of Australia and New Zealand and the Australasian Sleep Association known as the Advanced Training Program in Paediatric Sleep Medicine.

***qualified sleep medicine practitioner*** means a qualified adult sleep medicine practitioner or a qualified paediatric sleep medicine practitioner.

***RACP Advisory Committee*** means the Specialist Advisory Committee in Thoracic and Sleep Medicine of the Royal Australasian College of Physicians.

***RACP Appeal Committee*** means the Appeal Committee of the Royal Australasian College of Physicians.

***RACP Credentialling Subcommittee*** means the Credentialling Subcommittee of the RACP Advisory Committee.

Conditions for being a qualified sleep medicine practitioner

(2) A person meets the conditions in this subclause if the person has been assessed by the RACP Credentialling Subcommittee or the RACP Appeal Committee as having had, before 1 March 1999, sufficient training and experience in the relevant field to be competent in:

(a) independent clinical assessment and management of patients with respiratory sleep disorders; and

(b) reporting sleep studies.

(3) A person meets the conditions in this subclause if:

(a) the person has been assessed by the RACP Credentialling Subcommittee or the RACP Appeal Committee as having had, before 1 March 1999, substantial training or experience in sleep medicine, but requiring further specified training or experience in the relevant field to be competent in:

(i) independent clinical assessment and management of patients with respiratory sleep disorders; and

(ii) reporting sleep studies; and

(b) either:

(i) the person has been assessed by the RACP Credentialling Subcommittee as having satisfactorily finished the further specified training or gained the further specified experience; or

(ii) where an assessment mentioned in paragraph (a) has been carried out, less than 2 years has passed since the assessment.

(4) A person meets the conditions in this subclause if the person has attained Level I or Level II of the relevant training program after completing at least 12 months core training, including clinical practice in the relevant field and in reporting sleep studies.

(5) A person meets the conditions in this subclause if the RACP Advisory Committee has recognised the person, in writing, as having training equivalent to the training mentioned in subclause (4).

4.1.3 Restriction on item 11801—service provided in association with other services

Item 11801 does not apply to a service described in the item if the service is provided in association with a service described in item 11800, 11810, 11820, 11823, 11830 or 11833.

4.1.3A Restriction on items 11704, 11705, 11716, 11717, 11723 and 11735—reports

(1) Items 11704, 11705, 11716, 11717, 11723 and 11735 apply to a service only if:

(a) the report required for the service complies with subclause (2); and

(b) if the service was requested—a copy of the report is provided to the requesting practitioner.

(2) The report must:

(a) be in writing; and

(b) be prepared by a specialist or consultant physician; and

(c) include an interpretation of the trace, including the indicators for the investigation; and

(d) include comments on the significance of:

(i) the trace findings; and

(ii) the relationship of the trace findings to clinical decision making for the patient in the clinical context; and

(e) if appropriate—include a copy of the trace and any measurements taken or automatically generated; and

(f) for item 11705—be a report of a trace from a twelve‑lead electrocardiography for the patient:

(i) provided with the request by the requesting practitioner; and

(ii) that has not previously been reported on.

4.1.3B Restriction on item 11714—clinical notes

(1) Item 11714 applies to a service only if:

(a) the clinical note required for the service complies with subclause (2); and

(b) if appropriate, a copy of the clinical note is provided to the requesting practitioner.

(2) The clinical note must include:

(a) comments on the significance of:

(i) the trace findings; and

(ii) the relationship of the trace findings to clinical decision making for the patient in the clinical context; and

(b) an interpretation that is not based solely on measurements or diagnosesautomatically generated from the trace.

4.1.3C Restriction on items 11704 and 11705—financial relationship

Items 11704 and 11705 apply to a service only if the medical practitioner providing the service does not have a financial relationship with the medical practitioner who has requested the service.

4.1.3D Restrictions on items 11729 and 11730—patient limitations

(1) Items 11729 and 11730 apply to a service provided to a patient only if:

(a) the patient’s body habitus, or other physical condition, is suitable for exercise stress testing or pharmacological induced stress testing; and

(b) the patient can complete the exercise sufficiently, or respond adequately to pharmacological induced stress, for the required measurements to be taken.

(2) Despite subclause (1), item 11729 does not apply to a service if:

(a) the patient is asymptomatic and has a normal cardiac examination; or

(b) the service is to monitor a patient who has a known cardiac disease, but the absence of symptom evolution suggests the disease has not progressed; or

(c) the patient has an abnormal resting electrocardiography result which would prevent the interpretation of results.

(3) Despite subclause (1), item 11730 does not apply to a service if the patient is asymptomatic and has a normal cardiac examination.

4.1.3E Restriction on items 11729 and 11730—safety requirements

(1) Items 11729 and 11730 apply to a service provided to a patient only if:

(a) the service is performed on premises equipped with resuscitation equipment, including a defibrillator; and

(b) a person trained in the matters mentioned in subclause (2) and cardiopulmonary resuscitation is in continuous personal attendance during the monitoring and recording; and

(c) at the time the service is performed, a second persontrained in cardiopulmonary resuscitation is located at the premises and is immediately available to respond if required; and

(d) at least one of the persons mentioned in paragraphs (b) and (c) is a medical practitioner.

(2) For the purposes of paragraph (1)(b), the matters are:

(a) how to safely perform exercise or pharmacological stress monitoring and recording; and

(b) how to recognise the symptoms and signs of cardiac disease.

4.1.3F Restriction on certain items—patients receiving hospital treatment or hospital‑substitute treatment

Items 11704, 11707, 11714, 11716, 11717, 11723 and 11735 do not apply to a service provided to a patient if the patient is being provided with the service as part of an episode of:

(a) hospital treatment; or

(b) hospital‑substitute treatment in respect of which the patient chooses to receive a benefit from a private health insurer.

4.1.3G Restriction on certain items—other services on the same day

(1) Item 11704 does not apply to a service if the specialist or consultant physician providing the service provides to the patient, on the same day, another service to which another item in Part 2 (attendances) applies.

(2) Item 11705 does not apply to a service if the specialist or consultant physician providing the service provides to the patient, on the same day, another service to which another item in Part 2 (attendances) applies, unless there has been a significant change in the patient’s clinical condition or care circumstances that necessitates the providing of the service.

4.1.4 Restrictions on items 12306 to 12322

(1) Items 12306 to 12322 apply to a service for a patient only as set out in this clause.

(2) The items apply to a service that is provided by a specialist or consultant physician to whom the patient has been referred by another medical practitioner.

(3) The items also apply to a service that is provided as follows:

(a) a person (the ***radiation licence holder***) who holds a radiation licence under a law of a State or Territory performs the service (other than interpretation and reporting) under the supervision of a specialist or consultant physician;

(b) the specialist or consultant physician performs the interpretation and reporting for the service;

(c) the radiation licence authorises the radiation licence holder to undertake the activities involved in performing the service (other than interpretation and reporting);

(d) the patient has been referred to the specialist or consultant physician by another medical practitioner;

(e) for items 12320 and 12322—if the service is performed using quantitative computed tomography:

(i) the radiation licence holder is registered as a medical radiation practitioner under a law of a State or Territory; and

(ii) the specialist or consultant physician is available to monitor and influence the conduct and diagnostic quality of the examination and, if necessary, to attend on the patient personally.

4.1.5 Items in Group D1

This clause sets out items in Group D1.

Note: The fees in Group D1 are indexed in accordance with clause 1.3.1.

| Group D1—Miscellaneous diagnostic procedures and investigations | | |
| --- | --- | --- |
| Column 1  Item | Column 2  Description | Column 3  Fee ($) |
| Subgroup 1—Neurology | | |
| 11000 | Electroencephalography, other than a service:  (a) associated with a service to which item 11003 or 11009 applies; or  (b) involving quantitative topographic mapping using neurometrics or similar devices (Anaes.) | 128.10 |
| 11003 | Electroencephalography, prolonged recording lasting at least 3 hours, that requires multi‑channel recording using:  (a) for a service not associated with a service to which an item in Group T8 applies—standard 10‑20 electrode placement; or  (b) for a service associated with a service to which an item in Group T8 applies—either standard 10‑20 electrode placement or a different electrode placement and number of recorded channels;  other than a service:  (c) associated with a service to which item 11000, 11004 or 11005 applies; or  (d) involving quantitative topographic mapping using neurometrics or similar devices | 338.85 |
| 11004 | Electroencephalography, ambulatory or video, prolonged recording lasting at least 3 hours and up to 24 hours, that requires multi‑channel recording using standard10‑20 electrode placement, first day, other than a service:  (a) associated with a service to which item 11000, 11003 or 11005 applies; or  (b) involving quantitative topographic mapping using neurometrics or similar devices | 338.85 |
| 11005 | Electroencephalography, ambulatory or video, prolonged recording lasting at least 3 hours and up to 24 hours, that requires multi‑channel recording using standard 10‑20 electrode placement, each day after the first day, other than a service:  (a) associated with a service to which item 11000, 11003 or 11004 applies; or  (b) involving quantitative topographic mapping using neurometrics or similar devices | 338.85 |
| 11009 | Electrocorticography | 338.85 |
| 11012 | Neuromuscular electrodiagnosis—conduction studies on one nerve or electromyography of one or more muscles using concentric needle electrodes or both these examinations (other than a service associated with a service to which item 11015 or 11018 applies) | 116.55 |
| 11015 | Neuromuscular electrodiagnosis—conduction studies on 2 or 3 nerves with or without electromyography (other than a service associated with a service to which item 11012 or 11018 applies) | 156.00 |
| 11018 | Neuromuscular electrodiagnosis—conduction studies on 4 or more nerves with or without electromyography or recordings from single fibres of nerves and muscles or both of these examinations (other than a service associated with a service to which item 11012 or 11015 applies) | 233.05 |
| 11021 | Neuromuscular electrodiagnosis—repetitive stimulation for study of neuromuscular conduction or electromyography with quantitative computerised analysis or both of these examinations | 156.00 |
| 11024 | Central nervous system evoked responses, investigation of, by computerised averaging techniques, other than a service involving quantitative topographic mapping of event‑related potentials or involving multifocal multichannel objective perimetry—one or 2 studies | 118.45 |
| 11027 | Central nervous system evoked responses, investigation of, by computerised averaging techniques, other than a service involving quantitative topographic mapping of event‑related potentials or involving multifocal multichannel objective perimetry—3 or more studies | 175.70 |
| Subgroup 2—Ophthalmology | | |
| 11200 | Provocative test or tests for open angle glaucoma, including water drinking | 42.45 |
| 11204 | Electroretinography of one or both eyes by computerised averaging techniques, including 3 or more studies performed according to current professional guidelines or standards, performed by or on behalf of a specialist or consultant physician in the practice of the specialist’s or consultant physician’s speciality | 112.65 |
| 11205 | Electrooculography of one or both eyes performed according to current professional guidelines or standards, performed by or on behalf of a specialist or consultant physician in the practice of the specialist’s or consultant physician’s speciality | 112.65 |
| 11210 | Pattern electroretinography of one or both eyes by computerised averaging techniques, including 3 or more studies performed according to current professional guidelines or standards | 112.65 |
| 11211 | Dark adaptometry of one or both eyes with a quantitative estimation of threshold in log lumens at 45 minutes of dark adaptations | 112.65 |
| 11215 | Retinal angiography, multiple exposures, of one eye with intravenous dye injection | 127.95 |
| 11218 | Retinal angiography, multiple exposures of both eyes with intravenous dye injection | 158.10 |
| 11219 | Optical coherence tomography for diagnosis of an ocular condition for the treatment of which there is a medication that is:  (a) listed on the pharmaceutical benefits scheme; and  (b) indicated for intraocular administration  Applicable only once in any 12 month period | 41.60 |
| 11220 | Optical coherence tomography, to a maximum of one service per eye per lifetime, for the assessment of the need for treatment following provision of pharmaceutical benefits scheme‑subsidised ocriplasmin | 41.60 |
| 11221 | Full quantitative computerised perimetry (automated absolute static threshold), other than a service involving multifocal multichannel objective perimetry, performed by or on behalf of a specialist in the practice of the specialist’s specialty, if indicated by the presence of relevant ocular disease or suspected pathology of the visual pathways or brain with assessment and report, bilateral—to a maximum of 3 examinations (including examinations to which item 11224 applies) in any 12 month period | 70.55 |
| 11224 | Full quantitative computerised perimetry (automated absolute static threshold), other than a service involving multifocal multichannel objective perimetry, performed by or on behalf of a specialist in the practice of the specialist’s specialty, if indicated by the presence of relevant ocular disease or suspected pathology of the visual pathways or brain with assessment and report, unilateral—to a maximum of 3 examinations (including examinations to which item 11221 applies) in any 12 month period | 42.50 |
| 11235 | Examination of the eye by impression cytology of cornea for the investigation of ocular surface dysplasia, including the collection of cells, processing and all cytological examinations and preparation of a report | 127.70 |
| 11237 | Ocular contents, simultaneous ultrasonic echography by both unidimensional and bidimensional techniques, for the diagnosis, monitoring or measurement of choroidal and ciliary body melanomas, retinoblastoma or suspicious naevi or simulating lesions, one eye, other than a service associated with a service to which an item in Group I1 of the diagnostic imaging services table applies | 84.75 |
| 11240 | Orbital contents, unidimensional ultrasonic echography or partial coherence interferometry of, for the measurement of one eye before lens surgery on that eye, other than a service associated with a service to which an item in Group I1 of the diagnostic imaging services table applies | 84.75 |
| 11241 | Orbital contents, unidimensional ultrasonic echography or partial coherence interferometry of, for bilateral eye measurement before lens surgery on both eyes, other than a service associated with a service to which an item in Group I1 of the diagnostic imaging services table applies | 107.85 |
| 11242 | Orbital contents, unidimensional ultrasonic echography or partial coherence interferometry of, for the measurement of an eye previously measured and on which lens surgery has been performed, and if further lens surgery is contemplated in that eye, other than a service associated with a service to which an item in Group I1 of the diagnostic imaging services table applies | 83.35 |
| 11243 | Orbital contents, unidimensional ultrasonic echography or partial coherence interferometry of, for the measurement of a second eye if:  (a) surgery for the first eye has resulted in more than one dioptre of error; or  (b) more than 3 years have elapsed since the surgery for the first eye;  other than a service associated with a service to which an item in Group I1 of the diagnostic imaging services table applies | 83.35 |
| 11244 | Orbital contents, diagnostic B‑scan of, by a specialist practising in the specialist’s specialty of ophthalmology, not being a service associated with a service to which an item in Group I1 of the diagnostic imaging services table applies | 80.10 |
| Subgroup 3—Otolaryngology | | |
| 11300 | Brain stem evoked response audiometry, if:  (a) the service is not for the purposes of programming either an auditory implant or the sound processor of an auditory implant; and  (b) a service to which item 82300 applies has not been performed on the patient on the same day;  other than a service associated with a service to which item 11340, 11341 or 11343 applies (Anaes.) | 200.30 |
| 11302 | Programming an auditory implant or the sound processor of an auditory implant, unilateral, performed by or on behalf of a medical practitioner, if a service to which item 82301, 82302 or 82304 applies has not been performed on the patient on the same day  Applicable up to a total of 4 services to which this item, item 11342 or item 11345 applies on the same day | 203.50 |
| 11303 | Electrocochleography, extratympanic method, one or both ears | 200.30 |
| 11304 | Electrocochleography, transtympanic membrane insertion technique, one or both ears | 329.80 |
| 11306 | Non‑determinate audiometry, if a service to which item 82306 applies has not been performed on the patient on the same day | 22.80 |
| 11309 | Audiogram, air conduction, if a service to which item 82309 applies has not been performed on the patient on the same day | 27.35 |
| 11312 | Audiogram, air and bone conduction or air conduction and speech discrimination, if a service to which item 82312 applies has not been performed on the patient on the same day | 38.65 |
| 11315 | Audiogram, air and bone conduction and speech, if a service to which item 82315 applies has not been performed on the patient on the same day | 51.20 |
| 11318 | Audiogram, air and bone conduction and speech, with other cochlear tests, if a service to which item 82318 applies has not been performed on the patient on the same day | 63.20 |
| 11324 | Impedance audiogram involving tympanometry and measurement of static compliance and acoustic reflex performed by, or on behalf of, a medical practitioner, if a service to which item 82324 applies has not been performed on the patient on the same day | 21.00 |
| 11332 | Oto‑acoustic emission audiometry for the detection of outer hair cell functioning in the cochlear, performed by or on behalf of a specialist or consultant physician, when middle ear pathology has been excluded, if:  (a) the service is performed:  (i) on an infant or child who is at risk of permanent hearing impairment; or  (ii) on an individual who is at risk of oto‑toxicity due to medications or medical intervention; or  (iii) on an individual at risk of noise induced hearing loss; or  (iv) to assist in the diagnosis of auditory neuropathy; and  (b) a service to which item 82332 applies has not been performed on the patient on the same day | 60.95 |
| 11340 | Investigation of the vestibular function to assist in the diagnosis, treatment or management of a vestibular or related disorder, performed by or on behalf of a medical practitioner:  (a) to assess one or more of the following:  (i) the organs of the peripheral vestibular system (utricle, saccule, lateral, superior and posterior semicircular canals, and vestibular nerve);  (ii) muscular or eye movement responses elicited by vestibular stimulation;  (iii) static signs of vestibular dysfunction;  (iv) the central ocular‑motor function; and  (b) using up to 2 clinically recognised tests;  other than a service associated with a service to which item 11015, 11021, 11024, 11027, 11205 or 11300 applies | 196.80 |
| 11341 | Investigation of the vestibular function to assist in the diagnosis, treatment or management of a vestibular or related disorder, performed by or on behalf of a medical practitioner:  (a) to assess one or more of the following:  (i) the organs of the peripheral vestibular system (utricle, saccule, lateral, superior and posterior semicircular canals, and vestibular nerve);  (ii) muscular or eye movement responses elicited by vestibular stimulation;  (iii) static signs of vestibular dysfunction;  (iv) the central ocular‑motor function; and  (b) using 3 or 4 clinically recognised tests;  other than a service associated with a service to which item 11015, 11021, 11024, 11027, 11205 or 11300 applies | 394.50 |
| 11343 | Investigation of the vestibular function to assist in the diagnosis, treatment or management of a vestibular or related disorder, performed by or on behalf of a medical practitioner:  (a) to assess one or more of the following:  (i) the organs of the peripheral vestibular system (utricle, saccule, lateral, superior and posterior semicircular canals, and vestibular nerve);  (ii) muscular or eye movement responses elicited by vestibular stimulation;  (iii) static signs of vestibular dysfunction;  (iv) the central ocular‑motor function; and  (b) using 5 or more clinically recognised tests;  other than a service associated with a service to which item 11015, 11021, 11024, 11027, 11205 or 11300 applies | 590.25 |
| Subgroup 4—Respiratory | | |
| 11503 | Complex measurement of properties of the respiratory system, including the lungs and respiratory muscles, that is performed:  (a) in a respiratory laboratory; and  (b) under the supervision of a specialist or consultant physician who is responsible for staff training, supervision, quality assurance and the issuing of written reports on tests performed; and  (c) using any of the following tests:  (i) measurement of absolute lung volumes by any method;  (ii) measurement of carbon monoxide diffusing capacity by any method;  (iii) measurement of airway or pulmonary resistance by any method;  (iv) inhalation provocation testing, including pre‑provocation spirometry and the construction of a dose response curve, using a recognised direct or indirect bronchoprovocation agent and post‑bronchodilator spirometry;  (v) provocation testing involving sequential measurement of lung function at baseline and after exposure to specific sensitising agents, including drugs, or occupational asthma triggers;  (vi) spirometry performed before and after simple exercise testing undertaken as a provocation test for the investigation of asthma, in premises equipped with resuscitation equipment and personnel trained in Advanced Life Support;  (vii) measurement of the strength of inspiratory and expiratory muscles at multiple lung volumes;  (viii) simulated altitude test involving exposure to hypoxic gas mixtures and oxygen saturation at rest and/or during exercise with or without an observation of the effect of supplemental oxygen;  (ix) calculation of pulmonary or cardiac shunt by measurement of arterial oxygen partial pressure and haemoglobin concentration following the breathing of an inspired oxygen concentration of 100% for 15 minutes or greater;  (x) if the measurement is for the purpose of determining eligibility for pulmonary arterial hypertension medications subsidised under the Pharmaceutical Benefits Scheme or eligibility for the provision of portable oxygen—functional exercise test by any method (including 6 minute walk test and shuttle walk test);  each occasion at which one or more tests are performed  Not applicable to a service performed in association with a spirometry or sleep study service to which item 11505, 11506, 11507, 11508, 11512, 12203, 12204, 12205, 12207, 12208, 12210, 12213, 12215, 12217 or 12250 applies  Not applicable to a service to which item 11507 applies | 144.25 |
| 11505 | Measurement of spirometry, that:  (a) involves a permanently recorded tracing, performed before and after inhalation of a bronchodilator; and  (b) is performed to confirm diagnosis of:  (i) asthma; or  (ii) chronic obstructive pulmonary disease (COPD); or  (iii) another cause of airflow limitation;  each occasion at which 3 or more recordings are made  Applicable only once in any 12 month period | 42.80 |
| 11506 | Measurement of spirometry, that:  (a) involves a permanently recorded tracing, performed before and after inhalation of a bronchodilator; and  (b) is performed to:  (i) confirm diagnosis of chronic obstructive pulmonary disease (COPD); or  (ii) assess acute exacerbations of asthma; or  (iii) monitor asthma and COPD; or  (iv) assess other causes of obstructive lung disease or the presence of restrictive lung disease;  each occasion at which recordings are made | 21.40 |
| 11507 | Measurement of spirometry:  (a) that includes continuous measurement of the relationship between flow and volume during expiration or during expiration and inspiration, performed before and after inhalation of a bronchodilator; and  (b) fractional exhaled nitric oxide (FeNO) concentration in exhaled breath;  if:  (c) the measurement is performed:  (i) under the supervision of a specialist or consultant physician; and  (ii) with continuous attendance by a respiratory scientist; and  (iii) in a respiratory laboratory equipped to perform complex lung function tests; and  (d) a permanently recorded tracing and written report is provided; and  (e) 3 or more spirometry recordings are performed unless difficult to achieve for clinical reasons;  each occasion at which one or more such tests are performed  Not applicable to a service associated with a service to which item 11503 or 11512 applies | 104.30 |
| 11508 | Maximal symptom‑limited incremental exercise test using a calibrated cycle ergometer or treadmill, if:  (a) the test is performed for the evaluation of:  (i) breathlessness of uncertain cause from tests performed at rest; or  (ii) breathlessness out of proportion with impairment due to known conditions; or  (iii) functional status and prognosis in a patient with significant cardiac or pulmonary disease for whom complex procedures such as organ transplantation are considered; or  (iv) anaesthetic and perioperative risks in a patient undergoing major surgery who is assessed as substantially above average risk after standard evaluation; and  (b) the test has been requested by a specialist or consultant physician following professional attendance on the patient by the specialist or consultant physician; and  (c) a respiratory scientist and a medical practitioner are in constant attendance during the test; and  (d) the test is performed in a respiratory laboratory equipped with airway management and defibrillator equipment; and  (e) there is continuous measurement of at least the following:  (i) work rate;  (ii) pulse oximetry;  (iii) respired oxygen and carbon dioxide partial pressures and respired volumes;  (iv) ECG;  (v) heart rate and blood pressure; and  (f) interpretation and preparation of a permanent report is provided by a specialist or consultant physician who is also responsible for the supervision of technical staff and quality assurance | 302.60 |
| 11512 | Measurement of spirometry:  (a) that includes continuous measurement of the relationship between flow and volume during expiration or during expiration and inspiration, performed before and after inhalation of a bronchodilator; and  (b) that is performed with a respiratory scientist in continuous attendance; and  (c) that is performed in a respiratory laboratory equipped to perform complex lung function tests; and  (d) that is performed under the supervision of a specialist or consultant physician who is responsible for staff training, supervision, quality assurance and the issuing of written reports; and  (e) for which a permanently recorded tracing and written report is provided; and  (f) for which 3 or more spirometry recordings are performed;  each occasion at which one or more such tests are performed  Not applicable for a service associated with a service to which item 11503 or 11507 applies | 64.25 |
| Subgroup 5—Vascular | | |
| 11600 | Central venous, pulmonary arterial, systemic arterial or cardiac intracavity blood pressure monitoring by indwelling catheter—once per day for each type of pressure for a patient, other than a service:  (a) associated with the management of general anaesthesia; and  (b) to which item 13876 applies | 72.10 |
| 11602 | Investigation of venous reflux or obstruction in one or more limbs at rest by CW Doppler or pulsed Doppler involving examination at multiple sites along each limb using intermittent limb compression or Valsalva manoeuvres, or both, to detect prograde and retrograde flow, other than a service associated with a service to which item 32500 applies—hard copy trace and written report, the report component of which must be performed by a medical practitioner, maximum of 2 examinations in a 12 month period, not to be used in conjunction with sclerotherapy | 60.10 |
| 11604 | Investigation of chronic venous disease in the upper and lower extremities, one or more limbs, by plethysmography (excluding photoplethysmography)—examination, hard copy trace and written report, not being a service associated with a service to which item 32500 applies | 78.75 |
| 11605 | Investigation of complex chronic lower limb reflux or obstruction, in one or more limbs, by infrared photoplethysmography, during and following exercise to determine surgical intervention or the conservative management of deep venous thrombotic disease—hard copy trace, calculation of 90% recovery time and written report, not being a service associated with a service to which item 32500 applies | 78.75 |
| 11607 | Continuous ambulatory blood pressure recording for 24 hours or more for a patient if:  (a) the patient has a clinic blood pressure measurement (using a sphygmomanometer or a validated oscillometric blood pressure monitoring device) of either or both of the following measurements:  (i) systolic blood pressure greater than or equal to 140 mmHg and less than or equal to 180 mmHg;  (ii) diastolic blood pressure greater than or equal to 90 mmHg and less than or equal to 110 mmHg; and  (b) the patient has not commenced anti‑hypertensive therapy; and  (c) the recording includes the patient’s resting blood pressure; and  (d) the recording is conducted using microprocessor‑based analysis equipment; and  (e) the recording is interpreted by a medical practitioner and a report is prepared by the same medical practitioner; and  (f) a treatment plan is provided for the patient; and  (g) the service:  (i) is not provided in association with ambulatory electrocardiogram recording; and  (ii) is not associated with a service to which any of the following items apply:  (A) 177;  (B) 224 to 228;  (C) 229 to 244;  (D) 699;  (E) 701 to 707;  (F) 715;  (G) 721 to 732;  (H) 735 to 758.  Applicable only once in any 12 month period  Note: Items 177, 224 to 228, 229 to 244 and 699 are specified in determinations made under subsection 3C(1) of the Act. | 107.20 |
| 11610 | Measurement of ankle—brachial indices and arterial waveform analysis, measurement of posterior tibial and dorsalis pedis (or toe) and brachial arterial pressures bilaterally using Doppler or plethysmographic techniques, the calculation of ankle (or toe) brachial systolic pressure indices and assessment of arterial waveforms for the evaluation of lower extremity arterial disease—examination, hard copy trace and report | 66.30 |
| 11611 | Measurement of wrist—brachial indices and arterial waveform analysis, measurement of radial and ulnar (or finger) and brachial arterial pressures bilaterally using Doppler or plethysmographic techniques, the calculation of the wrist (or finger) brachial systolic pressure indices and assessment of arterial waveforms for the evaluation of upper extremity arterial disease—examination, hard copy trace and report | 66.30 |
| 11612 | Exercise study for the evaluation of lower extremity arterial disease, measurement of posterior tibial and dorsalis pedis (or toe) and brachial arterial pressures bilaterally using Doppler or plethysmographic techniques, the calculation of ankle (or toe) brachial systolic pressure indices for the evaluation of lower extremity arterial disease at rest and following exercise using a treadmill or bicycle ergometer or other such equipment, if the exercise workload is quantifiably documented—examination and report | 116.95 |
| 11614 | Transcranial doppler, examination of the intracranial arterial circulation using CW Doppler or pulsed Doppler with hard copy recording of waveforms, examination and report, other than a service associated with a service to which item 55280 of the diagnostic imaging services table applies | 78.75 |
| 11615 | Measurement of digital temperature, one or more digits, (unilateral or bilateral) and report, with hard copy recording of temperature before and for 10 minutes or more after cold stress testing | 78.95 |
| 11627 | Pulmonary artery pressure monitoring during open heart surgery, in a patient under 12 years of age | 237.90 |
| Subgroup 6—Cardiovascular | | |
| 11704 | Twelve‑lead electrocardiography, trace and formal report, by a specialist or a consultant physician, if the service:  (a) is requested by a requesting practitioner; and  (b) is not associated with a service to which item 12203, 12204, 12205, 12207, 12208, 12210, 12213, 12215, 12217 or 12250 applies | 32.55 |
| 11705 | Twelve‑lead electrocardiography, formal report only, by a specialist or a consultant physician, if the service:  (a) is requested by a requesting practitioner; and  (b) is not associated with a service to which item 12203, 12204, 12205, 12207, 12208, 12210, 12213, 12215, 12217 or 12250 applies  Applicable not more than twice on the same day | 19.15 |
| 11707 | Twelve‑lead electrocardiography, trace only, by a medical practitioner, if:  (a) the trace:  (i) is required to inform clinical decision making; and  (ii) is reviewed in a clinically appropriate timeframe to identify potentially serious or life‑threatening abnormalities; and  (iii) does not need to be fully interpreted or reported on; and  (b) the service is not associated with a service to which item 12203, 12204, 12205, 12207, 12208, 12210, 12213, 12215, 12217 or 12250 applies  Applicable not more than twice on the same day | 19.15 |
| 11713 | Signal averaged ECG recording involving not more than 300 beats, using at least 3 leads with data acquisition at not less than 1000Hz of at least 100 QRS complexes, including analysis, interpretation and report of recording by a specialist physician or consultant physician | 72.55 |
| 11714 | Twelve‑lead electrocardiography, trace and clinical note, by a specialist or consultant physician, if the service is not associated with a service to which item 12203, 12204, 12205, 12207, 12208, 12210, 12213, 12215, 12217 or 12250 applies  Applicable not more than twice on the same day | 25.20 |
| 11716 | Continuous ambulatory electrocardiogram recording for 12 or more hours, by a specialist or consultant physician, if the service:  (a) is indicated for the evaluation of any of the following:  (i) syncope;  (ii) pre‑syncopal episodes;  (iii) palpitations where episodes are occurring more than once a week;  (iv) another asymptomatic arrhythmia is suspected with an expected frequency of greater than once a week;  (v) surveillance following cardiac surgical procedures that have an established risk of causing dysrhythmia; and  (b) utilises a system capable of superimposition and full disclosure printout of at least 12 hours of recorded electrocardiogram data (including resting electrocardiogram and the recording of parameters)andmicroprocessor based scanning analysis; and  (c) includes interpretation and report; and  (d) is not provided in association with ambulatory blood pressure monitoring; and  (e) is not associated with a service to which item 11704, 11705, 11707, 11714, 11717, 11723, 11735, 12203, 12204, 12205, 12207, 12208, 12210, 12213, 12215, 12217 or 12250 applies  Applicable only once in any 4 week period | 174.30 |
| 11717 | Ambulatory electrocardiogram monitoring, by a specialist or consultant physician, if the service:  (a) utilises a patient activated, single or multiple event memory recording device that:  (i) is connected continuously to the patient for between 7 and 30 days; and  (ii) is capable of recording for at least 20 seconds prior to each activation and for 15 seconds after each activation; and  (b) includes transmission, analysis, interpretation and reporting (including the indication for the investigation); and  (c) is for the investigation of recurrent episodes of:  (i) unexplained syncope; or  (ii) palpitation; or  (iii) other symptoms where a cardiac rhythm disturbance is suspected and where infrequent episodes have occurred; and  (d) is not associated with a service to which item 11716, 11723, 11735, 12203, 12204, 12205, 12207, 12208, 12210, 12213, 12215, 12217 or 12250 applies  Applicable only once in any 3 month period | 102.40 |
| 11719 | Implanted pacemaker (including cardiac resynchronisation pacemaker) remote monitoring involving reviews (without patient attendance) of arrhythmias, lead and device parameters, if at least one remote review is provided in a 12 month period  Applicable once in any 12 month period | 69.50 |
| 11720 | Implanted pacemaker testing, with patient attendance, following detection of abnormality by remote monitoring involving electrocardiography, measurement of rate, width and amplitude of stimulus, including reprogramming when required, not being a service associated with a service to which item 11721 applies | 69.50 |
| 11721 | Implanted pacemaker testing of atrioventricular (AV) sequential, rate responsive, or antitachycardia pacemakers, including reprogramming when required, other than a service associated with a service to which item 11704, 11719, 11720, 11725 or 11726 applies | 72.55 |
| 11723 | Ambulatory electrocardiogram monitoring, by a specialist or consultant physician, if the service:  (a) utilises a patient activated, single or multiple event recording, on a memory recording device that:  (i) is connected continuously to the patient for up to 7 days; and  (ii) is capable of recording for at least 20 seconds prior to each activation and for 15 seconds after each activation; and  (b) includes transmission, analysis, interpretation and formal report (including the indication for the investigation); and  (c) is for the investigation of recurrent episodes of:  (i) unexplained syncope; or  (ii) palpitation; or  (iii) other symptoms where a cardiac rhythm disturbance is suspected and where infrequent episodes have occurred; and  (d) is not associated with a service to which item 11716, 11717, 11735, 12203, 12204, 12205, 12207, 12208, 12210, 12213, 12215, 12217 or 12250 applies  Applicable only once in any 3 month period | 54.05 |
| 11724 | Upright tilt table testing for the investigation of syncope of suspected cardiothoracic origin, including blood pressure monitoring, continuous ECG monitoring and the recording of the 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 | 175.70 |
| 11725 | Implanted defibrillator (including cardiac resynchronisation defibrillator) remote monitoring involving reviews (without patient attendance) of arrhythmias, lead and device parameters, if at least 2 remote reviews are provided in a 12 month period  Applicable once in any 12 month period | 197.20 |
| 11726 | Implanted defibrillator testing, with patient attendance, following detection of abnormality by remote monitoring involving electrocardiography, measurement of rate, width and amplitude of stimulus, not being a service associated with a service to which item 11727 applies | 98.60 |
| 11727 | Implanted defibrillator testing involving electrocardiography, assessment of pacing and sensing thresholds for pacing and defibrillation electrodes, download and interpretation of stored events and electrograms, including programming when required, other than a service associated with a service to which item 11719, 11720, 11721, 11725 or 11726 applies | 98.60 |
| 11728 | Implanted loop recording for the investigation of atrial fibrillation if the patient to whom the service is provided has been diagnosed as having had an embolic stroke of undetermined source, including reprogramming when required, retrieval of stored data, analysis, interpretation and report, other than a service to which item 38288 applies  For any particular patient—applicable not more than 4 times in any 12 months | 36.15 |
| 11729 | Multi channel electrocardiogram monitoring and recording during exercise (motorised treadmill or cycle ergometer capable of quantifying external workload in watts) or pharmacological stress, if:  (a) the patient is 17 years or more; and  (b) the patient:  (i) has symptoms consistent with cardiac ischemia; or  (ii) has other cardiac disease which may be exacerbated by exercise; or  (iii) has a first degree relative with suspected heritable arrhythmia; and  (c) the monitoring and recording:  (i) is not less than 20 minutes; and  (ii) includes resting electrocardiogram; and  (d) a written report is produced by a medical practitioner that includes interpretation of the monitoring and recording data, commenting on the significance of the data, and the relationship of the data to clinical decision making for the patient in theclinical context; and  (e) the service is not a service:  (i) provided on the same occasion as a service to which item 11704, 11705, 11707 or 11714 applies; or  (ii) performed within 24 months of a service to which item 55141, 55143, 55145, 55146, 61311, 61324, 61329, 61332, 61345, 61349, 61357, 61365, 61377, 61380, 61394, 61398, 61406, 61410, 61414 or 61418 applies  Applicable only once in any 24 month period | 158.35 |
| 11730 | Multi channel electrocardiogram monitoring and recording during exercise (motorised treadmill or cycle ergometer capable of quantifying external workload in watts), if:  (a) the patient is less than 17 years; and  (b) the patient:  (i) has symptoms consistent with cardiac ischemia; or  (ii) has other cardiac disease which may be exacerbated by exercise; or  (iii) has a first degree relative with suspected heritable arrhythmia; and  (c) the monitoring and recording:  (i) is not less than 20 minutes in duration; and  (ii) includes resting electrocardiogram; and  (d) a written report is produced by a medical practitioner that includes interpretation of the monitoring and recording data, commenting on the significance of the data, and the relationship of the data to clinical decision making for the patient in the clinical context; and  (e) the service is not a service:  (i) provided on the same occasion as a service to which item 11704, 11705, 11707 or 11714 applies; or  (ii) performed within 24 months of a service to which item 55141, 55143, 55145, 55146, 61311, 61324, 61329, 61332, 61345, 61349, 61357, 61365, 61377, 61380, 61394, 61398, 61406, 61410, 61414 or 61418 applies  Applicable only once in any 24 month period | 158.35 |
| 11731 | Implanted electrocardiogram loop recording, by a medical practitioner, including reprogramming (if required), retrieval of stored data, analysis, interpretation and report, if the service is:  (a) an investigation for a patient with:  (i) cryptogenic stroke; or  (ii) recurrent unexplained syncope; and  (b) not a service to which item 38285 applies  Applicable only once in any 4 week period | 36.15 |
| 11735 | Continuous ambulatory electrocardiogram recording for 7 days, by a specialist or consultant physician, if the service:  (a) utilises intelligent microprocessor based monitoring, with patient triggered recording and symptom reporting capability, real time analysis of electrocardiograms and alerts and daily or live data uploads; and  (b) is for the investigation of:  (i) episodes of suspected intermittent cardiac arrhythmia or episodes of syncope; or  (ii) suspected intermittent cardiac arrhythmia in a patient who has had a previous cerebrovascular accident, is at risk of cerebrovascular accident or has had one or more previous transient ischemic attacks; and  (c) includes interpretation and report; and  (d) is not a service:  (i) provided in association with ambulatory blood pressure monitoring; or  (ii) associated with a service to which item 11716, 11717, 11723, 12203, 12204, 12205, 12207, 12208, 12210, 12213, 12215, 12217 or 12250 applies  Applicable not more than 4 times in any 12 month period | 133.10 |
| 11736 | Implanted loop recording via remote monitoring (including reprogramming (if required), retrieval of stored data, analysis, interpretation and report), for the investigation of atrial fibrillation, if the service:  (a) is provided to a patient who has been diagnosed as having had an embolic stroke of undetermined source; and  (b) is not a service to which item 38288 applies  Applicable not more than 4 times in any 12 month period | 36.75 |
| 11737 | Implanted electrocardiogram loop recording via remote monitoring (including reprogramming (if required), retrieval of stored data, analysis, interpretation and report), by a medical practitioner, if the service is:  (a) an investigation for a patient with:  (i) cryptogenic stroke; or  (ii) recurrent unexplained syncope; and  (b) not a service to which item 38285 applies  Applicable only once in any 4 week period | 36.75 |
| Subgroup 7—Gastroenterology and colorectal | | |
| 11800 | Oesophageal motility test, manometric | 181.50 |
| 11801 | Clinical assessment of gastro‑oesophageal reflux disease that involves 48‑hour catheter‑free wireless ambulatory oesophageal pH monitoring, including administration of the device and associated endoscopy procedure for placement, analysis and interpretation of the data and all attendances for providing the service, if:  (a) a catheter‑based ambulatory oesophageal pH monitoring:  (i) has been attempted on the patient but failed due to clinical complications; or  (ii) is not clinically appropriate for the patient due to anatomical reasons (nasopharyngeal anatomy) preventing the use of catheter‑based pH monitoring; and  (b) the service is performed by a specialist or consultant physician with endoscopic training that is recognised by the Conjoint Committee for the Recognition of Training in Gastrointestinal Endoscopy (Anaes.) | 273.65 |
| 11810 | Clinical assessment of gastro‑oesophageal reflux disease involving 24‑hour pH monitoring, including analysis, interpretation and report and including any associated consultation | 181.50 |
| 11820 | Capsule endoscopy to investigate an episode of obscure gastrointestinal bleeding, using a capsule endoscopy device (including administration of the capsule, associated endoscopy procedure if required for placement, imaging, image reading and interpretation, and all attendances for providing the service on the day the capsule is administered) if:  (a) the service is provided to a patient who:  (i) has overt gastrointestinal bleeding; or  (ii) has gastrointestinal bleeding that is recurrent or persistent, and iron deficiency anaemia that is not due to coeliac disease, and, if the patient also has menorrhagia, has had the menorrhagia considered and managed; and  (b) an upper gastrointestinal endoscopy and a colonoscopy have been performed on the patient and have not identified the cause of the bleeding; and  (c) the service has not been provided to the same patient on more than 2 occasions in the preceding 12 months; and  (d) the service is performed by a specialist or consultant physician with endoscopic training that is recognised by the Conjoint Committee for the Recognition of Training in Gastrointestinal Endoscopy; and  (e) the service is not associated with a service to which item 30680, 30682, 30684 or 30686 applies | 1,279.15 |
| 11823 | Capsule endoscopy to conduct small bowel surveillance of a patient diagnosed with Peutz‑Jeghers Syndrome, using a capsule endoscopy device approved by the Therapeutic Goods Administration (including administration of the capsule, imaging, image reading and interpretation, and all attendances for providing the service on the day the capsule is administered) if:  (a) the service is performed by a specialist or consultant physician with endoscopic training that is recognised by the Conjoint Committee for the Recognition of Training in Gastrointestinal Endoscopy; and  (b) the item is performed only once in any 2 year period; and  (c) the service is not associated with balloon enteroscopy | 1,279.15 |
| 11830 | Diagnosis of abnormalities of the pelvic floor involving anal manometry or measurement of anorectal sensation or measurement of the rectosphincteric reflex | 194.40 |
| 11833 | Diagnosis of abnormalities of the pelvic floor and sphincter muscles involving electromyography or measurement of pudendal and spinal nerve motor latency | 259.85 |
| Subgroup 8—Genito‑urinary physiological investigations | | |
| 11900 | Urine flow study, including peak urine flow measurement, not being a service associated with a service to which item 11912, 11917 or 11919 applies | 28.65 |
| 11912 | Cystometrography:  (a) with measurement of any one or more of the following:  (i) urine flow rate;  (ii) urethral pressure profile;  (iii) urethral sphincter electromyography; and  (b) with simultaneous measurement of:  (i) rectal pressure; or  (ii) stomal or vaginal pressure if rectal pressure is not possible;  not being a service associated with a service to which any of items 11012 to 11027, 11900, 11917, 11919 and 36800 or an item in Group I3 of the diagnostic imaging services table applies (Anaes.) | 205.50 |
| 11917 | Cystometrography, in conjunction with real time ultrasound of one or more components of the urinary tract:  (a) with measurement of any one or more of the following:  (i) urine flow rate;  (ii) urethral pressure profile;  (iii) urethral sphincter electromyography; and  (b) with simultaneous measurement of:  (i) rectal pressure; or  (ii) stomal or vaginal pressure if rectal pressure is not possible;  including all imaging associated with cystometrography, not being a service associated with a service to which any of items 11012 to 11027, 11900, 11912, 11919 and 36800 or an item in Group I3 of the diagnostic imaging services table applies (Anaes.) | 445.75 |
| 11919 | Cystometrography in conjunction with contrast micturating cystourethrography, with measurement of any one or more of urine flow rate, urethral pressure profile, rectal pressure, urethral sphincter electromyography, being a service associated with a service to which item 60506 or 60509 applies, other than a service associated with a service to which any of items 11012 to 11027, 11900 to 11917 and 36800 applies (Anaes.) | 445.75 |
| Subgroup 9—Allergy testing | | |
| 12000 | Skin prick testing for aeroallergens by a specialist or consultant physician in the practice of the specialist or consultant physician’s specialty, including all allergens tested on the same day, not being a service associated with a service to which item 12001, 12002, 12005, 12012, 12017, 12021, 12022 or 12024 applies | 40.50 |
| 12001 | Skin prick testing for aeroallergens, including all allergens tested on the same day, not being a service associated with a service to which item 12000, 12002, 12005, 12012, 12017, 12021, 12022 or 12024 applies  Applicable only once in any 12 month period | 40.50 |
| 12002 | Repeat skin prick testing of a patient for aeroallergens, including all allergens tested on the same day, if:  (a) further testing for aeroallergens is indicated in the same 12 month period to which item 12001 applies to a service for the patient; and  (b) the service is not associated with a service to which item 12000, 12001, 12005, 12012, 12017, 12021, 12022 or 12024 applies  Applicable only once in any 12 month period | 40.50 |
| 12003 | Skin prick testing for food and latex allergens, including all allergens tested on the same day, not being a service associated with a service to which item 12012, 12017, 12021, 12022 or 12024 applies | 40.50 |
| 12004 | Skin testing for medication allergens (antibiotics or non‑general anaesthetics agents) and venoms (including prick testing and intradermal testing with a number of dilutions), including all allergens tested on the same day, not being a service associated with a service to which item 12012, 12017, 12021, 12022 or 12024 applies | 61.25 |
| 12005 | Skin testing:  (a) performed by or on behalf of a specialist or consultant physician in the practice of the specialist’s or consultant physician’s specialty; and  (b) for agents used in the perioperative period (including prick testing and intradermal testing with a number of dilutions), to investigate anaphylaxis in a patient with a history of prior anaphylactic reaction or cardiovascular collapse associated with the administration of an anaesthetic; and  (c) including all allergens tested on the same day; and  (d) not being a service associated with a service to which item 12000, 12001, 12002, 12003, 12012, 12017, 12021, 12022 or 12024 applies | 82.40 |
| 12012 | Epicutaneous patch testing in the investigation of allergic dermatitis using not more than 25 allergens | 21.65 |
| 12017 | Epicutaneous patch testing in the investigation of allergic dermatitis using more than 25 allergens but not more than 50 allergens | 73.10 |
| 12021 | Epicutaneous patch testing in the investigation of allergic dermatitis, performed by or on behalf of a specialist, or consultant physician, in the practice of the specialist’s or consultant physician’s specialty, using more than 50 allergens but not more than 75 allergens | 120.15 |
| 12022 | Epicutaneous patch testing in the investigation of allergic dermatitis, performed by or on behalf of a specialist, or consultant physician, in the practice of the specialist’s or consultant physician’s specialty, using more than 75 allergens but not more than 100 allergens | 141.10 |
| 12024 | Epicutaneous patch testing in the investigation of allergic dermatitis, performed by or on behalf of a specialist, or consultant physician, in the practice of the specialist’s or consultant physician’s specialty, using more than 100 allergens | 160.75 |
| Subgroup 10—Other diagnostic procedures and investigations | | |
| 12200 | Collection of specimen of sweat by iontophoresis | 38.70 |
| 12201 | Administration, by a specialist or consultant physician in the practice of the specialist’s or consultant physician’s specialty, of thyrotropin alfa‑rch (recombinant human thyroid‑stimulating hormone), and arranging services to which items 61426 and 66650 apply, for the detection of recurrent well‑differentiated thyroid cancer in a patient if:  (a) the patient has had a total thyroidectomy and one ablative dose of radioactive iodine; and  (b) the patient is maintained on thyroid hormone therapy; and  (c) the patient is at risk of recurrence; and  (d) on at least one previous whole body scan or serum thyroglobulin test when withdrawn from thyroid hormone therapy, the patient did not have evidence of well‑differentiated thyroid cancer; and  (e) either:  (i) withdrawal from thyroid hormone therapy resulted in severe psychiatric disturbances when hypothyroid; or  (ii) withdrawal is medically contra‑indicated because the patient has:  (A) unstable coronary artery disease; or  (B) hypopituitarism; or  (C) a high risk of relapse or exacerbation of a previous severe psychiatric illness  Applicable once only in a 12 month period | 2,489.85 |
| 12203 | Overnight diagnostic assessment of sleep, for at least 8 hours, for a patient aged 18 years or more, to confirm diagnosis of a sleep disorder, if:  (a) either:  (i) the patient has been referred by a medical practitioner to a qualified adult sleep medicine practitioner or a consultant respiratory physician who has determined that the patient has a high probability for symptomatic, moderate to severe obstructive sleep apnoea based on clinical screening tool results; or  (ii) following professional attendance on the patient (either face‑to‑face or by video conference) by a qualified adult sleep medicine practitioner or a consultant respiratory physician, the qualified adult sleep medicine practitioner or consultant respiratory physician determines that assessment is necessary to confirm the diagnosis of a sleep disorder; and  (b) the overnight diagnostic assessment is performed to investigate:  (i) suspected obstructive sleep apnoea syndrome where the patient is assessed as not suitable for an unattended sleep study; or  (ii) suspected central sleep apnoea syndrome; or  (iii) suspected sleep hypoventilation syndrome; or  (iv) suspected sleep‑related breathing disorders in association with non‑respiratory co‑morbid conditions including heart failure, significant cardiac arrhythmias, neurological disease, acromegaly or hypothyroidism; or  (v) unexplained hypersomnolence which is not attributed to inadequate sleep hygiene or environmental factors; or  (vi) suspected parasomnia or seizure disorder where clinical diagnosis cannot be established on clinical features alone (including associated atypical features, vigilance behaviours or failure to respond to conventional therapy); or  (vii) suspected sleep related movement disorder, where the diagnosis of restless legs syndrome is not evident on clinical assessment; and  (c) a sleep technician is in continuous attendance under the supervision of a qualified adult sleep medicine practitioner; and  (d) there is continuous monitoring and recording, performed in accordance with current professional guidelines, of the following measures:  (i) airflow;  (ii) continuous EMG;  (iii) anterior tibial EMG;  (iv) continuous ECG;  (v) continuous EEG;  (vi) EOG;  (vii) oxygen saturation;  (viii) respiratory movement (chest and abdomen);  (ix) position; and  (e) polygraphic records are:  (i) analysed (for assessment of sleep stage, arousals, respiratory events, cardiac abnormalities and limb movements) with manual scoring, or manual correction of computerised scoring in epochs of not more than 1 minute; and  (ii) stored for interpretation and preparation of a report; and  (f) interpretation and preparation of a permanent report is provided by a qualified adult sleep medicine practitioner with personal direct review of raw data from the original recording of polygraphic data from the patient; and  (g) the overnight diagnostic assessment is not provided to the patient on the same occasion that a service described in any of items 11000 to 11005, 11503, 11704, 11705, 11707, 11713, 11714, 11716, 11717, 11723, 11735 or 12250 is provided to the patient  Applicable only once in any 12 month period | 611.80 |
| 12204 | Overnight assessment of positive airway pressure, for at least 8 hours, for a patient aged 18 years or more, if:  (a) the necessity for an intervention sleep study is determined by a qualified adult sleep medicine practitioner or consultant respiratory physician where a diagnosis of a sleep‑related breathing disorder has been made; and  (b) the patient has not undergone positive airway pressure therapy in the previous 6 months; and  (c) following professional attendance on the patient by a qualified adult sleep medicine practitioner or a consultant respiratory physician (either face‑to‑face or by video conference), the qualified adult sleep medicine practitioner or consultant respiratory physician establishes that the sleep‑related breathing disorder is responsible for the patient’s symptoms; and  (d) a sleep technician is in continuous attendance under the supervision of a qualified adult sleep medicine practitioner; and  (e) there is continuous monitoring and recording, performed in accordance with current professional guidelines, of the following measures:  (i) airflow;  (ii) continuous EMG;  (iii) anterior tibial EMG;  (iv) continuous ECG;  (v) continuous EEG;  (vi) EOG;  (vii) oxygen saturation;  (viii) respiratory movement;  (ix) position; and  (f) polygraphic records are:  (i) analysed (for assessment of sleep stage, arousals, respiratory events, cardiac abnormalities and limb movements) with manual scoring, or manual correction of computerised scoring in epochs of not more than 1 minute; and  (ii) stored for interpretation and preparation of a report; and  (g) interpretation and preparation of a permanent report is provided by a qualified adult sleep medicine practitioner with personal direct review of raw data from the original recording of polygraphic data from the patient; and  (h) the overnight assessment is not provided to the patient on the same occasion that a service described in any of items 11000 to 11005, 11503, 11704, 11705, 11707, 11713, 11714, 11716, 11717, 11723, 11735 or 12250 is provided to the patient  Applicable only once in any 12 month period | 611.80 |
| 12205 | Follow‑up study for a patient aged 18 years or more with a sleep‑related breathing disorder, following professional attendance on the patient by a qualified adult sleep medicine practitioner or consultant respiratory physician, if:  (a) any of the following subparagraphs applies:  (i) there has been a recurrence of symptoms not explained by known or identifiable factors such as inadequate usage of treatment, sleep duration or significant recent illness;  (ii) there has been a significant change in weight or changes in co‑morbid conditions that could affect sleep‑related breathing disorders, and other means of assessing treatment efficacy (including review of data stored by a therapy device used by the patient) are unavailable or have been equivocal;  (iii) the patient has undergone a therapeutic intervention (including, but not limited to, positive airway pressure, upper airway surgery, positional therapy, appropriate oral appliance, weight loss of more than 10% in the previous 6 months or oxygen therapy), and there is either clinical evidence of sub‑optimal response or uncertainty about control of sleep‑disordered breathing; and  (b) a sleep technician is in continuous attendance under the supervision of a qualified adult sleep medicine practitioner; and  (c) there is continuous monitoring and recording, performed in accordance with current professional guidelines, of the following measures:  (i) airflow;  (ii) continuous EMG;  (iii) anterior tibial EMG;  (iv) continuous ECG;  (v) continuous EEG;  (vi) EOG;  (vii) oxygen saturation;  (viii) respiratory movement (chest and abdomen);  (ix) position; and  (d) polygraphic records are:  (i) analysed (for assessment of sleep stage, arousals, respiratory events, cardiac abnormalities and limb movements) with manual scoring, or manual correction of computerised scoring in epochs of not more than 1 minute; and  (ii) stored for interpretation and preparation of a report; and  (e) interpretation and preparation of a permanent report is provided by a qualified adult sleep medicine practitioner with personal direct review of raw data from the original recording of polygraphic data from the patient; and  (f) the follow‑up study is not provided to the patient on the same occasion that a service described in any of items 11000 to 11005, 11503, 11704, 11705, 11707, 11713, 11714, 11716, 11717, 11723, 11735 or 12250 is provided to the patient  Applicable only once in any 12 month period | 611.80 |
| 12207 | Overnight investigation, for a patient aged 18 years or more, for a sleep‑related breathing disorder, following professional attendance by a qualified adult sleep medicine practitioner or a consultant respiratory physician (either face‑to‑face or by video conference), if:  (a) the patient is referred by a medical practitioner; and  (b) the necessity for the investigation is determined by a qualified adult sleep medicine practitioner before the investigation; and  (c) there is continuous monitoring and recording, in accordance with current professional guidelines, of the following measures:  (i) airflow;  (ii) continuous EMG;  (iii) anterior tibial EMG;  (iv) continuous ECG;  (v) continuous EEG;  (vi) EOG;  (vii) oxygen saturation;  (viii) respiratory movement (chest and abdomen);  (ix) position; and  (d) a sleep technician is in continuous attendance under the supervision of a qualified adult sleep medicine practitioner; and  (e) polygraphic records are:  (i) analysed (for assessment of sleep stage, arousals, respiratory events and assessment of clinically significant alterations in heart rate and limb movement) with manual scoring, or manual correction of computerised scoring in epochs of not more than 1 minute; and  (ii) stored for interpretation and preparation of a report; and  (f) interpretation and preparation of a permanent report is provided by a qualified adult sleep medicine practitioner with personal direct review of raw data from the original recording of polygraphic data from the patient; and  (g) the investigation is not provided to the patient on the same occasion that a service described in any of items 11000 to 11005, 11503, 11704, 11705, 11707, 11713, 11714, 11716, 11717, 11723, 11735 or 12250 is provided to the patient; and  (h) previous studies have demonstrated failure of continuous positive airway pressure or oxygen; and  (i) if the patient has severe respiratory failure—a further investigation is indicated in the same 12 month period to which items 12204 and 12205 apply to a service for the patient, for the adjustment or testing, or both, of the effectiveness of a positive pressure ventilatory support device (other than continuous positive airway pressure) in sleep  Applicable only once in any 12 month period | 611.80 |
| 12208 | Overnight investigation for sleep apnoea for at least 8 hours, for a patient aged 18 years or more, if:  (a) a qualified adult sleep medicine practitioner or consultant respiratory physician has determined that the investigation is necessary to confirm the diagnosis of a sleep disorder; and  (b) a sleep technician is in continuous attendance under the supervision of a qualified adult sleep medicine practitioner; and  (c) there is continuous monitoring and recording, in accordance with current professional guidelines, of the following measures:  (i) airflow;  (ii) continuous EMG;  (iii) anterior tibial EMG;  (iv) continuous ECG;  (v) continuous EEG;  (vi) EOG;  (vii) oxygen saturation;  (viii) respiratory movement (chest and abdomen);  (ix) position; and  (d) polygraphic records are:  (i) analysed (for assessment of sleep stage, arousals, respiratory events, cardiac abnormalities and limb movements) with manual scoring, or manual correction of computerised scoring in epochs of not more than 1 minute; and  (ii) stored for interpretation and preparation of a report; and  (e) interpretation and preparation of a permanent report is provided by a qualified adult sleep medicine practitioner with personal direct review of raw data from the original recording of polygraphic data from the patient; and  (f) a further investigation is indicated in the same 12 month period to which item 12203 applies to a service for the patient because insufficient sleep was acquired, as evidenced by a sleep efficiency of 25% or less, during the previous investigation to which that item applied; and  (g) the investigation is not provided to the patient on the same occasion that a service described in any of items 11000 to 11005, 11503, 11704, 11705, 11707, 11713, 11714, 11716, 11717, 11723, 11735 or 12250 is provided to the patient  Applicable only once in any 12 month period | 611.80 |
| 12210 | Overnight paediatric investigation, for at least 8 hours, for a patient less than 12 years of age, if:  (a) the patient is referred by a medical practitioner; and  (b) the necessity for the investigation is determined by a qualified paediatric sleep medicine practitioner before the investigation; and  (c) there is continuous monitoring of oxygen saturation and breathing using a multi‑channel polygraph, and recordings of the following are made, in accordance with current professional guidelines:  (i) airflow;  (ii) continuous EMG;  (iii) ECG;  (iv) EEG (with a minimum of 4 EEG leads or, in selected investigations, a minimum of 6 EEG leads);  (v) EOG;  (vi) oxygen saturation;  (vii) respiratory movement of rib and abdomen (whether movement of rib is recorded separately from, or together with, movement of abdomen);  (viii) measurement of carbon dioxide (either end‑tidal or transcutaneous); and  (d) a sleep technician, or registered nurse with sleep technology training, is in continuous attendance under the supervision of a qualified paediatric sleep medicine practitioner; and  (e) polygraphic records are:  (i) analysed (for assessment of sleep stage, and maturation of sleep indices, arousals, respiratory events and assessment of clinically significant alterations in heart rate and body movement) with manual scoring, or manual correction of computerised scoring in epochs of not more than 1 minute; and  (ii) stored for interpretation and preparation of a report; and  (f) interpretation and report are provided by a qualified paediatric sleep medicine practitioner based on reviewing the direct original recording of polygraphic data from the patient; and  (g) the investigation is not provided to the patient on the same occasion that a service to which item 11704, 11705, 11707, 11713, 11714, 11716, 11717, 11723 or 11735 applies is provided to the patient  For each particular patient—applicable only in relation to each of the first 3 occasions the investigation is performed in any 12 month period | 730.30 |
| 12213 | Overnight paediatric investigation, for at least 8 hours, for a patient aged at least 12 years but less than 18 years, if:  (a) the patient is referred by a medical practitioner; and  (b) the necessity for the investigation is determined by a qualified sleep medicine practitioner before the investigation; and  (c) there is continuous monitoring of oxygen saturation and breathing using a multi‑channel polygraph, and recordings of the following are made, in accordance with current professional guidelines:  (i) airflow;  (ii) continuous EMG;  (iii) ECG;  (iv) EEG (with a minimum of 4 EEG leads or, in selected investigations, a minimum of 6 EEG leads);  (v) EOG;  (vi) oxygen saturation;  (vii) respiratory movement of rib and abdomen (whether movement of rib is recorded separately from, or together with, movement of abdomen);  (viii) measurement of carbon dioxide (either end‑tidal or transcutaneous); and  (d) a sleep technician, or registered nurse with sleep technology training, is in continuous attendance under the supervision of a qualified sleep medicine practitioner; and  (e) polygraphic records are:  (i) analysed (for assessment of sleep stage, and maturation of sleep indices, arousals, respiratory events and assessment of clinically significant alterations in heart rate and body movement) with manual scoring, or manual correction of computerised scoring in epochs of not more than 1 minute; and  (ii) stored for interpretation and preparation of a report; and  (f) interpretation and report are provided by a qualified sleep medicine practitioner based on reviewing the direct original recording of polygraphic data from the patient; and  (g) the investigation is not provided to the patient on the same occasion that a service to which item 11704, 11705, 11707, 11713, 11714, 11716, 11717, 11723 or 11735 applies is provided to the patient  For each particular patient—applicable only in relation to each of the first 3 occasions the investigation is performed in any 12 month period | 657.90 |
| 12215 | Overnight paediatric investigation, for at least 8 hours, for a patient less than 12 years of age, if:  (a) the patient is referred by a medical practitioner; and  (b) the necessity for the investigation is determined by a qualified paediatric sleep medicine practitioner before the investigation; and  (c) there is continuous monitoring of oxygen saturation and breathing using a multi‑channel polygraph, and recordings of the following are made, in accordance with current professional guidelines:  (i) airflow;  (ii) continuous EMG;  (iii) ECG;  (iv) EEG (with a minimum of 4 EEG leads or, in selected investigations, a minimum of 6 EEG leads);  (v) EOG;  (vi) oxygen saturation;  (vii) respiratory movement of rib and abdomen (whether movement of rib is recorded separately from, or together with, movement of abdomen);  (viii) measurement of carbon dioxide (either end‑tidal or transcutaneous); and  (d) a sleep technician, or registered nurse with sleep technology training, is in continuous attendance under the supervision of a qualified paediatric sleep medicine practitioner; and  (e) polygraphic records are:  (i) analysed (for assessment of sleep stage, and maturation of sleep indices, arousals, respiratory events and assessment of clinically significant alterations in heart rate and body movement) with manual scoring, or manual correction of computerised scoring in epochs of not more than 1 minute; and  (ii) stored for interpretation and preparation of a report; and  (f) interpretation and report are provided by a qualified paediatric sleep medicine practitioner based on reviewing the direct original recording of polygraphic data from the patient; and  (g) a further investigation is indicated in the same 12 month period to which item 12210 applies to a service for the patient, for a patient using Continuous Positive Airway Pressure (CPAP) or non‑invasive or invasive ventilation, or supplemental oxygen, in either or both of the following circumstances:  (i) there is ongoing hypoxia or hypoventilation on the third study to which item 12210 applied for the patient, and further titration of respiratory support is needed to optimise therapy;  (ii) there is clear and significant change in clinical status (for example lung function or functional status) or an intervening treatment that may affect ventilation in the period since the third study to which item 12210 applied for the patient, and repeat study is therefore required to determine the need for or the adequacy of respiratory support; and  (h) the investigation is not provided to the patient on the same occasion that a service to which item 11704, 11705, 11707, 11713, 11714, 11716, 11717, 11723 or 11735 applies is provided to the patient  Applicable only once in the same 12 month period to which item 12210 applies | 730.30 |
| 12217 | Overnight paediatric investigation for at least 8 hours for a patient aged at least 12 years but less than 18 years, if:  (a) the patient is referred by a medical practitioner; and  (b) the necessity for the investigation is determined by a qualified sleep medicine practitioner before the investigation; and  (c) there is continuous monitoring of oxygen saturation and breathing using a multi‑channel polygraph, and recordings of the following are made, in accordance with current professional guidelines:  (i) airflow;  (ii) continuous EMG;  (iii) ECG;  (iv) EEG (with a minimum of 4 EEG leads or, in selected investigations, a minimum of 6 EEG leads);  (v) EOG;  (vi) oxygen saturation;  (vii) respiratory movement of rib and abdomen (whether movement of rib is recorded separately from, or together with, movement of abdomen);  (viii) measurement of carbon dioxide (either end‑tidal or transcutaneous); and  (d) a sleep technician, or registered nurse with sleep technology training, is in continuous attendance under the supervision of a qualified sleep medicine practitioner; and  (e) polygraphic records are:  (i) analysed (for assessment of sleep stage, and maturation of sleep indices, arousals, respiratory events and assessment of clinically significant alterations in heart rate and body movement) with manual scoring, or manual correction of computerised scoring in epochs of not more than 1 minute; and  (ii) stored for interpretation and preparation of a report; and  (f) interpretation and report are provided by a qualified sleep medicine practitioner based on reviewing the direct original recording of polygraphic data from the patient; and  (g) a further investigation is indicated in the same 12 month period to which item 12213 applies to a service for the patient, for a patient using Continuous Positive Airway Pressure (CPAP) or non‑invasive or invasive ventilation, or supplemental oxygen, in either or both of the following circumstances:  (i) there is ongoing hypoxia or hypoventilation on the third study to which item 12213 applied for the patient, and further titration is needed to optimise therapy;  (ii) there is clear and significant change in clinical status (for example lung function or functional status) or an intervening treatment that may affect ventilation in the period since the third study to which item 12213 applied for the patient, and repeat study is therefore required to determine the need for or the adequacy of respiratory support; and  (h) the investigation is not provided to the patient on the same occasion that a service to which item 11704, 11705, 11707, 11713, 11714, 11716, 11717, 11723 or 11735 applies is provided to the patient  Applicable only once in the same 12 month period to which item 12213 applies | 657.90 |
| 12250 | Overnight investigation of sleep for at least 8 hours of a patient aged 18 years or more to confirm diagnosis of obstructive sleep apnoea, if:  (a) either:  (i) the patient has been referred by a medical practitioner to a qualified adult sleep medicine practitioner or a consultant respiratory physician who has determined that the patient has a high probability for symptomatic, moderate to severe obstructive sleep apnoea based on clinical screening tool results; or  (ii) following professional attendance on the patient (either face‑to‑face or by video conference) by a qualified adult sleep medicine practitioner or a consultant respiratory physician, the qualified adult sleep medicine practitioner or consultant respiratory physician determines that investigation is necessary to confirm the diagnosis of obstructive sleep apnoea; and  (b) during a period of sleep, there is continuous monitoring and recording, performed in accordance with current professional guidelines, of the following measures:  (i) airflow;  (ii) continuous EMG;  (iii) continuous ECG;  (iv) continuous EEG;  (v) EOG;  (vi) oxygen saturation;  (vii) respiratory effort; and  (c) the investigation is performed under the supervision of a qualified adult sleep medicine practitioner; and  (d) either:  (i) the equipment is applied to the patient by a sleep technician; or  (ii) if this is not possible—the reason it is not possible for the sleep technician to apply the equipment to the patient is documented and the patient is given instructions on how to apply the equipment by a sleep technician supported by written instructions; and  (e) polygraphic records are:  (i) analysed (for assessment of sleep stage, arousals, respiratory events and cardiac abnormalities) with manual scoring, or manual correction of computerised scoring in epochs of not more than 1 minute; and  (ii) stored for interpretation and preparation of a report; and  (f) interpretation and preparation of a permanent report is provided by a qualified adult sleep medicine practitioner with personal direct review of raw data from the original recording of polygraphic data from the patient; and  (g) the investigation is not provided to the patient on the same occasion that a service described in any of items 11000 to 11005, 11503, 11704, 11705, 11707, 11713, 11714, 11716, 11717, 11723, 11735 and 12203 is provided to the patient  Applicable only once in any 12 month period | 348.85 |
| 12254 | Multiple sleep latency test for the assessment of unexplained hypersomnolence in a patient aged 18 years or more, if:  (a) a qualified adult sleep medicine practitioner or neurologist determines that testing is necessary to confirm the diagnosis of a central disorder of hypersomnolence or to determine whether the eligibility criteria under the pharmaceutical benefits scheme for drugs relevant to treat that condition are met; and  (b) an overnight diagnostic assessment of sleep is performed for at least 8 hours, with continuous monitoring and recording, in accordance with current professional guidelines, of the following measures:  (i) airflow;  (ii) continuous EMG;  (iii) anterior tibial EMG;  (iv) continuous ECG;  (v) continuous EEG;  (vi) EOG;  (vii) oxygen saturation;  (viii) respiratory movement (chest and abdomen);  (ix) position; and  (c) immediately following the overnight assessment, a daytime assessment is performed where at least 4 nap periods are conducted, during which there is continuous recording of EMG, ECG, EEG and EOG; and  (d) a sleep technician is in continuous attendance under the supervision of a qualified adult sleep medicine practitioner; and  (e) polygraphic records are:  (i) analysed (for assessment of sleep stage, arousals, respiratory events, cardiac abnormalities and limb movements) with manual scoring, or manual correction of computerised scoring in epochs of not more than 1 minute; and  (ii) stored for interpretation and preparation of a report; and  (f) interpretation and preparation of a permanent report is provided by a qualified adult sleep medicine practitioner with personal direct review of raw data from the original recording of polygraphic data from the patient; and  (g) the diagnostic assessment is not provided to the patient on the same occasion that a service described in item 11003, 12203, 12204, 12205, 12208, 12250 or 12258 is provided to the patient  Applicable only once in a 12 month period | 950.70 |
| 12258 | Maintenance of wakefulness test for the assessment of the ability to maintain wakefulness in a patient aged 18 years or more, if:  (a) a qualified adult sleep medicine practitioner or neurologist determines that testing is necessary to objectively confirm the ability to maintain wakefulness; and  (b) an overnight diagnostic assessment of sleep is performed for at least 8 hours, with continuous monitoring and recording, in accordance with current professional guidelines, of the following measures:  (i) airflow;  (ii) continuous EMG;  (iii) anterior tibial EMG;  (iv) continuous ECG;  (v) continuous EEG;  (vi) EOG;  (vii) oxygen saturation;  (viii) respiratory movement (chest and abdomen);  (ix) position; and  (c) immediately following the overnight assessment, a daytime assessment is performed where at least 4 wakefulness trials are conducted, during which there is continuous recording of EMG, ECG, EEG and EOG; and  (d) a sleep technician is in continuous attendance under the supervision of a qualified adult sleep medicine practitioner; and  (e) polygraphic records are:  (i) analysed (for assessment of sleep stage, arousals, respiratory events, cardiac abnormalities and limb movements) with manual scoring, or manual correction of computerised scoring in epochs of not more than 1 minute; and  (ii) stored for interpretation and preparation of a report; and  (f) interpretation and preparation of a permanent report is provided by a qualified adult sleep medicine practitioner with personal direct review of raw data from the original recording of polygraphic data from the patient; and  (g) the diagnostic assessment is not provided to the patient on the same occasion that a service described in item 11003, 12203, 12204, 12205, 12208, 12250 or 12254 is provided to the patient  Applicable only once in a 12 month period | 950.70 |
| 12261 | Multiple sleep latency test for the assessment of unexplained hypersomnolence in a patient aged at least 12 years but less than 18 years, if:  (a) a qualified sleep medicine practitioner determines that testing is necessary to confirm the diagnosis of a central disorder of hypersomnolence or to determine whether the eligibility criteria under the pharmaceutical benefits scheme for drugs relevant to treat that condition are met; and  (b) an overnight diagnostic assessment of sleep is performed for at least 8 hours, with continuous monitoring of oxygen saturation and breathing using a multi‑channel polygraph, and recordings of the following, in accordance with current professional guidelines:  (i) airflow;  (ii) continuous EMG;  (iii) ECG;  (iv) EEG (with a minimum of 4 EEG leads or, in selected investigations, a minimum of 6 EEG leads);  (v) EOG;  (vi) oxygen saturation;  (vii) respiratory movement of rib and abdomen (whether movement of rib is recorded separately from, or together with, movement of abdomen);  (viii) measurement of carbon dioxide (either end‑tidal or transcutaneous); and  (c) immediately following the overnight assessment, a daytime assessment is performed where at least 4 nap periods are conducted, during which there is continuous recording of EMG, ECG, EEG and EOG; and  (d) a sleep technician is in continuous attendance under the supervision of a qualified sleep medicine practitioner; and  (e) polygraphic records are:  (i) analysed (for assessment of sleep stage, and maturation of sleep indices, arousals, respiratory events and assessment of clinically significant alterations in heart rate and body movement) with manual scoring, or manual correction of computerised scoring in epochs of not more than 1 minute; and  (ii) stored for interpretation and preparation of a report; and  (f) interpretation and preparation of a permanent report is provided by a qualified sleep medicine practitioner with personal direct review of raw data from the original recording of polygraphic data from the patient; and  (g) the diagnostic assessment is not provided to the patient on the same occasion that a service described in item 11003, 12213, 12217 or 12265 is provided to the patient  Applicable only once in a 12 month period | 996.85 |
| 12265 | Maintenance of wakefulness test for the assessment of the ability to maintain wakefulness in a patient aged at least 12 years but less than 18 years, if:  (a) a qualified sleep medicine practitioner determines that testing to objectively confirm the ability to maintain wakefulness is necessary; and  (b) an overnight diagnostic assessment of sleep is performed for at least 8 hours, with continuous monitoring of oxygen saturation and breathing using a multi‑channel polygraph, and recordings of the following, in accordance with current professional guidelines:  (i) airflow;  (ii) continuous EMG;  (iii) ECG;  (iv) EEG (with a minimum of 4 EEG leads or, in selected investigations, a minimum of 6 EEG leads);  (v) EOG;  (vi) oxygen saturation;  (vii) respiratory movement of rib and abdomen (whether movement of rib is recorded separately from, or together with, movement of abdomen);  (viii) measurement of carbon dioxide (either end‑tidal or transcutaneous); and  (c) immediately following the overnight assessment, a daytime assessment is performed where at least 4 wakefulness trials are conducted, during which there is continuous recording of EMG, ECG, EEG and EOG; and  (d) a sleep technician is in continuous attendance under the supervision of a qualified sleep medicine practitioner; and  (e) polygraphic records are:  (i) analysed (for assessment of sleep stage, arousals, respiratory events, cardiac abnormalities and limb movements) with manual scoring, or manual correction of computerised scoring in epochs of not more than 1 minute; and  (ii) stored for interpretation and preparation of a report; and  (f) interpretation and preparation of a permanent report is provided by a qualified sleep medicine practitioner with personal direct review of raw data from the original recording of polygraphic data from the patient; and  (g) the diagnostic assessment is not provided to the patient on the same occasion that a service described in item 11003, 12213, 12217 or 12261 is provided to the patient  Applicable only once in a 12 month period | 996.85 |
| 12268 | Multiple sleep latency test for the assessment of unexplained hypersomnolence for a patient less than 12 years of age, if:  (a) a qualified paediatric sleep medicine practitioner determines that testing is necessary to confirm the diagnosis of a central disorder of hypersomnolence or to determine whether the eligibility criteria under the pharmaceutical benefits scheme for drugs relevant to treat that condition are met; and  (b) an overnight diagnostic assessment of sleep is performed for at least 8 hours, with continuous monitoring of oxygen saturation and breathing using a multi‑channel polygraph, and recordings of the following, in accordance with current professional guidelines:  (i) airflow;  (ii) continuous EMG;  (iii) ECG;  (iv) EEG (with a minimum of 4 EEG leads or, in selected investigations, a minimum of 6 EEG leads);  (v) EOG;  (vi) oxygen saturation;  (vii) respiratory movement of rib and abdomen (whether movement of rib is recorded separately from, or together with, movement of abdomen);  (viii) measurement of carbon dioxide (either end‑tidal or transcutaneous); and  (c) immediately following the overnight assessment, a daytime assessment is performed where at least 4 nap periods are conducted, during which there is continuous recording of EMG, ECG, EEG and EOG; and  (d) a sleep technician is in continuous attendance under the supervision of a qualified paediatric sleep medicine practitioner; and  (e) polygraphic records are:  (i) analysed (for assessment of sleep stage, arousals, respiratory events, cardiac abnormalities and limb movements) with manual scoring, or manual correction of computerised scoring in epochs of not more than 1 minute; and  (ii) stored for interpretation and preparation of a report; and  (f) interpretation and preparation of a permanent report is provided by a qualified paediatric sleep medicine practitioner with personal direct review of raw data from the original recording of polygraphic data from the patient; and  (g) the diagnostic assessment is not provided to the patient on the same occasion that a service described in item 11003, 12210, 12215 or 12272 is provided to the patient  Applicable only once in a 12 month period | 1,069.20 |
| 12272 | Maintenance of wakefulness test for the assessment of the ability to maintain wakefulness for a patient less than 12 years of age, if:  (a) a qualified paediatric sleep medicine practitioner determines that testing to objectively confirm the ability to maintain wakefulness is necessary; and  (b) an overnight diagnostic assessment of sleep is performed for at least 8 hours, with continuous monitoring of oxygen saturation and breathing using a multi‑channel polygraph, and recordings of the following, in accordance with current professional guidelines:  (i) airflow;  (ii) continuous EMG;  (iii) ECG;  (iv) EEG (with a minimum of 4 EEG leads or, in selected investigations, a minimum of 6 EEG leads);  (v) EOG;  (vi) oxygen saturation;  (vii) respiratory movement of rib and abdomen (whether movement of rib is recorded separately from, or together with, movement of abdomen);  (viii) measurement of carbon dioxide (either end‑tidal or transcutaneous); and  (c) immediately following the overnight assessment, a daytime assessment is performed where at least 4 wakefulness trials are conducted, during which there is continuous recording of EMG, ECG, EEG and EOG; and  (d) a sleep technician is in continuous attendance under the supervision of a qualified paediatric sleep medicine practitioner; and  (e) polygraphic records are:  (i) analysed (for assessment of sleep stage, arousals, respiratory events, cardiac abnormalities and limb movements) with manual scoring, or manual correction of computerised scoring in epochs of not more than 1 minute; and  (ii) stored for interpretation and preparation of a report; and  (f) interpretation and preparation of a permanent report is provided by a qualified paediatric sleep medicine practitioner with personal direct review of raw data from the original recording of polygraphic data from the patient; and  (g) the diagnostic assessment is not provided to the patient on the same occasion that a service described in item 11003, 12210, 12215 or 12268 is provided to the patient  Applicable only once in a 12 month period | 1,069.20 |
| 12306 | Bone densitometry, using dual energy X‑ray absorptiometry, involving the measurement of 2 or more sites (including interpretation and reporting), for:  (a) confirmation of a presumptive diagnosis of low bone mineral density made on the basis of one or more fractures occurring after minimal trauma; or  (b) monitoring of low bone mineral density proven by bone densitometry at least 12 months previously;  other than a service associated with a service to which item 12312, 12315 or 12321 applies  For any particular patient, once only in a 24 month period | 106.55 |
| 12312 | Bone densitometry, using dual energy X‑ray absorptiometry, involving the measurement of 2 or more sites (including interpretation and reporting) for diagnosis and monitoring of bone loss associated with one or more of the following:  (a) prolonged glucocorticoid therapy;  (b) any condition associated with excess glucocorticoid secretion;  (c) male hypogonadism;  (d) female hypogonadism lasting more than 6 months before the age of 45;  other than a service associated with a service to which item 12306, 12315 or 12321 applies  For any particular patient, once only in a 12 month period | 106.55 |
| 12315 | Bone densitometry, using dual energy X‑ray absorptiometry, involving the measurement of 2 or more sites (including interpretation and reporting) for diagnosis and monitoring of bone loss associated with one or more of the following conditions:  (a) primary hyperparathyroidism;  (b) chronic liver disease;  (c) chronic renal disease;  (d) any proven malabsorptive disorder;  (e) rheumatoid arthritis;  (f) any condition associated with thyroxine excess;  other than a service associated with a service to which item 12306, 12312 or 12321 applies  For any particular patient, once only in a 24 month period | 106.55 |
| 12320 | Bone densitometry, using dual energy X‑ray absorptiometry or quantitative computed tomography, involving the measurement of 2 or more sites (including interpretation and reporting) for the measurement of bone mineral density, if:  (a) the patient is 70 years of age or over; and  (b) either:  (i) the patient has not previously had bone densitometry; or  (ii) the t‑score for the patient’s bone mineral density is ‑1.5 or more;  other than a service associated with a service to which item 12306, 12312, 12315, 12321 or 12322 applies  For any particular patient, once only in a 5 year period | 106.55 |
| 12321 | Bone densitometry, using dual energy X‑ray absorptiometry, involving the measurement of 2 or more sites at least 12 months after a significant change in therapy (including interpretation and reporting), for:  (a) established low bone mineral density; or  (b) confirming a presumptive diagnosis of low bone mineral density made on the basis of one or more fractures occurring after minimal trauma;  other than a service associated with a service to which item 12306, 12312 or 12315 applies  For any particular patient, once only in a 12 month period | 106.55 |
| 12322 | Bone densitometry, using dual energy X‑ray absorptiometry or quantitative computed tomography, involving the measurement of 2 or more sites (including interpretation and reporting) for measurement of bone mineral density, if:  (a) the patient is 70 years of age or over; and  (b) the t‑score for the patient’s bone mineral density is less than ‑1.5 but more than ‑2.5;  other than a service associated with a service to which item 12306, 12312, 12315, 12320 or 12321 applies  For any particular patient, once only in a 2 year period | 106.55 |
| 12325 | Assessment of visual acuity and bilateral retinal photography with a non‑mydriatic retinal camera, including analysis and reporting of the images for initial or repeat assessment for presence or absence of diabetic retinopathy, in a patient with medically diagnosed diabetes, if:  (a) the patient is of Aboriginal and Torres Strait Islander descent; and  (b) the assessment is performed by the medical practitioner (other than an optometrist or ophthalmologist) providing the primary glycaemic management of the patient’s diabetes; and  (c) this item and item 12326 have not applied to the patient in the preceding 12 months; and  (d) the patient does not have:  (i) an existing diagnosis of diabetic retinopathy; or  (ii) visual acuity of less than 6/12 in either eye; or  (iii) a difference of more than 2 lines of vision between the 2 eyes at the time of presentation | 52.00 |
| 12326 | Assessment of visual acuity and bilateral retinal photography with a non‑mydriatic retinal camera, including analysis and reporting of the images for initial or repeat assessment for presence or absence of diabetic retinopathy, in a patient with medically diagnosed diabetes, if:  (a) the assessment is performed by the medical practitioner (other than an optometrist or ophthalmologist) providing the primary glycaemic management of the patient’s diabetes; and  (b) this item and item 12325 have not applied to the patient in the preceding 24 months; and  (c) the patient does not have:  (i) an existing diagnosis of diabetic retinopathy; or  (ii) visual acuity of less than 6/12 in either eye; or  (iii) a difference of more than 2 lines of vision between the 2 eyes at the time of presentation | 52.00 |

Division 4.2—Group D2: Nuclear medicine (non‑imaging)

4.2.1 Restriction on items in Group D2—services connected with services in item 12250

An item in Group D2 does not apply to a service described in the item if the service is provided at the same time as, or in connection with, the service described in item 12250.

4.2.2 Items in Group D2

This clause sets out items in Group D2.

Note: The fees in Group D2 are indexed in accordance with clause 1.3.1.

| Group D2—Nuclear medicine (non‑imaging) | | |
| --- | --- | --- |
| Column 1  Item | Column 2  Description | Column 3  Fee ($) |
| 12500 | Blood volume estimation | 225.40 |
| 12524 | Renal function test (without imaging procedure) | 164.75 |
| 12527 | Renal function test (with imaging and at least 2 blood samples) | 88.40 |
| 12533 | Carbon‑labelled urea breath test using oral C‑13 or C‑14 urea, performed by a specialist or consultant physician, including the measurement of exhaled 13CO2 or 14CO2, for either:  (a) the confirmation of *Helicobacter pylori* colonisation; or  (b) the monitoring of the success of eradication of *Helicobacter pylori* in patients with peptic ulcer disease;  (other than a service associated with a service to which item 66900 applies) | 88.10 |

Part 5—Therapeutic procedures

Division 5.1—Preliminary

5.1.1 Restriction on items in this Part—services connected with provision of pain pump for post‑surgical pain management

An item in Group T1, T2, T3, T4, T6, T7, T8, T9 or T10 does not apply to a service described in the item if the service is provided at the same time as, or in connection with, the provision of a pain pump for post‑surgical pain management.

Division 5.2—Group T1: Miscellaneous therapeutic procedures

5.2.1 Meaning of comprehensive hyperbaric medicine facility

In items 13015, 13020, 13025 and 13030:

***comprehensive hyperbaric medicine facility*** means a separate hospital area that, on a 24‑hour basis:

(a) is equipped and staffed so that it is capable of providing to a patient:

(i) hyperbaric oxygen therapy at a treatment pressure of at least 2.8 atmospheric pressure absolute (180 kilopascal gauge pressure); and

(ii) mechanical ventilation and invasive cardiovascular monitoring within a monoplace or multiplace chamber for the duration of the hyperbaric treatment; and

(b) is under the direction of at least one medical practitioner who is rostered, and immediately available, to the facility during the facility’s ordinary working hours if the practitioner:

(i) is a specialist with training in diving and hyperbaric medicine; or

(ii) holds a Diploma of Diving and Hyperbaric Medicine of the South Pacific Underwater Medicine Society; and

(c) is staffed by:

(i) at least one medical practitioner with training in diving and hyperbaric medicine who is present in the facility and immediately available at all times when patients are being treated at the facility; and

(ii) at least one registered nurse with specific training in hyperbaric patient care to the published standards of the Hyperbaric Technicians and Nurses Association, who is present during hyperbaric oxygen therapy; and

(d) has admission and discharge policies in operation.

5.2.2 Meaning of embryology laboratory services

In items 13200 and 13201:

***embryology laboratory services*** includes:

(a) egg recovery from aspirated follicular fluid; and

(b) semen preparation; and

(c) insemination; and

(d) monitoring of fertilisation and embryo development; and

(e) preparation of gametes or embryos for transfer or freezing.

5.2.3 Meaning of treatment cycle

In clause 5.2.4 and items 13200 to 13209, 13215 and 13218:

***treatment cycle***, for a patient, means a series of treatments for the patient that:

(a) begins:

(i) if treatment with superovulatory drugs is given—on the day on which that treatment begins; or

(ii) if treatment with superovulatory drugs is not given—on the first day of a menstrual cycle of the patient; and

(b) ends:

(i) if a service described in item 13212, 13215 or 13221 is provided in connection with the series of treatments—on the day after the day on which the last of those services is provided; or

(ii) in any other case—not more than 30 days after the day mentioned in subparagraph (a)(i) or (ii).

5.2.4 Items provided as part of treatment cycle relating to assisted reproductive services not to apply

(1) This clause applies if:

(a) a service to which an item (the ***first item***) in Subgroup 3 of Group T1 applies is provided to a patient during a treatment cycle; and

(b) a service described in an item (the ***second item***) (other than an item in Subgroup 3 of Group T1 or item 73384, 73385, 73386 or 73387 of the pathology services table) is provided to the patient during the same treatment cycle; and

(c) the service described in the second item is associated with the service to which the first item applies.

(2) The second item does not apply to the service described in that item.

5.2.5 Restriction on item 13104—timing

Item 13104 does not apply to a patient more than 12 times in a 12 month period.

5.2.6 Restriction on items relating to assisted reproductive services—certain pregnancy‑related circumstances

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

5.2.6A Restriction on items 14217 and 14220—maintenance therapy

A service under item 14217 or 14220 cannot be provided to a patient as maintenance therapy for the prevention of further relapse of the patient’s depression.

5.2.7 Restrictions on items 14227 to 14237—patients

Items 14227 to 14237 apply to a service in relation to a patient only if:

(a) the patient has:

(i) chronic spasticity of cerebral origin; or

(ii) chronic spasticity caused by multiple sclerosis, spinal cord injury or spinal cord disease; and

(b) oral antispastic agents have failed or have caused the patient to experience unacceptable side effects; and

(c) an authority has been given by the Chief Executive Medicare to provide the service to the patient.

5.2.8 Restrictions on item 14245—practitioner and timing

(1) Item 14245 applies only to a service provided by a medical practitioner who is registered by the Chief Executive Medicare to participate in the arrangements made, under paragraph 100(1)(b) of the *National Health Act 1953*, for providing an adequate pharmaceutical service for persons requiring treatment with an immunomodulating agent.

(2) Item 14245 applies once per day.

5.2.9 Restriction on item 13899—other services performed on the same day

Item 13899 does not apply to professional attendance by a specialist on a day for preparation of goals of care for a patient if, on that day, the specialist performs a service for the patient that is described in item 13870 or 13873.

5.2.10 Items in Group T1

This clause sets out items in Group T1.

Note: The fees in Group T1 are indexed in accordance with clause 1.3.1.

| Group T1—Miscellaneous therapeutic procedures | | | |
| --- | --- | --- | --- |
| Column 1  Item | | Column 2  Description | Column 3  Fee ($) |
| Subgroup 1—Hyperbaric oxygen therapy | | | |
| 13015 | | Hyperbaric oxygen therapy, for treatment of localised non‑neurological soft tissue radiation injuries excluding radiation‑induced soft tissue lymphoedema of the arm after treatment for breast cancer, performed in a comprehensive hyperbaric medicine facility under the supervision of a medical practitioner qualified in hyperbaric medicine, for a period in the hyperbaric chamber of at least 1 hour 30 minutes and not more than 3 hours, including any associated attendance | 265.10 |
| 13020 | | Hyperbaric oxygen therapy, for treatment of decompression illness, gas gangrene, air or gas embolism, diabetic wounds (including diabetic gangrene and diabetic foot ulcers) or necrotising soft tissue infections (including necrotising fasciitis or Fournier’s gangrene), or for the prevention and treatment of osteoradionecrosis, performed in a comprehensive hyperbaric medicine facility, under the supervision of a medical practitioner qualified in hyperbaric medicine, for a period in the hyperbaric chamber of at least 1 hour 30 minutes and not more than 3 hours, including any associated attendance | 269.35 |
| 13025 | | Hyperbaric oxygen therapy, for treatment of decompression illness, air or gas embolism, performed in a comprehensive hyperbaric medicine facility, under the supervision of a medical practitioner qualified in hyperbaric medicine, for a period in the hyperbaric chamber greater than 3 hours, including any associated attendance—per hour (or part of an hour) | 120.35 |
| 13030 | | Hyperbaric oxygen therapy performed in a comprehensive hyperbaric medicine facility, if the medical practitioner is pressurised in the hyperbaric chamber for the purpose of providing continuous life‑saving emergency treatment, including any associated attendance—per hour (or part of an hour) | 170.05 |
| Subgroup 2—Dialysis | | | |
| 13100 | | Supervision in hospital by a medical specialist of—haemodialysis, haemofiltration, haemoperfusion or peritoneal dialysis, including all professional attendances, if the total attendance time on the patient by the supervising medical specialist exceeds 45 minutes in one day | 142.20 |
| 13103 | | Supervision in hospital by a medical specialist of—haemodialysis, haemofiltration, haemoperfusion or peritoneal dialysis, including all professional attendances, if the total attendance time on the patient by the supervising medical specialist does not exceed 45 minutes in one day | 74.10 |
| 13104 | | Planning and management of home dialysis (haemodialysis or peritoneal dialysis) for a patient with end‑stage renal disease and supervision of the patient on self‑administered dialysis, if the attendance is by a consultant physician in the practice of the consultant physician’s specialty of renal medicine | 153.90 |
| 13105 | | Haemodialysis for a patient with end‑stage renal disease if:  (a) the service is provided by a registered nurse, an Aboriginal health worker or an Aboriginal and Torres Strait Islander health practitioner on behalf of a medical practitioner; and  (b) the service is supervised by the medical practitioner (either in person or remotely); and  (c) the patient’s care is managed by a nephrologist; and  (d) the patient is treated or reviewed by the nephrologist every 3 to 6 months (either in person or remotely); and  (e) the patient is not an admitted patient of a hospital; and  (f) the service is provided in a Modified Monash 7 area | 615.95 |
| 13106 | | Declotting of an arteriovenous shunt | 126.30 |
| 13109 | | Indwelling peritoneal catheter (Tenckhoff or similar) for dialysis—insertion and fixation of (Anaes.) | 236.95 |
| 13110 | | Indwelling peritoneal catheter (Tenckhoff or similar) for dialysis—removal of (including catheter cuffs) (Anaes.) | 237.75 |
| Subgroup 3—Assisted reproductive services | | | |
| 13200 | | Assisted reproductive technologies superovulated treatment cycle proceeding to oocyte retrieval, involving the use of drugs to induce superovulation and including quantitative estimation of hormones, ultrasound examinations, all treatment counselling and embryology laboratory services but excluding artificial insemination, transfer of frozen embryos or donated embryos or ova or a service to which item 13201, 13202, 13203 or 13218 applies, being services rendered during one treatment cycle—initial cycle in a single calendar year | 3,236.75 |
| 13201 | | Assisted reproductive technologies superovulated treatment cycle proceeding to oocyte retrieval, involving the use of drugs to induce superovulation and including quantitative estimation of hormones, ultrasound examinations, all treatment counselling and embryology laboratory services but excluding artificial insemination, transfer of frozen embryos or donated embryos or ova or a service to which item 13200, 13202, 13203 or 13218 applies, being services rendered during one treatment cycle—each cycle after the first in a single calendar year | 3,027.65 |
| 13202 | | Assisted reproductive technologies superovulated treatment cycle that is cancelled before oocyte retrieval, involving the use of drugs to induce superovulation and including quantitative estimation of hormones and ultrasound examinations, but excluding artificial insemination, transfer of frozen embryos or donated embryos or ova or a service to which item 13200, 13201, 13203 or 13218 applies, being services rendered during one treatment cycle | 484.40 |
| 13203 | | Ovulation monitoring services for artificial insemination or gonadotrophin, stimulated ovulation induction, including quantitative estimation of hormones and ultrasound examinations, being services rendered during one treatment cycle but excluding a service to which item 13200, 13201, 13202, 13212, 13215 or 13218 applies | 506.45 |
| 13207 | | Biopsy of an embryo, from a patient who is eligible for a service described in item 73384 under clause 2.7.3A of the pathology services table, for the purpose of providing a sample for pre‑implantation genetic testing—applicable to one or more tests performed in one assisted reproductive treatment cycle | 115.00 |
| 13209 | | Planning and management of a referred patient by a specialist for the purpose of treatment by assisted reproductive technologies or for artificial insemination—applicable once during a treatment cycle | 88.15 |
| 13212 | | Oocyte retrieval for the purpose of assisted reproductive technologies—only if rendered in connection with a service to which item 13200 or 13201 applies (Anaes.) | 368.80 |
| 13215 | | Transfer of embryos or both ova and sperm to the uterus or fallopian tubes, excluding artificial insemination—only if rendered in connection with a service to which item 13200, 13201 or 13218 applies, being services rendered in one treatment cycle (Anaes.) | 115.65 |
| 13218 | | Preparation of frozen or donated embryos or donated oocytes for transfer to the uterus or fallopian tubes, by any means and including quantitative estimation of hormones and all treatment counselling but excluding artificial insemination services rendered in one treatment cycle and excluding a service to which item 13200, 13201, 13202, 13203 or 13212 applies (Anaes.) | 825.70 |
| 13221 | | Preparation of semen for the purpose of artificial insemination—only if rendered in connection with a service to which item 13203 applies | 52.80 |
| 13241 | | Open surgical testicular sperm retrieval, unilateral, using operating microscope, including the exploration of scrotal contents, with biopsy, for the purposes of intracytoplasmic sperm injection, for male factor infertility, not being a service associated with a service to which item 13218 or 37604 applies (H) (Anaes.) | 884.45 |
| 13251 | | Intracytoplasmic sperm injection for the purpose of assisted reproductive technologies, for male factor infertility, excluding a service to which item 13203 or 13218 applies | 434.90 |
| 13260 | | Processing and initial cryopreservation (not including storage) of semen for fertility preservation treatment before or after completion of gonadotoxic treatment for malignant or non‑malignant conditions, in a post‑pubertal male in Tanner stages II–V, up to 60 years old, who is referred by a specialist or consultant physician—applicable to not more than 2 semen collection cycles | 431.80 |
| 13290 | | Semen, collection of, from a patient with spinal injuries or medically induced impotence, for the purposes of analysis, storage or assisted reproduction, by a medical practitioner using a vibrator or electro‑ejaculation device including catheterisation and drainage of bladder if required | 212.50 |
| Subgroup 4—Paediatric and neonatal | | | |
| 13300 | | Umbilical or scalp vein catheterisation in a neonate with or without infusion or cannulation of a vein | 59.25 |
| 13303 | | Umbilical artery catheterisation with or without infusion | 87.85 |
| 13306 | | Blood transfusion with venesection and complete replacement of blood, including collection from donor | 347.65 |
| 13309 | | Blood transfusion with venesection and complete replacement of blood, using blood already collected | 296.40 |
| 13312 | | Blood for pathology test, collection of, by femoral or external jugular vein puncture in infants | 29.60 |
| 13318 | | Central vein catheterisation by open exposure, in a patient under 12 years of age (Anaes.) | 236.65 |
| 13319 | | Central vein catheterisation in a neonate via peripheral vein (Anaes.) | 236.65 |
| Subgroup 5—Cardiovascular | | | |
| 13400 | | Restoration of cardiac rhythm by electrical stimulation (cardioversion), other than in the course of cardiac surgery (H) (Anaes.) | 100.75 |
| Subgroup 6—Gastroenterology | | | |
| 13506 | | Gastro‑oesophageal balloon intubation for control of bleeding from gastric oesophageal varices | 191.95 |
| Subgroup 8—Haematology | | | |
| 13700 | | Harvesting of homologous (including allogeneic) or autologous bone marrow for the purpose of transplantation (Anaes.) | 346.80 |
| 13703 | | Transfusion of blood including collection from donor, when used for intra‑operative normovolaemic haemodilution | 124.30 |
| 13706 | | Transfusion of blood or bone marrow already collected | 86.70 |
| 13750 | | Therapeutic haemapheresis for the removal of plasma or cellular (or both) elements of blood, utilising continuous or intermittent flow techniques, including morphological tests for cell counts and viability studies, if performed; continuous monitoring of vital signs, fluid balance, blood volume and other parameters with continuous registered nurse attendance under the supervision of a consultant physician, other than a service associated with a service to which item 13755 applies—each day | 142.20 |
| 13755 | | Donor haemapheresis for the collection of blood products for transfusion, utilising continuous or intermittent flow techniques, including morphological tests for cell counts and viability studies; continuous monitoring of vital signs, fluid balance, blood volume and other parameters; with continuous registered nurse attendance under the supervision of a consultant physician—other than a service associated with a service to which item 13750 applies—each day | 142.20 |
| 13757 | | Therapeutic venesection for the management of haemochromatosis, polycythemia vera or porphyria cutanea tarda | 75.90 |
| 13760 | | In vitro processing with cryopreservation of bone marrow or peripheral blood, for autologous stem cell transplantation for a patient receiving high‑dose chemotherapy for management of:  (a) aggressive malignancy; or  (b) malignancy that has proven refractory to prior treatment | 793.50 |
| Subgroup 9—Procedures associated with intensive care and cardiopulmonary support | | | |
| 13815 | | Central vein catheterisation, including under ultrasound guidance where clinically appropriate, by percutaneous or open exposure, other than a service to which item 13318 applies (Anaes.) | 118.25 |
| 13818 | | Right heart balloon catheter, insertion of, including pulmonary wedge pressure and cardiac output measurement (Anaes.) | 118.30 |
| 13830 | | Intracranial pressure, monitoring of, by intraventricular or subdural catheter, subarachnoid bolt or similar, by a specialist or consultant physician—each day | 78.40 |
| 13832 | | Peripheral cannulation, including under ultrasound guidance where clinically appropriate, for veno‑arterial cardiopulmonary extracorporeal life support | 917.50 |
| 13834 | | Veno–arterial cardiopulmonary extracorporeal life support, management of—the first day | 513.65 |
| 13835 | | Veno–arterial cardiopulmonary extracorporeal life support, management of—each day after the first | 119.50 |
| 13837 | | Veno‑venous pulmonary extracorporeal life support, management of—the first day | 513.65 |
| 13838 | | Veno‑venous pulmonary extracorporeal life support, management of—each day after the first | 119.50 |
| 13839 | | Arterial puncture and collection of blood for diagnostic purposes | 23.95 |
| 13840 | | Peripheral cannulation, including under ultrasound guidance where clinically appropriate, for veno‑venous pulmonary extracorporeal life support | 614.70 |
| 13842 | | Intra‑arterial cannulation, including under ultrasound guidance where clinically appropriate, for the purpose of intra‑arterial pressure monitoring or arterial blood sampling (or both) | 97.35 |
| 13848 | | Counterpulsation by intra‑aortic balloon‑management, including associated consultations and monitoring of parameters by means of full haemodynamic assessment and management on several occasions on a day—each day | 162.45 |
| 13851 | | Ventricular assist device, management of, for a patient admitted to an intensive care unit for implantation of the device or for complications arising from implantation or management of the device—first day | 513.65 |
| 13854 | | Ventricular assist device, management of, for a patient admitted to an intensive care unit, including management of complications arising from implantation or management of the device—each day after the first day | 119.50 |
| 13857 | | Airway access and initiation of mechanical ventilation (other than initiation of ventilation in the context of an anaesthetic for surgery), outside of an intensive care unit, for the purpose of subsequent ventilatory support in an intensive care unit | 152.35 |
| Subgroup 10—Management and procedures undertaken in an intensive care unit | | | |
| 13870 | | Management of a patient in an intensive care unit by a specialist or consultant physician who is immediately available and exclusively rostered to intensive care, including initial and subsequent attendances, electrocardiographic monitoring, arterial sampling, bladder catheterisation and blood sampling—management on the first day (H) | 376.75 |
| 13873 | | Management of a patient in an intensive care unit by a specialist or consultant physician who is immediately available and exclusively rostered to intensive care, including all attendances, electrocardiographic monitoring, arterial sampling, bladder catheterisation and blood sampling—management on each day after the first day (H) | 279.50 |
| 13876 | | Central venous pressure, pulmonary arterial pressure, systemic arterial pressure or cardiac intracavity pressure—once per day for each type of pressure for a patient:  (a) when managed for the patient by a specialist or consultant physician who:  (i) is immediately available to care for the patient; and  (ii) is exclusively rostered to intensive care; and  (b) when the patient is continuously monitored by indwelling catheter in an intensive care unit (H) | 80.00 |
| 13881 | | Airway access and initiation of mechanical ventilation in an intensive care unit by a specialist or consultant physician to enable subsequent ventilatory support—not in association with any anaesthetic service (H) | 152.35 |
| 13882 | | Ventilatory support in an intensive care unit, management of a patient:  (a) by:  (i) invasive means; or  (ii) non‑invasive means, if the only alternative to non‑invasive ventilatory support is invasive ventilatory support; and  (b) by a specialist or consultant physician who is immediately available and exclusively rostered to intensive care;  each day (H) | 119.90 |
| 13885 | | Continuous arterio venous or veno venous haemofiltration, management by a specialist or consultant physician who is immediately available and exclusively rostered to intensive care—on the first day (H) | 159.90 |
| 13888 | | Continuous arterio venous or veno venous haemofiltration, management by a specialist or consultant physician who is immediately available and exclusively rostered to intensive care—on each day after the first day (H) | 80.00 |
| Subgroup 10A—Preparation of goals of care by intensive care specialist outside intensive care unit | | | |
| 13899 | | Professional attendance outside an intensive care unit for at least 60 minutes spent in preparation of goals of care for a gravely ill patient lacking current goals of care, by a specialist in the specialty of intensive care who takes overall responsibility for the preparation of the goals of care for the patient | 278.75 |
| Subgroup 11—Chemotherapeutic procedures | | | |
| 13950 | | Parenteral administration of one or more antineoplastic agents, including agents used in cytotoxic chemotherapy or monoclonal antibody therapy but not agents used in anti‑resorptive bone therapy or hormonal therapy, by or on behalf of a specialist or consultant physician—attendance for one or more episodes of administration | 112.40 |
| Subgroup 12—Dermatology | | | |
| 14050 | | UVA or UVB phototherapy administered in a whole body cabinet or hand and foot cabinet including associated consultations other than the initial consultation, if treatment is initiated and supervised by a specialist in the specialty of dermatology  Applicable not more than 150 times in a 12 month period | 54.90 |
| 14100 | | Laser photocoagulation using laser radiation in the treatment of vascular abnormalities of the head or neck, including any associated consultation, if:  (a) the abnormality is visible from 3 metres; and  (b) photographic evidence demonstrating the need for this service is documented in the patient notes;  to a maximum of 4 sessions (including any sessions to which this item or any of items 14106 to 14118 apply) in any 12 month period (Anaes.) | 158.65 |
| 14106 | | Laser photocoagulation using laser radiation in the treatment of vascular malformations, infantile haemangiomas, café‑au‑lait macules and naevi of Ota, other than melanocytic naevi (common moles), if the abnormality is visible from 3 metres, including any associated consultation, up to a maximum of 6 sessions (including any sessions to which this item or any of items 14100 to 14118 apply) in any 12 month period—area of treatment less than 150 cm2 (Anaes.) | 166.65 |
| 14115 | | Laser photocoagulation using laser radiation in the treatment of vascular malformations, infantile haemangiomas, café‑au‑lait macules and naevi of Ota, other than melanocytic naevi (common moles), including any associated consultation, up to a maximum of 6 sessions (including any sessions to which this item or any of items 14100 to 14118 apply) in any 12 month period—area of treatment 150 cm2 to 300 cm2 (Anaes.) | 266.90 |
| 14118 | | Laser photocoagulation using laser radiation in the treatment of vascular malformations, infantile haemangiomas, café‑au‑lait macules and naevi of Ota, other than melanocytic naevi (common moles), including any associated consultation, up to a maximum of 6 sessions (including any sessions to which this item or any of items 14100 to 14115 apply) in any 12 month period—area of treatment more than 300 cm2 (Anaes.) | 338.90 |
| 14124 | | Laser photocoagulation using laser radiation in the treatment of vascular malformations, infantile haemangiomas, café‑au‑lait macules and naevi of Ota, other than melanocytic naevi (common moles), including any associated consultation, if:  (a) a seventh or subsequent session (including any sessions to which this item or any of items 14100 to 14118 apply) is indicated in a 12 month period commencing on the day of the first session; and  (b) photographic evidence demonstrating the need for this service is documented in the patient notes  (Anaes.) | 158.65 |
| Subgroup 13—Miscellaneous therapeutic procedures | | | |
| 14201 | | Poly‑L‑lactic acid, one or more injections of, for the initial session only, for the treatment of severe facial lipoatrophy caused by antiretroviral therapy, if prescribed in accordance with section 85 of the *National Health Act 1953*—once per patient | 246.45 |
| 14202 | | Poly‑L‑lactic acid, one or more injections of (subsequent sessions), for the continuation of treatment of severe facial lipoatrophy caused by antiretroviral therapy, if prescribed in accordance with section 85 of the *National Health Act 1953* | 124.75 |
| 14203 | | Hormone or living tissue implantation, by direct implantation involving incision and suture (Anaes.) | 53.20 |
| 14206 | | Hormone or living tissue implantation—by cannula | 37.05 |
| 14212 | | Intussusception, management of fluid or gas reduction for (Anaes.) | 192.75 |
| 14216 | | Professional attendance on a patient by a psychiatrist, who has undertaken training in Repetitive Transcranial Magnetic Stimulation (rTMS), for treatment mapping for rTMS, if the patient:  (a) has not previously received any prior transcranial magnetic stimulation therapy in a public or private setting; and  (b) is at least 18 years old; and  (c) is diagnosed with a major depressive episode; and  (d) has failed to receive satisfactory improvement for the major depressive episode despite the adequate trialling of at least 2 different classes of antidepressant medications, unless contraindicated, and all of the following apply:  (i) the patient’s adherence to antidepressant treatment has been formally assessed;  (ii) the trialling of each antidepressant medication has been at the recommended therapeutic dose for a minimum of 3 weeks;  (iii) where clinically appropriate, the treatment has been titrated to the maximum tolerated therapeutic dose; and  (e) has undertaken psychological therapy, if clinically appropriate | 186.40 |
| 14217 | | Repetitive Transcranial Magnetic Stimulation (rTMS) treatment of up to 35 services provided by, or on behalf of, a psychiatrist who has undertaken training in rTMS, if the patient has previously received a service under item 14216*—*each service up to 35 services | 160.00 |
| 14218 | | Implanted infusion pump, refilling of reservoir with a therapeutic agent or agents for infusion to the subarachnoid space or accessing the side port to assess catheter patency, with or without pump reprogramming, for the management of chronic pain, including cancer pain | 101.90 |
| 14219 | | Professional attendance on a patient by a psychiatrist, who has undertaken training in Repetitive Transcranial Magnetic Stimulation (rTMS), for treatment mapping for rTMS, if the patient:  (a) is at least 18 years old; and  (b) is diagnosed with a major depressive episode; and  (c) has failed to receive satisfactory improvement for the major depressive episode despite the adequate trialling of at least 2 different classes of antidepressant medications, unless contraindicated, and all of the following apply:  (i) the patient’s adherence to antidepressant treatment has been formally assessed;  (ii) the trialling of each antidepressant medication has been at the recommended therapeutic dose for a minimum of 3 weeks;  (iii) where clinically appropriate, the treatment has been titrated to the maximum tolerated therapeutic dose; and  (d) has undertaken psychological therapy, if clinically appropriate; and  (e) has previously received an initial service under item 14217 and the patient:  (i) has relapsed after a remission following the initial service; and  (ii) has had a satisfactory clinical response to the service under item 14217 (which has been assessed by a validated major depressive disorder tool at least 4 months after receiving that service) | 186.40 |
| 14220 | | Repetitive Transcranial Magnetic Stimulation (rTMS) treatment of up to 15 services provided by, or on behalf of, a psychiatrist who has undertaken training in rTMS, if the patient has previously received:  (a) a service under item 14217 (which was not provided in the previous 4 months); and  (b) a service under item 14219  Each service up to 15 services | 160.00 |
| 14221 | | Long—term implanted device for delivery of therapeutic agents, accessing of, other than a service associated with a service to which item 13950 applies | 54.65 |
| 14224 | | Electroconvulsive therapy, with or without the use of stimulus dosing techniques, including any electroencephalographic monitoring and associated consultation (Anaes.) | 73.20 |
| 14227 | | Implanted infusion pump, refilling of reservoir with baclofen for infusion to the subarachnoid or epidural space, with or without reprogramming a programmable pump, for the management of severe chronic spasticity | 101.90 |
| 14234 | Infusion pump or components of an infusion pump, removal or replacement of, and connection to intrathecal or epidural catheter, and loading of reservoir with baclofen, with or without programming of the pump, for the management of severe chronic spasticity (H) (Anaes.) | 376.55 |
| 14237 | Infusion pump or components of an infusion pump, subcutaneous implantation of, and intrathecal or epidural spinal catheter insertion, and connection of pump to catheter, and loading of reservoir with baclofen, with or without programming of the pump, for the management of severe chronic spasticity (H) (Anaes.) | 686.65 |
| 14245 | | Immunomodulating agent, administration of, by intravenous infusion lasting at least 2 hours | 101.90 |
| Subgroup 14—Management and procedures undertaken in emergency department | | | |
| 14255 | | Resuscitation of a patient provided for at least 30 minutes but less than 1 hour, by a specialist in the practice of the specialist’s specialty of emergency medicine at a recognised emergency department of a private hospital, in conjunction with an attendance on the patient by the specialist described in item 5001, 5004, 5011, 5012, 5013, 5014, 5016, 5017 or 5019 (Anaes.) | 154.40 |
| 14256 | | Resuscitation of a patient provided for at least 1 hour but less than 2 hours, by a specialist in the practice of the specialist’s specialty of emergency medicine at a recognised emergency department of a private hospital, in conjunction with an attendance on the patient by the specialist described in item 5001, 5004, 5011, 5012, 5013, 5014, 5016, 5017 or 5019 (Anaes.) | 296.90 |
| 14257 | | Resuscitation of a patient provided for at least 2 hours, by a specialist in the practice of the specialist’s specialty of emergency medicine at a recognised emergency department of a private hospital, in conjunction with an attendance on the patient by the specialist described in item 5001, 5004, 5011, 5012, 5013, 5014, 5016, 5017 or 5019 (Anaes.) | 591.25 |
| 14258 | | Resuscitation of a patient provided for at least 30 minutes but less than 1 hour, by a medical practitioner (except a specialist in the practice of the specialist’s specialty of emergency medicine) at a recognised emergency department of a private hospital, in conjunction with an attendance on the patient by the practitioner described in item 5021, 5022, 5027, 5030, 5031, 5032, 5033, 5035 or 5036 (Anaes.) | 115.85 |
| 14259 | | Resuscitation of a patient provided for at least 1 hour but less than 2 hours, by a medical practitioner (except a specialist in the practice of the specialist’s specialty of emergency medicine) at a recognised emergency department of a private hospital, in conjunction with an attendance on the patient by the practitioner described in item 5021, 5022, 5027, 5030, 5031, 5032, 5033, 5035 or 5036 (Anaes.) | 222.70 |
| 14260 | | Resuscitation of a patient provided for at least 2 hours, by a medical practitioner (except a specialist in the practice of the specialist’s specialty of emergency medicine) at a recognised emergency department of a private hospital, in conjunction with an attendance on the patient by the practitioner described in item 5021, 5022, 5027, 5030, 5031, 5032, 5033, 5035 or 5036 (Anaes.) | 443.45 |
| 14263 | | Minor procedure on a patient by a specialist in the practice of the specialist’s specialty of emergency medicine at a recognised emergency department of a private hospital, in conjunction with an attendance on the patient by the specialist described in item 5001, 5004, 5011, 5012, 5013, 5014, 5016, 5017 or 5019 (Anaes.) | 54.35 |
| 14264 | | Procedure (except a minor procedure) on a patient by a specialist in the practice of the specialist’s specialty of emergency medicine at a recognised emergency department of a private hospital, in conjunction with an attendance on the patient by the specialist described in item 5001, 5004, 5011, 5012, 5013, 5014, 5016, 5017 or 5019 (Anaes.) | 122.35 |
| 14265 | | Minor procedure on a patient by a medical practitioner (except a specialist in the practice of the specialist’s specialty of emergency medicine) at a recognised emergency department of a private hospital, in conjunction with an attendance on the patient by the practitioner described in item 5021, 5022, 5027, 5030, 5031, 5032, 5033, 5035 or 5036 (Anaes.) | 40.75 |
| 14266 | | Procedure (except a minor procedure) on a patient by a medical practitioner (except a specialist in the practice of the specialist’s specialty of emergency medicine) at a recognised emergency department of a private hospital, in conjunction with an attendance on the patient by the practitioner described in item 5021, 5022, 5027, 5030, 5031, 5032, 5033, 5035 or 5036 (Anaes.) | 91.75 |
| 14270 | | Management, without aftercare, of all fractures and dislocations suffered by a patient that:  (a) is provided by a specialist in the practice of the specialist’s specialty of emergency medicine in conjunction with an attendance on the patient by the specialist described in item 5001, 5004, 5011, 5012, 5013, 5014, 5016, 5017 or 5019; and  (b) occurs at a recognised emergency department of a private hospital  (Anaes.) | 137.15 |
| 14272 | | Management, without aftercare, of all fractures and dislocations suffered by a patient that:  (a) is provided by a medical practitioner (except a specialist in the practice of the specialist’s specialty of emergency medicine) in conjunction with an attendance on the patient by the practitioner described in item 5021, 5022, 5027, 5030, 5031, 5032, 5033, 5035 or 5036; and  (b) occurs at a recognised emergency department of a private hospital  (Anaes.) | 102.90 |
| 14277 | | Application of chemical or physical restraint of a patient by a specialist in the practice of the specialist’s specialty of emergency medicine at a recognised emergency department of a private hospital | 154.40 |
| 14278 | | Application of chemical or physical restraint of a patient by a medical practitioner (except a specialist in the practice of the specialist’s specialty of emergency medicine) at a recognised emergency department of a private hospital | 115.85 |
| 14280 | | Anaesthesia (whether general anaesthesia or not) of a patient that:  (a) is managed by a specialist in the practice of the specialist’s specialty of emergency medicine at a recognised emergency department of a private hospital; and  (b) occurs in conjunction with an attendance on the patient that is described in item 5001, 5004, 5011, 5012, 5013, 5014, 5016, 5017, 5019, 5021, 5022, 5027, 5030, 5031, 5032, 5033, 5035 or 5036; and  (c) is not anaesthesia provided by a specialist anaesthetist to which an item in Group T7 or T10 applies | 154.40 |
| 14283 | | Anaesthesia (whether general anaesthesia or not) of a patient that:  (a) is managed by a medical practitioner (except a specialist in the practice of the specialist’s specialty of emergency medicine) at a recognised emergency department of a private hospital; and  (b) occurs in conjunction with an attendance on the patient that is described in item 5001, 5004, 5011, 5012, 5013, 5014, 5016, 5017, 5019, 5021, 5022, 5027, 5030, 5031, 5032, 5033, 5035 or 5036; and  (c) is not anaesthesia provided by a specialist anaesthetist to which an item in Group T7 or T10 applies | 115.85 |
| 14285 | | Emergent intubation, airway management or both of a patient that:  (a) is managed by a specialist in the practice of the specialist’s specialty of emergency medicine at a recognised emergency department of a private hospital; and  (b) occurs in conjunction with an attendance on the patient that is described in item 5001, 5004, 5011, 5012, 5013, 5014, 5016, 5017, 5019, 5021, 5022, 5027, 5030, 5031, 5032, 5033, 5035 or 5036; and  (c) is not anaesthesia provided by a specialist anaesthetist to which an item in Group T7 or T10 applies | 154.40 |
| 14288 | | Emergent intubation, airway management or both of a patient that:  (a) is managed by a medical practitioner (except a specialist in the practice of the specialist’s specialty of emergency medicine) at a recognised emergency department of a private hospital; and  (b) occurs in conjunction with an attendance on the patient that is described in item 5001, 5004, 5011, 5012, 5013, 5014, 5016, 5017, 5019, 5021, 5022, 5027, 5030, 5031, 5032, 5033, 5035 or 5036; and  (c) is not anaesthesia provided by a specialist anaesthetist to which an item in Group T7 or T10 applies | 115.85 |

Division 5.3—Group T2: Radiation oncology

5.3.1 Meaning of amount under clause 5.3.1

In an item of this Schedule mentioned in column 1 of table 5.3.1:

***amount under clause 5.3.1*** means the sum of:

(a) the fee mentioned in column 2 for the item; and

(b) the amount mentioned in column 3 for each field separately treated in excess of one.

| Table 5.3.1—Amount under clause 5.3.1 | | | |
| --- | --- | --- | --- |
| Item | Column 1  Item of this Schedule | Column 2  Fee | Column 3  Amount for each field separately treated in excess of one ($) |
| 1 | 15003 | The fee for item 15000 | 18.70 |
| 2 | 15009 | The fee for item 15006 | 20.30 |
| 3 | 15103 | The fee for item 15100 | 20.55 |
| 4 | 15109 | The fee for item 15106 | 24.85 |
| 5 | 15115 | The fee for item 15112 | 51.80 |
| 6 | 15214 | The fee for item 15211 | 34.95 |
| 7 | 15230 | The fee for item 15215 | 41.60 |
| 8 | 15233 | The fee for item 15218 | 41.60 |
| 9 | 15236 | The fee for item 15221 | 41.60 |
| 10 | 15239 | The fee for item 15224 | 41.60 |
| 11 | 15242 | The fee for item 15227 | 41.60 |
| 12 | 15260 | The fee for item 15245 | 41.60 |
| 13 | 15263 | The fee for item 15248 | 41.60 |
| 14 | 15266 | The fee for item 15251 | 41.60 |
| 15 | 15269 | The fee for item 15254 | 41.60 |
| 16 | 15272 | The fee for item 15257 | 41.60 |

5.3.2 Restrictions on items 15215 to 15272—services provided to implement intensity‑modulated radiation therapy dosimetry plans

Items 15215 to 15272 do not apply to a service if the service is provided to implement an intensity‑modulated radiation therapy dosimetry plan prepared in accordance with item 15565.

5.3.3 Restrictions on items 15556, 15559 and 15562

A service described in item 15556, 15559 or 15562 applies only if:

(a) each gross tumour target, clinical target, planning target and organ at risk specified in the prescription is rendered as a volume; and

(b) each organ at risk is nominated as a planning dose goal or constraint; and

(c) each organ at risk is specified in the prescription as a dose goal or constraint; and

(d) dose volume histograms are generated, approved and recorded with the plan; and

(e) a CT image volume dataset is required for the relevant region to be planned and treated; and

(f) the CT image is required to be suitable for the generation of quality digitally reconstructed radiographic images.

5.3.4 Items in Group T2

This clause sets out items in Group T2.

Note: The fees in Group T2 are indexed in accordance with clause 1.3.1.

| Group T2—Radiation oncology | | |
| --- | --- | --- |
| Column 1  Item | Column 2  Description | Column 3  Fee ($) |
| Subgroup 1—Superficial | | |
| 15000 | Radiotherapy, superficial (including treatment with x‑rays, radium rays or other radioactive substances), other than a service to which another item in this Group applies—attendance at which fractionated treatment is given—one field | 44.30 |
| 15003 | Radiotherapy, superficial (including treatment with x‑rays, radium rays or other radioactive substances), other than a service to which another item in this Group applies—attendance at which fractionated treatment is given—2 or more fields up to a maximum of 5 additional fields | Amount under clause 5.3.1 |
| 15006 | Radiotherapy, superficial—attendance at which a single dose technique is applied—one field | 98.20 |
| 15009 | Radiotherapy, superficial—attendance at which a single dose technique is applied—2 or more fields up to a maximum of 5 additional fields | Amount under clause 5.3.1 |
| 15012 | Radiotherapy, superficial—attendance at which treatment is given to an eye | 55.60 |
| Subgroup 2—Orthovoltage | | |
| 15100 | Radiotherapy, deep or orthovoltage—attendance at which fractionated treatment is given at 3 or more treatments per week—one field | 49.65 |
| 15103 | Radiotherapy, deep or orthovoltage—attendance at which fractionated treatment is given at 3 or more treatments per week—2 or more fields up to a maximum of 5 additional fields (rotational therapy being 3 fields) | Amount under clause 5.3.1 |
| 15106 | Radiotherapy, deep or orthovoltage—attendance at which fractionated treatment is given at 2 treatments per week or less frequently—one field | 58.55 |
| 15109 | Radiotherapy, deep or orthovoltage—attendance at which fractionated treatment is given at 2 treatments per week or less frequently—2 or more fields up to a maximum of 5 additional fields (rotational therapy being 3 fields) | Amount under clause 5.3.1 |
| 15112 | Radiotherapy, deep or orthovoltage—attendance at which a single dose technique is applied—one field | 125.10 |
| 15115 | Radiotherapy, deep or orthovoltage—attendance at which a single dose technique is applied—2 or more fields up to a maximum of 5 additional fields (rotational therapy being 3 fields) | Amount under clause 5.3.1 |
| Subgroup 3—Megavoltage | | |
| 15211 | Radiation oncology treatment, using cobalt unit or caesium teletherapy unit—attendance at which treatment is given—one field | 56.95 |
| 15214 | Radiation oncology treatment, using cobalt unit or caesium teletherapy unit—attendance at which treatment is given—2 or more fields up to a maximum of 5 additional fields (rotational therapy being 3 fields) | Amount under clause 5.3.1 |
| 15215 | Radiation oncology treatment, using a single photon energy linear accelerator, with or without electron facilities—attendance at which treatment is given—one field—treatment delivered to primary site (lung) | 62.05 |
| 15218 | Radiation oncology treatment, using a single photon energy linear accelerator, with or without electron facilities—attendance at which treatment is given—one field—treatment delivered to primary site (prostate) | 62.05 |
| 15221 | Radiation oncology treatment, using a single photon energy linear accelerator, with or without electron facilities—attendance at which treatment is given—one field—treatment delivered to primary site (breast) | 62.05 |
| 15224 | Radiation oncology treatment, using a single photon energy linear accelerator, with or without electron facilities—attendance at which treatment is given—one field—treatment delivered to primary site for diseases or conditions not covered by item 15215, 15218 or 15221 | 62.05 |
| 15227 | Radiation oncology treatment, using a single photon energy linear accelerator, with or without electron facilities—attendance at which treatment is given—one field—treatment delivered to secondary site | 62.05 |
| 15230 | Radiation oncology treatment, using a single photon energy linear accelerator, with or without electron facilities—attendance at which treatment is given—2 or more fields up to a maximum of 5 additional fields (rotational therapy being 3 fields)—treatment delivered to primary site (lung) | Amount under clause 5.3.1 |
| 15233 | Radiation oncology treatment, using a single photon energy linear accelerator, with or without electron facilities—attendance at which treatment is given—2 or more fields up to a maximum of 5 additional fields (rotational therapy being 3 fields)—treatment delivered to primary site (prostate) | Amount under clause 5.3.1 |
| 15236 | Radiation oncology treatment, using a single photon energy linear accelerator, with or without electron facilities—attendance at which treatment is given—2 or more fields up to a maximum of 5 additional fields (rotational therapy being 3 fields)—treatment delivered to primary site (breast) | Amount under clause 5.3.1 |
| 15239 | Radiation oncology treatment, using a single photon energy linear accelerator, with or without electron facilities—attendance at which treatment is given—2 or more fields up to a maximum of 5 additional fields (rotational therapy being 3 fields)—treatment delivered to primary site for diseases or conditions not covered by item 15230, 15233 or 15236 | Amount under clause 5.3.1 |
| 15242 | Radiation oncology treatment, using a single photon energy linear accelerator, with or without electron facilities—attendance at which treatment is given—2 or more fields up to a maximum of 5 additional fields (rotational therapy being 3 fields)—treatment delivered to secondary site | Amount under clause 5.3.1 |
| 15245 | Radiation oncology treatment, using a dual photon energy linear accelerator with a minimum higher energy of at least 10MV photons, with electron facilities—attendance at which treatment is given—one field—treatment delivered to primary site (lung) | 62.05 |
| 15248 | Radiation oncology treatment, using a dual photon energy linear accelerator with a minimum higher energy of at least 10MV photons, with electron facilities—attendance at which treatment is given—one field—treatment delivered to primary site (prostate) | 62.05 |
| 15251 | Radiation oncology treatment, using a dual photon energy linear accelerator with a minimum higher energy of at least 10MV photons, with electron facilities—attendance at which treatment is given—one field—treatment delivered to primary site (breast) | 62.05 |
| 15254 | Radiation oncology treatment, using a dual photon energy linear accelerator with a minimum higher energy of at least 10MV photons, with electron facilities—attendance at which treatment is given—one field—treatment delivered to primary site for diseases or conditions not covered by item 15245, 15248 or 15251 | 62.05 |
| 15257 | Radiation oncology treatment, using a dual photon energy linear accelerator with a minimum higher energy of at least 10MV photons, with electron facilities—attendance at which treatment is given—one field—treatment delivered to secondary site | 62.05 |
| 15260 | Radiation oncology treatment, using a dual photon energy linear accelerator with a minimum higher energy of at least 10MV photons, with electron facilities—attendance at which treatment is given—2 or more fields up to a maximum of 5 additional fields (rotational therapy being 3 fields)—treatment delivered to primary site (lung) | Amount under clause 5.3.1 |
| 15263 | Radiation oncology treatment, using a dual photon energy linear accelerator with a minimum higher energy of at least 10MV photons, with electron facilities—attendance at which treatment is given—2 or more fields up to a maximum of 5 additional fields (rotational therapy being 3 fields)—treatment delivered to primary site (prostate) | Amount under clause 5.3.1 |
| 15266 | Radiation oncology treatment, using a dual photon energy linear accelerator with a minimum higher energy of at least 10MV photons, with electron facilities—attendance at which treatment is given—2 or more fields up to a maximum of 5 additional fields (rotational therapy being 3 fields)—treatment delivered to primary site (breast) | Amount under clause 5.3.1 |
| 15269 | Radiation oncology treatment, using a dual photon energy linear accelerator with a minimum higher energy of at least 10MV photons, with electron facilities—attendance at which treatment is given—2 or more fields up to a maximum of 5 additional fields (rotational therapy being 3 fields)—treatment delivered to primary site for diseases or conditions not covered by item 15260, 15263 or 15266 | Amount under clause 5.3.1 |
| 15272 | Radiation oncology treatment, using a dual photon energy linear accelerator with a minimum higher energy of at least 10MV photons, with electron facilities—attendance at which treatment is given—2 or more fields up to a maximum of 5 additional fields (rotational therapy being 3 fields)—treatment delivered to secondary site | Amount under clause 5.3.1 |
| 15275 | Radiation oncology treatment, with image‑guided radiation therapy imaging, undertaken:  (a) to implement an intensity‑modulated radiation therapy dosimetry plan prepared in accordance with item 15565; and  (b) utilising an intensity‑modulated treatment delivery mode (delivered by a fixed or dynamic gantry linear accelerator or by a helical non C‑arm based linear accelerator)  Applicable once for each treatment | 190.35 |
| Subgroup 4—Brachytherapy | | |
| 15303 | Intrauterine treatment alone using radioactive sealed sources having a half‑life greater than 115 days using manual afterloading techniques (Anaes.) | 371.45 |
| 15304 | Intrauterine treatment alone using radioactive sealed sources having a half‑life greater than 115 days using automatic afterloading techniques (Anaes.) | 371.45 |
| 15307 | Intrauterine treatment alone using radioactive sealed sources having a half‑life of less than 115 days including iodine, gold, iridium or tantalum using manual afterloading techniques (Anaes.) | 704.25 |
| 15308 | Intrauterine treatment alone using radioactive sealed sources having a half‑life of less than 115 days including iodine, gold, iridium or tantalum using automatic afterloading techniques (Anaes.) | 704.25 |
| 15311 | Intravaginal treatment alone using radioactive sealed sources having a half‑life greater than 115 days using manual afterloading techniques (Anaes.) | 346.75 |
| 15312 | Intravaginal treatment alone using radioactive sealed sources having a half‑life greater than 115 days using automatic afterloading techniques (Anaes.) | 344.20 |
| 15315 | Intravaginal treatment alone using radioactive sealed sources having a half‑life of less than 115 days including iodine, gold, iridium or tantalum using manual afterloading techniques (Anaes.) | 680.70 |
| 15316 | Intravaginal treatment alone using radioactive sealed sources having a half‑life of less than 115 days including iodine, gold, iridium or tantalum using automatic afterloading techniques (Anaes.) | 680.70 |
| 15319 | Combined intrauterine and intravaginal treatment using radioactive sealed sources having a half‑life greater than 115 days using manual afterloading techniques (Anaes.) | 422.50 |
| 15320 | Combined intrauterine and intravaginal treatment using radioactive sealed sources having a half‑life greater than 115 days using automatic afterloading techniques (Anaes.) | 422.50 |
| 15323 | Combined intrauterine and intravaginal treatment using radioactive sealed sources having a half‑life of less than 115 days including iodine, gold, iridium, or tantalum using manual afterloading techniques (Anaes.) | 751.25 |
| 15324 | Combined intrauterine and intravaginal treatment using radioactive sealed sources having a half‑life of less than 115 days including iodine, gold, iridium, or tantalum using automatic afterloading techniques (Anaes.) | 751.25 |
| 15327 | Implantation of a sealed radioactive source (having a half‑life of less than 115 days including iodine, gold, iridium or tantalum) to a region, under general anaesthesia, or epidural or spinal (intrathecal) nerve block, requiring surgical exposure and using manual afterloading techniques (Anaes.) | 817.25 |
| 15328 | Implantation of a sealed radioactive source (having a half‑life of less than 115 days including iodine, gold, iridium or tantalum) to a region, under general anaesthesia, or epidural or spinal (intrathecal) nerve block, requiring surgical exposure and using automatic afterloading techniques (Anaes.) | 817.25 |
| 15331 | Implantation of a sealed radioactive source (having a half‑life of less than 115 days including iodine, gold, iridium or tantalum) to a site (including the tongue, mouth, salivary gland, axilla, subcutaneous sites), if the volume treated involves multiple planes but does not require surgical exposure and using manual afterloading techniques (Anaes.) | 776.00 |
| 15332 | Implantation of a sealed radioactive source (having a half‑life of less than 115 days including iodine, gold, iridium or tantalum) to a site (including the tongue, mouth, salivary gland, axilla, subcutaneous sites), if the volume treated involves multiple planes but does not require surgical exposure and using automatic afterloading techniques (Anaes.) | 776.00 |
| 15335 | Implantation of a sealed radioactive source (having a half‑life of less than 115 days including iodine, gold, iridium or tantalum) to a site if the volume treated involves only a single plane but does not require surgical exposure and using manual afterloading techniques (Anaes.) | 704.25 |
| 15336 | Implantation of a sealed radioactive source (having a half‑life of less than 115 days including iodine, gold, iridium or tantalum) to a site if the volume treated involves only a single plane but does not require surgical exposure and using automatic afterloading techniques (Anaes.) | 704.25 |
| 15338 | Prostate, radioactive seed implantation of, radiation oncology component, using transrectal ultrasound guidance:  (a) for a patient with:  (i) localised prostatic malignancy at clinical stages T1 (clinically inapparent tumour not palpable or visible by imaging) or T2 (tumour confined within prostate); and  (ii) a Gleason score of less than or equal to 7 (Grade Group 1 to Grade Group 3); and  (iii) a prostate specific antigen (PSA) of not more than 10ng/ml at the time of diagnosis; and  (b) performed by an oncologist at an approved site in association with a urologist; and  (c) being a service associated with:  (i) services to which items 37220 and 55603 apply; and  (ii) a service to which item 60506 or 60509 applies | 973.50 |
| 15339 | Removal of a sealed radioactive source under general anaesthesia, or under epidural or spinal nerve block (Anaes.) | 79.25 |
| 15342 | Construction and application of a radioactive mould using a sealed source having a half‑life of greater than 115 days, to treat intracavity, intraoral or intranasal site | 198.00 |
| 15345 | Construction and application of a radioactive mould using a sealed source having a half‑life of less than 115 days including iodine, gold, iridium or tantalum to treat intracavity, intraoral or intranasal sites | 528.35 |
| 15348 | Subsequent applications of radioactive mould referred to in item 15342 or 15345—each attendance | 60.80 |
| 15351 | Construction with or without initial application of a radioactive mould not exceeding 5 cm in diameter to an external surface | 121.35 |
| 15354 | Construction and initial application of a radioactive mould more than 5 cm in diameter to an external surface | 147.20 |
| 15357 | Application of a radioactive mould constructed for application to an external surface of the patient other than the initial application of the mould | 41.65 |
| Subgroup 5—Computerised planning | | |
| 15500 | Radiation field setting using a simulator or isocentric x‑ray or megavoltage machine or CT of a single area for treatment by a single field or parallel opposed fields (other than a service associated with a service to which item 15509 applies) | 252.50 |
| 15503 | Radiation field setting using a simulator or isocentric x‑ray or megavoltage machine or CT of a single area, if views in more than one plane are required for treatment by multiple fields, or of 2 areas (other than a service associated with a service to which item 15512 applies) | 324.20 |
| 15506 | Radiation field setting using a simulator or isocentric x‑ray or megavoltage machine or CT of 3 or more areas, or of total body or half body irradiation, or of mantle therapy or inverted Y fields, or of irregularly shaped fields using multiple blocks, or of off‑axis fields or several joined fields (other than a service associated with a service to which item 15515 applies) | 484.15 |
| 15509 | Radiation field setting using a diagnostic x‑ray unit of a single area for treatment by a single field or parallel opposed fields (other than a service associated with a service to which item 15500 applies) | 218.80 |
| 15512 | Radiation field setting using a diagnostic x‑ray unit of a single area, if views in more than one plane are required for treatment by multiple fields, or of 2 areas (other than a service associated with a service to which item 15503 applies) | 282.10 |
| 15513 | Radiation source localisation using a simulator or x‑ray machine or CT of a single area, if views in more than one plane are required, for brachytherapy treatment planning for Iodine 125 seed implantation of localised prostate cancer, being a service associated with a service to which item 15338 applies | 318.95 |
| 15515 | Radiation field setting using a diagnostic x‑ray unit of 3 or more areas, or of total body or half body irradiation, or of mantle therapy or inverted Y fields, or of irregularly shaped fields using multiple blocks, or of off‑axis fields or several joined fields (other than a service associated with a service to which item 15506 applies) | 408.45 |
| 15518 | Radiation dosimetry by a CT interfacing planning computer for megavoltage or teletherapy radiotherapy by a single field or parallel opposed fields to one area with up to 2 shielding blocks | 80.10 |
| 15521 | Radiation dosimetry by a CT interfacing planning computer for megavoltage or teletherapy radiotherapy to a single area by 3 or more fields, or by a single field or parallel opposed fields to 2 areas, or if wedges are used | 353.70 |
| 15524 | Radiation dosimetry by a CT interfacing planning computer for megavoltage or teletherapy radiotherapy to 3 or more areas, or by mantle fields or inverted Y fields or tangential fields or irregularly shaped fields using multiple blocks, or off‑axis fields, or several joined fields | 663.15 |
| 15527 | Radiation dosimetry by a non‑CT interfacing planning computer for megavoltage or teletherapy radiotherapy by a single field or parallel opposed fields to one area with up to 2 shielding blocks | 82.15 |
| 15530 | Radiation dosimetry by a non‑CT interfacing planning computer for megavoltage or teletherapy radiotherapy to a single area by 3 or more fields, or by a single field or parallel opposed fields to 2 areas, or if wedges are used | 366.40 |
| 15533 | Radiation Dosimetry by a non‑CT interfacing planning computer for megavoltage or teletherapy radiotherapy to 3 or more areas, or by mantle fields or inverted Y fields, or tangential fields or irregularly shaped fields using multiple blocks, or off‑axis fields, or several joined fields | 694.80 |
| 15536 | Brachytherapy planning, computerised Radiation Dosimetry | 277.70 |
| 15539 | Brachytherapy planning, computerised radiation dosimetry for Iodine 125 seed implantation of localised prostate cancer, being a service associated with a service to which item 15338 applies | 652.70 |
| 15550 | Simulation for 3 dimensional conformal radiotherapy without intravenous contrast medium if:  (a) treatment set up and technique specifications are in preparation for 3 dimensional conformal radiotherapy dose planning; and  (b) patient set up and immobilisation techniques are suitable for reliable CT image volume data acquisition and 3 dimensional conformal radiotherapy treatment; and  (c) a high‑quality CT image volume dataset is required for the relevant region of interest to be planned and treated; and  (d) the image set up is required to be suitable for the generation of quality digitally reconstructed radiographic images | 685.30 |
| 15553 | Simulation for 3 dimensional conformal radiotherapy, including pre and post intravenous contrast medium if:  (a) treatment set up and technique specifications are in preparation for 3 dimensional conformal radiotherapy dose planning; and  (b) patient set up and immobilisation techniques are suitable for reliable CT image volume data acquisition and 3 dimensional conformal radiotherapy treatment; and  (c) a high‑quality CT image volume dataset is required for the relevant region of interest to be planned and treated; and  (d) the image set up is required to be suitable for the generation of quality digitally reconstructed radiographic images | 739.35 |
| 15555 | Simulation for intensity‑modulated radiation therapy, with or without intravenous contrast medium, if:  (a) treatment set‑up and technique specifications are in preparation for intensity‑modulated radiation therapy dose planning; and  (b) patient set‑up and immobilisation techniques are suitable for reliable CT image volume data acquisition and intensity‑modulated radiation therapy; and  (c) a high‑quality CT image volume dataset is acquired for the relevant region of interest to be planned and treated; and  (d) the image set is suitable for the generation of quality digitally reconstructed radiographic images | 739.35 |
| 15556 | Dosimetry for 3 dimensional conformal radiotherapy of level one complexity if the dosimetry is for a single phase 3 dimensional conformal treatment plan using a CT image volume dataset, with one gross tumour volume or clinical target volume, one planning target volume and one organ at risk specified in the prescription | 691.35 |
| 15559 | Dosimetry for 3 dimensional conformal radiotherapy of level 2 complexity if:  (a) the dosimetry is for a 2 phase 3 dimensional conformal treatment plan using one or more CT image volume datasets, with at least one gross tumour volume, 2 planning target volumes and one organ at risk specified in the prescription; or  (b) the dosimetry is for a single phase 3 dimensional conformal treatment plan using one or more CT image volume datasets, with at least one gross tumour volume, one planning target volume and 2 organ at risk dose goals or constraints specified in the prescription; or  (c) image fusion with a secondary CT, MRI or PET image volume dataset is used to define target volumes and organs at risk as mentioned in item 15556 | 901.65 |
| 15562 | Dosimetry for 3 dimensional conformal radiotherapy of level 3 complexity if:  (a) the dosimetry is for a 3 phase 3 dimensional conformal treatment plan using one or more CT image volume datasets, with at least one gross tumour volume, 3 planning target volumes and one organ at risk specified in the prescription; or  (b) the dosimetry is for a 2 phase 3 dimensional conformal treatment plan using one or more CT image volume datasets, with:  (i) at least one gross tumour volume specified in the prescription; and  (ii) 2 planning target volumes or 2 organ at risk dose goals or constraints specified in the prescription; or  (c) the dosimetry is for a single phase 3 dimensional conformal treatment plan using one or more CT image volume datasets, with at least one gross tumour volume, one planning target volume and 3 organ at risk dose goals or constraints specified in the prescription; or  (d) image fusion with a secondary CT, MRI or PET image volume dataset is used to define target volume and organs at risk as mentioned in item 15559 | 1,166.20 |
| 15565 | Preparation of an intensity‑modulated radiation therapy dosimetry plan, which uses one or more CT image volume datasets, if:  (a) in preparing the intensity‑modulated radiation therapy dosimetry plan:  (i) the differential between target dose and normal tissue dose is maximised, based on a review and assessment by a radiation oncologist; and  (ii) all gross tumour targets, clinical targets, planning targets and organs at risk are rendered as volumes as defined in the prescription; and  (iii) organs at risk are nominated as planning dose goals or constraints and the prescription specifies the organs at risk as dose goals or constraints; and  (iv) dose calculations and dose volume histograms are generated in an inverse planned process, using a specialised calculation algorithm, with prescription and plan details approved and recorded in the plan; and  (v) a CT image volume dataset is used for the relevant region to be planned and treated; and  (vi) the CT images are suitable for the generation of quality digitally reconstructed radiographic images; and  (b) the final intensity‑modulated radiation therapy dosimetry plan is validated by the radiation therapist and the medical physicist, using robust quality assurance processes that include:  (i) determination of the accuracy of the dose fluence delivered by the multi‑leaf collimator and gantry position (static or dynamic); and  (ii) ensuring that the plan is deliverable, data transfer is acceptable and validation checks are completed on a linear accelerator; and  (iii) validating the accuracy of the derived intensity‑modulated radiation therapy dosimetry plan; and  (c) the final intensity‑modulated radiation therapy dosimetry plan is approved by the radiation oncologist prior to delivery | 3,448.10 |
| Subgroup 6—Stereotactic radiosurgery | | |
| 15600 | Stereotactic radiosurgery, including all radiation oncology consultations, planning, simulation, dosimetry and treatment | 1,771.30 |
| Subgroup 7—Radiation oncology treatment verification | | |
| 15700 | Radiation oncology treatment verification with single projection acquisition (with single or double exposures), if:  (a) the service is prescribed and reviewed by a radiation oncologist; and  (b) the service is not associated with item 15705 or 15710;  —each attendance at which treatment is verified | 47.85 |
| 15705 | Radiation oncology treatment verification with multiple projection acquisition, if:  (a) the service is prescribed and reviewed by a radiation oncologist; and  (b) the service is not associated with item 15700 or item 15710;  —each attendance at which treatment involving 3 fields or more is verified | 79.70 |
| 15710 | Radiation oncology treatment verification with volumetric acquisition, if:  (a) the service is prescribed and reviewed by a radiation oncologist; and  (b) the service is not associated with item 15700 or item 15705;  —each attendance at which treatment involving 3 fields or more is verified | 79.70 |
| 15715 | Radiation oncology treatment verification of planar or volumetric image‑guided radiation therapy for intensity‑modulated radiation therapy, involving the use of at least 2 planar image views or projections or 1 volumetric image set to facilitate a 3‑dimensional adjustment to radiation treatment field positioning, if:  (a) the treatment technique is classified as intensity‑modulated radiation therapy; and  (b) the margins applied to volumes (clinical target volume or planning target volume) are tailored or reduced to minimise treatment related exposure of healthy or normal tissues; and  (c) the decisions made using acquired images are based on action algorithms and are given effect immediately prior to or during treatment delivery by qualified and trained staff considering complex competing factors and using software‑driven modelling programs; and  (d) the radiation treatment field positioning requires accuracy levels of less than 5mm (curative cases) or up to 10mm (palliative cases) to ensure accurate dose delivery to the target; and  (e) the image decisions and actions are documented in the patient’s record; and  (f) the radiation oncologist is responsible for supervising the process, including specifying the type and frequency of imaging, tolerance and action levels to be incorporated in the process, reviewing the trend analysis and any reports and relevant images during the treatment course and specifying action protocols as required; and  (g) when treatment adjustments are inadequate to satisfy treatment protocol requirements, replanning is required; and  (h) the imaging infrastructure (hardware and software) is linked to the treatment unit and networked to an image database, enabling both on‑line and off‑line reviews | 79.70 |
| Subgroup 8—Brachytherapy planning and verification | | |
| 15800 | Brachytherapy treatment verification—once for each attendance | 100.20 |
| 15850 | Radiation source localisation using a simulator, x‑ray machine, CT or ultrasound of a single area, if views in more than one plane are required, for brachytherapy treatment planning, not being a service to which item 15513 applies. | 207.60 |
| Subgroup 10—Intraoperative radiotherapy | | |
| 15900 | Breast, malignant tumour, targeted intraoperative radiation therapy, using an Intrabeam® or Xoft® Axxent® device, delivered at the time of breast‑conserving surgery (partial mastectomy or lumpectomy) for a patient who:  (a) is 45 years of age or over; and  (b) has a T1 or small T2 (less than or equal to 3cm in diameter) primary tumour; and  (c) has a histologic grade 1 or 2 tumour; and  (d) has an oestrogen‑receptor positive tumour; and  (e) has a node negative malignancy; and  (f) is suitable for wide local excision of a primary invasive ductal carcinoma that was diagnosed as unifocal on conventional examination and imaging; and  (g) has no contra‑indications to breast irradiation  Applicable only once per breast per lifetime (H) | 260.10 |

Division 5.4—Group T3: Therapeutic nuclear medicine

5.4.1 Items in Group T3

This clause sets out items in Group T3.

Note: The fees in Group T3 are indexed in accordance with clause 1.3.1.

| Group T3—Therapeutic nuclear medicine | | |
| --- | --- | --- |
| Column 1  Item | Column 2  Description | Column 3  Fee ($) |
| 16003 | Intra‑cavitary administration of a therapeutic dose of Yttrium 90 (not including preliminary paracentesis and other than a service to which item 35404, 35406 or 35408 applies or a service associated with selective internal radiation therapy) (Anaes.) | 1,554.25 |
| 16006 | Administration of a therapeutic dose of Iodine 131 for thyroid cancer by single dose technique | 1,047.70 |
| 16009 | Administration of a therapeutic dose of Iodine 131 for thyrotoxicosis by single dose technique | 507.55 |
| 16012 | Intravenous administration of a therapeutic dose of Phosphorous 32 | 2,915.10 |
| 16015 | Administration of Strontium 89 for the relief of bone pain due to skeletal metastases (as indicated by a positive bone scan), if systemic antineoplastic therapy is unavailable or has failed to control the patient’s disease and either:  (a) the disease is poorly controlled by conventional radiotherapy; or  (b) conventional radiotherapy is inappropriate, due to the wide distribution of sites of bone pain | 4,251.20 |
| 16018 | Administration of 153 Sm‑lexidronam for the relief of bone pain due to skeletal metastases (as indicated by a positive bone scan), if systemic antineoplastic therapy is unavailable or has failed to control the patient’s disease, and:  (a) the disease is poorly controlled by conventional radiotherapy; or  (b) conventional radiotherapy is inappropriate, due to the wide distribution of sites of bone pain | 4,814.70 |

Division 5.5—Group T4: Obstetrics

5.5.1 Definitions for item 16400

In item 16400:

***nurse*** means a person:

(a) who is registered under a law of a State or Territory as a registered nurse or enrolled nurse; and

(b) who is employed by, or whose services are otherwise retained by, a medical practitioner or a practice operated by a medical practitioner.

5.5.2 Meaning of practice midwife in items 16400 and 16408

In items 16400 and 16408:

***practice midwife*** means a midwife who is employed by, or whose services are otherwise retained by, a medical practitioner or a practice operated by a medical practitioner.

5.5.3 Restrictions on item 16400—provider and timing

(1) Item 16400 applies to an antenatal service provided to a patient by a practice midwife, nurse or Aboriginal and Torres Strait Islander health practitioner only if:

(a) the practice midwife, nurse or Aboriginal and Torres Strait Islander health practitioner has the appropriate training and skills to perform an antenatal service; and

(b) the medical practitioner under whose supervision the antenatal service is provided retains responsibility for clinical outcomes and for the health and safety of the patient; and

(c) the practice midwife, nurse or Aboriginal and Torres Strait Islander health practitioner complies with relevant legislative or regulatory requirements regarding the provision of the antenatal service in the State or Territory where the service is provided.

(2) Item 16400 does not apply in conjunction with another antenatal attendance item for the same patient, on the same day by the same practitioner.

(3) Item 16400 does not apply in conjunction with item 10990, 10991, 10992, 75855, 75856, 75857 or 75858.

(4) For any particular patient, item 16400 applies not more than 10 times in a 9 month period.

5.5.4 Items in Group T4

This clause sets out items in Group T4.

Note: The fees in Group T4 are indexed in accordance with clause 1.3.1.

| Group T4—Obstetrics | | |
| --- | --- | --- |
| Column 1  Item | Column 2  Description | Column 3  Fee ($) |
| 16400 | Antenatal service provided by a practice midwife, nurse or an Aboriginal and Torres Strait Islander health practitioner, applicable 10 times for a pregnancy, if:  (a) the service is provided on behalf of, and under the supervision of, a medical practitioner; and  (b) the service is provided at, or from, a practice location in a regional, rural or remote area; and  (c) the service is not performed in conjunction with another antenatal attendance item in Group T4 for the same patient on the same day by the same practitioner; and  (d) the service is not provided for an admitted patient of a hospital or approved day facility | 28.35 |
| 16401 | Professional attendance at consulting rooms or a hospital by a specialist in the practice of the specialist’s specialty of obstetrics after referral of the patient to the specialist—initial attendance in a single course of treatment | 89.00 |
| 16404 | Professional attendance at consulting rooms or a hospital by a specialist in the practice of the specialist’s specialty of obstetrics after referral of the patient to the specialist—an attendance after the initial attendance in a single course of treatment | 44.75 |
| 16406 | Antenatal professional attendance by an obstetrician or general practitioner, as part of a single course of treatment when the patient is referred by a participating midwife  Applicable once for a pregnancy | 139.40 |
| 16407 | Postnatal professional attendance (other than a service to which any other item applies) if the attendance:  (a) is by an obstetrician or general practitioner; and  (b) is in hospital or at consulting rooms; and  (c) is between 4 and 8 weeks after the birth; and  (d) lasts at least 20 minutes; and  (e) includes a mental health assessment (including screening for drug and alcohol use and domestic violence) of the patient; and  (f) is for a pregnancy in relation to which a service to which item 82140 applies is not provided  Applicable once for a pregnancy | 74.60 |
| 16408 | Postnatal attendance (other than attendance at consulting rooms, a hospital or a residential aged care facility or a service to which any other item applies) if the attendance:  (a) is by:  (i) a practice midwife (on behalf of and under the supervision of the medical practitioner who attended the birth); or  (ii) an obstetrician; or  (iii) a general practitioner; and  (b) is between 1 week and 4 weeks after the birth; and  (c) lasts at least 20 minutes; and  (d) is for a patient who was privately admitted for the birth; and  (e) is for a pregnancy in relation to which a service to which item 82130, 82135 or 82140 applies is not provided  Applicable once for a pregnancy | 55.55 |
| 16500 | Antenatal attendance | 49.05 |
| 16501 | External cephalic version for breech presentation, after 36 weeks, if no contraindication exists, in a unit with facilities for caesarean section, including pre and post version CTG, with or without tocolysis, other than a service to which items 55718 to 55728 and 55768 to 55774 apply—chargeable whether or not the version is successful and limited to a maximum of 2 ECVs per pregnancy | 146.25 |
| 16502 | Polyhydramnios, unstable lie, multiple pregnancy, pregnancy complicated by diabetes or anaemia, threatened premature labour treated by bed rest only or oral medication, requiring admission to hospital—a professional attendance that is not a routine antenatal attendance, applicable once per day | 49.05 |
| 16505 | Threatened abortion, threatened miscarriage or hyperemesis gravidarum, requiring admission to hospital, treatment of—an attendance that is not a routine antenatal attendance | 49.05 |
| 16508 | Pregnancy complicated by acute intercurrent infection, fetal growth restriction, threatened premature labour with ruptured membranes or threatened premature labour treated by intravenous therapy, requiring admission to hospital—professional attendance (other than a service to which item 16533 applies) that is not a routine antenatal attendance, applicable once per day | 49.05 |
| 16509 | Pre‑eclampsia, eclampsia or antepartum haemorrhage, treatment of—professional attendance (other than a service to which item 16534 applies) that is not a routine antenatal attendance | 49.05 |
| 16511 | Cervix, purse string ligation of (Anaes.) | 228.85 |
| 16512 | Cervix, removal of purse string ligature of (Anaes.) | 66.05 |
| 16514 | Antenatal cardiotocography in the management of high risk pregnancy (not during the course of the confinement) | 38.15 |
| 16515 | Management of vaginal birth as an independent procedure, if the patient’s care has been transferred by another medical practitioner for management of the birth and the attending medical practitioner has not provided antenatal care to the patient, including all attendances related to the birth (Anaes.) | 656.40 |
| 16518 | Management of labour, incomplete, if the patient’s care has been transferred to another medical practitioner for completion of the birth (Anaes.) | 468.90 |
| 16519 | Management of labour and birth by any means (including Caesarean section) including post‑partum care for 5 days (Anaes.) | 722.10 |
| 16520 | Caesarean section and post‑operative care for 7 days, if the patient’s care has been transferred by another medical practitioner for management of the confinement and the attending medical practitioner has not provided any of the antenatal care (Anaes.) | 656.40 |
| 16522 | Management of labour and birth, or birth alone, (including caesarean section), on or after 23 weeks gestation, if in the course of antenatal supervision or intrapartum management one or more of the following conditions is present, including postnatal care for 7 days:  (a) fetal loss;  (b) multiple pregnancy;  (c) antepartum haemorrhage that is:  (i) of greater than 200 ml; or  (ii) associated with disseminated intravascular coagulation;  (d) placenta praevia on ultrasound in the third trimester with the placenta within 2 cm of the internal cervical os;  (e) baby with a birth weight less than or equal to 2,500 g;  (f) trial of vaginal birth in a patient with uterine scar if there has been a planned vaginal birth after caesarean section;  (g) trial of vaginal breech birth if there has been a planned vaginal breech birth;  (h) prolonged labour greater than 12 hours with partogram evidence of abnormal cervimetric progress as evidenced by cervical dilatation at less than 1 cm/hr in the active phase of labour (after 3 cm cervical dilatation and effacement until full dilatation of the cervix);  (i) acute fetal compromise evidenced by:  (i) scalp pH less than 7.15; or  (ii) scalp lactate greater than 4.0;  (j) acute fetal compromise evidenced by at least one of the following significant cardiotocograph abnormalities:  (i) prolonged bradycardia (less than 100 bpm for more than 2 minutes);  (ii) absent baseline variability (less than 3 bpm);  (iii) sinusoidal pattern;  (iv) complicated variable decelerations with reduced (3 to 5 bpm) or absent baseline variability;  (v) late decelerations;  (k) pregnancy induced hypertension of at least 140/90 mm Hg associated with:  (i) at least 2+ proteinuria on urinalysis; or  (ii) protein‑creatinine ratio greater than 30 mg/mmol; or  (iii) platelet count less than 150 x 109/L; or  (iv) uric acid greater than 0.36 mmol/L;  (l) gestational diabetes mellitus requiring at least daily blood glucose monitoring;  (m) mental health disorder (whether arising prior to pregnancy, during pregnancy or postpartum) that is demonstrated by:  (i) the patient requiring hospitalisation; or  (ii) the patient receiving ongoing care by a psychologist or psychiatrist to treat the symptoms of a mental health disorder; or  (iii) the patient having a GP mental health treatment plan; or  (iv) the patient having a management plan prepared in accordance with item 291;  (n) disclosure or evidence of domestic violence;  (o) any of the following conditions either diagnosed pre‑pregnancy or evident at the first antenatal visit before 20 weeks gestation:  (i) pre‑existing hypertension requiring antihypertensive medication prior to pregnancy;  (ii) cardiac disease (co‑managed with a specialist physician and with echocardiographic evidence of myocardial dysfunction);  (iii) previous renal or liver transplant;  (iv) renal dialysis;  (v) chronic liver disease with documented oesophageal varices;  (vi) renal insufficiency in early pregnancy (serum creatinine greater than 110 mmol/L);  (vii) neurological disorder that confines the patient to a wheelchair throughout pregnancy;  (viii) maternal height of less than 148 cm;  (ix) a body mass index greater than or equal to 40;  (x) pre‑existing diabetes mellitus on medication prior to pregnancy;  (xi) thyrotoxicosis requiring medication;  (xii) previous thrombosis or thromboembolism requiring anticoagulant therapy through pregnancy and the early puerperium;  (xiii) thrombocytopenia with platelet count of less than 100,000 prior to 20 weeks gestation;  (xiv) HIV, hepatitis B or hepatitis C carrier status positive;  (xv) red cell or platelet iso‑immunisation;  (xvi) cancer with metastatic disease;  (xvii) illicit drug misuse during pregnancy  (H) (Anaes.) | 1,695.35 |
| 16527 | Management of vaginal birth, if the patient’s care has been transferred by a participating midwife for management of the birth, including all attendances related to the birth (Anaes.)  Applicable once for a pregnancy | 656.40 |
| 16528 | Caesarean section and post‑operative care for 7 days, if the patient’s care has been transferred by a participating midwife for management of the birth (Anaes.)  Applicable once for a pregnancy | 656.40 |
| 16530 | Management of pregnancy loss, from 14 weeks to 15 weeks and 6 days gestation, other than a service to which item 16531, 35640 or 35643 applies (Anaes.) | 399.90 |
| 16531 | Management of pregnancy loss, from 16 weeks to 22 weeks and 6 days gestation, other than a service to which item 16530, 35640 or 35643 applies (Anaes.) (H) | 799.85 |
| 16533 | Pregnancy complicated by acute intercurrent infection, fetal growth restriction, threatened premature labour with ruptured membranes or threatened premature labour treated by intravenous therapy, requiring admission to hospital—each professional attendance lasting at least 40 minutes that is not a routine antenatal attendance, applicable 3 times for a pregnancy (H) | 109.85 |
| 16534 | Pre‑eclampsia, eclampsia or antepartum haemorrhage, treatment of—each professional attendance lasting at least 40 minutes that is not a routine antenatal attendance, applicable 3 times for a pregnancy (H) | 109.85 |
| 16564 | Evacuation of retained products of conception (placenta, membranes or mole) as a complication of confinement, with or without curettage of the uterus, as an independent procedure (Anaes.) | 226.80 |
| 16567 | Management of postpartum haemorrhage by special measures such as packing of uterus, as an independent procedure (Anaes.) | 331.70 |
| 16570 | Acute inversion of the uterus, vaginal correction of, as an independent procedure (Anaes.) | 432.90 |
| 16571 | Cervix, repair of extensive laceration or lacerations (Anaes.) | 331.70 |
| 16573 | Third degree tear, involving anal sphincter muscles and rectal mucosa, repair of, as an independent procedure (Anaes.) | 270.30 |
| 16590 | Planning and management, by a practitioner, of a pregnancy if:  (a) the practitioner intends to take primary responsibility for management of the pregnancy and any complications, and to be available for the birth; and  (b) the patient intends to be privately admitted for the birth; and  (c) the pregnancy has progressed beyond 28 weeks gestation; and  (d) the practitioner has maternity privileges at a hospital or birth centre; and  (e) the service includes a mental health assessment (including screening for drug and alcohol use and domestic violence) of the patient; and  (f) a service to which item 16591 applies is not provided in relation to the same pregnancy  Applicable once for a pregnancy | 387.85 |
| 16591 | Planning and management, by a practitioner, of a pregnancy if:  (a) the pregnancy has progressed beyond 28 weeks gestation; and  (b) the service includes a mental health assessment (including screening for drug and alcohol use and domestic violence) of the patient; and  (c) a service to which item 16590 applies is not provided in relation to the same pregnancy  Applicable once for a pregnancy | 148.40 |
| 16600 | Amniocentesis, diagnostic | 66.05 |
| 16603 | Chorionic villus sampling, by any route | 126.80 |
| 16606 | Fetal blood sampling, using interventional techniques from umbilical cord or fetus, including fetal neuromuscular blockade and amniocentesis (Anaes.) | 253.10 |
| 16609 | Fetal intravascular blood transfusion, using blood already collected, including neuromuscular blockade, amniocentesis and fetal blood sampling (Anaes.) | 516.10 |
| 16612 | Fetal intraperitoneal blood transfusion, using blood already collected, including neuromuscular blockade, amniocentesis and fetal blood sampling—not performed in conjunction with a service described in item 16609 (Anaes.) | 406.05 |
| 16615 | Fetal intraperitoneal blood transfusion, using blood already collected, including neuromuscular blockade, amniocentesis and fetal blood sampling—performed in conjunction with a service described in item 16609 (Anaes.) | 216.30 |
| 16618 | Amniocentesis, therapeutic, when indicated because of polyhydramnios with at least 500 ml being aspirated | 216.30 |
| 16621 | Amnioinfusion, for diagnostic or therapeutic purposes in the presence of severe oligohydramnios | 216.30 |
| 16624 | Fetal fluid filled cavity, drainage of | 311.25 |
| 16627 | Feto‑amniotic shunt, insertion of, into fetal fluid filled cavity, including neuromuscular blockade and amniocentesis | 633.65 |

Division 5.6—Group T6: Examination by anaesthetist

5.6.1 Items in Group T6

This clause sets out items in Group T6.

Note: The fees in Group T6 are indexed in accordance with clause 1.3.1.

| Group T6—Examination by anaesthetist | | |
| --- | --- | --- |
| Column 1  Item | Column 2  Description | Column 3  Fee ($) |
| 17610 | Professional attendance by a medical practitioner in the practice of anaesthesia for a brief consultation involving a targeted history and limited examination, including the cardio‑respiratory system, lasting not more than 15 minutes (other than a service associated with a service to which any of items 2801 to 3000 apply) | 45.40 |
| 17615 | Professional attendance by a medical practitioner in the practice of anaesthesia for a consultation on a patient undergoing advanced surgery or who has complex medical problems, involving a selective history and an extensive examination of multiple systems and the formulation of a written patient management plan documented in the patient notes, and lasting more than 15 minutes, but not more than 30 minutes, (other than a service associated with a service to which any of items 2801 to 3000 apply) | 90.35 |
| 17620 | Professional attendance by a medical practitioner in the practice of anaesthesia for a consultation on a patient undergoing advanced surgery or who has complex medical problems involving a detailed history and comprehensive examination of multiple systems, and the formulation of a written patient management plan documented in the patient notes, and lasting more than 30 minutes, but not more than 45 minutes, (other than a service associated with a service to which any of items 2801 to 3000 apply) | 125.15 |
| 17625 | Professional attendance by a medical practitioner in the practice of anaesthesia for a consultation on a patient undergoing advanced surgery or who has complex medical problems involving an exhaustive history and comprehensive examination of multiple systems, the formulation of a written patient management plan following discussion with relevant health care professionals and/or the patient, involving medical planning of high complexity documented in the patient notes, and lasting more than 45 minutes (other than a service associated with a service to which any of items 2801 to 3000 apply) | 159.35 |
| 17640 | Professional attendance by a specialist anaesthetist in the practice of anaesthesia, if the patient is referred to the specialist anaesthetist—a brief consultation involving a short history, a limited examination, and lasting not more than 15 minutes (other than a service associated with a service to which any of items 2801 to 3000 apply) | 45.40 |
| 17645 | Professional attendance by a specialist anaesthetist in the practice of anaesthesia, if the patient is referred to the specialist anaesthetist—a consultation involving a selective history and examination of multiple systems, the formulation of a written patient management plan, and lasting more than 15 minutes, but not more than 30 minutes, (other than a service associated with a service to which any of items 2801 to 3000 apply) | 90.35 |
| 17650 | Professional attendance by a specialist anaesthetist in the practice of anaesthesia, if the patient is referred to the specialist anaesthetist—a consultation involving a detailed history and comprehensive examination of multiple systems, and the formulation of a written patient management plan, and lasting more than 30 minutes, but not more than 45 minutes, (other than a service associated with a service to which any of items 2801 to 3000 apply) | 125.15 |
| 17655 | Professional attendance by a specialist anaesthetist in the practice of anaesthesia, if the patient is referred to the specialist anaesthetist—a consultation involving an exhaustive history and comprehensive examination of multiple systems, and the formulation of a written patient management plan following discussion with relevant health care professionals or the patient, involving medical planning of high complexity, and lasting more than 45 minutes (other than a service associated with a service to which any of items 2801 to 3000 apply) | 159.35 |
| 17680 | Professional attendance by a medical practitioner in the practice of anaesthesia—a consultation immediately before the institution of a major regional blockade in a patient in labour, if no previous anaesthesia consultation has occurred (other than a service associated with a service to which any of items 2801 to 3000 apply) | 90.35 |
| 17690 | A medical service in association with an item in the range 17615 to 17625 if:  (a) the service is provided to a patient before an admitted patient episode of care involving anaesthesia; and  (b) the service is not provided to an admitted patient of a hospital or day‑hospital facility; and  (c) the service is not provided on the day of admission to hospital for the subsequent episode of care involving anaesthesia services; and  (d) the service lasts more than 15 minutes;  (other than a service associated with a service to which any of items 2801 to 3000 apply) | 41.75 |

Division 5.7—Group T7: Regional or field nerve blocks

5.7.1 Meaning of amount under clause 5.7.1

(1) In item 18219:

***amount under clause 5.7.1*** means the sum of:

(a) the fee for item 18216; and

(b) $20.80 for each additional period of 15 minutes, and part of a period of 15 minutes, of continuous attendance beyond the first hour of attendance.

(2) In item 18227:

***amount under clause 5.7.1*** means the sum of:

(a) the fee for item 18226; and

(b) $31.35 for each additional period of 15 minutes, and part of a period of 15 minutes, of continuous attendance beyond the first hour of attendance.

5.7.2 Items in Group T7

This clause sets out items in Group T7.

Note: The fees in Group T7 are indexed in accordance with clause 1.3.1.

| Group T7—Regional or field nerve blocks | | |
| --- | --- | --- |
| Column 1  Item | Column 2  Description | Column 3  Fee ($) |
| 18213 | Intravenous regional anaesthesia of limb by retrograde perfusion of local anaesthetic agent | 92.20 |
| 18216 | Intrathecal, combined spinal‑epidural or epidural infusion of a therapeutic substance, initial injection or commencement of, including up to 1 hour of continuous attendance by the medical practitioner (Anaes.) | 197.60 |
| 18219 | Intrathecal, combined spinal‑epidural or epidural infusion of a therapeutic substance, initial injection or commencement of, if continuous attendance by the medical practitioner extends beyond the first hour (Anaes.) | Amount under clause 5.7.1 |
| 18222 | Continuous infusion, or injection by catheter, of a therapeutic substance (not contrast agent) to maintain regional anaesthesia or analgesia, subsequent injection or revision of, if the period of continuous medical practitioner attendance is 15 minutes or less | 39.15 |
| 18225 | Continuous infusion, or injection by catheter, of a therapeutic substance (not contrast agent) to maintain regional anaesthesia or analgesia, subsequent injection or revision of, if the period of continuous medical practitioner attendance is more than 15 minutes | 52.05 |
| 18226 | Intrathecal, combined spinal‑epidural or epidural infusion of a therapeutic substance, initial injection or commencement of, including up to 1 hour of continuous attendance by the medical practitioner—for a patient in labour, if the service is provided between 8 pm to 8 am on any weekday, or on a Saturday, Sunday or public holiday | 296.35 |
| 18227 | Intrathecal, combined spinal‑epidural or epidural infusion of a therapeutic substance, initial injection or commencement of, if continuous attendance by a medical practitioner extends beyond the first hour—for a patient in labour, if the service is provided between 8 pm to 8 am on any weekday, or on a Saturday, Sunday or public holiday | Amount under clause 5.7.1 |
| 18228 | Interpleural block, initial injection or commencement of infusion of a therapeutic substance, not in association with a service to which an item in Group T8 applies, unless the nerve block is performed using a targeted percutaneous approach | 65.05 |
| 18230 | Intrathecal or epidural injection of neurolytic substance (not contrast agent) by any route, including transforaminal route (Anaes.) | 248.10 |
| 18232 | Intrathecal or epidural injection (including translaminar and transforaminal approaches) of therapeutic substance or substances (anaesthetic, steroid or chemotherapeutic agents):  (a) other than a service to which another item in this Group applies; and  (b) not in association with a service to which an item in Group T8 applies, unless the nerve block is performed using a targeted percutaneous approach (Anaes.) | 197.60 |
| 18233 | Epidural injection of blood for blood patch (Anaes.) | 197.60 |
| 18234 | Trigeminal nerve, primary branch (ophthalmic, maxillary or mandibular branches, excluding infraorbital nerve), injection of an anaesthetic agent or steroid, but not in association with a service to which an item in Group T8 applies, unless a targeted percutaneous technique is used (Anaes.) | 129.90 |
| 18236 | Trigeminal nerve, peripheral branch (including infraorbital nerve), injection of an anaesthetic agent, but not in association with a service to which an item in Group T8 applies, unless a targeted percutaneous technique is used (Anaes.) | 65.05 |
| 18238 | Facial nerve, injection of an anaesthetic agent, other than a service associated with a service to which item 18240 applies, not in association with a service to which an item in Group T8 applies, unless the nerve block is performed using a targeted percutaneous approach | 39.15 |
| 18240 | Retrobulbar or peribulbar injection of an anaesthetic agent | 97.40 |
| 18242 | Greater occipital nerve, injection of an anaesthetic agent (Anaes.) | 39.15 |
| 18244 | Vagus nerve, injection of an anaesthetic agent, not in association with a service to which an item in Group T8 applies, unless the nerve block is performed using a targeted percutaneous approach | 104.90 |
| 18248 | Phrenic nerve, injection of an anaesthetic agent | 92.20 |
| 18250 | Spinal accessory nerve, injection of an anaesthetic agent | 65.05 |
| 18252 | Cervical plexus, injection of an anaesthetic agent, not in association with a service to which an item in Group T8 applies, unless the nerve block is performed using a targeted percutaneous approach | 104.90 |
| 18254 | Brachial plexus, injection of an anaesthetic agent, not in association with a service to which an item in Group T8 applies, unless the nerve block is performed using a targeted percutaneous approach | 104.90 |
| 18256 | Suprascapular nerve, injection of an anaesthetic agent | 65.05 |
| 18258 | Intercostal nerve (single), injection of an anaesthetic agent | 65.05 |
| 18260 | Intercostal nerves (multiple), injection of an anaesthetic agent | 92.20 |
| 18262 | Ilio‑inguinal, iliohypogastric or genitofemoral nerves, one or more of, injections of an anaesthetic agent, not in association with a service to which an item in Group T8 applies, unless the nerve block is performed using a targeted percutaneous approach (Anaes.) | 65.05 |
| 18264 | Pudendal nerve or dorsal nerve (or both), injection of an anaesthetic agent, not in association with a service to which an item in Group T8 applies, unless the nerve block is performed using a targeted percutaneous approach | 104.90 |
| 18266 | Ulnar, radial or median nerve, main trunk of, one or more of, injections of an anaesthetic agent, not being associated with a brachial plexus block, not in association with a service to which an item in Group T8 applies, unless the nerve block is performed using a targeted percutaneous approach | 65.05 |
| 18268 | Obturator nerve, injection of an anaesthetic agent | 92.20 |
| 18270 | Femoral nerve, injection of an anaesthetic agent | 92.20 |
| 18272 | Saphenous, sural, popliteal or posterior tibial nerve, main trunk of, one or more of, injections of an anaesthetic agent | 65.05 |
| 18276 | Paravertebral nerves, injection of an anaesthetic agent, (multiple levels) | 129.90 |
| 18278 | Sciatic nerve, injection of an anaesthetic agent, not in association with a service to which an item in Group T8 applies, unless the nerve block is performed using a targeted percutaneous approach | 92.20 |
| 18280 | Sphenopalatine ganglion, injection of an anaesthetic agent, not in association with a service to which an item in Group T8 applies, unless the nerve block is performed using a targeted percutaneous approach (Anaes.) | 129.90 |
| 18282 | Carotid sinus, injection of an anaesthetic agent, as an independent percutaneous procedure | 104.90 |
| 18284 | Cervical or thoracic sympathetic chain, injection of an anaesthetic agent (Anaes.) | 153.60 |
| 18286 | Lumbar or pelvic sympathetic chain, injection of an anaesthetic agent (Anaes.) | 153.60 |
| 18288 | Coeliac plexus or splanchnic nerves, injection of an anaesthetic agent, not in association with a service to which an item in Group T8 applies, unless the nerve block is performed using a targeted percutaneous approach (Anaes.) | 153.60 |
| 18290 | Cranial nerve other than trigeminal, destruction by a neurolytic agent under image guidance, other than a service associated with the injection of botulinum toxin (Anaes.) | 259.85 |
| 18292 | Nerve branch, destruction by a neurolytic agent under image guidance, other than a service to which another item in this Group applies or a service associated with the injection of botulinum toxin except a service to which item 18354 applies (Anaes.) | 129.90 |
| 18294 | Coeliac plexus or splanchnic nerves, destruction by a neurolytic agent under image guidance (Anaes.) | 183.15 |
| 18296 | Lumbar or pelvic sympathetic chain, destruction by a neurolytic agent under image guidance (Anaes.) | 156.65 |
| 18297 | Assistance at the administration of an epidural blood patch (a service to which item 18233 applies) by another medical practitioner | 61.75 |
| 18298 | Cervical or thoracic sympathetic chain, destruction by a neurolytic agent (Anaes.) | 183.15 |

Division 5.8—Group T11: Botulinum toxin

5.8.1 Group T11 services do not include supply of botulinum toxin

A service described in any of items 18350 to 18379 does not include the supply of the botulinum toxin to which the service relates.

5.8.2 Restrictions on items in Group T11

(1) Items 18350 to 18354, 18362 and 18369 to 18379 do not apply to an injection of botulinum toxin if the botulinum toxin is not supplied under the pharmaceutical benefits scheme.

(2) A service described in item 18360 is applicable to the first 4 treatments, not exceeding 2 for each limb, on any one day.

(3) Items 18360, 18366 and 18368 apply only to a service provided by a specialist or consultant physician in the practice of the specialist’s or consultant physician’s speciality.

5.8.3 Items in Group T11

This clause sets out items in Group T11.

Note: The fees in Group T11 are indexed in accordance with clause 1.3.1.

| Group T11—Botulinum toxin | | |
| --- | --- | --- |
| Column 1  Item | Column 2  Description | Column 3  Fee ($) |
| 18350 | Botulinum Toxin Type A Purified Neurotoxin Complex (Botox), injection of, for the treatment of hemifacial spasm in a patient who is at least 12 years of age, including all such injections on any one day | 129.90 |
| 18351 | Clostridium Botulinum Type A Toxin‑Haemagglutinin Complex (Dysport), injection of, for the treatment of hemifacial spasm in a patient who is at least 18 years of age, including all such injections on any one day | 129.90 |
| 18353 | Botulinum Toxin Type A Purified Neurotoxin Complex (Botox) or Clostridium Botulinum Type A Toxin‑Haemagglutinin Complex (Dysport) or IncobotulinumtoxinA (Xeomin), injection of, for the treatment of cervical dystonia (spasmodic torticollis), including all such injections on any one day | 259.85 |
| 18354 | Botulinum Toxin Type A Purified Neurotoxin Complex (Botox) or Clostridium Botulinum Type A Toxin‑Haemagglutinin Complex (Dysport), injection of, for the treatment of dynamic equinus foot deformity (including equinovarus and equinovulgus) due to spasticity in an ambulant cerebral palsy patient, if:  (a) the patient is at least 2 years of age; and  (b) the treatment is for all or any of the muscles subserving one functional activity and supplied by one motor nerve, with a maximum of 4 sets of injections for the patient on any one day (with a maximum of 2 sets of injections for each lower limb), including all injections per set (Anaes.) | 129.90 |
| 18360 | Botulinum Toxin Type A Purified Neurotoxin Complex (Botox) or Clostridium Botulinum Type A Toxin Haemagglutinin Complex (Dysport), injection of, for the treatment of moderate to severe focal spasticity if:  (a) the patient is at least 18 years of age; and  (b) the spasticity is associated with a previously diagnosed neurological disorder; and  (c) the treatment is provided as:  (i) second line therapy when standard treatment for the condition has failed; or  (ii) an adjunct to physical therapy; and  (d) the treatment is for all or any of the muscles subserving one functional activity and supplied by one motor nerve, with a maximum of 4 sets of injections for the patient on any one day (with a maximum of 2 sets of injections for each limb), including all injections per set | 129.90 |
| 18362 | Botulinum Toxin Type A Purified Neurotoxin Complex (Botox), injection of, for the treatment of severe primary axillary hyperhidrosis, including all such injections on any one day, if:  (a) the patient is at least 12 years of age; and  (b) the patient has been intolerant of, or has not responded to, topical aluminium chloride hexahydrate; and  (c) the patient has not had treatment with botulinum toxin within the immediately preceding 4 months; and  (d) if the patient has had treatment with botulinum toxin within the previous 12 months—the patient had treatment on no more than 2 separate occasions (Anaes.) | 256.70 |
| 18366 | Botulinum Toxin Type A Purified Neurotoxin Complex (Botox), injection of, for the treatment of strabismus, including all such injections on any one day and associated electromyography (Anaes.) | 162.75 |
| 18368 | Botulinum Toxin Type A Purified Neurotoxin Complex (Botox), injection of, for the treatment of spasmodic dysphonia, including all such injections on any one day | 277.85 |
| 18369 | Clostridium Botulinum Type A Toxin‑Haemagglutinin Complex (Dysport) or IncobotulinumtoxinA (Xeomin), injection of, for the treatment of unilateral blepharospasm in a patient who is at least 18 years of age, including all such injections on any one day (Anaes.) | 46.85 |
| 18370 | Botulinum Toxin Type A Purified Neurotoxin Complex (Botox), injection of, for unilateral blepharospasm in a patient who is at least 12 years of age, including all such injections on any one day (Anaes.) | 46.85 |
| 18372 | Botulinum Toxin Type A Purified Neurotoxin Complex (Botox), injection of, for the treatment of bilateral blepharospasm, in a patient who is at least 12 years of age, including all such injections on any one day (Anaes.) | 129.90 |
| 18374 | Clostridium Botulinum Type A Toxin‑Haemagglutinin Complex (Dysport) or IncobotulinumtoxinA (Xeomin), injection of, for the treatment of bilateral blepharospasm in a patient who is at least 18 years of age, including all such injections on any one day (Anaes.) | 129.90 |
| 18375 | Botulinum Toxin Type A Purified Neurotoxin Complex (Botox), intravesial injection of, with cystoscopy, for the treatment of urinary incontinence, including all such injections on any one day, if:  (a) the urinary incontinence is due to neurogenic detrusor overactivity as demonstrated by urodynamic study of a patient with:  (i) multiple sclerosis; or  (ii) spinal cord injury; or  (iii) for a patient who is at least 18 years of age—spina bifida; and  (b) the patient has urinary incontinence that is inadequately controlled by anti‑cholinergic therapy, as manifested by having experienced at least 14 episodes of urinary incontinence per week before commencement of treatment; and  (c) the patient is willing and able to self‑catheterise; and  (d) the treatment is not provided on the same occasion as a service described in item 104, 105, 110, 116, 119, 11900 or 11919  Applicable only once unless the patient achieves at least a 50% reduction in urinary incontinence episodes from baseline at any time during the period of 6 to 12 weeks after first treatment  (H) (Anaes.) | 239.20 |
| 18377 | Botulinum Toxin Type A Purified Neurotoxin Complex (Botox), injection of, for the treatment of chronic migraine, including all injections in one day, if:  (a) the patient is at least 18 years of age; and  (b) the patient has experienced an inadequate response, intolerance or contraindication to at least 3 prophylactic migraine medications before commencement of treatment with botulinum toxin, as manifested by an average of 15 or more headache days per month, with at least 8 days of migraine, over a period of at least 6 months, before commencement of treatment with botulinum toxin  Applicable not more than twice unless the patient achieves and maintains at least a 50% reduction in the number of headache days per month from baseline after 2 cycles of treatment (each of 12 weeks) | 129.90 |
| 18379 | Botulinum Toxin Type A Purified Neurotoxin Complex (Botox), intravesial injection of, with cystoscopy, for the treatment of urinary incontinence, including all such injections on any one day, if:  (a) the urinary incontinence is due to idiopathic overactive bladder in a patient; and  (b) the patient is at least 18 years of age; and  (c) the patient has urinary incontinence that is inadequately controlled by at least 2 alternative anti‑cholinergic agents, as manifested by having experienced at least 14 episodes of urinary incontinence per week before commencement of treatment with botulinum toxin; and  (d) the patient is willing and able to self‑catheterise; and  (e) treatment is not provided on the same occasion as a service described in item 104, 105, 110, 116, 119, 11900 or 11919  Applicable only once unless the patient achieves at least a 50% reduction in urinary incontinence episodes from baseline at any time during the period of 6 to 12 weeks after first treatment  (H) (Anaes.) | 239.20 |

Division 5.9—Group T10: Anaesthesia performed in connection with certain services (Relative Value Guide)

5.9.1 Meaning of amount under clause 5.9.1

(1) In item 25025:

***amount under clause 5.9.1*** means 50% of the sum of:

(a) the fee mentioned in any of items 20100 to 21997 or 22900 for the initiation of the management of anaesthesia in association with which the anaesthesia is performed; and

(b) the fee mentioned in the item in the range 23010 to 24136 that applies to the anaesthesia; and

(c) if any of items 25000 to 25014 applies to the anaesthesia—the fee mentioned in the item; and

(d) if a service described in any of items 22002 to 22051 is performed in association with the anaesthesia—the fee mentioned in the item.

(2) In item 25030:

***amount under clause 5.9.1*** means 50% of the sum of:

(a) the fee mentioned in the item in the range 25200 to 25205 that applies to the assistance; and

(b) the fee mentioned in the item in the range 23010 to 24136 that applies to the assistance; and

(c) if any of items 25000 to 25014 applies to the anaesthesia—the fee mentioned in the item; and

(d) if a service described in any of items 22002 to 22051 is performed in association with the assistance—the fee mentioned in the item.

(3) In item 25050:

***amount under clause 5.9.1*** means 50% of the sum of:

(a) the fee mentioned in item 22060; and

(b) the fee mentioned in the item in the range 23010 to 24136 that applies to the perfusion; and

(c) if any of items 25000 to 25014 apply to the perfusion—the fee mentioned in the item; and

(d) if a service described in any of items 22002 to 22051 or 22065 to 22075 is performed in association with the perfusion—the fee mentioned in the item.

5.9.2 Meaning of amount under clause 5.9.2

In items 25200 and 25205:

***amount under clause 5.9.2*** means the sum of:

(a) $108.50; and

(b) the fee mentioned in the item in the range 23010 to 24136 that applies to the assistance; and

(c) if any of the items 25000 to 25020 applies to the assistance—the fee mentioned in the item; and

(d) if a service described in an item in the range 22002 to 22051 applies to the assistance—the fee mentioned in the item.

5.9.3 Meaning of service time

In Subgroups 21, 24, 25 and 26 of Group T10:

***service time*** means:

(a) for the management of anaesthesia on a patient by an anaesthetist—the period that:

(i) starts when the anaesthetist commences exclusive and continuous care of the patient for anaesthesia; and

(ii) ends when the anaesthetist places the patient safely under the supervision of other personnel; and

(b) for perfusion performed on a patient under anaesthesia—the period that:

(i) starts when the anaesthetic commences; and

(ii) ends with the closure of the chest of the patient; and

(c) for assistance given by an assistant anaesthetist in the management of anaesthesia performed on a patient—the period when the assistant anaesthetist is actively attending on the patient.

5.9.4 Restrictions on items in Group T10

Items applying only to services connected with services described using “(Anaes.)”

(1) Items 20100 to 21990 (other than item 21965), 22060, 23010 to 24136, 25200 and 25205 apply to a service only if the service is provided in connection with a service that:

(a) is a professional service within the meaning of subsection 3(1) of the Act; and

(b) is mentioned in an item that includes, in its description, “(Anaes.)”.

Items 22900 and 22905 applying only to services connected with dental services

(2) Items 22900 and 22905 apply to a service only if the service is provided in connection with a dental service (other than a dental service that is a prescribed medical service under paragraph (b) of the definition of ***professional service*** in subsection 3(1) of the Act).

Services associated with certain diagnostic imaging services

(3) An item in Group T10 does not apply to a service described in the item if the service is claimed in association with a service to which item 55026 or 55054 of the diagnostic imaging services table applies.

5.9.5 Application of Subgroup 21 of Group T10

(1) Items 23010 to 24136 apply to perfusion.

(2) Items 23010 to 24136 apply to assistance only as a component of item 25200 or 25205 and for the purpose of calculating the amount of fee for that item.

(3) Items 23010 to 24136 apply to a service provided to a patient under anaesthesia, but only if the anaesthesia start and end times are recorded in writing.

5.9.6 Meaning of anaesthesia, assistance and perfusion in Subgroups 21 to 25 of Group T10

In Subgroups 21 to 25 of Group T10:

***anaesthesia*** means the management of anaesthesia performed in association with a service to which any of items 20100 to 21997, 22900 and 22905 applies.

***assistance*** means assistance:

(a) in the management of anaesthesia; and

(b) to which item 25200 or 25205 applies.

***perfusion*** means perfusion to which item 22060 applies.

5.9.7 Application of Subgroups 22 and 23 of Group T10

(1) Items 25000 to 25020 apply to anaesthesia in addition to any other item that applies to anaesthesia.

(2) Items 25000 to 25020 apply to perfusion in addition to any other item that applies to perfusion.

(3) Items 25000 to 25020 apply:

(a) to assistance only as a component of item 25200 or 25205; and

(b) for calculating the amount of fee for the item.

5.9.8 Application of Subgroups 24 and 25 of Group T10

Items 25025 to 25050 apply to anaesthesia, assistance or perfusion in addition to any other item that applies to the service.

5.9.9 Items in Group T10

This clause sets out items in Group T10.

| Group T10—Anaesthesia performed in connection with certain services (Relative Value Guide) | | |
| --- | --- | --- |
| Column 1  Item | Column 2  Description | Column 3  Fee ($) |
| Subgroup 1—Head | | |
| 20100 | Initiation of the management of anaesthesia for procedures on the skin, subcutaneous tissue, muscles, salivary glands or superficial vessels of the head, including biopsy, other than a service to which another item in this Subgroup applies | 108.50 |
| 20102 | Initiation of the management of anaesthesia for plastic repair of cleft lip | 130.20 |
| 20104 | Initiation of the management of anaesthesia for electroconvulsive therapy | 86.80 |
| 20120 | Initiation of the management of anaesthesia for procedures on external, middle or inner ear, including biopsy, other than a service to which another item in this Subgroup applies | 108.50 |
| 20124 | Initiation of the management of anaesthesia for otoscopy | 86.80 |
| 20140 | Initiation of the management of anaesthesia for procedures on eye, other than a service to which another item in this Subgroup applies | 108.50 |
| 20142 | Initiation of the management of anaesthesia for lens surgery | 108.50 |
| 20143 | Initiation of the management of anaesthesia for retinal surgery | 130.20 |
| 20144 | Initiation of the management of anaesthesia for corneal transplant | 151.90 |
| 20145 | Initiation of the management of anaesthesia for vitrectomy | 151.90 |
| 20146 | Initiation of the management of anaesthesia for biopsy of conjunctiva | 108.50 |
| 20147 | Initiation of the management of anaesthesia for squint repair | 130.20 |
| 20148 | Initiation of the management of anaesthesia for ophthalmoscopy | 86.80 |
| 20160 | Initiation of the management of anaesthesia for intranasal procedures on nose or accessory sinuses, other than a service to which another item in this Subgroup applies | 130.20 |
| 20162 | Initiation of the management of anaesthesia for intranasal surgery for malignancy or for intranasal ablation | 151.90 |
| 20164 | Initiation of the management of anaesthesia for biopsy of soft tissue of the nose and accessory sinuses | 86.80 |
| 20170 | Initiation of the management of anaesthesia for intraoral procedures, including biopsy, other than a service to which another item in this Subgroup applies | 130.20 |
| 20172 | Initiation of the management of anaesthesia for repair of cleft palate | 151.90 |
| 20174 | Initiation of the management of anaesthesia for excision of retropharyngeal tumour | 195.30 |
| 20176 | Initiation of the management of anaesthesia for radical intraoral surgery | 217.00 |
| 20190 | Initiation of the management of anaesthesia for procedures on facial bones, other than a service to which another item in this Subgroup applies | 108.50 |
| 20192 | Initiation of the management of anaesthesia for extensive surgery on facial bones (including prognathism and extensive facial bone reconstruction) | 217.00 |
| 20210 | Initiation of the management of anaesthesia for intracranial procedures, other than a service to which another item in this Subgroup applies | 325.50 |
| 20212 | Initiation of the management of anaesthesia for subdural taps | 108.50 |
| 20214 | Initiation of the management of anaesthesia for burr holes of the cranium | 195.30 |
| 20216 | Initiation of the management of anaesthesia for intracranial vascular procedures, including those for aneurysms or arterio‑venous abnormalities | 434.00 |
| 20220 | Initiation of the management of anaesthesia for spinal fluid shunt procedures | 217.00 |
| 20222 | Initiation of the management of anaesthesia for ablation of an intracranial nerve | 130.20 |
| 20225 | Initiation of the management of anaesthesia for all cranial bone procedures | 260.40 |
| 20230 | Initiation of the management of anaesthesia for microvascular free tissue flap surgery involving the head or face | 260.40 |
| Subgroup 2—Neck | | |
| 20300 | Initiation of the management of anaesthesia for procedures on the skin or subcutaneous tissue of the neck, other than a service to which another item in this Subgroup applies | 108.50 |
| 20305 | Initiation of the management of anaesthesia for incision and drainage of large haematoma, large abscess, cellulitis or similar lesion or epiglottitis, causing life threatening airway obstruction | 325.50 |
| 20320 | Initiation of the management of anaesthesia for procedures on oesophagus, thyroid, larynx, trachea, lymphatic system, muscles, nerves or other deep tissues of the neck, other than a service to which another item in this Subgroup applies | 130.20 |
| 20321 | Initiation of the management of anaesthesia for laryngectomy, hemi laryngectomy, laryngopharyngectomy or pharyngectomy | 217.00 |
| 20330 | Initiation of the management of anaesthesia for laser surgery to the airway (excluding nose and mouth) | 173.60 |
| 20350 | Initiation of the management of anaesthesia for procedures on major vessels of neck, other than a service to which another item in this Subgroup applies | 217.00 |
| 20352 | Initiation of the management of anaesthesia for simple ligation of major vessels of neck | 108.50 |
| 20355 | Initiation of the management of anaesthesia for microvascular free tissue flap surgery involving the neck | 260.40 |
| Subgroup 3—Thorax | | |
| 20400 | Initiation of the management of anaesthesia for procedures on the skin or subcutaneous tissue of the anterior part of the chest, other than a service to which another item in this Subgroup applies | 65.10 |
| 20401 | Initiation of the management of anaesthesia for procedures on the breast, other than a service to which another item in this Subgroup applies | 86.80 |
| 20402 | Initiation of the management of anaesthesia for reconstructive procedures on breast, including implant reconstruction and exchange | 108.50 |
| 20403 | Initiation of the management of anaesthesia for axillary dissection or sentinel node biopsy | 108.50 |
| 20404 | Initiation of the management of anaesthesia for mastectomy | 130.20 |
| 20405 | Initiation of the management of anaesthesia for reconstructive procedures on the breast using myocutaneous flaps | 173.60 |
| 20406 | Initiation of the management of anaesthesia for radical or modified radical procedures on breast with internal mammary node dissection | 282.10 |
| 20410 | Initiation of the management of anaesthesia for electrical conversion of arrhythmias | 86.80 |
| 20420 | Initiation of the management of anaesthesia for procedures on the skin or subcutaneous tissue of the posterior part of the chest, other than a service to which another item in this Subgroup applies | 108.50 |
| 20440 | Initiation of the management of anaesthesia for percutaneous bone marrow biopsy of the sternum | 86.80 |
| 20450 | Initiation of the management of anaesthesia for procedures on clavicle, scapula or sternum, other than a service to which another item in this Subgroup applies | 108.50 |
| 20452 | Initiation of the management of anaesthesia for radical surgery on clavicle, scapula or sternum | 130.20 |
| 20470 | Initiation of the management of anaesthesia for partial rib resection, other than a service to which another item in this Subgroup applies | 130.20 |
| 20472 | Initiation of the management of anaesthesia for thoracoplasty | 217.00 |
| 20474 | Initiation of the management of anaesthesia for radical procedures on chest wall | 282.10 |
| 20475 | Initiation of the management of anaesthesia for microvascular free tissue flap surgery involving the anterior or posterior thorax | 217.00 |
| Subgroup 4—Intrathoracic | | |
| 20500 | Initiation of the management of anaesthesia for open procedures on the oesophagus | 325.50 |
| 20520 | Initiation of the management of anaesthesia for all closed chest procedures (including rigid oesophagoscopy or bronchoscopy), other than a service to which another item in this Subgroup applies | 130.20 |
| 20522 | Initiation of the management of anaesthesia for needle biopsy of pleura | 86.80 |
| 20524 | Initiation of the management of anaesthesia for pneumocentesis | 86.80 |
| 20526 | Initiation of the management of anaesthesia for thoracoscopy | 217.00 |
| 20528 | Initiation of the management of anaesthesia for mediastinoscopy | 173.60 |
| 20540 | Initiation of the management of anaesthesia for thoracotomy procedures involving lungs, pleura, diaphragm, or mediastinum, other than a service to which another item in this Subgroup applies | 282.10 |
| 20542 | Initiation of the management of anaesthesia for pulmonary decortication | 325.50 |
| 20546 | Initiation of the management of anaesthesia for pulmonary resection with thoracoplasty | 325.50 |
| 20548 | Initiation of the management of anaesthesia for intrathoracic repair of trauma to trachea and bronchi | 325.50 |
| 20560 | Initiation of the management of anaesthesia for:  (a) open procedures on the heart, pericardium or great vessels of the chest; or  (b) percutaneous insertion of a valvular prosthesis | 434.00 |
| Subgroup 5—Spine and spinal cord | | |
| 20600 | Initiation of the management of anaesthesia for procedures on cervical spine or spinal cord, or both, other than a service to which another item in this Subgroup applies | 217.00 |
| 20604 | Initiation of the management of anaesthesia for posterior cervical laminectomy with the patient in the sitting position | 282.10 |
| 20620 | Initiation of the management of anaesthesia for procedures on thoracic spine or spinal cord, or both, other than a service to which another item in this Subgroup applies | 217.00 |
| 20622 | Initiation of the management of anaesthesia for thoracolumbar sympathectomy | 282.10 |
| 20630 | Initiation of the management of anaesthesia for procedures in lumbar region, other than a service to which another item in this Subgroup applies | 173.60 |
| 20632 | Initiation of the management of anaesthesia for lumbar sympathectomy | 151.90 |
| 20634 | Initiation of the management of anaesthesia for chemonucleolysis | 217.00 |
| 20670 | Initiation of the management of anaesthesia for extensive spine or spinal cord procedures, or both | 282.10 |
| 20680 | Initiation of the management of anaesthesia for manipulation of spine when performed in the operating theatre of a hospital | 65.10 |
| 20690 | Initiation of the management of anaesthesia for percutaneous spinal procedures, other than a service to which another item in this Subgroup applies | 108.50 |
| Subgroup 6—Upper abdomen | | |
| 20700 | Initiation of the management of anaesthesia for procedures on the skin or subcutaneous tissue of the upper anterior abdominal wall, other than a service to which another item in this Subgroup applies | 65.10 |
| 20702 | Initiation of the management of anaesthesia for percutaneous liver biopsy | 86.80 |
| 20703 | Initiation of the management of anaesthesia for procedures on the nerves, muscles, tendons and fascia of the upper abdominal wall, other than a service to which another item in this Subgroup applies | 86.80 |
| 20704 | Initiation of the management of anaesthesia for microvascular free tissue flap surgery involving the anterior or posterior upper abdomen | 217.00 |
| 20706 | Initiation of the management of anaesthesia for laparoscopic procedures in the upper abdomen, including laparoscopic cholecystectomy, other than a service to which another item in this Subgroup applies | 151.90 |
| 20730 | Initiation of the management of anaesthesia for procedures on the skin or subcutaneous tissue of the upper posterior abdominal wall, other than a service to which another item in this Subgroup applies | 108.50 |
| 20740 | Initiation of the management of anaesthesia for upper gastrointestinal endoscopic procedures | 108.50 |
| 20745 | Initiation of the management of anaesthesia for any of the following:  (a) upper gastrointestinal endoscopic procedures in association with acute gastrointestinal haemorrhage;  (b) endoscopic retrograde cholangiopancreatography;  (c) upper gastrointestinal endoscopic ultrasound;  (d) percutaneous endoscopic gastrostomy;  (e) upper gastrointestinal endoscopic mucosal resection of tumour | 151.90 |
| 20750 | Initiation of the management of anaesthesia for hernia repairs to the upper abdominal wall, other than a service to which another item in this Subgroup applies | 108.50 |
| 20752 | Initiation of the management of anaesthesia for repair of incisional hernia or wound dehiscence, or both | 130.20 |
| 20754 | Initiation of the management of anaesthesia for procedures on an omphalocele | 151.90 |
| 20756 | Initiation of the management of anaesthesia for transabdominal repair of diaphragmatic hernia | 195.30 |
| 20770 | Initiation of the management of anaesthesia for procedures on major upper abdominal blood vessels | 325.50 |
| 20790 | Initiation of the management of anaesthesia for procedures within the peritoneal cavity in the upper abdomen, including any of the following:  (a) open cholecystectomy;  (b) gastrectomy;  (c) laparoscopic assisted nephrectomy;  (d) bowel shunts | 173.60 |
| 20791 | Initiation of the management of anaesthesia for bariatric surgery in a patient with clinically severe obesity | 217.00 |
| 20792 | Initiation of the management of anaesthesia for partial hepatectomy (excluding liver biopsy) | 282.10 |
| 20793 | Initiation of the management of anaesthesia for extended or trisegmental hepatectomy | 325.50 |
| 20794 | Initiation of the management of anaesthesia for pancreatectomy, partial or total | 260.40 |
| 20798 | Initiation of the management of anaesthesia for neuro endocrine tumour removal in the upper abdomen | 217.00 |
| 20799 | Initiation of the management of anaesthesia for percutaneous procedures on an intra‑abdominal organ in the upper abdomen | 130.20 |
| Subgroup 7—Lower abdomen | | |
| 20800 | Initiation of the management of anaesthesia for procedures on the skin or subcutaneous tissue of the lower anterior abdominal walls, other than a service to which another item in this Subgroup applies | 65.10 |
| 20802 | Initiation of the management of anaesthesia for lipectomy of the lower abdomen | 108.50 |
| 20803 | Initiation of the management of anaesthesia for procedures on the nerves, muscles, tendons and fascia of the lower abdominal wall, other than a service to which another item in this Subgroup applies | 86.80 |
| 20804 | Initiation of the management of anaesthesia for microvascular free tissue flap surgery involving the anterior or posterior lower abdomen | 217.00 |
| 20806 | Initiation of the management of anaesthesia for laparoscopic procedures in the lower abdomen | 151.90 |
| 20810 | Initiation of the management of anaesthesia for lower intestinal endoscopic procedures | 86.80 |
| 20815 | Initiation of the management of anaesthesia for extracorporeal shock wave lithotripsy to urinary tract | 130.20 |
| 20820 | Initiation of the management of anaesthesia for procedures on the skin, its derivatives or subcutaneous tissue of the lower posterior abdominal wall | 108.50 |
| 20830 | Initiation of the management of anaesthesia for hernia repairs in lower abdomen, other than a service to which another item in this Subgroup applies | 86.80 |
| 20832 | Initiation of the management of anaesthesia for repair of incisional herniae or wound dehiscence, or both, of the lower abdomen | 130.20 |
| 20840 | Initiation of the management of anaesthesia for all open procedures within the peritoneal cavity in the lower abdomen, including appendicectomy, other than a service to which another item in this Subgroup applies | 130.20 |
| 20841 | Initiation of the management of anaesthesia for bowel resection, including laparoscopic bowel resection, other than a service to which another item in this Subgroup applies | 173.60 |
| 20842 | Initiation of the management of anaesthesia for amniocentesis | 86.80 |
| 20844 | Initiation of the management of anaesthesia for abdominoperineal resection, including pull through procedures, ultra low anterior resection and formation of bowel reservoir | 217.00 |
| 20845 | Initiation of the management of anaesthesia for radical prostatectomy | 217.00 |
| 20846 | Initiation of the management of anaesthesia for radical hysterectomy | 217.00 |
| 20847 | Initiation of the management of anaesthesia for ovarian malignancy | 217.00 |
| 20848 | Initiation of the management of anaesthesia for pelvic exenteration | 217.00 |
| 20850 | Initiation of the management of anaesthesia for caesarean section | 260.40 |
| 20855 | Initiation of the management of anaesthesia for caesarean hysterectomy or hysterectomy within 24 hours of birth | 325.50 |
| 20860 | Initiation of the management of anaesthesia for extraperitoneal procedures in lower abdomen, including those on the urinary tract, other than a service to which another item in this Subgroup applies | 130.20 |
| 20862 | Initiation of the management of anaesthesia for renal procedures, including upper one‑third of ureter | 151.90 |
| 20863 | Initiation of the management of anaesthesia for nephrectomy | 217.00 |
| 20864 | Initiation of the management of anaesthesia for total cystectomy | 217.00 |
| 20866 | Initiation of the management of anaesthesia for adrenalectomy | 217.00 |
| 20867 | Initiation of the management of anaesthesia for neuro endocrine tumour removal in the lower abdomen | 217.00 |
| 20868 | Initiation of the management of anaesthesia for renal transplantation (donor or recipient) | 217.00 |
| 20880 | Initiation of the management of anaesthesia for procedures on major lower abdominal vessels, other than a service to which another item in this Subgroup applies | 325.50 |
| 20882 | Initiation of the management of anaesthesia for inferior vena cava ligation | 217.00 |
| 20884 | Initiation of the management of anaesthesia for percutaneous umbrella insertion | 108.50 |
| 20886 | Initiation of the management of anaesthesia for percutaneous procedures on an intra‑abdominal organ in the lower abdomen | 130.20 |
| Subgroup 8—Perineum | | |
| 20900 | Initiation of the management of anaesthesia for procedures on the skin or subcutaneous tissue of the perineum, other than a service to which another item in this Subgroup applies | 65.10 |
| 20902 | Initiation of the management of anaesthesia for anorectal procedures (including surgical haemorrhoidectomy, but not banding of haemorrhoids) | 86.80 |
| 20904 | Initiation of the management of anaesthesia for radical perineal procedures, including radical perineal prostatectomy or radical vulvectomy | 151.90 |
| 20905 | Initiation of the management of anaesthesia for microvascular free tissue flap surgery involving the perineum | 217.00 |
| 20906 | Initiation of the management of anaesthesia for vulvectomy | 86.80 |
| 20910 | Initiation of the management of anaesthesia for transurethral procedures (including urethrocyctoscopy), other than a service to which another item in this Subgroup applies | 86.80 |
| 20911 | Initiation of the management of anaesthesia for endoscopic ureteroscopic surgery including laser procedures | 108.50 |
| 20912 | Initiation of the management of anaesthesia for transurethral resection of bladder tumour or tumours | 108.50 |
| 20914 | Initiation of the management of anaesthesia for transurethral resection of prostate | 151.90 |
| 20916 | Initiation of the management of anaesthesia for bleeding post‑transurethral resection | 151.90 |
| 20920 | Initiation of the management of anaesthesia for procedures on external genitalia, other than a service to which another item in this Subgroup applies | 86.80 |
| 20924 | Initiation of the management of anaesthesia for procedures on undescended testis, unilateral or bilateral | 86.80 |
| 20926 | Initiation of the management of anaesthesia for radical orchidectomy, inguinal approach | 86.80 |
| 20928 | Initiation of the management of anaesthesia for radical orchidectomy, abdominal approach | 130.20 |
| 20930 | Initiation of the management of anaesthesia for orchiopexy, unilateral or bilateral | 86.80 |
| 20932 | Initiation of the management of anaesthesia for complete amputation of penis | 86.80 |
| 20934 | Initiation of the management of anaesthesia for complete amputation of penis with bilateral inguinal lymphadenectomy | 130.20 |
| 20936 | Initiation of the management of anaesthesia for complete amputation of penis with bilateral inguinal and iliac lymphadenectomy | 173.60 |
| 20938 | Initiation of the management of anaesthesia for insertion of penile prosthesis | 86.80 |
| 20940 | Initiation of the management of anaesthesia for per vagina and vaginal procedures (including biopsy of vagina, cervix or endometrium), other than a service to which another item in this Subgroup applies | 86.80 |
| 20942 | Initiation of the management of anaesthesia for vaginal procedures (including repair operations and urinary incontinence procedures) | 108.50 |
| 20943 | Initiation of the management of anaesthesia for transvaginal assisted reproductive services | 86.80 |
| 20944 | Initiation of the management of anaesthesia for vaginal hysterectomy | 130.20 |
| 20946 | Initiation of the management of anaesthesia for vaginal birth | 173.60 |
| 20948 | Initiation of the management of anaesthesia for purse string ligation of cervix, or removal of purse string ligature, or removal of purse string ligature | 86.80 |
| 20950 | Initiation of the management of anaesthesia for culdoscopy | 108.50 |
| 20952 | Initiation of the management of anaesthesia for hysteroscopy | 86.80 |
| 20954 | Initiation of the management of anaesthesia for correction of inverted uterus | 217.00 |
| 20956 | Initiation of the management of anaesthesia for evacuation of retained products of conception, as a complication of confinement | 86.80 |
| 20958 | Initiation of the management of anaesthesia for manual removal of retained placenta or for repair of vaginal or perineal tear following birth | 108.50 |
| 20960 | Initiation of the management of anaesthesia for vaginal procedures in the management of post‑partum haemorrhage, if the blood loss is greater than 500 ml | 151.90 |
| Subgroup 9—Pelvis (except hip) | | |
| 21100 | Initiation of the management of anaesthesia for procedures on the skin or subcutaneous tissue of the anterior pelvic region (anterior to iliac crest), except external genitalia | 65.10 |
| 21110 | Initiation of the management of anaesthesia for procedures on the skin, its derivatives or subcutaneous tissue of the pelvic region (posterior to iliac crest), except perineum | 108.50 |
| 21112 | Initiation of the management of anaesthesia for percutaneous bone marrow biopsy of the anterior iliac crest | 86.80 |
| 21114 | Initiation of the management of anaesthesia for percutaneous bone marrow biopsy of the posterior iliac crest | 108.50 |
| 21116 | Initiation of the management of anaesthesia for percutaneous bone marrow harvesting from the pelvis | 130.20 |
| 21120 | Initiation of the management of anaesthesia for procedures on the bony pelvis | 130.20 |
| 21130 | Initiation of the management of anaesthesia for body cast application or revision, when performed in the operating theatre of a hospital | 65.10 |
| 21140 | Initiation of the management of anaesthesia for interpelviabdominal (hindquarter) amputation | 325.50 |
| 21150 | Initiation of the management of anaesthesia for radical procedures for tumour of the pelvis, except hindquarter amputation | 217.00 |
| 21155 | Initiation of the management of anaesthesia for microvascular free tissue flap surgery involving the anterior or posterior pelvis | 217.00 |
| 21160 | Initiation of the management of anaesthesia for closed procedures involving symphysis pubis or sacroiliac joint, when performed in the operating theatre of a hospital | 86.80 |
| 21170 | Initiation of the management of anaesthesia for open procedures involving symphysis pubis or sacroiliac joint | 173.60 |
| Subgroup 10—Upper leg (except knee) | | |
| 21195 | Initiation of the management of anaesthesia for procedures on the skins or subcutaneous tissue of the upper leg | 65.10 |
| 21199 | Initiation of the management of anaesthesia for procedures on nerves, muscles, tendons, fascia or bursae of the upper leg | 86.80 |
| 21200 | Initiation of the management of anaesthesia for closed procedures involving hip joint, when performed in the operating theatre of a hospital | 86.80 |
| 21202 | Initiation of the management of anaesthesia for arthroscopic procedures of the hip joint | 86.80 |
| 21210 | Initiation of the management of anaesthesia for open procedures involving hip joint, other than a service to which another item in this Subgroup applies | 130.20 |
| 21212 | Initiation of the management of anaesthesia for hip disarticulation | 217.00 |
| 21214 | Initiation of the management of anaesthesia for primary total hip replacement | 217.00 |
| 21215 | Initiation of management of anaesthesia for revision total hip replacement | 325.50 |
| 21216 | Initiation of the management of anaesthesia for bilateral total hip replacement | 303.80 |
| 21220 | Initiation of the management of anaesthesia for closed procedures involving upper two‑thirds of femur, when performed in the operating theatre of a hospital | 86.80 |
| 21230 | Initiation of the management of anaesthesia for open procedures involving upper two‑thirds of femur, other than a service to which another item in this Subgroup applies | 130.20 |
| 21232 | Initiation of the management of anaesthesia for above knee amputation | 108.50 |
| 21234 | Initiation of the management of anaesthesia for radical resection of the upper two‑thirds of femur | 173.60 |
| 21260 | Initiation of the management of anaesthesia for procedures involving veins of upper leg, including exploration | 86.80 |
| 21270 | Initiation of the management of anaesthesia for procedures involving arteries of upper leg, including bypass graft, other than a service to which another item in this Subgroup applies | 173.60 |
| 21272 | Initiation of the management of anaesthesia for femoral artery ligation | 86.80 |
| 21274 | Initiation of the management of anaesthesia for femoral artery embolectomy | 130.20 |
| 21275 | Initiation of the management of anaesthesia for microvascular free tissue flap surgery involving the upper leg | 217.00 |
| 21280 | Initiation of the management of anaesthesia for microsurgical reimplantation of upper leg | 325.50 |
| Subgroup 11—Knee and popliteal area | | |
| 21300 | Initiation of the management of anaesthesia for procedures on the skin or subcutaneous tissue of the knee or popliteal area, or both | 65.10 |
| 21321 | Initiation of the management of anaesthesia for procedures on nerves, muscles, tendons, fascia or bursae of knee or popliteal area, or both | 86.80 |
| 21340 | Initiation of the management of anaesthesia for closed procedures on lower one‑third of femur, when performed in the operating theatre of a hospital | 86.80 |
| 21360 | Initiation of the management of anaesthesia for open procedures on lower one‑third of femur | 108.50 |
| 21380 | Initiation of the management of anaesthesia for closed procedures on knee joint when performed in the operating theatre of a hospital | 65.10 |
| 21382 | Initiation of the management of anaesthesia for arthroscopic procedures of knee joint | 86.80 |
| 21390 | Initiation of the management of anaesthesia for closed procedures on upper ends of tibia, fibula or patella, or any of them, when performed in the operating theatre of a hospital | 65.10 |
| 21392 | Initiation of the management of anaesthesia for open procedures on upper ends of tibia, fibula or patella, or any of them | 86.80 |
| 21400 | Initiation of the management of anaesthesia for open procedures on knee joint, other than a service to which another item in this Subgroup applies | 86.80 |
| 21402 | Initiation of the management of anaesthesia for knee replacement | 151.90 |
| 21403 | Initiation of the management of anaesthesia for bilateral knee replacement | 217.00 |
| 21404 | Initiation of the management of anaesthesia for disarticulation of knee | 108.50 |
| 21420 | Initiation of the management of anaesthesia for cast application, removal or repair, involving knee joint, undertaken in a hospital | 65.10 |
| 21430 | Initiation of the management of anaesthesia for procedures on veins of knee or popliteal area, other than a service to which another item in this Subgroup applies | 86.80 |
| 21432 | Initiation of the management of anaesthesia for repair of arteriovenous fistula of knee or popliteal area | 108.50 |
| 21440 | Initiation of the management of anaesthesia for procedures on arteries of knee or popliteal area, other than a service to which another item in this Subgroup applies | 173.60 |
| 21445 | Initiation of the management of anaesthesia for microvascular free tissue flap surgery involving the knee or popliteal area | 217.00 |
| Subgroup 12—Lower leg (below knee) | | |
| 21460 | Initiation of the management of anaesthesia for procedures on the skin or subcutaneous tissue of lower leg, ankle or foot | 65.10 |
| 21461 | Initiation of the management of anaesthesia for procedures on nerves, muscles, tendons or fascia of lower leg, ankle or foot, other than a service to which another item in this Subgroup applies | 86.80 |
| 21462 | Initiation of the management of anaesthesia for all closed procedures on lower leg, ankle or foot | 65.10 |
| 21464 | Initiation of the management of anaesthesia for arthroscopic procedure of ankle joint | 86.80 |
| 21472 | Initiation of the management of anaesthesia for repair of Achilles tendon | 108.50 |
| 21474 | Initiation of the management of anaesthesia for gastrocnemius recession | 108.50 |
| 21480 | Initiation of the management of anaesthesia for open procedures on bones of lower leg, ankle or foot, including amputation, other than a service to which another item in this Subgroup applies | 86.80 |
| 21482 | Initiation of the management of anaesthesia for radical resection of bone involving lower leg, ankle or foot | 108.50 |
| 21484 | Initiation of the management of anaesthesia for osteotomy or osteoplasty of tibia or fibula | 108.50 |
| 21486 | Initiation of the management of anaesthesia for total ankle replacement | 151.90 |
| 21490 | Initiation of the management of anaesthesia for lower leg cast application, removal or repair, undertaken in a hospital | 65.10 |
| 21500 | Initiation of the management of anaesthesia for procedures on arteries of lower leg, including bypass graft, other than a service to which another item in this Subgroup applies | 173.60 |
| 21502 | Initiation of the management of anaesthesia for embolectomy of the lower leg | 130.20 |
| 21520 | Initiation of the management of anaesthesia for procedures on veins of lower leg, other than a service to which another item in this Subgroup applies | 86.80 |
| 21522 | Initiation of the management of anaesthesia for venous thrombectomy of the lower leg | 108.50 |
| 21530 | Initiation of the management of anaesthesia for microsurgical reimplantation of lower leg, ankle or foot | 325.50 |
| 21532 | Initiation of the management of anaesthesia for microsurgical reimplantation of toe | 173.60 |
| 21535 | Initiation of the management of anaesthesia for microvascular free tissue flap surgery involving the lower leg | 217.00 |
| Subgroup 13—Shoulder and axilla | | |
| 21600 | Initiation of the management of anaesthesia for procedures on the skin or subcutaneous tissue of the shoulder or axilla | 65.10 |
| 21610 | Initiation of the management of anaesthesia for procedures on nerves, muscles, tendons, fascia or bursae of shoulder or axilla, including axillary dissection | 108.50 |
| 21620 | Initiation of the management of anaesthesia for closed procedures on humeral head and neck, sternoclavicular joint, acromioclavicular joint or shoulder joint, when performed in the operating theatre of a hospital | 86.80 |
| 21622 | Initiation of the management of anaesthesia for arthroscopic procedures of shoulder joint | 108.50 |
| 21630 | Initiation of the management of anaesthesia for open procedures on humeral head and neck, sternoclavicular joint, acromioclavicular joint or shoulder joint, other than a service to which another item in this Subgroup applies | 108.50 |
| 21632 | Initiation of the management of anaesthesia for radical resection involving humeral head and neck, sternoclavicular joint, acromioclavicular joint or shoulder joint | 130.20 |
| 21634 | Initiation of the management of anaesthesia for shoulder disarticulation | 195.30 |
| 21636 | Initiation of the management of anaesthesia for interthoracoscapular (forequarter) amputation | 325.50 |
| 21638 | Initiation of the management of anaesthesia for total shoulder replacement | 217.00 |
| 21650 | Initiation of the management of anaesthesia for procedures on arteries of shoulder or axilla, other than a service to which another item in this Subgroup applies | 173.60 |
| 21652 | Initiation of the management of anaesthesia for procedures for axillary‑brachial aneurysm | 217.00 |
| 21654 | Initiation of the management of anaesthesia for bypass graft of arteries of shoulder or axilla | 173.60 |
| 21656 | Initiation of the management of anaesthesia for axillary‑femoral bypass graft | 217.00 |
| 21670 | Initiation of the management of anaesthesia for procedures on veins of shoulder or axilla | 86.80 |
| 21680 | Initiation of the management of anaesthesia for shoulder cast application, removal or repair, other than a service to which another item in this Subgroup applies, when undertaken in a hospital | 65.10 |
| 21682 | Initiation of the management of anaesthesia for shoulder spica application, when undertaken in a hospital | 86.80 |
| 21685 | Initiation of the management of anaesthesia for microvascular free tissue flap surgery involving the shoulder or axilla | 217.00 |
| Subgroup 14—Upper arm and elbow | | |
| 21700 | Initiation of the management of anaesthesia for procedures on the skin or subcutaneous tissue of the upper arm or elbow | 65.10 |
| 21710 | Initiation of the management of anaesthesia for procedures on nerves, muscles, tendons, fascia or bursae of upper arm or elbow, other than a service to which another item in this Subgroup applies | 86.80 |
| 21712 | Initiation of the management of anaesthesia for open tenotomy of the upper arm or elbow | 108.50 |
| 21714 | Initiation of the management of anaesthesia for tenoplasty of the upper arm or elbow | 108.50 |
| 21716 | Initiation of the management of anaesthesia for tenodesis for rupture of long tendon of biceps | 108.50 |
| 21730 | Initiation of the management of anaesthesia for closed procedures on the upper arm or elbow, when performed in the operating theatre of a hospital | 65.10 |
| 21732 | Initiation of the management of anaesthesia for arthroscopic procedures of elbow joint | 86.80 |
| 21740 | Initiation of the management of anaesthesia for open procedures on the upper arm or elbow, other than a service to which another item in this Subgroup applies | 108.50 |
| 21756 | Initiation of the management of anaesthesia for radical procedures on the upper arm or elbow | 130.20 |
| 21760 | Initiation of the management of anaesthesia for total elbow replacement | 151.90 |
| 21770 | Initiation of the management of anaesthesia for procedures on arteries of upper arm, other than a service to which another item in this Subgroup applies | 173.60 |
| 21772 | Initiation of the management of anaesthesia for embolectomy of arteries of the upper arm | 130.20 |
| 21780 | Initiation of the management of anaesthesia for procedures on veins of upper arm, other than a service to which another item in this Subgroup applies | 86.80 |
| 21785 | Initiation of the management of anaesthesia for microvascular free tissue flap surgery involving the upper arm or elbow | 217.00 |
| 21790 | Initiation of the management of anaesthesia for microsurgical reimplantation of upper arm | 325.50 |
| Subgroup 15—Forearm wrist and hand | | |
| 21800 | Initiation of the management of anaesthesia for procedures on the skin or subcutaneous tissue of the forearm, wrist or hand | 65.10 |
| 21810 | Initiation of the management of anaesthesia for procedures on the nerves, muscles, tendons, fascia, or bursae of the forearm, wrist or hand | 86.80 |
| 21820 | Initiation of the management of anaesthesia for closed procedures on the radius, ulna, wrist, or hand bones, when performed in the operating theatre of a hospital | 65.10 |
| 21830 | Initiation of the management of anaesthesia for open procedures on the radius, ulna, wrist, or hand bones, other than a service to which another item in this Subgroup applies | 86.80 |
| 21832 | Initiation of the management of anaesthesia for total wrist replacement | 151.90 |
| 21834 | Initiation of the management of anaesthesia for arthroscopic procedures of the wrist joint | 86.80 |
| 21840 | Initiation of the management of anaesthesia for procedures on the arteries of forearm, wrist or hand, other than a service to which another item in this Subgroup applies | 173.60 |
| 21842 | Initiation of the management of anaesthesia for embolectomy of artery of forearm, wrist or hand | 130.20 |
| 21850 | Initiation of the management of anaesthesia for procedures on the veins of forearm, wrist or hand, other than a service to which another item in this Subgroup applies | 86.80 |
| 21860 | Initiation of the management of anaesthesia for forearm, wrist, or hand cast application, removal or repair, when undertaken in a hospital | 65.10 |
| 21865 | Initiation of the management of anaesthesia for microvascular free tissue flap surgery involving the forearm, wrist or hand | 217.00 |
| 21870 | Initiation of the management of anaesthesia for microsurgical reimplantation of forearm, wrist or hand | 325.50 |
| 21872 | Initiation of the management of anaesthesia for microsurgical reimplantation of a finger | 173.60 |
| Subgroup 16—Anaesthesia for burns | | |
| 21878 | Initiation of the management of anaesthesia for excision or debridement of burns, with or without skin grafting, if the area of burn involves not more than 3% of total body surface | 65.10 |
| 21879 | Initiation of the management of anaesthesia for excision or debridement of burns, with or without skin grafting, if the area of burn involves more than 3% but less than 10% of total body surface | 108.50 |
| 21880 | Initiation of the management of anaesthesia for excision or debridement of burns, with or without skin grafting, if the area of burn involves 10% or more but less than 20% of total body surface | 151.90 |
| 21881 | Initiation of the management of anaesthesia for excision or debridement of burns, with or without skin grafting, if the area of burn involves 20% or more but less than 30% of total body surface | 195.30 |
| 21882 | Initiation of the management of anaesthesia for excision or debridement of burns, with or without skin grafting, if the area of burn involves 30% or more but less than 40% of total body surface | 238.70 |
| 21883 | Initiation of the management of anaesthesia for excision or debridement of burns, with or without skin grafting, if the area of burn involves 40% or more but less than 50% of total body surface | 282.10 |
| 21884 | Initiation of the management of anaesthesia for excision or debridement of burns, with or without skin grafting, if the area of burn involves 50% or more but less than 60% of total body surface | 325.50 |
| 21885 | Initiation of the management of anaesthesia for excision or debridement of burns, with or without skin grafting, if the area of burn involves 60% or more but less than 70% of total body surface | 368.90 |
| 21886 | Initiation of the management of anaesthesia for excision or debridement of burns, with or without skin grafting, if the area of burn involves 70% or more but less than 80% of total body surface | 412.30 |
| 21887 | Initiation of the management of anaesthesia for excision or debridement of burns, with or without skin grafting, if the area of burn involves 80% or more of total body surface | 455.70 |
| Subgroup 17—Anaesthesia for radiological or other diagnostic or therapeutic procedures | | |
| 21900 | Initiation of the management of anaesthesia for injection procedure for hysterosalpingography | 65.10 |
| 21906 | Initiation of the management of anaesthesia for injection procedure for myelography—lumbar or thoracic | 108.50 |
| 21908 | Initiation of the management of anaesthesia for injection procedure for myelography—cervical | 130.20 |
| 21910 | Initiation of the management of anaesthesia for injection procedure for myelography—posterior fossa | 195.30 |
| 21912 | Initiation of the management of anaesthesia for injection procedure for discography—lumbar or thoracic | 108.50 |
| 21914 | Initiation of the management of anaesthesia for injection procedure for discography—cervical | 130.20 |
| 21915 | Initiation of the management of anaesthesia for peripheral arteriogram | 108.50 |
| 21916 | Initiation of the management of anaesthesia for arteriograms—cerebral, carotid or vertebral | 108.50 |
| 21918 | Initiation of the management of anaesthesia for retrograde arteriogram—brachial or femoral | 108.50 |
| 21922 | Initiation of the management of anaesthesia for computerised axial tomography scanning, magnetic resonance scanning or digital subtraction angiography scanning | 130.20 |
| 21925 | Initiation of the management of anaesthesia for retrograde cystography, retrograde urethrography or retrograde cystourethrography | 86.80 |
| 21926 | Initiation of the management of anaesthesia for fluoroscopy | 86.80 |
| 21930 | Initiation of the management of anaesthesia for bronchography | 130.20 |
| 21935 | Initiation of the management of anaesthesia for phlebography | 108.50 |
| 21936 | Initiation of the management of anaesthesia for heart—2 dimensional real time transoesophageal examination | 108.50 |
| 21939 | Initiation of the management of anaesthesia for peripheral venous cannulation | 65.10 |
| 21941 | Initiation of the management of anaesthesia for cardiac catheterisation (including coronary arteriography, ventriculography, cardiac mapping or insertion of automatic defibrillator or transvenous pacemaker) | 151.90 |
| 21942 | Initiation of the management of anaesthesia for cardiac electrophysiological procedures including radio frequency ablation | 217.00 |
| 21943 | Initiation of the management of anaesthesia for central vein catheterisation or insertion of right heart balloon catheter (via jugular, subclavian or femoral vein) by percutaneous or open exposure | 108.50 |
| 21945 | Initiation of the management of anaesthesia for lumbar puncture, cisternal puncture or epidural injection | 108.50 |
| 21949 | Initiation of the management of anaesthesia for harvesting of bone marrow for the purpose of transplantation | 108.50 |
| 21952 | Initiation of the management of anaesthesia for diagnostic muscle biopsy to assess for malignant hyperpyrexia | 86.80 |
| 21955 | Initiation of the management of anaesthesia for electroencephalography | 108.50 |
| 21959 | Initiation of the management of anaesthesia for brain stem evoked response audiometry | 108.50 |
| 21962 | Initiation of the management of anaesthesia for electrocochleography by extratympanic method or transtympanic membrane insertion method | 108.50 |
| 21965 | Initiation of the management of anaesthesia as a therapeutic procedure if there is a clinical need for anaesthesia, not for headache of any etiology | 108.50 |
| 21969 | Initiation of the management of anaesthesia during hyperbaric therapy, if the medical practitioner is not confined in the chamber (including the administration of oxygen) | 173.60 |
| 21970 | Initiation of the management of anaesthesia during hyperbaric therapy, if the medical practitioner is confined in the chamber (including the administration of oxygen) | 325.50 |
| 21973 | Initiation of the management of anaesthesia for brachytherapy using radioactive sealed sources | 108.50 |
| 21976 | Initiation of the management of anaesthesia for therapeutic nuclear medicine | 108.50 |
| 21980 | Initiation of the management of anaesthesia for radiotherapy | 108.50 |
| Subgroup 18—Miscellaneous | | |
| 21990 | Initiation of the management of anaesthesia, being a service to which another item in this Subgroup or in Subgroups 1 to 17 or 20 would have applied if the procedure in connection with which the service is provided had not been discontinued | 65.10 |
| 21992 | Initiation of the management of anaesthesia performed on a patient under the age of 10 years in connection with a procedure covered by an item that does not include the word “(Anaes.)” | 86.80 |
| 21997 | Initiation of the management of anaesthesia in connection with a procedure covered by an item that does not include the word “(Anaes.)”, other than a service to which item 21965 or 21992 applies, if there is a clinical need for anaesthesia | 86.80 |
| Subgroup 19—Therapeutic and diagnostic services performed in connection with the management of anaesthesia | | |
| 22002 | Administration of homologous blood or bone marrow already collected, when performed in association with the management of anaesthesia | 86.80 |
| 22007 | Endotracheal intubation with flexible fibreoptic scope associated with difficult airway, when performed in association with the management of anaesthesia | 86.80 |
| 22008 | Double lumen endobronchial tube or bronchial blocker, insertion of, when performed in association with the management of anaesthesia | 86.80 |
| 22012 | Monitoring that:  (a) is of one of the following types of blood pressure:  (i) central venous blood pressure;  (ii) pulmonary arterial blood pressure;  (iii) systemic arterial blood pressure;  (iv) cardiac intracavity blood pressure; and  (b) is conducted by indwelling catheter; and  (c) is performed in association with the administration of anaesthesia for a procedure and not as a service to which item 13876 applies; and  (d) is performed, on a day, on a patient who:  (i) is categorised as having a high risk of complications; or  (ii) during the procedure develops either complications or a high risk of complications; and  (e) has not previously been performed in those circumstances on the day on the patient for that type of blood pressure | 65.10 |
| 22014 | Monitoring that:  (a) is of one of the following types of blood pressure:  (i) central venous blood pressure;  (ii) pulmonary arterial blood pressure;  (iii) systemic arterial blood pressure;  (iv) cardiac intracavity blood pressure; and  (b) is conducted by indwelling catheter; and  (c) is performed in association with the administration of anaesthesia for a procedure (the ***current procedure***) and not as a service to which item 13876 applies; and  (d) is performed, on a day, on a patient:  (i) who is categorised as having a high risk of complications or develops during the current procedure either complications or a high risk of complications; and  (ii) for whom monitoring of that type of blood pressure to which item 22012 applies has already been performed on the day in association with the administration of anaesthesia for another discrete procedure; and  (e) has not previously been performed in association with the current procedure for that type of blood pressure | 65.10 |
| 22015 | Right heart balloon catheter, insertion of, including pulmonary wedge pressure and cardiac output measurement, when performed in association with the management of anaesthesia | 130.20 |
| 22020 | Central vein catheterisation by percutaneous or open exposure, other than a service to which item 13318 applies, when performed in association with the management of anaesthesia | 86.80 |
| 22025 | Intra‑arterial cannulation when performed in association with the management of anaesthesia for a procedure for a patient who:  (a) is categorised as having a high risk of complications; or  (b) develops a high risk of complications during the procedure | 86.80 |
| 22031 | Intrathecal or epidural injection (initial) of a therapeutic substance, with or without insertion of a catheter, in association with anaesthesia and surgery, for post‑operative pain management, other than a service associated with a service to which item 22036 applies | 108.50 |
| 22036 | Intrathecal or epidural injection (subsequent) of a therapeutic substance, using an in‑situ catheter, in association with anaesthesia and surgery, for post‑operative pain, other than a service associated with a service to which item 22031 applies | 65.10 |
| 22041 | Introduction of a plexus or nerve block proximal to the lower leg or forearm, perioperatively performed in the induction room, theatre or recovery room, for post‑operative pain management | 43.40 |
| 22042 | Introduction of a regional or field nerve block performed via retrobulbar, peribulbar or sub‑Tenon’s block injection of an anaesthetic agent, or other complex eye block, when administered by an anaesthetist perioperatively | 21.70 |
| 22051 | Intra‑operative transoesophageal echocardiography—monitoring in real time the structure and function of the heart chambers, valves and surrounding structures, including assessment of blood flow, with appropriate permanent recording during procedures on the heart, pericardium or great vessels of the chest, other than a service associated with a service to which item 55130, 55135 or 21936 applies | 195.30 |
| 22055 | Perfusion of limb or organ using heart‑lung machine or equivalent, other than a service associated with anaesthesia to which an item in Subgroup 21 applies | 260.40 |
| 22060 | Whole body perfusion, cardiac bypass, if the heart‑lung machine or equivalent is continuously operated by a medical perfusionist, other than a service associated with anaesthesia to which an item in Subgroup 21 applies | 651.00 |
| 22065 | Induced controlled hypothermia—total body, that is:  (a) a service to which item 22060 applies; and  (b) not a service associated with anaesthesia, to which an item in Subgroup 21 applies | 108.50 |
| 22075 | Deep hypothermic circulatory arrest, with core temperature less than 22°c, including management of retrograde cerebral perfusion (if performed), other than a service associated with anaesthesia to which an item in Subgroup 21 applies | 325.50 |
| Subgroup 20—Management of anaesthesia in connection with a dental service | | |
| 22900 | Initiation of the management by a medical practitioner of anaesthesia for extraction of tooth or teeth, with or without incision of soft tissue or removal of bone | 130.20 |
| 22905 | Initiation of the management of anaesthesia for restorative dental work | 130.20 |
| Subgroup 21—Anaesthesia, perfusion and assistance at anaesthesia (time component) | | |
| 23010 | Anaesthesia, perfusion or assistance, if the service time is not more than 15 minutes | 21.70 |
| 23025 | Anaesthesia, perfusion or assistance, if the service time is more than 15 minutes but not more than 30 minutes | 43.40 |
| 23035 | Anaesthesia, perfusion or assistance, if the service time is more than 30 minutes but not more than 45 minutes | 65.10 |
| 23045 | Anaesthesia, perfusion or assistance, if the service time is more than 45 minutes but not more than 1 hour | 86.80 |
| 23055 | Anaesthesia, perfusion or assistance, if the service time is more than 1 hour but not more than 1:15 hours | 108.50 |
| 23065 | Anaesthesia, perfusion or assistance, if the service time is more than 1:15 hours but not more than 1:30 hours | 130.20 |
| 23075 | Anaesthesia, perfusion or assistance, if the service time is more than 1:30 hours but not more than 1:45 hours | 151.90 |
| 23085 | Anaesthesia, perfusion or assistance, if the service time is more than 1:45 hours but not more than 2:00 hours | 173.60 |
| 23091 | Anaesthesia, perfusion or assistance, if the service time is more than 2:00 hours but not more than 2:10 hours | 195.30 |
| 23101 | Anaesthesia, perfusion or assistance, if the service time is more than 2:10 hours but not more than 2:20 hours | 217.00 |
| 23111 | Anaesthesia, perfusion or assistance, if the service time is more than 2:20 hours but not more than 2:30 hours | 238.70 |
| 23112 | Anaesthesia, perfusion or assistance, if the service time is more than 2:30 hours but not more than 2:40 hours | 260.40 |
| 23113 | Anaesthesia, perfusion or assistance, if the service time is more than 2:40 hours but not more than 2:50 hours | 282.10 |
| 23114 | Anaesthesia, perfusion or assistance, if the service time is more than 2:50 hours but not more than 3:00 hours | 303.80 |
| 23115 | Anaesthesia, perfusion or assistance, if the service time is more than 3:00 hours but not more than 3:10 hours | 325.50 |
| 23116 | Anaesthesia, perfusion or assistance, if the service time is more than 3:10 hours but not more than 3:20 hours | 347.20 |
| 23117 | Anaesthesia, perfusion or assistance, if the service time is more than 3:20 hours but not more than 3:30 hours | 368.90 |
| 23118 | Anaesthesia, perfusion or assistance, if the service time is more than 3:30 hours but not more than 3:40 hours | 390.60 |
| 23119 | Anaesthesia, perfusion or assistance, if the service time is more than 3:40 hours but not more than 3:50 hours | 412.30 |
| 23121 | Anaesthesia, perfusion or assistance, if the service time is more than 3:50 hours but not more than 4:00 hours | 434.00 |
| 23170 | Anaesthesia, perfusion or assistance, if the service time is more than 4:00 hours but not more than 4:10 hours | 455.70 |
| 23180 | Anaesthesia, perfusion or assistance, if the service time is more than 4:10 hours but not more than 4:20 hours | 477.40 |
| 23190 | Anaesthesia, perfusion or assistance, if the service time is more than 4:20 hours but not more than 4:30 hours | 499.10 |
| 23200 | Anaesthesia, perfusion or assistance, if the service time is more than 4:30 hours but not more than 4:40 hours | 520.80 |
| 23210 | Anaesthesia, perfusion or assistance, if the service time is more than 4:40 hours but not more than 4:50 hours | 542.50 |
| 23220 | Anaesthesia, perfusion or assistance, if the service time is more than 4:50 hours but not more than 5:00 hours | 564.20 |
| 23230 | Anaesthesia, perfusion or assistance, if the service time is more than 5:00 hours but not more than 5:10 hours | 585.90 |
| 23240 | Anaesthesia, perfusion or assistance, if the service time is more than 5:10 hours but not more than 5:20 hours | 607.60 |
| 23250 | Anaesthesia, perfusion or assistance, if the service time is more than 5:20 hours but not more than 5:30 hours | 629.30 |
| 23260 | Anaesthesia, perfusion or assistance, if the service time is more than 5:30 hours but not more than 5:40 hours | 651.00 |
| 23270 | Anaesthesia, perfusion or assistance, if the service time is more than 5:40 hours but not more than 5:50 hours | 672.70 |
| 23280 | Anaesthesia, perfusion or assistance, if the service time is more than 5:50 hours but not more than 6:00 hours | 694.40 |
| 23290 | Anaesthesia, perfusion or assistance, if the service time is more than 6:00 hours but not more than 6:10 hours | 716.10 |
| 23300 | Anaesthesia, perfusion or assistance, if the service time is more than 6:10 hours but not more than 6:20 hours | 737.80 |
| 23310 | Anaesthesia, perfusion or assistance, if the service time is more than 6:20 hours but not more than 6:30 hours | 759.50 |
| 23320 | Anaesthesia, perfusion or assistance, if the service time is more than 6:30 hours but not more than 6:40 hours | 781.20 |
| 23330 | Anaesthesia, perfusion or assistance, if the service time is more than 6:40 hours but not more than 6:50 hours | 802.90 |
| 23340 | Anaesthesia, perfusion or assistance, if the service time is more than 6:50 hours but not more than 7:00 hours | 824.60 |
| 23350 | Anaesthesia, perfusion or assistance, if the service time is more than 7:00 hours but not more than 7:10 hours | 846.30 |
| 23360 | Anaesthesia, perfusion or assistance, if the service time is more than 7:10 hours but not more than 7:20 hours | 868.00 |
| 23370 | Anaesthesia, perfusion or assistance, if the service time is more than 7:20 hours but not more than 7:30 hours | 889.70 |
| 23380 | Anaesthesia, perfusion or assistance, if the service time is more than 7:30 hours but not more than 7:40 hours | 911.40 |
| 23390 | Anaesthesia, perfusion or assistance, if the service time is more than 7:40 hours but not more than 7:50 hours | 933.10 |
| 23400 | Anaesthesia, perfusion or assistance, if the service time is more than 7:50 hours but not more than 8:00 hours | 954.80 |
| 23410 | Anaesthesia, perfusion or assistance, if the service time is more than 8:00 hours but not more than 8:10 hours | 976.50 |
| 23420 | Anaesthesia, perfusion or assistance, if the service time is more than 8:10 hours but not more than 8:20 hours | 998.20 |
| 23430 | Anaesthesia, perfusion or assistance, if the service time is more than 8:20 hours but not more than 8:30 hours | 1019.90 |
| 23440 | Anaesthesia, perfusion or assistance, if the service time is more than 8:30 hours but not more than 8:40 hours | 1041.60 |
| 23450 | Anaesthesia, perfusion or assistance, if the service time is more than 8:40 hours but not more than 8:50 hours | 1063.30 |
| 23460 | Anaesthesia, perfusion or assistance, if the service time is more than 8:50 hours but not more than 9:00 hours | 1085.00 |
| 23470 | Anaesthesia, perfusion or assistance, if the service time is more than 9:00 hours but not more than 9:10 hours | 1106.70 |
| 23480 | Anaesthesia, perfusion or assistance, if the service time is more than 9:10 hours but not more than 9:20 hours | 1128.40 |
| 23490 | Anaesthesia, perfusion or assistance, if the service time is more than 9:20 hours but not more than 9:30 hours | 1150.10 |
| 23500 | Anaesthesia, perfusion or assistance, if the service time is more than 9:30 hours but not more than 9:40 hours | 1171.80 |
| 23510 | Anaesthesia, perfusion or assistance, if the service time is more than 9:40 hours but not more than 9:50 hours | 1193.50 |
| 23520 | Anaesthesia, perfusion or assistance, if the service time is more than 9:50 hours but not more than 10:00 hours | 1215.20 |
| 23530 | Anaesthesia, perfusion or assistance, if the service time is more than 10:00 hours but not more than 10:10 hours | 1236.90 |
| 23540 | Anaesthesia, perfusion or assistance, if the service time is more than 10:10 hours but not more than 10:20 hours | 1258.60 |
| 23550 | Anaesthesia, perfusion or assistance, if the service time is more than 10:20 hours but not more than 10:30 hours | 1280.30 |
| 23560 | Anaesthesia, perfusion or assistance, if the service time is more than 10:30 hours but not more than 10:40 hours | 1302.00 |
| 23570 | Anaesthesia, perfusion or assistance, if the service time is more than 10:40 hours but not more than 10:50 hours | 1323.70 |
| 23580 | Anaesthesia, perfusion or assistance, if the service time is more than 10:50 hours but not more than 11:00 hours | 1345.40 |
| 23590 | Anaesthesia, perfusion or assistance, if the service time is more than 11:00 hours but not more than 11:10 hours | 1367.10 |
| 23600 | Anaesthesia, perfusion or assistance, if the service time is more than 11:10 hours but not more than 11:20 hours | 1388.80 |
| 23610 | Anaesthesia, perfusion or assistance, if the service time is more than 11:20 hours but not more than 11:30 hours | 1410.50 |
| 23620 | Anaesthesia, perfusion or assistance, if the service time is more than 11:30 hours but not more than 11:40 hours | 1432.20 |
| 23630 | Anaesthesia, perfusion or assistance, if the service time is more than 11:40 hours but not more than 11:50 hours | 1453.90 |
| 23640 | Anaesthesia, perfusion or assistance, if the service time is more than 11:50 hours but not more than 12:00 hours | 1475.60 |
| 23650 | Anaesthesia, perfusion or assistance, if the service time is more than 12:00 hours but not more than 12:10 hours | 1497.30 |
| 23660 | Anaesthesia, perfusion or assistance, if the service time is more than 12:10 hours but not more than 12:20 hours | 1519.00 |
| 23670 | Anaesthesia, perfusion or assistance, if the service time is more than 12:20 hours but not more than 12:30 hours | 1540.70 |
| 23680 | Anaesthesia, perfusion or assistance, if the service time is more than 12:30 hours but not more than 12:40 hours | 1562.40 |
| 23690 | Anaesthesia, perfusion or assistance, if the service time is more than 12:40 hours but not more than 12:50 hours | 1584.10 |
| 23700 | Anaesthesia, perfusion or assistance, if the service time is more than 12:50 hours but not more than 13:00 hours | 1605.80 |
| 23710 | Anaesthesia, perfusion or assistance, if the service time is more than 13:00 hours but not more than 13:10 hours | 1627.50 |
| 23720 | Anaesthesia, perfusion or assistance, if the service time is more than 13:10 hours but not more than 13:20 hours | 1649.20 |
| 23730 | Anaesthesia, perfusion or assistance, if the service time is more than 13:20 hours but not more than 13:30 hours | 1670.90 |
| 23740 | Anaesthesia, perfusion or assistance, if the service time is more than 13:30 hours but not more than 13:40 hours | 1692.60 |
| 23750 | Anaesthesia, perfusion or assistance, if the service time is more than 13:40 hours but not more than 13:50 hours | 1714.30 |
| 23760 | Anaesthesia, perfusion or assistance, if the service time is more than 13:50 hours but not more than 14:00 hours | 1736.00 |
| 23770 | Anaesthesia, perfusion or assistance, if the service time is more than 14:00 hours but not more than 14:10 hours | 1757.70 |
| 23780 | Anaesthesia, perfusion or assistance, if the service time is more than 14:10 hours but not more than 14:20 hours | 1779.40 |
| 23790 | Anaesthesia, perfusion or assistance, if the service time is more than 14:20 hours but not more than 14:30 hours | 1801.10 |
| 23800 | Anaesthesia, perfusion or assistance, if the service time is more than 14:30 hours but not more than 14:40 hours | 1822.80 |
| 23810 | Anaesthesia, perfusion or assistance, if the service time is more than 14:40 hours but not more than 14:50 hours | 1844.50 |
| 23820 | Anaesthesia, perfusion or assistance, if the service time is more than 14:50 hours but not more than 15:00 hours | 1866.20 |
| 23830 | Anaesthesia, perfusion or assistance, if the service time is more than 15:00 hours but not more than 15:10 hours | 1887.90 |
| 23840 | Anaesthesia, perfusion or assistance, if the service time is more than 15:10 hours but not more than 15:20 hours | 1909.60 |
| 23850 | Anaesthesia, perfusion or assistance, if the service time is more than 15:20 hours but not more than 15:30 hours | 1931.30 |
| 23860 | Anaesthesia, perfusion or assistance, if the service time is more than 15:30 hours but not more than 15:40 hours | 1953.00 |
| 23870 | Anaesthesia, perfusion or assistance, if the service time is more than15:40 hours but not more than 15:50 hours | 1974.70 |
| 23880 | Anaesthesia, perfusion or assistance, if the service time is more than 15:50 hours but not more than 16:00 hours | 1996.40 |
| 23890 | Anaesthesia, perfusion or assistance, if the service time is more than 16:00 hours but not more than 16:10 hours | 2018.10 |
| 23900 | Anaesthesia, perfusion or assistance, if the service time is more than 16:10 hours but not more than 16:20 hours | 2039.80 |
| 23910 | Anaesthesia, perfusion or assistance, if the service time is more than 16:20 hours but not more than 16:30 hours | 2061.50 |
| 23920 | Anaesthesia, perfusion or assistance, if the service time is more than 16:30 hours but not more than 16:40 hours | 2083.20 |
| 23930 | Anaesthesia, perfusion or assistance, if the service time is more than 16:40 hours but not more than 16:50 hours | 2104.90 |
| 23940 | Anaesthesia, perfusion or assistance, if the service time is more than 16:50 hours but not more than 17:00 hours | 2126.60 |
| 23950 | Anaesthesia, perfusion or assistance, if the service time is more than 17:00 hours but not more than 17:10 hours | 2148.30 |
| 23960 | Anaesthesia, perfusion or assistance, if the service time is more than 17:10 hours but not more than 17:20 hours | 2170.00 |
| 23970 | Anaesthesia, perfusion or assistance, if the service time is more than 17:20 hours but not more than 17:30 hours | 2191.70 |
| 23980 | Anaesthesia, perfusion or assistance, if the service time is more than 17:30 hours but not more than 17:40 hours | 2213.40 |
| 23990 | Anaesthesia, perfusion or assistance, if the service time is more than 17:40 hours but not more than 17:50 hours | 2235.10 |
| 24100 | Anaesthesia, perfusion or assistance, if the service time is more than 17:50 hours but not more than 18:00 hours | 2256.80 |
| 24101 | Anaesthesia, perfusion or assistance, if the service time is more than 18:00 hours but not more than 18:10 hours | 2278.50 |
| 24102 | Anaesthesia, perfusion or assistance, if the service time is more than 18:10 hours but not more than 18:20 hours | 2300.20 |
| 24103 | Anaesthesia, perfusion or assistance, if the service time is more than 18:20 hours but not more than 18:30 hours | 2321.90 |
| 24104 | Anaesthesia, perfusion or assistance, if the service time is more than 18:30 hours but not more than 18:40 hours | 2343.60 |
| 24105 | Anaesthesia, perfusion or assistance, if the service time is more than 18:40 hours but not more than 18:50 hours | 2365.30 |
| 24106 | Anaesthesia, perfusion or assistance, if the service time is more than 18:50 hours but not more than 19:00 hours | 2387.00 |
| 24107 | Anaesthesia, perfusion or assistance, if the service time is more than 19:00 hours but not more than 19:10 hours | 2408.70 |
| 24108 | Anaesthesia, perfusion or assistance, if the service time is more than 19:10 hours but not more than 19:20 hours | 2430.40 |
| 24109 | Anaesthesia, perfusion or assistance, if the service time is more than 19:20 hours but not more than 19:30 hours | 2452.10 |
| 24110 | Anaesthesia, perfusion or assistance, if the service time is more than 19:30 hours but not more than 19:40 hours | 2473.80 |
| 24111 | Anaesthesia, perfusion or assistance, if the service time is more than 19:40 hours but not more than 19:50 hours | 2495.50 |
| 24112 | Anaesthesia, perfusion or assistance, if the service time is more than 19:50 hours but not more than 20:00 hours | 2517.20 |
| 24113 | Anaesthesia, perfusion or assistance, if the service time is more than 20:00 hours but not more than 20:10 hours | 2538.90 |
| 24114 | Anaesthesia, perfusion or assistance, if the service time is more than 20:10 hours but not more than 20:20 hours | 2560.60 |
| 24115 | Anaesthesia, perfusion or assistance, if the service time is more than 20:20 hours but not more than 20:30 hours | 2582.30 |
| 24116 | Anaesthesia, perfusion or assistance, if the service time is more than 20:30 hours but not more than 20:40 hours | 2604.00 |
| 24117 | Anaesthesia, perfusion or assistance, if the service time is more than 20:40 hours but not more than 20:50 hours | 2625.70 |
| 24118 | Anaesthesia, perfusion or assistance, if the service time is more than 20:50 hours but not more than 21:00 hours | 2647.40 |
| 24119 | Anaesthesia, perfusion or assistance, if the service time is more than 21:00 hours but not more than 21:10 hours | 2669.10 |
| 24120 | Anaesthesia, perfusion or assistance, if the service time is more than 21:10 hours but not more than 21:20 hours | 2690.80 |
| 24121 | Anaesthesia, perfusion or assistance, if the service time is more than 21:20 hours but not more than 21:30 hours | 2712.50 |
| 24122 | Anaesthesia, perfusion or assistance, if the service time is more than 21:30 hours but not more than 21:40 hours | 2734.20 |
| 24123 | Anaesthesia, perfusion or assistance, if the service time is more than 21:40 hours but not more than 21:50 hours | 2755.90 |
| 24124 | Anaesthesia, perfusion or assistance, if the service time is more than 21:50 hours but not more than 22:00 hours | 2777.60 |
| 24125 | Anaesthesia, perfusion or assistance, if the service time is more than 22:00 hours but not more than 22:10 hours | 2799.30 |
| 24126 | Anaesthesia, perfusion or assistance, if the service time is more than 22:10 hours but not more than 22:20 hours | 2821.00 |
| 24127 | Anaesthesia, perfusion or assistance, if the service time is more than 22:20 hours but not more than 22:30 hours | 2842.70 |
| 24128 | Anaesthesia, perfusion or assistance, if the service time is more than 22:30 hours but not more than 22:40 hours | 2864.40 |
| 24129 | Anaesthesia, perfusion or assistance, if the service time is more than 22:40 hours but not more than 22:50 hours | 2886.10 |
| 24130 | Anaesthesia, perfusion or assistance, if the service time is more than 22:50 hours but not more than 23:00 hours | 2907.80 |
| 24131 | Anaesthesia, perfusion or assistance, if the service time is more than 23:00 hours but not more than 23:10 hours | 2929.50 |
| 24132 | Anaesthesia, perfusion or assistance, if the service time is more than 23:10 hours but not more than 23:20 hours | 2951.20 |
| 24133 | Anaesthesia, perfusion or assistance, if the service time is more than 23:20 hours but not more than 23:30 hours | 2972.90 |
| 24134 | Anaesthesia, perfusion or assistance, if the service time is more than 23:30 hours but not more than 23:40 hours | 2994.60 |
| 24135 | Anaesthesia, perfusion or assistance, if the service time is more than 23:40 hours but not more than 23:50 hours | 3016.30 |
| 24136 | Anaesthesia, perfusion or assistance, if the service time is more than 23:50 hours but not more than 24:00 hours | 3038.00 |
| Subgroup 22—Anaesthesia, perfusion and assistance at anaesthesia (modifying components—physical status) | | |
| 25000 | Anaesthesia, perfusion or assistance in the management of anaesthesia, if the patient has severe systemic disease (equivalent to ASA physical status indicator 3) | 21.70 |
| 25005 | Anaesthesia, perfusion or assistance in the management of anaesthesia, if the patient has severe systemic disease which is a constant threat to life (equivalent to ASA physical status indicator 4) | 43.40 |
| 25010 | Anaesthesia, perfusion or assistance in the management of anaesthesia, if the patient is not expected to survive for 24 hours, with or without the associated operation (equivalent to ASA physical status indicator 5) | 65.10 |
| Subgroup 23—Anaesthesia, perfusion and assistance at anaesthesia (modifying components—other) | | |
| 25013 | Anaesthesia, perfusion or assistance in the management of anaesthesia, if the patient is aged under 4 years | 21.70 |
| 25014 | Anaesthesia, perfusion or assistance in the management of anaesthesia, if the patient is aged 75 years or more | 21.70 |
| 25020 | Anaesthesia, perfusion or assistance in the management of anaesthesia, if the patient requires immediate treatment without which there would be significant threat to life or body part—other than a service associated with a service to which item 25025, 25030 or 25050 applies | 43.40 |
| Subgroup 24—Anaesthesia and assistance at anaesthesia (after hours emergency modifier) | | |
| 25025 | Anaesthesia, if the patient requires immediate treatment without which there would be significant threat to life or body part and if more than 50% of the service time occurs between 8 pm to 8 am on any weekday, or on a Saturday, Sunday or public holiday | Amount under clause 5.9.1 |
| 25030 | Assistance in the management of anaesthesia, if the patient requires immediate treatment without which there would be significant threat to life or body part and if more than 50% of the service time occurs between 8 pm to 8 am on any weekday, or on a Saturday, Sunday or public holiday | Amount under clause 5.9.1 |
| Subgroup 25—Perfusion (after hours emergency modifier) | | |
| 25050 | Perfusion, if the patient requires immediate treatment without which there would be significant threat to life or body part and if more than 50% of the service time occurs between 8 pm to 8 am on any weekday, or on a Saturday, Sunday or public holiday | Amount under clause 5.9.1 |
| Subgroup 26—Assistance at anaesthesia | | |
| 25200 | Assistance in the management of anaesthesia requiring continuous anaesthesia on a patient in imminent danger of death requiring continuous life saving emergency treatment, to the exclusion of attendance on all other patients | Amount under clause 5.9.2 |
| 25205 | Assistance in the management of elective anaesthesia, if:  (a) the patient has complex airway problems; or  (b) the patient is a neonate; or  (c) the patient is a paediatric patient and is receiving one or more of the following services:  (i) invasive monitoring, either intravascular or transoesophageal;  (ii) organ transplantation;  (iii) craniofacial surgery;  (iv) major tumour resection;  (v) separation of conjoint twins; or  (d) there is anticipated to be massive blood loss (greater than 50% of blood volume) during the procedure; or  (e) the patient is critically ill, with multiple organ failure; or  (f) the service time of the management of anaesthesia exceeds 6 hours and the assistance is provided to the exclusion of attendance on all other patients | Amount under clause 5.9.2 |

Division 5.10—Group T8: Surgical operations

Subdivision A—Subgroup 1 of Group T8

5.10.1 Meaning of *amount under clause 5.10.1*

In item 30001:

***amount under clause 5.10.1*** means 50% of the fee that would normally apply for a surgical procedure if the surgical procedure had not been discontinued before completion.

5.10.2 Meaning of *amount under clause 5.10.2*

In item 31340:

***amount under clause 5.10.2***, for the excision of muscle, bone or cartilage in association with the excision of a malignant tumour of skin under another item, means 75% of the fee payable under that other item.

5.10.3 Histopathological proof of malignancy*—*items 30196 and 30202

For the purposes of items 30196 and30202, the requirement for histopathological proof of malignancy is satisfied if:

(a) multiple lesions are removed from a single anatomical region; and

(b) a single lesion from that region is histologically tested and proven positive for malignancy.

5.10.5 Items 30440, 30451, 30492 and 30495 do not include imaging

A service described in item 30440, 30451, 30492 or 30495 does not include imaging.

Note: The imaging services associated with these services are described in the diagnostic imaging services table.

5.10.6 Restrictions on items 30688, 30690, 30692 and 30694—patient notes

Item 30688, 30690, 30692 or 30694 applies to a service only if the provider makes a record of the findings of the ultrasound imaging in the patient’s notes.

5.10.7 Application of item 35412

(1) Intra‑operative imaging is taken to be part of the service associated with the coiling of an aneurysm and cannot be charged in addition to item 35412.

(2) Pre‑operative diagnostic imaging, including aftercare, under item 60009, 60072, 60075 or 60078 of the diagnostic imaging services table may be separately claimed.

5.10.8 Restrictions on items 31569, 31572, 31575, 31578, 31581, 31587 and 31590—services provided on same occasion

(1) A service described in item 31569, 31572, 31575, 31578, 31581, 31587 or 31590 may only be claimed once for a patient for the same occasion.

(2) If 2 or more services described in item 31569, 31572, 31575, 31578, 31581, 31587 or 31590 are performed in conjunction on a patient on the same occasion, only one of the services may be claimed for the patient for the occasion.

5.10.9 Items in Subgroup 1 of Group T8

This clause sets out items in Subgroup 1 of Group T8.

Note: The fees in Group T8 are indexed in accordance with clause 1.3.1.

| Group T8—Surgical operations | | |
| --- | --- | --- |
| Column 1  Item | Column 2  Description | Column 3  Fee ($) |
| Subgroup 1—General | | |
| 30001 | Operative procedure, being a service to which an item in this Group would have applied had the procedure not been discontinued on medical grounds | Amount under clause 5.10.1 |
| 30003 | Burns, involving 1% or more but less than 3% of total body surface, dressing of (including redressing of any related donor site, if required), without anaesthesia, if medical practitioner is present—each attendance at which the procedure is performed  Not applicable for skin reactions secondary to radiotherapy | 37.80 |
| 30006 | Burns, involving 3% or more but less than 10% of total body surface, dressing of (including redressing of any related donor site, if required), without anaesthesia, if medical practitioner is present—each attendance at which the procedure is performed  Not applicable for skin reactions secondary to radiotherapy | 48.40 |
| 30007 | Burns, involving 10% or more of total body surface, dressing of (including redressing of any related donor site, if required), without anaesthesia, if medical practitioner is present—each attendance at which the procedure is performed  Not applicable for skin reactions secondary to radiotherapy | 170.20 |
| 30010 | Burns, involving not more than 3% of total body surface, dressing of (including redressing of any related donor site, if required), in an operating theatre under general anaesthesia or intravenous sedation, if medical practitioner is present (H) (Anaes.) | 76.95 |
| 30014 | Burns, involving 3% or more but less than 20% of total body surface, dressing of (including redressing of any related donor site, if required), in an operating theatre under general anaesthesia or intravenous sedation, if medical practitioner is present (H) (Anaes.) | 161.70 |
| 30015 | Burns, involving 20% or more but less than 50% of total body surface, or burns of less than 20% of total body surface involving 1% or more of total body surface within the hands or face, dressing of (including redressing of any related donor site, if required), in an operating theatre under general anaesthesia or intravenous sedation, if medical practitioner is present (H) (Anaes.) (Assist.) | 255.30 |
| 30016 | Burns, involving 50% or more of total body surface, dressing of (including redressing of any related donor site, if required), in an operating theatre under general anaesthesia or intravenous sedation, if medical practitioner is present (H) (Anaes.) (Assist.) | 382.95 |
| 30023 | Wound of soft tissue, traumatic, deep or extensively contaminated, debridement of, under general anaesthesia, or regional or field nerve block, including suturing of the wound if carried out (Anaes.) (Assist.) | 339.25 |
| 30024 | Wound of soft tissue, debridement of an extensively infected post‑surgical incision or Fournier’s gangrene, under general anaesthesia, or regional or field nerve block, including suturing of the wound if carried out (Anaes.) (Assist.) | 339.25 |
| 30026 | Skin and subcutaneous tissue or mucous membrane, repair of wound of, other than wound closure at time of surgery, not on face or neck, small (not more than 7 cm long), superficial, other than a service to which another item in Group T4 applies (Anaes.) | 54.35 |
| 30029 | Skin and subcutaneous tissue or mucous membrane, repair of wound of, other than wound closure at time of surgery, not on face or neck, small (not more than 7 cm in length), involving deeper tissue, other than a service to which another item in Group T4 applies (Anaes.) | 93.65 |
| 30032 | Skin and subcutaneous tissue or mucous membrane, repair of wound of, other than wound closure at time of surgery, on face or neck, small (not more than 7 cm long), superficial (Anaes.) | 85.80 |
| 30035 | Skin and subcutaneous tissue or mucous membrane, repair of wound of, other than wound closure at time of surgery, on face or neck, small (not more than 7 cm long), involving deeper tissue (Anaes.) | 122.35 |
| 30038 | Skin and subcutaneous tissue or mucous membrane, repair of wound of, other than wound closure at time of surgery, not on face or neck, large (more than 7 cm long), superficial, other than a service to which another item in Group T4 applies (Anaes.) | 93.65 |
| 30042 | Skin and subcutaneous tissue or mucous membrane, repair of wound of, other than wound closure at time of surgery, other than on face or neck, large (more than 7 cm long), involving deeper tissue, other than a service to which another item in Group T4 applies (Anaes.) | 193.10 |
| 30045 | Skin and subcutaneous tissue or mucous membrane, repair of wound of, other than wound closure at time of surgery, on face or neck, large (more than 7 cm long), superficial (Anaes.) | 122.35 |
| 30049 | Skin and subcutaneous tissue or mucous membrane, repair of wound of, other than wound closure at time of surgery, on face or neck, large (more than 7 cm long), involving deeper tissue (Anaes.) | 193.10 |
| 30052 | Full thickness laceration of ear, eyelid, nose or lip, repair of, with accurate apposition of each layer of tissue (Anaes.) (Assist.) | 264.25 |
| 30055 | Wounds, dressing of, under general, regional or intravenous sedation, with or without removal of sutures, other than a service associated with a service to which another item in this Group applies (Anaes.) | 76.95 |
| 30058 | Post‑operative haemorrhage, control of, under general anaesthesia, as an independent procedure (Anaes.) | 150.20 |
| 30061 | Superficial foreign body, removal of, (including from cornea or sclera) as an independent procedure (Anaes.) | 24.45 |
| 30062 | Etonogestrel subcutaneous implant, removal of, as an independent procedure (Anaes.) | 63.20 |
| 30064 | Subcutaneous foreign body, removal of, requiring incision and exploration, including closure of wound if performed, as an independent procedure (Anaes.) | 114.30 |
| 30068 | Foreign body in muscle, tendon or other deep tissue, removal of, as an independent procedure (Anaes.) (Assist.) | 288.00 |
| 30071 | Diagnostic biopsy of skin, as an independent procedure, if the biopsy specimen is sent for pathological examination (Anaes.) | 54.35 |
| 30072 | Diagnostic biopsy of mucous membrane, as an independent procedure, if the biopsy specimen is sent for pathological examination (Anaes.) | 54.35 |
| 30075 | Diagnostic biopsy of lymph node, muscle or other deep tissue or organ, as an independent procedure, if the biopsy specimen is sent for pathological examination (Anaes.) | 155.85 |
| 30078 | Diagnostic drill biopsy of lymph node, deep tissue or organ, as an independent procedure, if the biopsy specimen is sent for pathological examination (Anaes.) | 50.45 |
| 30081 | Diagnostic biopsy of bone marrow by trephine using an open approach, if the biopsy specimen is sent for pathological examination (Anaes.) | 114.30 |
| 30084 | Diagnostic biopsy of bone marrow by trephine using a percutaneous approach, if the biopsy specimen is sent for pathological examination (Anaes.) | 61.20 |
| 30087 | Diagnostic biopsy of bone marrow by aspiration or punch biopsy of synovial membrane, if the biopsy specimen is sent for pathological examination (Anaes.) | 30.60 |
| 30090 | Diagnostic biopsy of pleura, percutaneous, if the biopsy specimen is sent for pathological examination—one or more biopsies on any one occasion (Anaes.) | 133.75 |
| 30093 | Diagnostic needle biopsy of vertebra, if the biopsy specimen is sent for pathological examination (Anaes.) | 178.50 |
| 30094 | Diagnostic percutaneous aspiration biopsy of deep organ using interventional techniques (but not including imaging) if the biopsy specimen is sent for pathological examination (Anaes.) | 197.10 |
| 30097 | Personal performance of a Synacthen Stimulation Test, including associated consultation, by a medical practitioner with resuscitation training and access to facilities where life support procedures can be implemented, if:  (a) serum cortisol at 8.30 am to 9.30 am on any day in the preceding month has been measured at greater than 100 nmol/L but less than 400 nmol/L; or  (b) the patient is acutely unwell and adrenal insufficiency is suspected | 101.10 |
| 30099 | Sinus, excision of, involving superficial tissue only (Anaes.) | 93.65 |
| 30103 | Sinus, excision of, involving muscle and deep tissue (Anaes.) | 191.35 |
| 30104 | Pre‑auricular sinus, excision of, on a patient 10 years of age or over (Anaes.) | 132.10 |
| 30105 | Pre‑auricular sinus, excision of, on a patient under 10 years of age (Anaes.) | 171.65 |
| 30107 | Excision of ganglion, other than a service associated with a service to which another item in this Group applies (Anaes.) | 228.85 |
| 30166 | Removal of redundant abdominal skin and lipectomy, as a wedge excision, for functional problems following significant weight loss equivalent to at least 5 body mass index points and if there has been a stable weight for a period of at least 6 months prior to surgery, other than a service associated with a service to which item 30175, 30176, 30177, 45530, 45531, 45564, 45565, 45567, 46060, 46062, 46064, 46066, 46068, 46070, 46072, 46080, 46082, 46084, 46086, 46088 or 46090 applies (H) (Anaes.) (Assist.) | 821.45 |
| 30169 | Removal of redundant non‑abdominal skin and lipectomy for functional problems following significant weight loss equivalent to at least 5 body mass index points and if there has been a stable weight for a period of at least 6 months prior to surgery, one or 2 non‑abdominal areas, other than a service associated with a service to which item 30175, 30176, 45530, 45531, 45564, 45565, 45567, 46060, 46062, 46064, 46066, 46068, 46070, 46072, 46080, 46082, 46084, 46086, 46088 or 46090 applies (H) (Anaes.) (Assist.) | 657.15 |
| 30175 | Radical abdominoplasty, with repair of rectus diastasis, excision of skin and subcutaneous tissue, and transposition of umbilicus, not being a laparoscopic procedure, if:  (a) the patient has an abdominal wall defect as a consequence of pregnancy; and  (b) the patient:  (i) has a diastasis of at least 3cm measured by diagnostic imaging prior to this service; and  (ii) has either or both of the following:  (A) at least moderately severe pain or discomfort at the site of the diastasis in the abdominal wall during functional use and the pain or discomfort has been documented in the patient’s records by the practitioner providing the service;  (B) low back pain or urinary symptoms likely due to rectus diastasis and the pain or symptoms have been documented in the patient’s records by the practitioner providing the service; and  (iii) has failed to respond to non‑surgical conservative treatment, that must have included physiotherapy; and  (iv) has not been pregnant in the last 12 months; and  (c) the service is not a service associated with a service to which item 30166, 30169, 30176, 30177, 30179, 30651, 30655, 45530, 45531, 45564, 45565, 45567, 46060, 46062, 46064, 46066, 46068, 46070, 46072, 46080, 46082, 46084, 46086, 46088 or 46090 applies  Applicable once per lifetime (H) (Anaes.) (Assist.) | 1,062.50 |
| 30176 | Radical abdominoplasty, with excision of skin and subcutaneous tissue, repair of musculoaponeurotic layer and transposition of umbilicus, not being a service associated with a service to which item 30166, 30169, 30175, 30177, 30179, 45530, 45531, 45564, 45565, 45567, 46060, 46062, 46064, 46066, 46068, 46070 or 46072 applies, if the patient has previously had a massive intra‑abdominal or pelvic tumour surgically removed  (H) (Anaes.) (Assist.) | 1,025.60 |
| 30177 | Lipectomy, excision of skin and subcutaneous tissue associated with redundant abdominal skin and fat that is a direct consequence of significant weight loss, in conjunction with a radical abdominoplasty, with or without repair of musculoaponeurotic layer and transposition of umbilicus, not being a service associated with a service to which item 30166, 30175, 30176, 30179, 45530, 45531, 45564, 45565, 45567, 46060, 46062, 46064, 46066, 46068, 46070, 46072, 46080, 46082, 46084, 46086, 46088 or 46090 applies, if:  (a) there is intertrigo or another skin condition that risks loss of skin integrity and has failed 3 months of conventional (or non‑surgical) treatment; and  (b) the redundant skin and fat interferes with the activities of daily living; and  (c) the weight has been stable for at least 6 months following significant weight loss prior to the lipectomy  (H) (Anaes.) (Assist.) | 1,025.60 |
| 30179 | Circumferential lipectomy, as an independent procedure, to correct circumferential excess of redundant skin and fat that is a direct consequence of significant weight loss, with or without a radical abdominoplasty, not being a service associated with a service to which item 30175, 30176, 30177, 45530, 45531, 45564, 45565, 45567, 46060, 46062, 46064, 46066, 46068, 46070, 46072, 46080, 46082, 46084, 46086, 46088 or 46090 applies, if:  (a) the circumferential excess of redundant skin and fat is complicated by intertrigo or another skin condition that risks loss of skin integrity and has failed 3 months of conventional (or non‑surgical) treatment; and  (b) the circumferential excess of redundant skin and fat interferes with the activities of daily living; and  (c) the weight has been stable for at least 6 months following significant weight loss prior to the lipectomy  (H) (Anaes.) (Assist.) | 1,262.30 |
| 30180 | Axillary hyperhidrosis, partial excision for (Anaes.) | 142.05 |
| 30183 | Axillary hyperhidrosis, total excision of sweat gland bearing area (Anaes.) | 256.50 |
| 30187 | Palmar or plantar warts, removal of, by carbon dioxide laser or erbium laser, requiring admission to a hospital, or when performed by a specialist in the practice of the specialist’s specialty (5 or more warts) (Anaes.) | 267.35 |
| 30189 | Warts or molluscum contagiosum (one or more), removal of, by any method (other than by chemical means), if undertaken in the operating theatre of a hospital, other than a service associated with a service to which another item in this Group applies (Anaes.) | 153.25 |
| 30190 | Angiofibromas, trichoepitheliomas or other severely disfiguring tumours of the face or neck (excluding melanocytic naevi, sebaceous hyperplasia, dermatosis papulosa nigra, Campbell De Morgan angiomas and seborrheic or viral warts), suitable for laser ablation as confirmed by the opinion of a specialist in the specialty of dermatology—removal of, by carbon dioxide laser or erbium laser ablation, including associated resurfacing (10 or more tumours) (Anaes.) | 413.85 |
| 30191 | Angiofibromas, trichoepithelioma, epidermal naevi, xanthelasma, pyogenic granuloma, genital angiokeratomas, hereditary haemorrhagic telangiectasia and other severely disfiguring or recurrently bleeding tumours (excluding melanocytic naevi, sebaceous hyperplasia, dermatosis papulosa nigra, Campbell De Morgan angiomas and seborrheic or viral warts), treatment of, with carbon dioxide/erbium or other appropriate laser (or curettage and fine point diathermy for pyogenic granuloma only), if confirmed by the opinion of a specialist in the specialty of dermatology, one or more lesions | 66.05 |
| 30192 | Premalignant skin lesions (including solar keratoses), treatment of, by ablative technique (10 or more lesions) (Anaes.) | 41.15 |
| 30196 | Malignant neoplasm of skin or mucous membrane that has been:  (a) proven by histopathology; or  (b) confirmed by the opinion of a specialist in the specialty of dermatology or plastic surgery where a specimen has been submitted for histologic confirmation;  removal of, by serial curettage, or carbon dioxide laser or erbium laser excision‑ablation, including any associated cryotherapy or diathermy (Anaes.) | 131.35 |
| 30202 | Malignant neoplasm of skin or mucous membrane proven by histopathology or confirmed by the opinion of a specialist in the specialty of dermatology or plastic surgery—removal of, by liquid nitrogen cryotherapy using repeat freeze‑thaw cycles | 50.30 |
| 30207 | Skin lesions, multiple injections with glucocorticoid preparations (Anaes.) | 46.40 |
| 30210 | Keloid and other skin lesions, extensive, multiple injections of glucocorticoid preparations, if undertaken in the operating theatre of a hospital (H) (Anaes.) | 169.55 |
| 30216 | Haematoma, aspiration of (Anaes.) | 28.45 |
| 30219 | Haematoma, furuncle, small abscess or similar lesion not requiring admission to a hospital, incision with drainage of, excluding after‑care | 28.45 |
| 30223 | Large haematoma, large abscess, carbuncle, cellulitis or similar lesion, incision with drainage of, excluding after‑care (H) (Anaes.) | 169.55 |
| 30224 | Percutaneous drainage of deep abscess using interventional techniques—but not including imaging (Anaes.) | 247.20 |
| 30225 | Abscess drainage tube, exchange of using interventional techniques—but not including imaging (Anaes.) | 278.55 |
| 30226 | Muscle, excision of (limited) or fasciotomy (Anaes.) | 155.85 |
| 30229 | Muscle, excision of (extensive) (Anaes.) (Assist.) | 284.00 |
| 30232 | Muscle, ruptured, repair of (limited), not associated with external wound (Anaes.) | 232.70 |
| 30235 | Muscle, ruptured, repair of (extensive), not associated with external wound (Anaes.) (Assist.) | 307.70 |
| 30238 | Fascia, deep, repair of, for herniated muscle (Anaes.) | 155.85 |
| 30241 | Bone tumour, innocent, excision of, other than a service to which another item in this Group applies (Anaes.) (Assist.) | 370.80 |
| 30244 | Styloid process of temporal bone, removal of (H) (Anaes.) (Assist.) | 370.80 |
| 30246 | Parotid duct, repair of, using micro‑surgical techniques (H) (Anaes.) (Assist.) | 717.75 |
| 30247 | Parotid gland, total extirpation of, including removal of tumour, other than a service associated with a service to which item 39321, 39324, 39327 or 39330 applies (H) (Anaes.) (Assist.) | 769.30 |
| 30250 | Parotid gland, total extirpation of, with preservation of facial nerve, including:  (a) removal of tumour; and  (b) exposure or mobilisation of facial nerve;  other than a service associated with a service to which item 39321, 39324, 39327 or 39330 applies (H) (Anaes.) (Assist.) | 1,301.75 |
| 30251 | Recurrent parotid tumour, excision of, with preservation of facial nerve, including:  (a) removal of tumour; and  (b) exposure or mobilisation of facial nerve;  other than a service associated with a service to which item 39321, 39324, 39327 or 39330 applies (H) (Anaes.) (Assist.) | 1,999.65 |
| 30253 | Parotid gland, superficial lobectomy of, with exposure of facial nerve, including:  (a) removal of tumour; and  (b) exposure or mobilisation of facial nerve;  other than a service associated with a service to which item 39321, 39324, 39327 or 39330 applies (H) (Anaes.) (Assist.) | 867.85 |
| 30255 | Submandibular ducts, relocation of, for surgical control of drooling (H) (Anaes.) (Assist.) | 1,155.65 |
| 30256 | Submandibular gland, extirpation of, other than a service associated with a service to which item 31423, 31426, 31429, 31432, 31435 or 31438 applies on the same side (H) (Anaes.) (Assist.) | 463.50 |
| 30257 | Sialendoscopy, of submandibular or parotid duct, with or without removal of calculus or treatment of stricture (Anaes.) | 528.55 |
| 30259 | Sublingual gland, extirpation of (Anaes.) | 206.60 |
| 30262 | Salivary gland, dilatation or diathermy of duct (Anaes.) | 61.20 |
| 30266 | Salivary gland, removal of calculus from duct or meatotomy or marsupialisation, one or more such procedures (Anaes.) | 155.85 |
| 30269 | Salivary gland, repair of cutaneous fistula of (Anaes.) | 155.85 |
| 30272 | Tongue, partial excision of (Anaes.) (Assist.) | 307.70 |
| 30275 | Radical excision of intra‑oral tumour, with or without resection of mandible, including dissection of lymph glands of neck, unilateral, other than a service associated with a service to which item 31423, 31426, 31429, 31432, 31435 or 31438 applies on the same side (H) (Anaes.) (Assist.) | 1,834.15 |
| 30278 | Tongue tie, repair of, other than:  (a) a service to which another item in this Subgroup applies; or  (b) a service associated with a service to which item 45009 applies  (Anaes.) | 48.40 |
| 30281 | Tongue tie, mandibular frenulum or maxillary frenulum, repair of, in a person aged 2 years and over, under general anaesthesia, other than a service associated with a service to which item 45009 applies (Anaes.) | 124.30 |
| 30283 | Ranula or mucous cyst of mouth, removal of (Anaes.) | 213.00 |
| 30286 | Branchial cyst, removal of, on a patient 10 years of age or over (Anaes.) (Assist.) | 413.95 |
| 30287 | Branchial cyst, removal of, on a patient under 10 years of age (Anaes.) (Assist.) | 538.20 |
| 30289 | Branchial fistula, removal of, on a patient 10 years of age or over (H) (Anaes.) (Assist.) | 522.60 |
| 30293 | Cervical oesophagostomy, or closure of cervical oesophagostomy with or without plastic repair (Anaes.) (Assist.) | 463.50 |
| 30294 | Cervical oesophagectomy with tracheostomy and oesophagostomy, with or without plastic reconstruction, or laryngopharyngectomy with tracheostomy and plastic reconstruction (H) (Anaes.) (Assist.) | 1,834.15 |
| 30296 | Thyroidectomy, total (H) (Anaes.) (Assist.) | 1,065.20 |
| 30297 | Thyroidectomy following previous thyroid surgery (H) (Anaes.) (Assist.) | 1,065.20 |
| 30299 | Sentinel lymph node biopsy or biopsies for breast cancer, involving dissection in an axilla, using preoperative lymphoscintigraphy and/or lymphotropic dye injection (H) (Anaes.) (Assist.) | 777.85 |
| 30305 | Sentinel lymph node biopsy or biopsies for breast cancer, involving dissection along internal mammary chain (H) (Anaes.) (Assist.) | 777.90 |
| 30306 | Total hemithyroidectomy (H) (Anaes.) (Assist.) | 831.00 |
| 30310 | Partial or subtotal thyroidectomy (H) (Anaes.) (Assist.) | 831.00 |
| 30311 | Sentinel lymph node biopsy or biopsies for cutaneous melanoma, using preoperative lymphoscintigraphy and/or lymphotropic dye injection, if:  (a) the primary lesion is greater than 1.0 mm in depth (or at least 0.8 mm in depth in the presence of ulceration); and  (b) appropriate excision of the primary melanoma has occurred; and  (c) the service is not associated with a service to which item 30075, 30078, 30299, 30305, 30329, 30332, 30618, 30820, 31423, 52025 or 52027 applies  Applicable to only one lesion per occasion on which the service is provided (H) (Anaes.) (Assist.) | 647.65 |
| 30314 | Thyroglossal cyst or fistula or both, radical removal of, including thyroglossal duct and portion of hyoid bone, on a patient 10 years of age or over (H) (Anaes.) (Assist.) | 475.90 |
| 30315 | Minimally invasive parathyroidectomy. Removal of one or more parathyroid adenomas through a small cervical incision for an image localised adenoma, including thymectomy  Applicable only once per occasion on which the service is provided  Not applicable to a service performed in association with a service to which item 30317, 30318 or 30320 applies  (H) (Anaes.) (Assist.) | 1,186.10 |
| 30317 | Redo parathyroidectomy. Cervical re‑exploration for persistent or recurrent hyperparathyroidism, including thymectomy and cervical exploration of the mediastinum  Applicable only once per occasion on which the service is provided  Not applicable to a service performed in association with a service to which item 30315, 30318 or 30320 applies  (H) (Anaes.) (Assist.) | 1,420.20 |
| 30318 | Open parathyroidectomy, exploration and removal of one or more adenomas or hyperplastic glands via a cervical incision including thymectomy and cervical exploration of the mediastinum (when performed)  Applicable only once per occasion on which the service is provided  Not applicable to a service performed in association with a service to which item 30315, 30317 or 30320 applies  (H) (Anaes.) (Assist.) | 1,186.10 |
| 30320 | Removal of a mediastinal parathyroid adenoma via sternotomy or mediastinal thorascopic approach  Applicable only once per occasion on which the service is provided  Not applicable to a service performed in association with a service to which item 30315, 30317 or 30318 applies  (H) (Anaes.) (Assist.) | 1,420.20 |
| 30323 | Excision of phaeochromocytoma or extra‑adrenal paraganglioma via endoscopic or open approach (H) (Anaes.) (Assist.) | 1,420.20 |
| 30324 | Excision of an adrenocortical tumour or hyperplasia via endoscopic or open approach (H) (Anaes.) (Assist.) | 1,420.20 |
| 30326 | Thyroglossal cyst or fistula or both, radical removal of, including thyroglossal duct and portion of hyoid bone, on a patient under 10 years of age (H) (Anaes.) (Assist.) | 618.65 |
| 30329 | Lymph nodes of groin, limited excision of (Anaes.) | 256.95 |
| 30330 | Lymph nodes of groin, radical excision of (H) (Anaes.) (Assist.) | 747.85 |
| 30332 | Lymph nodes of axilla, limited excision of (H) (Anaes.) (Assist.) | 360.80 |
| 30336 | Lymph nodes of axilla, complete excision of (H) (Anaes.) (Assist.) | 1,082.40 |
| 30382 | Enterocutaneous fistula, repair of, if dissection and resection of bowel is performed, with or without anastomosis or formation of a stoma (H) (Anaes.) (Assist.) | 1,359.85 |
| 30384 | Open or minimally invasive excision of a retroperitoneal mass, 4 cm or greater in largest dimension, lasting more than 3 hours, other than a service to which another item in this Group applies (H) (Anaes.) (Assist.) | 1,420.20 |
| 30385 | Unplanned return to theatre for laparotomy or laparoscopy for control or drainage of intra‑abdominal haemorrhage following abdominal surgery (H) (Anaes.) (Assist.) | 586.15 |
| 30387 | Laparoscopy or laparotomy when an operation is performed on abdominal, retroperitoneal or pelvic viscera, excluding lymph node biopsy, other than a service to which another item in this Group applies (H) (Anaes.) (Assist.) | 660.75 |
| 30388 | Laparotomy for abdominal trauma, including control of haemorrhage (with or without packing) and containment of contamination (H) (Anaes.) (Assist.) | 1,108.20 |
| 30390 | Laparoscopy, diagnostic, with or without aspiration of fluid, on a patient 10 years of age or over, if no other intra‑abdominal procedure is performed (H) (Anaes.) (Assist) | 228.85 |
| 30392 | Radical or debulking operation for advanced intra‑abdominal malignancy, with or without omentectomy, as an independent procedure (H) (Anaes.) (Assist.) | 701.85 |
| 30396 | Laparotomy or laparoscopy for generalised intra‑peritoneal sepsis (also known as peritonitis), with or without removal of foreign material or enteric contents, with lavage of the entire peritoneal cavity, with or without closure of the abdomen when performed by laparotomy (H) (Anaes.) (Assist.) | 1,057.75 |
| 30397 | Laparostomy, via wound previously made and left open or closed, includingchange of dressings or packs, with or without drainage of loculated collections (H) (Anaes.) | 241.75 |
| 30399 | Laparostomy, final closure of wound made at previous operation, after removal of dressings or packs (H) (Anaes.) (Assist.) | 332.50 |
| 30400 | Laparotomy with insertion of portacath for administration of cytotoxic therapy including placement of reservoir (H) (Anaes.) (Assist.) | 658.10 |
| 30406 | Paracentesis abdominis (Anaes.) | 54.35 |
| 30408 | Peritoneo venous shunt, insertion of (H) (Anaes.) (Assist.) | 408.00 |
| 30409 | Liver biopsy, percutaneous (Anaes.) | 181.50 |
| 30411 | Liver biopsy by wedge excision when performed in association with another intra‑abdominal procedure (H) (Anaes.) | 92.35 |
| 30412 | Liver biopsy by core needle, when performed in conjunction with another intra‑abdominal procedure (Anaes.) | 54.50 |
| 30414 | Liver, subsegmental resection of, (local excision), other than for trauma (H) (Anaes.) (Assist.) | 717.75 |
| 30415 | Liver, segmental resection of, other than for trauma (H) (Anaes.) (Assist.) | 1,435.35 |
| 30416 | Liver cysts, greater than 5 cm in diameter, marsupialisation of 4 or less (H) (Anaes.) (Assist.) | 779.30 |
| 30417 | Liver cysts, greater than 5 cm in diameter, marsupialisation of 5 or more(H) (Anaes.) (Assist.) | 1,168.90 |
| 30418 | Liver, lobectomy of, other than for trauma (H) (Anaes.) (Assist.) | 1,662.30 |
| 30419 | Liver tumour, other than a hepatocellular carcinoma, destruction of one or more, by local ablation, other than a service associated with a service to which item 50950 or 50952 applies (Anaes.) (Assist.) | 850.20 |
| 30421 | Liver, extended lobectomy of, or central resections of segments 4, 5 and 8, other than for trauma (H) (Anaes.) (Assist.) | 2,077.50 |
| 30422 | Liver, repair of superficial laceration of, for trauma (H) (Anaes.) (Assist.) | 702.70 |
| 30425 | Liver, repair of deep multiple lacerations of, or debridement of, for trauma (H) (Anaes.) (Assist.) | 1,359.85 |
| 30427 | Liver, segmental resection of, for trauma (H) (Anaes.) (Assist.) | 1,624.25 |
| 30428 | Liver, lobectomy of, for trauma (Anaes.) (Assist.) | 1,737.65 |
| 30430 | Liver, extended lobectomy of, or central resections of segments 4, 5 and 8, for trauma (Anaes.) (Assist.) | 2,417.40 |
| 30431 | Liver abscess, single, open or minimally invasive abdominal drainage of, excluding aftercare (Anaes.) (Assist.) | 542.40 |
| 30433 | Liver abscess, multiple, open or minimally invasive abdominal drainage of, excluding aftercare (H) (Anaes.) (Assist.) | 755.45 |
| 30439 | Intraoperative ultrasound of biliary tract, or operative cholangiography, if the service:  (a) is performed in association with an intra‑abdominal procedure; and  (b) is not associated with a service to which item 30443 or 30445 applies  (H) (Anaes.) (Assist.) | 193.10 |
| 30440 | Cholangiogram, percutaneous transhepatic, and insertion of biliary drainage tube, using interventional imaging techniques, other than a service associated with a service to which item 30451 applies (Anaes.) (Assist.) | 547.70 |
| 30441 | Intraoperative ultrasound for staging of intra‑abdominal tumours (H) (Anaes.) | 141.80 |
| 30442 | Choledochoscopy in conjunction with another procedure (H) (Anaes.) | 193.10 |
| 30443 | Cholecystectomy, by any approach, without cholangiogram (H) (Anaes.) (Assist.) | 668.45 |
| 30445 | Cholecystectomy, by any approach, with attempted or completed cholangiogram or intraoperative ultrasound of the biliary system, when performed via laparoscopic or open approach or when conversion from laparoscopic to open approach is required (H) (Anaes.) (Assist.) | 865.85 |
| 30448 | Cholecystectomy, by any approach, involving removal of common duct calculi via the cystic duct, with or without stent insertion (H) (Anaes.) (Assist.) | 1,012.35 |
| 30449 | Cholecystectomy with removal of common duct calculi via choledochotomy, by any approach, with or without insertion of a stent (H) (Anaes.) (Assist.) | 1,125.70 |
| 30450 | Calculus of biliary tract, extraction of, using interventional imaging techniques (Anaes.) (Assist.) | 545.65 |
| 30451 | Biliary drainage tube, exchange of, using interventional imaging techniques, other than a service associated with a service to which item 30440 applies (Anaes.) (Assist.) | 278.55 |
| 30452 | Choledochoscopy with balloon dilatation of a stricture or passage of stent or extraction of calculi (H) (Anaes.) (Assist.) | 392.80 |
| 30454 | Choledochotomy without cholecystectomy, with or without removal of calculi (H) (Anaes.) (Assist.) | 1,371.65 |
| 30455 | Choledochotomy with cholecystectomy, with removal of calculi, including biliary intestinal anastomosis (H) (Anaes.) (Assist.) | 1,371.65 |
| 30457 | Choledochotomy, intrahepatic, involving removal of intrahepatic bile duct calculi (Anaes.) (Assist.) | 1,435.35 |
| 30458 | Transduodenal operation on sphincter of Oddi, involving one or more of, removal of calculi, sphincterotomy, sphincteroplasty, biopsy, local excision of peri‑ampullary or duodenal tumour, sphincteroplasty of the pancreatic duct, pancreatic duct septoplasty, with or without choledochotomy (H) (Anaes.) (Assist.) | 1,055.10 |
| 30460 | Cholecystoduodenostomy, cholecystoenterostomy, choledochojejunostomy or Roux‑en‑Y loop as a bypass procedure when no prior biliary surgery performed (H) (Anaes.) (Assist.) | 897.45 |
| 30461 | Radical resection of porta hepatis (including associated neuro‑lymphatic tissue), for cancer, suspected cancer or choledochal cyst, including bile duct excision and biliary‑enteric anastomoses, other than a service associated with a service to which item 30440, 30451 or 31454 applies (H) (Anaes.) (Assist.) | 1,538.30 |
| 30463 | Radical resection of common hepatic duct and right and left hepatic ducts, with 2 duct anastomoses, for cancer, suspected cancer or choledochal cyst (H) (Anaes.) (Assist.) | 1,888.75 |
| 30464 | Radical resection of common hepatic duct and right and left hepatic ducts, for cancer, suspected cancer or choledochal cyst, involving either or both of the following:  (a) more than 2 anastomoses;  (b) resection of segment (or major portion of segment) of liver  (H) (Anaes.) (Assist.) | 2,266.50 |
| 30469 | Biliary stricture, repair of, after one or more operations on the biliary tree (Anaes.) (Assist.) | 1,790.65 |
| 30472 | Repair of bile duct injury, including immediate reconstruction, other than a service associated with a service to which item 30584 applies (H) (Anaes.) (Assist.) | 1,386.90 |
| 30473 | Oesophagoscopy (other than a service associated with a service to which item 41822 applies), gastroscopy, duodenoscopy or panendoscopy (one or more such procedures), with or without biopsy, other than a service associated with a service to which item 30478 or 30479 applies (Anaes.) | 184.30 |
| 30475 | Endoscopic dilatation of stricture of upper gastrointestinal tract (including the use of imaging intensification if clinically indicated) (Anaes.) | 363.10 |
| 30478 | Oesophagoscopy (other than a service associated with a service to which item 41822 or 41825 applies), gastroscopy, duodenoscopy, panendoscopy or push enteroscopy, one or more such procedures, if:  (a) the procedures are performed using one or more of the following endoscopic procedures:  (i) polypectomy;  (ii) sclerosing or adrenalin injections;  (iii) banding;  (iv) endoscopic clips;  (v) haemostatic powders;  (vi) diathermy;  (vii) argon plasma coagulation; and  (b) the procedures are for the treatment of one or more of the following:  (i) upper gastrointestinal tract bleeding;  (ii) polyps;  (iii) removal of foreign body;  (iv) oesophageal or gastric varices;  (v) peptic ulcers;  (vi) neoplasia;  (vii) benign vascular lesions;  (viii) strictures of the gastrointestinal tract;  (ix) tumorous overgrowth through or over oesophageal stents;  other than a service associated with a service to which item 30473 or 30479 applies (Anaes.) | 255.55 |
| 30479 | Endoscopy with laser therapy, for the treatment of one or more of the following:  (a) neoplasia;  (b) benign vascular lesions;  (c) strictures of the gastrointestinal tract;  (d) tumorous overgrowth through or over oesophageal stents;  (e) peptic ulcers;  (f) angiodysplasia;  (g) gastric antral vascular ectasia;  (h) post‑polypectomy bleeding;  other than a service associated with a service to which item 30473 or 30478 applies (Anaes.) | 495.35 |
| 30481 | Percutaneous gastrostomy (initial procedure):  (a) including any associated imaging services; and  (b) excluding the insertion of a device for the purpose of facilitating weight loss  (Anaes.) | 371.45 |
| 30482 | Percutaneous gastrostomy (repeat procedure):  (a) including any associated imaging services; and  (b) excluding the insertion of a device for the purpose of facilitating weight loss  (Anaes.) | 264.10 |
| 30483 | Gastrostomy button, caecostomy antegrade enema device (chait etc.) or stomal indwelling device:  (a) non‑endoscopic insertion of; or  (b) non‑endoscopic replacement of;  on a patient 10 years of age or over, excluding the insertion of a device for the purpose of facilitating weight loss (Anaes.) | 184.25 |
| 30484 | Endoscopic retrograde cholangio‑pancreatography (Anaes.) | 379.70 |
| 30485 | Endoscopic sphincterotomy with or without extraction of stones from common bile duct (Anaes.) | 586.15 |
| 30488 | Small bowel intubation—as an independent procedure (Anaes.) | 93.65 |
| 30490 | Oesophageal prosthesis, insertion of, including endoscopy and dilatation (Anaes.) | 547.70 |
| 30491 | Bile duct, endoscopic stenting of (including endoscopy and dilatation) (Anaes.) | 577.85 |
| 30492 | Bile duct, percutaneous stenting of (including dilatation when performed), using interventional imaging techniques (H) (Anaes.) | 819.20 |
| 30494 | Endoscopic biliary dilatation (H) (Anaes.) | 437.55 |
| 30495 | Percutaneous biliary dilatation for biliary stricture using interventional imaging techniques (H) (Anaes.) | 819.20 |
| 30515 | Gastroenterostomy (including gastroduodenostomy), enterocolostomy or enteroenterostomy, as an independent procedure or in combination with another procedure, only if required for irresectable obstruction, other than a service to which any of items 31569 to 31581 apply (H) (Anaes.) (Assist.) | 732.90 |
| 30517 | Revision of gastroenterostomy, pyloroplasty or gastroduodenostomy (H) (Anaes.) (Assist.) | 959.55 |
| 30518 | Partial gastrectomy, not being a service associated with a service to which any of items 31569 to 31581 apply (H) (Anaes.) (Assist.) | 1,027.50 |
| 30520 | Gastric tumour, 2 cm or greater in diameter, removal of, by local excision, by laparoscopic or open approach*,* including any associated anastomosis, excluding polypectomy, other than a service to which item 30518 applies (H) (Anaes.) (Assist.) | 884.00 |
| 30521 | Gastrectomy, total, for benign disease (H) (Anaes.) (Assist.) | 1,503.40 |
| 30526 | Gastrectomy, total,and removal of lower oesophagus, performed by open or minimally invasive approach, with anastomosis in the mediastinum, including any of the following (if performed):  (a) distal pancreatectomy;  (b) nodal dissection;  (c) splenectomy  (H) (Anaes.) (Assist.) | 2,243.70 |
| 30529 | Antireflux operation by fundoplasty, with oesophagoplasty for stricture or short oesophagus (H) (Anaes.) (Assist.) | 1,359.85 |
| 30530 | Antireflux operation by cardiopexy, with or without fundoplasty (H) (Anaes.) (Assist.) | 816.00 |
| 30532 | Oesophagogastric myotomy (Heller’s operation) byendoscopic, abdominal or thoracic approach, whether performed by open or minimally invasive approach, including fundoplication when performed laparoscopically(H) (Anaes.) (Assist.) | 936.90 |
| 30533 | Oesophagogastric myotomy (Heller’s operation) via abdominal or thoracic approach, with fundoplasty, with or without closure of the diaphragmatic hiatus, by laparoscopy or open operation (H) (Anaes.) (Assist.) | 1,114.40 |
| 30559 | Oesophagus, local excision for tumour of (Anaes.) (Assist.) | 884.00 |
| 30560 | Oesophageal perforation, repair of, by abdominal or thoracic approach, including thoracic drainage (H) (Anaes.) (Assist.) | 982.05 |
| 30562 | Enterostomy or colostomy, closure of (not involving resection of bowel), on a patient 10 years of age or over (H) (Anaes.) (Assist.) | 619.05 |
| 30563 | Colostomy or ileostomy, refashioning of, on a patient 10 years of age or over (Anaes.) (Assist.) | 619.05 |
| 30565 | Small intestine, resection of, without anastomosis (including formation of stoma) (H) (Anaes.) (Assist.) | 906.65 |
| 30574 | Appendicectomy, when performed in conjunction with another intra‑abdominal procedure and during which a specimen is collected and sent for pathological testing (H) (Anaes.) | 64.10 |
| 30577 | Initial pancreatic necrosectomy by open, laparoscopic or endoscopic approach, excluding aftercare (H) (Anaes.) (Assist.) | 1,133.30 |
| 30583 | Distal pancreatectomy with splenic preservation, by open or minimally invasive approach (H) (Anaes.) (Assist.) | 1,617.35 |
| 30584 | Pancreatico‑duodenectomy (Whipple’s procedure), with or without preservation of pylorus, including any of the following (if performed):  (a) cholecystectomy;  (b) pancreatico‑biliary anastomosis;  (c) gastro‑jejunal anastomosis  (H) (Anaes.) (Assist.) | 3,121.55 |
| 30589 | Pancreatico‑jejunostomy for pancreatitis or trauma (H) (Anaes.) (Assist.) | 1,301.75 |
| 30590 | Pancreatico‑jejunostomy following previous pancreatic surgery (H) (Anaes.) (Assist.) | 1,435.35 |
| 30593 | Pancreatectomy, near total or total (including duodenum), with or without splenectomy (Anaes.) (Assist.) | 1,964.20 |
| 30594 | Pancreatectomy for pancreatitis following previously attempted drainage procedure or partial resection (H) (Anaes.) (Assist.) | 2,266.50 |
| 30596 | Splenorrhaphy or partial splenectomy (H) (Anaes.) (Assist.) | 933.65 |
| 30599 | Splenectomy, for massive spleen (weighing more than 1,500 g) or involving thoraco‑abdominal incision (H) (Anaes.) (Assist.) | 1,359.85 |
| 30600 | Emergency repair of diaphragmatic laceration or hernia, following recent trauma, by any approach, including when performed in conjunction with another procedure indicated as a result of abdominal or chest trauma (H) (Anaes.) (Assist.) | 808.60 |
| 30601 | Diaphragmatic hernia, congenital, or delayed presentation of traumatic rupture, repair of, by thoracic or abdominal approach, on a patient 10 years of age or over, other than a service to which any of items 31569 to 31581 apply (H) (Anaes.) (Assist.) | 996.10 |
| 30606 | Portal hypertension, oesophageal transection via stapler or oversew of gastric varices with or without devascularisation (H) (Anaes.) (Assist.) | 1,155.80 |
| 30608 | Small intestine, resection of, with anastomosis, on a patient under 10 years of age (H) (Anaes.) (Assist.) | 1,309.25 |
| 30611 | Benign tumour of soft tissue (other than tumours of skin, cartilage and bone, simple lipomas covered by item 31345 and lipomata), removal of, by surgical excision, on a patient under 10 years of age, if the specimen excised is sent for histological confirmation of diagnosis, other than a service to which another item in this Group applies (Anaes.) (Assist.) | 586.20 |
| 30615 | Strangulated, incarcerated or obstructed hernia, repair of, without bowel resection, on a patient 10 years of age or over (H) (Anaes.) (Assist.) | 542.40 |
| 30618 | Lymph nodes of neck, selective dissection of one or 2 lymph node levels involving removal of soft tissue and lymph nodes from one side of the neck, on a patient under 10 years of age (Anaes.) (Assist.) | 543.40 |
| 30619 | Laparoscopic splenectomy, on a patient under 10 years of age (H) (Anaes.) (Assist.) | 974.20 |
| 30621 | Repair of symptomatic umbilical, epigastric or linea alba hernia requiring mesh or other repair, by open or minimally invasive approach, in a patient 10 years of age or over, other than a service to which item 30651 or 30655 applies (H) (Anaes.) (Assist.) | 424.00 |
| 30622 | Caecostomy, enterostomy, colostomy, enterotomy, colotomy, cholecystostomy, gastrostomy, gastrotomy, reduction of intussusception, removal of Meckel’s diverticulum, suture of perforated peptic ulcer, simple repair of ruptured viscus, reduction of volvulus, pyloroplasty or drainage of pancreas, on a patient under 10 years of age (H) (Anaes.) (Assist.) | 705.15 |
| 30623 | Laparotomy involving division of peritoneal adhesions (if no other intra‑abdominal procedure is performed), on a patient under 10 years of age (H) (Anaes.) (Assist.) | 705.15 |
| 30626 | Laparotomy involving division of adhesions in association with another intra‑abdominal procedure if the time taken to divide the adhesions is between 45 minutes and 2 hours, on a patient under 10 years of age (H) (Anaes.) (Assist.) | 708.40 |
| 30627 | Laparoscopy, diagnostic, if no other intra‑abdominal procedure is performed, on a patient under 10 years of age (H) (Anaes.) | 297.55 |
| 30628 | Hydrocele, tapping of | 37.05 |
| 30629 | Orchidectomy, radical, including spermatic cord, unilateral, for tumour, inguinal approach, without insertion of testicular prosthesis, other than a service associated with a service to which item 30631, 30635, 30641, 30643 or 30644 applies (H) (Anaes.) (Assist.) | 542.40 |
| 30630 | Insertion of testicular prosthesis, at least 6 months after orchidectomy (H) (Anaes.) (Assist.) | 518.90 |
| 30631 | Hydrocele, removal of, other than a service associated with a service to which item 30641, 30642 or 30644 applies (Anaes.) | 246.25 |
| 30635 | Varicocele, surgical correction of, including microsurgical techniques, other than a service associated with a service to which item 30390, 30627, 30641, 30642 or 30644 applies—one procedure (H) (Anaes.) (Assist.) | 303.60 |
| 30636 | Gastrostomy button, caecostomy antegrade enema device (chait etc.) or stomal indwelling device, non‑endoscopic insertion of, or non‑endoscopic replacement of, on a patient under 10 years of age (Anaes.) | 242.60 |
| 30637 | Enterostomy or colostomy, closure of (not involving resection of bowel), on a patient under 10 years of age (H) (Anaes.) (Assist.) | 804.90 |
| 30639 | Colostomy or ileostomy, refashioning of, on a patient under 10 years of age (Anaes.) (Assist.) | 804.90 |
| 30640 | Repair of large and irreducible scrotal hernia, if surgery exceeds 2 hours, in a patient 10 years of age or over, other than a service to which item 30615, 30621, 30648, 30651 or 30655 applies (H) (Anaes.) (Assist.) | 952.05 |
| 30641 | Orchidectomy, simple or subcapsular, unilateral with or without insertion of testicular prosthesis (H) (Anaes.) (Assist.) | 424.00 |
| 30642 | Orchidectomy, radical, including spermatic cord, unilateral, for tumour, inguinal approach, with insertion of testicular prosthesis, other than a service associated with a service to which item 30631, 30635, 30641, 30643, 30644 or 45051 applies (H) (Anaes.) (Assist.) | 788.90 |
| 30643 | Exploration of spermatic cord, inguinal approach, with or without testicular biopsy, with or without excision of spermatic cord lesion, for a patient under 10 years of age, other than a service associated with a service to which item 30629, 30630 or 30642 applies (H) (Anaes.) (Assist.) | 705.15 |
| 30644 | Exploration of spermatic cord, inguinal approach, with or without testicular biopsy, with or without excision of spermatic cord lesion, for a patient at least 10 years of age, other than a service associated with a service to which item 30629, 30630 or 30642 applies (H) (Anaes.) (Assist.) | 542.40 |
| 30645 | Appendicectomy, on a patient under 10 years of age, other than a service to which item 30574 applies (H) (Anaes.) (Assist.) | 602.40 |
| 30646 | Laparoscopic appendicectomy, on a patient under 10 years of age (H) (Anaes.) (Assist.) | 602.40 |
| 30648 | Femoral or inguinal hernia or infantile hydrocele, repair of, by open or minimally invasive approach, on a patient 10 years of age or over, other than a service to which item 30615 or 30651 applies (H) (Anaes.) (Assist.) | 483.35 |
| 30649 | Haemorrhage, arrest of, following circumcision requiring general anaesthesia, on a patient under 10 years of age (Anaes.) | 195.25 |
| 30651 | Ventral hernia repair involving primary fascial closure by suture, with or without onlay mesh or insertion of intraperitoneal onlay mesh repair, without closure of the defect or advancement of the rectus muscle toward the midline, by open or minimally invasive approach, in a patient 10 years of age or over, other than a service associated with a service to which item 30175, 30621, 30655 or 30657 applies (H) (Anaes.) (Assist.) | 542.40 |
| 30652 | Recurrent groin hernia regardless of size of defect, repair of, with or without mesh, by open or minimally invasive approach, in a patient 10 years of age or over (H) (Anaes.) (Assist.) | 542.40 |
| 30654 | Circumcision of the penis, with topical or local analgesia, other than a service to which item 30658 applies | 48.40 |
| 30655 | Ventral hernia, repair of, with advancement of the rectus muscles to the midline using a retro‑rectus, pre‑peritoneal or sublay technique, by open or minimally invasive approach, in a patient 10 years of age or over, other than a service associated with a service to which item 30175, 30621 or 30651 applies (H) (Anaes.) (Assist.) | 952.05 |
| 30657 | Unilateral abdominal wall reconstruction with component separation, including transversus abdominus release and external oblique release for abdominal wall closure by mobilising the rectus abdominis muscles to the midline, by open or minimally invasive approach (H) (Anaes.) (Assist.) | 1,355.65 |
| 30658 | Circumcision of the penis, when performed under general or regional anaesthesia and in conjunction with a service to which an item in Group T7 or Group T10 applies (Anaes.) | 147.70 |
| 30661 | Minor surgical repair following a complication from the circumcision of a penis, when performed in conjunction with a service to which an item in Group T7 or Group T10 applies, other than a service associated with a service to which item 45206 applies (H) (Anaes.) | 405.50 |
| 30662 | Complex surgical repair following a complication from the circumcision of a penis, including single stage local flap, if indicated, to repair one defect, on genitals (other than a service associated with a service to which item 37819, 37822, 45200, 45201, 45202, 45203 or 45206 applies) (H) (Anaes.) | 810.90 |
| 30663 | Haemorrhage, arrest of, following circumcision requiring general anaesthesia, on a patient 10 years of age or over (Anaes.) | 150.20 |
| 30666 | Paraphimosis or phimosis, reduction of, under general anaesthesia, with or without dorsal incision, other than a service associated with a service to which another item in this Group applies (Anaes.) | 49.35 |
| 30672 | Coccyx, excision of (H) (Anaes.) (Assist.) | 463.50 |
| 30676 | Pilonidal sinus or cyst, or sacral sinus or cyst, definitive excision of (Anaes.) | 394.40 |
| 30679 | Pilonidal sinus, injection of sclerosant fluid under anaesthesia (Anaes.) | 100.20 |
| 30680 | Balloon enteroscopy, examination of the small bowel (oral approach), with or without biopsy, without intraprocedural therapy, for diagnosis of patients with obscure gastrointestinal bleeding if the patient:  (a) has recurrent or persistent bleeding; and  (b) is anaemic or has active bleeding; and  (c) has had an upper gastrointestinal endoscopy and a colonoscopy performed that did not identify the cause of the bleeding;  not in association with another item in this Subgroup (other than item 30682 or 30686) (Anaes.) | 1,217.40 |
| 30682 | Balloon enteroscopy, examination of the small bowel (anal approach), with or without biopsy, without intraprocedural therapy, for diagnosis of patients with obscure gastrointestinal bleeding if the patient:  (a) has recurrent or persistent bleeding; and  (b) is anaemic or has active bleeding; and  (c) has had an upper gastrointestinal endoscopy and a colonoscopy performed that did not identify the cause of the bleeding;  not in association with another item in this Subgroup (other than item 30680 or 30684) (Anaes.) | 1,217.40 |
| 30684 | Balloon enteroscopy, examination of the small bowel (oral approach), with or without biopsy, with one or more of the following procedures—snare polypectomy, removal of foreign body, diathermy, heater probe, laser coagulation or argon plasma coagulation, for diagnosis and management of patients with obscure gastrointestinal bleeding if the patient:  (a) has recurrent or persistent bleeding; and  (b) is anaemic or has active bleeding; and  (c) has had an upper gastrointestinal endoscopy and a colonoscopy performed that did not identify the cause of the bleeding;  not in association with another item in this Subgroup (other than item 30682 or 30686) (Anaes.) | 1,498.20 |
| 30686 | Balloon enteroscopy, examination of the small bowel (anal approach), with or without biopsy, with one or more of the following procedures—snare polypectomy, removal of foreign body, diathermy, heater probe, laser coagulation or argon plasma coagulation, for diagnosis and management of patients with obscure gastrointestinal bleeding if the patient:  (a) has recurrent or persistent bleeding; and  (b) is anaemic or has active bleeding; and  (c) has had an upper gastrointestinal endoscopy and a colonoscopy performed that did not identify the cause of the bleeding;  not in association with another item in this Subgroup (other than item 30680 or 30684) (Anaes.) | 1,498.20 |
| 30687 | Endoscopy with radiofrequency ablation of mucosal metaplasia for the treatment of Barrett’s Oesophagus in a single course of treatment, following diagnosis of high grade dysplasia confirmed by histological examination (Anaes.) | 495.35 |
| 30688 | Endoscopic ultrasound (endoscopy with ultrasound imaging), with or without biopsy, for the staging of one or more of oesophageal, gastric or pancreatic cancer, not in association with another item in this Subgroup (other than item 30484, 30485, 30491 or 30494) and other than a service associated with the routine monitoring of chronic pancreatitis (Anaes.) | 379.70 |
| 30690 | Endoscopic ultrasound (endoscopy with ultrasound imaging), with or without biopsy, with fine needle aspiration (including aspiration of the locoregional lymph nodes if performed, for the staging of one or more of oesophageal, gastric or pancreatic cancer), not in association with another item in this Subgroup (other than item 30484, 30485, 30491 or 30494) and other than a service associated with the routine monitoring of chronic pancreatitis (Anaes.) | 586.15 |
| 30692 | Endoscopic ultrasound (endoscopy with ultrasound imaging), with or without biopsy, for the diagnosis of one or more of pancreatic, biliary or gastric submucosal tumours, not in association with another item in this Subgroup (other than item 30484, 30485, 30491 or 30494) and other than a service associated with the routine monitoring of chronic pancreatitis (Anaes.) | 379.70 |
| 30694 | Endoscopic ultrasound (endoscopy with ultrasound imaging), with or without biopsy, with fine needle aspiration for the diagnosis of one or more of pancreatic, biliary or gastric submucosal tumours, not in association with another item in this Subgroup (other than item 30484, 30485, 30491 or 30494) and other than a service associated with the routine monitoring of chronic pancreatitis (Anaes.) | 586.15 |
| 30720 | Appendicectomy, on a patient 10 years of age or over, whether performed by:  (a) laparoscopy or right iliac fossa open incision; or  (b) conversion of a laparoscopy to an open right iliac fossa incision;  other than a service to which item 30574 applies (H) (Anaes.) (Assist.) | 463.50 |
| 30721 | Laparotomy or laparoscopy, or laparoscopy converted to laparotomy, with or without associated biopsies*,* including the division of adhesions (if performed, but only if the time taken to divide adhesions is 45 minutes or less), if no other intra‑abdominal procedure is performed (H) (Anaes.) (Assist.) | 502.85 |
| 30722 | Laparotomy or laparoscopy, on a patient 10 years of age or over, including any of the following procedures (if performed, and including division of one or more adhesions, but only if the time taken to divide the adhesions is 45 minutes or less):  (a) colostomy;  (b) colotomy;  (c) cholecystostomy;  (d) enterostomy;  (e) enterotomy;  (f) gastrostomy;  (g) gastrotomy;  (h) caecostomy;  (i) gastric fixation by cardiopexy;  (j) reduction of intussusception;  (k) simple repair of ruptured viscus (including perforated peptic ulcer);  (l) reduction of volvulus;  (m) drainage of pancreas  (H) (Anaes.) (Assist.) | 542.40 |
| 30723 | Laparotomy, laparoscopy or extra‑peritoneal approach, for drainage of an intra‑abdominal, pancreatic or retroperitoneal collection or abscess (H) (Anaes.) (Assist.) | 542.40 |
| 30724 | Laparotomy or laparoscopy with division of adhesions, lasting more than 45 minutes but less than 2 hours, performed either:  (a) as a primary procedure; or  (b) when the division of adhesions is performed in conjunction with another primaryprocedure—to provide access to a surgical field (but excluding mobilisation or normal anatomical dissection of the organ or structure for which the primary procedure is being carried out)  (H) (Anaes.) (Assist.) | 544.95 |
| 30725 | Laparotomy or laparoscopy for intestinal obstruction or division of extensive, complex adhesions, lasting 2 hours or more, performed either:  (a) as a primary procedure; or  (b) when the division of adhesions is performed in conjunction with another procedure—to provide access to a surgical field, but excluding mobilisation or normal anatomical dissection of the organ or structure for which the other procedure is being carried out  (H) (Anaes.) (Assist.) | 965.75 |
| 30730 | Small intestine, resection of, including either of the following:  (a) a small bowel diverticulum (such as Meckel’s procedure) with anastomosis;  (b) stricturoplasty  (H) (Anaes.) (Assist.) | 1,007.10 |
| 30731 | Intraoperative enterotomy for visualisation of the small intestine by endoscopy, including endoscopic examination using a flexible endoscope, with or without biopsies (H) (Anaes.) (Assist.) | 755.45 |
| 30732 | Peritonectomy, lasting more than 5 hours, including hyperthermic intra‑peritoneal chemotherapy (H) (Anaes.) (Assist.) | 4,136.10 |
| 30750 | Oesophagectomy with colon or jejunal interposition graft, by any approach, including:  (a) any gastrointestinal anastomoses (except vascular anastomoses); and  (b) anastomoses in the chest or neck (if appropriate)  One surgeon (H) (Anaes.) (Assist.) | 2,145.80 |
| 30751 | Oesophagectomy with colon or jejunal interposition graft, by any approach, including:  (a) any gastrointestinal anastomoses (except vascular anastomoses); and  (b) anastomoses in the chest or neck (if appropriate)  Conjoint surgery, principal surgeon (H) (Anaes.) (Assist.) | 2,145.80 |
| 30752 | Oesophagectomy with colon or jejunal interposition graft, by any approach, including:  (a) any gastrointestinal anastomoses (except vascular anastomoses); and  (b) anastomoses in the chest or neck (if appropriate)  Conjoint surgery, co‑surgeon (H) (Anaes.) (Assist.) | 1,609.35 |
| 30753 | Oesophagectomy, by any approach, including:  (a) gastric reconstruction by abdominal mobilisation, thoracotomy or thoracoscopy; and  (b) anastomosis in the neck or chest  One surgeon (H) (Anaes.) (Assist.) | 1,790.65 |
| 30754 | Oesophagectomy, by any approach, including:  (a) gastric reconstruction by abdominal mobilisation, thoracotomy or thoracoscopy; and  (b) anastomosis in the neck or chest  Conjoint surgery, principal surgeon (H) (Anaes.) (Assist.) | 1,790.65 |
| 30755 | Oesophagectomy by any approach, including:  (a) gastric reconstruction by abdominal mobilisation, thoracotomy or thoracoscopy; and  (b) anastomosis in the neck or chest  Conjoint surgery, co‑surgeon (H) (Anaes.) (Assist.) | 1,343.00 |
| 30756 | Antireflux operation by fundoplasty, with or without cardiopexy, by any approach, with or without closure of the diaphragmatic hiatus, other than a service to which item 30601 applies (H) (Anaes.) (Assist.) | 906.65 |
| 30760 | Vagotomy, with or without gastroenterostomy, pyloroplasty or other drainage procedure (H) (Anaes.) (Assist.) | 611.95 |
| 30761 | Bleeding peptic ulcer, control of, by laparoscopy or laparotomy, involving suture of bleeding point or wedge excision (with or without gastric resection), including either of the following (if performed):  (a) vagotomy and pyloroplasty;  (b) gastroenterostomy  (H) (Anaes.) (Assist.) | 789.45 |
| 30762 | Gastrectomy, subtotal or total radical, for carcinoma, by open or minimally invasive approach, including all necessary anastomoses, including either or both of the following (if performed):  (a) extended lymph node dissection;  (b) splenectomy  (H) (Anaes.) (Assist.) | 1,730.05 |
| 30763 | Gastric tumour, 2cm or greater in diameter, removal of, by local excision, by endoscopic approach, including any required anastomosis, excluding polypectomy, other than a service to which item 30518 applies (H) (Anaes.) (Assist.) | 702.70 |
| 30770 | Hydatid cyst of liver, peritoneum or viscus, complete removal of contents of, with or without suture of biliary radicles, with omentoplasty or myeloplasty (H) (Anaes.) (Assist.) | 870.25 |
| 30771 | Portal hypertension, porto‑caval, meso‑caval or selective spleno‑renal shunt for (H) (Anaes.) (Assist.) | 1,755.20 |
| 30780 | Intrahepatic biliary bypass of left or right hepatic ductal system by Roux‑en‑Y loop to peripheral ductal system (H) (Anaes.) (Assist.) | 1,461.85 |
| 30790 | Pancreatic cyst anastomosis to stomach, duodenum or small intestine, by endoscopic, open or minimally invasiveapproach, with or without the use of endoscopic or intraoperative ultrasound (H) (Anaes.) (Assist.) | 729.70 |
| 30791 | Pancreatic necrosectomy, by open, laparoscopic or endoscopic approach, excluding aftercare, subsequent procedure (H) (Anaes.) (Assist.) | 453.35 |
| 30792 | Distal pancreatectomy with splenectomy, by open or minimally invasive approach (H) (Anaes.) (Assist.) | 1,242.65 |
| 30800 | Splenectomy, by open or minimally invasive approach, other than a service to which item 30792 applies (H) (Anaes.) (Assist.) | 749.40 |
| 30810 | Exploration of pancreas or duodenum for endocrine tumour, including associated imaging, either:  (a) followed by local excision of tumour; or  (b) when, after extensive exploration, no tumour is found  (H) (Anaes.) (Assist.) | 1,193.70 |
| 30820 | Lymph node of neck, biopsy of, by open procedure, if the specimen excised is sent for pathological examination (Anaes.) | 191.35 |
| 31000 | Mohs surgery of skin tumour located on the head, neck, genitalia, hand, digits, leg (below knee) or foot, utilising horizontal frozen sections with mapping of all excised tissue, and histological examination of all excised tissue by the specialist performing the procedure, if the specialist is recognised by the Australasian College of Dermatologists as an approved Mohs surgeon—6 or fewer sections (Anaes.) | 604.45 |
| 31001 | Mohs surgery of skin tumour located on the head, neck, genitalia, hand, digits, leg (below knee) or foot, utilising horizontal frozen sections with mapping of all excised tissue, and histological examination of all excised tissue by the specialist performing the procedure, if the specialist is recognised by the Australasian College of Dermatologists as an approved Mohs surgeon—7 to 12 sections (inclusive) (Anaes.) | 755.45 |
| 31002 | Mohs surgery of skin tumour located on the head, neck, genitalia, hand, digits, leg (below knee) or foot, utilising horizontal frozen sections with mapping of all excised tissue, and histological examination of all excised tissue by the specialist performing the procedure, if the specialist is recognised by the Australasian College of Dermatologists as an approved Mohs surgeon—13 or more sections (Anaes.) | 906.65 |
| 31003 | Mohs surgery 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, if the specialist is recognised by the Australasian College of Dermatologists as an approved Mohs surgeon—6 or fewer sections  Not applicable to a service performed in association with a service to which item 31000 applies (Anaes.) | 604.45 |
| 31004 | Mohs surgery 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, if the specialist is recognised by the Australasian College of Dermatologists as an approved Mohs surgeon—7 to 12 sections (inclusive)  Not applicable to a service performed in association with a service to which item 31001 applies (Anaes.) | 755.45 |
| 31005 | Mohs surgery 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, if the specialist is recognised by the Australasian College of Dermatologists as an approved Mohs surgeon—13 or more sections  Not applicable to a service performed in association with a service to which item 31002 applies (Anaes.) | 906.65 |
| 31206 | Tumour, cyst, ulcer or scar (other than a scar removed during the surgical approach at an operation), removal of and suture, if:  (a) the lesion size is not more than 10 mm in diameter; and  (b) the removal is from a mucous membrane by surgical excision (other than by shave excision); and  (c) the specimen excised is sent for histological examination (Anaes.) | 99.35 |
| 31211 | Tumour, cyst, ulcer or scar (other than a scar removed during the surgical approach at an operation), removal of and suture, if:  (a) the lesion size is more than 10 mm, but not more than 20 mm, in diameter; and  (b) the removal is from a mucous membrane by surgical excision (other than by shave excision); and  (c) the specimen excised is sent for histological examination (Anaes.) | 128.10 |
| 31216 | Tumour, cyst, ulcer or scar (other than a scar removed during the surgical approach at an operation), removal of and suture, if:  (a) the lesion size is more than 20 mm in diameter; and  (b) the removal is from a mucous membrane by surgical excision (other than by shave excision); and  (c) the specimen excised is sent for histological examination (Anaes.) | 149.40 |
| 31220 | Tumours (other than viral verrucae (common warts) and seborrheic keratoses), lipomas, cysts, ulcers or scars (other than scars removed during the surgical approach at an operation), removal of 4 to 10 lesions and suture, if:  (a) the size of each lesion is not more than 10 mm in diameter; and  (b) each removal is from cutaneous or subcutaneous tissue by surgical excision (other than by shave excision); and  (c) all of the specimens excised are sent for histological examination  (Anaes.) | 223.25 |
| 31221 | Tumours, cysts, ulcers or scars (other than scars removed during the surgical approach at an operation), removal of 4 to 10 lesions, if:  (a) the size of each lesion is not more than 10 mm in diameter; and  (b) each removal is from a mucous membrane by surgical excision (other than by shave excision); and  (c) each site of excision is closed by suture; and  (d) all of the specimens excised are sent for histological examination (Anaes.) | 223.25 |
| 31225 | Tumours (other than viral verrucae (common warts) and seborrheic keratoses), lipomas, cysts, ulcers or scars (other than scars removed during the surgical approach at an operation), removal of more than 10 lesions, if:  (a) the size of each lesion is not more than 10 mm in diameter; and  (b) each removal is from cutaneous or subcutaneous tissue or mucous membrane by surgical excision (other than by shave excision); and  (c) each site of excision is closed by suture; and  (d) all of the specimens excised are sent for histological examination  (Anaes.) | 396.75 |
| 31245 | Skin and subcutaneous tissue, extensive excision of, in the treatment of suppurative hydradenitis (excision from axilla, groin or natal cleft) or sycosis barbae or nuchae (excision from face or neck) (Anaes.) | 383.90 |
| 31250 | Giant hairy or compound naevus, excision of an area at least 1% of body surface—if the specimen excised is sent for histological confirmation of diagnosis (Anaes.) | 383.90 |
| 31340 | Muscle, bone or cartilage, excision of one or more of, if clinically indicated, and if:  (a) the specimen excised is sent for histological confirmation; and  (b) a malignant tumour of skin covered by item 31000, 31001, 31002, 31003, 31004, 31005, 31356, 31358, 31359, 31361, 31363, 31365, 31367, 31369, 31371, 31372, 31373, 31374, 31375, 31376, 31377, 31378, 31379, 31380, 31381, 31382 or 31383 is excised  (Anaes.) | Amount under clause 5.10.2 |
| 31344 | Lipoma, removal of, by surgical excision or liposuction, if:  (a) the lesion:  (i) is subcutaneous and 150mm or more in diameter; or  (ii) is submuscular, intramuscular or involves dissection of a named nerve or vessel and is 50 mm or more in diameter; and  (b) a specimen of the excised lipoma is sent for histological confirmation of diagnosis  (Anaes.) (Assist.) | 691.90 |
| 31345 | Lipoma, removal of, by surgical excision or liposuction, if:  (a) the lesion is:  (i) subcutaneous and 50 mm or more in diameter but less than 150 mm in diameter; or  (ii) sub‑fascial; and  (b) the specimen excised is sent for histological confirmation of diagnosis  (Anaes.) | 219.50 |
| 31346 | Liposuction (suction assisted lipolysis) to one regional area for contour problems of abdominal, upper arm or thigh fat because of repeated insulin injections, if:  (a) the lesion is subcutaneous; and  (b) the lesion is 50 mm or more in diameter; and  (c) photographic and/or diagnostic imaging evidence demonstrating the need for this service is documented in the patient notes  (Anaes.) | 219.50 |
| 31350 | Benign tumour of soft tissue (other than tumours of skin, cartilage and bone, simple lipomas covered by item 31345 and lipomata), removal of, by surgical excision, on a patient 10 years of age or over, if the specimen excised is sent for histological confirmation of diagnosis, other than a service to which another item in this Group applies (Anaes.) (Assist.) | 450.90 |
| 31355 | Malignant tumour of soft tissue (other than tumours of skin or cartilage and bone), removal of, by surgical excision, if histological proof of malignancy is obtained, other than a service to which another item in this Group applies (Anaes.) (Assist.) | 743.45 |
| 31356 | Malignant skin lesion (other than a malignant skin lesion covered by item 31371, 31372, 31373, 31374, 31375, 31376, 31377, 31378, 31379, 31380, 31381, 31382 or 31383), surgical excision (other than by shave excision) and repair of, if:  (a) the lesion is excised from nose, eyelid, eyebrow, lip, ear, digit or genitalia, or from a contiguous area; and  (b) the necessary excision diameter is less than 6 mm; and  (c) the excised specimen is sent for histological examination; and  (d) malignancy is confirmed from the excised specimen or previous biopsy;  not in association with item 45201 (Anaes.) | 230.30 |
| 31357 | Non‑malignant skin lesion (other than viral verrucae (common warts) and seborrheic keratoses), including a cyst, ulcer or scar (other than a scar removed during the surgical approach at an operation), surgical excision (other than by shave excision) and repair of, if:  (a) the lesion is excised from nose, eyelid, eyebrow, lip, ear, digit or genitalia, or from a contiguous area; and  (b) the necessary excision diameter is less than 6 mm; and  (c) the excised specimen is sent for histological examination;  not in association with item 45201 (Anaes.) | 114.10 |
| 31358 | Malignant skin lesion (other than a malignant skin lesion covered by item 31371, 31372, 31373, 31374, 31375, 31376, 31377, 31378, 31379, 31380, 31381, 31382 or 31383), surgical excision (other than by shave excision) and repair of, if:  (a) the lesion is excised from nose, eyelid, eyebrow, lip, ear, digit or genitalia, or from a contiguous area; and  (b) the necessary excision diameter is 6 mm or more; and  (c) the excised specimen is sent for histological examination; and  (d) malignancy is confirmed from the excised specimen or previous biopsy  (Anaes.) | 281.85 |
| 31359 | Malignant skin lesion (other than a malignant skin lesion covered by item 31371, 31372, 31373, 31374, 31375, 31376, 31377, 31378, 31379, 31380, 31381, 31382 or 31383), surgical excision (other than by shave excision), if:  (a) the lesion is excised from nose, eyelid, eyebrow, lip, ear, digit or genitalia (the applicable site); and  (b) the necessary excision area is at least one third of the surface area of the applicable site; and  (c) the excised specimen is sent for histological examination; and  (d) malignancy is confirmed from the excised specimen or previous biopsy  (H) (Anaes.) | 343.55 |
| 31360 | Non‑malignant skin lesion (other than viral verrucae (common warts) and seborrheic keratoses), including a cyst, ulcer or scar (other than a scar removed during the surgical approach at an operation), surgical excision (other than by shave excision) and repair of, if:  (a) the lesion is excised from nose, eyelid, eyebrow, lip, ear, digit or genitalia, or from a contiguous area; and  (b) the necessary excision diameter is 6 mm or more; and  (c) the excised specimen is sent for histological examination  (Anaes.) | 174.85 |
| 31361 | Malignant skin lesion (other than a malignant skin lesion covered by item 31371, 31372, 31373, 31374, 31375, 31376, 31377, 31378, 31379, 31380, 31381, 31382 or 31383), surgical excision (other than by shave excision) and repair of, if:  (a) the lesion is excised from face, neck, scalp, nipple‑areola complex, distal lower limb (distal to, and including, the knee) or distal upper limb (distal to, and including, the ulnar styloid); and  (b) the necessary excision diameter is less than 14 mm; and  (c) the excised specimen is sent for histological examination; and  (d) malignancy is confirmed from the excised specimen or previous biopsy;  not in association with item 45201 (Anaes.) | 194.30 |
| 31362 | Non‑malignant skin lesion (other than viral verrucae (common warts) and seborrheic keratoses), including a cyst, ulcer or scar (other than a scar removed during the surgical approach at an operation), surgical excision (other than by shave excision) and repair of, if:  (a) the lesion is excised from face, neck, scalp, nipple‑areola complex, distal lower limb (distal to, and including, the knee) or distal upper limb (distal to, and including, the ulnar styloid); and  (b) the necessary excision diameter is less than 14 mm; and  (c) the excised specimen is sent for histological examination;  not in association with item 45201 (Anaes.) | 139.35 |
| 31363 | Malignant skin lesion (other than a malignant skin lesion covered by item 31371, 31372, 31373, 31374, 31375, 31376, 31377, 31378, 31379, 31380, 31381, 31382 or 31383), surgical excision (other than by shave excision) and repair of, if:  (a) the lesion is excised from face, neck, scalp, nipple‑areola complex, distal lower limb (distal to, and including, the knee) or distal upper limb (distal to, and including, the ulnar styloid); and  (b) the necessary excision diameter is 14 mm or more; and  (c) the excised specimen is sent for histological examination; and  (d) malignancy is confirmed from the excised specimen or previous biopsy  (Anaes.) | 254.15 |
| 31364 | Non‑malignant skin lesion (other than viral verrucae (common warts) and seborrheic keratoses), including a cyst, ulcer or scar (other than a scar removed during the surgical approach at an operation), surgical excision (other than by shave excision) and repair of, if:  (a) the lesion is excised from face, neck, scalp, nipple‑areola complex, distal lower limb (distal to, and including, the knee) or distal upper limb (distal to, and including, the ulnar styloid); and  (b) the necessary excision diameter is 14 mm or more; and  (c) the excised specimen is sent for histological examination  (Anaes.) | 174.85 |
| 31365 | Malignant skin lesion (other than a malignant skin lesion covered by item 31369, 31370, 31371, 31372, 31373, 31377, 31378 or 31379), surgical excision (other than by shave excision) and repair of, if:  (a) the lesion is excised from any part of the body not covered by item 31356, 31358, 31359, 31361 or 31363; and  (b) the necessary excision diameter is less than 15 mm; and  (c) the excised specimen is sent for histological examination; and  (d) malignancy is confirmed from the excised specimen or previous biopsy;  not in association with item 45201 (Anaes.) | 164.70 |
| 31366 | Non‑malignant skin lesion (other than viral verrucae (common warts) and seborrheic keratoses), including a cyst, ulcer or scar (other than a scar removed during the surgical approach at an operation), surgical excision (other than by shave excision) and repair of, if:  (a) the lesion is excised from any part of the body not covered by item 31357, 31360, 31362 or 31364; and  (b) the necessary excision diameter is less than 15 mm; and  (c) the excised specimen is sent for histological examination;  not in association with item 45201 (Anaes.) | 99.35 |
| 31367 | Malignant skin lesion (other than a malignant skin lesion covered by item 31371, 31372, 31373, 31374, 31375, 31376, 31377, 31378, 31379, 31380, 31381, 31382 or 31383), surgical excision (other than by shave excision) and repair of, if:  (a) the lesion is excised from any part of the body not covered by item 31356, 31358, 31359, 31361 or 31363; and  (b) the necessary excision diameter is at least 15 mm but not more than 30 mm; and  (c) the excised specimen is sent for histological examination; and  (d) malignancy is confirmed from the excised specimen or previous biopsy;  not in association with item 45201 (Anaes.) | 222.25 |
| 31368 | Non‑malignant skin lesion (other than viral verrucae (common warts) and seborrheic keratoses), including a cyst, ulcer or scar (other than a scar removed during the surgical approach at an operation), surgical excision (other than by shave excision) and repair of, if:  (a) the lesion is excised from any part of the body not covered by item 31357, 31360, 31362 or 31364; and  (b) the necessary excision diameter is at least 15 mm but not more than 30mm; and  (c) the excised specimen is sent for histological examination;  not in association with item 45201 (Anaes.) | 130.60 |
| 31369 | Malignant skin lesion (other than a malignant skin lesion covered by item 31371, 31372, 31373, 31374, 31375, 31376, 31377, 31378, 31379, 31380, 31381, 31382 or 31383), surgical excision (other than by shave excision) and repair of, if:  (a) the lesion is excised from any part of the body not covered by item 31356, 31358, 31359, 31361 or 31363; and  (b) the necessary excision diameter is more than 30 mm; and  (c) the excised specimen is sent for histological examination; and  (d) malignancy is confirmed from the excised specimen or previous biopsy  (Anaes.) | 255.90 |
| 31370 | Non‑malignant skin lesion (other than viral verrucae (common warts) and seborrheic keratoses), including a cyst, ulcer or scar (other than a scar removed during the surgical approach at an operation), surgical excision (other than by shave excision) and repair of, if:  (a) the lesion is excised from any part of the body not covered by item 31357, 31360, 31362 or 31364; and  (b) the necessary excision diameter is more than 30 mm; and  (c) the excised specimen is sent for histological examination  (Anaes.) | 149.40 |
| 31371 | Malignant melanoma, appendageal carcinoma, malignant connective tissue tumour of skin or merkel cell carcinoma of skin, definitive surgical excision (other than by shave excision) and repair of, including excision of the primary tumour bed, if:  (a) the tumour is excised from nose, eyelid, eyebrow, lip, ear, digit or genitalia, or from a contiguous area; and  (b) the necessary excision diameter is 6 mm or more; and  (c) the excised specimen is sent for histological examination; and  (d) malignancy is confirmed from the excised specimen or previous biopsy  (Anaes.) | 371.45 |
| 31372 | Malignant melanoma, appendageal carcinoma, malignant connective tissue tumour of skin or merkel cell carcinoma of skin, definitive surgical excision (other than by shave excision) and repair of, including excision of the primary tumour bed, if:  (a) the tumour is excised from face, neck, scalp, nipple‑areola complex, distal lower limb (distal to, and including, the knee) or distal upper limb (distal to, and including, the ulnar styloid); and  (b) the necessary excision diameter is less than 14 mm; and  (c) the excised specimen is sent for histological examination; and  (d) malignancy is confirmed from the excised specimen or previous biopsy;  not in association with a service to which item 45201 applies (Anaes.) | 321.20 |
| 31373 | Malignant melanoma, appendageal carcinoma, malignant connective tissue tumour of skin or merkel cell carcinoma of skin, definitive surgical excision (other than by shave excision) and repair of, including excision of the primary tumour bed, if:  (a) the tumour is excised from face, neck, scalp, nipple‑areola complex, distal lower limb (distal to, and including, the knee) or distal upper limb (distal to, and including, the ulnar styloid); and  (b) the necessary excision diameter is 14 mm or more; and  (c) the excised specimen is sent for histological examination; and  (d) malignancy is confirmed from the excised specimen or previous biopsy  (Anaes.) | 371.25 |
| 31374 | Malignant melanoma, appendageal carcinoma, malignant connective tissue tumour of skin or merkel cell carcinoma of skin, definitive surgical excision (other than by shave excision) and repair of, including excision of the primary tumour bed, if:  (a) the tumour is excised from any part of the body not covered by item 31371, 31372 or 31373; and  (b) the necessary excision diameter is less than 15 mm; and  (c) the excised specimen is sent for histological examination; and  (d) malignancy is confirmed from the excised specimen or previous biopsy;  not in association with a service to which item 45201 applies (Anaes.) | 293.30 |
| 31375 | Malignant melanoma, appendageal carcinoma, malignant connective tissue tumour of skin or merkel cell carcinoma of skin, definitive surgical excision (other than by shave excision) and repair of, including excision of the primary tumour bed, if:  (a) the tumour is excised from any part of the body not covered by item 31371, 31372 or 31373; and  (b) the necessary excision diameter is at least 15 mm but not more than 30 mm; and  (c) the excised specimen is sent for histological examination; and  (d) malignancy is confirmed from the excised specimen or previous biopsy;  not in association with a service to which item 45201 applies (Anaes.) | 315.65 |
| 31376 | Malignant melanoma, appendageal carcinoma, malignant connective tissue tumour of skin or merkel cell carcinoma of skin, definitive surgical excision (other than by shave excision) and repair of, including excision of the primary tumour bed, if:  (a) the tumour is excised from any part of the body not covered by item 31371, 31372 or 31373; and  (b) the necessary excision diameter is more than 30 mm; and  (c) the excised specimen is sent for histological examination; and  (d) malignancy is confirmed from the excised specimen or previous biopsy  (Anaes.) | 365.85 |
| 31377 | Clinically suspected melanoma, surgical excision (other than by shave excision) and repair of, if:  (a) the lesion is excised from nose, eyelid, eyebrow, lip, ear, digit or genitalia, or from a contiguous area; and  (b) the necessary excision diameter is less than 6 mm; and  (c) the excised specimen is sent for histological examination;  not in association with a service to which item 45201 applies  (Anaes.) | 115.95 |
| 31378 | Clinically suspected melanoma, surgical excision (other than by shave excision) and repair of, if:  (a) the lesion is excised from nose, eyelid, eyebrow, lip, ear, digit or genitalia, or from a contiguous area; and  (b) the necessary excision diameter is 6 mm or more; and  (c) the excised specimen is sent for histological examination  (Anaes.) | 177.65 |
| 31379 | Clinically suspected melanoma, surgical excision (other than by shave excision) and repair of, if:  (a) the lesion is excised from face, neck, scalp, nipple‑areola complex, distal lower limb (distal to, and including, the knee) or distal upper limb (distal to, and including, the ulnar styloid); and  (b) the necessary excision diameter is less than 14 mm; and  (c) the excised specimen is sent for histological examination;  not in association with a service to which item 45201 applies  (Anaes.) | 141.60 |
| 31380 | Clinically suspected melanoma, surgical excision (other than by shave excision) and repair of, if:  (a) the lesion is excised from face, neck, scalp, nipple‑areola complex, distal lower limb (distal to, and including, the knee) or distal upper limb (distal to, and including, the ulnar styloid); and  (b) the necessary excision diameter is 14 mm or more; and  (c) the excised specimen is sent for histological examination  (Anaes.) | 177.65 |
| 31381 | Clinically suspected melanoma, surgical excision (other than by shave excision) and repair of, if:  (a) the lesion is excised from any part of the body not covered by item 31377, 31378, 31379 or 31380; and  (b) the necessary excision diameter is less than 15 mm; and  (c) the excised specimen is sent for histological examination;  not in association with a service to which item 45201 applies  (Anaes.) | 100.95 |
| 31382 | Clinically suspected melanoma, surgical excision (other than by shave excision) and repair of, if:  (a) the lesion is excised from any part of the body not covered by item 31377, 31378, 31379 or 31380; and  (b) the necessary excision diameter is at least 15 mm but not more than 30 mm; and  (c) the excised specimen is sent for histological examination;  not in association with a service to which item 45201 applies  (Anaes.) | 132.70 |
| 31383 | Clinically suspected melanoma, surgical excision (other than by shave excision) and repair of, if:  (a) the lesion is excised from any part of the body not covered by item 31377, 31378, 31379 or 31380; and  (b) the necessary excision diameter is more than 30 mm; and  (c) the excised specimen is sent for histological examination  (Anaes.) | 151.80 |
| 31386 | Malignant skin lesion (other than a malignant skin lesion covered by item 31371, 31372, 31373, 31374, 31375, 31376, 31377, 31378, 31379, 31380, 31381, 31382 or 31383), surgical excision (other than by shave excision) and repair of, if:  (a) the lesion is excised from the head or neck; and  (b) the necessary excision diameter is more than 50 mm; and  (c) the excision involves at least 2 critical areas (eyelid, nose, ear, mouth); and  (d) the excised specimen is sent for histological examination; and  (e) malignancy is confirmed from the excised specimen or previous biopsy; and  (f) the service is not covered by item 31387  (Anaes.) (Assist.) | 782.55 |
| 31387 | Malignant skin lesion (other than a malignant skin lesion covered by item 31371, 31372, 31373, 31374, 31375, 31376, 31377, 31378, 31379, 31380, 31381, 31382 or 31383), surgical excision (other than by shave excision) and repair of, if:  (a) the lesion is excised from the head or neck; and  (b) the necessary excision diameter is more than 70 mm; and  (c) the excised specimen is sent for histological examination; and  (d) malignancy is confirmed from the excised specimen or previous biopsy; and  (e) the service is not covered by item 31386  (Anaes.) (Assist.) | 704.20 |
| 31388 | Malignant skin lesion (other than a malignant skin lesion covered by item 31371, 31372, 31373, 31374, 31375, 31376, 31377, 31378, 31379, 31380, 31381, 31382 or 31383), surgical excision (other than by shave excision) and repair of, if:  (a) the lesion is excised from the trunk or limbs; and  (b) the necessary excision diameter is more than 120 mm; and  (c) the excised specimen is sent for histological examination; and  (d) malignancy is confirmed from the excised specimen or previous biopsy  (Anaes.) (Assist.) | 633.75 |
| 31400 | Malignant upper aerodigestive tract tumour (other than tumour of the lip), excision of, if:  (a) the tumour is not more than 20 mm in diameter; and  (b) histological confirmation of malignancy is obtained  (Anaes.) (Assist.) | 271.65 |
| 31403 | Malignant upper aerodigestive tract tumour (other than tumour of the lip), excision of, if:  (a) the tumour is more than 20 mm but not more than 40 mm in diameter; and  (b) histological confirmation of malignancy is obtained  (H) (Anaes.) (Assist.) | 313.55 |
| 31406 | Malignant upper aerodigestive tract tumour more than 40 mm in diameter (excluding tumour of the lip), excision of, if histological confirmation of malignancy has been obtained (Anaes.) (Assist.) | 522.50 |
| 31409 | Parapharyngeal tumour, excision of, by cervical approach (H) (Anaes.) (Assist.) | 1,623.40 |
| 31412 | Recurrent or persistent parapharyngeal tumour, excision of, by cervical approach (H) (Anaes.) (Assist.) | 1,999.65 |
| 31423 | Lymph nodes of neck, selective dissection of one or 2 lymph node levels involving removal of soft tissue and lymph nodes from one side of the neck, on a patient 10 years of age or over, other than a service associated with a service to which item 30256 or 30275 applies on the same side (Anaes.) (Assist.) | 418.05 |
| 31426 | Lymph nodes of neck, selective dissection of 3 lymph node levels involving removal of soft tissue and lymph nodes from one side of the neck, other than a service associated with a service to which item 30256 or 30275 applies on the same side (H) (Anaes.) (Assist.) | 836.00 |
| 31429 | Lymph nodes of neck, selective dissection of 4 lymph node levels on one side of the neck with preservation of one or more of internal jugular vein, sternocleido‑mastoid muscle or spinal accessory nerve, other than a service associated with a service to which item 30256 or 30275 applies on the same side (H) (Anaes.) (Assist.) | 1,302.85 |
| 31432 | Lymph nodes of neck, bilateral selective dissection of levels I, II and III (bilateral supraomohyoid dissections), other than a service associated with a service to which item 30256 or 30275 applies on the same side (H) (Anaes.) (Assist.) | 1,393.45 |
| 31435 | Lymph nodes of neck, comprehensive dissection of all 5 lymph node levels on one side of the neck, other than a service associated with a service to which item 30256 or 30275 applies on the same side (H) (Anaes.) (Assist.) | 1,024.20 |
| 31438 | Lymph nodes of neck, comprehensive dissection of all 5 lymph node levels on one side of the neck with preservation of one or more of internal jugular vein, sternocleido‑mastoid muscle, or spinal accessory nerve, other than a service associated with a service to which item 30256 or 30275 applies on the same side (H) (Anaes.) (Assist.) | 1,623.40 |
| 31454 | Laparoscopy or laparotomy with drainage of bile, as an independent procedure (H) (Anaes.) (Assist.) | 586.15 |
| 31456 | Gastroscopy and insertion of nasogastric or nasoenteral feeding tube, if blind insertion of the feeding tube has failed or is inappropriate due to the patient’s medical condition (H) (Anaes.) | 255.55 |
| 31458 | Gastroscopy and insertion of nasogastric or nasoenteral feeding tube if:  (a) blind insertion of the feeding tube has failed or is inappropriate due to the patient’s medical condition; and  (b) the use of imaging intensification is clinically indicated  (H) (Anaes.) | 306.60 |
| 31460 | Percutaneous gastrostomy tube, jejunal extension to, including any associated imaging services (H) (Anaes.) (Assist.) | 371.45 |
| 31462 | Operative feeding jejunostomy performed in conjunction with major upper gastro‑intestinal resection (H) (Anaes.) (Assist.) | 542.40 |
| 31466 | Antireflux operation by fundoplasty, via abdominal or thoracic approach, with or without closure of the diaphragmatic hiatus, revision procedure, by laparoscopy or open operation (H) (Anaes.) (Assist.) | 1,359.90 |
| 31468 | Para‑oesophageal hiatus hernia, repair of, with complete reduction of hernia, resection of sac and repair of hiatus, with or without fundoplication, other than a service associated with a service to which item 30756 or 31466 applies (H) (Anaes.) (Assist.) | 1,494.05 |
| 31472 | Cholecystoduodenostomy, cholecystoenterostomy, choledochojejunostomy or Roux‑en‑y loop to provide biliary drainage or bypass, other thana service associated with a service to which item 30584 applies (H) (Anaes.) (Assist.) | 1,399.80 |
| 31500 | Breast, benign lesion up to and including 50 mm in diameter, including simple cyst, fibroadenoma or fibrocystic disease, open surgical biopsy or excision of, with or without frozen section histology (Anaes.) | 270.55 |
| 31503 | Breast, benign lesion more than 50 mm in diameter, excision of (Anaes.) (Assist.) | 360.80 |
| 31506 | Breast, abnormality detected by mammography or ultrasound, if guidewire or other localisation procedure is performed, excision biopsy of (H) (Anaes.) (Assist.) | 405.90 |
| 31509 | Breast, malignant tumour, open surgical biopsy of, with or without frozen section histology (Anaes.) | 360.80 |
| 31512 | Breast, malignant tumour, complete local excision of, with or without frozen section histology, other than a service associated with a service to which:  (a) item 45523 or 45558 applies; and  (b) item 31513, 31514, 45520, 45522 or 45556 applies on the same side (if performed by the same medical practitioner)  (H) (Anaes.) (Assist.) | 676.50 |
| 31513 | Breast, malignant tumour, complete local excision of, with simultaneous reshaping of the breast parenchyma using techniques such as round block or rotation flaps, other than a service associated with a service to which:  (a) item 45523 or 45558 applies; and  (b) item 31512, 31514, 45520, 45522 or 45556 applies on the same side  (H) (Anaes.) (Assist.) | 930.95 |
| 31514 | Breast, malignant tumour, complete local excision of, with simultaneous ipsilateral pedicled breast reduction, including repositioning of the nipple, other than a service associated with a service to which:  (a) item 45523 or 45558 applies; and  (b) item 31512, 31513, 45520, 45522 or 45556 applies on the same side  (H) (Anaes.) (Assist.) | 1,342.20 |
| 31515 | Breast, tumour site, re‑excision of, following open biopsy or incomplete excision of malignant tumour (H) (Anaes.) (Assist.) | 453.85 |
| 31516 | Breast, malignant tumour, complete local excision of, with or without frozen section histology when targeted intraoperative radiation therapy (using an Intrabeam® or Xoft® Axxent® device) is performed concurrently, if the patient satisfies the requirements mentioned in paragraphs (a) to (g) of item 15900  Applicable only once per breast per lifetime (H) (Anaes.) (Assist.) | 902.10 |
| 31519 | Total mastectomy (unilateral) (H) (Anaes.) (Assist.) | 765.90 |
| 31520 | Total mastectomy (bilateral) (H) (Anaes.) (Assist.) | 1,410.75 |
| 31522 | Skin sparing mastectomy (unilateral) (H) (Anaes.) (Assist.) | 1,139.30 |
| 31523 | Skin sparing mastectomy (bilateral) (H) (Anaes.) (Assist.) | 1,993.85 |
| 31525 | Mastectomy for gynaecomastia (unilateral), with or without liposuction (suction assisted lipolysis), if:  (a) breast enlargement is not due to obesity and is not proportionate to body habitus; and  (b) sufficient photographic evidence demonstrating the clinical need for the service is included in patient notes;  not being a service associated with a service to which item 45585 applies (H) (Anaes.) (Assist.) | 541.05 |
| 31526 | Mastectomy for gynaecomastia (bilateral), with or without liposuction (suction assisted lipolysis), if:  (a) breast enlargement is not due to obesity and is not proportionate to body habitus; and  (b) sufficient photographic evidence demonstrating the clinical need for the service is included in patient notes;  not being a service associated with a service to which item 45585 applies (H) (Anaes.) (Assist.) | 996.65 |
| 31528 | Nipple sparing mastectomy (unilateral) (H) (Anaes.) (Assist.) | 1,139.30 |
| 31529 | Nipple sparing mastectomy (bilateral) (H) (Anaes.) (Assist.) | 1,993.85 |
| 31530 | Breast, biopsy of solid tumour or tissue of, using a vacuum‑assisted breast biopsy device under imaging guidance, for histological examination, if imaging has demonstrated:  (a) microcalcification of lesion; or  (b) impalpable lesion less than one cm in diameter;  including pre‑operative localisation of lesion, if performed, other than a service associated with a service to which item 31548 applies | 619.85 |
| 31533 | Fine needle aspiration of an impalpable breast lesion detected by mammography or ultrasound, imaging guided—but not including imaging (Anaes.) | 143.50 |
| 31536 | Breast, preoperative localisation of lesion of, by hookwire or similar device, using interventional imaging techniques, but not including imaging (Anaes.) | 197.10 |
| 31548 | Breast, biopsy of solid tumour or tissue of, using mechanical biopsy device, for histological examination, other than a service associated with a service to which item 31530 applies (Anaes.) | 208.10 |
| 31551 | Breast, haematoma, seroma or inflammatory condition including abscess, granulomatous mastitis or similar, exploration and drainage of, when performed in the operating theatre of a hospital, excluding after‑care (H) (Anaes.) | 225.50 |
| 31554 | Breast, microdochotomy of, for benign or malignant condition (H) (Anaes.) (Assist.) | 451.05 |
| 31557 | Breast central ducts, excision of, for benign condition (Anaes.) (Assist.) | 360.80 |
| 31560 | Accessory breast tissue, excision of (Anaes.) (Assist.) | 360.80 |
| 31563 | Inverted nipple, surgical eversion of, with or without flap repair, if the nipple cannot readily be everted manually (Anaes.) | 270.25 |
| 31566 | Accessory nipple, excision of (Anaes.) | 135.25 |
| 31569 | Adjustable gastric band, placement of, with or without crural repair taking 45 minutes or less, for a patient with clinically severe obesity (H) (Anaes.) (Assist.) | 884.00 |
| 31572 | Gastric bypass by Roux‑en‑Y loop including associated anastomoses, with or without crural repair taking 45 minutes or less, for a patient with clinically severe obesity not being associated with a service to which item 30515 applies (H) (Anaes.) (Assist.) | 1,087.80 |
| 31575 | Sleeve gastrectomy, with or without crural repair taking 45 minutes or less, for a patient with clinically severe obesity (H) (Anaes.) (Assist.) | 884.00 |
| 31578 | Gastroplasty (excluding by gastric plication), with or without crural repair taking 45 minutes or less, for a patient with clinically severe obesity (H) (Anaes.) (Assist.) | 884.00 |
| 31581 | Gastric bypass by biliopancreatic diversion with or without duodenal switch including gastric restriction and anastomoses, with or without crural repair taking 45 minutes or less, for a patient with clinically severe obesity (H) (Anaes.) (Assist.) | 1,087.80 |
| 31584 | Surgical reversal of previous bariatric procedure, including revision or conversion, if:  (a) the previous procedure involved any of the following:  (i) placement of adjustable gastric banding;  (ii) gastric bypass;  (iii) sleeve gastrectomy;  (iv) gastroplasty (excluding gastric plication);  (v) biliopancreatic diversion; and  (b) any of items 31569 to 31581 applied to the previous procedure;  other than a service associated with a service to which item 31585 applies (H) (Anaes.) (Assist.) | 1,601.50 |
| 31585 | Removal of adjustable gastric band (H) (Anaes.) (Assist.) | 865.85 |
| 31587 | Adjustment of gastric band as an independent procedure including any associated consultation | 101.90 |
| 31590 | Adjustment of gastric band reservoir, repair, revision or replacement of (Anaes.) (Assist.) | 261.95 |

Subdivision B—Subgroups 2 and 3 of Group T8

5.10.10 Meaning of foreign body in items 35360 to 35363

In items 35360 to 35363:

***foreign body*** does not include an instrument inserted for the purpose of a service being rendered.

5.10.11 Application of items 32084 and 32087

If a service to which item 32084 or 32087 applies is provided by a practitioner to a patient on more than one occasion on a day, the second service is taken to be a separate service for the purposes of the item if the second service is provided under a second episode of anaesthesia or other sedation.

5.10.12 Restrictions on items 32500 to 32517 and 35321—methods of providing services

Items 32500 to 32517 and 35321 do not apply to the services described in those items if the services are delivered by:

(a) endovenous laser treatment; or

(b) radiofrequency diathermy; or

(c) radiofrequency ablation for varicose veins.

5.10.13 Restrictions on items 35404, 35406 and 35408

Restriction connected with chemotherapy using certain drugs

(1) Items 35404, 35406 and 35408 do not apply to selective internal radiation therapy provided in combination with systemic chemotherapy using any drugs other than 5 fluorouracil (5FU) and leucovorin.

Restriction on provider of service in item 35404

(2) Item 35404 applies only to a service provided by a medical practitioner recognised as a specialist, or consultant physician, in the specialty of nuclear medicine or radiation oncology for the purposes of the Act.

5.10.15 Meaning of eligible stroke centre

In this Schedule:

***eligible stroke centre*** means a facility that:

(a) has a designated stroke unit; and

(b) is equipped and has staff available or on call so that it is capable of providing all of the following to a patient on a 24‑hour basis:

(i) the services of a specialist or consultant physician who has the training required under paragraph (b) of item 35414;

(ii) diagnostic imaging services using advanced imaging techniques, including computed tomography, computed tomography angiography, digital subtraction angiography, magnetic resonance imaging and magnetic resonance angiography;

(iii) care from a team of health practitioners including a stroke physician, a neurologist, a neurosurgeon, a radiologist, an anaesthetist, an intensive care unit specialist, a medical imaging technologist and a nurse; and

(c) has dedicated endovascular angiography facilities; and

(d) has written procedures for assessing and treating patients who have, or may have, experienced a stroke.

Note: A health practitioner may fulfil the role of more than one of the types of health practitioner specified in paragraph (b)(iii). For example, a neurologist may also be a stroke physician.

5.10.16 Items in Subgroups 2 and 3 of Group T8

This clause sets out items in Subgroups 2 and 3 of Group T8.

Note: The fees in Group T8 are indexed in accordance with clause 1.3.1.

| Group T8—Surgical operations | | |
| --- | --- | --- |
| Column 1  Item | Column 2  Description | Column 3  Fee ($) |
| Subgroup 2—Colorectal | | |
| 32000 | Large intestine, resection of, without anastomosis, including right hemicolectomy (including formation of stoma) (H) (Anaes.) (Assist.) | 1,073.10 |
| 32003 | Large intestine, resection of, with anastomosis, including right hemicolectomy (H) (Anaes.) (Assist.) | 1,122.50 |
| 32004 | Large intestine, sub‑total colectomy (resection of right colon, transverse colon and splenic flexure) without anastomosis, other than a service associated with a service to which item 32000, 32003, 32005, 32006 or 32030 applies (H) (Anaes.) (Assist.) | 1,197.00 |
| 32005 | Large intestine, sub‑total colectomy (resection of right colon, transverse colon and splenic flexure) with anastomosis, other than a service associated with a service to which item 32000, 32003, 32004, 32006 or 32030 applies (H) (Anaes.) (Assist.) | 1,352.20 |
| 32006 | Left hemicolectomy, including the descending and sigmoid colon (including formation of stoma), other than a service associated with a service to which item 32024, 32025, 32026 or 32028 applies (H) (Anaes.) (Assist.) | 1,197.00 |
| 32009 | Total colectomy and ileostomy (H) (Anaes.) (Assist.) | 1,419.90 |
| 32012 | Total colectomy and ileo‑rectal anastomosis (H) (Anaes.) (Assist.) | 1,568.45 |
| 32015 | Total colectomy with excision of rectum and ileostomy—one surgeon (H) (Anaes.) (Assist.) | 1,927.60 |
| 32018 | Total colectomy with excision of rectum and ileostomy, combined synchronous operation—abdominal resection (including after‑care) (H) (Anaes.) (Assist.) | 1,634.55 |
| 32021 | Total colectomy with excision of rectum and ileostomy, combined synchronous operation—perineal resection (H) (Assist.) | 586.15 |
| 32023 | Endoscopic insertion of stent or stents for large bowel obstruction, stricture or stenosis, including colonoscopy and any image intensification, if the obstruction is due to:  (a) a pre‑diagnosed colorectal cancer, or cancer of an organ adjacent to the bowel; or  (b) an unknown diagnosis (H) (Anaes.) | 577.85 |
| 32024 | Rectum, high restorative anterior resection with intraperitoneal anastomosis (of the rectum) greater than 10 cm from the anal verge—excluding resection of sigmoid colon alone, other than a service associated with a service to which item 32000, 32030, 32106 or 32232 applies (H) (Anaes.) (Assist.) | 1,419.90 |
| 32025 | Rectum, low restorative anterior resection with extraperitoneal anastomosis (of the rectum) less than 10 cm from the anal verge, with or without covering stoma, other than a service associated with a service to which item 32000, 32030, 32106 or 32232 applies (H) (Anaes.) (Assist.) | 1,899.25 |
| 32026 | Rectum, ultra‑low restorative resection, with or without covering stoma and with or without colonic reservoir, if the anastomosis is sited in the anorectal region and is 6 cm or less from the anal verge, not being a service associated with a service to which item 32000, 32030, 32106, 32117 or 32232 applies (H) (Anaes.) (Assist.) | 2,238.45 |
| 32028 | Rectum, low or ultra‑low restorative resection, with per anal sutured coloanal anastomosis, with or without covering stoma and with or without colonic reservoir, not being a service associated with a service to which item 32000, 32030, 32106, 32117 or 32232 applies (H) (Anaes.) (Assist.) | 2,377.80 |
| 32030 | Rectosigmoidectomy, including formation of stoma (H) (Anaes.) (Assist.) | 1,073.10 |
| 32033 | Restoration of bowel continuity following rectosigmoidectomy or similar operation, including dismantling of the stoma (H) (Anaes.) (Assist.) | 1,568.45 |
| 32036 | Sacrococcygeal and presacral tumour—excision of (H) (Anaes.) (Assist.) | 1,989.30 |
| 32039 | Rectum and anus, abdomino‑perineal resection of—one surgeon (H) (Anaes.) (Assist.) | 1,597.25 |
| 32042 | Rectum and anus, abdomino‑perineal resection of, combined synchronous operation, abdominal resection (H) (Anaes.) (Assist.) | 1,345.55 |
| 32045 | Rectum and anus, abdomino‑perineal resection of, combined synchronous operation—perineal resection (H) (Assist.) | 503.60 |
| 32046 | Rectum and anus, abdomino‑perineal resection of, combined synchronous operation—perineal resection if the perineal surgeon also provides assistance to the abdominal surgeon (H) (Assist.) | 778.20 |
| 32047 | Perineal proctectomy (H) (Anaes.) (Assist.) | 906.65 |
| 32051 | Total colectomy with excision of rectum and ileoanal anastomosis with formation of ileal reservoir, with or without creation of temporary ileostomy—one surgeon (H) (Anaes.) (Assist.) | 2,410.45 |
| 32054 | Total colectomy with excision of rectum and ileoanal anastomosis with formation of ileal reservoir, with or without creation of temporary ileostomy—conjoint surgery, abdominal surgeon (including after‑care) (H) (Anaes.) (Assist.) | 2,212.35 |
| 32057 | Total colectomy with excision of rectum and ileoanal anastomosis with formation of ileal reservoir—conjoint surgery, perineal surgeon (H) (Assist.) | 586.15 |
| 32060 | Restorative proctectomy, involving rectal resection with formation of ileal reservoir and ileoanal anastomosis, including ileostomy mobilisation, with or without mucosectomy or temporary loop ileostomy, 1 surgeon (H) (Anaes.) (Assist.) | 2,410.45 |
| 32063 | Ileostomy closure with rectal resection and mucosectomy and ileoanal anastomosis with formation of ileal reservoir, with or without temporary loop ileostomy—conjoint surgery, abdominal surgeon (including after‑care) (H) (Anaes.) (Assist.) | 2,212.35 |
| 32066 | Ileostomy closure with rectal resection and mucosectomy and ileoanal anastomosis with formation of ileal reservoir, with or without temporary loop ileostomy—conjoint surgery, perineal surgeon (H) (Assist.) | 586.15 |
| 32069 | Ileostomy reservoir, continent type, creation of, including conversion of existing ileostomy, if appropriate (H) (Anaes.) | 1,783.05 |
| 32072 | Sigmoidoscopic examination (with rigid sigmoidoscope), with or without biopsy | 49.80 |
| 32075 | Sigmoidoscopic examination (with rigid sigmoidoscope), under general anaesthesia, with or without biopsy, other than a service associated with a service to which another item in this Group applies (Anaes.) | 78.10 |
| 32084 | Sigmoidoscopy or colonoscopy up to the hepatic flexure, with or without biopsy, other than a service associated with a service to which any of items 32222 to 32228 applies (Anaes.) | 115.90 |
| 32087 | Endoscopic examination of the colon up to the hepatic flexure by sigmoidoscopy or colonoscopy for the removal of one or more polyps, other than a service associated with a service to which any of items 32222 to 32228 applies (Anaes.) | 213.00 |
| 32094 | Endoscopic dilatation of colorectal strictures including colonoscopy (H) (Anaes.) | 574.20 |
| 32095 | Endoscopic examination of small bowel with flexible endoscope passed by stoma, with or without biopsies (Anaes.) | 133.00 |
| 32096 | Rectal biopsy, full thickness, to diagnose or exclude Hirschsprung’s Disease, under general anaesthesia, or under epidural or spinal (intrathecal) nerve block (H) (Anaes.) (Assist.) | 267.35 |
| 32105 | Anorectal carcinoma—per anal full thickness excision of (Anaes.) (Assist.) | 503.60 |
| 32106 | Anterolateral intraperitoneal rectal tumour, per anal excision of, using rectoscopy digital viewing system and pneumorectum, if:  (a) clinically appropriate; and  (b) removal requires dissection within the peritoneal cavity;  excluding use of a colonoscope as the operating platform and not being a service associated with a service to which item 32024, 32025 or 32232 applies (Anaes.) (Assist.) | 1,419.90 |
| 32108 | Rectal tumour, trans‑sphincteric excision of (Kraske or similar operation) (H) (Anaes.) (Assist.) | 1,040.20 |
| 32117 | Rectal prolapse, abdominal rectopexy of, excluding ventral mesh rectopexy, not being a service associated with a service to which item 32025 or 32026 applies (H) (Anaes.) (Assist.) | 1,375.80 |
| 32123 | Anal stricture, anoplasty for (Anaes.) (Assist.) | 346.75 |
| 32129 | Anal sphincter repair (H) (Anaes.) (Assist.) | 660.40 |
| 32131 | Rectocele, transanal repair of rectocele (H) (Anaes.) (Assist.) | 555.25 |
| 32135 | Treatment of haemorrhoids or rectal prolapse, including rubber band ligation or sclerotherapy for, not being a service to which item 32139 applies (Anaes.) | 70.30 |
| 32139 | Operative treatment of haemorrhoids involving third‑degree or fourth‑degree haemorrhoids, including excision of anal skin tags when performed, not being a service associated with a service to which item 32135 or 32233 applies (H) (Anaes.) (Assist.) | 382.65 |
| 32147 | Perianal thrombosis, incision of (Anaes.) | 46.90 |
| 32150 | Operation for anal fissure, including excision, injection of Botulinum toxin or sphincterotomy, excluding dilatation (Anaes.) (Assist.) | 267.35 |
| 32156 | Anal fistula, subcutaneous, excision of (Anaes.) | 137.05 |
| 32159 | Anal fistula, treatment of, by excision or by insertion of a Seton, or by a combination of both procedures, involving the lower half of the anal sphincter mechanism (H) (Anaes.) (Assist.) | 346.75 |
| 32162 | Anal fistula, treatment of, by excision or by insertion of a Seton, or by a combination of both procedures, involving the upper half of the anal sphincter mechanism (H) (Anaes.) (Assist.) | 503.60 |
| 32165 | Operative treatment of ~~a~~nal fistula, repair by mucosal advancement flap, including ligation of inter‑sphincteric fistula tract (LIFT) or other complex sphincter sparing surgery (Anaes.) (Assist.) | 660.40 |
| 32166 | Anal fistula—readjustment of Seton (Anaes.) | 214.55 |
| 32171 | Anorectal examination, with or without biopsy, under general anaesthetic, with or without faecal disimpaction, other than a service associated with a service to which another item in this Group applies (H) (Anaes.) | 92.35 |
| 32174 | Intra‑anal, perianal or ischio‑rectal abscess, drainage of (excluding after‑care) (Anaes.) | 92.35 |
| 32175 | Intra‑anal, perianal or ischio‑rectal abscess, draining of, performed in the operating theatre of a hospital (excluding after‑care) (H) (Anaes.) | 169.25 |
| 32183 | Intestinal sling procedure before radiotherapy (H) (Anaes.) (Assist.) | 584.40 |
| 32186 | Colonic lavage, total, intra‑operative (H) (Anaes.) (Assist.) | 584.40 |
| 32212 | Ano‑rectal application of formalin in the treatment of radiation proctitis, if performed in the operating theatre of a hospital, excluding after‑care (H) (Anaes.) | 141.80 |
| 32213 | Sacral nerve lead or leads, placement of, percutaneous or open, including intraoperative test stimulation and programming, for the management of faecal incontinence (H) (Anaes.) | 687.75 |
| 32215 | Sacral nerve electrode or electrodes, management, adjustment and electronic programming of the neurostimulator by a medical practitioner, to manage faecal incontinence, not being a service associated with a service to which item 32213, 32216, 32218 or 32237 applies  Applicable once per day for the same patient by the same practitioner | 130.45 |
| 32216 | Sacral nerve lead or leads, inserted for the management of faecal incontinence in a patient with faecal incontinence refractory to conservative non‑surgical treatment, either:  (a) percutaneous surgical repositioning of the lead or leads, using fluoroscopic guidance; or  (b) open surgical repositioning of the lead or leads;  to correct displacement or unsatisfactory positioning (including intraoperative test stimulation), not being a service associated with a service to which item 32213 applies (H) (Anaes.) | 617.60 |
| 32218 | Sacral nerve lead or leads, removal (H) (Anaes.) | 162.65 |
| 32222 | Endoscopic examination of the colon to the caecum by colonoscopy, for a patient:  (a) following a positive faecal occult blood test; or  (b) who has symptoms consistent with pathology of the colonic mucosa; or  (c) who has anaemia or iron deficiency; or  (d) for whom diagnostic imaging has shown an abnormality of the colon; or  (e) who is undergoing the first examination following surgery for colorectal cancer; or  (f) who is undergoing pre‑operative evaluation; or  (g) for whom a repeat colonoscopy is required due to inadequate bowel preparation for the patient’s previous colonoscopy; or  (h) for the management of inflammatory bowel disease  Applicable only once on a day under a single episode of anaesthesia or other sedation (Anaes.) | 347.90 |
| 32223 | Endoscopic examination of the colon to the caecum by colonoscopy, for a patient:  (a) who has had a colonoscopy that revealed:  (i) 1 to 4 adenomas, each of which was less than 10 mm in diameter, had no villous features and had no high grade dysplasia; or  (ii) 1 or 2 sessile serrated lesions, each of which was less than 10 mm in diameter, and without dysplasia; or  (b) who has a moderate risk of colorectal cancer due to family history; or  (c) who has a history of colorectal cancer and has had an initial post‑operative colonoscopy that did not reveal any adenomas or colorectal cancer  Applicable only once in any 5‑year period (Anaes.) | 347.90 |
| 32224 | Endoscopic examination of the colon to the caecum by colonoscopy, for a patient who has a moderate risk of colorectal cancer due to:  (a) a history of adenomas, including an adenoma that:  (i) was 10 mm or greater in diameter; or  (ii) had villous features; or  (iii) had high grade dysplasia; or  (b) having had a previous colonoscopy that revealed:  (i) 5 to 9 adenomas, each of which was less than 10 mm in diameter, had no villous features and had no high grade dysplasia; or  (ii) 1 or 2 sessile serrated lesions, each of which was 10 mm or greater in diameter or had dysplasia; or  (iii) a hyperplastic polyp that was 10 mm or greater in diameter; or  (iv) 3 or more sessile serrated lesions, each of which was less than 10 mm in diameter and had no dysplasia; or  (v) 1 or 2 traditional serrated adenomas, of any size  Applicable only once in any 3 year period (Anaes.) | 347.90 |
| 32225 | Endoscopic examination of the colon to the caecum by colonoscopy, for a patient who has a high risk of colorectal cancer due to having had a previous colonoscopy that:  (a) revealed 10 or more adenomas; or  (b) included a piecemeal, or possibly incomplete, excision of a large, sessile polyp  Applicable not more than 4 times in any 12‑month period (Anaes.) | 347.90 |
| 32226 | Endoscopic examination of the colon to the caecum by colonoscopy, for a patient who has a high risk of colorectal cancer due to:  (a) having either:  (i) a known or suspected familial condition, such as familial adenomatous polyposis, Lynch syndrome or serrated polyposis syndrome; or  (ii) a genetic mutation associated with hereditary colorectal cancer; or  (b) having had a previous colonoscopy that revealed:  (i) 5 or more sessile serrated lesions, each of which was less than 10 mm in diameter and had no dysplasia; or  (ii) 3 or more sessile serrated lesions, 1 or more of which was 10 mm or greater in diameter or had dysplasia; or  (iii) 3 or more traditional serrated adenomas, of any size  Applicable only once in any 12 month period (Anaes.) | 347.90 |
| 32227 | Endoscopic examination of the colon to the caecum by colonoscopy:  (a) for the treatment of bleeding, including one or more of the following:  (i) radiation proctitis;  (ii) angioectasia;  (iii) post‑polypectomy bleeding; or  (b) for the treatment of colonic strictures with balloon dilatation  Applicable only once on a day under a single episode of anaesthesia or other sedation (Anaes.) | 488.20 |
| 32228 | Endoscopic examination of the colon to the caecum by colonoscopy, other than a service to which item 32222, 32223, 32224, 32225 or 32226 applies  Applicable only once (Anaes.) | 347.90 |
| 32229 | Removal of one or more polyps during colonoscopy, in association with a service to which item 32222, 32223, 32224, 32225, 32226 or 32228 applies (Anaes.) | 280.60 |
| 32230 | Endoscopic mucosal resection using electrocautery of a non‑invasive sessile or flat superficial colorectal neoplasm which is at least 25mm in diameter, if the service is:  (a) provided by a specialist gastroenterologist or surgical endoscopist; and  (b) supported by photographic evidence to confirm the size of the polyp in situ, and  (c) performed within 6 months after a service to which item 32222, 32223, 32224, 32225, 32226 or 32228 applies has been performed  Applicable only once per polyp (H) (Anaes.) | 695.25 |
| 32231 | Rectal tumour, per anal excision of (H) (Anaes.) (Assist.) | 365.00 |
| 32232 | Rectal tumour, per anal excision of, using a rectoscopy digital viewing system and pneumorectum if clinically appropriate and excluding use of a colonoscope as the operating platform, not being a service associated with a service to which item 32024, 32025 or 32106 applies (H) (Anaes.) (Assist.) | 989.55 |
| 32233 | Perineal repair of rectal prolapse, not being a service associated with a service to which item 32139 applies (H) (Anaes.) (Assist.) | 702.80 |
| 32234 | Rectal stricture, treatment of (H) (Anaes.) | 139.00 |
| 32235 | Anal skin tags or anal polyps, excision of one or more of (Anaes.) | 134.15 |
| 32236 | Anal warts, removal of, under general anaesthesia, or under regional or field nerve block (excluding pudendal block), not being a service associated with a service to which item 35507 or 35508 applies (H) (Anaes.) | 190.85 |
| 32237 | Neurostimulator or receiver, subcutaneous placement of, replacement of, or removal of, including programming and placement and connection of an extension wire or wires to sacral nerve electrode(s), for the management of faecal incontinence (H) (Anaes.) (Assist.) | 309.50 |
| Subgroup 3—Vascular | | |
| 32500 | Varicose veins, multiple injections of sclerosant using continuous compression techniques, including associated consultation, one or both legs, if:  (a) proximal reflux of 0.5 seconds or longer has been demonstrated; and  (b) the service is not for cosmetic purposes; and  (c) the service is not associated with:  (i) any other varicose vein operation on the same leg (excluding aftercare); or  (ii) a service on the same leg (excluding aftercare) to which any of the following items apply:  (A) 35200;  (B) 59970 to 60078;  (C) 60500 to 60509;  (D) 61109  Applicable to a maximum of 6 treatments in a 12 month period (Anaes.) | 114.20 |
| 32504 | Varicose veins, multiple excision of tributaries, with or without division of one or more perforating veins—one leg—other than a service associated with a service to which item 32507, 32508, 32511, 32514 or 32517 applies in relation to the same leg (Anaes.) | 278.55 |
| 32507 | Varicose veins, sub‑fascial ligation of one or more incompetent perforating veins in one leg of a patient, if the service:  (a) is performed by open surgical technique (not including endoscopic ligation) and the patient has significant signs or symptoms (including one or more of the following signs or symptoms) attributable to venous reflux:  (i) ache;  (ii) pain;  (iii) tightness;  (iv) skin irritation;  (v) heaviness;  (vi) muscle cramps;  (vii) limb swelling;  (viii) discolouration;  (ix) discomfort;  (x) any other signs or symptoms attributable to venous dysfunction; and  (b) is not associated with:  (i) any other varicose vein operation on the same leg; or  (ii) a service (on the same leg) to which item 35200, 60072, 60075 or 60078 applies  (H) (Anaes.) (Assist.) | 555.25 |
| 32508 | Varicose veins, complete dissection at the sapheno‑femoral or sapheno‑popliteal junction, with or without either ligation or stripping, or both, of the great or small saphenous veins in one leg of a patient, for the first time on the same leg, including excision or injection of either tributaries or incompetent perforating veins, or both, if the patient has significant signs or symptoms (including one or more of the following signs or symptoms) attributable to venous reflux:  (a) ache;  (b) pain;  (c) tightness;  (d) skin irritation;  (e) heaviness;  (f) muscle cramps;  (g) limb swelling;  (h) discolouration;  (i) discomfort;  (j) any other signs or symptoms attributable to venous dysfunction  (H) (Anaes.) (Assist.) | 555.25 |
| 32511 | Varicose veins, complete dissection at the sapheno‑femoral and sapheno‑popliteal junction, with or without either ligation or stripping, or both, of the great or small saphenous veins in one leg of a patient, for the first time on the same leg, including excision or injection of either tributaries or incompetent perforating veins, or both, if the patient has significant signs or symptoms (including one or more of the following signs or symptoms) attributable to venous reflux:  (a) ache;  (b) pain;  (c) tightness;  (d) skin irritation;  (e) heaviness;  (f) muscle cramps;  (g) limb swelling;  (h) discolouration;  (i) discomfort;  (j) any other signs or symptoms attributable to venous dysfunction  (H) (Anaes.) (Assist.) | 825.45 |
| 32514 | Varicose veins, ligation of the great or small saphenous vein in the same leg of a patient, with or without stripping, by re‑operation for recurrent veins in the same territory—one leg—including excision or injection of either tributaries or incompetent perforating veins, or both, if the patient has significant signs or symptoms (including one or more of the following signs or symptoms) attributable to venous reflux:  (a) ache;  (b) pain;  (c) tightness;  (d) skin irritation;  (e) heaviness;  (f) muscle cramps;  (g) limb swelling;  (h) discolouration;  (i) discomfort;  (j) any other signs or symptoms attributable to venous dysfunction  (H) (Anaes.) (Assist.) | 964.35 |
| 32517 | Varicose veins, ligation of the great and small saphenous vein in the same leg of a patient, with or without stripping, by re‑operation for recurrent veins in either territory—one leg—including excision or injection of either tributaries or incompetent perforating veins, or both, if the patient has significant signs or symptoms (including one or more of the following signs or symptoms) attributable to venous reflux:  (a) ache;  (b) pain;  (c) tightness;  (d) skin irritation;  (e) heaviness;  (f) muscle cramps;  (g) limb swelling;  (h) discolouration;  (i) discomfort;  (j) any other signs or symptoms attributable to venous dysfunction  (H) (Anaes.) (Assist.) | 1,241.80 |
| 32520 | Varicose veins, abolition of venous reflux by occlusion of a primary or recurrent great or small saphenous vein (and major tributaries of saphenous veins as necessary) in one leg of a patient, using a laser probe introduced by an endovenous catheter, if all of the following apply:  (a) it is documented by duplex ultrasound that the great or small saphenous vein (whichever is to be treated) of the patient demonstrates reflux of 0.5 seconds or longer;  (b) the patient has significant signs or symptoms (including one or more of the following signs or symptoms) attributable to venous reflux:  (i) ache;  (ii) pain;  (iii) tightness;  (iv) skin irritation;  (v) heaviness;  (vi) muscle cramps;  (vii) limb swelling;  (viii) discolouration;  (ix) discomfort;  (x) any other signs or symptoms attributable to venous dysfunction;  (c) the service does not include radiofrequency diathermy, radiofrequency ablation or cyanoacrylate adhesive;  (d) the service is not associated with a service (on the same leg) to which any of the following items apply:  (i) 32500 to 32507;  (ii) 35200;  (iii) 59970 to 60021;  (iv) 60036 to 60045;  (v) 60060 to 60078;  (vi) 60500 to 60509;  (vii) 61109  The service includes all preparation and immediate clinical aftercare (including excision or injection of either tributaries or incompetent perforating veins, or both)  (Anaes.) | 555.25 |
| 32522 | Varicose veins, abolition of venous reflux by occlusion of a primary or recurrent great and small saphenous vein (and major tributaries of saphenous veins as necessary) in one leg of a patient, using a laser probe introduced by an endovenous catheter, if all of the following apply:  (a) it is documented by duplex ultrasound that the great and small saphenous veins of the patient demonstrate reflux of 0.5 seconds or longer;  (b) the patient has significant signs or symptoms (including one or more of the following signs or symptoms) attributable to venous reflux:  (i) ache;  (ii) pain;  (iii) tightness;  (iv) skin irritation;  (v) heaviness;  (vi) muscle cramps;  (vii) limb swelling;  (viii) discolouration;  (ix) discomfort;  (x) any other signs or symptoms attributable to venous dysfunction;  (c) the service does not include radiofrequency diathermy, radiofrequency ablation or cyanoacrylate adhesive;  (d) the service is not associated with a service (on the same leg) to which any of the following items apply:  (i) 32500 to 32507;  (ii) 35200;  (iii) 59970 to 60021;  (iv) 60036 to 60045;  (v) 60060 to 60078;  (vi) 60500 to 60509;  (vii) 61109  The service includes all preparation and immediate clinical aftercare (including excision or injection of either tributaries or incompetent perforating veins, or both)  (Anaes.) | 825.45 |
| 32523 | Varicose veins, abolition of venous reflux by occlusion of a primary or recurrent great or small saphenous vein (and major tributaries of saphenous veins as necessary) in one leg of a patient, using a radiofrequency catheter introduced by an endovenous catheter, if all of the following apply:  (a) it is documented by duplex ultrasound that the great or small saphenous vein (whichever is to be treated) demonstrates reflux of 0.5 seconds or longer;  (b) the patient has significant signs or symptoms (including one or more of the following signs or symptoms) attributable to venous reflux:  (i) ache;  (ii) pain;  (iii) tightness;  (iv) skin irritation;  (v) heaviness;  (vi) muscle cramps;  (vii) limb swelling;  (viii) discolouration;  (ix) discomfort;  (x) any other signs or symptoms attributable to venous dysfunction;  (c) the service does not include endovenous laser therapy or cyanoacrylate adhesive;  (d) the service is not associated with a service (on the same leg) to which any of the following items apply:  (i) 32500 to 32507;  (ii) 35200;  (iii) 59970 to 60021;  (iv) 60036 to 60045;  (v) 60060 to 60078;  (vi) 60500 to 60509;  (vii) 61109  The service includes all preparation and immediate clinical aftercare (including excision or injection of either tributaries or incompetent perforating veins, or both)  (Anaes.) | 555.25 |
| 32526 | Varicose veins, abolition of venous reflux by occlusion of a primary or recurrent great and small saphenous vein (and major tributaries of saphenous veins as necessary) in one leg of a patient, using a radiofrequency catheter introduced by an endovenous catheter, if all of the following apply:  (a) it is documented by duplex ultrasound that the great and small saphenous veins demonstrate reflux of 0.5 seconds or longer;  (b) the patient has significant signs or symptoms (including one or more of the following signs or symptoms) attributable to venous reflux:  (i) ache;  (ii) pain;  (iii) tightness;  (iv) skin irritation;  (v) heaviness;  (vi) muscle cramps;  (vii) limb swelling;  (viii) discolouration;  (ix) discomfort;  (x) any other signs or symptoms attributable to venous dysfunction;  (c) the service does not include endovenous laser therapy or cyanoacrylate adhesive;  (d) the service is not associated with a service (on the same leg) to which any of the following items apply:  (i) 32500 to 32507;  (ii) 35200;  (iii) 59970 to 60021;  (iv) 60036 to 60045;  (v) 60060 to 60078;  (vi) 60500 to 60509;  (vii) 61109  The service includes all preparation and immediate clinical aftercare (including excision or injection of either tributaries or incompetent perforating veins, or both)  (Anaes.) | 825.45 |
| 32528 | Varicose veins, abolition of venous reflux by occlusion of a primary or recurrent great or small saphenous vein (and major tributaries of saphenous veins as necessary) in one leg of a patient, using cyanoacrylate adhesive, if all of the following apply:  (a) it is documented by duplex ultrasound that the great or small saphenous vein (whichever is to be treated) demonstrates reflux of 0.5 seconds or longer;  (b) the patient has significant signs or symptoms (including one or more of the following signs or symptoms) attributable to venous reflux:  (i) ache;  (ii) pain;  (iii) tightness;  (iv) skin irritation;  (v) heaviness;  (vi) muscle cramps;  (vii) limb swelling;  (viii) discolouration;  (ix) discomfort;  (x) any other signs or symptoms attributable to venous dysfunction;  (c) the service does not include radiofrequency diathermy, radiofrequency ablation or endovenous laser therapy;  (d) the service is not associated with a service (on the same leg) to which any of the following items apply:  (i) 32500 to 32507;  (ii) 35200;  (iii) 59970 to 60021;  (iv) 60036 to 60045;  (v) 60060 to 60078;  (vi) 60500 to 60509;  (vii) 61109  The service includes all preparation and immediate clinical aftercare (including excision or injection of either tributaries or incompetent perforating veins, or both)  (Anaes.) | 555.25 |
| 32529 | Varicose veins, abolition of venous reflux by occlusion of a primary or recurrent great and small saphenous vein (and major tributaries of saphenous veins as necessary) in one leg of a patient, using cyanoacrylate adhesive, if all of the following apply:  (a) it is documented by duplex ultrasound that the great and small saphenous veins demonstrate reflux of 0.5 seconds or longer;  (b) the patient has significant signs or symptoms (including one or more of the following signs or symptoms) attributable to venous reflux:  (i) ache;  (ii) pain;  (iii) tightness;  (iv) skin irritation;  (v) heaviness;  (vi) muscle cramps;  (vii) limb swelling;  (viii) discolouration;  (ix) discomfort;  (x) any other signs or symptoms attributable to venous dysfunction;  (c) the service does not include radiofrequency diathermy, radiofrequency ablation or endovenous laser therapy;  (d) the service is not associated with a service (on the same leg) to which any of the following items apply:  (i) 32500 to 32507;  (ii) 35200;  (iii) 59970 to 60021;  (iv) 60036 to 60045;  (v) 60060 to 60078;  (vi) 60500 to 60509;  (vii) 61109  The service includes all preparation and immediate clinical aftercare (including excision or injection of either tributaries or incompetent perforating veins, or both)  (Anaes.) | 825.45 |
| 32700 | Artery of neck, bypass using vein or synthetic material (H) (Anaes.) (Assist.) | 1,494.55 |
| 32703 | Internal carotid artery, transection and reanastomosis of, or resection of small length and reanastomosis of—with or without endarterectomy (H) (Assist.) | 1,236.35 |
| 32708 | Aortic bypass for occlusive disease using a straight non‑bifurcated graft (H) (Anaes.) (Assist.) | 1,478.95 |
| 32710 | Aortic bypass for occlusive disease using a bifurcated graft with one or both anastomoses to the iliac arteries (H) (Anaes.) (Assist.) | 1,643.25 |
| 32711 | Aortic bypass for occlusive disease using a bifurcated graft with one or both anastomoses to the common femoral or profunda femoris arteries (H) (Anaes.) (Assist.) | 1,807.65 |
| 32712 | Ilio‑femoral bypass grafting (H) (Anaes.) (Assist.) | 1,306.70 |
| 32715 | Axillary or subclavian to femoral bypass grafting to one or both femoral arteries (H) (Anaes.) (Assist.) | 1,306.70 |
| 32718 | Femoro‑femoral or ilio‑femoral cross‑over bypass grafting (H) (Anaes.) (Assist.) | 1,236.35 |
| 32721 | Renal artery, bypass grafting to (H) (Anaes.) (Assist.) | 1,963.80 |
| 32724 | Renal arteries (both), bypass grafting to (H) (Anaes.) (Assist.) | 2,229.95 |
| 32730 | Mesenteric vessel (single), bypass grafting to (H) (Anaes.) (Assist.) | 1,690.15 |
| 32733 | Mesenteric vessels (multiple), bypass grafting to (H) (Anaes.) (Assist.) | 1,963.80 |
| 32736 | Inferior mesenteric artery, operation on, when performed in conjunction with another intra‑abdominal vascular operation (H) (Anaes.) (Assist.) | 430.30 |
| 32739 | Femoral artery bypass grafting using vein, including harvesting of vein (when it is the ipsilateral long saphenous vein) with above knee anastomosis (H) (Anaes.) (Assist.) | 1,345.80 |
| 32742 | Femoral artery bypass grafting using vein, including harvesting of vein (when it is the ipsilateral long saphenous vein) with distal anastomosis to below knee popliteal artery (H) (Anaes.) (Assist.) | 1,541.55 |
| 32745 | Femoral artery bypass grafting using vein, including harvesting of vein (when it is the ipsilateral long saphenous vein) with distal anastomosis to tibio peroneal trunk or tibial or peroneal artery (H) (Anaes.) (Assist.) | 1,760.50 |
| 32748 | Femoral artery bypass grafting using vein, including harvesting of vein (when it is the ipsilateral long saphenous vein) with distal anastomosis within 5 cm of the ankle joint (H) (Anaes.) (Assist.) | 1,909.15 |
| 32751 | Femoral artery bypass grafting using synthetic graft, with lower anastomosis above or below the knee (H) (Anaes.) (Assist.) | 1,236.35 |
| 32754 | Femoral artery bypass grafting, using a composite graft (synthetic material and vein) with lower anastomosis above or below the knee, including use of a cuff or sleeve of vein at one or both anastomoses (H) (Anaes.) (Assist.) | 1,541.55 |
| 32757 | Femoral artery sequential bypass grafting (using a vein or synthetic material) if an additional anastomosis is made to separately revascularise more than one artery—each additional artery revascularised beyond a femoral bypass (H) (Anaes.) (Assist.) | 430.30 |
| 32760 | Vein, harvesting of, from leg or arm for bypass or replacement graft when not performed on the limb which is the subject of the bypass or graft—each vein (H) (Anaes.) (Assist.) | 422.50 |
| 32763 | Arterial bypass grafting, using vein or synthetic material, other than a service to which another item in this Subgroup applies (H) (Anaes.) (Assist.) | 1,236.35 |
| 32766 | Arterial or venous anastomosis, other than a service to which another item in this Subgroup applies, as an independent procedure (H) (Anaes.) (Assist.) | 821.70 |
| 32769 | Arterial or venous anastomosis other than a service to which another item in this Subgroup applies, when performed in combination with another vascular operation (including graft to graft anastomosis) (H) (Anaes.) (Assist.) | 284.75 |
| 33050 | Bypass grafting to replace a popliteal aneurysm using vein, including harvesting vein (when it is the ipsilateral long saphenous vein) (H) (Anaes.) (Assist.) | 1,514.30 |
| 33055 | Bypass grafting to replace a popliteal aneurysm using a synthetic graft (H) (Anaes.) (Assist.) | 1,214.35 |
| 33070 | Aneurysm in the extremities, ligation, suture closure or excision of, without bypass grafting (Anaes.) (Assist.) | 876.10 |
| 33075 | Aneurysm in the neck, ligation, suture closure or excision of, without bypass grafting (H) (Anaes.) (Assist.) | 1,114.45 |
| 33080 | Intra‑abdominal or pelvic aneurysm, ligation, suture closure or excision of, without bypass grafting (H) (Anaes.) (Assist.) | 1,360.45 |
| 33100 | Aneurysm of common or internal carotid artery, or both, replacement by graft of vein or synthetic material (Anaes.) (Assist.) | 1,494.55 |
| 33103 | Thoracic aneurysm, replacement by graft (H) (Anaes.) (Assist.) | 2,096.95 |
| 33109 | Thoraco‑abdominal aneurysm, replacement by graft including re‑implantation of arteries (Anaes.) (Assist.) | 2,535.25 |
| 33112 | Suprarenal abdominal aortic aneurysm, replacement by graft including re‑implantation of arteries (H) (Anaes.) (Assist.) | 2,198.70 |
| 33115 | Infrarenal abdominal aortic aneurysm, replacement by tube graft other than a service associated with a service to which item 33116 applies (H) (Anaes.) (Assist.) | 1,478.95 |
| 33116 | Infrarenal abdominal aortic aneurysm (repair), replacement by tube graft using endovascular repair procedure, excluding associated radiological services (Anaes.) (Assist.) | 1,455.70 |
| 33118 | Infrarenal abdominal aortic aneurysm, replacement by bifurcation graft to iliac arteries (with or without excision of common iliac aneurysms) other than a service associated with a service to which item 33119 applies (H) (Anaes.) (Assist.) | 1,643.25 |
| 33119 | Infrarenal abdominal aortic aneurysm (repair), replacement by bifurcation graft to one or both iliac arteries using endovascular repair procedure, excluding associated radiological services (Anaes.) (Assist.) | 1,617.55 |
| 33121 | Infrarenal abdominal aortic aneurysm, replacement by bifurcation graft to one or both femoral arteries (with or without excision or bypass of common iliac aneurysms) (H) (Anaes.) (Assist.) | 1,807.65 |
| 33124 | Aneurysm of iliac artery (common, external or internal), replacement by graft—unilateral (H) (Anaes.) (Assist.) | 1,259.85 |
| 33127 | Aneurysms of iliac arteries (common, external or internal), replacement by graft—bilateral (Anaes.) (Assist.) | 1,651.10 |
| 33130 | Aneurysm of visceral artery, excision and repair by direct anastomosis or replacement by graft (H) (Anaes.) (Assist.) | 1,439.75 |
| 33133 | Aneurysm of visceral artery, dissection and ligation of arteries without restoration of continuity (H) (Anaes.) (Assist.) | 1,079.70 |
| 33136 | False aneurysm, repair of, at aortic anastomosis following previous aortic surgery (H) (Anaes.) (Assist.) | 2,722.80 |
| 33139 | False aneurysm, repair of, in iliac artery and restoration of arterial continuity (H) (Anaes.) (Assist.) | 1,651.10 |
| 33142 | False aneurysm, repair of, in femoral artery and restoration of arterial continuity (Anaes.) (Assist.) | 1,541.55 |
| 33145 | Ruptured thoracic aortic aneurysm, replacement by graft (H) (Anaes.) (Assist.) | 2,652.50 |
| 33148 | Ruptured thoraco‑abdominal aortic aneurysm, replacement by graft (H) (Anaes.) (Assist.) | 3,294.10 |
| 33151 | Ruptured suprarenal abdominal aortic aneurysm, replacement by graft (H) (Anaes.) (Assist.) | 3,129.80 |
| 33154 | Ruptured infrarenal abdominal aortic aneurysm, replacement by tube graft (H) (Anaes.) (Assist.) | 2,316.05 |
| 33157 | Ruptured infrarenal abdominal aortic aneurysm, replacement by bifurcation graft to iliac arteries (with or without excision or bypass of common iliac aneurysms) (H) (Anaes.) (Assist.) | 2,582.05 |
| 33160 | Ruptured infrarenal abdominal aortic aneurysm, replacement by bifurcation graft to one or both femoral arteries (H) (Anaes.) (Assist.) | 2,582.05 |
| 33163 | Ruptured iliac artery aneurysm, replacement by graft (H) (Anaes.) (Assist.) | 2,191.05 |
| 33166 | Ruptured aneurysm of visceral artery, replacement by anastomosis or graft (Anaes.) (Assist.) | 2,191.05 |
| 33169 | Ruptured aneurysm of visceral artery, simple ligation of (H) (Anaes.) (Assist.) | 1,705.80 |
| 33172 | Aneurysm of major artery, replacement by graft, other than a service to which another item in this Subgroup applies (H) (Anaes.) (Assist.) | 1,330.15 |
| 33175 | Ruptured aneurysm in the extremities, ligation, suture closure or excision of, without bypass grafting (H) (Anaes.) (Assist.) | 1,225.85 |
| 33178 | Ruptured aneurysm in the neck, ligation, suture closure or excision of, without bypass grafting (H) (Anaes.) (Assist.) | 1,558.90 |
| 33181 | Ruptured intra‑abdominal or pelvic aneurysm, ligation, suture closure or excision of, without bypass grafting (H) (Anaes.) (Assist.) | 1,905.90 |
| 33500 | Artery or arteries of neck, endarterectomy of, including closure by suture (if endarterectomy of one or more arteries is undertaken through one arteriotomy incision) (H) (Anaes.) (Assist.) | 1,181.40 |
| 33506 | Innominate or subclavian artery, endarterectomy of, including closure by suture (H) (Anaes.) (Assist.) | 1,322.40 |
| 33509 | Aortic endarterectomy, including closure by suture, other than a service associated with another procedure on the aorta (H) (Anaes.) (Assist.) | 1,478.95 |
| 33512 | Aorto‑iliac endarterectomy (one or both iliac arteries), including closure by suture other than a service associated with a service to which item 33515 applies (H) (Anaes.) (Assist.) | 1,643.25 |
| 33515 | Aorto‑femoral endarterectomy (one or both femoral arteries) or bilateral ilio‑femoral endarterectomy, including closure by suture, other than a service associated with a service to which item 33512 applies (H) (Anaes.) (Assist.) | 1,807.65 |
| 33518 | Iliac endarterectomy, including closure by suture, other than a service associated with another procedure on the iliac artery (Anaes.) (Assist.) | 1,322.40 |
| 33521 | Ilio‑femoral endarterectomy (one side), including closure by suture (H) (Anaes.) (Assist.) | 1,431.80 |
| 33524 | Renal artery, endarterectomy of (H) (Anaes.) (Assist.) | 1,690.15 |
| 33527 | Renal arteries (both), endarterectomy of (H) (Anaes.) (Assist.) | 1,963.80 |
| 33530 | Coeliac or superior mesenteric artery, endarterectomy of (H) (Anaes.) (Assist.) | 1,690.15 |
| 33533 | Coeliac and superior mesenteric artery, endarterectomy of (H) (Anaes.) (Assist.) | 1,963.80 |
| 33536 | Inferior mesenteric artery, endarterectomy of, other than a service associated with a service to which another item in this Subgroup applies (H) (Anaes.) (Assist.) | 1,400.65 |
| 33539 | Artery of extremities, endarterectomy of, including closure by suture (H) (Anaes.) (Assist.) | 1,009.35 |
| 33542 | Extended deep femoral endarterectomy, if the endarterectomy is at least 7 cm long (H) (Anaes.) (Assist.) | 1,439.75 |
| 33545 | Artery, vein or bypass graft, patch grafting to by vein or synthetic material if patch is less than 3 cm long (H) (Anaes.) (Assist.) | 284.75 |
| 33548 | Artery, vein or bypass graft, patch grafting to by vein or synthetic material if patch is 3 cm long or greater (H) (Anaes.) (Assist.) | 579.15 |
| 33551 | Vein, harvesting of from leg or arm for patch when not performed through same incision as operation (H) (Anaes.) (Assist.) | 284.75 |
| 33554 | Endarterectomy, in conjunction with an arterial bypass operation to prepare the site for anastomosis—each site (H) (Anaes.) (Assist.) | 283.45 |
| 33800 | Embolus, removal of, from artery of neck (Anaes.) (Assist.) | 1,228.45 |
| 33803 | Embolectomy or thrombectomy, by abdominal approach, of an artery or bypass graft of trunk (H) (Anaes.) (Assist.) | 1,173.75 |
| 33806 | Embolectomy or thrombectomy (including the infusion of thrombolytic or other agents) from an artery or bypass graft of extremities, or embolectomy of abdominal artery via the femoral artery, item to be claimed once per extremity, regardless of the number of incisions required to access the artery or bypass graft (Anaes.) (Assist.) | 845.10 |
| 33810 | Inferior vena cava or iliac vein, closed thrombectomy by catheter via the femoral vein (Anaes.) (Assist.) | 616.50 |
| 33811 | Inferior vena cava or iliac vein, open removal of thrombus or tumour (H) (Anaes.) (Assist.) | 1,835.25 |
| 33812 | Thrombus, removal of, from femoral or other similar large vein (Anaes.) (Assist.) | 970.20 |
| 33815 | Major artery or vein of extremity, repair of wound of, with restoration of continuity, by lateral suture (H) (Anaes.) (Assist.) | 892.00 |
| 33818 | Major artery or vein of extremity, repair of wound of, with restoration of continuity, by direct anastomosis (H) (Anaes.) (Assist.) | 1,040.70 |
| 33821 | Major artery or vein of extremity, repair of wound of, with restoration of continuity, by interposition graft of synthetic material or vein (H) (Anaes.) (Assist.) | 1,189.30 |
| 33824 | Major artery or vein of neck, repair of wound of, with restoration of continuity, by lateral suture (H) (Anaes.) (Assist.) | 1,134.50 |
| 33827 | Major artery or vein of neck, repair of wound of, with restoration of continuity, by direct anastomosis (H) (Anaes.) (Assist.) | 1,330.15 |
| 33830 | Major artery or vein of neck, repair of wound of, with restoration of continuity, by interposition graft of synthetic material or vein (H) (Anaes.) (Assist.) | 1,525.70 |
| 33833 | Major artery or vein of abdomen, repair of wound of, with restoration of continuity by lateral suture (H) (Anaes.) (Assist.) | 1,385.10 |
| 33836 | Major artery or vein of abdomen, repair of wound of, with restoration of continuity by direct anastomosis (H) (Anaes.) (Assist.) | 1,651.10 |
| 33839 | Major artery or vein of abdomen, repair of wound of, with restoration of continuity by means of interposition graft (H) (Anaes.) (Assist.) | 1,932.65 |
| 33842 | Artery of neck, re‑operation for bleeding or thrombosis after carotid or vertebral artery surgery (H) (Anaes.) (Assist.) | 954.60 |
| 33845 | Laparotomy for control of post‑operative bleeding or thrombosis after intra‑abdominal vascular procedure, if no other procedure is performed (H) (Anaes.) (Assist.) | 665.15 |
| 33848 | Extremity, re‑operation on, for control of bleeding or thrombosis after vascular procedure, if no other procedure is performed (H) (Anaes.) (Assist.) | 665.15 |
| 34100 | Major artery of neck, elective ligation or exploration of, other than a service associated with another vascular procedure (H) (Anaes.) (Assist.) | 735.60 |
| 34103 | Great artery (aorta or pulmonary artery) or great vein (superior or inferior vena cava), ligation or exploration of immediate branches or tributaries, or ligation or exploration of the subclavian, axillary, iliac, femoral or popliteal arteries or veins, if the service is not associated with item 32508, 32511, 32520, 32522, 32523, 32526, 32528 or 32529—for a maximum of 2 services provided to the same patient on the same occasion (H) (Anaes.) (Assist.) | 430.30 |
| 34106 | Artery or vein (including brachial, radial, ulnar or tibial), ligation of, by elective operation, or exploration of, other than a service associated with another vascular procedure except those services to which item 32508, 32511, 32514 or 32517 applies (Anaes.) (Assist.) | 303.50 |
| 34109 | Temporal artery, biopsy of (Anaes.) (Assist.) | 352.05 |
| 34112 | Arterio‑venous fistula of an extremity, dissection and ligation (H) (Anaes.) (Assist.) | 892.00 |
| 34115 | Arterio‑venous fistula of the neck, dissection and ligation (H) (Anaes.) (Assist.) | 1,009.35 |
| 34118 | Arterio‑venous fistula of the abdomen, dissection and ligation (Anaes.) (Assist.) | 1,439.75 |
| 34121 | Arterio‑venous fistula of an extremity, dissection and repair of, with restoration of continuity (H) (Anaes.) (Assist.) | 1,150.15 |
| 34124 | Arterio‑venous fistula of the neck, dissection and repair of, with restoration of continuity (H) (Anaes.) (Assist.) | 1,259.85 |
| 34127 | Arterio‑venous fistula of the abdomen, dissection and repair of, with restoration of continuity (H) (Anaes.) (Assist.) | 1,651.10 |
| 34130 | Surgically created arterio‑venous fistula of an extremity, closure of (Anaes.) (Assist.) | 516.40 |
| 34133 | Scalenotomy (H) (Anaes.) (Assist.) | 579.15 |
| 34136 | First rib, resection of portion of (H) (Anaes.) (Assist.) | 931.00 |
| 34139 | Cervical rib, removal of, or other operation for removal of thoracic outlet compression, other than a service to which another item in this Subgroup applies (H) (Anaes.) (Assist.) | 931.00 |
| 34142 | Coeliac artery, decompression of, for coeliac artery compression syndrome, as an independent procedure (H) (Anaes.) (Assist.) | 1,150.15 |
| 34145 | Popliteal artery, exploration of, for popliteal entrapment, with or without division of fibrous tissue and muscle (H) (Anaes.) (Assist.) | 837.20 |
| 34148 | Carotid associated tumour, resection of, with or without repair or reconstruction of internal or common carotid arteries, when tumour is 4 cm or less in maximum diameter (H) (Anaes.) (Assist.) | 1,494.55 |
| 34151 | Carotid associated tumour, resection of, with or without repair or reconstruction of internal or common carotid arteries, when tumour is greater than 4 cm in maximum diameter (H) (Anaes.) (Assist.) | 2,042.15 |
| 34154 | Recurrent carotid associated tumour, resection of, with or without repair or replacement of portion of internal or common carotid arteries (Anaes.) (Assist.) | 2,433.50 |
| 34157 | Neck, excision of infected bypass graft, including closure of vessel or vessels (H) (Anaes.) (Assist.) | 1,236.35 |
| 34160 | Aorto‑duodenal fistula, repair of, by suture of aorta and repair of duodenum (H) (Anaes.) (Assist.) | 2,316.05 |
| 34163 | Aorto‑duodenal fistula, repair of, by insertion of aortic graft and repair of duodenum (H) (Anaes.) (Assist.) | 2,973.30 |
| 34166 | Aorto‑duodenal fistula, repair of, by oversewing of abdominal aorta, repair of duodenum and axillo bifemoral grafting (H) (Anaes.) (Assist.) | 2,973.30 |
| 34169 | Infected bypass graft from trunk, excision of, including closure of arteries (H) (Anaes.) (Assist.) | 1,651.10 |
| 34172 | Infected axillo‑femoral or femoro‑femoral graft, excision of, including closure of arteries (H) (Anaes.) (Assist.) | 1,345.80 |
| 34175 | Infected bypass graft from extremities, excision of including closure of arteries (H) (Anaes.) (Assist.) | 1,236.35 |
| 34500 | Arteriovenous shunt, external, insertion of (Anaes.) (Assist.) | 320.90 |
| 34503 | Arteriovenous anastomosis of upper or lower limb, in conjunction with another venous or arterial operation (H) (Anaes.) (Assist.) | 430.30 |
| 34506 | Arteriovenous shunt, external, removal of (H) (Anaes.) (Assist.) | 218.95 |
| 34509 | Arteriovenous anastomosis of upper or lower limb, not in conjunction with another venous or arterial operation (H) (Anaes.) (Assist.) | 1,017.15 |
| 34512 | Arteriovenous access device, insertion of (H) (Anaes.) (Assist.) | 1,119.00 |
| 34515 | Arteriovenous access device, thrombectomy of (H) (Anaes.) (Assist.) | 798.05 |
| 34518 | Stenosis of arteriovenous fistula or prosthetic arteriovenous access device, correction of (H) (Anaes.) (Assist.) | 1,337.85 |
| 34521 | Intra‑abdominal artery or vein, cannulation of, for infusion chemotherapy, by open operation (excluding after‑care) (H) (Anaes.) (Assist.) | 822.00 |
| 34524 | Arterial cannulation for infusion chemotherapy by open operation, other than a service to which item 34521 applies (excluding after‑care) (H) (Anaes.) (Assist.) | 430.30 |
| 34527 | Central vein catheterisation by open technique, using subcutaneous tunnel with pump or access port as with central venous line catheter or other chemotherapy delivery device, including any associated percutaneous central vein catheterisation, on a patient 10 years of age or over (Anaes.) | 573.95 |
| 34528 | Central vein catheterisation by percutaneous technique, using subcutaneous tunnel with pump or access port as with central venous line catheter or other chemotherapy delivery device, on a patient 10 years of age or over (Anaes.) | 283.45 |
| 34529 | Central vein catheterisation by open technique, using subcutaneous tunnel with pump or access port as with central venous line catheter or other chemotherapy delivery device, including any associated percutaneous central vein catheterisation, on a patient under 10 years of age (Anaes.) | 746.15 |
| 34530 | Central venous line, or other chemotherapy device, removal of, by open surgical procedure in the operating theatre of a hospital, on a patient 10 years of age or over (Anaes.) | 212.50 |
| 34533 | Isolated limb perfusion, including cannulation of artery and vein at commencement of procedure, regional perfusion for chemotherapy, or other therapy, repair of arteriotomy and venotomy at conclusion of procedure (excluding after‑care) (Anaes.) (Assist.) | 1,290.90 |
| 34534 | Central vein catheterisation by percutaneous technique, using subcutaneous tunnel with pump or access port as with central venous line catheter or other chemotherapy delivery device, on a patient under 10 years of age (Anaes.) | 368.45 |
| 34538 | Central vein catheterisation by percutaneous technique, using subcutaneous tunnelled cuffed catheter or similar device, for the administration of haemodialysis or parenteral nutrition (Anaes.) | 283.45 |
| 34539 | Tunnelled cuffed catheter, or similar device, removal of, by open surgical procedure (Anaes.) | 212.50 |
| 34540 | Central venous line, or other chemotherapy device, removal of, by open surgical procedure in the operating theatre of a hospital, on a patient under 10 years of age (Anaes.) | 276.25 |
| 34800 | Inferior vena cava, plication, ligation, or application of caval clip (Anaes.) (Assist.) | 845.10 |
| 34803 | Inferior vena cava, reconstruction of or bypass by vein or synthetic material (H) (Anaes.) (Assist.) | 1,862.40 |
| 34806 | Cross leg bypass grafting, saphenous to iliac or femoral vein (H) (Anaes.) (Assist.) | 1,009.35 |
| 34809 | Saphenous vein anastomosis to femoral or popliteal vein for femoral vein bypass (H) (Anaes.) (Assist.) | 1,009.35 |
| 34812 | Venous stenosis or occlusion, vein bypass for, using vein or synthetic material, other than a service associated with a service to which item 34806 or 34809 applies (H) (Anaes.) (Assist.) | 1,220.60 |
| 34815 | Vein stenosis, patch angioplasty for, (excluding vein graft stenosis)—using vein or synthetic material (H) (Anaes.) (Assist.) | 1,009.35 |
| 34818 | Venous valve, plication or repair to restore valve competency (H) (Anaes.) (Assist.) | 1,111.05 |
| 34821 | Vein transplant to restore valvular function (Anaes.) (Assist.) | 1,510.20 |
| 34824 | External stent, application of, to restore venous valve competency to superficial vein—one stent (H) (Anaes.) (Assist.) | 516.40 |
| 34827 | External stents, application of, to restore venous valve competency to superficial vein or veins—more than one stent (H) (Anaes.) (Assist.) | 626.05 |
| 34830 | External stent, application of, to restore venous valve competency to deep vein—one stent (Anaes.) (Assist.) | 735.60 |
| 34833 | External stents, application of, to restore venous valve competency to deep vein or veins—more than one stent (H) (Anaes.) (Assist.) | 954.60 |
| 35000 | Lumbar sympathectomy (Anaes.) (Assist.) | 735.60 |
| 35003 | Cervical or upper thoracic sympathectomy by any surgical approach (H) (Anaes.) (Assist.) | 954.60 |
| 35006 | Cervical or upper thoracic sympathectomy, if operation is a re‑operation for previous incomplete sympathectomy by any surgical approach (H) (Anaes.) (Assist.) | 1,197.20 |
| 35009 | Lumbar sympathectomy, if operation is following chemical sympathectomy or for previous incomplete surgical sympathectomy (H) (Anaes.) (Assist.) | 931.00 |
| 35012 | Sacral or pre‑sacral sympathectomy (H) (Anaes.) (Assist.) | 735.60 |
| 35100 | Ischaemic limb, debridement of necrotic material, gangrenous tissue, or slough in, in the operating theatre of a hospital, when debridement includes muscle, tendon or bone (H) (Anaes.) (Assist.) | 383.45 |
| 35103 | Ischaemic limb, debridement of necrotic material, gangrenous tissue, or slough in, in the operating theatre of a hospital, superficial tissue only (H) (Anaes.) | 244.05 |
| 35200 | Operative arteriography or venography, one or more of, performed during the course of an operative procedure on an artery or vein—one site (H) (Anaes.) | 178.45 |
| 35202 | Major arteries or veins in the neck, abdomen or extremities, access to, as part of re‑operation after prior surgery on these vessels (H) (Anaes.) (Assist.) | 850.20 |
| 35300 | Transluminal balloon angioplasty of one peripheral artery or vein of one limb, percutaneous or by open exposure, excluding associated radiological services or preparation, and excluding after‑care (Anaes.) (Assist.) | 536.25 |
| 35303 | Transluminal balloon angioplasty of aortic arch branches, aortic visceral branches, or more than one peripheral artery or vein of one limb, percutaneous or by open exposure, excluding associated radiological services or preparation, and excluding after‑care (Anaes.) (Assist.) | 687.55 |
| 35306 | Transluminal stent insertion, one or more stents, including associated balloon dilatation for one peripheral artery or vein of one limb, percutaneous or by open exposure, excluding associated radiological services or preparation, and excluding after‑care (Anaes.) (Assist.) | 634.60 |
| 35307 | Transluminal stent insertion, one or more stents (not drug‑eluting), with or without associated balloon dilatation, for one carotid artery, percutaneous (not direct), with or without an embolic protection device, for a patient who:  (a) meets the requirements for carotid endarterectomy; and  (b) has medical or surgical comorbidities that cause the patient to be at high risk of perioperative complications from carotid endarterectomy;  excluding associated radiological services, radiological preparation and after‑care (H) (Anaes.) (Assist.) | 1,166.60 |
| 35309 | Transluminal stent insertion, one or more stents, including associated balloon dilatation for visceral arteries or veins, or more than one peripheral artery or vein of one limb, percutaneous or by open exposure, excluding associated radiological services or preparation, and excluding after‑care (Anaes.) (Assist.) | 793.25 |
| 35312 | Peripheral arterial atherectomy including associated balloon dilatation of one limb, percutaneous or by open exposure, excluding associated radiological services or preparation, and excluding after‑care (H) (Anaes.) (Assist.) | 899.00 |
| 35315 | Peripheral laser angioplasty including associated balloon dilatation of one limb, percutaneous or by open exposure, excluding associated radiological services or preparation, and excluding after‑care (H) (Anaes.) (Assist.) | 899.00 |
| 35317 | Peripheral arterial or venous catheterisation with administration of thrombolytic or chemotherapeutic agents, by continuous infusion, using percutaneous approach, excluding associated radiological services or preparation, and excluding after‑care (other than a service associated with a service to which an item in Subgroup 11 of Group T1 or item 35319 or 35320 applies, or associated with photodynamic therapy with verteporfin) (Anaes.) (Assist.) | 370.20 |
| 35319 | Peripheral arterial or venous catheterisation with administration of thrombolytic or chemotherapeutic agents, by pulse spray technique, using percutaneous approach, excluding associated radiological services or preparation, and excluding after‑care (other than a service associated with a service to which an item in Subgroup 11 of Group T1 or item 35317 or 35320 applies, or associated with photodynamic therapy with verteporfin) (Anaes.) (Assist.) | 663.60 |
| 35320 | Peripheral arterial or venous catheterisation with administration of thrombolytic or chemotherapeutic agents, by open exposure, excluding associated radiological services or preparation, and excluding after‑care (other than a service associated with a service to which an item in Subgroup 11 of Group T1 or item 35317 or 35319 applies, or associated with photodynamic therapy with verteporfin) (Anaes.) (Assist.) | 891.40 |
| 35321 | Peripheral arterial or venous catheterisation to administer agents to occlude arteries, veins or arterio‑venous fistulae or to arrest haemorrhage (but not for the treatment of uterine fibroids or varicose veins), percutaneous or by open exposure, excluding associated radiological services or preparation, and excluding after‑care (other than a service associated with photodynamic therapy with verteporfin) (Anaes.) (Assist.) | 846.25 |
| 35324 | Angioscopy not combined with another procedure, excluding associated radiological services or preparation, and excluding after‑care (H) (Anaes.) (Assist.) | 317.35 |
| 35327 | Angioscopy combined with another procedure, excluding associated radiological services or preparation, and excluding after‑care (H) (Anaes.) (Assist.) | 425.30 |
| 35330 | Insertion of inferior vena caval filter, percutaneous or by open exposure, excluding associated radiological services or preparation, and excluding after‑care (Anaes.) (Assist.) | 536.25 |
| 35331 | Retrieval of inferior vena caval filter, percutaneous or by open exposure, not including associated radiological services or preparation, and not including aftercare (H) (Anaes.) | 616.50 |
| 35360 | Retrieval of foreign body in pulmonary artery, percutaneous or by open exposure, not including associated radiological services or preparation, and not including aftercare (H) (Anaes.) (Assist.) | 861.75 |
| 35361 | Retrieval of foreign body in right atrium, percutaneous or by open exposure, not including associated radiological services or preparation, and not including aftercare (H) (Anaes.) (Assist.) | 739.05 |
| 35362 | Retrieval of foreign body in inferior vena cava or aorta, percutaneous or by open exposure, not including associated radiological services or preparation, and not including aftercare (H) (Anaes.) (Assist.) | 616.50 |
| 35363 | Retrieval of foreign body in peripheral vein or peripheral artery, percutaneous or by open exposure, not including associated radiological services or preparation, and not including aftercare (H) (Anaes.) (Assist.) | 493.90 |
| 35401 | Vertebroplasty, for one or more fractures in one or more vertebrae, performed by an interventional radiologist, for the treatment of a painful osteoporotic thoracolumbar vertebral compression fracture of the thoracolumbar spinal segment (T11, T12, L1 or L2), if:  (a) pain is severe (numeric rated pain score greater than or equal to 7 out of 10); and  (b) symptoms are poorly controlled by opiate therapy; and  (c) severe pain duration is 3 weeks or less; and  (d) there is MRI (or SPECT‑CT if MRI unavailable) evidence of acute vertebral fracture  Applicable only once for the same fracture, but is applicable for a new fracture of the same vertebra or vertebrae (H) (Anaes.) | 710.50 |
| 35404 | Dosimetry, handling and injection of sir‑spheres for selective internal radiation therapy of hepatic metastases that are secondary to colorectal cancer and not suitable for resection or ablation (other than a service to which item 35317, 35319, 35320 or 35321 applies)—for any particular patient, applicable once (H) (Anaes.) (Assist.) | 360.65 |
| 35406 | Trans‑femoral catheterisation of the hepatic artery to administer sir‑spheres, for selective internal radiation therapy, to embolise the microvasculature of hepatic metastases, that are secondary to colorectal cancer and not suitable for resection or ablation (other than a service to which item 35317, 35319, 35320 or 35321 applies) (H) (Anaes.) (Assist.) | 846.25 |
| 35408 | Catheterisation of the hepatic artery via a permanently implanted hepatic artery port to administer sir‑spheres, for selective internal radiation therapy, to embolise the microvasculature of hepatic metastases, that are secondary to colorectal cancer and not suitable for resection or ablation (other than a service to which item 35317, 35319, 35320 or 35321 applies) (H) (Anaes.) (Assist.) | 634.80 |
| 35410 | Uterine artery catheterisation with percutaneous administration of occlusive agents, for the treatment of symptomatic uterine fibroids in a patient who has been referred for uterine artery embolisation by a specialist gynaecologist, excluding associated radiological services or preparation, and excluding aftercare (Anaes.) (Assist.) | 846.25 |
| 35412 | Intracranial aneurysm, ruptured or unruptured, endovascular occlusion with detachable coils, and assisted coiling (if performed), with parent artery preservation, not for use with liquid embolics only, including intra‑operative imaging, but in association with pre‑operative diagnostic imaging under item 60009, 60072, 60075 or 60078, including aftercare (Anaes.) (Assist.) | 2,973.30 |
| 35414 | Mechanical thrombectomy, in a patient with a diagnosis of acute ischaemic stroke caused by occlusion of a large vessel of the anterior cerebral circulation, including intra‑operative imaging and aftercare, if:  (a) the diagnosis is confirmed by an appropriate imaging modality such as computed tomography, magnetic resonance imaging or angiography; and  (b) the service is performed by a specialist or consultant physician with appropriate training that is recognised by the Conjoint Committee for Recognition of Training in Interventional Neuroradiology; and  (c) the service is provided in an eligible stroke centre.  For any particular patient—applicable once per presentation by the patient at an eligible stroke centre, regardless of the number of times mechanical thrombectomy is attempted during that presentation (H) (Anaes.) (Assist.) | 3,641.85 |

Subdivision C—Subgroups 4, 5 and 6 of Group T8

5.10.17 Restrictions on items in Subgroups 4 and 6 of Group T8—surgical techniques

(1) For items 35581 and 35582, the size of the excised graft material must be histologically tested and confirmed.

(2) Items 38485 to 38766 (other than items 38609, 38615, 38618, 38621 and 38624) and items 38817 and 38818 must be performed using open exposure or minimally invasive surgery which excludes percutaneous and transcatheter techniques unless otherwise stated in the item.

5.10.17A Items 38244, 38247, 38307, 38308, 38310, 38316, 38317 and 38319—patient eligibility and timing

(1) A patient is eligible for a service to which item 38244, 38247, 38307, 38308, 38310, 38316, 38317 or 38319 applies if:

(a) subclause (2) applies to the patient; and

(b) a service to which the item applies has not been provided to the patient in the previous 3 months, unless:

(i) the patient experiences a new acute coronary syndrome or angina, as described in paragraph (2)(a), (b) or (c), in that period; or

(ii) for a service to which item 38316, 38317 or 38319 applies—the service was provided to the patient in that period as a subsequent stage following an initial primary percutaneous coronary intervention procedure.

(2) This subclause applies to a patient who has:

(a) an acute coronary syndrome evidenced by any of the following:

(i) ST segment elevation;

(ii) new left bundle branch block;

(iii) troponin elevation above the local upper reference limit;

(iv) new resting wall motion abnormality or perfusion defect;

(v) cardiogenic shock;

(vi) resuscitated cardiac arrest;

(vii) ventricular fibrillation;

(viii) sustained ventricular tachycardia; or

(b) unstable angina or angina equivalent with a crescendo pattern, rest pain or other high‑risk clinical features, such as hypotension, dizziness, pallor, diaphoresis or syncope occurring at a low threshold; or

(c) either of the following, detected on computed tomography coronary angiography:

(i) significant left main coronary artery disease with greater than 50% stenosis or a cross‑sectional area of less than 6 mm2;

(ii) severe proximal left anterior descending coronary artery disease (with stenosis of more than 70% or a cross‑sectional area of less than 4 mm2 before the first major diagonal branch).

5.10.17B Items 38248 and 38249—patient eligibility

(1) A patient is eligible for a service to which item 38248 or 38249 applies if:

(a) subclause (2) applies to the patient; or

(b) the patient is recommended for coronary angiography as a result of a heart team conference that meets the requirements of subclause (3).

(2) This subclause applies to a patient who has:

(a) limiting angina or angina equivalent, despite an adequate trial of optimal medical therapy; or

(b) high risk features, including at least one of the following:

(i) myocardial ischaemia demonstrated on functional imaging;

(ii) ST segment elevation, sustained ST depression, hypotension or a Duke treadmill score of minus 11 or less, demonstrated by stress electrocardiogram testing;

(iii) computed tomography coronary angiography evidence of one or more coronary arteries with stenosis of 70% or more; or

(iv) left ventricular dysfunction with an ejection fraction of less than 40% or segmental wall motion abnormality at rest.

(3) For the purposes of paragraph (1)(b), the requirements for a heart team conference are as follows:

(a) the conference must be conducted by a team of specialists or consultant physicians practising in the speciality of cardiology or cardiothoracic surgery, including each of the following:

(i) an interventional cardiologist;

(ii) a non‑interventional cardiologist;

(iii) a specialist or consultant physician; and

(b) the team must:

(i) assess the patient’s risk and technical suitability to receive the service; and

(ii) make a recommendation about whether or not the patient is suitable for invasive coronary angiography; and

(c) a record of the conference must be created, and must include the following:

(i) the particulars of the assessment of the patient during the conference;

(ii) the recommendations made as a result of the conference;

(iii) the names of the members of the team making the recommendations.

5.10.17C Items 38311, 38313, 38314, 38320, 38322 and 38323—patient eligibility

(1) A patient is eligible for a service to which item 38311, 38313, 38314, 38320, 38322 or 38323 applies if:

(a) subclause (2) applies to the patient; or

(b) the patient is recommended for the service as a result of a heart team conference that meets the requirements of subclause (4).

(2) This subclause applies to a patient if:

(a) the patient has any of the following:

(i) limiting angina or angina equivalentdespite an adequate trial of optimal medical therapy;

(ii) myocardial ischaemia demonstrated on functional imaging;

(iii) high risk features such as ST segment elevation, sustained ST depression, hypotension or a Duke treadmill score of minus 11 or less, demonstrated by stress electrocardiogram testing; and

(b) the patient has either of the following in a vascular territorytreated:

(i) a stenosis of 70% or more;

(ii) a fractional flow reserve of 0.80 or less, or non‑hyperaemic pressure ratios distal to the lesions of 0.89 or less; and

(c) for items 38314 and 38323—either:

(i) the patient does not have diabetes mellitus and the multi‑vessel coronary artery disease of the patient meets the criterion in subclause (3); or

(ii) despite a recommendation that surgery is preferable, the patient has expressed a preference for catheter‑based intervention.

(3) For the purposes of subparagraph (2)(c)(i), the criterion for the multi‑vessel coronary artery disease is that the disease does not involve any of the following:

(a) stenosis of more than 50% in the left main coronary artery;

(b) bifurcation lesions involving side branches with a diameter of more than 2.75 mm;

(c) chronic vessel occlusions for more than 3 months;

(d) severely angulated or calcified lesions;

(e) a SYNTAX score of more than 23.

(4) For the purposes of paragraph (1)(b), the requirements for a heart team conference are as follows:

(a) the conference must be conducted by a team of specialists or consultant physicians practising in the speciality of cardiology or cardiothoracic surgery, including each of the following:

(i) an interventional cardiologist;

(ii) a specialist or consultant physician;

(iii) for items 38314 and 38323—a cardiothoracic surgeon;

(iv) for items 38311, 38313, 38320 and 38322—a cardiothoracic surgeon or a non‑interventional cardiologist; and

(b) the team must:

(i) assess the patient’s risk and technical suitability to receive the service; and

(ii) make a recommendation about whether or not the patient is suitable for percutaneous coronary intervention; and

(c) a record of the conference must be created, and must include the following:

(i) the particulars of the assessment of the patient during the conference;

(ii) the recommendations made as a result of the conference;

(iii) the names of the members of the team making the recommendations.

5.10.17D Restriction on items 38244, 38247, 38248, 38249, 38251, 38252, 38307, 38308, 38310, 38311, 38313, 38314, 38320, 38322, 38323, 38316, 38317 and 38319—reports and clinical notes

Items 38244, 38247, 38248, 38249, 38251, 38252, 38307, 38308, 38310, 38311, 38313, 38314, 38320, 38322, 38323, 38316, 38317 and 38319 apply to a service provided to a patient only if a report or clinical note:

(a) is prepared for the service; and

(b) includes documentation that demonstrates how the item applies to the service, including how the patient is eligible for the service.

5.10.18 Items in Subgroups 4, 5 and 6 of Group T8

This clause sets out items in Subgroups 4, 5 and 6 of Group T8.

Note: The fees in Group T8 are indexed in accordance with clause 1.3.1.

| Group T8—Surgical operations | | |
| --- | --- | --- |
| Column 1  Item | Column 2  Description | Column 3  Fee ($) |
| Subgroup 4—Gynaecological | | |
| 35500 | Gynaecological examination under anaesthesia, other than a service associated with a service to which another item in this Group applies (Anaes.) | 84.60 |
| 35503 | Introduction of an intra‑uterine device for abnormal uterine bleeding or contraception or for endometrial protection during oestrogen replacement therapy, if the service is not associated with a service to which another item in this Group applies (other than a service described in item 30062, 35506 or 35620) (Anaes.) | 83.40 |
| 35506 | Intra‑uterine device, removal of under general anaesthesia, for a retained or embedded device, not being a service associated with a service to which another item in this Group applies (other than a service described in item 35503) (Anaes.) | 55.85 |
| 35507 | Vulval or vaginal warts, removal of under general anaesthesia, or under regional or field nerve block (excluding pudendal block), if the time taken is less than or equal to 45 minutes—other than a service associated with a service to which item 32236 applies (H) (Anaes.) | 181.50 |
| 35508 | Vulval or vaginal warts, removal of under general anaesthesia, or under regional or field nerve block (excluding pudendal block), if the time taken is greater than 45 minutes—other than a service associated with a service to which item 32236 applies (H) (Anaes.) (Assist.) | 267.35 |
| 35509 | Hymenectomy (Anaes.) | 93.10 |
| 35513 | Bartholin’s abscess, cyst or gland, excision of (Anaes.) | 230.70 |
| 35517 | Bartholin’s abscess, cyst or gland, marsupialisation of (Anaes.) | 151.95 |
| 35518 | Ovarian cyst aspiration, for cysts of at least 4 cm in diameter in a premenopausal patient and at least 2 cm in diameter in a postmenopausal patient, by abdominal or vaginal route, using interventional imaging techniques and not associated with services provided for assisted reproductive techniques, and not in cases of suspected or possible malignancy (Anaes.) | 216.30 |
| 35527 | Urethral caruncle, symptomatic excision of, if:  (a) conservative management has failed; or  (b) there is a suspicion of malignancy  (Anaes.) | 151.95 |
| 35533 | Vulvoplasty or labioplasty, for repair of:  (a) female genital mutilation; or  (b) an anomaly associated with a major congenital anomaly of the uro‑gynaecological tract;  other than a service associated with a service to which item 35536, 37836, 37050, 37842, 37851 or 43882 applies (H) (Anaes.) | 364.05 |
| 35534 | Vulvoplasty or labioplasty, in a patient aged 18 years or more, performed by a specialist in the practice of the specialist’s specialty, for a structural abnormality that is causing significant functional impairment, if the patient’s labium extends more than 8 cm below the vaginal introitus while the patient is in a standing resting position (H) (Anaes.) | 364.05 |
| 35536 | Vulva, wide local excision or hemivulvectomy, one or both procedures, for suspected malignancy or vulval lesions with a high risk of malignancy (Anaes.) (Assist.) | 362.60 |
| 35539 | Colposcopically directed laser therapy for histologically confirmed high grade intraepithelial neoplastic changes of the vagina, vulva, urethra or anal canal, including any associated biopsies—one anatomical site (Anaes.) | 284.00 |
| 35545 | Colposcopically directed laser therapy for condylomata, unsuccessfully treated by other methods (Anaes.) | 191.05 |
| 35548 | Vulvectomy, radical, for malignancy (H) (Anaes.) (Assist.) | 1,301.75 |
| 35551 | Pelvic lymph nodes, radical excision of, unilateral, or sentinel node dissection (including any pre‑operative injection) (H) (Anaes.) (Assist.) | 962.20 |
| 35552 | Pelvic lymph nodes, radical excision of, unilateral, or sentinel node dissection following previous similar dissection, radiation or chemotherapy (H) (Anaes.) (Assist.) | 1,447.50 |
| 35554 | Vagina, dilatation of, as an independent procedure including any associated consultation (Anaes.) | 45.25 |
| 35557 | Vagina, complete excision of benign tumour (including Gartner duct cyst), with histological documentation (Anaes.) | 223.20 |
| 35560 | Partial or complete vaginectomy, for either or both of the following:  (a) deeply infiltrating vaginal endometriosis, if accompanied by histological confirmation from excised tissue;  (b) pre‑invasive or invasive lesions  Not being a service associated with hysterectomy for non‑invasive indications (H) (Anaes.) (Assist.) | 711.60 |
| 35561 | Vaginectomy, radical, for proven invasive malignancy—one surgeon (H) (Anaes.) (Assist.) | 1,597.25 |
| 35562 | Vaginectomy, radical, for proven invasive malignancy, conjoint surgery—abdominal surgeon (including after‑care) (H) (Anaes.) (Assist.) | 1,345.55 |
| 35564 | Vaginectomy, radical, for proven invasive malignancy, conjoint surgery—perineal surgeon (H) (Assist.) | 672.80 |
| 35565 | Vaginal reconstruction for congenital absence, gynatresia or urogenital sinus (H) (Anaes.) (Assist.) | 711.60 |
| 35566 | Vaginal septum, excision of, for correction of double vagina (H) (Anaes.) (Assist.) | 413.35 |
| 35568 | Procedures for the management of symptomatic upper vaginal (vault or cervical) prolapse by sacrospinous or ilococcygeus fixation (H) (Anaes.) (Assist.) | 649.90 |
| 35569 | Plastic repair to enlarge vaginal orifice (H) (Anaes.) | 167.35 |
| 35570 | Anterior vaginal compartment repair by vaginal approach for pelvic organ prolapse:  (a) involving repair of urethrocele and cystocele; and  (b) using native tissue without graft;  other than a service associated with a service to which item 35573, 35577 or 35578 applies (H) (Anaes.) (Assist.) | 576.30 |
| 35571 | Posterior vaginal compartment repair by vaginal approach for pelvic organ prolapse:  (a) involving repair of one or more of the following:  (i) perineum;  (ii) rectocoele;  (iii) enterocoele; and  (b) using native tissue without graft;  other than a service associated with a service to which item 35573, 35577 or 35578 applies (H) (Anaes.) (Assist.) | 576.30 |
| 35573 | Anterior and posterior vaginal compartment repair by vaginal approach for pelvic organ prolapse:  (a) involving anterior and posterior compartment defects; and  (b) using native tissue without graft;  other than a service associated with a service to which item 35577 or 35578 applies (H) (Anaes.) (Assist.) | 864.55 |
| 35577 | Manchester (Donald Fothergill) operation for pelvic organ prolapse, involving either or both of the following:  (a) cervical amputation;  (b) anterior and posterior native tissue vaginal wall repairs without graft  (H) (Anaes.) (Assist.) | 701.85 |
| 35578 | Colpocleisis for pelvic organ prolapse, not being a service associated with a service to which another item (other than item 35599) in this Subgroup applies (H) (Anaes.) (Assist.) | 701.85 |
| 35581 | Vaginal procedure for excision of graft material in symptomatic patients with graft related complications (including graft related pain or discharge and bleeding related to graft exposure), less than 2cm2 in its maximum area, either singly or in multiple pieces, other than a service associated with a service to which item 35582 or 35585 applies (H) (Anaes.) (Assist.) | 576.30 |
| 35582 | Vaginal procedure for excision ofgraft material in symptomatic patients with graft related complications (including graft related pain or discharge and bleeding related to graft exposure), 2cm2 or more in its maximum area, either singly or in multiple pieces, other than a service associated with a service to which item 35581 or 35585 applies (H) (Anaes.) (Assist.) | 864.55 |
| 35585 | Abdominal procedure, by open, laparoscopic or robot‑assisted approach, if the service:  (a) is for the removal of graft material:  (i) in symptomatic patients with graft related complications (including graft related pain or discharge and bleeding related to graft exposure); or  (ii) where the graft has penetrated adjacent organs such as the bladder (including urethra) or bowel; and  (b) if required—includes retroperitoneal dissection, and mobilisation, of either or both of the bladder and bowel;  other than a service associated with a service to which item 35581 or 35582 applies (H) (Anaes.) (Assist.) | 1,532.85 |
| 35591 | Rectovaginal fistula repair of, by vaginal route approach, not being a service associated with a service to which item 35592, 35596, 37029, 37333 or 37336 applies (H) (Anaes.) (Assist.) | 962.20 |
| 35592 | Vesicovaginal fistula closure of, by vaginal approach, not being a service associated with a service to which item 35591, 35596, 37029, 37333 or 37336 applies (H) (Anaes.) (Assist.) | 962.20 |
| 35595 | Procedure for the management of symptomatic vaginal vault or cervical prolapse, by uterosacral ligament suspension, by any approach, without graft, if the uterosacral ligaments are separately identified, transfixed and then incorporated into rectovaginal and pubocervical fascia of the vaginal vault, including cystoscopy to check ureteric integrity (H) (Anaes.) (Assist.) | 649.90 |
| 35596 | Fistula between genital and urinary or alimentary tracts, repair of, other than a service to which item 35591, 35592, 37029, 37333 or 37336 applies (H) (Anaes.) (Assist.) | 962.20 |
| 35597 | Sacral colpopexy, by any approach where graft or mesh is secured to vault, anterior and posterior compartments and to sacrum for correction of symptomatic upper vaginal vault prolapse (H) (Anaes.) (Assist.) | 1,532.85 |
| 35599 | Stress incontinence, procedure using a female synthetic mid‑urethral sling, with diagnostic cystoscopy to assess the integrity of the lower urinary tract, other than a service associated with a service to which item 36812 applies (H) (Anaes.) (Assist.) | 788.60 |
| 35608 | Cervix, one or more biopsies, cauterisation (other than by chemical means), ionisation, diathermy or endocervical curettage of, with or without dilatation of cervix (Anaes.) | 66.55 |
| 35609 | Cervix, cone biopsy or amputation (Anaes.) | 226.80 |
| 35610 | Cervix, cone biopsy for histologically proven malignancy (Anaes.) | 396.95 |
| 35611 | Removal of cervical or vaginal polyp or polypi, with or without dilatation of cervix, not being a service associated with a service to which item 35608 applies (Anaes.) | 66.55 |
| 35612 | Cervix, residual stump, removal of, by abdominal approach for non‑malignant lesions (Anaes.) (Assist.) | 526.50 |
| 35614 | Examination of the lower genital tract using a colposcope in a patient who:  (a) has a human papilloma virus related gynaecology indication; or  (b) has symptoms or signs suspicious of lower genital tract malignancy; or  (c) is undergoing follow‑up treatment of lower genital tract malignancy; or  (d) is undergoing assessment or surveillance of a vulvovaginal pre‑malignant or malignant disease; or  (e) is undergoing assessment or surveillance as part of an identified at risk population | 66.45 |
| 35615 | Vulva or vagina, biopsy of, when performed in conjunction with a service to which item 35614 applies | 73.25 |
| 35616 | Endometrial ablation by thermal balloon or radiofrequency electrosurgery, for abnormal uterine bleeding, with or without endometrial sampling, including any hysteroscopy performed on the same day (H) (Anaes.) | 467.80 |
| 35620 | Endometrial biopsy for pathological assessment in women with abnormal uterine bleeding or post‑menopausal bleeding (Anaes.) | 55.50 |
| 35622 | Endometrial ablation, using hysteroscopically guided electrosurgery or laser energy for abnormal uterine bleeding, with or without endometrial sampling, not being a service associated with a service to which item 30390 applies (H) (Anaes.) | 626.90 |
| 35623 | Endometrial ablation and resection of myoma or uterine septum (or both), using hysteroscopic guided electrosurgery or laser energy, for abnormal uterine bleeding, with or without endometrial sampling (H) (Anaes.) | 852.45 |
| 35626 | Hysteroscopy for investigation of suspected intrauterine pathology, with or without local anaesthesia, including any associated endometrial biopsy, not being a service associated with a service to which item 35630 applies | 233.10 |
| 35630 | Hysteroscopy for investigation of suspected intrauterine pathology if performed under general anaesthesia, including any associated endometrial biopsy, not being a service associated with a service to which item 35626 applies (H) (Anaes.) | 190.45 |
| 35631 | Operative laparoscopy, including any of the following:  (a) unilateral or bilateral ovarian cystectomy;  (b) salpingo‑oophorectomy;  (c) salpingectomy for tubal pathology (including ectopic pregnancy by tubal removal or salpingostomy, but excluding sterilisation);  (d) excision of mild endometriosis;  not being a service associated with a service to which any other intraperitoneal or retroperitoneal procedure item (other than item 30724 or 30725) applies (H) (Anaes.) (Assist.) | 740.35 |
| 35632 | Complicated operative laparoscopy, including either or both of the following:  (a) excision of moderate endometriosis;  (b) laparoscopic myomectomy for a myoma of at least 4cm, including incision and repair of the uterus;  not being a service associated with a service to which any other intraperitoneal or retroperitoneal procedure item (other than item 30724 or 30725 or 35658) applies (H) (Anaes.) (Assist.) | 925.40 |
| 35633 | Hysteroscopy, under visual guidance, including any of the following:  (a) removal of an intra‑uterine device;  (b) removal of polyps by any method;  (c) division of minor intrauterine adhesions  (Anaes.) | 226.80 |
| 35635 | Hysteroscopy involving division of:  (a) a uterine septum; or  (b) moderate to severe intrauterine adhesions (H) (Anaes.) | 311.60 |
| 35636 | Hysteroscopy, resection of myoma or myoma and uterine septum (if both are performed) (H) (Anaes.) | 450.55 |
| 35637 | Operative laparoscopy, including any of the following:  (a) excision or ablation of minimal endometriosis;  (b) division of pathological adhesions;  (c) sterilisation by application of clips, division, destruction or removal of tubes;  not being a service associated with another laparoscopic procedure (H) (Anaes.) (Assist.) | 423.10 |
| 35640 | Uterus, curettage of, with or without dilation (including curettage for incomplete miscarriage), if performed under:  (a) general anaesthesia; or  (b) epidural or spinal (intrathecal) nerve block; or  (c) sedation;  including procedures (if performed) to which item 35626 or 35630 applies (Anaes.) | 190.45 |
| 35641 | Severe endometriosis, laparoscopic resection of, involving 2 of the following procedures:  (a) resection of the pelvic side wall including dissection of endometriosis or scar tissue from the ureter;  (b) resection of the Pouch of Douglas;  (c) resection of an ovarian endometrioma greater than 2 cm in diameter;  (d) dissection of bowel from uterus from the level of the endocervical junction or above;  (H) (Anaes.) (Assist.) | 1,293.05 |
| 35643 | Evacuation of the contents of the gravid uterus by curettage or suction curettage, if performed under:  (a) local anaesthesia; or  (b) general anaesthesia; or  (c) epidural or spinal (intrathecal) nerve block; or  (d) sedation;  including procedures (if performed) to which item 35626 or 35630 applies (Anaes.) | 226.80 |
| 35644 | Cervix, ablation by electrocoagulation diathermy, laser or cryotherapy, with colposcopy, including any local anaesthesia and biopsies, for previously biopsy confirmed HSIL (CIN 2/3) in a patient with a Type 1 or 2 (completely visible) transformation zone, if there is:  (a) no evidence of invasive or glandular disease; and  (b) no discordance between cytology and previous histology;  not being a service associated with a service to which item 35647 or 35648 applies (Anaes.) | 211.90 |
| 35645 | Cervix, ablation by electrocoagulation diathermy, laser or cryotherapy, with colposcopy, including any local anaesthesia or biopsies, in conjunction with ablative therapy of additional areas of biopsy proven high grade intraepithelial lesions of one or more sites of the vagina, vulva, urethra or anus, for previously biopsy confirmed HSIL (CIN2/3) in a patient with a Type 1 of 2 (completely visible) transformation zone, if there is:  (a) no evidence of invasive or glandular disease; and  (b) no discordance between cytology and previous histology;  not being a service associated with a service to which item 35647 or 35648 applies (Anaes.) | 331.60 |
| 35647 | Cervix, complete excision of the endocervical transformation zone, using large loop or laser therapy, including any local anaesthesia and biopsies (Anaes.) | 211.90 |
| 35648 | Cervix, complete excision of the endocervical transformation zone, using large loop or laser therapy, including any local anaesthesia and biopsies, in conjunction with ablative treatment of additional areas of biopsy‑proven high grade intraepithelial lesions of one or more sites of the vagina, vulva, urethra or anus (Anaes.) | 331.60 |
| 35649 | Myomectomy, one or more myomas, when undertaken by an open abdominal approach (H) (Anaes.) (Assist.) | 557.70 |
| 35653 | Hysterectomy, abdominal, with or without removal of fallopian tubes and ovaries (H) (Anaes.) (Assist.) | 702.05 |
| 35657 | Hysterectomy, vaginal, with or without uterine curettage, inclusive of posterior culdoplasty, not being a service associated with a service to which item 35673 applies (H) (Anaes.) (Assist.) | 702.05 |
| 35658 | Uterus (at least equivalent in size to a 10 week gravid uterus), debulking of, prior to vaginal or laparoscopic removal at hysterectomy or myoma of at least 4 cm removed by laparoscopy when retrieved from the abdomen (H) (Anaes.) (Assist.) | 432.90 |
| 35661 | Hysterectomy, abdominal, that concurrently requires extensive retroperitoneal dissection with exposure of one or both ureters and complex side wall dissection, including when performed with one or more of the following procedures:  (a) salpingectomy;  (b) oophorectomy;  (c) excision of ovarian cyst  (H) (Anaes.) (Assist.) | 1,755.35 |
| 35667 | Radical hysterectomy or radical trachelectomy (with or without excision of uterine adnexae) for proven malignancy, including excision of any one or more of the following:  (a) parametrium;  (b) paracolpos;  (c) upper vagina;  (d) contiguous pelvic peritoneum;  utilising nerve sparing techniques and involving ureterolysis, if performed (H) (Anaes.) (Assist.) | 1,658 |
| 35668 | Hysterectomy, radical (with or without excision of uterine adnexae) including excision of any one or more of the following:  (a) parametrium;  (b) paracolpos;  (c) upper vagina;  (d) contiguous pelvic peritoneum;  utilising nerve sparing techniques and involving ureterolysis, if performed in a patient with malignancy and previous pelvic radiation or chemotherapy treatment (H) (Anaes.) (Assist.) | 1,926.35 |
| 35669 | Hysterectomy, peripartum, performed for histologically proven placenta increta or percreta, or placenta accreta, if the patient has been referred to another practitioner for the management of severe intractable peripartum haemorrhage (H) (Anaes.)(Assist.) | 1,926.35 |
| 35671 | Hysterectomy, peripartum, for ongoing intractable haemorrhage where other haemorrhage control techniques have failed, for the purpose of providing lifesaving emergency treatment, not being a service associated with a service to which item 35667, 35668 or 35669 applies (H) (Anaes.) (Assist.) | 1,511.10 |
| 35673 | Hysterectomy, vaginal, with or without uterine curettage, with salpingectomy, oophorectomy or excision of ovarian cyst, one or more, one or both sides, inclusive of a posterior culdoplasty, not being a service associated with a service to which item 35657 applies (H) (Anaes.) (Assist.) | 788.50 |
| 35674 | Ultrasound guided needling and injection of ectopic pregnancy | 216.30 |
| 35680 | Bicornuate uterus, plastic reconstruction for (Anaes.) (Assist.) | 605.60 |
| 35691 | Sterilisation by interruption of fallopian tubes when performed in conjunction with Caesarean section (H) (Anaes.) (Assist.) | 165.10 |
| 35694 | Tuboplasty (salpingostomy or salpingolysis), unilateral or bilateral, one or more procedures (H) (Anaes.) (Assist.) | 663.50 |
| 35697 | Microsurgical or laparoscopic tuboplasty (salpingostomy, salpingolysis or tubal implantation into uterus), unilateral or bilateral, one or more procedures (H) (Anaes.) (Assist.) | 984.55 |
| 35700 | Fallopian tubes, unilateral microsurgical or laparoscopic anastomosis of (H) (Anaes.) (Assist.) | 759.70 |
| 35703 | Hydrotubation of fallopian tubes as a non‑repetitive procedure (Anaes.) | 70.30 |
| 35717 | Laparotomy, involving oophorectomy, salpingectomy, salpingo‑oophorectomy, removal of ovarian, parovarian, fimbrial or broad ligament cyst—one or more such procedures, unilateral or bilateral, including adhesiolysis, for benign disease (including ectopic pregnancy by tubal removal or salpingostomy), not being a service associated with hysterectomy (H) (Anaes.) (Assist.) | 887.75 |
| 35720 | Radical debulking, involving the radical excision of a macroscopically disseminated gynaecological malignancy from the pelvic cavity, including resection of peritoneum from the following:  (a) the pelvic side wall;  (b) the pouch of Douglas;  (c) the bladder;  for macroscopic disease confined to the pelvis, not being a service associated with a service to which item 35721 applies (H) (Anaes.) (Assist.) | 1659.55 |
| 35721 | Radical debulking, involving the radical excision of a macroscopically disseminated gynaecological malignancy from the abdominal and pelvic cavity, where cancer has extended beyond the pelvis, including any of the following:  (a) resection of peritoneum over any of the following:  (i) the diaphragm;  (ii) the paracolic gutters;  (iii) the greater or lesser omentum;  (iv) the porta hepatis;  (b) cytoreduction of recurrent gynaecological malignancy from the abdominal cavity following previous abdominal surgery, radiation or chemotherapy;  (c) cytoreduction of recurrent gynaecological malignancy from the pelvic cavity following previous pelvic surgery, radiation or chemotherapy;  not being a service to which a service associated with a service to which item 35720 or 35726 applies (H) (Anaes.) (Assist.) | 3,319.15 |
| 35723 | Para‑aortic lymph node dissection from above the level of the aortic bifurcation (unilateral), for staging or restaging of gynaecological malignancy (H) (Anaes.) (Assist.) | 1,466.35 |
| 35724 | Para‑aortic lymph node dissection (pelvic or above the aortic bifurcation) after prior similar dissection, radiotherapy or chemotherapy for malignancy (H) (Anaes.) (Assist.) | 2,171.30 |
| 35726 | Infra‑colic omentectomy, with or without multiple peritoneal biopsies, for staging or restaging of gynaecological malignancy, not being a service associated with a service to which item 35721 applies (H) (Anaes.) (Assist.) | 502.70 |
| 35729 | Ovarian transposition out of the pelvis, in conjunction with radical hysterectomy for invasive malignancy (H) (Anaes.) | 226.60 |
| 35730 | Ovarian repositioning for one or both ovaries to preserve ovarian function, prior to gonadotoxic radiotherapy when the treatment volume and dose of radiation have a high probability of causing infertility (H) (Anaes.) | 226.60 |
| 35750 | Hysterectomy, laparoscopic assisted vaginal, by any approach, including any endometrial sampling, with or without removal of the tubes or ovarian cystectomy or removal of the ovaries and tubes due to other pathology, not being a service associated with a service to which item 35595 or 35673 applies (H) (Anaes.) (Assist.) | 816.40 |
| 35751 | Hysterectomy, laparoscopic, by any approach, including any endometrial sampling, with or without removal of the tubes, not being a service associated with a service to which item 35595 applies (H) (Anaes.) (Assist.) | 816.40 |
| 35753 | Hysterectomy, complex laparoscopic, by any approach, including endometrial sampling, with either or both of the following procedures:  (a) unilateral or bilateral salpingo‑oophorectomy (excluding salpingectomy);  (b) excision of moderate endometriosis or ovarian cyst;  including any associated laparoscopy, not being a service associated with a service to which item 35595 applies (H) (Anaes.) (Assist.) | 902.75 |
| 35754 | Hysterectomy, complex laparoscopic, by any approach, that concurrently requires either extensive retroperitoneal dissection or complex side wall dissection, or both, with any of the following procedures (if performed):  (a) endometrial sampling;  (b) unilateral or bilateral salpingectomy, oophorectomy or salpingo‑oophorectomy;  (c) excision of ovarian cyst;  (d) any other associated laparoscopy;  not being a service associated with a service to which item 35595 or 35641 applies (H) (Anaes.) (Assist.) | 1,744.35 |
| 35756 | Hysterectomy, laparoscopic, by any approach, if the procedure is completed by open hysterectomy for control of bleeding or extensive pathology, including any associated laparoscopy, not being a service associated with a service to which item 35595 or 35641 applies (H) (Anaes.) (Assist.) | 1,488.90 |
| 35759 | Procedure for the control of post‑operative haemorrhage following gynaecological surgery, under general anaesthesia, utilising a vaginal, abdominal or laparoscopic approach if no other procedure is performed (H) (Anaes.) (Assist.) | 586.15 |
| Subgroup 5—Urological | | |
| 36502 | Pelvic lymphadenectomy, open or laparoscopic, or both, unilateral or bilateral (H) (Anaes.) (Assist.) | 711.60 |
| 36503 | Renal transplant, other than a service to which item 36506 or 36509 applies (H) (Anaes.) (Assist.) | 1,447.50 |
| 36504 | Rigid cystoscopy using blue light with hexaminolevulinate as an adjunct to white light, including catheterisation, with biopsy of bladder, not being a service associated with a service to which item 36505, 36507, 36508, 36812, 36830, 36836, 36840, 36845, 36848, 36854, 37203, 37206, 37215, 37230 or 37233 applies (Anaes.) | 306.80 |
| 36505 | Rigid cystoscopy using blue light with hexaminolevulinate as an adjunct to white light, including catheterisation, with urethroscopy with or without urethral dilatation, not being a service associated with any other urological endoscopic procedure on the lower urinary tract except a service to which item 37327 applies (Anaes.) | 241.10 |
| 36506 | Renal transplant, performed by vascular surgeon and urologist operating together—vascular anastomosis, including after‑care (H) (Anaes.) (Assist.) | 962.20 |
| 36507 | Rigid cystoscopy using blue light with hexaminolevulinate as an adjunct to white light, including catheterisation, with diathermy, resection or visual laser destruction of bladder tumour or other lesion of the bladder, not being a service to which item 36840 or 36845 applies (Anaes.) | 403.90 |
| 36508 | Rigid cystoscopy using blue light with hexaminolevulinate as an adjunct to white light, including catheterisation, with diathermy, resection or visual laser destruction of multiple tumours in more than 2 quadrants of the bladder or solitary tumour greater than 2 cm in diameter, not being a service to which item 36845 applies (Anaes.) | 787.05 |
| 36509 | Renal transplant, performed by vascular surgeon and urologist operating together—ureterovesical anastomosis, including after‑care (H) (Assist.) | 814.70 |
| 36516 | Nephrectomy, complete, by open, laparoscopic or robot‑assisted approach, other than a service associated with a service to which item 30390 or 30627 applies (H) (Anaes.) (Assist.) | 962.20 |
| 36519 | Nephrectomy, complete, by open, laparoscopic or robot‑assisted approach, complicated by previous surgery on the same kidney, other than a service associated with a service to which item 30390 or 30627 applies (H) (Anaes.) (Assist.) | 1,343.45 |
| 36522 | Nephrectomy, partial, by open, laparoscopic or robot‑assisted approach, other than a service associated with a service to which item 30390 or 30627 applies (H) (Anaes.) (Assist.) | 1,152.90 |
| 36525 | Nephrectomy, partial, by open, laparoscopic or robot‑assisted approach:  (a) if complicated by previous surgery or ablative procedure on the same kidney; or  (b) for a patient with a solitary functioning kidney; or  (c) for a patient with an estimated glomerular filtration rate (eGFR) of less than 60ml/min/1.73m2;  other than a service associated with a service to which item 30390 or 30627 applies (H) (Anaes.) (Assist.) | 1,638.25 |
| 36528 | Nephrectomy, radical, by open, laparoscopic or robot‑assisted approach, with or without en bloc dissection of lymph nodes, with or without adrenalectomy, for a tumour less than 10 cm in diameter, other than a service associated with a service to which item 30390 or 30627 applies (H) (Anaes.) (Assist.) | 1,343.45 |
| 36529 | Nephrectomy, radical, by open, laparoscopic or robot‑assisted approach, with or without en bloc dissection of lymph nodes, with or without adrenalectomy:  (a) for a tumour 10 cm or more in diameter; or  (b) if complicated by previous open or laparoscopic surgery on the same kidney;  other than a service associated with a service to which item 30390 or 30627 applies (H) (Anaes.) (Assist.) | 1,658.00 |
| 36530 | Renal cell carcinoma, not more than 4 cm in diameter, destruction of, by percutaneous, laparoscopic or open cryoablation (including any associated imaging services), if:  (a) malignancy has previously been confirmed by histopathological examination; and  (b) a multi‑disciplinary team has reviewed treatment options for the patient and assessed that partial nephrectomy is not suitable; and  (c) the service is not a service associated with a service to which item 36522 or 36525 applies (H) (Anaes.) | 856.10 |
| 36531 | Nephroureterectomy, complete, by open, laparoscopic or robot‑assisted approach, including associated bladder repair and any associated endoscopic procedure, other than a service associated with a service to which item 30390 or 30627 applies (H) (Anaes.) (Assist.) | 1,204.80 |
| 36532 | Nephroureterectomy, for tumour, by open, laparoscopic or robot‑assisted approach, with or without en bloc dissection of lymph nodes, including associated bladder repair and any associated endoscopic procedures, other than a service to which item 36533 applies or a service associated with a service to which item 30390 or 30627 applies (H) (Anaes.) (Assist.) | 1,729.20 |
| 36533 | Nephroureterectomy, for tumour, by open, laparoscopic or robot‑assisted approach, with or without en bloc dissection of lymph nodes, including associated bladder repair and any associated endoscopic procedures, if complicated by previous open or laparoscopic surgery on the same kidney or ureter, other than a service associated with a service to which item 30390 or 30627 applies (H) (Anaes.) (Assist.) | 2,043.80 |
| 36537 | Kidney or perinephric area, exploration of, with or without drainage of, by open exposure, other than a service to which another item in this Subgroup applies (H) (Anaes.) (Assist.) | 719.40 |
| 36543 | Nephrolithotomy or pyelolithotomy, or both, extended, for one or more renal stones, including one or more of nephrostomy, pyelostomy, pedicle control with or without freezing, calyorrhaphy or pyeloplasty (Anaes.) (Assist.) | 1,343.45 |
| 36546 | Extracorporeal shock wave lithotripsy (ESWL) to urinary tract and post‑treatment care for 3 days, including pre‑treatment consultations, unilateral (Anaes.) | 719.40 |
| 36549 | Ureterolithotomy, by open, laparoscopic or robot‑assisted approach (H) (Anaes.) (Assist.) | 866.90 |
| 36552 | Nephrostomy or pyelostomy, open, as an independent procedure (H) (Anaes.) (Assist.) | 771.55 |
| 36558 | Renal cyst or cysts, excision or unroofing of (Anaes.) (Assist.) | 676.15 |
| 36561 | Renal biopsy, performed under image guidance (closed) (Anaes.) | 179.50 |
| 36564 | Pyeloplasty (plastic reconstruction of the pelvi‑ureteric junction), by open, laparoscopic or robot‑assisted approach, with or without the use of a retroperitoneal approach (H) (Anaes.) (Assist.) | 962.20 |
| 36567 | Pyeloplasty in a kidney that is congenitally abnormal in addition to the presence of pelvic‑ureteric junction obstruction, or in a solitary kidney, by open, laparoscopic or robot‑assisted approach, with or without the use of a retroperitoneal approach (H) (Anaes.) (Assist.) | 1,057.50 |
| 36570 | Pyeloplasty, complicated by previous surgery on the same kidney, by open, laparoscopic or robot‑assisted approach, with or without the use of a retroperitoneal approach (H) (Anaes.) (Assist.) | 1,343.45 |
| 36573 | Divided ureter, repair of (H) (Anaes.) (Assist.) | 962.20 |
| 36576 | Kidney, exposure and exploration of, including repair or nephrectomy, for trauma, by open, laparoscopic or robot‑assisted approach, other than a service associated with:  (a) any other procedure performed on the kidney, renal pelvis or renal pedicle; or  (b) a service to which item 30390 or 30627 applies  (H) (Anaes.) (Assist.) | 1,204.80 |
| 36579 | Ureterectomy, complete or partial:  (a) for a tumour within the ureter, proven by histopathology at the time of surgery; or  (b) for congenital anomaly;  with or without associated bladder repair (H) (Anaes.) (Assist) | 771.55 |
| 36585 | Ureter, transplantation of, into skin (H) (Anaes.) (Assist.) | 771.55 |
| 36588 | Ureter, reimplantation into bladder (H) (Anaes.) (Assist.) | 962.20 |
| 36591 | Ureter, reimplantation into bladder with psoas hitch or Boari flap or both (H) (Anaes.) (Assist.) | 1,152.90 |
| 36594 | Ureter, transplantation of, into intestine (H) (Anaes.) (Assist.) | 962.20 |
| 36597 | Ureter, transplantation of, into another ureter (H) (Anaes.) (Assist.) | 962.20 |
| 36600 | Ureter, transplantation of, into isolated intestinal segment, unilateral (Anaes.) (Assist.) | 1,152.90 |
| 36603 | Ureters, transplantation of, into isolated intestinal segment, bilateral (H) (Anaes.) (Assist.) | 1,343.45 |
| 36604 | Ureteric stent, passage of through percutaneous nephrostomy tube, using interventional radiology techniques, but not including imaging (Anaes.) | 278.55 |
| 36606 | Intestinal urinary reservoir, continent, formation of, including formation of non‑return valves and implantation of ureters (one or both) into reservoir (H) (Anaes.) (Assist.) | 2,409.65 |
| 36607 | Ureteric stent, insertion of, with balloon dilatation of:  (a) the pelvicalyceal system; or  (b) ureter; or  (c) the pelvicalyceal system and ureter;  through a nephrostomy tube using interventional radiology techniques, but not including imaging (H) (Anaes.) | 718.70 |
| 36608 | Ureteric stent, exchange of, percutaneously through the ileal conduit or bladder using interventional radiology techniques, but not including imaging, other than a service associated with a service to which any of items 36811 to 36854 apply (H) (Anaes.) | 278.55 |
| 36609 | Intestinal urinary conduit, reservoir or ureterostomy, revision of (H) (Anaes.) (Assist.) | 771.55 |
| 36610 | Intestinal urinary conduit, incontinent, formation of (including associated small bowel resection and anastomosis), including implantation of one or both ureters into reservoir (H) (Anaes.) (Assist.) | 1,846.95 |
| 36611 | Intestinal urinary reservoir, continent, formation of (including associated small bowel resection and anastomosis), including formation of non‑return valves and implantation of one or both ureters into reservoir, performed by open, laparoscopic or robot‑assisted approach (H) (Anaes.) (Assist.) | 2,913.20 |
| 36612 | Ureter, exploration of, with or without drainage of, as an independent procedure (H) (Anaes.) (Assist.) | 676.15 |
| 36615 | Ureterolysis, unilateral, with or without repositioning of the ureter, for obstruction of the ureter, if:  (a) the obstruction:  (i) is evident either radiologically or by proximal ureteric dilatation at operation; and  (ii) is secondary to retroperitoneal fibrosis; and  (b) there is biopsy proven fibrosis, endometriosis or cancer at the site of the obstruction at time of surgery  (H) (Anaes.) (Assist.) | 771.55 |
| 36618 | Reduction ureteroplasty (H) (Anaes.) (Assist.) | 676.15 |
| 36621 | Closure of cutaneous ureterostomy (H) (Anaes.) (Assist.) | 483.35 |
| 36624 | Nephrostomy, percutaneous, using interventional radiology techniques, but not including imaging (Anaes.) (Assist.) | 580.75 |
| 36627 | Nephroscopy, percutaneous, with or without any one or more of stone extraction, biopsy or diathermy, other than a service to which item 36639 or 36645 applies (H) (Anaes.) | 719.40 |
| 36633 | Nephroscopy, percutaneous, with incision of any one or more of renal pelvis, calyx or calyces or ureter and including antegrade insertion of ureteric stent, other than a service associated with a service to which item 36627, 36639 or 36645 applies (Anaes.) (Assist.) | 771.55 |
| 36636 | Nephroscopy, percutaneous, with incision of any one or more of renal pelvis, calyx or calyces or ureter and including antegrade insertion of ureteric stent, being a service associated with a service to which item 36627, 36639 or 36645 applies (H) (Anaes.) (Assist.) | 416.10 |
| 36639 | Nephroscopy, percutaneous, with destruction and extraction of one or 2 stones using ultrasound or electrohydraulic shock waves or lasers, other than a service to which item 36645 applies (H) (Anaes.) | 866.90 |
| 36645 | Nephroscopy, percutaneous, with removal or destruction of a stone greater than 3 cm in any dimension, or for 3 or more stones (H) (Anaes.) (Assist.) | 1,109.50 |
| 36649 | Nephrostomy drainage tube, exchange of, using interventional radiology techniques, but not including imaging (Anaes.) (Assist.) | 278.55 |
| 36650 | Nephrostomy tube, removal of, using interventional radiology techniques, but not including imaging, if the ureter has been stented with a double J ureteric stent and that stent is left in place (H) (Anaes.) | 155.80 |
| 36652 | Pyeloscopy, retrograde, of one collecting system, with or without any one or more of, cystoscopy, ureteric meatotomy, ureteric dilatation, other than a service associated with a service to which item 36803, 36812 or 36824 applies (H) (Anaes.) (Assist.) | 676.15 |
| 36654 | Pyeloscopy, retrograde, of one collecting system, being a service to which item 36652 applies, plus one or more of extraction of stone from the renal pelvis or calyces, or biopsy or diathermy of the renal pelvis or calyces, other than a service associated with a service performed in the same collecting system to which item 36656 applies (H) (Anaes.) (Assist.) | 866.90 |
| 36656 | Pyeloscopy, retrograde, of one collecting system, being a service to which item 36652 applies, plus extraction of 2 or more stones in the renal pelvis or calyces or destruction of stone with ultrasound, electrohydraulic or kinetic lithotripsy or laser in the renal pelvis or calyces, with or without extraction of fragments, other than a service associated with a service performed in the same collecting system to which item 36654 applies (H) (Anaes.) (Assist.) | 1,109.50 |
| 36663 | Both:  (a) percutaneous placement of sacral nerve lead or leads using fluoroscopic guidance, or open placement of sacral nerve lead or leads; and  (b) intra‑operative test stimulation, to manage:  (i) detrusor over‑activity that has been refractory to at least 12 months conservative non‑surgical treatment; or  (ii) non‑obstructive urinary retention that has been refractory to at least 12 months conservative non‑surgical treatment  (Anaes.) | 687.75 |
| 36664 | Both:  (a) percutaneous repositioning of sacral nerve lead or leads using fluoroscopic guidance, or open repositioning of sacral nerve lead or leads; and  (b) intra‑operative test stimulation, to correct displacement or unsatisfactory positioning, if inserted for the management of:  (i) detrusor over‑activity that has been refractory to at least 12 months conservative non‑surgical treatment; or  (ii) non‑obstructive urinary retention that has been refractory to at least 12 months conservative non‑surgical treatment;  other than a service to which item 36663 applies (Anaes.) | 617.60 |
| 36665 | Sacral nerve electrode or electrodes, management and adjustment of the pulse generator by a medical practitioner, to manage detrusor over‑activity or non‑obstructive urinary retention—each day | 130.45 |
| 36666 | Pulse generator, subcutaneous placement of, and placement and connection of extension wire or wires to sacral nerve electrode or electrodes, for the management of:  (a) detrusor over‑activity that has been refractory to at least 12 months conservative non‑surgical treatment; or  (b) non‑obstructive urinary retention that has been refractory to at least 12 months conservative non‑surgical treatment  (Anaes.) | 347.55 |
| 36667 | Sacral nerve lead or leads, removal of, if the lead was inserted to manage:  (a) detrusor over‑activity that has been refractory to at least 12 months conservative non‑surgical treatment; or  (b) non‑obstructive urinary retention that has been refractory to at least 12 months conservative non‑surgical treatment  (Anaes.) | 162.65 |
| 36668 | Pulse generator, removal of, if the pulse generator was inserted to manage:  (a) detrusor over‑activity that has been refractory to at least 12 months conservative non‑surgical treatment; or  (b) non‑obstructive urinary retention that has been refractory to at least 12 months conservative non‑surgical treatment  (Anaes.) | 162.65 |
| 36671 | Percutaneous tibial nerve stimulation, initial treatment protocol, for the treatment of overactive bladder, by a specialist urologist, gynaecologist or urogynaecologist, if:  (a) the patient has been diagnosed with idiopathic overactive bladder; and  (b) the patient has been refractory to, is contraindicated or otherwise not suitable for, conservative treatments (including anti‑cholinergic agents); and  (c) the patient is contraindicated or otherwise not a suitable candidate for botulinum toxin type A therapy; and  (d) the patient is contraindicated or otherwise not a suitable candidate for sacral nerve stimulation; and  (e) the patient is willing and able to comply with the treatment protocol; and  (f) the initial treatment protocol comprises 12 sessions, delivered over a 3 month period; and  (g) each session lasts for a minimum of 45 minutes, of which neurostimulation lasts for 30 minutes  Applicable only once, unless the patient achieves at least a 50% reduction in overactive bladder symptoms from baseline at any time during the 3 month treatment period  Not applicable to a service associated with a service to which item 36672 or 36673 applies | 208.10 |
| 36672 | Percutaneous tibial nerve stimulation, tapering treatment protocol, for the treatment of overactive bladder, including any associated consultation at the time the percutaneous tibial nerve stimulation treatment is administered, if:  (a) the patient responded to the percutaneous tibial nerve stimulation initial treatment protocol and has achieved at least a 50% reduction in overactive bladder symptoms from baseline at any time during the treatment period for the initial treatment protocol; and  (b) the tapering treatment protocol comprises no more than 5 sessions, delivered over a 3 month period, and the interval between sessions is adjusted with the aim of sustaining therapeutic benefit of the treatment; and  (c) each session lasts for a minimum of 45 minutes, of which neurostimulation lasts for 30 minutes.  Not applicable to a service associated with a service to which item 36671 or 36673 applies | 208.10 |
| 36673 | Percutaneous tibial nerve stimulation, maintenance treatment protocol, for the treatment of overactive bladder, including any associated consultation at the time the percutaneous tibial nerve stimulation treatment is administered, if:  (a) the patient responded to the percutaneous tibial nerve stimulation initial treatment protocol and to the tapering treatment protocol, and has achieved at least a 50% reduction in overactive bladder symptoms from baseline at any time during the treatment period for the initial treatment protocol; and  (b) the maintenance treatment protocol comprises no more than 12 sessions, delivered over a 12 month period, and the interval between sessions is adjusted with the aim of sustaining therapeutic benefit of the treatment; and  (c) each session lasts for a minimum of 45 minutes, of which neurostimulation lasts for 30 minutes  Not applicable to service associated with a service to which item 36671 or 36672 applies | 208.10 |
| 36800 | Bladder, catheterisation of, if no other procedure is performed (Anaes.) | 28.70 |
| 36803 | Ureteroscopy, of one ureter, with or without any one or more of cystoscopy, ureteric meatotomy, or ureteric dilatation, other than a service associated with a service to which item 36652, 36654, 36656, 36806, 36809, 36812, 36824 or 36848 applies (Anaes.) (Assist.) | 485.25 |
| 36806 | Ureteroscopy, of one ureter:  (a) with or without one or more of the following:  (i) cystoscopy;  (ii) endoscopic incision of pelviureteric junction or ureteric stricture;  (iii) ureteric meatotomy;  (iv) ureteric dilatation; and  (b) with either or both of the following:  (i) extraction of stone from the ureter;  (ii) biopsy or diathermy of the ureter;  other than:  (c) a service associated with a service to which item 36803 or 36812 applies; or  (d) a service associated with a service, performed on the same ureter, to which item 36809, 36824 or 36848 applies  (H) (Anaes.) (Assist.) | 676.15 |
| 36809 | Ureteroscopy, of one ureter, with or without any one or more of, cystoscopy, ureteric meatotomy or ureteric dilatation, plus destruction of stone in the ureter with ultrasound, electrohydraulic or kinetic lithotripsy or laser, with or without extraction of fragments, other than a service  associated with a service to which item 36803 or 36812 applies, or a service associated with a service to which item 36806, 36824 or 36848 applies to a procedure performed on the same ureter (H) (Anaes.) (Assist.) | 866.90 |
| 36811 | Cystoscopy, with insertion of one or more urethral or prostatic prostheses, other than a service associated with a service to which item 37203, 37207 or 37230 applies (Anaes.) | 336.50 |
| 36812 | Either or bothof cystoscopyand urethroscopy, with or without urethral dilatation, other than a service associated with any other urological endoscopic procedure on the lower urinary tract (Anaes.) | 173.45 |
| 36815 | Cystoscopy, with or without urethroscopy, for the treatment of penile warts or urethral warts, other than a service associated with a service to which item 30189 applies (Anaes.) | 247.55 |
| 36818 | Cystoscopy, with ureteric catheterisation, unilateral or bilateral, guided by fluoroscopic imaging of the upper urinary tract, other than a service associated with a service to which item 36824 or 36830 applies (Anaes.) | 287.80 |
| 36821 | Cystoscopy with one or more of ureteric dilatation, insertion of ureteric stent, or brush biopsy of ureter or of renal pelvis, unilateral (Anaes.) (Assist.) | 336.30 |
| 36822 | Cystoscopy, with ureteric catheterisation, unilateral:  (a) guided byfluoroscopic imaging of the upper urinary tract; and  (b) including one or more of ureteric dilatation, insertion of ureteric stent, or brush biopsy of ureter or of renal pelvis;  other than a service associated with a service to which item 36818, 36821 or 36830 applies (Anaes.) (Assist.) | 480.25 |
| 36823 | Cystoscopy, with removal of ureteric stent and ureteric catheterisation, unilateral:  (a) guided byfluoroscopic imaging of the upper urinary tract; and  (b) including either or both of the following:  (i) ureteric dilatation;  (ii) insertion of ureteric stent of ureter or of renal pelvis;  other than a service associated with a service to which item 36818, 36821, 36830 or 36833 applies (Anaes.) (Assist.) | 552.20 |
| 36824 | Cystoscopy with ureteric catheterisation, unilateral or bilateral, other than a service associated with a service to which item 36818 applies (Anaes.) | 221.80 |
| 36827 | Cystoscopy, with controlled hydro‑dilatation of the bladder, other than a service associated with a service to which item 37011 or 37245 applies (Anaes.) | 239.20 |
| 36830 | Cystoscopy, with ureteric meatotomy (H) (Anaes.) | 211.50 |
| 36833 | Cystoscopy with removal of ureteric stent or other foreign body in the lower urinary tract, unilateral (Anaes.) | 287.80 |
| 36836 | Cystoscopy with biopsy of bladder, other than a service associated with a service to which item 36812, 36830, 36840, 36845, 36848, 36854, 37203, 37206, 37215, 37230 or 37233 applies (Anaes.) | 239.20 |
| 36840 | Cystoscopy, with diathermy, resection or visual laser destruction of bladder tumour or other lesion of the bladder, for:  (a) a tumour or lesion in only one quadrant of the bladder; or  (b) a solitary tumour of not more than 2 cm in diameter;  other than a service associated with a service to which item 36845 applies (Anaes.) | 336.30 |
| 36842 | Cystoscopy, with lavage of blood clots from bladder, including any associated cautery of prostate or bladder, other than a service associated with a service to which any of items 36812, 36827 to 36863, 37203, 37206, 37230 and 37233 apply (H) (Anaes.) | 338.35 |
| 36845 | Cystoscopy, with diathermy, resection or visual laser destruction of:  (a) multiple tumours in 2 or more quadrants of the bladder; or  (b) a solitary bladdertumour of more than 2 cm in diameter  (Anaes.) | 719.40 |
| 36848 | Cystoscopy with resection of ureterocele (H) (Anaes.) | 239.20 |
| 36851 | Cystoscopy with injection into bladder wall, other than a service associated with a service to which item 18375 or 18379 applies (H) (Anaes.) | 239.20 |
| 36854 | Cystoscopy with endoscopic incision or resection of external sphincter, bladder neck or both (H) (Anaes.) | 485.25 |
| 36860 | Endoscopic examination of intestinal conduit or reservoir (Anaes.) | 173.45 |
| 36863 | Litholapaxy, with or without cystoscopy (H) (Anaes.) | 485.25 |
| 37000 | Bladder, partial excision of (H) (Anaes.) (Assist.) | 771.55 |
| 37004 | Bladder, repair of rupture (H) (Anaes.) (Assist.) | 676.15 |
| 37008 | Open cystostomy or cystotomy, suprapubic, other than:  (a) a service to which item 37011 applies; or  (b) a service associated with a service to which item 37245 applies; or  (c) another open bladder procedure  (Anaes.) (Assist.) | 433.30 |
| 37011 | Suprapubic stab cystotomy, other than a service associated with a service to which item 36827 applies (Anaes.) | 97.10 |
| 37014 | Bladder, total excision of (H) (Anaes.) (Assist.) | 1,109.50 |
| 37015 | Bladder, total excision of, following previous open, laparoscopic or robot‑assisted surgery, or radiation therapy or chemotherapy, to the pelvis (H) (Anaes.) (Assist.) | 1,331.40 |
| 37016 | Cystectomy, including prostatectomy and pelvic lymph node dissection, other than a service associated with a service to which item 37000, 37014, 37015, 37209, 35551 or 36502 applies (H) (Anaes) (Assist) | 2,076.05 |
| 37018 | Cystectomy, including prostatectomy and pelvic lymph node dissection, following previous open, laparoscopic or robot‑assisted surgery, or radiation therapy or chemotherapy, to the pelvis, other than a service associated with a service to which item 37000, 37014, 37015, 37016, 37209, 35551 or 36502 applies (H) (Anaes.) (Assist.) | 3,114.15 |
| 37019 | Cystectomy, including anterior exenteration and pelvic lymph node dissection, other than a service associated with a service to which any of items 37000, 37014, 37015, 35551, 36502 and 35653 to 35756 apply (H) (Anaes.) (Assist.) | 2,073.70 |
| 37020 | Bladder diverticulum, excision or obliteration of (H) (Anaes.) (Assist.) | 771.55 |
| 37021 | Cystectomy, including anterior exenteration and pelvic lymph node dissection, following previous open, laparoscopic or robot‑assisted surgery, or radiation therapy or chemotherapy, to the pelvis, other than a service associated with a service to which any of items 37000, 37014, 37015, 35551, 36502 and 35653 to 35756 apply (H) (Anaes.) (Assist.) | 3,110.55 |
| 37023 | Vesical fistula, cutaneous, operation for (H) (Anaes.) | 433.30 |
| 37026 | Cutaneous vesicostomy, establishment of (H) (Anaes.) (Assist.) | 433.30 |
| 37029 | Vesico‑vaginal fistula, closure of, by abdominal approach (H) (Anaes.) (Assist.) | 962.20 |
| 37038 | Vesico‑intestinal fistula, closure of, excluding bowel resection (H) (Anaes.) (Assist.) | 719.75 |
| 37039 | Bladder stress incontinence, sling procedure for, using a non‑autologous biological sling (H) (Anaes.) (Assist.) | 701.85 |
| 37040 | Bladder stress incontinence, sling procedure for, using a non‑adjustable synthetic male sling system, other than a service associated with a service to which item 37042 applies (H) (Anaes.) (Assist.) | 948.25 |
| 37041 | Bladder aspiration, by needle | 48.50 |
| 37042 | Bladder stress incontinence—sling procedure for, using autologous fascial sling, including harvesting of sling, other than a service associated with a service to which item 35599 applies (H) (Anaes.) (Assist.) | 948.25 |
| 37044 | Bladder stress incontinence, suprapubic operation for (such as Burch colposuspension), open or laparoscopic route, using native tissue without graft, with diagnostic cystoscopy to assess the integrity of the lower urinary tract, not being a service associated with a service to which item 35599 or 36812 applies (H) (Anaes.) (Assist.) | 806.50 |
| 37045 | Continent catheterisation bladder stomas (for example, Mitrofanoff), formation of (H) (Anaes.) (Assist.) | 1,486.60 |
| 37046 | Suprapubic or perineal procedure for excision of graft material, either singly or in multiple pieces, for a symptomatic patient with graft related complications (including graft related pain or discharge and bleeding related to graft exposure), if not more than one service to which this item applies has been provided to the patient by the same practitioner in the preceding 12 months (H) (Anaes.) (Assist.) | 720.50 |
| 37047 | Bladder enlargement using intestine (H) (Anaes.) (Assist.) | 1,733.55 |
| 37048 | Bladder neck closure for the management of urinary incontinence (H) (Anaes.) (Assist.) | 962.20 |
| 37050 | Bladder exstrophy closure, not involving sphincter reconstruction (H) (Anaes.) (Assist.) | 771.55 |
| 37053 | Bladder transection and re‑anastomosis to trigone (H) (Anaes.) (Assist.) | 891.40 |
| 37200 | Prostatectomy, by open, laparoscopic or robot‑assisted approach (H) (Anaes.) (Assist.) | 1,057.50 |
| 37201 | Prostate, transurethral radio‑frequency needle ablation of, with or without cystoscopy and with or without urethroscopy, in patients with moderate to severe lower urinary tract symptoms who are not medically fit for transurethral resection of the prostate (that is, prostatectomy using diathermy or cold punch) and including a service to which item 36854, 37203, 37206, 37207, 37208, 37245, 37303, 37321 or 37324 applies (H) (Anaes.) | 862.45 |
| 37202 | Prostate, transurethral radio‑frequency needle ablation of, with or without cystoscopy and with or without urethroscopy, in patients with moderate to severe lower urinary tract symptoms who are not medically fit for transurethral resection of the prostate (that is prostatectomy using diathermy or cold punch) and including a service to which item 36854, 37245, 37303, 37321 or 37324 applies, continuation of, within 10 days of the procedure described by item 37201, 37203 or 37207 which had to be discontinued for medical reasons (Anaes.) | 432.90 |
| 37203 | Prostatectomy, transurethral resection using cautery, with or without cystoscopy, and with or without urethroscopy, and including services to which item 36854, 37201, 37202, 37207, 37208, 37245, 37303, 37321 or 37324 applies (H) (Anaes.) | 1,084.35 |
| 37206 | Prostatectomy, endoscopic, using diathermy or other ablative techniques:  (a) with or without cystoscopy and with or without urethroscopy; and  (b) including services to which one or more of items 36854, 37303, 37321 and 37324 apply;  continuation, within 10 days, of treatment of benign prostatic hyperplasia that had to be discontinued for medical reasons (H) (Anaes.) | 580.75 |
| 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, 37201, 37202, 37203, 37206, 37245, 37303, 37321 or 37324 applies (H) (Anaes.) | 1,084.35 |
| 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, 37303, 37321 or 37324 applies, continuation of, within 10 days of the procedure described by item 37201, 37203, 37207 or 37245 which had to be discontinued for medical reasons (H) (Anaes.) | 580.75 |
| 37209 | Total excision (other than a service associated with a service to which item 37210 or 37211 applies) of any, or all of:  (a) prostate; or  (b) seminal vesicle, unilateral or bilateral; or  (c) ampulla of vas, unilateral or bilateral  (H) (Anaes.) (Assist.) | 1,343.45 |
| 37210 | Prostatectomy, radical, involving total excision of the prostate, sparing of nerves around the prostate (where clinically indicated) with or without bladder neck reconstruction, other than a service associated with a service to which item 30390, 30627, 35551, 36502 or 37375 applies (H) (Anaes.) (Assist.) | 1,658.00 |
| 37211 | Prostatectomy, radical, involving total excision of the prostate, sparing of nerves around the prostate (where clinically indicated):  (a) with or without bladder neck reconstruction; and  (b) with pelvic lymphadenectomy;  other than a service associated with a service to which item 30390, 30627, 35551, 36502 or 37375 applies (H) (Anaes.) (Assist.) | 2,013.60 |
| 37213 | Prostatectomy, radical, involving total excision of the prostate, sparing of nerves around the prostate (where clinically indicated):  (a) complicated by:  (i) previous radiation therapy (including brachytherapy) on the prostate; or  (ii) previous ablative procedures on the prostate; and  (b) with bladder neck reconstruction;  other than a service associated with a service to which item 30390, 30627, 35551, 36502 or 37375 applies (H) (Anaes.) (Assist.) | 2,486.85 |
| 37214 | Prostatectomy, radical, involving total excision of the prostate, sparing of nerves around the prostate (where clinically indicated):  (a) complicated by:  (i) previous radiation therapy (including brachytherapy) on the prostate; or  (ii) previous ablative procedures on the prostate; and  (b) with bladder neck reconstruction and pelvic lymphadenectomy;  other than a service associated with a service to which item 30390, 30627, 35551, 36502 or 37375 applies (H) (Anaes.) (Assist.) | 3,020.65 |
| 37215 | Prostate, biopsy of, endoscopic, with or without cystoscopy (Anaes.) | 433.30 |
| 37216 | Prostate or prostatic bed, needle biopsy of, by the transrectal route, using prostatic ultrasound guidance and obtaining one or more prostatic specimens, being a service associated with a service to which item 55603 applies (Anaes.) | 146.15 |
| 37217 | Prostate, implantation of radio‑opaque fiducial markers into the prostate gland or prostate surgical bed, under ultrasound guidance, being an item associated with a service to which item 55603 applies (Anaes.) | 143.90 |
| 37218 | Prostate, injection into, one or more, excluding insertion of fiduciary markers (Anaes.) | 143.90 |
| 37219 | Prostate or prostatic bed, needle biopsy of, by the transperineal route, using prostatic ultrasound guidance and obtaining one or more prostatic specimens, being a service associated with a service to which item 55600 or 55603 applies (Anaes.) | 350.75 |
| 37220 | Prostate, radioactive seed implantation of, urological component, using transrectal ultrasound guidance:  (a) for a patient with:  (i) localised prostatic malignancy at clinical stages T1 (clinically inapparent tumour not palpable or visible by imaging) or T2 (tumour confined within prostate); and  (ii) a Gleason score of less than or equal to 7 (Grade Group 1 to Grade Group 3); and  (iii) a prostate specific antigen (PSA) of not more than 10ng/ml at the time of diagnosis; and  (b) performed by a urologist at an approved site in association with a radiation oncologist; and  (c) being a service associated with:  (i) services to which items 15338 and 55603 apply; and  (ii) a service to which item 60506 or 60509 applies  (H) (Anaes.) | 1,086.50 |
| 37221 | Prostatic abscess, endoscopic drainage of (H) (Anaes.) | 485.25 |
| 37223 | Prostatic coil, insertion of, under ultrasound control (H) (Anaes.) | 214.60 |
| 37224 | Prostate, diathermy or cauterisation, other than a service associated with a service to which item 37201, 37202, 37203, 37206, 37207, 37208, 37215, 37230 or 37233 applies (Anaes.) | 336.30 |
| 37226 | Prostate or prostatic bed, needle biopsy of, using prostatic magnetic resonance imaging techniques and obtaining one or more prostatic specimens (Anaes.) | 292.25 |
| 37227 | Prostate, transperineal insertion of catheters for high dose rate brachytherapy using ultrasound guidance including any associated cystoscopy, if performed at an approved site, and being a service associated with a service to which item 15331 or 15332 applies | 588.75 |
| 37230 | Prostate, ablation by electrocautery or high‑energy transurethral microwave thermotherapy, with or without cystoscopy and with or without urethroscopy (Anaes.) | 1,084.35 |
| 37233 | Prostate, ablation by electrocautery or high‑energy transurethral microwave thermotherapy, with or without cystoscopy and with or without urethroscopy, continuation, within 10 days, of a urological procedure of the prostate that had to be discontinued for medical reasons (Anaes.) | 580.75 |
| 37245 | Prostate, endoscopic enucleation of, for the treatment of benign prostatic hyperplasia:  (a) with morcellation, including mechanical morcellation or by an endoscopic technique; and  (b) with or without cystoscopy; and  (c) with or without urethroscopy;  other than a service associated with a service to which item 36827, 36854, 37008, 37201, 37202, 37203, 37206, 37207, 37208, 37303, 37321 or 37324 applies (H) (Anaes.) | 1,313.30 |
| 37300 | Urethral sounds, passage of, as an independent procedure (Anaes.) | 48.50 |
| 37303 | Urethral stricture, dilatation of (Anaes.) | 77.10 |
| 37306 | Urethra, repair of rupture of distal section (H) (Anaes.) (Assist.) | 676.15 |
| 37309 | Urethra, repair of rupture of prostatic or membranous segment (H) (Anaes.) (Assist.) | 962.20 |
| 37318 | Urethroscopy, with or without cystoscopy, with one or more of biopsy, diathermy, visual laser destruction of urethral calculi or removal of foreign body or calculi (Anaes.) | 287.80 |
| 37321 | Urethral meatotomy, external (Anaes.) | 97.10 |
| 37324 | Urethrotomy or urethrostomy, internal or external (H) (Anaes.) (Assist.) | 239.20 |
| 37327 | Urethrotomy, optical, for urethral stricture (H) (Anaes.) (Assist.) | 336.30 |
| 37330 | Urethrectomy, partial or complete, for removal of tumour (H) (Anaes.) (Assist.) | 676.15 |
| 37333 | Urethro‑vaginal fistula, closure of (H) (Anaes.) (Assist.) | 580.75 |
| 37336 | Urethro‑rectal fistula, closure of (H) (Anaes.) (Assist.) | 771.55 |
| 37338 | Urethral synthetic male sling system, division or removal of, for urethral obstruction, sling erosion, pain or infection following previous surgery for urinary incontinence, other than a service associated with a service to which item 37340 or 37341 applies (H) (Anaes.) (Assist.) | 948.25 |
| 37339 | Periurethral or transurethral injection of urethral bulking agents for the treatment of urinary incontinence, including cystoscopy and urethroscopy, other than a service associated with a service to which item 18375 or 18379 applies (Anaes.) | 249.60 |
| 37340 | Urethral synthetic sling, division or removal of, for urethral obstruction, sling erosion, pain or infection following previous surgery for urinary incontinence, vaginal approach, other than a service associated with a service to which item 37341 or 37344 applies (H) (Anaes.) (Assist.) | 948.25 |
| 37341 | Urethral sling, division or removal of, for urethral obstruction, sling erosion, pain or infection following previous surgery for urinary incontinence, suprapubic, combined suprapubic and vaginal or combined suprapubic and perineal approach, other than a service associated with a service to which item 37340 or 37344 applies (H) (Anaes.) (Assist.) | 948.25 |
| 37342 | Urethroplasty—single stage operation (H) (Anaes.) (Assist.) | 866.90 |
| 37343 | Urethroplasty, single stage operation, transpubic approach via separate incisions above and below the symphysis pubis, excluding laparotomy, symphysectomy and suprapubic cystotomy, with or without re‑routing of the urethra around the crura (H) (Anaes.) (Assist.) | 1,447.50 |
| 37344 | Urethral autologous fascial sling (or other biological sling), division or removal of, for urethral obstruction, sling erosion, pain or infection following previous surgery for urinary incontinence, vaginal approach, other than a service to which 37340 or 37341 applies (H) (Anaes.) (Assist.) | 948.25 |
| 37345 | Urethroplasty—2 stage operation—first stage (H) (Anaes.) (Assist.) | 719.40 |
| 37348 | Urethroplasty—2 stage operation—second stage (H) (Anaes.) (Assist.) | 719.40 |
| 37351 | Urethroplasty, other than a service to which another item in this Group applies (H) (Anaes.) (Assist.) | 287.80 |
| 37354 | Hypospadias, meatotomy and hemi‑circumcision (H) (Anaes.) (Assist.) | 336.30 |
| 37369 | Urethra, excision of prolapse of (H) (Anaes.) | 194.20 |
| 37372 | Urethral diverticulum, excision of (H) (Anaes.) (Assist.) | 962.20 |
| 37375 | Urethral sphincter, reconstruction by bladder tubularisation technique or similar procedure (H) (Anaes.) (Assist.) | 1,204.80 |
| 37381 | Artificial urinary sphincter, insertion of cuff, perineal approach (H) (Anaes.) (Assist.) | 771.55 |
| 37384 | Artificial urinary sphincter, insertion of cuff, abdominal approach (H) (Anaes.) (Assist.) | 1,204.80 |
| 37387 | Artificial urinary sphincter, insertion of pressure regulating balloon and pump (H) (Anaes.) (Assist.) | 336.30 |
| 37388 | Artificial urinary sphincter, sterile, percutaneous adjustment of filling volume | 101.90 |
| 37390 | Artificial urinary sphincter, revision or removal of, with or without replacement (H) (Anaes.) (Assist.) | 962.20 |
| 37393 | Priapism, decompression by glanular stab caverno‑sospongiosum shunt or penile aspiration with or without lavage (Anaes.) | 239.20 |
| 37396 | Priapism, shunt operation for, other than a service to which item 37393 applies (H) (Anaes.) (Assist.) | 771.55 |
| 37402 | Penis, partial amputation of (H) (Anaes.) (Assist.) | 485.25 |
| 37405 | Penis, complete or radical amputation of (H) (Anaes.) (Assist.) | 962.20 |
| 37408 | Penis, repair of laceration of cavernous tissue, or fracture involving cavernous tissue (H) (Anaes.) (Assist.) | 485.25 |
| 37411 | Penis, repair of avulsion (Anaes.) (Assist.) | 962.20 |
| 37415 | Penis, injection of, for the investigation and treatment of erectile dysfunction  Applicable not more than twice in a 36‑month period | 48.50 |
| 37417 | Penis, correction of chordee by plication techniques including Nesbit’s corporoplasty (H) (Anaes.) (Assist.) | 580.75 |
| 37418 | Penis, correction of chordee with incision or excision of fibrous plaque or plaques, with or without mobilisation of one or both of the neuro‑vascular bundle andurethra (Anaes.) (Assist.) | 771.55 |
| 37423 | Penis, lengthening by translocation of corpora, in conjunction with partial penectomy or penile epispadias secondary repair, either as primary or secondary procedures (H) (Anaes.) (Assist.) | 962.20 |
| 37426 | Penis, artificial erection device, insertion of, into one or both corpora (H) (Anaes.) (Assist.) | 1,014.05 |
| 37429 | Penis, artificial erection device, insertion of pump and pressure regulating reservoir (H) (Anaes.) (Assist.) | 336.30 |
| 37432 | Penis, artificial erection device, complete or partial revision or removal of components, with or without replacement (H) (Anaes.) (Assist.) | 962.20 |
| 37435 | Penis, frenuloplasty as an independent procedure (Anaes.) | 97.10 |
| 37438 | Scrotum, partial excision of, for histologically proven malignancy or infection (Anaes.) (Assist.) | 287.80 |
| 37601 | Spermatocele or epididymal cyst, excision of, one or more of, on one side (Anaes.) | 287.80 |
| 37604 | Exploration of scrotal contents, with or without fixation and with or without biopsy, unilateral or bilateral, other than a service associated with sperm harvesting for IVF (Anaes.) | 287.80 |
| 37605 | Transcutaneous sperm retrieval, unilateral, from either the testis or the epididymis, for the purposes of intracytoplasmic sperm injection, for male factor infertility, other than a service to which item 13218 applies (Anaes.) | 388.60 |
| 37606 | Open surgical sperm retrieval, unilateral, including the exploration of scrotal contents, with or without biopsy, for the purposes of intracytoplasmic sperm injection, for male factor infertility, performed in a hospital, other than a service to which item 13218 or 37604 applies (Anaes.) | 577.00 |
| 37607 | Bilateral retroperitoneal lymph node dissection, for testicular tumour, other than a service associated with a service to which item 30390 or 30627 applies (H) (Anaes.) (Assist.) | 1,443.25 |
| 37610 | Bilateral retroperitoneal lymph node dissection, for testicular tumour, following previous similar retroperitoneal dissection, retroperitoneal radiation therapy or chemotherapy, other than a service associated with a service to which item 30390 or 30627 applies (H) (Anaes.) (Assist.) | 2,171.30 |
| 37613 | Epididymectomy (Anaes.) | 287.80 |
| 37616 | Vasovasostomy or vasoepididymostomy, unilateral, using the operating microscope, other than a service associated with sperm harvesting for IVF (H) (Anaes.) (Assist.) | 719.40 |
| 37619 | Vasovasostomy or vasoepididymostomy, unilateral, other than a service associated with sperm harvesting for IVF (Anaes.) (Assist.) | 287.80 |
| 37623 | Vasotomy or vasectomy, unilateral or bilateral (Anaes.) | 239.20 |
| 37800 | Patent urachus, excision of, on a patient 10 years of age or over (H) (Anaes.) (Assist.) | 542.40 |
| 37801 | Patent urachus, excision of, on a patient under 10 years of age (H) (Anaes.) (Assist.) | 705.15 |
| 37803 | Undescended testis, orchidopexy for, on a patient 10 years of age or over, other than a service to which item 37806 applies (H) (Anaes.) (Assist.) | 542.40 |
| 37804 | Undescended testis, orchidopexy for, on a patient under 10 years of age, other than a service to which item 37807 applies (H) (Anaes.) (Assist.) | 705.15 |
| 37806 | Undescended testis in inguinal canal close to deep inguinal ring or within abdominal cavity, orchidopexy for, on a patient 10 years of age or over (Anaes.) (Assist.) | 626.70 |
| 37807 | Undescended testis in inguinal canal close to deep inguinal ring or within abdominal cavity, orchidopexy for, on a patient under 10 years of age (Anaes.) (Assist.) | 814.70 |
| 37809 | Undescended testis, revision orchidopexy for, on a patient 10 years of age or over (H) (Anaes.) (Assist.) | 626.70 |
| 37810 | Undescended testis, revision orchidopexy for, on a patient under 10 years of age (H) (Anaes.) (Assist.) | 814.70 |
| 37812 | Impalpable testis, exploration of groin for, on a patient 10 years of age or over, other than a service associated with a service to which any of items 37803, 37806 and 37809 apply (H) (Anaes.) (Assist.) | 578.50 |
| 37813 | Impalpable testis, exploration of groin for, on a patient under 10 years of age, other than a service associated with a service to which any of items 37804, 37807 and 37810 apply (H) (Anaes.) (Assist.) | 752.05 |
| 37815 | Hypospadias, examination under anaesthesia with erection test, on a patient 10 years of age or over (H) (Anaes.) | 96.50 |
| 37816 | Hypospadias, examination under anaesthesia with erection test, on a patient under 10 years of age (H) (Anaes.) | 125.50 |
| 37818 | Hypospadias, glanuloplasty incorporating meatal advancement, on a patient 10 years of age or over (Anaes.) (Assist.) | 511.35 |
| 37819 | Hypospadias, glanuloplasty incorporating meatal advancement, on a patient under 10 years of age (Anaes.) (Assist.) | 664.80 |
| 37821 | Hypospadias, distal, one stage repair, on a patient 10 years of age or over (H) (Anaes.) (Assist.) | 866.90 |
| 37822 | Hypospadias, distal, one stage repair, on a patient under 10 years of age (H) (Anaes.) (Assist.) | 1,126.95 |
| 37824 | Hypospadias, proximal, one stage repair, on a patient 10 years of age or over (H) (Anaes.) (Assist.) | 1,205.25 |
| 37825 | Hypospadias, proximal, one stage repair, on a patient under 10 years of age (H) (Anaes.) (Assist.) | 1,566.85 |
| 37827 | Hypospadias, staged repair, first stage, on a patient 10 years of age or over (H) (Anaes.) (Assist.) | 555.25 |
| 37828 | Hypospadias, staged repair, first stage, on a patient under 10 years of age (H) (Anaes.) (Assist.) | 721.80 |
| 37830 | Hypospadias, staged repair, second stage, on a patient 10 years of age or over (Anaes.) (Assist.) | 719.40 |
| 37831 | Hypospadias, staged repair, second stage, on a patient under 10 years of age (Anaes.) (Assist.) | 935.35 |
| 37833 | Hypospadias, repair of urethral fistula, on a patient 10 years of age or over (H) (Anaes.) (Assist.) | 343.35 |
| 37834 | Hypospadias, repair of urethral fistula, on a patient under 10 years of age (H) (Anaes.) (Assist.) | 446.35 |
| 37836 | Epispadias, staged repair, first stage (H) (Anaes.) (Assist.) | 723.15 |
| 37839 | Epispadias, staged repair, second stage (H) (Anaes.) (Assist.) | 819.50 |
| 37842 | Exstrophy of bladder or epispadias, primary or secondary repair with or without bladder neck tightening, with or without ureteric reimplantation (H) (Anaes.) (Assist.) | 1,591.05 |
| 37845 | Congenital disorder of sexual differentiation with urogenital sinus, external genitoplasty, with or without endoscopy (H) (Anaes.) (Assist.) | 723.15 |
| 37848 | Congenital disorder of sexual differentiation with urogenital sinus, external genitoplasty, with endoscopy and vaginoplasty (H) (Anaes.) (Assist.) | 1,301.70 |
| 37851 | Congenital disorder of sexual differentiation, vaginoplasty for, with or without endoscopy (H) (Anaes.) (Assist.) | 964.35 |
| 37854 | Urethral valve, destruction of, including cystoscopy and urethroscopy (H) (Anaes.) | 381.30 |
| Subgroup 6—Cardio‑thoracic | | |
| 38200 | Right heart catheterisation with any one or more of the following:  (a) fluoroscopy;  (b) oximetry;  (c) dye dilution curves;  (d) cardiac output measurement by any method;  (e) shunt detection;  (f) exercise stress test;  other than a service associated with a service to which item 38203, 38206, 38244, 38247, 38248, 38249, 38251, 38252, 38254 or 38368 applies (Anaes.) | 463.50 |
| 38203 | Left heart catheterisation by percutaneous arterial puncture, arteriotomy or percutaneous left ventricular puncture, with any one or more of the following:  (a) fluoroscopy;  (b) oximetry;  (c) dye dilution curves;  (d) cardiac output measurements by any method;  (e) shunt detection;  (f) exercise stress test;  other than a service associated with a service to which item 38200, 38206, 38244, 38247, 38248, 38249, 38251, 38252 or 38254 applies (Anaes.) | 553.10 |
| 38206 | Right heart catheterisation with left heart catheterisation via the right heart or by another procedure, with any one or more of the following:  (a) fluoroscopy;  (b) oximetry;  (c) dye dilution curves;  (d) cardiac output measurements by any method;  (e) shunt detection;  (f) exercise stress test;  other than a service associated with a service to which item 38200, 38203, 38244, 38247, 38248, 38249, 38251, 38252 or 38254 applies (Anaes.) | 668.70 |
| 38209 | Cardiac electrophysiological study—up to and including 3 catheter investigation of any one or more of—syncope, atrio‑ventricular conduction, sinus node function or simple ventricular tachycardia studies, other than a service associated with a service to which item 38212 or 38213 applies (Anaes.) | 858.60 |
| 38212 | Cardiac electrophysiological study for:  (a) the investigation of supraventricular tachycardia involving 4 or more catheters; or  (b) complex tachycardia inductions; or  (c) multiple catheter mapping; or  (d) acute intravenous anti‑arrhythmic drug testing with pre and post drug inductions; or  (e) catheter ablation to intentionally induce complete atrioventricular block; or  (f) intraoperative mapping;  other than a service associated with a service to which item 38209 or 38213 applies (Anaes.) | 1,428.05 |
| 38213 | Cardiac electrophysiological study, performed either:  (a) during insertion of implantable defibrillator; or  (b) for defibrillation threshold testing at a different time to implantation;  other than a service associated with a service to which item 38209 or 38212 applies (Anaes.) | 425.30 |
| 38241 | Use of a coronary pressure wire, if the service is:  (a) performed during selective coronary angiography, percutaneous angioplasty or transluminal insertion of one or more stents; and  (b) to measure fractional flow reserve, non‑hyperaemic pressure ratios or coronary flow reserve in intermediate coronary artery or graft lesions (stenosis of 50 to 70%); and  (c) to determine whether revascularisation is appropriate, if previous functional imaging:  (i) has not been performed; or  (ii) has been performed but the results are inconclusive or do not apply to the vessel being interrogated; and  (d) performed on one or more coronary vascular territories  (Anaes.) | 488.70 |
| 38244 | Selective coronary angiography:  (a) for a patient who is eligible for the service under clause 5.10.17A; and  (b) with placement of one or more catheters and injection of opaque material into native coronary arteries; and  (c) with or without left heart catheterisation, left ventriculography or aortography; and  (d) including all associated imaging;  other than a service associated with a service to which 38200, 38203, 38206, 38247, 38248, 38249, 38251 or 38252 applies (Anaes) | 920.00 |
| 38247 | Selective coronary and graft angiography:  (a) for a patient who is eligible for the service under clause 5.10.17A; and  (b) with placement of one or more catheters and injection of opaque material into the native coronary arteries; and  (c) if free coronary grafts attached to the aorta or direct internal mammary artery grafts are present—with placement of one or more catheters and injection of opaque material into those grafts (irrespective of the number of grafts); and  (d) with or without left heart catheterisation, left ventriculography or aortography; and  (e) including all associated imaging;  other than a service associated with a service to which item 38200, 38203, 38206, 38244, 38248, 38249, 38251 or 38252 applies (Anaes) | 1,473.95 |
| 38248 | Selective coronary angiography:  (a) for a patient who is eligible for the service under clause 5.10.17B; and  (b) as part of the management of the patient; and  (c) with placement of catheters and injection of opaque material into native coronary arteries; and  (d) with or without left heart catheterisation, left ventriculography or aortography; and  (e) including all associated imaging;  other than a service associated with a service to which item 38200, 38203, 38206, 38244, 38247, 38249, 38251 or 38252 applies—applicable each 3 months (Anaes.) | 920.00 |
| 38249 | Selective coronary and graft angiography:  (a) for a patient who is eligible for the service under clause 5.10.17B; and  (b) as part of the management of the patient; and  (c) with placement of one or more catheters and injection of opaque material into the native coronary arteries; and  (d) if free coronary grafts attached to the aorta or direct internal mammary artery grafts are present—with placement of one or more catheters and injection of opaque material into those grafts (irrespective of the number of grafts); and  (e) with or without left heart catheterisation, left ventriculography or aortography; and  (f) including all associated imaging;  other than a service associated with a service to which item 38200, 38203, 38206, 38244, 38247, 38248, 38251 or 38252 applies—applicable once each 3 months (Anaes.) | 1,473.95 |
| 38251 | Selective coronary angiography:  (a) for a symptomatic patient with valvular or other non‑coronary structural heart disease; and  (b) as part of the management of the patient for:  (i) pre‑operative assessment for planning non‑coronary cardiac surgery, including by transcatheter approaches; or  (ii) evaluation of valvular heart disease or other non‑coronary structural heart disease where clinical impression is discordant with non‑invasive assessment; and  (c) with placement of catheters and injection of opaque material into native coronary arteries; and  (d) with or without left heart catheterisation, left ventriculography or aortography; and  (e) including all associated imaging;  other than a service associated with a service to which item 38200, 38203, 38206, 38244, 38247, 38248, 38249 or 38252 applies—applicable once each 12 months (Anaes.) | 920.00 |
| 38252 | Selective coronary and graft angiography:  (a) for a symptomatic patient with valvular or other non‑coronary structural heart disease; and  (b) as part of the management of the patient for:  (i) pre‑operative assessment for planning non‑coronary cardiac surgery, including by transcatheter approaches; or  (ii) evaluation of valvular heart disease or other non‑coronary structural heart disease where clinical impression is discordant with non‑invasive assessment; and  (c) with placement of one or more catheters and injection of opaque material into the native coronary arteries; and  (d) if free coronary grafts attached to the aorta or direct internal mammary artery grafts are present—with placement of one or more catheters and injection of opaque material into those grafts (irrespective of the number of grafts); and  (e) with or without left heart catheterisation, left ventriculography or aortography; and  (f) including all associated imaging;  other than a service associated with a service to which item 38200, 38203, 38206, 38244, 38247, 38248, 38249 or 38251 applies—applicable once each 12 months (Anaes.) | 1,473.95 |
| 38254 | Right heart catheterisation:  (a) performed at the same time as a service to which item 38244, 38247, 38248, 38249, 38251, 38252, 38307, 38308, 38310, 38311, 38313 or 38314 applies; and  (b) including any of the following (if performed):  (i) fluoroscopy;  (ii) oximetry;  (iii) dye dilution curves;  (iv) cardiac output measurement;  (v) shunt detection;  (vi) exercise stress test  (Anaes.) | 463.50 |
| 38256 | Temporary transvenous pacemaking electrode, insertion of (Anaes.) | 278.10 |
| 38270 | Balloon valvuloplasty or isolated atrial septostomy, including cardiac catheterisations before and after balloon dilatation (Anaes.) (Assist.) | 949.25 |
| 38272 | Atrial septal defect or patent foramen closure:  (a) for congenital heart disease in a patient with documented evidence of right heart overload or paradoxical embolism; and  (b) using a septal occluder or similar device, by transcatheter approach; and  (c) including right or left heart catheterisation (or both);  other than a service associated with a service to which item 38200, 38203, 38206 or 38254 applies (Anaes.) (Assist.) | 949.25 |
| 38273 | Patent ductus arteriosus, transcatheter closure of, including cardiac catheterisation and any imaging associated with the service (H) (Anaes.) (Assist.) | 949.25 |
| 38274 | Ventricular septal defect, transcatheter closure of, with cardiac catheterisation, excluding imaging (H) (Anaes.) (Assist.) | 777.60 |
| 38275 | Myocardial biopsy, by cardiac catheterisation (Anaes.) | 310.25 |
| 38276 | Transcatheter occlusion of left atrial appendage, and cardiac catheterisation performed by the same practitioner, for stroke prevention in a patient who has non‑valvular atrial fibrillation, if:  (a) the patient is at increased risk of thromboembolism demonstrated by:  (i) a prior stroke (whether of an ischaemic or unknown type), transient ischaemic attack or non‑central nervous system systemic embolism; or  (ii) at least 2 of the following risk factors:  (A) an age of 65 years or more;  (B) hypertension;  (C) diabetes mellitus;  (D) heart failure or left ventricular ejection fraction of 35% or less (or both);  (E) vascular disease (prior myocardial infarction, peripheral artery disease or aortic plaque); and  (b) the patient has an absolute and permanent contraindication to oral anticoagulation (confirmed by written documentation that is provided by a medical practitioner, independent of the practitioner rendering the service); and  (c) the service is not associated with a service to which item 38200, 38203, 38206 or 38254 applies (H) (Anaes.) (Assist.) | 949.25 |
| 38285 | Insertion of implantable ECG loop recorder, by a specialist or consultant physician, for the diagnosis of a primary disorder, including initial programming and testing, if:  (a) the patient has recurrent unexplained syncope and does not have a structural heart defect associated with a high risk of sudden cardiac death; and  (b) a diagnosis has not been achieved through all other available cardiac investigations; and  (c) a neurogenic cause is not suspected  (Anaes.) | 160.55 |
| 38286 | Removal of implantable ECG loop recorder (Anaes.) | 144.60 |
| 38287 | Ablation of arrhythmia circuit or focus or isolation procedure involving one atrial chamber (Anaes.) (Assist.) | 2,183.55 |
| 38288 | Implantable loop recorder, insertion of, for diagnosis of atrial fibrillation, if:  (a) the patient to whom the service is provided has been diagnosed as having had an embolic stroke of undetermined source; and  (b) the bases of the diagnosis included the following:  (i) the medical history of the patient;  (ii) physical examination;  (iii) brain and carotid imaging;  (iv) cardiac imaging;  (v) surface ECG testing including 24‑hour Holter monitoring; and  (c) atrial fibrillation is suspected; and  (d) the patient:  (i) does not have a permanent indication for oral anticoagulants; or  (ii) does not have a permanent oral anticoagulants contraindication;  including initial programming and testing (Anaes.) | 200.75 |
| 38290 | Ablation of arrhythmia circuits or foci, or isolation procedure involving both atrial chambers and including curative procedures for atrial fibrillation (H) (Anaes.) (Assist.) | 2,780.20 |
| 38293 | Ventricular arrhythmia with mapping and ablation, including all associated electrophysiological studies performed on the same day (Anaes.) (Assist.) | 2,984.25 |
| 38307 | Percutaneous coronary intervention:  (a) for a patient:  (i) eligible for the service under clause 5.10.17A; and  (ii) for whom selective coronary angiography has not been completed in the previous 3 months; and  (b) including selective coronary angiography and all associated imaging, catheter and contrast; and  (c) including either or both:  (i) percutaneous angioplasty;  (ii) transluminal insertion of one or more stents; and  (d) performed on one coronary vascular territory; and  (e) excluding aftercare;  other than a service associated with a service to which item 38200, 38203, 38206, 38244, 38247, 38248, 38249, 38251, 38252, 38308, 38310, 38311, 38313, 38314, 38316, 38317, 38319, 38320, 38322 or 38323 applies (Anaes.) (Assist.) | 1,844.60 |
| 38308 | Percutaneous coronary intervention:  (a) for a patient:  (i) eligible for the service under clause 5.10.17A; and  (ii) for whom selective coronary angiography has not been completed in the previous 3 months; and  (b) including selective coronary angiography and all associated imaging, catheter and contrast; and  (c) including either or both:  (i) percutaneous angioplasty; and  (ii) transluminal insertion of one or more stents; and  (d) performed on 2 coronary vascular territories; and  (e) excluding aftercare;  other than a service associated with a service to which item 38200, 38203, 38206, 38244, 38247, 38248, 38249, 38251, 38252, 38307, 38310, 38311, 38313, 38314, 38316, 38317, 38319, 38320, 38322 or 38323 applies (Anaes.) (Assist.) | 2,122.25 |
| 38309 | Percutaneous transluminal rotational atherectomy of one or more coronary arteries, including all associated imaging, if:  (a) the target stenosis within at least one coronary artery is heavily calcified and balloon angioplasty with or without stenting is not feasible without rotational artherectomy; and  (b) the service is performed in conjunction with a service to which item 38307, 38308, 38310, 38311, 38313, 38314, 38316, 38317, 38319, 38320, 38322 or 38323 applies  Applicable only once on each occasion the service is performed (Anaes.) (Assist.) | 1,250.70 |
| 38310 | Percutaneous coronary intervention:  (a) for a patient:  (i) eligible for the service under clause 5.10.17A; and  (ii) for whom selective coronary angiography has not been completed in the previous 3 months; and  (b) including selective coronary angiography and all associated imaging, catheter and contrast; and  (c) including either or both:  (i) percutaneous angioplasty; and  (ii) transluminal insertion of one or more stents; and  (d) performed on 3 coronary vascular territories; and  (e) excluding aftercare;  other than a service associated with a service to which item 38200, 38203, 38206, 38244, 38247, 38248, 38249, 38251, 38252, 38307, 38308, 38311, 38313, 38314, 38316, 38317, 38319, 38320, 38322 or 38323 applies (Anaes.) (Assist.) | 2,399.90 |
| 38311 | Percutaneous coronary intervention:  (a) for a patient:  (i) eligible under clause 5.10.17C for the service and a service to which item 38314 applies; and  (ii) for whom selective coronary angiography has not been completed in the previous 3 months; and  (b) including selective coronary angiography and all associated imaging, catheter and contrast; and  (c) including either or both:  (i) percutaneous angioplasty; and  (ii) transluminal insertion of one or more stents; and  (d) performed on one coronary vascular territory; and  (e) excluding aftercare;  other than a service associated with a service to which item 38200, 38203, 38206, 38244, 38247, 38248, 38249, 38251, 38252, 38307, 38308, 38310, 38313, 38314, 38316, 38317, 38319, 38320, 38322 or 38323 applies (Anaes.) (Assist.) | 1,844.60 |
| 38313 | Percutaneous coronary intervention:  (a) for a patient:  (i) eligible under clause 5.10.17C for the service and a service to which item 38314 applies; and  (ii) for whom selective coronary angiography has not been completed in the previous 3 months; and  (b) including selective coronary angiography and all associated imaging, catheter and contrast; and  (c) including either or both:  (i) percutaneous angioplasty; and  (ii) transluminal insertion of one or more stents; and  (d) performed on 2 coronary vascular territories; and  (e) excluding aftercare;  other than a service associated with a service to which item 38200, 38203, 38206, 38244, 38247, 38248, 38249, 38251, 38252, 38307, 38308, 38310, 38311, 38314, 38316, 38317, 38319, 38320, 38322 or 38323 applies (Anaes.) (Assist.) | 2,122.25 |
| 38314 | Percutaneous coronary intervention:  (a) for a patient:  (i) eligible for the service under clause 5.10.17C; and  (ii) for whom selective coronary angiography has not been completed in the previous 3 months; and  (b) including selective coronary angiography and all associated imaging, catheter and contrast; and  (c) including either or both:  (i) percutaneous angioplasty; and  (ii) transluminal insertion of one or more stents; and  (c) performed on 3 coronary vascular territories; and  (e) excluding aftercare;  other than a service associated with a service to which item 38200, 38203, 38206, 38244, 38247, 38248, 38249, 38251, 38252, 38307, 38308, 38310, 38311, 38313, 38316, 38317, 38319, 38320, 38322 or 38323 applies (Anaes.) (Assist.) | 2,399.90 |
| 38316 | Percutaneous coronary intervention:  (a) for a patient:  (i) eligible for the service under clause 5.10.17A; and  (ii) for whom selective coronary angiography has been completed in the previous 3 months; and  (b) including any associated coronary angiography; and  (c) including either or both:  (i) percutaneous angioplasty; and  (ii) transluminal insertion of one or more stents; and  (d) performed on one coronary vascular territory; and  (e) excluding aftercare;  other than a service associated with a service to which item 38200, 38203, 38206, 38244, 38247, 38248, 38249, 38251, 38252, 38307, 38308, 38310, 38311, 38313, 38314, 38317, 38319, 38320, 38322 or 38323 applies (Anaes.) (Assist.) | 1,648.95 |
| 38317 | Percutaneous coronary intervention:  (a) for a patient:  (i) eligible for the service under clause 5.10.17A; and  (ii) for whom selective coronary angiography has been completed in the previous 3 months; and  (b) including any associated coronary angiography; and  (c) including either or both:  (i) percutaneous angioplasty; and  (ii) transluminal insertion of one or more stents; and  (d) performed on 2 coronary vascular territories; and  (e) excluding aftercare;  other than a service associated with a service to which item 38200, 38203, 38206, 38244, 38247, 38248, 38249, 38251, 38252, 38307, 38308, 38310, 38311, 38313, 38314, 38316, 38319, 38320, 38322 or 38323 applies (Anaes.) (Assist.) | 2,088.80 |
| 38319 | Percutaneous coronary intervention:  (a) for a patient:  (i) eligible for the service under clause 5.10.17A; and  (ii) for whom selective coronary angiography has been completed in the previous 3 months; and  (b) including any associated coronary angiography; and  (c) including either or both:  (i) percutaneous angioplasty; and  (ii) transluminal insertion of one or more stents; and  (d) performed on 3 coronary vascular territories; and  (e) excluding aftercare;  other than a service associated with a service to which item 38200, 38203, 38206, 38244, 38247, 38248, 38249, 38251, 38252, 38307, 38308, 38310, 38311, 38313, 38314, 38316, 38317, 38320, 38322 or 38323 applies (Anaes.) (Assist.) | 2,366.45 |
| 38320 | Percutaneous coronary intervention:  (a) for a patient:  (i) eligible under clause 5.10.17C for the service and a service to which item 38323 applies; and  (ii) for whom selective coronary angiography has been completed in the previous 3 months; and  (b) including any associated coronary angiography; and  (c) including either or both:  (i) percutaneous angioplasty; and  (ii) transluminal insertion of one or more stents; and  (d) performed on one coronary vascular territory; and  (e) excluding aftercare;  other than a service associated with a service to which item 38200, 38203, 38206, 38244, 38247, 38248, 38249, 38251, 38252, 38307, 38308, 38310, 38311, 38313, 38314, 38316, 38317, 38319, 38322 or 38323 applies (Anaes.) (Assist.) | 1,648.95 |
| 38322 | Percutaneous coronary intervention:  (a) for a patient:  (i) eligible under clause 5.10.17C for the service and a service to which item 38323 applies; and  (ii) for whom selective coronary angiography has been completed in the previous 3 months; and  (b) including any associated coronary angiography; and  (c) including either or both:  (i) percutaneous angioplasty; and  (ii) transluminal insertion of one or more stents; and  (d) performed on 2 coronary vascular territories; and  (e) excluding aftercare;  other than a service associated with a service to which item 38200, 38203, 38206, 38244, 38247, 38248, 38249, 38251, 38252, 38307, 38308, 38310, 38311, 38313, 38314, 38316, 38317, 38319, 38320 or 38323 applies (Anaes.) (Assist.) | 2,088.80 |
| 38323 | Percutaneous coronary intervention:  (a) for a patient:  (i) eligible for the service under clause 5.10.17C; and  (ii) for whom selective coronary angiography has been completed in the previous 3 months; and  (b) including any associated coronary angiography; and  (c) including either or both:  (i) percutaneous angioplasty; and  (ii) transluminal insertion of one or more stents; and  (d) performed on 3 coronary vascular territories; and  (e) excluding aftercare;  other than a service associated with a service to which item 38200, 38203, 38206, 38244, 38247, 38248, 38249, 38251, 38252, 38307, 38308, 38310, 38311, 38313, 38314, 38316, 38317, 38319, 38320 or 38322 applies (Anaes.) (Assist.) | 2,366.45 |
| 38350 | Single chamber permanent transvenous electrode (including cardiac electrophysiological services if used for pacemaker implantation), insertion, removal or replacement of (Anaes.) | 664.55 |
| 38353 | Permanent cardiac pacemaker (including cardiac electrophysiological services if used for pacemaker implantation), insertion, removal or replacement of—other than a service for the purpose of cardiac resynchronisation therapy (H) (Anaes.) | 265.80 |
| 38356 | Dual chamber permanent transvenous electrodes (including cardiac electrophysiological services if used for pacemaker implantation), insertion, removal or replacement of (H) (Anaes.) | 871.25 |
| 38358 | Extraction of one or more chronically implanted transvenous pacing or defibrillator leads, by percutaneous method, with locking stylets and snares, with extraction sheaths (if any), if:  (a) theleads have been in place for more than 6 months and require removal; and  (b) the service is performed:  (i) in association with a service to which item 61109 or 60509 applies; and  (ii) by a specialist or consultant physician who has undertaken the training to perform the service; and  (iii) in a facility where cardiothoracic surgery is available and a thoracotomy can be performed immediately and without transfer; and  (c) if the service is performed by an interventional cardiologist—a cardiothoracic surgeon is in attendance during the service  (H) (Anaes.) (Assist.) | 2,984.25 |
| 38359 | Pericardium, paracentesis of (excluding after‑care) (Anaes.) | 139.00 |
| 38362 | Intra‑aortic balloon pump, percutaneous insertion of (H) (Anaes.) | 400.50 |
| 38365 | Insertion, removal or replacement of permanent cardiac synchronisation device, if the patient:  (a) has all of the following:  (i) chronic heart failure, classified as New York Heart Association class III or IV (despite optimised medical therapy);  (ii) left ventricular ejection fraction of less than 35%;  (iii) QRS duration of greater than or equal to 130 ms; or  (b) has all of the following:  (i) chronic heart failure, classified as New York Heart Association class II (despite optimised medical therapy);  (ii) left ventricular ejection fraction of less than 35%;  (iii) QRS duration of greater than or equal to 150 ms;  other than a service associated with a service to which item 38212 applies (H) (Anaes.) (Assist.) | 265.80 |
| 38368 | Insertion, removal or replacement of permanent transvenous left ventricular electrode, through the coronary sinus, for the purpose of cardiac resynchronisation therapy, including right heart catheterisation and any associated venograms, if the patient:  (a) has all of the following:  (i) chronic heart failure, classified as New York Heart Association class III or IV (despite optimised medical therapy);  (ii) left ventricular ejection fraction of less than 35%;  (iii) QRS duration of greater than or equal to 130 ms; or  (b) has all of the following:  (i) chronic heart failure, classified as New York Heart Association class II (despite optimised medical therapy);  (ii) left ventricular ejection fraction of less than 35%;  (iii) QRS duration of greater than or equal to 150 ms;  other than a service associated with a service to which item 35200, 38200 or 38212 applies (H) (Anaes.) (Assist.) | 1,274.20 |
| 38416 | Endoscopic ultrasound guided fine needle aspiration biopsy or biopsies (endoscopy with ultrasound imaging) to obtain one or more specimens from either or both of the following:  (a) mediastinal masses;  (b) locoregional nodes to stage non‑small cell lung carcinoma;  other than a service associated witha service to which an item in Subgroup 1 of this Group, or item 38417 or 55054, applies (Anaes.) | 586.15 |
| 38417 | Endobronchial ultrasound guided biopsy or biopsies (bronchoscopy with ultrasound imaging, with or without associated fluoroscopic imaging) to obtain one or more specimens by:  (a) transbronchial biopsy or biopsies of peripheral lung lesions; or  (b) fine needle aspirations of one or more mediastinal masses; or  (c) fine needle aspirations of locoregional nodes to stage non‑small cell lung carcinoma;  other than a service associated with a service to which an item in Subgroup 1 of this Group, item 38416, 38420 or 38423, or an item in Subgroup 15 of Group I3, applies (Anaes.) | 586.15 |
| 38419 | Bronchoscopy, as an independent procedure (Anaes.) | 185.25 |
| 38420 | Bronchoscopy with one or more endobronchial biopsies or other diagnostic or therapeutic procedures (Anaes.) | 244.60 |
| 38422 | Bronchus, removal of foreign body in (H) (Anaes.) (Assist.) | 382.65 |
| 38423 | Fibreoptic bronchoscopy with one or more transbronchial lung biopsies, with or without bronchial or broncho‑alveolar lavage, with or without the use of interventional imaging (Anaes.) (Assist.) | 267.35 |
| 38425 | Endoscopic laser resection of endobronchial tumours for relief of obstruction including any associated endoscopic procedures (H) (Anaes.) (Assist.) | 628.75 |
| 38426 | Trachea or bronchus, dilatation of stricture and endoscopic insertion of stent (H) (Anaes.) (Assist.) | 471.70 |
| 38428 | Bronchoscopy with treatment of tracheal stricture (Anaes.) | 256.50 |
| 38429 | Tracheal excision and repair of, without cardiopulmonary bypass (H) (Anaes.) (Assist.) | 1,819.30 |
| 38431 | Tracheal excision and repair of, with cardiopulmonary bypass (H) (Anaes.) (Assist.) | 2,460.75 |
| 38467 | Insertion, removal or replacement of permanent myocardial electrode, by open surgical approach, other than a service associated with a service to which item 11704, 11705, 11707, 11714, 18260, 33824, 38816, 38828 or 45503 applies (H) (Anaes.) (Assist.) | 997.25 |
| 38471 | Insertion of implantable defibrillator, including insertion of patches for the insertion of one or more transvenous endocardial leads, if the patient has one of the following:  (a) a history of haemodynamically significant ventricular arrhythmias in the presence of structural heart disease;  (b) documented high‑risk genetic cardiac disease;  (c) ischaemic heart disease, with a left ventricular ejection fraction of less than 30% at least one month after experiencing a myocardial infarction and while on optimised medical therapy;  (d) chronic heart failure, classified as New York Heart Association class II or III, with a left ventricular ejection fraction of less than 35% (despite optimised medical therapy);  other than a service to which item 38212 applies (H) (Anaes.) (Assist) | 1,095.30 |
| 38472 | Insertion, replacement or removal of implantable defibrillator generator, if the patient has one of the following:  (a) a history of haemodynamically significant ventricular arrhythmias in the presence of structural heart disease;  (b) documented high‑risk genetic cardiac disease;  (c) ischaemic heart disease, with a left ventricular ejection fraction of less than 30% at least one month after experiencing a myocardial infarction and while on optimised medical therapy;  (d) chronic heart failure, classified as New York Heart Association class II or III, with a left ventricular ejection fraction of less than 35% (despite optimised medical therapy);  other than a service to which item 38212 applies (H) (Anaes.) (Assist) | 299.50 |
| 38474 | Repair, augmentation or replacement of branch pulmonary arteries—left or right (or both), with cardiopulmonary bypass, for congenital heart disease, other than a service associated with a service to which item 11704, 11705, 11707, 11714, 18260, 33824, 38816, 38828 or 45503 applies (H) (Anaes.) (Assist.) | 2,257.10 |
| 38477 | Valve annuloplasty with insertion of ring, other than:  (a) a service to which item 38516 or 38517 applies; or  (b) a service associated with a service to which to which item 11704, 11705, 11707, 11714, 18260, 33824, 38816, 38828 or 45503 applies  (H) (Anaes.) (Assist.) | 2,084.55 |
| 38484 | Aortic or pulmonary valve replacement with bioprosthesis or mechanical prosthesis, including retrograde cardioplegia (if performed), other than a service associated with a service to which item 11704, 11705, 11707, 11714, 18260, 33824, 38816, 38828 or 45503 applies (H) (Anaes.) (Assist.) | 2,112.20 |
| 38485 | Mitral annulus, reconstruction of, after decalcification, when performed in association with valve surgery (H) (Anaes.) (Assist.) | 850.20 |
| 38487 | Mitral valve, open valvotomy of (H) (Anaes.) (Assist.) | 1,790.65 |
| 38490 | Reconstruction and re‑implantation of sub‑valvular structures, if performed in conjunction with a service to which item 38499 applies (H) (Anaes.) (Assist.) | 577.00 |
| 38493 | Operative management of acute infective endocarditis, in association with heart valve surgery (H) (Anaes.) (Assist.) | 2,036.90 |
| 38499 | Mitral or tricuspid valve replacement with bioprosthesis or mechanical prosthesis, including retrograde cardioplegia (if performed), other than a service associated with a service to which item 11704, 11705, 11707, 11714, 18260, 33824, 38816, 38828 or 45503 applies (H) (Anaes.) (Assist.) | 2,112.20 |
| 38502 | Coronary artery bypass, including cardiopulmonary bypass, with or without retrograde cardioplegia, with or without vein grafts, and including at least one of the following:  (a) harvesting of left internal mammary artery and vein graft material;  (b) harvesting of left internal mammary artery;  (c) harvesting of vein graft material;  other than a service associated with a service to which item 11704, 11705, 11707, 11714, 18260, 33824, 38816, 38828 or 45503 applies (H) (Anaes.) (Assist) | 2,451.55 |
| 38508 | Repair or reconstruction of left ventricular aneurysm, including plication, resection and primary and patch repairs, other than a service associated with a service to which item 11704, 11705, 11707, 11714, 18260, 33824, 38816, 38828 or 45503 applies (H) (Anaes.) (Assist.) | 1,996.20 |
| 38509 | Repair of ischaemic ventricular septal rupture, other than a service associated with a service to which item 11704, 11705, 11707, 11714, 18260, 33824, 38816, 38828 or 45503 applies (H) (Anaes.) (Assist.) | 2,485.45 |
| 38510 | Artery harvesting (other than of the left internal mammary), for coronary artery bypass, if:  (a) more than one arterial graft is required; and  (b) the service is performed in conjunction with coronary artery bypass surgery performed by any medical practitioner  (H) (Anaes.) (Assist.) | 649.25 |
| 38511 | Coronary artery bypass, with the aid of tissue stabilisers, if the service is performed:  (a) without cardiopulmonary bypass; and  (b) in conjunction with a service to which item 38502 applies  (H) (Anaes.) (Assist.) | 624.30 |
| 38512 | Division of accessory pathway, isolation procedure, procedure on atrioventricular node or perinodal tissues involving one atrial chamber only, other than a service associated with a service to which item 11704, 11705, 11707, 11714, 18260, 33824, 38816, 38828 or 45503 applies (H) (Anaes.) (Assist.) | 2,183.55 |
| 38513 | Creation of Y‑graft, T‑graft and graft‑to‑graft extensions, with micro‑arterial or micro‑venous anastomosis using microsurgical techniques, if:  (a) the service is for one or more anastomoses; and  (b) the service is performed in conjunction with a service to which item 38502 applies (H) (Anaes.) (Assist.) | 1,040.55 |
| 38515 | Division of accessory pathway, isolation procedure, procedure on atrioventricular node or perinodal tissues involving both atrial chambers and including curative surgery for atrial fibrillation, other than a service associated with a service to which item 11704, 11705, 11707, 11714, 18260, 33824, 38816, 38828 or 45503 applies (H) (Anaes.) (Assist.) | 2,780.20 |
| 38516 | Simple valve repair:  (a) with or without annuloplasty; and  (b) including quadrangular resection, cleft closure or alfieri; and  (c) including retrograde cardioplegia (if performed);  other than a service associated with a service to which item 11704, 11705, 11707, 11714, 18260, 33824, 38816, 38828 or 45503 applies (H) (Anaes.) (Assist) | 2,641.60 |
| 38517 | Complex valve repair:  (a) with or without annuloplasty; and  (b) including retrograde cardioplegia (if performed); and  (c) including one of the following:  (i) neochords;  (ii) chordal transfer;  (iii) patch augmentation;  (iv) multiple leaflets;  other than a service associated with a service to which item 11704, 11705, 11707, 11714, 18260, 33824, 38816, 38828 or 45503 applies (H) (Anaes.) (Assist) | 3,251.20 |
| 38518 | Ventricular arrhythmia with mapping and muscle ablation, with or without aneurysmeotomy, other than a service associated with a service to which item 11704, 11705, 11707, 11714, 18260, 33824, 38816, 38828 or 45503 applies (H) (Anaes.) (Assist.) | 2,984.25 |
| 38519 | Valve explant of a previous prosthesis, if performed during open cardiac surgery, not being a service associated with a service to which item 11704, 11705, 11707, 11714, 18260, 33824, 38816, 38828 or 45503 applies (H) (Anaes.) (Assist.) | 1,100.00 |
| 38550 | Repair or replacement of ascending thoracic aorta:  (a) including:  (i) cardiopulmonary bypass; and  (ii) retrograde cardioplegia (if performed); and  (b) not including valve replacement or repair or implantation of coronary arteries;  other than a service associated with a service to which item 11704, 11705, 11707, 11714, 18260, 33824, 38816, 38828 or 45503 applies (H) (Anaes.) (Assist.) | 2,337.50 |
| 38553 | Repair or replacement of ascending thoracic aorta:  (a) including:  (i) aortic valve replacement or repair; and  (i) cardiopulmonary bypass; and  (ii) retrograde cardioplegia (if performed); and  (b) not including implantation of coronary arteries;  other than a service associated with a service to which item 11704, 11705, 11707, 11714, 18260, 33824, 38816, 38828 or 45503 applies  (H) (Anaes.) (Assist.) | 2,942.90 |
| 38554 | Valve sparing aortic root surgery, with reimplantation of aortic valve and coronary arteries and replacement of the ascending aorta, including cardiopulmonary bypass, and including retrograde cardioplegia (if performed), other than a service associated with a service to which item 11704, 11705, 11707, 11714, 18260, 33824, 38816, 38828 or 45503 applies (H) (Anaes.) (Assist) | 4,236.45 |
| 38555 | Simple replacement or repair of aortic arch, performed in conjunction with a service to which item 38550, 38553, 38554, 38556, 38568 or 38571 applies, including:  (a) deep hypothermic circulatory arrest; and  (b) peripheral cannulation for cardiopulmonary bypass; and  (c) antegrade or retrograde cerebral perfusion (if performed);  other than a service associated with a service to which item 11704, 11705, 11707, 11714, 18260, 33824, 38603, 38816, 38828 or 45503 applies (H) (Anaes.) (Assist.) | 2,641.60 |
| 38556 | Repair or replacement of ascending thoracic aorta, including:  (a) aortic valve replacement or repair; and  (b) implantation of coronary arteries; and  (c) cardiopulmonary bypass; and  (d) retrograde cardioplegia (if performed);  other than a service associated with a service to which item 11704, 11705, 11707, 11714, 18260, 33824, 38816, 38828 or 45503 applies (H) (Anaes.) (Assist.) | 3,282.20 |
| 38557 | Complex replacement or repair of aortic arch, performed in conjunction with a service to which item 38550, 38553, 38554, 38556, 38568 or 38571 applies, including:  (a) debranching and reimplantation of head and neck vessels; and  (b) deep hypothermic circulatory arrest; and  (c) peripheral cannulation for cardiopulmonary bypass; and  (d) antegrade or retrograde cerebral perfusion (if performed);  other than a service associated with a service to which item 11704, 11705, 11707, 11714, 18260, 33824, 38816, 38828 or 45503 applies (H) (Anaes.) (Assist.) | 4,572.00 |
| 38558 | Aortic repair involving augmentation of hypoplastic or interrupted aortic arch, if:  (a) the patient is a neonate; and  (b) the service includes:  (i) the use of antegrade cerebral perfusion or deep hypothermic circulatory arrest and associated myocardial preservation; and  (ii) retrograde cardioplegia;  other than a service associated with a service to which item 11704, 11705, 11707, 11714, 18260, 33824, 38816, 38828 or 45503 applies (H) (Anaes.) (Assist.) | 5,083.70 |
| 38568 | Repair or replacement of descending thoracic aorta, without shunt or cardiopulmonary bypass, by open exposure, percutaneous or endovascular means, other than a service associated with a service to which item 11704, 11705, 11707, 11714, 18260, 33824, 38816, 38828 or 45503 applies (H) (Anaes.) (Assist.) | 1,938.45 |
| 38571 | Repair or replacement of descending thoracic aorta, with shunt or cardiopulmonary bypass, other than a service associated with a service to which item 11704, 11705, 11707, 11714, 18260, 33824, 38816, 38828 or 45503 applies (H) (Anaes.) (Assist.) | 2,209.65 |
| 38572 | Operative management of acute rupture or dissection, if the service:  (a) is performed in conjunction with a service to which item 38550, 38553, 38554, 38555, 38556, 38557, 38558, 38568, 38571, 38706 or 38709 applies; and  (b) is not associated with a service to which item 11704, 11705, 11707, 11714, 18260, 33824, 38603, 38816, 38828 or 45503 applies  (H) (Anaes.) (Assist.) | 2,067.60 |
| 38600 | Central cannulation for cardiopulmonary bypass excluding post‑operative management, other than a service associated with a service to which another item in this Subgroup applies (H) (Anaes.) (Assist.) | 1,594.05 |
| 38603 | Peripheral cannulation for cardiopulmonary bypass, excluding post‑operative management, other than a service:  (a) in which peripheral cannulation is used in preference to central cannulation for valve or coronary bypass procedures; or  (b) associated with a service to which item 38555 or 38572 applies  (H) (Anaes.) (Assist.) | 997.25 |
| 38609 | Insertion of intra‑aortic balloon pump, by arteriotomy, other than a service associated with a service to which item 11704, 11705, 11707, 11714, 18260, 33824, 38816, 38828 or 45503 applies (H) (Anaes.) (Assist.) | 498.55 |
| 38612 | Removal of intra‑aortic balloon pump, with closure of artery by direct suture, other than a service associated with a service to which item 11704, 11705, 11707, 11714, 18260, 33824, 38816, 38828 or 45503 applies (H) (Anaes.) (Assist.) | 558.90 |
| 38615 | Insertion of a left or right ventricular assist device, for use as:  (a) a bridge to cardiac transplantation in patients with refractory heart failure who are:  (i) currently on a heart transplant waiting list; or  (ii) expected to be suitable candidates for cardiac transplantation following a period of support on the ventricular assist device; or  (b) acute post cardiotomy support for failure to wean from cardiopulmonary transplantation; or  (c) cardio‑respiratory support for acute cardiac failure which is likely to recover with short term support of less than 6 weeks;  other than a service associated with a service to which:  (d) item 11704, 11705, 11707, 11714, 18260, 33824, 38816, 38828 or 45503 applies; or  (e) another item in this Schedule applies if the service described in the item is for the use of a ventricular assist device as destination therapy in the management of a patient with heart failure who is not expected to be a suitable candidate for cardiac transplantation  (H) (Anaes.) (Assist.) | 1,594.05 |
| 38618 | Insertion of a left and right ventricular assist device, for use as:  (a) a bridge to cardiac transplantation in patients with refractory heart failure who are:  (i) currently on a heart transplant waiting list; or  (ii) expected to be suitable candidates for cardiac transplantation following a period of support on the ventricular assist device; or  (b) acute post cardiotomy support for failure to wean from cardiopulmonary transplantation; or  (c) cardio‑respiratory support for acute cardiac failure which is likely to recover with short term support of less than 6 weeks;  other than a service associated with a service to which:  (d) item 11704, 11705, 11707, 11714, 18260, 33824, 38816, 38828 or 45503 applies; or  (e) another item in this Schedule applies if the service described in the item is for the use of a ventricular assist device as destination therapy in the management of a patient with heart failure who is not expected to be a suitable candidate for cardiac transplantation  (H) (Anaes.) (Assist.) | 1,986.95 |
| 38621 | Left or right ventricular assist device, removal of, as an independent procedure, other than a service associated with a service to which item 11704, 11705, 11707, 11714, 18260, 33824, 38627, 38816, 38828 or 45503 applies (H) (Anaes.) (Assist.) | 793.25 |
| 38624 | Left and right ventricular assist device, removal of, as an independent procedure, other than a service associated with a service to which item 11704, 11705, 11707, 11714, 18260, 33824, 38627, 38816, 38828 or 45503 applies (H) (Anaes.) (Assist.) | 891.35 |
| 38627 | Extra‑corporeal membrane oxygenation, bypass or ventricular assist device cannulae, adjustment and re‑positioning of, by open operation, in patients supported by these devices, other than a service associated with a service to which item 11704, 11705, 11707, 11714, 18260, 33824, 38816, 38828 or 45503 applies (H) (Anaes.) (Assist.) | 696.70 |
| 38637 | Patent diseased coronary artery bypass vein graft or grafts, dissection, disconnection and oversewing of, other than a service associated with a service to which item 11704, 11705, 11707, 11714, 18260, 33824, 38816, 38828 or 45503 applies (H) (Anaes.) (Assist.) | 577.00 |
| 38653 | Open heart surgery, other than a service:  (a) to which another item in this Group applies; or  (b) associated with a service to which item 11704, 11705, 11707, 11714, 18260, 33824, 38816, 38828 or 45503 applies (H) (Anaes.) (Assist.) | 2,090.50 |
| 38670 | Cardiac tumour, excision of, involving the wall of the atrium or inter‑atrial septum, without patch or conduit reconstruction, other than a service associated with a service to which item 11704, 11705, 11707, 11714, 18260, 33824, 38816, 38828 or 45503 applies (H) (Anaes.) (Assist.) | 1,986.55 |
| 38673 | Cardiac tumour, excision of, involving the wall of the atrium or inter‑atrial septum, requiring reconstruction with patch or conduit, other than a service associated with a service to which item 11704, 11705, 11707, 11714, 18260, 33824, 38816, 38828 or 45503 applies (H) (Anaes.) (Assist.) | 2,235.95 |
| 38677 | Cardiac tumour arising from ventricular myocardium, partial thickness excision of, other than a service associated with a service to which item 11704, 11705, 11707, 11714, 18260, 33824, 38816, 38828 or 45503 applies (H) (Anaes.) (Assist.) | 2,091.80 |
| 38680 | Cardiac tumour arising from ventricular myocardium, full thickness excision of including repair or reconstruction, other than a service associated with a service to which item 11704, 11705, 11707, 11714, 18260, 33824, 38816, 38828 or 45503 applies (H) (Anaes.) (Assist.) | 2,481.20 |
| 38700 | Patent ductus arteriosus, shunt, collateral or other single large vessel, division or ligation of, without cardiopulmonary bypass, for congenital heart disease, other than a service associated with a service to which item 11704, 11705, 11707, 11714, 18260, 33824, 38816, 38828 or 45503 applies (H) (Anaes.) (Assist.) | 1,110.65 |
| 38703 | Patent ductus arteriosus, shunt, collateral or other single large vessel, division or ligation of, with cardiopulmonary bypass, for congenital heart disease, other than a service associated with a service to which item 11704, 11705, 11707, 11714, 18260, 33824, 38816, 38828 or 45503 applies (H) (Anaes.) (Assist.) | 2,008.85 |
| 38706 | Aorta, anastomosis or repair of, without cardiopulmonary bypass, for congenital heart disease, other than a service associated with a service to which item 11704, 11705, 11707, 11714, 18260, 33824, 38816, 38828 or 45503 applies (H) (Anaes.) (Assist.) | 1,896.20 |
| 38709 | Anastomosis or repair of aorta, with cardiopulmonary bypass, for congenital heart disease, other than a service associated with a service to which item 11704, 11705, 11707, 11714, 18260, 33824, 38816, 38828 or 45503 applies (H) (Anaes.) (Assist.) | 2,235.45 |
| 38715 | Main pulmonary artery, banding, debanding or repair of, without cardiopulmonary bypass, for congenital heart disease, other than a service associated with a service to which item 11704, 11705, 11707, 11714, 18260, 33824, 38816, 38828 or 45503 applies (H) (Anaes.) (Assist.) | 1,775.45 |
| 38718 | Banding, debanding or repair of main pulmonary artery, with cardiopulmonary bypass, for congenital heart disease, other than a service associated with a service to which item 11704, 11705, 11707, 11714, 18260, 33824, 38816, 38828 or 45503 applies (H) (Anaes.) (Assist.) | 2,245.70 |
| 38721 | Vena cava, anastomosis or repair of, without cardiopulmonary bypass, for congenital heart disease, other than a service associated with a service to which item 11704, 11705, 11707, 11714, 18260, 33824, 38816, 38828 or 45503 applies (H) (Anaes.) (Assist.) | 1,556.45 |
| 38724 | Vena cava, anastomosis or repair of, with cardiopulmonary bypass, for congenital heart disease, other than a service associated with a service to which item 11704, 11705, 11707, 11714, 18260, 33824, 38816, 38828 or 45503 applies (H) (Anaes.) (Assist.) | 2,264.55 |
| 38727 | Anastomosis or repair of intrathoracic vessels, without cardiopulmonary bypass, performed as a primary procedure, other than a service to which item 11704, 11705, 11707, 11714, 18260, 33824, 38700, 38703, 38706, 38709, 38715, 38718, 38721, 38724, 38816, 38828 or 45503 applies (H) (Anaes.) (Assist.) | 1,556.45 |
| 38730 | Anastomosis or repair of intrathoracic vessels, with cardiopulmonary bypass, performed as a primary procedure, other than a service to which item 11704, 11705, 11707, 11714, 18260, 33824, 38700, 38703, 38706, 38709, 38715, 38718, 38721, 38724, 38816, 38828 or 45503 applies (H) (Anaes.) (Assist.) | 2,221.00 |
| 38733 | Systemic pulmonary or cavo‑pulmonary shunt, creation of, without cardiopulmonary bypass, for congenital heart disease, other than a service associated with a service to which item 11704, 11705, 11707, 11714, 18260, 33824, 38816, 38828 or 45503 applies (H) (Anaes.) (Assist.) | 1,556.45 |
| 38736 | Systemic pulmonary or cavo‑pulmonary shunt, creation of, with cardiopulmonary bypass, for congenital heart disease, other than a service associated with a service to which item 11704, 11705, 11707, 11714, 18260, 33824, 38816, 38828 or 45503 applies (H) (Anaes.) (Assist.) | 2,221.00 |
| 38739 | Atrial septectomy, with or without cardiopulmonary bypass, for congenital heart disease, other than a service associated with a service to which item 11704, 11705, 11707, 11714, 18260, 33824, 38816, 38828 or 45503 applies (H) (Anaes.) (Assist.) | 2,036.55 |
| 38742 | Atrial septal defect, closure by open exposure and direct suture or patch, for congenital heart disease in a patient with documented evidence of right heart overload or paradoxical embolism, other than a service associated with a service to which item 11704, 11705, 11707, 11714, 18260, 33824, 38816, 38828 or 45503 applies (H) (Anaes.) (Assist.) | 2,002.05 |
| 38745 | Intra‑atrial baffle, insertion of, for congenital heart disease, other than a service associated with a service to which item 11704, 11705, 11707, 11714, 18260, 33824, 38816, 38828 or 45503 applies (H) (Anaes.) (Assist.) | 2,221.00 |
| 38748 | Ventricular septectomy, for congenital heart disease, other than a service associated with a service to which item 11704, 11705, 11707, 11714, 18260, 33824, 38816, 38828 or 45503 applies (H) (Anaes.) (Assist.) | 2,221.00 |
| 38751 | Ventricular septal defect, closure by direct suture or patch, other than a service associated with a service to which item 11704, 11705, 11707, 11714, 18260, 33824, 38816, 38828 or 45503 applies (H) (Anaes.) (Assist.) | 2,221.00 |
| 38754 | Intraventricular baffle or conduit, insertion of, for congenital heart disease, other than a service associated with a service to which item 11704, 11705, 11707, 11714, 18260, 33824, 38816, 38828 or 45503 applies (H) (Anaes.) (Assist.) | 2,780.20 |
| 38757 | Extracardiac conduit, insertion of, for congenital heart disease, other than a service associated with a service to which item 11704, 11705, 11707, 11714, 18260, 33824, 38816, 38828 or 45503 applies (H) (Anaes.) (Assist.) | 2,221.00 |
| 38760 | Extracardiac conduit, replacement of, for congenital heart disease, other than a service associated with a service to which item 11704, 11705, 11707, 11714, 18260, 33824, 38816, 38828 or 45503 applies (H) (Anaes.) (Assist.) | 2,221.00 |
| 38764 | Ventricular myectomy, for relief of right or left ventricular obstruction, other than a service associated with a service to which item 11704, 11705, 11707, 11714, 18260, 33824, 38816, 38828 or 45503 applies (H) (Anaes.) (Assist.) | 2,221.00 |
| 38766 | Ventricular augmentation, right or left, for congenital heart disease, other than a service associated with a service to which item 11704, 11705, 11707, 11714, 18260, 33824, 38816, 38828 or 45503 applies (H) (Anaes.) (Assist.) | 2,221.00 |
| 38800 | Thoracic cavity, aspiration of, for diagnostic purposes, other than a service associated with a service to which item 38803 applies | 40.05 |
| 38803 | Thoracic cavity, aspiration of, with therapeutic drainage (paracentesis), with or without diagnostic sample | 80.00 |
| 38812 | Percutaneous needle biopsy of lung (Anaes.) | 217.65 |
| 38815 | Thoracoscopy, with or without division of pleural adhesions, with or without biopsy, including insertion of intercostal catheter where necessary, other than a service associated with a service to which item 18258, 18260, 38816 or 38828 applies (H) (Anaes.) (Assist.) | 264.00 |
| 38816 | Thoracotomy, exploratory, with or without biopsy, including insertion of an intercostal catheter where necessary, other than a service associated with a service to which item 18258, 18260, 38815 or 38828 applies (H) (Anaes.) (Assist.) | 1,013.20 |
| 38817 | Thoracotomy, thoracoscopy or sternotomy, by any procedure:  (a) including any division of adhesions if the time taken to divide the adhesions exceeds 30 minutes; and  (b) other than a service associated with a service to which item 11704, 11705, 11707, 11714, 18258, 18260, 33824, 38815, 38816, 38818, 38828 or 45503 applies  (H) (Anaes.) (Assist.) | 1,592.75 |
| 38818 | Thoracotomy, thoracoscopy or median sternotomy for post‑operative bleeding, other than a service associated with a service to which item 11704, 11705, 11707, 11714, 18258, 18260, 33824, 38815, 38816, 38817, 38828 or 45503 applies (H) (Anaes.) (Assist.) | 1,013.20 |
| 38820 | Lung, wedge resection of, other than a service associated with a service to which item 18258, 18260, 38815, 38816, 38820, 38821 or 38828 applies (H) (Anaes.) (Assist.) | 1,212.80 |
| 38821 | Lung, wedge resection of, 2 or more wedges, other than a service associated with a service to which item 18258, 18260, 38815, 38816, 38820 or 38828 applies (H) (Anaes.) (Assist.) | 1,819.20 |
| 38822 | Pneumonectomy, lobectomy, bilobectomy or segmentectomy, other than a service associated with a service to which item 18258, 18260, 38815, 38816, 38823, 38824 or 38828 applies (H) (Anaes.) (Assist.) | 1,619.55 |
| 38823 | Radical lobectomy, pneumonectomy, bilobectomy, segmentectomy or formal mediastinal node dissection (greater than 4 nodes), other than a service associated with a service to which item 18258, 18260, 38815, 38816, 38822, 38824 or 38828 applies (H) (Anaes.) (Assist.) | 2,001.10 |
| 38824 | Segmentectomy, lobectomy, bilobectomy or pneumonectomy, including resection of chest wall, diaphragm, pericardium, and formal mediastinal node dissection (greater than 4 nodes), other than a service associated with a service to which item 18258, 18260, 38815, 38816, 38822, 38823 or 38828 applies (H) (Anaes.) (Assist.) | 2,501.35 |
| 38828 | Intercostal drain, insertion of:  (a) not involving resection of rib; and  (b) excluding aftercare; and  (c) other than a service associated with a service to which item 38815, 38816, 38829, 38830, 38831, 38832, 38833 or 38834 applies  (Anaes.) | 141.20 |
| 38829 | Intercostal drain, insertion of, with pleurodesis:  (a) not involving resection of rib; and  (b) excluding aftercare; and  (c) other than a service associated with a service to which item 38815, 38816, 38828, 38830, 38831, 38832, 38833 or 38834 applies  (Anaes.) | 174.00 |
| 38830 | Empyema, radical operation for, involving resection of rib, other than a service associated with a service to which item 38828, 38829, 38831, 38832, 38833 or 38834 applies (H) (Anaes.) (Assist.) | 422.20 |
| 38831 | Thoracoscopy or thoracotomy and drainage of paraneumonic effusion and empyema, exploratory, with or without biopsy, other than a service associated with a service to which item 18258, 18260, 38815, 38816, 38828, 38829, 38830, 38832, 38833 or 38834 applies (H) (Anaes.) (Assist.) | 1,519.80 |
| 38832 | Thoracotomy or thoracoscopy, with pulmonary decortication, other than a service associated with a service to which item 18258, 18260, 38815, 38816, 38828, 38829, 38830, 38831, 38833 or 38834 applies (H) (Anaes.) (Assist.) | 1,619.55 |
| 38833 | Thoracotomy or thoracoscopy, with pleurectomy or pleurodesis, other than a service associated with a service to which item 18258, 18260, 38815, 38816, 38828, 38829, 38830, 38831, 38832 or 38834 applies (H) (Anaes.) (Assist.) | 1,013.20 |
| 38834 | Thoracotomy and radical extra pleural pneumonectomy or radical lung preserving decortication and pleurectomy for malignancy, other than a service associated with a service to which item 18258, 18260, 38815, 38816, 38828, 38829, 38830, 38831, 38832 or 38833 applies (H) (Anaes.) (Assist.) | 3,752.10 |
| 38837 | Mediastinum, cervical exploration of, with or without biopsy, other than a service associated with a service to which item 18258, 18260, 38815, 38816 or 38828 applies (H) (Anaes.) (Assist.) | 383.80 |
| 38838 | Thoracotomy or thoracoscopy or sternotomy, for removal of thymus or mediastinal tumour, other than a service associated with a service to which item 18258, 18260, 38815, 38816 or 38828 applies (H) (Anaes.) (Assist.) | 1,251.10 |
| 38839 | Pericardium, subxiphoid open surgical drainage of, other than a service associated with a service to which item 18258, 18260, 38815, 38816, 38828 or 38840 applies (H) (Anaes.) (Assist.) | 606.50 |
| 38840 | Pericardium, transthoracic (thoracotomy or thoracoscopy) open surgical drainage of, other than a service associated with a service to which item 18258, 18260, 38815, 38816, 38828 or 38839 applies (H) (Anaes.) (Assist.) | 905.60 |
| 38841 | Pericardiectomy via sternotomy or thoracoscopy or anterolateral thoracotomy without cardiopulmonary bypass, other than a service associated with a service to which item 18258, 18260, 38815, 38816 or 38828 applies (H) (Anaes.) (Assist.) | 1,619.55 |
| 38842 | Pericardiectomy via sternotomy or anterolateral thoracotomy with cardiopulmonary bypass, other than a service associated with a service to which item 18258, 18260, 38815, 38816 or 38828 applies (H) (Anaes.) (Assist.) | 2,265.75 |
| 38845 | Sternal wire or wires, removal of, other than a service associated with a service to which item 18258, 18260, 38815, 38816 or 38828 applies (H) (Anaes.) | 291.15 |
| 38846 | Pectus excavatum or pectus carinatum, repair or radical correction of, other than a service associated with a service to which item 18258, 18260, 38815, 38816, 38828, 38847, 38848 or 38849 applies (H) (Anaes.) (Assist.) | 1,512.00 |
| 38847 | Pectus excavatum, repair of, with implantation of subcutaneous prosthesis, other than a service associated with a service to which item 18258, 18260, 38815, 38816, 38828, 38846, 38848 or 38849 applies (H) (Anaes.) (Assist.) | 805.95 |
| 38848 | Pectus excavatum, repair of, with insertion of a concave bar, by any method, other than a service associated with a service to which item 18258, 18260, 38815, 38816, 38828, 38846 or 38847 applies (H) (Anaes.) (Assist.) | 1,209.60 |
| 38849 | Pectus excavatum, removal of a concave bar, by any method, not being a service associated with a service to which item 18258, 18260, 38815, 38816, 38828, 38846 or 38847 applies (H) (Anaes.) (Assist.) | 604.75 |
| 38850 | Sternotomy wound, debridement of, not involving reopening of the mediastinum, other than a service associated with a service to which item 18258, 18260, 38815, 38816, 38828 or 38851 applies (H) (Anaes.) | 345.10 |
| 38851 | Sternotomy wound, debridement of, involving curettage of infected bone, with or without removal of wires, but not involving reopening of the mediastinum, other than a service associated with a service to which item 18258, 18260, 38815, 38816, 38828 or 38850 applies (H) (Anaes.) | 375.10 |
| 38852 | Sternum, reoperation on, for dehiscence or infection involving reopening of the mediastinum, with or without rewiring, other than a service associated with a service to which item 18258, 18260, 38815, 38816, 38828 or 38853 applies (H) (Anaes.) (Assist.) | 1,012.80 |
| 38853 | Sternum and mediastinum, reoperation for infection of, involving muscle advancement flaps and/or greater omentum, other than a service associated with a service to which item 18258, 18260, 38815, 38816, 38828 or 38852 applies (H) (Anaes.) (Assist.) | 1,587.80 |
| 38857 | Chest wall resection, sternum and/or ribs without reconstruction, other than a service associated with a service to which item 18258, 18260, 38815, 38816, 38824, 38828 or 38858 applies (H) (Anaes.) (Assist.) | 1,918.95 |
| 38858 | Chest wall resection, sternum and / or ribs with reconstruction, other than a service associated with a service to which item 18258, 18260, 38815, 38816, 38824, 38828 or 38857 applies (H) (Anaes.) (Assist.) | 2,501.35 |
| 38859 | Plating of multiple ribs for flail segment, other than a service associated with a service to which item 18258, 18260, 33815, 38816 or 38828 applies (H) (Anaes.) (Assist.) | 1,013.20 |
| 38864 | Intrathoracic operations on heart, lungs, great vessels, bronchial tree, oesophagus or mediastinum, or on more than one of those organs, not being a service to which another item in this Group applies, other than a service associated with a service to which item 18258, 18260 or 38828 applies (H) (Anaes.) (Assist.) | 1,619.55 |

Subdivision D—Subgroups 7 to 11 of Group T8

5.10.19A Restrictions on items 39015, 39503, 39906 and 40104—services provided with intracranial stereotactic procedure

Items 39015, 39503, 39906 and 40104 do not apply to a service if the service is provided in conjunction with the service described in item 40803.

5.10.19AB Item 41764—additional application

In addition to the application of item 41764 as provided by clauses 1.2.6 and 1.2.7, item 41764 also applies to a service provided by an eligible speech pathologist on behalf of a specialist in the practice of the specialist’s speciality of otolaryngology head and neck surgery, if:

(a) the service is performed following a written request made by the specialist to assist the specialist in the diagnosis, treatment or management of a laryngeal condition or related disorder in the patient; and

(b) the service is performed in a medical facility; and

(c) the service is performed on the patient individually and in person; and

(d) after the service is performed, the eligible speech pathologist gives the specialist:

(i) recorded dynamic images of, and a copy of the results of, the service; and

(ii) relevant written comments, prepared by the eligible speech pathologist, about those results; and

(e) a service to which item 41764 applies has not been performed on the same patient on the same day.

5.10.19 Items in Subgroups 7 to 11 of Group T8

This clause sets out items in Subgroups 7 to 11 of Group T8.

Note: The fees in Group T8 are indexed in accordance with clause 1.3.1.

| Group T8—Surgical operations | | | | |
| --- | --- | --- | --- | --- |
| Column 1  Item | | Column 2  Description | Column 3  Fee ($) | |
| Subgroup 7—Neurosurgical | | | | |
| 39000 | | Lumbar puncture (Anaes.) | 78.35 | |
| 39007 | Procedure to obtain access to intracranial space (including subdural space, ventricle or basal cistern), percutaneously or by burr‑hole (Anaes.) | 165.90 | |
| 39013 | | Injection of one or more zygo‑apophyseal or costo‑transverse joints with one or more of contrast media, local anaesthetic or corticosteroid under image guidance (Anaes.) | 113.55 | |
| 39014 | | Medial branch block of one or more primary posterior rami, injection of an anaesthetic agent under image guidance (Anaes.) | 129.90 | |
| 39015 | | Intracranial parenchymal pressure monitoring device, insertion of—including burr‑hole (excluding after‑care) (H) (Anaes.) | 391.25 | |
| 39018 | Cerebrospinal reservoir, ventricular reservoir or external ventricular drain, insertion of, with or without stereotaxy (H) (Anaes.) (Assist.) | 860.15 | |
| 39100 | | Injection of primary branch of trigeminal nerve (ophthalmic, maxillary or mandibular branches) with alcohol, cortisone, phenol, or similar neurolytic substance, under image guidance (Anaes.) | 247.20 | |
| 39109 | Trigeminal gangliotomy by radiofrequency, balloon or glycerol, including stereotaxy (Anaes.) (Assist.) | 1,475.05 | |
| 39110 | Left lumbar percutaneous zygapophyseal joint denervation by radio‑frequency probe, or cryoprobe, using radiological imaging control  Applicable to one or more services provided in a single attendance, for not more than 3 attendances in a 12 month period (Anaes.) | 278.90 | |
| 39111 | Right lumbar percutaneous zygapophyseal joint denervation by radio‑frequency probe, or cryoprobe, using radiological imaging control  Applicable to one or more services provided in a single attendance, for not more than 3 attendances in a 12 month period (Anaes.) | 278.90 | |
| 39113 | Cranial nerve, neurectomy or intracranial decompression of, using microsurgical techniques, including stereotaxy and cranioplasty (H) (Anaes.) (Assist.) | 2,474.45 | |
| 39116 | | Left thoracic percutaneous zygapophyseal joint denervation by radio‑frequency probe, or cryoprobe, using radiological imaging control  Applicable to one or more services provided in a single attendance, for not more than 3 attendances in a 12 month period (Anaes.) | 309.90 | |
| 39117 | | Right thoracic percutaneous zygapophyseal joint denervation by radio‑frequency probe, or cryoprobe, using radiological imaging control  Applicable to one or more services provided in a single attendance, for not more than 3 attendances in a 12 month period (Anaes.) | 309.90 | |
| 39118 | | Left cervical percutaneous zygapophyseal joint denervation by radio‑frequency probe, or cryoprobe, using radiological imaging control  Applicable to one or more services provided in a single attendance, for not more than 3 attendances in a 12 month period (Anaes.) | 340.90 | |
| 39119 | | Right cervical percutaneous zygapophyseal joint denervation by radio‑frequency probe, or cryoprobe, using radiological imaging control  Applicable to one or more services provided in a single attendance, for not more than 3 attendances in a 12 month period (Anaes.) | 340.90 | |
| 39121 | | Percutaneous cordotomy (Anaes.) (Assist.) | 657.35 | |
| 39124 | | Cordotomy or myelotomy, partial or total laminectomy for, or operation for dorsal root entry zone (Drez) lesion (H) (Anaes.) (Assist.) | 1,682.30 | |
| 39125 | | Spinal catheter, insertion or replacement of, and connection to a subcutaneous implanted infusion pump, for the management of chronic pain, including cancer pain (H) (Anaes.) (Assist.) | 310.10 | |
| 39126 | | All of the following:  (a) infusion pump, subcutaneous implantation or replacement of;  (b) connection of the pump to a spinal catheter;  (c) filling of reservoir with a therapeutic agent or agents;  with or without programming the pump, for the management of chronic pain, including cancer pain (H) (Anaes.) (Assist.) | 376.55 | |
| 39127 | | Subcutaneous reservoir and spinal catheter, insertion of, for the management of chronic pain, including cancer pain (H) (Anaes.) | 492.85 | |
| 39128 | | All of the following:  (a) infusion pump, subcutaneous implantation of;  (b) spinal catheter, insertion of;  (c) connection of pump to catheter;  (d) filling of reservoir with a therapeutic agent or agents;  with or without programming the pump, for the management of chronic pain, including cancer pain (H) (Anaes.) (Assist.) | 686.65 | |
| 39129 | | Peripheral lead or leads, percutaneous placement of, including intraoperative test stimulation, for the management of chronic neuropathic pain (H) (Anaes.) (Assist.) | 631.30 | |
| 39130 | | Epidural lead or leads, percutaneous placement of, including intraoperative test stimulation, for the management of chronic neuropathic pain or pain from refractory angina pectoris (H) (Anaes.) (Assist.) | 701.45 | |
| 39131 | | Epidural or peripheral nerve electrodes (management, adjustment orreprogramming, of neurostimulator), with a medical practitioner attending, for the management of chronic neuropathic pain or pain from refractory angina pectoris—each day | 133.00 | |
| 39133 | | Either:  (a) subcutaneously implanted infusion pump, removal of; or  (b) spinal catheter, removal or repositioning of;  for the management of chronic pain, including cancer pain (H) (Anaes.) | 165.90 | |
| 39134 | | Neurostimulator or receiver, subcutaneous placement of, including placement and connection of extension wires to epidural or peripheral nerve electrodes, for the management of chronic neuropathic pain or pain from refractory angina pectoris (H) (Anaes.) (Assist.) | 354.40 | |
| 39135 | | Neurostimulator or receiver that was inserted for the management of chronic neuropathic pain or pain from refractory angina pectoris, open surgical removal of, performed in the operating theatre of a hospital (H) (Anaes.) (Assist.) | 165.90 | |
| 39136 | | Epidural or peripheral nerve lead that was implanted for the management of chronic neuropathic pain or pain from refractory angina pectoris, open surgical removal of, performed in the operating theatre of a hospital (H) (Anaes.) (Assist.) | 165.90 | |
| 39137 | | Epidural or peripheral nerve lead that was implanted for the management of chronic neuropathic pain or pain from refractory angina pectoris, open surgical repositioning of, to correct displacement or unsatisfactory positioning, including intraoperative test stimulation, other than a service to which item 39130, 39138 or 39139 applies (H) (Anaes.) (Assist.) | 629.90 | |
| 39138 | | Peripheral nerve lead or leads, surgical placement of, including intraoperative test stimulation, for the management of chronic neuropathic pain where the leads are intended to remain in situ long term (H) (Anaes.) (Assist.) | 701.45 | |
| 39139 | | Epidural lead, surgical placement of one or more of by partial or total laminectomy, including intraoperative test stimulation, for the management of chronic neuropathic pain or pain from refractory angina pectoris (H) (Anaes.) (Assist.) | 941.80 | |
| 39140 | | Epidural catheter, insertion of, under imaging control, with epidurogram and epidural therapeutic injection for lysis of adhesions (Anaes.) | 304.70 | |
| 39141 | | Epidural or peripheral nerve electrodes (management, adjustment, or reprogramming of neurostimulator), with a medical practitioner attending remotely by video conference, for the management of chronic neuropathic pain or pain from refractory angina pectoris—each day | 135.15 | |
| 39300 | | Nerve, digital or cutaneous, primary repair of*,* using microsurgical techniques, other than a service associated with a service to which item 39330 applies—applicable once per nerve (H) (Anaes.) (Assist.) | 367.70 | |
| 39303 | | Nerve, digital orcutaneous, delayed repair of, using microsurgical techniques,including either or both of the following (if performed):  (a) neurolysis;  (b) transposition of nerve to facilitate repair;  other than a service associated with a service to which item 30023 applies—applicable once per nerve (H) (Anaes.) (Assist.) | 485.00 | |
| 39306 | | Nerve trunk, primary repair of, using microsurgical techniques, other than a service associated with a service to which item 39330 applies (H) (Anaes.) (Assist.) | 704.25 | |
| 39307 | | Reconstruction of nerve trunk using biological or synthetic nerve conduit, using microsurgical techniques, other than a service associated with a service to which item 39330 applies (Anaes.) (Assist.) | 857.55 | |
| 39309 | | Nerve trunk, delayed repair of, using microsurgical techniques, including either or both of the following (if performed):  (a) neurolysis;  (b) transposition of nerve or nerve transfer to facilitate repair;  other than a service associated with a service to which item 30023 or 39321 applies (H) (Anaes.) (Assist.) | 743.35 | |
| 39312 | | Nerve trunk, internal (interfascicular), neurolysis of, using microsurgical techniques, other than a service associated with a service to which item 30023 applies (H) (Anaes.) (Assist.) | 414.70 | |
| 39315 | | Nerve trunk, nerve graft to, by cable graft,using microsurgical techniques, including any of the following (if performed):  (a) harvesting of nerve graft;  (b) proximal and distal anastomosis of nerve graft;  (c) transposition of nerve to facilitate grafting;  (d) neurolysis;  other than a service associated with a service to which item 30023 or 39330 applies (H) (Anaes.) (Assist.) | 1,071.95 | |
| 39318 | | Nerve, digital or cutaneous, nerve graft to, using microsurgical techniques, including either or both of the following (if performed):  (a) harvesting of nerve graft from separate donor site;  (b) proximal and distal anastomosis of nerve graft;  other than a service associated with a service to which item 39330 applies (H) (Anaes.) (Assist.) | 665.15 | |
| 39319 | | Reconstruction of digital or cutaneous nerve using biological or synthetic nerve conduit, using microsurgical techniques, other than a service associated with a service to which item 39330 applies (Anaes.) (Assist.) | 485.00 | |
| 39321 | | Transposition of nerve, excluding the ulnar nerve at the elbow, other than a service associated with a service to which item 39330 applies (H) (Anaes.) (Assist.) | 492.85 | |
| 39323 | | Percutaneous denervation (excluding medial branch nerve) by cryotherapy or radiofrequency probe, other than a service to which another item applies, applicable not more than 6 times for a given nerve in a 12 month period (Anaes.) | 288.00 | |
| 39324 | | Neurectomy or removal of tumour or neuroma from superficial peripheral nerve (Anaes.) (Assist.) | 288.00 | |
| 39327 | | Neurectomy, neurotomy or removal of tumour from deep peripheral or cranial nerve, by open operation, other than a service to which item 41575, 41576, 41578 or 41579 applies (H) (Anaes.) (Assist.) | 492.95 | |
| 39328 | | Neurectomy, neurotomy or removal of tumour from deep peripheral nerve, by open operation, for upper limb surgery (H) (Anaes.) (Assist.) | 492.95 | |
| 39329 | | Extensive neurolysis of radial, median or ulnar nerve trunk nerve in the forearm or arm, other than a service associated with a service to which item 30023, 39303, 39309, 39312, 39315, 39318, 39324 or 39327 applies (Anaes.)(Assist.) | 367.70 | |
| 39330 | | Neurolysis by open operation without transposition, other than a service associated with a service to which item 30023, 39321, 39328, 39329, 39332, 39336, 39339, 39342, 39345, 49774 or 49775 applies (H) (Anaes.) (Assist.) | 288.00 | |
| 39331 | | Carpal tunnel release, including division of transverse carpal ligament or release of median nerve, by any method, including either or both of the following (if performed):  (a) synovectomy;  (b) neurolysis;  other than a service associated with a service to which item 30023 or 46339 applies (Anaes.) (Assist.) | 288.00 | |
| 39332 | | Revision of carpal tunnel release, includingdivision of transverse carpal ligament or release of median nerve, by any method, including either or both of the following (if performed):  (a) synovectomy;  (b) neurolysis;  other than a service associated with a service to which item 30023 or 46339 applies. (Anaes.)(Assist.) | 432.05 | |
| 39336 | | Ulnar nerve decompression at elbow or wrist (cubital tunnel or Guyon’s canal) without transposition, by any method, including neurolysis (if performed), other than a service associated with a service to which item 30023 applies (Anaes.)(Assist.) | 288.00 | |
| 39339 | | Revision of ulnar nerve decompression at elbow (cubital tunnel) without transposition, by any method, including neurolysis (if performed), other than a service associated with a service to which item 30023 applies (Anaes.)(Assist.) | 432.05 | |
| 39342 | | Ulnar nerve decompression at elbow (cubital tunnel), including any of the following (if performed):  (a) associated transposition;  (b) subcutaneous or submuscular transposition of the nerve;  (c) medial epicondylectomy;  (d) ostetomy and reconstructionof the flexor origin;  (e) neurolysis;  other than a service associated with a service to which item 30023 applies (Anaes.)(Assist.) | 566.75 | |
| 39345 | | Localised decompression of radial, median or ulnar nerve, or branches of, in the forearm for compressive neuropathy, including neurolysis (if performed), other than a service associated with a service to which item 30023 applies (Anaes.)(Assist.) | 288.00 | |
| 39503 | | Facio‑hypoglossal nerve or facio‑accessory nerve, anastomosis of (H) (Anaes.) (Assist.) | 993.70 | |
| 39604 | Any of the following procedures for intracranial haemorrhage or swelling:  (a) craniotomy, craniectomy or burr‑holes for removal of intracranial haemorrhage, including stereotaxy;  (b) craniotomy or craniectomy for brain swelling, stroke or raised intracranial pressure, including for subtemporal decompression, including stereotaxy;  (c) post‑operative re‑opening, including for swelling or post‑operative cerebrospinal fluid leak  (H) (Anaes.) (Assist.) | 1,866.25 | |
| 39610 | Fractured skull, without brain laceration or dural penetration, repair of (H) (Anaes.) (Assist.) | 993.70 | |
| 39612 | | Fractured skull, with brain laceration or dural penetration but without cerebrospinal fluid, rhinorrhoea or otorrhoea, repair of (H) (Anaes.) (Assist.) | 1,165.90 | |
| 39615 | Fractured skull, after trauma, with cerebrospinal fluid, rhinorrhoea or otorrhoea, repair of, including stereotaxy and dermofat graft (H) (Anaes.) (Assist.) | 1,989.50 | |
| 39638 | Anterior or middle cranial fossa or cavernous sinus, tumour or vascular lesion, removal or radical excision of, including stereotaxy and cranioplasty—conjoint surgery, principal surgeon (H) (Anaes.) (Assist.) | 4,429.65 | |
| 39639 | Anterior or middle cranial fossa or cavernous sinus, tumour or vascular lesion, removal or radical excision of, including stereotaxy and cranioplasty—conjoint surgery, co‑surgeon (H) (Assist.) | 3,539.75 | |
| 39641 | Anterior or middle cranial fossa or cavernous sinus, tumour or vascular lesion, removal or radical excision of, including stereotaxy and cranioplasty—one surgeon (H) (Anaes.) (Assist.) | 4,672.15 | |
| 39651 | Petro‑clival, clival or foramen magnum tumour or vascular lesion, removal or radical excision of, including stereotaxy and cranioplasty—one surgeon (H) (Anaes.) (Assist.) | 5,764.25 | |
| 39654 | Petro‑clival, clival or foramen magnum tumour or vascular lesion, removal or radical excision of, including stereotaxy and cranioplasty—conjoint surgery, principal surgeon (H) (Anaes.) (Assist.) | 4,429.65 | |
| 39656 | Petro‑clival, clival or foramen magnum tumour or vascular lesion, removal or radical excision of, including stereotaxy and cranioplasty—conjoint surgery, co‑surgeon (H) (Assist.) | 3,539.75 | |
| 39700 | Skull tumour, benign or malignant, excision of, including stereotaxy and cranioplasty (H) (Anaes.) (Assist.) | 1,885.80 | |
| 39703 | Intracranial tumour, cyst or other brain tissue, either or both of the following:  (a) burr‑hole and biopsy of;  (b) drainage of;  including stereotaxy (H) (Anaes.) (Assist.) | 1,514.20 | |
| 39710 | Intracranial tumour, one or more, biopsy, drainage, decompression or removal of, through a single craniotomy, including stereotaxy and cranioplasty (H) (Anaes.) (Assist.) | 2,521.60 | |
| 39712 | Transcranial tumour, removal or biopsy of one or more of any of the following:  (a) meningioma;  (b) pinealoma;  (c) cranio‑pharyngioma;  (d) pituitary tumour;  (e) intraventricular lesion;  (f) brain stem lesion;  (g) any other intracranial tumour;  by any means (with or without endoscopy), through a single craniotomy, including stereotaxy and cranioplasty (H) (Anaes.) (Assist.) | 3,851.65 | |
| 39715 | Pituitary tumour, removal of, by transphenoidal approach, including stereotaxy and dermis, dermofat or fascia grafting, other than a service associated with a service to which item 40600 applies (H) (Anaes.) (Assist.) | 2,811.05 | |
| 39718 | Arachnoidal cyst, craniotomy for, including stereotaxy and neuroendoscopy (H) (Anaes.) (Assist.) | 1,698.05 | |
| 39720 | Awake craniotomy for functional neurosurgery (H) (Anaes.) (Assist.) | 3,603.20 | |
| 39801 | Aneurysm, clipping, proximal ligation, or reinforcement of sac, including stereotaxy and cranioplasty (H) (Anaes.) (Assist.) | 5,764.25 | |
| 39803 | Intracranial arteriovenous malformation or fistula, treatment through a craniotomy, including stereotaxy, cranioplasty and all angiography (H) (Anaes.) (Assist.) | 5,764.25 | |
| 39815 | | Carotid‑cavernous fistula, obliteration of—combined cervical and intracranial procedure (Anaes.) (Assist.) | 1,901.30 | |
| 39818 | Intracranial vascular bypass using indirect techniques, including stereotaxy (H) (Anaes.) (Assist.) | 2,523.45 | |
| 39821 | Intracranial vascular bypass using direct anastomosis techniques, including stereotaxy (H) (Anaes.) (Assist.) | 3,595.40 | |
| 39900 | Intracranial infection, treated by burr‑hole, including stereotaxy, other than a service associated with a service to which item 40600 applies (H) (Anaes.) (Assist.) | 1,514.20 | |
| 39903 | Intracranial infection, treated by craniotomy, including stereotaxy, other than a service associated with a service to which item 40600 applies (H) (Anaes.) (Assist.) | 2,273.20 | |
| 39906 | Osteomyelitis of skull or removal of infected bone flap, craniectomy for, other than a service associated with a service to which item 40600 applies (H) (Anaes.) (Assist.) | 829.40 | |
| 40004 | Ventricular, lumbar or cisternal shunt diversion, insertion or revision of, including stereotaxy (H) (Anaes.) (Assist.) | 1,721.50 | |
| 40012 | Endoscopic ventriculostomy for treatment of cerebrospinal fluid circulation disorders, including stereotaxy (H) (Anaes.) (Assist.) | 1,780.20 | |
| 40018 | | Lumbar cerebrospinal fluid drain, insertion of (Anaes.) | 165.90 | |
| 40104 | Spinal myelomeningocele or spinal meningocele, excision and closure of, other than a service associated with a service to which item 40600 applies (H) (Anaes.) (Assist.) | 1,056.35 | |
| 40106 | Chiari malformation, decompression or reconstruction of, including laminectomy, dermofat graft and stereotaxy, other than a service associated with a service to which item 40600 applies (H) (Anaes.) (Assist.) | 2,507.80 | |
| 40109 | Encephalocoele or cranial meningocele, excision and closure of, including stereotaxy and dermofat graft (H) (Anaes.) (Assist.) | 1,946.40 | |
| 40112 | Tethered cord, release of, including lipomeningocele or diastematomyelia, multiple levels, including laminectomy and rhizolysis, other than a service associated with a service to which item 40600 applies (H) (Anaes.) (Assist.) | 2,486.35 | |
| 40119 | Craniostenosis, operation for, other than a service associated with a service to which item 40600 applies (H) (Anaes.) (Assist.) | 993.70 | |
| 40600 | | Cranioplasty, reconstructive, other than a service associated with a service to which item 39113, 39638, 39639, 39641, 39651, 39654, 39656, 39700, 39710, 39712, 39715, 39801, 39803, 40703 or 41887 applies (H) (Anaes.) (Assist.) | 993.70 | |
| 40700 | | Corpus callosotomy, for epilepsy, including stereotaxy (H) (Anaes.) (Assist.) | 2,437.45 | |
| 40701 | | Vagus nerve stimulation therapy through stimulation of the left vagus nerve, subcutaneous placement of electrical pulse generator, for:  (a) management of refractory generalised epilepsy; or  (b) treatment of refractory focal epilepsy not suitable for resective epilepsy surgery  (H) (Anaes.) (Assist.) | 354.40 | |
| 40702 | | Vagus nerve stimulation therapy through stimulation of the left vagus nerve, surgical repositioning or removal of electrical pulse generator inserted for:  (a) management of refractory generalised epilepsy; or  (b) treatment of refractory focal epilepsy not suitable for resective epilepsy surgery  (H) (Anaes.) (Assist.) | 165.90 | |
| 40703 | | Corticectomy, topectomy or partial lobectomy, for epilepsy, including stereotaxy and cranioplasty (H) (Anaes.) (Assist.) | 2,521.60 | |
| 40704 | | Vagus nerve stimulation therapy through stimulation of the left vagus nerve, surgical placement of lead, including connection of lead to left vagus nerve and intra‑operative test stimulation, for:  (a) management of refractory generalised epilepsy; or  (b) treatment of refractory focal epilepsy not suitable for resective epilepsy surgery  (H) (Anaes.) (Assist.) | 701.45 | |
| 40705 | | Vagus nerve stimulation therapy through stimulation of the left vagus nerve, surgical repositioning or removal of lead attached to left vagus nerve for:  (a) management of refractory generalised epilepsy; or  (b) treatment of refractory focal epilepsy not suitable for resective epilepsy surgery  (H) (Anaes.) (Assist.) | 629.90 | |
| 40706 | | Hemispherectomy or functional hemispherectomy, for intractable epilepsy, including stereotaxy (H) (Anaes.) (Assist.) | 3,603.25 | |
| 40707 | | Vagus nerve stimulation therapy through stimulation of the left vagus nerve, electrical analysis and programming of vagus nerve stimulation therapy device using external wand, for:  (a) management of refractory generalised epilepsy; or  (b) treatment of refractory focal epilepsy not suitable for resective epilepsy surgery | 197.40 | |
| 40708 | | Vagus nerve stimulation therapy through stimulation of the left vagus nerve, surgical replacement of battery in electrical pulse generator inserted for:  (a) management of refractory generalised epilepsy; or  (b) treatment of refractory focal epilepsy not suitable for resective epilepsy surgery  (H) (Anaes.) (Assist.) | 354.40 | |
| 40709 | | Intracranial electrode placement by burr‑hole, including stereotaxy (H) (Anaes.) (Assist.) | 1,514.20 | |
| 40712 | | Intracranial electrode placement by craniotomy, single or multiple, including stereotactic EEG, including stereotaxy (H) (Anaes.) (Assist.) | 3,603.25 | |
| 40801 | | Functional stereotactic procedure, including computer assisted anatomical localisation, physiological localisation and lesion production, by any method, in the basal ganglia, brain stem or deep white matter tracts, other than a service associated with deep brain stimulation for Parkinson’s disease, essential tremor or dystonia (H) (Anaes.) (Assist.) | 1,816.55 | |
| 40803 | | Intracranial stereotactic procedure by any method, other than:  (a) a service to which item 40801 applies; or  (b) a service associated with a service to which item 39018, 39109, 39113, 39604, 39615, 39638, 39639, 39641, 39651, 39654, 39656, 39700, 39703, 39710, 39712, 39715, 39718, 39720, 39801, 39803, 39818, 39821, 39900, 39903, 40004, 40012, 40106, 40109, 40700, 40703, 40706, 40709 or 40712 applies  (Anaes.) (Assist.) | 1,244.15 | |
| 40850 | | Deep brain stimulation (unilateral) functional stereotactic procedure, including computer assisted anatomical localisation, physiological localisation including twist drill, burr hole craniotomy or craniectomy and insertion of electrodes for the treatment of:  (a) Parkinson’s disease, if the patient’s response to medical therapy is not sustained and is accompanied by unacceptable motor fluctuations; or  (b) essential tremor or dystonia, if the patient’s symptoms cause severe disability  (H) (Anaes.) (Assist.) | 2,356.20 | |
| 40851 | | Deep brain stimulation (bilateral) functional stereotactic procedure, including computer assisted anatomical localisation, physiological localisation including twist drill, burr hole craniotomy or craniectomy and insertion of electrodes for the treatment of:  (a) Parkinson’s disease, if the patient’s response to medical therapy is not sustained and is accompanied by unacceptable motor fluctuations; or  (b) essential tremor or dystonia, if the patient’s symptoms cause severe disability  (H) (Anaes.) (Assist.) | 4,123.60 | |
| 40852 | | Deep brain stimulation (unilateral) subcutaneous placement of neuro‑stimulator receiver or pulse generator for the treatment of:  (a) Parkinson’s disease, if the patient’s response to medical therapy is not sustained and is accompanied by unacceptable motor fluctuations; or  (b) essential tremor or dystonia, if the patient’s symptoms cause severe disability  (H) (Anaes.) (Assist.) | 354.40 | |
| 40854 | | Deep brain stimulation (unilateral) revision or removal of brain electrode for the treatment of:  (a) Parkinson’s disease, if the patient’s response to medical therapy is not sustained and is accompanied by unacceptable motor fluctuations; or  (b) essential tremor or dystonia, if the patient’s symptoms cause severe disability  (H) (Anaes.) (Assist.) | 547.70 | |
| 40856 | | Deep brain stimulation (unilateral) removal or replacement of neurostimulator receiver or pulse generator for the treatment of:  (a) Parkinson’s disease, if the patient’s response to medical therapy is not sustained and is accompanied by unacceptable motor fluctuations; or  (b) essential tremor or dystonia, if the patient’s symptoms cause severe disability  (H) (Anaes.) (Assist.) | 265.80 | |
| 40858 | | Deep brain stimulation (unilateral) placement, removal or replacement of extension lead for the treatment of:  (a) Parkinson’s disease, if the patient’s response to medical therapy is not sustained and is accompanied by unacceptable motor fluctuations; or  (b) essential tremor or dystonia, if the patient’s symptoms cause severe disability  (H) (Anaes.) (Assist.) | 547.70 | |
| 40860 | | Deep brain stimulation (unilateral) target localisation incorporating anatomical and physiological techniques, including intra‑operative clinical evaluation, for the insertion of a single neurostimulation wire for the treatment of:  (a) Parkinson’s disease, if the patient’s response to medical therapy is not sustained and is accompanied by unacceptable motor fluctuations; or  (b) essential tremor or dystonia if the patient’s symptoms cause severe disability  (H) (Anaes.) (Assist.) | 2,104.65 | |
| 40862 | | Deep brain stimulation (unilateral) electronic analysis and programming of neurostimulator pulse generator for the treatment of:  (a) Parkinson’s disease, if the patient’s response to medical therapy is not sustained and is accompanied by unacceptable motor fluctuations; or  (b) essential tremor or dystonia, if the patient’s symptoms cause severe disability  (Anaes.) | 197.40 | |
| 40863 | | Deep brain stimulation (unilateral), remote electronic analysis and programming of neurostimulator pulse generator for the treatment of:  (a) Parkinson’s disease, if the patient’s response to medical therapy is not sustained and is accompanied by unacceptable motor fluctuations; or  (b) essential tremor or dystonia, if the patient’s symptoms cause severe disability  Applicable not more than 8 times in any 12 month period | 200.55 | |
| 40905 | | Craniotomy, performed by a neurosurgeon in conjunction with the correction of craniofacial abnormalities (H) (Anaes.) (Assist.) | 626.10 | |
| Subgroup 8—Ear, nose and throat | | | | |
| 41500 | | Ear, foreign body (other than ventilating tube) in, removal of, other than by simple syringing (Anaes.) | 85.80 | |
| 41501 | | Examination of glottal cycles and vibratory characteristics of the vocal folds, by a specialist in the practice of the specialist’s specialty of otolaryngology, using videostroboscopy (capturing audio, video, frequency and intensity), for confirmation of diagnosis, or for confirmation of treatment effectiveness where there is failure to progress or respond as expected, for:  (a) dysphonia, if non‑stroboscopic techniques of visualising the larynx have failed to identify any frank abnormality of the vocal folds; or  (b) benign or malignant vocal fold lesions; or  (c) premalignant or malignant laryngeal lesions; or  (d) vocal fold motion impairment or glottal insufficiency; or  (e) evaluation of vocal fold function after treatment or phonosurgery;  other than a service associated with a service to which item 41764 applies, or a service associated with the administration of a general anaesthetic | 193.10 | |
| 41503 | | Ear, foreign body in (other than ventilating tube), removal of, involving incision of external auditory canal, other than a service associated with a service to which another item in this Subgroup applies (Anaes.) | 248.45 | |
| 41506 | | Aural polyp, removal of (Anaes.) | 149.85 | |
| 41509 | | External auditory meatus, surgical removal of keratosis obturans from, performed under general anaesthesia, other than:  (a) a service to which another item in this Subgroup applies; or  (b) a service associated with a service to which item 41647 applies  (H) (Anaes.) | 169.55 | |
| 41512 | | Meatoplasty involving removal of cartilage or bone or both cartilage and bone, other than a service to which item 41515 applies (H) (Anaes.) (Assist.) | 609.65 | |
| 41515 | | Meatoplasty involving removal of cartilage or bone or both cartilage and bone, being a service associated with a service to which item 41530, 41548, 41560 or 41563 applies (H) (Anaes.) (Assist.) | 400.10 | |
| 41518 | | External auditory meatus, removal of exostoses in (H) (Anaes.) (Assist.) | 966.35 | |
| 41521 | | Correction of auditory canal stenosis, including meatoplasty, with or without grafting, other than a service associated with a service to which an item in Subgroup 18 applies (H) (Anaes.) (Assist.) | 1,028.90 | |
| 41524 | | Reconstruction of external auditory canal (H) (Anaes.) (Assist.) | 297.25 | |
| 41539 | | Ossicular chain reconstruction, other than a service associated with a service to which item 41611 applies (H) (Anaes.) (Assist.) | 1,134.05 | |
| 41542 | | Ossicular chain reconstruction and myringoplasty, other than a service associated with a service to which item 41611 applies (H) (Anaes.) (Assist.) | 1,242.65 | |
| 41548 | | Obliteration of the mastoid cavity (H) (Anaes.) (Assist.) | 719.75 | |
| 41569 | | Decompression of facial nerve in its mastoid portion, other than a service associated with a service to which item 41617 applies (H) (Anaes.) (Assist.) | 1,242.65 | |
| 41572 | | Labyrinthotomy or destruction of labyrinth (H) (Anaes.) (Assist.) | 1,075.10 | |
| 41575 | | Cerebello‑pontine angle tumour, removal of by 2 surgeons operating conjointly, by transmastoid, translabyrinthine or retromastoid approach—transmastoid, translabyrinthine or retromastoid procedure (including after‑care) (H) (Anaes.) (Assist.) | 2,534.35 | |
| 41576 | | Cerebello‑pontine angle tumour, removal of, by transmastoid, translabyrinthine or retromastoid approach (intracranial procedure) (including after‑care) other than a service to which item 41578 or 41579 applies (H) (Anaes.) (Assist.) | 3,801.65 | |
| 41578 | | Cerebello‑pontine angle tumour, removal of, by transmastoid, translabyrinthine or retromastoid approach (intracranial procedure)—conjoint surgery, principal surgeon (H) (Anaes.) (Assist.) | 2,534.35 | |
| 41579 | | Cerebello‑pontine angle tumour, removal of, by transmastoid, translabyrinthine or retromastoid approach (intracranial procedure)—conjoint surgery, co‑surgeon (H) (Assist.) | 1,900.80 | |
| 41581 | | Tumour involving infra‑emporal fossa, removal of, involving craniotomy and radical excision of (H) (Anaes.) (Assist.) | 2,915.05 | |
| 41584 | | Partial temporal bone resection for removal of tumour involving mastoidectomy with or without decompression of facial nerve (H) (Anaes.) (Assist.) | 2,000.55 | |
| 41587 | | Total temporal bone resection for removal of tumour (H) (Anaes.) (Assist.) | 2,724.70 | |
| 41590 | | Endolymphatic sac, transmastoid decompression with or without drainage of (H) (Anaes.) (Assist.) | 1,242.65 | |
| 41593 | | Translabyrinthine vestibular nerve section (H) (Anaes.) (Assist.) | 1,619.55 | |
| 41596 | | Retrolabyrinthine vestibular nerve section or cochlear nerve section, or both (H) (Anaes.) (Assist.) | 1,810.00 | |
| 41599 | | Internal auditory meatus, exploration by middle cranial fossa approach with cranial nerve decompression (H) (Anaes.) (Assist.) | 1,810.00 | |
| 41603 | | Osseo‑integration procedure—implantation of bone conduction hearing system device, in a patient:  (a) with a permanent or long term hearing loss; and  (b) unable to utilise conventional air or bone conduction hearing aid for medical or audiological reasons; and  (c) with bone conduction thresholds that accord with recognised criteria for the implantable bone conduction hearing device being inserted;  other than a service associated with a service to which item 41554, 45794 or 45797 applies | 631.30 | |
| 41608 | | Stapedectomy (H) (Anaes.) (Assist.) | 1,134.05 | |
| 41611 | | Stapes mobilisation, other than a service associated with a service to which item 41539 or 41542, or an item in Subgroup 18, applies (H) (Anaes.) (Assist.) | 729.70 | |
| 41614 | | Round window surgery including repair of cochleotomy, other than a service associated with a service to which item 41617 applies (Anaes.) (Assist.) | 1,134.05 | |
| 41615 | | Oval window surgery, including repair of fistula, other than a service associated with a service to which another item in this Group applies (Anaes.) (Assist.) | 1,134.05 | |
| 41617 | | Cochlear implant, insertion of, including mastoidectomy, cochleotomy and exposure of facial nerve where required, other than a service associated with a service to which item 41569 or 41614 applies (H) (Anaes.) (Assist.) | 1,972.00 | |
| 41618 | | Middle ear implant, partially implantable, insertion of, via mastoidectomy, for patients with:  (a) stable sensorineural hearing loss; and  (b) outer ear pathology that prevents the use of a conventional hearing aid; and  (c) a PTA4 of less than 80 dBHL; and  (d) bilateral, symmetrical hearing loss with PTA thresholds in both ears within 20 dBHL (0.5‑4kHz) of each other; and  (e) speech perception discrimination of at least 65% correct for word lists with appropriately amplified sound; and  (f) a normal middle ear; and  (g) normal tympanometry; and  (h) on audiometry, an air‑bone gap of less than 10 dBHL (0.5‑4kHz) across all frequencies; and  (i) no other inner ear disorders  (H) (Anaes.) (Assist.) | 1,953.00 | |
| 41620 | | Glomus tumour, transtympanic removal of (H) (Anaes.) (Assist.) | 857.95 | |
| 41623 | | Glomus tumour, transmastoid removal of, including mastoidectomy (H) (Anaes.) (Assist.) | 1,242.65 | |
| 41626 | | Incision of tympanic membrane, or installation of therapeutic agent, to the middle ear through an intact drum:  (a) not including local anaesthetic; and  (b) excluding aftercare; and  (c) other than a service associated with a service to which item 41632 applies  (Anaes.) | 149.85 | |
| 41632 | | Middle ear, insertion of tube for drainage of (including myringotomy), other than a service associated with a service to which item 41626 applies (Anaes.) | 248.45 | |
| 41641 | | Perforation of tympanum, cauterisation or diathermy of (Anaes.) | 49.35 | |
| 41644 | | Excision of rim of eardrum perforation, other than a service associated with myringoplasty (Anaes.) | 148.65 | |
| 41647 | | Micro‑inspection of tympanic membrane and auditory canal, requiring use of operating microscope or endoscope, including any removal of wax, with or without general anaesthesia, other than a service associated with a service to which item 41509 applies. Not applicable for the removal of uncomplicated wax in the absence of other disorders of the ear (Anaes.) | 114.30 | |
| 41650 | | Tympanic membrane, microinspection of one or both ears under general anaesthesia, other than a service associated with a service to which another item in this Group applies (Anaes.) | 114.30 | |
| 41656 | | Nasal haemorrhage, posterior, arrest of, with posterior nasal packing with or without cauterisation and with or without anterior pack (excluding after‑care) (Anaes.) | 127.80 | |
| 41659 | | Nose, removal of foreign body in, other than by simple probing (Anaes.) | 80.70 | |
| 41662 | | Nasal polyp or polypi (simple), removal of, other than a service associated with a service to which item 41702, 41703 or 41705 applies on the same side | 85.80 | |
| 41668 | | Nasal polyp or polypi, removal of (Anaes.) | 228.85 | |
| 41674 | | Cauterisation (other than by chemical means) or cauterisation by chemical means when performed under general anaesthesia or diathermy of septum or turbinates—one or more of these procedures (including any consultation on the same occasion) other than a service associated with another operation on the nose (Anaes.) | 104.60 | |
| 41677 | | Nasal haemorrhage, arrest of during an episode of epistaxis by cauterisation or nasal cavity packing or both (Anaes.) | 93.65 | |
| 41683 | | Division of nasal adhesions, with or without stenting other than a service associated with another operation on the nose and not performed during the post‑operative period of a nasal operation (Anaes.) | 122.00 | |
| 41686 | | Dislocation of turbinate or turbinates, one or both sides, other than a service associated with a service to which another item in this Group applies (Anaes.) | 74.85 | |
| 41698 | | Maxillary antrum, proof puncture and lavage of, other than a service associated with a service to which item 41702, 41703, 41705, 41710, 41734 or 41737 applies on the same side (Anaes.) | 33.85 | |
| 41701 | | Maxillary antrum, proof puncture and lavage of—under general anaesthesia, other than a service associated with a service to which another item in this Group applies (H) (Anaes.) | 95.60 | |
| 41704 | | Maxillary antrum, lavage of—each attendance at which the procedure is performed, including any associated consultation (Anaes.) | 37.80 | |
| 41707 | | Maxillary or sphenopalatine artery, ligation of (H) (Anaes.) (Assist.) | 466.75 | |
| 41713 | | Vidian neurectomy or exposure of vidian canal (H) (Anaes.) (Assist.) | 631.10 | |
| 41719 | | Antrum, drainage of, through tooth socket, other than a service associated with a service to which item 41722 applies (Anaes.) | 122.35 | |
| 41722 | | Oro‑antral fistula, plastic closure of, other than a service associated with a service to which item 41719 or 45009 applies (Anaes.) (Assist.) | 611.40 | |
| 41725 | | Ligation of ethmoidal artery or arteries, anterior, posterior or both, by any approach (unilateral) (H) (Anaes.) (Assist.) | 466.75 | |
| 41728 | | Removal of sinonasal or nasopharyngeal tumour, excluding inflammatory nasal polyps, by any approach (H) (Anaes.) (Assist.) | 933.65 | |
| 41740 | | Frontal sinus, catheterisation of, other than a service associated with a service to which item 41749 applies (H) (Anaes.) | 61.20 | |
| 41743 | | Frontal sinus, trephine of, other than a service associated with a service to which item 41749 applies (H) (Anaes.) (Assist.) | 351.15 | |
| 41746 | | Paranasal sinus, radical obliteration of, including any graft harvest (Anaes.) (Assist.) | 808.60 | |
| 41749 | | Paranasal sinus, external operation on, unilateral, other than a service associated with a service to which item 41740 or 41743 applies on the same side (H) (Anaes.) (Assist.) | 631.10 | |
| 41755 | | Eustachian tube, catheterisation of (Anaes.) | 48.40 | |
| 41764 | | Nasendoscopy or sinoscopy or fibreoptic examination of nasopharynx and larynx, one or more of these procedures, unilateral or bilateral examination, other than a service associated with a service to which item 41693, 41702, 41703, 41705, 41734 or 41737 applies  (Anaes.) | 127.80 | |
| 41770 | | Pharyngeal pouch, removal of, with or without cricopharyngeal myotomy (H) (Anaes.) (Assist.) | 729.70 | |
| 41776 | | Cricopharyngeal myotomy, by any approach, including open inversion of pharyngeal pouch or endoscopic repair of pharyngeal pouch (H) (Anaes.) (Assist.) | 620.25 | |
| 41779 | | Pharyngotomy (lateral), with or without total excision of tongue (H) (Anaes.) (Assist.) | 729.70 | |
| 41785 | | Partial pharyngectomy, by any approach, with or without partial glossectomy (H) (Anaes.) (Assist.) | 1,205.60 | |
| 41786 | | Uvulopalatopharyngoplasty, with or without tonsillectomy, by any means (H) (Anaes.) (Assist.) | 766.90 | |
| 41789 | | Tonsils or tonsils and adenoids, removal of, in a patient aged less than 12 years (including any examination of the postnasal space and nasopharynx and the infiltration of local anaesthetic), not being a service to which item 41764 applies (H) (Anaes.) | 307.70 | |
| 41793 | | Tonsils or tonsils and adenoids, removal of, in a patient 12 years of age or over (including any examination of the postnasal space and nasopharynx and the infiltration of local anaesthetic), not being a service to which item 41764 applies (H) (Anaes.) | 386.55 | |
| 41797 | | Tonsils or tonsils and adenoids, arrest of haemorrhage requiring general anaesthesia, following removal of (H) (Anaes.) | 149.85 | |
| 41801 | | Adenoids, removal of (including any examination of the postnasal space and nasopharynx and the infiltration of local anaesthetic), not being a service to which item 41764 applies (H) (Anaes.) | 169.55 | |
| 41804 | | Removal of lingual tonsil (H) (Anaes.) | 93.65 | |
| 41807 | | Peritonsillar abscess (quinsy), incision of (Anaes.) | 72.90 | |
| 41810 | | Uvulotomy or uvulectomy (Anaes.) | 37.05 | |
| 41813 | | Vallecular or pharyngeal cysts, removal of (H) (Anaes.) (Assist.) | 370.80 | |
| 41822 | | Oesophagoscopy, with rigid oesophagoscope, with or without biopsy, other than a service associated with a service to which item 30473 or 30478 applies (H) (Anaes.) | 203.20 | |
| 41825 | | Removal of a foreign body from the pharynx, larynx or oesophagus, by any means, other than a service associated with a service to which item 30478 applies (H) (Anaes.) (Assist.) | 370.80 | |
| 41828 | | Oesophageal stricture, dilatation of, without oesophagoscopy (Anaes.) | 54.35 | |
| 41831 | | Oesophagus, endoscopic pneumatic dilatation of, for treatment of achalasia (Anaes.) (Assist.) | 371.45 | |
| 41832 | | Oesophagus, balloon dilatation of, using interventional imaging techniques (Anaes.) | 237.75 | |
| 41834 | | Total laryngectomy, including cricopharyngeal myotomy and tracheo‑oesophageal puncture (H) (Anaes.) (Assist.) | 1,672.60 | |
| 41837 | | Complete vertical hemi‑laryngectomy, involving removal of true and false vocal cords, including tracheostomy. Applicable only once per provider per patient per lifetime (H) (Anaes.) (Assist.) | 1,286.15 | |
| 41840 | | Total supraglottic laryngectomy, involving removal of ventricular folds, epiglottis and aryepiglottic folds including tracheostomy. Applicable only once per provider per patient per lifetime (H) (Anaes.) (Assist.) | 1,581.35 | |
| 41843 | | Laryngopharyngectomy or primary restoration of alimentary continuity after laryngopharyngectomy using stomach or bowel (H) (Anaes.) (Assist.) | 1,390.60 | |
| 41855 | | Microlaryngoscopy, by any approach, with or without biopsy (H) (Anaes.) (Assist.) | 299.85 | |
| 41861 | | Microlaryngoscopy with complete removal of benign or malignant lesions of the larynx, including papillomata, by any approach or technique, unilateral, other than a service associated with a service to which item 41870 applies on the same side (H) (Anaes.) (Assist.) | 628.75 | |
| 41867 | | Microlaryngoscopy, with partial or complete arytenoidectomy or arytenoid repositioning (H) (Anaes.) (Assist.) | 638.25 | |
| 41870 | | Laryngeal augmentation or modification by injection techniques, other than a service associated with a service to which item 41861 or 41879 applies (Anaes.) (Assist.) | 473.30 | |
| 41873 | | Larynx, fractured, operation for (H) (Anaes.) (Assist.) | 611.40 | |
| 41876 | | Larynx, external operation on, or laryngofissure, with or without cordectomy (Anaes.) (Assist.) | 611.40 | |
| 41879 | | Tracheoplasty, laryngoplasty or thyroplasty, not by injection techniques, including tracheostomy, other than a service associated with a service to which item 41870 applies (H) (Anaes.) (Assist.) | 990.70 | |
| 41880 | | Tracheostomy by a percutaneous technique (H) (Anaes.) | 264.40 | |
| 41881 | | Tracheostomy by open exposure of the trachea (H) (Anaes.) (Assist.) | 418.05 | |
| 41884 | | Cricothyrostomy (H) (Anaes.) | 94.75 | |
| 41885 | | Trache‑oesophageal fistula, formation of, as a secondary procedure following laryngectomy, including associated endoscopic procedures (Anaes.) (Assist.) | 299.55 | |
| 41886 | | Trachea, removal of foreign body in (Anaes.) | 185.25 | |
| 41887 | | Pituitary tumour, removal of, by trans‑sphenoidal approach, including stereotaxy and dermis, dermofat or fascia grafting, as part of conjoint surgery, other than a service associated with a service to which item 40600 applies (H) (Anaes.) (Assist.) | 2,856.05 | |
| 41888 | | Fractured skull, after trauma only, or spontaneous defects with cerebrospinal fluid rhinorrhoea or otorrhoea, repair of, including stereotaxy and dermofat graft (H) (Anaes.) (Assist.) | 2,021.35 | |
| 41890 | | Orbit, decompression of, by fenestration of 2 or more walls, or by the removal of intraorbital peribulbar and retrobulbar fat from each quadrant of the orbit, one eye by endonasal approach (H) (Anaes.) (Assist.) | 1,351.45 | |
| 41907 | | Nasal septum button, insertion of (Anaes.) | 127.80 | |
| 41910 | | Duct of major salivary gland, transposition of (H) (Anaes.) (Assist.) | 406.05 | |
| Subgroup 9—Ophthalmology | | | | |
| 42503 | | Ophthalmological examination under general anaesthesia, other than a service associated with a service to which another item in this Group applies (H) (Anaes.) | 106.65 | |
| 42504 | | Glaucoma, implantation of a micro‑bypass surgery stent system into the trabecular meshwork, if:  (a) conservative therapies have failed, are likely to fail, or are contraindicated; and  (b) the service is performed by a specialist with training that is recognised by the Conjoint Committee for the Recognition of Training in Micro‑Bypass Glaucoma Surgery (Anaes.) | 312.95 | |
| 42505 | | Complete removal from the eye of a trans‑trabecular drainage device or devices, with or without replacement, following device‑related medical complications necessitating complete removal (Anaes.) | 312.95 | |
| 42506 | | Eye, enucleation of, with or without sphere implant (Anaes.) (Assist.) | 500.75 | |
| 42509 | | Eye, enucleation of, with insertion of integrated implant (H) (Anaes.) (Assist.) | 633.75 | |
| 42510 | | Eye, enucleation of, with insertion of hydroxy apatite implant or similar coralline implant (H) (Anaes.) (Assist.) | 730.50 | |
| 42512 | | Globe, evisceration of (Anaes.) (Assist.) | 500.75 | |
| 42515 | | Globe, evisceration of, and insertion of intrascleral ball or cartilage (H) (Anaes.) (Assist.) | 633.75 | |
| 42518 | | Anophthalmic orbit, insertion of cartilage or artificial implant as a delayed procedure, or removal of implant from socket, or placement of a motility integrating peg by drilling into existing orbital implant (H) (Anaes.) (Assist.) | 367.70 | |
| 42521 | | Anophthalmic socket, treatment of, by insertion of a wired‑in conformer, integrated implant or dermofat graft, as a secondary procedure (H) (Anaes.) (Assist.) | 1,251.95 | |
| 42524 | | Orbit, skin graft to, as a delayed procedure (Anaes.) | 212.85 | |
| 42527 | | Contracted socket, reconstruction including mucous membrane grafting and stent mould (H) (Anaes.) (Assist.) | 422.50 | |
| 42530 | | Orbit, exploration with or without biopsy, requiring removal of bone (H) (Anaes.) (Assist.) | 657.35 | |
| 42533 | | Orbit, exploration of, with drainage or biopsy not requiring removal of bone (H) (Anaes.) (Assist.) | 422.50 | |
| 42536 | | Orbit, exenteration of, with or without skin graft and with or without temporalis muscle transplant (H) (Anaes.) (Assist.) | 868.40 | |
| 42539 | | Orbit, exploration of, with removal of tumour or foreign body, requiring removal of bone (H) (Anaes.) (Assist.) | 1,236.35 | |
| 42542 | | Orbit, exploration of anterior aspect with removal of tumour or foreign body (H) (Anaes.) (Assist.) | 524.30 | |
| 42543 | | Orbit, exploration of retrobulbar aspect with removal of tumour or foreign body (H) (Anaes.) (Assist.) | 919.65 | |
| 42545 | | Orbit, decompression of, for dysthyroid eye disease, by fenestration of 2 or more walls, or by the removal of intraorbital peribulbar and retrobulbar fat from each quadrant of the orbit, one eye (H) (Anaes.) (Assist.) | 1,330.15 | |
| 42548 | | Optic nerve meninges, incision of (H) (Anaes.) (Assist.) | 790.15 | |
| 42551 | | Eye, penetrating wound or rupture of, not involving intraocular structures—repair involving suture of cornea or sclera, or both, other than a service to which item 42632 applies (Anaes.) (Assist.) | 657.35 | |
| 42554 | | Eye, penetrating wound or rupture of, with incarceration or prolapse of uveal tissue—repair (H) (Anaes.) (Assist.) | 766.90 | |
| 42557 | | Eye, penetrating wound or rupture of, with incarceration of lens or vitreous—repair (H) (Anaes.) (Assist.) | 1,071.95 | |
| 42563 | | Intraocular foreign body, removal from anterior segment (Anaes.) (Assist.) | 540.00 | |
| 42569 | | Intraocular foreign body, removal from posterior segment (H) (Anaes.) (Assist.) | 1,071.95 | |
| 42572 | | Orbital abscess or cyst, drainage of (Anaes.) | 122.15 | |
| 42573 | | Dermoid, periorbital, excision of, on a patient 10 years of age or over (Anaes.) | 236.65 | |
| 42574 | | Dermoid, orbital, excision of (Anaes.) (Assist.) | 502.85 | |
| 42575 | | Tarsal cyst, extirpation of (Anaes.) | 86.05 | |
| 42576 | | Dermoid, periorbital, excision of, on a patient under 10 years of age (Anaes.) | 307.70 | |
| 42581 | | Ectropion or entropion, tarsal cauterisation of (Anaes.) | 122.15 | |
| 42584 | | Tarsorrhaphy (Anaes.) (Assist.) | 288.00 | |
| 42587 | | Trichiasis (due to causes other than trachoma), treatment of by cryotherapy, laser or electrolysis—each eyelid (Anaes.) | 54.10 | |
| 42588 | | Trichiasis (due to trachoma), treatment of by cryotherapy, laser or electrolysis—each eyelid (Anaes.) | 54.10 | |
| 42590 | | Canthoplasty, medial or lateral (Anaes.) (Assist.) | 352.05 | |
| 42593 | | Lacrimal gland, excision of palpebral lobe (H) (Anaes.) | 212.85 | |
| 42596 | | Lacrimal sac, excision of, or operation on (Anaes.) (Assist.) | 524.30 | |
| 42599 | | Lacrimal canalicular system, establishment of patency by closed operation using silicone tubes or similar, one eye (Anaes.) (Assist.) | 657.35 | |
| 42602 | | Lacrimal canalicular system, establishment of patency by open operation, one eye (Anaes.) (Assist.) | 657.35 | |
| 42605 | | Lacrimal canaliculus, immediate repair of (Anaes.) (Assist.) | 485.00 | |
| 42608 | | Lacrimal drainage by insertion of glass tube, as an independent procedure (Anaes.) (Assist.) | 312.95 | |
| 42610 | | Nasolacrimal tube (unilateral), removal or replacement of, or lacrimal passages, probing for obstruction, unilateral, with or without lavage—under general anaesthesia (Anaes.) | 100.15 | |
| 42611 | | Nasolacrimal tube (bilateral), removal or replacement of, or lacrimal passages, probing for obstruction, bilateral, with or without lavage—under general anaesthesia (Anaes.) | 150.20 | |
| 42614 | | Nasolacrimal tube (unilateral), removal or replacement of, or lacrimal passages, probing to establish patency of, or probing for obstruction (or both), unilateral, including lavage, other than a service associated with a service to which item 42610 applies (excluding after‑care) | 50.25 | |
| 42615 | | Nasolacrimal tube (bilateral), removal or replacement of, or lacrimal passages, probing for obstruction, bilateral, including lavage, other than a service associated with a service to which item 42611 applies (excluding after‑care) | 75.15 | |
| 42617 | | Punctum snip operation (Anaes.) | 142.50 | |
| 42620 | | Punctum, occlusion of, by use of a plug (Anaes.) | 54.80 | |
| 42622 | | Punctum, permanent occlusion of, by use of electrical cautery (Anaes.) | 86.05 | |
| 42623 | | Dacryocystorhinostomy (H) (Anaes.) (Assist.) | 727.80 | |
| 42626 | | Dacryocystorhinostomy if a previous dacryocystorhinostomy has been performed (Anaes.) (Assist.) | 1,173.75 | |
| 42629 | | Conjunctivorhinostomy including dacryocystorhinostomy and fashioning of conjunctival flaps (H) (Anaes.) (Assist.) | 884.15 | |
| 42632 | | Conjunctival peritomy or repair of corneal laceration by conjunctival flap (Anaes.) | 122.15 | |
| 42635 | | Corneal perforations, sealing of, with tissue adhesive (Anaes.) (Assist.) | 312.95 | |
| 42638 | | Conjunctival graft over cornea (Anaes.) (Assist.) | 391.25 | |
| 42641 | | Autoconjunctival transplant, or mucous membrane graft (Anaes.) (Assist.) | 508.55 | |
| 42644 | | Cornea or sclera, complete removal of embedded foreign body from—not more than once on the same day by the same practitioner (excluding after‑care) (Anaes.) | 75.05 | |
| 42647 | | Corneal scars, removal of, by partial keratectomy, other than a service associated with a service to which item 42686 applies (Anaes.) | 212.85 | |
| 42650 | | Cornea, epithelial debridement for corneal ulcer or corneal erosion (excluding after‑care) (Anaes.) | 75.05 | |
| 42651 | | Cornea, epithelial debridement for eliminating band keratopathy (Anaes.) | 167.30 | |
| 42652 | | Corneal collagen cross linking, on a patient with a corneal ectatic disorder, with evidence of progression—per eye (Anaes.) | 1,248.65 | |
| 42653 | | Cornea, transplantation of (H) (Anaes.) (Assist.) | 1,360.75 | |
| 42656 | | Cornea, transplantation of, second and subsequent procedures (H) (Anaes.) (Assist.) | 1,737.10 | |
| 42662 | | Sclera, transplantation of, full thickness, including collection of donor material (H) (Anaes.) (Assist.) | 938.85 | |
| 42665 | | Sclera, transplantation of, superficial or lamellar, including collection of donor material (Anaes.) (Assist.) | 626.05 | |
| 42667 | | Running corneal suture, manipulation of, performed within 4 months of corneal grafting, to reduce astigmatism, if a reduction of 2 dioptres of astigmatism is obtained, including any associated consultation | 147.65 | |
| 42668 | | Corneal sutures, removal of, not earlier than 6 weeks after operation requiring use of slit lamp or operating microscope (Anaes.) | 78.35 | |
| 42672 | | Corneal incisions, to correct corneal astigmatism of more than 11/2 dioptres following anterior segment surgery, including appropriate measurements and calculations, performed as an independent procedure (Anaes.) (Assist.) | 938.85 | |
| 42673 | | Additional corneal incisions, to correct corneal astigmatism of more than 11/2 dioptres, including appropriate measurements and calculations, performed in conjunction with other anterior segment surgery (Anaes.) (Assist.) | 469.35 | |
| 42676 | | Conjunctiva, biopsy of, as an independent procedure | 120.35 | |
| 42677 | | Conjunctiva, cautery of, including treatment of pannus—each attendance at which treatment is given including any associated consultation (Anaes.) | 63.45 | |
| 42680 | | Conjunctiva, cryotherapy to, for melanotic lesions or similar using CO2 or N20 (Anaes.) | 312.95 | |
| 42683 | | Conjunctival cysts, removal of (H) (Anaes.) | 125.25 | |
| 42686 | | Pterygium, removal of (Anaes.) | 284.75 | |
| 42689 | | Pinguecula, removal of, other than a service associated with the fitting of contact lenses (Anaes.) | 122.15 | |
| 42692 | | Limbic tumour, removal of, excluding Pterygium (Anaes.) (Assist.) | 288.00 | |
| 42695 | | Limbic tumour, excision of, requiring keratectomy or sclerectomy, excluding Pterygium (Anaes.) (Assist.) | 469.35 | |
| 42698 | | Lens extraction, excluding surgery performed to correct a refractive error, other than anisometropia that exceeds 3 dioptres and develops after the removal of cataract in the first eye (Anaes.) | 618.80 | |
| 42701 | | Intraocular lens, insertion of, excluding surgery performed to correct a refractive error, other than anisometropia that exceeds 3 dioptres and develops after the removal of cataract in the first eye (Anaes.) | 345.15 | |
| 42702 | | Lens extraction and insertion of intraocular lens, excluding surgery performed to correct a refractive error, other than anisometropia that exceeds 3 dioptres and develops after the removal of cataract in the first eye (Anaes.) | 791.45 | |
| 42703 | | Intraocular lens or iris prosthesis, insertion of, into the posterior chamber with fixation to the iris or sclera (Anaes.) (Assist.) | 595.20 | |
| 42704 | | Intraocular lens, removal or repositioning of by open operation—other than a service associated with a service to which item 42701 applies (Anaes.) | 485.00 | |
| 42705 | | Lens extraction and insertion of intraocular lens, excluding surgery performed for the correction of refractive error except for anisometropia greater than 3 dioptres following the removal of cataract in the first eye, performed in association with a trans‑trabecular drainage device or devices, in a patient diagnosed with open angle glaucoma who is not adequately responsive to topical anti‑glaucoma medications or who is intolerant of anti‑glaucoma medication (Anaes.) | 948.05 | |
| 42707 | | Intraocular lens, removal of and replacement with a different lens, excluding surgery performed to correct a refractive error, other than anisometropia that exceeds 3 dioptres and develops after the removal of cataract in the first eye (Anaes.) | 829.40 | |
| 42710 | | Intraocular lens, removal of, and replacement with a lens inserted into the posterior chamber and fixated to the iris or sclera (Anaes.) (Assist.) | 938.85 | |
| 42713 | | Iris suturing, McCannell technique or similar, for fixation of intraocular lens or repair of iris defect (Anaes.) (Assist.) | 391.25 | |
| 42716 | | Cataract, juvenile, removal of, including subsequent needlings (Anaes.) (Assist.) | 1,244.15 | |
| 42719 | | Either or both of the following, via a limbal approach by any method:  (a) removal of capsular or lens material;  (b) removal of vitreous;  other than a service associated with a service to which item 42698, 42702, 42705, 42716, 42725 or 42731 applies (Anaes.) (Assist.) | 540.00 | |
| 42725 | | Vitrectomy via pars plana sclerotomy, including one or more of the following:  (a) removal of vitreous;  (b) division of vitreous bands;  (c) removal of epiretinal membranes;  (d) capsulotomy  (H) (Anaes.) (Assist.) | 1,392.65 | |
| 42731 | | Limbal or pars plana lensectomy combined with vitrectomy, other than a service associated with item 42698, 42702, 42705, 42719 or 42725 (H) (Anaes.) (Assist.) | 1,580.55 | |
| 42734 | | Capsulotomy, other than by laser, and other than a service associated with a service to which item 42725 or 42731 applies (Anaes.) (Assist.) | 312.95 | |
| 42738 | | Paracentesis of anterior chamber or vitreous cavity, or both, for the injection of therapeutic substances, or the removal of aqueous or vitreous humours for diagnostic or therapeutic purposes, one or more of, as an independent procedure | 312.95 | |
| 42739 | | Paracentesis of anterior chamber or vitreous cavity, or both, for the injection of therapeutic substances, or the removal of aqueous or vitreous humours for diagnostic or therapeutic purposes, one or more of, as an independent procedure, for a patient requiring the administration of anaesthetic by an anaesthetist (Anaes.) | 312.95 | |
| 42740 | | Intravitreal injection of therapeutic substances, or the removal of vitreous humour for diagnostic purposes, one or more of, as a procedure associated with other intraocular surgery (Anaes.) | 312.95 | |
| 42741 | | Posterior juxtascleral depot injection of a therapeutic substance, for the treatment of subfoveal choroidal neovascularisation due to age‑related macular degeneration, one or more of (Anaes.) | 312.95 | |
| 42743 | | Anterior chamber, irrigation of blood from, as an independent procedure (Anaes.) (Assist.) | 657.35 | |
| 42744 | | Needle revision of glaucoma filtration bleb, following glaucoma filtering procedure (Anaes.) | 312.75 | |
| 42746 | | Glaucoma, filtering operation for, if conservative therapies have failed, are likely to fail, or are contraindicated (H) (Anaes.) (Assist.) | 993.70 | |
| 42749 | | Glaucoma, filtering operation for, if previous filtering operation has been performed (H) (Anaes.) (Assist.) | 1,244.15 | |
| 42752 | | Glaucoma, insertion of drainage device incorporating an extraocular reservoir for, such as a Molteno device (H) (Anaes.) (Assist.) | 1,392.65 | |
| 42755 | | Glaucoma, removal of drainage device incorporating an extraocular reservoir for, such as a Molteno device (H) (Anaes.) (Assist.) | 172.15 | |
| 42758 | | Goniotomy for the treatment of primary congenital glaucoma, excluding the minimally invasive implantation of glaucoma drainage devices (H) (Anaes.) (Assist.) | 727.80 | |
| 42761 | | Division of anterior or posterior synechiae, as an independent procedure, other than by laser (Anaes.) (Assist.) | 540.00 | |
| 42764 | | Iridectomy (including excision of tumour of iris) or iridotomy, as an independent procedure, other than by laser (Anaes.) (Assist.) | 540.00 | |
| 42767 | | Tumour, involving ciliary body or ciliary body and iris, excision of (H) (Anaes.) (Assist.) | 1,134.50 | |
| 42770 | | Cyclodestructive procedures for the treatment of intractable glaucoma, treatment to one eye, to a maximum of 2 treatments to that eye in a 2 year period (Anaes.) (Assist.) | 306.75 | |
| 42773 | | Detached retina, pneumatic retinopexy for, other than a service associated with a service to which item 42776 applies (Anaes.) (Assist.) | 938.85 | |
| 42776 | | Detached retina, buckling or resection operation for (H) (Anaes.) (Assist.) | 1,392.65 | |
| 42779 | | Detached retina, revision of scleral buckling operation for (H) (Anaes.) (Assist.) | 1,737.10 | |
| 42782 | | Laser trabeculoplasty, for the treatment of glaucoma—each treatment to one eye, to a maximum of 4 treatments to that eye in a 2 year period (Anaes.) (Assist.) | 469.35 | |
| 42785 | | Laser iridotomy—each treatment episode to one eye, to a maximum of 3 treatments to that eye in a 2 year period (Anaes.) (Assist.) | 367.70 | |
| 42788 | | Laser capsulotomy—each treatment episode to one eye, to a maximum of 2 treatments to that eye in a 2 year period—other than a service associated with a service to which item 42702 applies (Anaes.) (Assist.) | 367.70 | |
| 42791 | | Laser vitreolysis or corticolysis of lens material or fibrinolysis, excluding vitreolysis in the posterior vitreous cavity—each treatment to one eye, to a maximum of 3 treatments to that eye in a 2 year period (Anaes.) (Assist.) | 367.70 | |
| 42794 | | Division of suture by laser following glaucoma filtration surgery, each treatment to one eye, to a maximum of 2 treatments to that eye in a 2 year period (Anaes.) | 70.45 | |
| 42801 | | Episcleral radioactive plaque (Ruthenium 106 or Iodine 125), for the treatment of choroidal melanomas, insertion of (H) (Anaes.) (Assist.) | 1,092.25 | |
| 42802 | | Episcleral radioactive plaque (Ruthenium 106 or Iodine 125), for the treatment of choroidal melanomas, removal of (H) (Anaes.) (Assist.) | 545.95 | |
| 42805 | | Tantalum markers, surgical insertion to the sclera to localise the tumour base and to assist in planning radiotherapy of choroidal melanomas—one or more of (Anaes.) | 610.30 | |
| 42806 | | Iris tumour, laser photocoagulation of (Anaes.) (Assist.) | 367.70 | |
| 42807 | | Photomydriasis, laser | 370.20 | |
| 42808 | | Laser peripheral iridoplasty | 370.20 | |
| 42809 | | Retina, photocoagulation of, other than a service associated with photodynamic therapy with verteporfin (Anaes.) (Assist.) | 469.35 | |
| 42810 | | Phototherapeutic keratectomy, by laser, for corneal scarring or disease, excluding surgery for refractive error (Anaes.) | 590.70 | |
| 42811 | | Transpupillary thermotherapy, for choroidal and retinal tumours or vascular malformations (Anaes.) | 469.35 | |
| 42812 | | Removal of scleral buckling material, from an eye having undergone previous scleral buckling surgery (Anaes.) | 172.15 | |
| 42815 | | Vitreous cavity, removal of silicone oil or other liquid vitreous substitutes from, during a procedure other than that in which the vitreous substitute is inserted (H) (Anaes.) (Assist.) | 657.35 | |
| 42818 | | Retina, cryotherapy to, as an independent procedure, or when performed in association with item 42770 or 42809 (Anaes.) | 610.30 | |
| 42821 | | Ocular transillumination, for the diagnosis and measurement of intraocular tumours (Anaes.) | 94.05 | |
| 42824 | | Retrobulbar injection of alcohol or other drug, as an independent procedure | 72.70 | |
| 42833 | | Squint, operation for, on one or both eyes, the operation involving a total of one or 2 muscles on a patient aged 15 years or over (H) (Anaes.) (Assist.) | 610.30 | |
| 42836 | | Squint, operation for, on one or both eyes, the operation involving a total of one or 2 muscles:  (a) on a patient aged 14 years or under; or  (b) if the patient has had previous squint, retinal or extra ocular operations on the eye or eyes; or  (c) on a patient with concurrent thyroid eye disease (H) (Anaes.) (Assist.) | 758.95 | |
| 42839 | | Squint, operation for, on one or both eyes, the operation involving a total of 3 or more muscles on a patient aged 15 years or over (H) (Anaes.) (Assist.) | 727.80 | |
| 42842 | | Squint, operation for, on one or both eyes, the operation involving a total of 3 or more muscles:  (a) on a patient aged 14 years or under; or  (b) if the patient has had previous squint, retinal or extra ocular operations on the eye or eyes; or  (c) on a patient with concurrent thyroid eye disease (H) (Anaes.) (Assist.) | 907.65 | |
| 42845 | | Readjustment of adjustable sutures, one or both eyes, as an independent procedure following an operation for correction of squint (Anaes.) | 197.10 | |
| 42848 | | Squint, muscle transplant for (Hummelsheim type, or similar operation) on a patient aged 15 years or over (H) (Anaes.) (Assist.) | 727.80 | |
| 42851 | | Squint, muscle transplant for (Hummelsheim type, or similar operation) on a patient who:  (a) is aged 14 years or under; or  (b) has had previous squint, retinal or extra‑ocular operations on the patient’s eye or eyes; or  (c) has concurrent thyroid eye disease (H) (Anaes.) (Assist.) | 907.65 | |
| 42854 | | Ruptured medial palpebral ligament or ruptured extra‑ocular muscle, repair of (Anaes.) (Assist.) | 422.50 | |
| 42857 | | Resuturing of wound following intraocular procedures with or without excision of prolapsed iris (Anaes.) (Assist.) | 422.50 | |
| 42860 | | Eyelid (upper or lower), scleral or Goretex or other non‑autogenous graft to, with recession of the lid retractors (Anaes.) (Assist.) | 938.85 | |
| 42863 | | Eyelid, recession of (Anaes.) (Assist.) | 805.95 | |
| 42866 | | Entropion or tarsal ectropion, repair of, by tightening, shortening or repair of inferior retractors by open operation across the entire width of the eyelid (Anaes.) (Assist.) | 782.35 | |
| 42869 | | Eyelid closure in facial nerve paralysis, insertion of foreign implant for (Anaes.) (Assist.) | 571.25 | |
| 42872 | | Eyebrow, elevation of, by skin excision, to correct for a reduced field of vision caused by paretic, involutional, or traumatic eyebrow descent/ptosis to a position below the superior orbital rim (Anaes.) | 250.45 | |
| 43021 | | Photodynamic therapy, one eye, including the infusion of vertoporfin continuously through a peripheral vein, using a non‑thermal laser at a wavelength of 689 nm, for the treatment of choroidal neovascularisation | 473.50 | |
| 43022 | | Photodynamic therapy, both eyes, including the infusion of vertoporfin continuously through a peripheral vein, using a non‑thermal laser at a wavelength of 689 nm, for the treatment of choroidal neovascularisation | 568.25 | |
| 43023 | | Infusion of vertoporfin for discontinued photodynamic therapy, if a session of therapy that would have been provided under item 43021 or 43022 has been discontinued on medical grounds | 92.05 | |
| Subgroup 10—Operations for osteomyelitis | | | |
| 43521 | | Operation on skull, for chronic osteomyelitis (H) (Anaes.) (Assist.) | 483.35 | |
| 43527 | | Operation on sternum, clavicle, rib, metacarpus, carpus, phalanx, metatarsus, tarsus, mandible or maxilla (other than alveolar margins), by open or arthroscopicmeans, for septic arthritis or osteomyelitis—one approach, inclusive of the adjoining joint (H) (Anaes.) (Assist.) | 370.80 | |
| 43530 | | Operation on scapula, ulna, radius, tibia, fibula, humerus or femur, by open or arthroscopic means, for septic arthritis or osteomyelitis—one approach, inclusive of the adjoining joint (Anaes.) (Assist.) | 370.80 | |
| 43533 | | Operation on spine or pelvic bones, by open or arthroscopic means, for septic arthritis or osteomyelitis—one approach, inclusive of the adjoining joint (Anaes.) (Assist.) | 611.40 | |
| Subgroup 11—Paediatric | | | |
| 43801 | | Intestinal malrotation with or without volvulus, laparotomy for, not involving bowel resection (H) (Anaes.) (Assist.) | 996.10 | |
| 43804 | | Intestinal malrotation with or without volvulus, laparotomy for, with bowel resection and anastomosis, with or without formation of stoma (H) (Anaes.) (Assist.) | 1,060.55 | |
| 43805 | | Umbilical, epigastric or linea alba hernia, repair of, on a patient under 10 years of age (H) (Anaes.) | 370.80 | |
| 43807 | | Duodenal atresia or stenosis, duodenoduodenostomy or duodenojejunostomy for (H) (Anaes.) (Assist.) | 1,157.05 | |
| 43810 | | Jejunal atresia, bowel resection and anastomosis for, with or without tapering (H) (Anaes.) (Assist.) | 1,349.90 | |
| 43813 | | Meconium ileus, laparotomy for, complicated by one or more of associated volvulus, atresia, intestinal perforation with or without meconium peritonitis (H) (Anaes.) (Assist.) | 1,349.90 | |
| 43816 | | Ileal atresia, colonic atresia or meconium ileus other than a service associated with a service to which item 43813 applies, laparotomy for (H) (Anaes.) (Assist.) | 1,253.40 | |
| 43819 | | Aganglionosis Coli, laparotomy for, with or without frozen section biopsies and formation of stoma (H) (Anaes.) (Assist.) | 1,012.40 | |
| 43822 | | Anorectal malformation, laparotomy and colostomy for (H) (Anaes.) (Assist.) | 1,012.40 | |
| 43825 | | Neonatal alimentary obstruction, laparotomy for, other than a service to which another item in this Subgroup applies (H) (Anaes.) (Assist.) | 1,157.05 | |
| 43828 | | Acute neonatal necrotising enterocolitis, laparotomy for, with resection, including any anastomoses or stoma formation (H) (Anaes.) (Assist.) | 1,278.30 | |
| 43831 | | Acute neonatal necrotising enterocolitis, if no definitive procedure is possible, laparotomy for (H) (Anaes.) (Assist.) | 996.10 | |
| 43832 | | Branchial fistula, removal of, on a patient under 10 years of age (H) (Anaes.) (Assist.) | 679.40 | |
| 43834 | | Bowel resection for necrotising enterocolitis stricture or strictures, including any anastomoses or stoma formation (H) (Anaes.) (Assist.) | 1,157.05 | |
| 43835 | | Strangulated, incarcerated or obstructed hernia, repair of, without bowel resection, on a patient under 10 years of age (H) (Anaes.) (Assist.) | 705.15 | |
| 43837 | | Congenital diaphragmatic hernia, repair by thoracic or abdominal approach, with diagnosis confirmed in the first 24 hours of life (H) (Anaes.) (Assist.) | 1,446.25 | |
| 43838 | | Diaphragmatic hernia, congenital, repair of, by thoracic or abdominal approach, on a patient under 10 years of age, not being a service to which any of items 31569 to 31581 apply (H) (Anaes.) (Assist.) | 1,294.90 | |
| 43840 | | Congenital diaphragmatic hernia, repair by thoracic or abdominal approach, diagnosed after the first day of life and before 20 days of age (H) (Anaes.) (Assist.) | 1,253.40 | |
| 43841 | | Femoral or inguinal hernia or infantile hydrocele, repair of, on a patient under 10 years of age, other than a service to which item 30651 or 43835 applies (H) (Anaes.) (Assist.) | 628.30 | |
| 43843 | | Oesophageal atresia (with or without repair of tracheo‑oesophageal fistula), complete correction of, other than a service to which item 43846 applies (H) (Anaes.) (Assist.) | 1,928.45 | |
| 43846 | | Oesophageal atresia (with or without repair of tracheo‑oesophageal fistula), complete correction of, in infant of birth weight less than 1,500 g (H) (Anaes.) (Assist.) | 2,073.05 | |
| 43849 | | Oesophageal atresia, gastrostomy for (H) (Anaes.) (Assist.) | 530.30 | |
| 43852 | | Oesophageal atresia, thoracotomy for, and division of tracheo‑oesophageal fistula without anastomosis (H) (Anaes.) (Assist.) | 1,687.25 | |
| 43855 | | Oesophageal atresia, delayed primary anastomosis for (H) (Anaes.) (Assist.) | 1,783.85 | |
| 43858 | | Oesophageal atresia, cervical oesophagostomy for (H) (Anaes.) (Assist.) | 626.70 | |
| 43861 | | Congenital cystadenomatoid malformation or congenital lobar emphysema, thoracotomy and lung resection for (H) (Anaes.) (Assist.) | 1,735.65 | |
| 43864 | | Gastroschisis, operation for (H) (Anaes.) (Assist.) | 1,301.70 | |
| 43867 | | Gastroschisis or exomphalos, secondary operation for, with removal of silo (H) (Anaes.) (Assist.) | 723.15 | |
| 43870 | | Exomphalos containing small bowel only, operation for (H) (Anaes.) (Assist.) | 1,012.40 | |
| 43873 | | Exomphalos containing small bowel and other viscera, operation for (H) (Anaes.) (Assist.) | 1,349.90 | |
| 43876 | | Sacrococcygeal teratoma, excision of, by posterior approach (H) (Anaes.) (Assist.) | 1,157.05 | |
| 43879 | | Sacrococcygeal teratoma, excision of, by combined posterior and abdominal approach (H) (Anaes.) (Assist.) | 1,349.90 | |
| 43882 | | Cloacal exstrophy, operation for (H) (Anaes.) (Assist.) | 1,735.65 | |
| 43900 | | Tracheo‑oesophageal fistula without atresia, division and repair of (H) (Anaes.) (Assist.) | 1,157.05 | |
| 43903 | | Oesophageal atresia or corrosive oesophageal stricture, oesophageal replacement for, utilising gastric tube, jejunum or colon (H) (Anaes.) (Assist.) | 1,928.45 | |
| 43906 | | Oesophagus, resection of congenital, anastomic or corrosive stricture and anastomosis, other than a service to which item 43903 applies (H) (Anaes.) (Assist.) | 1,687.25 | |
| 43909 | | Tracheomalacia, aortopexy for (H) (Anaes.) (Assist.) | 1,687.25 | |
| 43912 | | Thoracotomy and excision of one or more of bronchogenic or enterogenous cyst or mediastinal teratoma (H) (Anaes.) (Assist.) | 1,594.05 | |
| 43915 | | Eventration, plication of diaphragm for (H) (Anaes.) (Assist.) | 1,205.25 | |
| 43930 | | Hypertrophic pyloric stenosis, pyloromyotomy for (H) (Anaes.) (Assist.) | 463.50 | |
| 43933 | | Idiopathic intussusception, laparotomy and manipulative reduction of (H) (Anaes.) (Assist.) | 542.55 | |
| 43936 | | Intussusception, laparotomy and resection with anastomosis (H) (Anaes.) (Assist.) | 1,012.40 | |
| 43939 | | Ventral hernia following neonatal closure of exomphalos or gastroschisis, repair of (H) (Anaes.) (Assist.) | 771.35 | |
| 43942 | | Abdominal wall vitello intestinal remnant, excision of (H) (Anaes.) | 241.10 | |
| 43945 | | Patent vitello intestinal duct, excision of (H) (Anaes.) (Assist.) | 1,012.40 | |
| 43948 | | Umbilical granuloma, excision of, under general anaesthesia (H) (Anaes.) | 144.75 | |
| 43951 | | Gastro‑oesophageal reflux with or without hiatus hernia, laparotomy and fundoplication for, without gastrostomy (H) (Anaes.) (Assist.) | 906.65 | |
| 43954 | | Gastro‑oesophageal reflux with or without hiatus hernia, laparotomy and fundoplication for, with gastrostomy (H) (Anaes.) (Assist.) | 1,108.95 | |
| 43957 | | Gastro‑oesophageal reflux, laparotomy and fundoplication for, with or without hiatus hernia, in child with neurological disease, with gastrostomy (H) (Anaes.) (Assist.) | 1,205.25 | |
| 43960 | | Anorectal malformation, perineal anoplasty of (H) (Anaes.) (Assist.) | 424.00 | |
| 43963 | | Anorectal malformation, posterior sagittal anorectoplasty of (H) (Anaes.) (Assist.) | 1,687.25 | |
| 43966 | | Anorectal malformation, posterior sagittal anorectoplasty of, with laparotomy (H) (Anaes.) (Assist.) | 1,928.45 | |
| 43969 | | Persistent cloaca, total correction of, with genital repair using posterior sagittal approach, with or without laparotomy (H) (Anaes.) (Assist.) | 2,651.60 | |
| 43972 | | Choledochal cyst, resection of, with one duct anastomosis (H) (Anaes.) (Assist.) | 1,928.45 | |
| 43975 | | Choledochal cyst, resection of, with 2 duct anastomoses (H) (Anaes.) (Assist.) | 2,265.95 | |
| 43978 | | Biliary atresia, portoenterostomy for (H) (Anaes.) (Assist.) | 1,928.45 | |
| 43981 | | Nephroblastoma, neuroblastoma or other malignant tumour, laparotomy (exploratory), including associated biopsies, if no other intra‑abdominal procedure is performed (H) (Anaes.) (Assist.) | 530.30 | |
| 43984 | | Nephroblastoma, radical nephrectomy for (H) (Anaes.) (Assist.) | 1,349.90 | |
| 43987 | | Neuroblastoma, radical excision of (H) (Anaes.) (Assist.) | 1,494.65 | |
| 43990 | | Aganglionosis Coli, definitive resection with pull‑through anastomosis, with or without frozen section biopsies, when aganglionic segment extends to sigmoid colon (H) (Anaes.) (Assist.) | 1,832.10 | |
| 43993 | | Aganglionosis Coli, definitive resection with pull‑through anastomosis, with or without frozen section biopsies, when aganglionic segment extends into descending or transverse colon with or without resiting of stoma (H) (Anaes.) (Assist.) | 1,976.65 | |
| 43996 | | Aganglionosis Coli, total colectomy for total colonic aganglionosis with ileoanal pull‑through, with or without side to side ileocolonic anastomosis (H) (Anaes.) (Assist.) | 2,217.75 | |
| 43999 | | Aganglionosis Coli, anal sphincterotomy as an independent procedure for (H) (Anaes.) (Assist.) | 277.30 | |
| 44101 | | Rectum, examination of, under general anaesthesia with full thickness biopsy or removal of polyp or similar lesion, on a patient under 2 years of age (H) (Anaes.) (Assist.) | 347.60 | |
| 44102 | | Rectum, examination of, under general anaesthesia with full thickness biopsy or removal of polyp or similar lesion, on a patient 2 years of age or over (H) (Anaes.) (Assist.) | 267.35 | |
| 44104 | | Rectal prolapse, submucosal or perirectal injection for, under general anaesthesia, on a patient under 2 years of age (Anaes.) | 61.05 | |
| 44105 | | Rectal prolapse, submucosal or perirectal injection for, under general anaesthesia, on a patient 2 years of age or over (Anaes.) | 46.90 | |
| 44108 | | Inguinal hernia, laparoscopic or open repair of, at age less than 12 months (H) (Anaes.) (Assist.) | 638.35 | |
| 44111 | | Obstructed or strangulated inguinal hernia, laparoscopic or open repair of, at age less than 12 months, including orchidopexy when performed (H) (Anaes.) (Assist.) | 716.45 | |
| 44114 | | Inguinal hernia, laparoscopic or open repair of, at age less than 12 months when orchidopexy also required (H) (Anaes.) (Assist.) | 716.45 | |
| 44130 | | Lymphadenectomy, for atypical mycobacterial infection or other granulomatous disease (Anaes.) (Assist.) | 482.05 | |
| 44133 | | Torticollis, open division of sternomastoid muscle for (H) (Anaes.) (Assist.) | 382.65 | |
| 44136 | | Ingrown toe nail, operation for, under general anaesthesia (Anaes.) | 176.35 | |

Subdivision E—Subgroups 12 and 13 of Group T8

5.10.20 Meaning of amount under clause 5.10.20

In item 44376:

***amount under clause 5.10.20*** means an amount equal to 75% of the fee mentioned for the item relating to an original amputation (any of items 44325 to 44373) of the body part for which the reamputation is performed.

5.10.21 Meaning of NOSE Scale

In this Schedule:

***NOSE Scale*** means the *Nasal Obstruction Symptom Evaluation Scale*, developed by Stewart et al, as published in *Otolaryngology‑Head and Neck Surgery*, *Volume 130, Issue 2, 2004*, as published on 1 February 2004.

5.10.21A Restrictions on items 46101 to 46111—services provided on the same occasion

Only one of items 46101, 46102, 46103, 46104, 46105, 46106, 46107, 46108, 46109, 46110 and 46111 may be claimed per provider per operation.

5.10.22 Midface procedures

In items 46150 to 46158:

***maxilla*** includes any procedure that involves the adjacent zygoma.

5.10.23 Items in Subgroups 12 and 13 of Group T8

This clause sets out items in Subgroups 12 and 13 of Group T8.

Note: The fees in Group T8 are indexed in accordance with clause 1.3.1.

| Group T8—Surgical operations | | | |
| --- | --- | --- | --- |
| Column 1  Item | Column 2  Description | | Column 3  Fee ($) |
| Subgroup 12—Amputations | | | |
| 44325 | Amputation of hand, transcarpal (H) (Anaes.) (Assist.) | 307.70 | |
| 44328 | Amputation of hand, proximal to wrist radiocarpal joint, through forearm (H) (Anaes.) (Assist.) | 370.80 | |
| 44331 | Amputation at shoulder (H) (Anaes.) (Assist.) | 611.40 | |
| 44334 | Interscapulothoracic amputation (Anaes.) (Assist.) | 1,242.65 | |
| 44338 | Amputation of one digit of one foot, distal to metatarsal head, including any of the following (if performed):  (a) resection of bone or joint;  (b) excision of neuroma;  (c) skin cover with homodigital flaps  (H) (Anaes.) (Assist.) | 149.85 | |
| 44342 | Amputation of 2 digits of one foot, distal to metatarsal head, including any of the following (if performed):  (a) resection of bone or joint;  (b) excision of neuroma;  (c) skin cover with homodigital flaps  (H) (Anaes.) (Assist.) | 228.85 | |
| 44346 | Amputation of 3 digits of one foot, distal to metatarsal head, including any of the following (if performed):  (a) resection of bone or joint;  (b) excision of neuroma;  (c) skin cover with homodigital flaps  (H) (Anaes.) (Assist.) | 264.25 | |
| 44350 | Amputation of 4 digits of one foot, distal to metatarsal head, including any of the following (if performed):  (a) resection of bone or joint;  (b) excision of neuroma;  (c) skin cover with homodigital flaps  (H) (Anaes.) (Assist.) | 299.85 | |
| 44354 | Amputation of 5 digits of one foot, distal to metatarsal head, including any of the following (if performed):  (a) resection of bone or joint;  (b) excision of neuroma;  (c) skin cover with homodigital flaps  (H) (Anaes.) (Assist.) | 343.20 | |
| 44358 | Amputation of oneray of one foot, proximal to the metatarsal head, including any of the following (if performed):  (a) resection of bone;  (b) excision of neuromas;  (c) skin cover or recontouring with homodigital flaps  (H) (Anaes.) (Assist.) | 228.85 | |
| 44359 | Amputation of one or more toes of one foot, or amputation at midfoot or hindfoot of one foot, for diabetic or other microvascular disease:  (a) including any of the following (if performed):  (i) resection of bone;  (ii) excision of neuromas;  (iii) excision of one or more bones of the foot;  (iv) treatment of underlying infection;  (v) skin cover or recontouring with homodigital flaps; and  (b) excluding aftercare;  —applicable only once per foot per occasion on which the service is performed (H) (Anaes.) (Assist.) | 274.60 | |
| 44361 | Amputation of foot, at ankle or hindfoot, including any of the following (if performed):  (a) resection of bone;  (b) excision of neuromas;  (c) skin cover  (H) (Anaes.) (Assist.) | 454.10 | |
| 44364 | Amputation of foot, transtarsal, including any of the following (if performed):  (a) resection of bone;  (b) excision of neuromas;  (c) skin cover  (H) (Anaes.) (Assist.) | 307.70 | |
| 44367 | Amputation through thigh, at knee or below knee (H) (Anaes.) (Assist.) | 543.10 | |
| 44370 | Amputation at hip (H) (Anaes.) (Assist.) | 749.40 | |
| 44373 | Hindquarter, amputation of (Anaes.) (Assist.) | 1,538.30 | |
| 44376 | Amputation stump, re‑amputation of, to provide adequate skin and muscle cover (Anaes.) (Assist.) | Amount under clause 5.10.20 | |
| Subgroup 13—Plastic and reconstructive surgery | | | |
| 45000 | Single stage local muscle flap repair, on eyelid, nose, lip, neck, hand, thumb, finger or genitals—not in association with any of items 31356 to 31383 (Anaes.) | 563.25 | |
| 45003 | Single stage local myocutaneous flap repair to one defect, simple and small—not in association with any of items 31356 to 31383 (Anaes.) | 626.05 | |
| 45006 | Single stage large myocutaneous flap repair to one defect (pectoralis major, latissimus dorsi, or similar large muscle), other than a service associated with a service to which any of items 45524 to 45542 apply (H) (Anaes.) (Assist.) | 1,079.70 | |
| 45009 | Single stage local muscle flap repair to one defect, simple and small, other than a service associated with a service to which item 30278, 30281 or 41722 applies (H) (Anaes.) (Assist.) | 394.40 | |
| 45012 | Single stage large muscle flap repair to one defect (pectoralis major, gastrocnemius, gracilis or similar large muscle), other than a service associated with a service to which any of items 45524 to 45542 apply (H) (Anaes.) (Assist.) | 852.30 | |
| 45015 | Muscle or myocutaneous flap, delay of (H) (Anaes.) | 312.95 | |
| 45018 | Dermis, dermofat or fascia graft (other than transfer of fat by injection):  (a) if the service is not associated with neurosurgical services for spinal disorders mentioned in any of items 51011 to 51171; and  (b) other than a service associated with a service to which item 39615, 39715, 40106 or 40109 applies  (Anaes.) (Assist.) | 492.85 | |
| 45019 | Full face chemical peel for severely sun‑damaged skin, if:  (a) the damage affects at least 75% of the facial skin surface area; and  (b) the damage involves photo‑damage (dermatoheliosis); and  (c) the photo‑damage involves:  (i) a solar keratosis load exceeding 30 individual lesions; or  (ii) solar lentigines; or  (iii) freckling, yellowing or leathering of the skin; or  (iv) solar kertoses which have proven refractory to, or recurred following, medical therapies; and  (d) at least medium depth peeling agents are used; and  (e) the chemical peel is performed in the operating theatre of a hospital by a medical practitioner recognised as a specialist in the specialty of dermatology or plastic surgery.  Applicable once only in any 12 month period (H) (Anaes.) | 412.80 | |
| 45021 | Abrasive therapy for severely disfiguring scarring of face resulting from trauma, burns or acne, if sufficient photographic evidence demonstrating the clinical need for the service is included in patient notes—limited to one claim per patient per episode (Anaes.) | 184.55 | |
| 45025 | Carbon dioxide laser or erbium laser resurfacing of the face or neck for severely disfiguring scarring resulting from trauma, burns or acne (not including fractional laser therapy)—limited to one aesthetic area (Anaes.) | 184.55 | |
| 45026 | Carbon dioxide laser or erbium laser resurfacing of the face or neck for severely disfiguring scarring resulting from trauma, burns or acne (not including fractional laser therapy)—more than one aesthetic area (Anaes.) | 414.70 | |
| 45027 | Vascular anomaly, cauterisation of or injection into, if undertaken in the operating theatre of a hospital (Anaes.) | 125.25 | |
| 45030 | Vascular anomaly, of skin, mucous membrane and/or subcutaneous tissue, small, excision and suture of (Anaes.) | 148.65 | |
| 45033 | Vascular anomaly, large or involving deeper tissue including facial muscle, excision and suture of (Anaes.) (Assist.) | 269.35 | |
| 45035 | Vascular anomaly, large, deep, and involving major neurovascular structures, excision of, including dissection of muscles, nerves or major vessels (H) (Anaes.) (Assist.) | 730.50 | |
| 45036 | Vascular anomaly, of neck, deep and involving major neurovascular structures, excision of, including dissection of cranial nerves and major vessels, (H) (Anaes.) (Assist.) | 1,173.75 | |
| 45045 | Vascular anomaly on eyelid, nose, lip, ear, neck, hand, thumb, finger or genitals, excision of (Anaes.) | 320.90 | |
| 45048 | Lymphoedematous tissue or lymphangiectasis, of lower leg and foot, or thigh, or upper arm, or forearm and hand, major excision of (H) (Anaes.) (Assist.) | 805.95 | |
| 45051 | Contour reconstruction by open repair of contour defects, due to deformity, if:  (a) contour reconstructive surgery is indicated because the deformity is secondary to congenital absence of tissue or has arisen from trauma (other than trauma from previous cosmetic surgery); and  (b) insertion of a non‑biological implant is required, other than one or more of the following:  (i) insertion of a non‑biological implant that is a component of another service specified in Group T8;  (ii) injection of liquid or semisolid material;  (iii) an oral and maxillofacial implant service to which item 52321 applies;  (iv) a service to insert mesh; and  (c) photographic and/or diagnostic imaging evidence demonstrating the clinical need for this service is documented in the patient notes  (H) (Anaes.) (Assist.) | 492.95 | |
| 45054 | Limb or chest, decompression escharotomy of (including all incisions), for acute compartment syndrome secondary to burn (H) (Anaes.) (Assist.) | 357.10 | |
| 45060 | Developmental breast abnormality, single stage correction of, if:  (a) the correction involves either:  (i) bilateral mastopexy for symmetrical tubular breasts; or  (ii) surgery on both breasts with a combination of insertion of one or more implants (which must have at least a 10% volume difference), mastopexy or reduction mammaplasty, if there is a difference in breast volume, as demonstrated by an appropriate volumetric measurement technique, of at least 20% in normally shaped breasts, or 10% in tubular breasts or in breasts with abnormally high inframammary folds; and  (b) photographic and/or diagnostic imaging evidence demonstrating the clinical need for this service is documented in the patient notes  Applicable only once per occasion on which the service is provided (H) (Anaes.) (Assist.) | 1,322.80 | |
| 45061 | Developmental breast abnormality, 2 stage correction of, first stage, involving surgery on both breasts with a combination of insertion of one or more tissue expanders, mastopexy or reduction mammaplasty, if:  (a) there is a difference in breast volume, as demonstrated by an appropriate volumetric measurement technique, of at least:  (i) 20% in normally shaped breasts; or  (ii) 10% in tubular breasts or in breasts with abnormally high inframammary folds; and  (b) photographic and/or diagnostic imaging evidence demonstrating the clinical need for this service is documented in the patient notes.  Applicable only once per occasion on which the service is provided (H) (Anaes.) (Assist.) | 1,322.80 | |
| 45062 | Developmental breast abnormality, 2 stage correction of, second stage, involving surgery on both breasts with a combination of exchange of one or more tissue expanders for one or more implants (which must have at least a 10% volume difference), mastopexy or reduction mammaplasty, if:  (a) there is a difference in breast volume, as demonstrated by an appropriate volumetric measurement technique, of at least:  (i) 20% in normally shaped breasts; or  (ii) 10% in tubular breasts or in breasts with abnormally high inframammary folds; and  (b) photographic and/or diagnostic imaging evidence demonstrating the clinical need for this service is documented in the patient notes.  Applicable only once per occasion on which the service is provided (H) (Anaes.) (Assist.) | 957.25 | |
| 45200 | Single stage local flap, if indicated to repair one defect, simple and small, excluding flap for male pattern baldness and excluding H‑flap or double advancement flap—not in association with any of items 31356 to 31383 (Anaes.) | 295.90 | |
| 45201 | Muscle, myocutaneous or skin flap, if clinically indicated to repair one surgical excision made in the removal of a malignant or non‑malignant skin lesion (only in association with items 31000, 31001, 31002, 31003, 31004, 31005, 31358, 31359, 31360, 31363, 31364, 31369, 31370, 31371, 31373, 31376, 31378, 31380 or 31383)—may be claimed only once per defect (Anaes.) | 430.70 | |
| 45202 | Muscle, myocutaneous or skin flap, if clinically indicated to repair one surgical excision made in the removal of a malignant or non‑malignant skin lesion in a patient, if the clinical relevance of the procedure is clearly annotated in the patient’s record and either:  (a) item 45201 applies and additional flap repair is required for the same defect; or  (b) item 45201 does not apply and either:  (i) the patient has severe pre‑existing scarring, severe skin atrophy or sclerodermoid changes; or  (ii) the repair is contiguous with a free margin  (Anaes.) | 430.70 | |
| 45203 | Single stage local flap, if indicated to repair one defect, complicated or large, excluding flap for male pattern baldness and excluding H‑flap or double advancement flap—not in association with any of items 31356 to 31383 (Anaes.) (Assist.) | 422.50 | |
| 45206 | Single stage local flap if indicated to repair one defect, on eyelid, nose, lip, ear, neck, hand, thumb, finger or genitals and excluding H‑flap or double advancement flap—not in association with any of items 31356 to 31383 (Anaes.) | 399.10 | |
| 45207 | H‑flap or double advancement flap if indicated to repair one defect, on eyelid, eyebrow or forehead—not in association with any of items 31356 to 31383 (Anaes.) | 399.10 | |
| 45209 | Pedicled flap repair (forehead, cross arm, cross leg, abdominal or similar), first stage of a multistage procedure (Anaes.) (Assist.) | 492.95 | |
| 45212 | Pedicled flap repair (forehead, cross arm, cross leg, abdominal or similar), subsequent stage of a multistage procedure (Anaes.) (Assist.) | 244.60 | |
| 45221 | Direct flap repair, small (cross finger or similar), first stage (Anaes.) | 272.20 | |
| 45224 | Direct flap repair, small (cross finger or similar), second stage (Anaes.) | 122.35 | |
| 45227 | Indirect flap or tubed pedicle, formation of (Anaes.) (Assist.) | 463.50 | |
| 45230 | Direct or indirect flap or tubed pedicle, delay of (Anaes.) | 231.75 | |
| 45233 | Indirect flap or tubed pedicle, preparation of intermediate or final site and attachment to the site (Anaes.) (Assist.) | 492.95 | |
| 45239 | Direct, indirect, free or local flap, revision of, by incision and suture and/or liposuction, applicable once per flap, not being a service associated with a service to which item 45497 applies (Anaes.) | 272.20 | |
| 45440 | Split thickness skin graft to a small defect that is:  (a) less than 40 mm in diameter:  (i) on areas below the knee; or  (ii) distal to the ulnar styloid; or  (iii) on the genital area; or  (iv) on areas above the clavicle; or  (b) less than 80 mm in diameter on any other part of the body  (Anaes.) (Assist.) | 311.45 | |
| 45443 | Split thickness skin graft to a large defect that is:  (a) 40 mm or more in diameter:  (i) on areas below the knee; or  (ii) distal to the ulnar styloid; or  (iii) on the genital area; or  (iv) on areas above the clavicle; or  (b) 80 mm or more in diameter on any other part of the body  (Anaes.) (Assist.) | 642.35 | |
| 45451 | Full thickness skin graft to one defect, with an average diameter of 5 mm or more (Anaes.) (Assist.) | 492.95 | |
| 45496 | Flap, free tissue transfer using microvascular techniques—revision of, by open operation (H) (Anaes.) | 432.90 | |
| 45497 | Flap, free tissue transfer using microvascular techniques or any autologous breast reconstruction, revision of, by liposuction, other than a service associated with a service to which item 45239 applies (H) (Anaes.) | 347.20 | |
| 45500 | Microvascular repair using microsurgical techniques, with restoration of continuity of artery or vein of distal extremity or digit; cannot be claimed by the same provider for both artery and vein (H) (Anaes.) (Assist.) | 1,134.50 | |
| 45501 | Microvascular anastomosis of artery or vein using microsurgical techniques, for replantation or revascularisation of limb or digit, if the limb or digit is devitalised and the repair is critical for restoration of blood supply, other than a service associated with a service to which item 45564, 45565, 45567, 46060, 46062, 46064, 46066, 46068, 46070 or 46072 applies (H) (Anaes.) (Assist.) | 1,846.60 | |
| 45502 | Microvascular anastomoses of artery and vein using microsurgical techniques, for replantation or revascularisation of limb or digit, if the limb or digit is devitalised and the repair is critical for restoration of blood supply, including anastomoses of all required vessels for that extremity or digit, unless a micro‑arterial or micro‑venous graft is being used, other than a service associated with a service to which item 45564, 45565, 45567, 46060, 46062, 46064, 46066, 46068, 46070 or 46072 applies (H) (Anaes.) (Assist.) | 2,915.50 | |
| 45503 | Micro‑arterial or micro‑venous graft using microsurgical techniques, if the graft is critical for restoration of blood supply, including harvest of graft and suturing of all related anastomoses (not to be claimed in the context of cardiac surgery) (H) (Anaes.) (Assist.) | 2,112.65 | |
| 45504 | Microvascular anastomosis of artery, vein or veins, using microsurgical techniques, for free transfer of tissue, including setting in of free flap, other than:  (a) a service for the purpose of breast reconstruction; or  (b) a service associated with a service to which item 45564, 45565, 45567, 46060, 46062, 46064, 46066, 46068, 46070 or 46072 applies  (H) (Anaes.) (Assist.) | 1,846.60 | |
| 45505 | Microvascular anastomoses of artery and vein or veins, using microsurgical techniques, for free transfer of tissue, including setting in of free flap, other than:  (a) a service for the purpose of breast reconstruction; or  (b) a service associated with a service to which item 45564, 45565, 45567, 46060, 46062, 46064, 46066, 46068, 46070 or 46072 applies  (H) (Anaes.) (Assist.) | 2,943.50 | |
| 45507 | Microvascular repair using microsurgical techniques, with restoration of continuity of artery and vein of distal extremity or digit, including anastomoses of all required vessels for that extremity or digit, other than a service associated with a service to which item 45564, 45565 or 45567 applies (H) (Anaes.) (Assist.) | 1,791.25 | |
| 45510 | Scar, of face or neck, not more than 3 cm in length, revision of, if:  (a) undertaken in the operating theatre of a hospital; or  (b) performed by a specialist in the practice of the specialist’s specialty  (Anaes.) | 240.85 | |
| 45512 | Scar, of face or neck, more than 3 cm in length, revision of, if:  (a) undertaken in the operating theatre of a hospital; or  (b) performed by a specialist in the practice of the specialist’s specialty (Anaes.) | 307.70 | |
| 45515 | Scar, other than on face or neck, not more than 7 cm in length, revision of, if:  (a) the service is:  (i) undertaken in the operating theatre of a hospital; or  (ii) performed by a specialist in the practice of the specialist’s specialty; and  (b) the service is not performed in conjunction with the insertion of breast implants for cosmetic purposes; and  (c) the incision made for revision of the scar is not used as an approach for another procedure (including a non‑rebatable procedure); and  (d) sufficient photographic evidence demonstrating the clinical need for the service is included in patient notes  (Anaes.) | 194.10 | |
| 45518 | Scar, other than on face or neck, more than 7 cm in length, revision of, if:  (a) the service is:  (i) undertaken in the operating theatre of a hospital; or  (ii) performed by a specialist in the practice of the specialist’s specialty; and  (b) the service is not performed in conjunction with the insertion of breast implants for cosmetic purposes; and  (c) the incision made for revision of the scar is not used as an approach for another procedure (including a non‑rebatable procedure); and  (d) sufficient photographic evidence demonstrating the clinical need for the service is included in patient notes  (Anaes.) | 234.85 | |
| 45520 | Reduction mammaplasty (unilateral) with surgical repositioning of nipple, in the context of breast cancer or developmental abnormality of the breast, other than a service associated with a service to which item 31512, 31513 or 31514 applies on the same side (H) (Anaes.) (Assist.) | 936.90 | |
| 45522 | Reduction mammaplasty (unilateral) without surgical repositioning of the nipple:  (a) excluding the treatment of gynaecomastia; and  (b) not with insertion of any prosthesis;  other than a service associated with a service to which item 31512, 31513 or 31514 applies on the same side (H) (Anaes.) (Assist.) | 657.35 | |
| 45523 | Reduction mammaplasty (bilateral) with surgical repositioning of the nipple:  (a) for patients with macromastia who are experiencing pain in the neck or shoulder region; and  (b) not with insertion of any prosthesis;  other than a service associated with a service to which item 31512, 31513 or 31514 applies (H) (Anaes.) (Assist.) | 1,405.45 | |
| 45524 | Mammaplasty, augmentation (unilateral) in the context of:  (a) breast cancer; or  (b) developmental abnormality of the breast, if there is a difference in breast volume, as demonstrated by an appropriate volumetric measurement technique, of at least:  (i) 20% in normally shaped breasts; or  (ii) 10% in tubular breasts or in breasts with abnormally high inframammary folds.  Applicable only once per occasion on which the service is provided, other than a service associated with a service to which item 45006 or 45012 applies  (H) (Anaes.) (Assist.) | 771.70 | |
| 45527 | Breast reconstruction (unilateral), following mastectomy, using a permanent prosthesis, other than a service associated with a service to which item 45006 or 45012 applies (H) (Anaes.) (Assist.) | 1,173.25 | |
| 45528 | Mammaplasty, augmentation, bilateral (other than a service to which item 45527 applies), if:  (a) reconstructive surgery is indicated because of:  (i) developmental malformation of breast tissue (excluding hypomastia); or  (ii) disease of or trauma to the breast (other than trauma resulting from previous elective cosmetic surgery); or  (iii) amastia secondary to a congenital endocrine disorder; and  (b) photographic or diagnostic imaging evidence demonstrating the clinical need for this service is documented in the patient notes  other than a service associated with a service to which item 45006 or 45012 applies (H) (Anaes.) (Assist.) | 1,157.40 | |
| 45529 | Breast reconstruction (bilateral), following mastectomy, using permanent prostheses, other than a service associated with a service to which item 45006 or 45012 applies (H) (Anaes.) (Assist.) | 2,053.10 | |
| 45530 | Post‑mastectomy breast reconstruction, autologous (unilateral), using a large muscle or myocutaneous flap, isolated on its vascular pedicle, excluding repair of muscular aponeurotic layer, other than a service associated with a service to which item 30166, 30169, 30175, 30176, 30177, 30179, 45006 or 45012 applies (H) (Anaes.) (Assist.) | 1,143.95 | |
| 45531 | Post‑mastectomy breast reconstruction, autologous (bilateral), using a large muscle or myocutaneous flap, isolated on its vascular pedicle, excluding repair of muscular aponeurotic layer, other than a service associated with a service to which item 30166, 30169, 30175, 30176, 30177, 30179, 45006 or 45012 applies (H) (Anaes.) (Assist.) | 2,107.15 | |
| 45532 | Revision of post‑mastectomy breast reconstruction, other than a service associated with a service to which item 45006 or 45012 applies (H) (Anaes.) (Assist.) | 296.65 | |
| 45534 | Autologous fat grafting, unilateral service (harvesting, preparation and injection of adipocytes) if:  (a) the autologous fat grafting is for one or more of the following purposes:  (i) the correction of defects arising from treatment and prevention of breast cancer in patients with contour defects, greater than or equal to 20% volume asymmetry, post‑treatment pain or poor prosthetic coverage;  (ii) the preparation of post mastectomy thin or irradiated skin flaps in patients intending to have breast reconstruction;  (iii) breast reconstruction in breast cancer patients;  (iv) the correction of developmental disorders of the breast; and  (b) photographic and/or diagnostic imaging evidence demonstrating the clinical need for this service is documented in the patient notes  Up to a total of 4 services per side (for total treatment of a single breast), other than a service associated with a service to which item 45006 or 45012 applies (H) (Anaes.) | 657.35 | |
| 45535 | Autologous fat grafting, bilateral service (harvesting, preparation and injection of adipocytes) if:  (a) the autologous fat grafting is for one or more of the following purposes:  (i) the correction of defects arising from treatment and prevention of breast cancer in patients with contour defects, greater than or equal to 20% volume asymmetry, post‑treatment pain or poor prosthetic coverage;  (ii) the preparation of post mastectomy thin or irradiated skin flaps in patients intending to have breast reconstruction;  (iii) breast reconstruction in breast cancer patients;  (iv) the correction of developmental disorders of the breast; and  (b) photographic and/or diagnostic imaging evidence demonstrating the clinical need for this service is documented in the patient notes  Up to a total of 4 services, other than a service associated with a service to which item 45006 or 45012 applies (H) (Anaes.) | 1,150.40 | |
| 45537 | Perforator flap, such as a thoracodorsal artery perforator (TDAP) flap or a lateral intercostal artery perforator (LICAP) flap, or similar, raising on a named source vessel, for reconstruction of a partial mastectomy defect, other than a service associated with a service to which item 45006 or 45012 applies (H) (Anaes.) (Assist.) | 861.50 | |
| 45538 | Perforator flap, such as a deep inferior epigastric perforator (DIEP) flap or similar, raising in preparation for microsurgical transfer of a free flap for post‑mastectomy breast reconstruction, other than a service associated with a service to which item 45006 or 45012 applies (H) (Anaes.) (Assist.) | 985.70 | |
| 45539 | Breast reconstruction (unilateral), following mastectomy, using tissue expansion—insertion of tissue expansion unit and all attendances for subsequent expansion injections, other than a service associated with a service to which item 45006 or 45012 applies (H) (Anaes.) (Assist.) | 1,579.35 | |
| 45540 | Breast reconstruction (bilateral), following mastectomy, using tissue expansion—insertion of tissue expansion unit and all attendances for subsequent expansion injections, other than a service associated with a service to which item 45006 or 45012 applies (H) (Anaes.) (Assist.) | 2,763.80 | |
| 45541 | Breast reconstruction (bilateral), following mastectomy, using tissue expansion—removal of tissue expansion unit and insertion of permanent prosthesis, other than a service associated with a service to which item 45006 or 45012 applies (H) (Anaes.) (Assist.) | 1,175.65 | |
| 45542 | Breast reconstruction (unilateral), following mastectomy, using tissue expansion—removal of tissue expansion unit and insertion of permanent prosthesis, other than a service associated with a service to which item 45006 or 45012 applies (H) (Anaes.) (Assist.) | 638.25 | |
| 45545 | Nipple or areola or both, reconstruction of, by any surgical technique (Anaes.) (Assist.) | 647.80 | |
| 45546 | Nipple or areola or both, intradermal colouration of, following breast reconstruction after mastectomy or for congenital absence of nipple | 205.85 | |
| 45547 | Revision of breast prosthesis pocket, if:  (a) breast prosthesis or tissue expander has been placed for the purpose of breast reconstruction in the context of breast cancer or for developmental breast abnormality; and  (b) the prosthesis or tissue expander has migrated or rotated from its intended position or orientation; and  (c) the existing prosthesis is used  (H) (Anaes.) (Assist.) | 766.05 | |
| 45548 | Breast prosthesis, removal of, as an independent procedure (Anaes.) | 288.00 | |
| 45551 | Breast prosthesis, removal of, with excision of at least half of the fibrous capsule, not with insertion of any prosthesis. The excised specimen must be sent for histopathology and the volume removed must be documented in the histopathology report (H) (Anaes.) (Assist.) | 461.65 | |
| 45553 | Breast prosthesis, removal of and replacement with another prosthesis, following medical complications (for rupture, migration of prosthetic material or symptomatic capsular contracture), if:  (a) either:  (i) it is demonstrated by intra‑operative photographs post‑removal that removal alone would cause unacceptable deformity; or  (ii) the original implant was inserted in the context of breast cancer or developmental abnormality; and  (b) photographic and/or diagnostic imaging evidence demonstrating the clinical need for this service is documented in the patient notes  (H) (Anaes.) (Assist.) | 594.75 | |
| 45554 | Breast prosthesis, removal and replacement with another prosthesis, following medical complications (for rupture, migration of prosthetic material or symptomatic capsular contracture), including excision of at least half of the fibrous capsule or formation of a new pocket, or both, if:  (a) either:  (i) it is demonstrated by intra‑operative photographs post‑removal that removal alone would cause unacceptable deformity; or  (ii) the original implant was inserted in the context of breast cancer or developmental abnormality; and  (b) the excised specimen is sent for histopathology and the volume removed is documented in the histopathology report; and  (c) photographic and/or diagnostic imaging evidence demonstrating the clinical need for this service is documented in the patient notes  (H) (Anaes.) (Assist.) | 727.80 | |
| 45556 | Breast ptosis, correction of (unilateral), in the context of breast cancer or developmental abnormality, if photographic evidence (including anterior, left lateral and right lateral views) and/or diagnostic imaging evidence demonstrating the clinical need for this service is documented in the patient notes  Applicable only once per occasion on which the service is provided, other than a service associated with a service to which item 31512, 31513 or 31514 applies on the same side (H) (Anaes.) (Assist.) | 797.05 | |
| 45558 | Correction of bilateral breast ptosis by mastopexy, if:  (a) at least two‑thirds of the breast tissue, including the nipple, lies inferior to the inframammary fold where the nipple is located at the most dependent, inferior part of the breast contour; and  (b) photographic evidence (including anterior, left lateral and right lateral views), with a marker at the level of the inframammary fold, demonstrating the clinical need for this service, is documented in the patient notes  Applicable only once per lifetime, other than a service associated with a service to which item 31512, 31513 or 31514 applies (H) (Anaes.) (Assist.) | 1,195.50 | |
| 45560 | Hair transplantation for the treatment of alopecia of congenital or traumatic origin or due to disease, excluding male pattern baldness, other than a service to which another item in this Group applies (Anaes.) | 492.85 | |
| 45561 | Microvascular anastomosis of artery and/or vein, if considered necessary to salvage a vascularly compromised pedicled or free flap, either during the primary procedure or at a subsequent return to theatre (H) (Anaes.) (Assist.) | 1,846.60 | |
| 45562 | Free transfer of tissue (microvascular free flap) for non‑breast defect involving raising of tissue on vascular pedicle, including direct repair of secondary cutaneous defect (if performed), other than a service associated with a service to which item 45564, 45565, 45567, 46060, 46062, 46064, 46066, 46068, 46070 or 46072 applies (Anaes.) (Assist.) | 1,143.95 | |
| 45563 | Neurovascular island flap for restoration of essential sensation in the digits or sole of the foot, or for genital reconstruction, including:  (a) direct repair of secondary cutaneous defect (if performed); and  (b) formal dissection of the neurovascular pedicle;  other than a service performed on simple V‑Y flaps or other standard flaps, such as rotation or keystone (Anaes.) (Assist.) | 1,143.95 | |
| 45564 | Free transfer of tissue (reconstructive surgery) for the repair of major tissue defect of the head and neck or other non‑breast defect, using microvascular techniques, all necessary elements of the operation including (but not limited to):  (a) anastomoses of all required vessels; and  (b) raising of tissue on a vascular pedicle; and  (c) preparation of recipient vessels; and  (d) transfer of tissue; and  (e) insetting of tissue at recipient site; and  (f) direct repair of secondary cutaneous defect, if performed;  other than a service associated with a service to which item 30166, 30169, 30175, 30176, 30177, 30179, 45501, 45502, 45504, 45505, 45507, 45562 or 45567 applies—conjoint surgery, principal specialist surgeon (H) (Anaes.) (Assist.) | 2,649.50 | |
| 45565 | Free transfer of tissue (reconstructive surgery) for the repair of major tissue defect of the head and neck or other non‑breast defect, using microvascular techniques, all necessary elements of the operation including (but not limited to):  (a) anastomoses of all required vessels; and  (b) raising of tissue on a vascular pedicle; and  (c) preparation of recipient vessels; and  (d) transfer of tissue; and  (e) insetting of tissue at recipient site; and  (f) direct repair of secondary cutaneous defect, if performed;  other than a service associated with a service to which item 30166, 30169, 30175, 30176, 30177, 30179, 45501, 45502, 45504, 45505, 45507, 45562 or 45567 applies—conjoint surgery, conjoint specialist surgeon (H) (Anaes.) (Assist.) | 1,987.20 | |
| 45566 | Insertion of a temporary prosthetic tissue expander which requires subsequent removal, including all attendances for subsequent expansion injections, other than a service for breast or post‑mastectomy tissue expansion (H) (Anaes.) (Assist.) | 1,114.65 | |
| 45567 | Free transfer of tissue (reconstructive surgery) for the repair of major tissue defect of the head and neck or other non‑breast defect, using microvascular techniques, all necessary elements of the operation including (but not limited to):  (a) anastomoses of all required vessels; and  (b) raising of tissue on a vascular pedicle; and  (c) preparation of recipient vessels; and  (d) transfer of tissue; and  (e) insetting of tissue at recipient site; and  (f) direct repair of secondary cutaneous defect, if performed;  other than a service associated with a service to which item 30166, 30169, 30175, 30176, 30177, 30179, 45501, 45502, 45504, 45505, 45507, 45562, 45564 or 45565 applies—single surgeon (H) (Anaes.) (Assist.) | 3,216.55 | |
| 45568 | Tissue expander, removal of, including complete excision of fibrous capsule if performed (H) (Anaes.) (Assist.) | 461.65 | |
| 45571 | Closure of abdomen with reconstruction of umbilicus, with or without lipectomy, to be used following the harvest of an autologous flap, being a service associated with a service to which item 45530, 45531, 45562, 45564, 45565 or 45567 applies, including repair of the musculoaponeurotic layer of the abdomen (including insertion of prosthetic mesh if used) (H) (Anaes.) (Assist.) | 1,133.55 | |
| 45572 | Intra‑operative tissue expansion using a prosthetic tissue expander, performed under general anaesthetic or intravenous sedation during an operation, if combined with a service to which another item in Group T8 applies (including expansion injections), not to be used for breast tissue expansion (Anaes.) | 303.50 | |
| 45575 | Facial nerve paralysis, free fascia graft for (Anaes.) (Assist.) | 749.40 | |
| 45578 | Facial nerve paralysis, muscle transfer for (H) (Anaes.) (Assist.) | 867.85 | |
| 45581 | Facial nerve paralysis, excision of tissue for (Anaes.) | 288.00 | |
| 45584 | Liposuction (suction assisted lipolysis) to one regional area (one limb or trunk), for treatment of post‑traumatic pseudolipoma, if photographic and/or diagnostic imaging evidence demonstrating the clinical need for this service is documented in the patient notes (H) (Anaes.) | 657.35 | |
| 45585 | Liposuction (suction assisted lipolysis) to one regional area (one limb or trunk), other than a service associated with a service to which item 31525 or 31526 applies, if:  (a) the liposuction is for:  (i) the treatment of Barraquer‑Simons syndrome, lymphoedema or macrodystrophia lipomatosa; or  (ii) the reduction of a buffalo hump that is secondary to an endocrine disorder or pharmacological treatment of a medical condition; and  (b) photographic and/or diagnostic imaging evidence demonstrating the clinical need for this service is documented in the patient notes  (H) (Anaes.) | 657.35 | |
| 45587 | Meloplasty for correction of facial asymmetry if:  (a) the asymmetry is secondary to trauma (including previous surgery), a congenital condition or a medical condition (such as facial nerve palsy); and  (b) the meloplasty is limited to one side of the face  (H) (Anaes.) (Assist.) | 926.95 | |
| 45588 | Meloplasty (excluding browlifts and chinlift platysmaplasties), bilateral, if:  (a) surgery is indicated to correct a functional impairment due to a congenital condition, disease (excluding post‑acne scarring) or trauma (other than trauma resulting from previous elective cosmetic surgery); and  (b) photographic and/or diagnostic imaging evidence demonstrating the clinical need for this service is documented in the patient notes  (H) (Anaes.) (Assist.) | 1,390.55 | |
| 45589 | Autologous fat grafting (harvesting, preparation and injection of adipocytes) if:  (a) the autologous fat grafting is for either or both of the following purposes:  (i) the correction of asymmetry arising from volume and contour defects in craniofacial disorders—up to a total of 4 services if each service is provided at least 3 months after the previous service;  (ii) the treatment of burn scar or associated skin graft in the context of scar contracture, contour deformity or neuropathic pain, for patients who have undergone a minimum of 3 months of topical therapies, including silicone and pressure therapy, with an unsatisfactory or minimal level of improvement—up to a total of 4 services per region of the body (upper or lower limbs, trunk, neck or face) if each service provided per region of the body is provided at least 3 months after the previous such service; and  (b) both:  (i) photographic and/or diagnostic imaging evidence demonstrating the clinical need for this service is documented in the patient notes; and  (ii) for craniofacial disorders, evidence of diagnosis of the qualifying craniofacial disorder is documented in the patient notes  (H) (Anaes.) | 657.35 | |
| 45590 | Orbital cavity, reconstruction of wall or floor, with or without bone graft, cartilage graft or foreign implant, other than a service associated with a service to which item 45594 applies on the same side (H) (Anaes.) (Assist.) | 502.85 | |
| 45592 | Orbital cavity, reconstruction of wall and floor with bone graft, cartilage graft or foreign implant, other than a service associated with a service to which item 45594 applies on the same side (H) (Anaes.) (Assist.) | 932.25 | |
| 45594 | Orbital cavity, exploration of wall or floor without bone graft, cartilage graft or foreign implant, other than a service associated with a service to which item 45590 or 45592 applies on the same side (H) (Anaes.) (Assist.) | 436.90 | |
| 45596 | Hemimaxillectomy (H) (Anaes.) (Assist.) | 936.90 | |
| 45597 | Total maxillectomy (bilateral) (H) (Anaes.) (Assist.) | 1,254.25 | |
| 45599 | Mandible, total resection of, other than a service associated with a service to which item 45608 applies (H) (Anaes.) (Assist.) | 974.50 | |
| 45602 | Mandible, including lower border, or maxilla, sub‑total resection of (H) (Anaes.) (Assist.) | 727.80 | |
| 45605 | Mandible or maxilla, segmental resection of, for tumours or cysts (H) (Anaes.) (Assist.) | 611.40 | |
| 45608 | Mandible, segmental mandibular or maxilla reconstruction with bone graft, not being a service associated with a service to which item 45599 applies (H) (Anaes.) (Assist.) | 860.85 | |
| 45609 | Mandible, maxilla or skull base, reconstruction of, using bony free flap, all osteotomies, shaping, inset and fixation by any means, including all necessary 3 dimensional planning, if performed in conjunction with one or more services covered by items 46060 to 46068 (H) (Anaes.) (Assist.) | 906.10 | |
| 45611 | Mandible, condylectomy of (H) (Anaes.) (Assist.) | 492.95 | |
| 45614 | Eyelid, reconstruction of a defect (greater than one quarter of the length of the lid) involving all 3 layers of the eyelid, if unable to be closed by direct suture or wedge excision, including all flaps and grafts that may be required (Anaes.) (Assist.) | 913.50 | |
| 45617 | Upper eyelid, reduction of, if:  (a) the reduction is for any of the following:  (i) history of a demonstrated visual impairment;  (ii) intertriginous inflammation of the eyelid;  (iii) herniation of orbital fat in exophthalmos;  (iv) facial nerve palsy;  (v) post‑traumatic scarring;  (vi) the restoration of symmetry of contralateral upper eyelid in respect of one of the conditions mentioned in subparagraphs (i) to (v); and  (b) photographic and/or diagnostic imaging evidence demonstrating the clinical need for this service is documented in the patient notes  (Anaes.) | 244.60 | |
| 45620 | Lower eyelid, reduction of, if:  (a) the reduction is for:  (i) herniation of orbital fat in exophthalmos, facial nerve palsy or post‑traumatic scarring; or  (ii) the restoration of symmetry of the contralateral lower eyelid in respect of one of these conditions; and  (b) photographic and/or diagnostic imaging evidence demonstrating the clinical need for this service is documented in the patient notes  (Anaes.) | 339.25 | |
| 45623 | Ptosis of upper eyelid (unilateral), correction of, by:  (a) sutured elevation of the tarsal plate on the eyelid retractors (Muller’s or levator muscle or levator aponeurosis); or  (b) sutured suspension to the brow/frontalis muscle  Not applicable to a service for repair of mechanical ptosis to which item 45617 applies  (Anaes.) (Assist.) | 752.30 | |
| 45624 | Ptosis of upper eyelid, correction of, by:  (a) sutured elevation of the tarsal plate on the eyelid retractors (Muller’s or levator muscle or levator aponeurosis); or  (b) sutured suspension to the brow/frontalis muscle;  if a previous ptosis surgery has been performed on that side  (Anaes.) (Assist.) | 975.40 | |
| 45625 | Ptosis of eyelid, correction of eyelid height by revision of levator sutures within one week of primary repair by levator resection or advancement, performed in the operating theatre of a hospital (H) (Anaes.) | 195.15 | |
| 45626 | Ectropion or entropion (due to causes other than trachoma), correction of (unilateral) (Anaes.) | 339.25 | |
| 45627 | Ectropion or entropion (due to trachoma), correction of (unilateral) (Anaes.) | 339.25 | |
| 45629 | Symblepharon, grafting for (Anaes.) (Assist.) | 492.95 | |
| 45632 | Rhinoplasty, partial, involving correction of one or both lateral cartilages, one or both alar cartilages or one or both lateral cartilages and alar cartilages, if:  (a) the indication for surgery is:  (i) airway obstruction and the patient has a self‑reported NOSE Scale score of greater than 45; or  (ii) significant acquired, congenital or developmental deformity; and  (b) photographic and/or NOSE Scale evidence demonstrating the clinical need for this service is documented in the patient notes  (Anaes.) | 532.70 | |
| 45635 | Rhinoplasty, partial, involving correction of bony vault only, if:  (a) the indication for surgery is:  (i) airway obstruction and the patient has a self‑reported NOSE Scale score of greater than 45; or  (ii) significant acquired, congenital or developmental deformity; and  (b) photographic and/or NOSE Scale evidence demonstrating the clinical need for this service is documented in the patient notes  (Anaes.) | 611.40 | |
| 45641 | Rhinoplasty, total, including correction of all bony and cartilaginous elements of the external nose, with or without autogenous cartilage or bone graft from a local site (nasal), if:  (a) the indication for surgery is:  (i) airway obstruction and the patient has a self‑reported NOSE Scale score of greater than 45; or  (ii) significant acquired, congenital or developmental deformity; and  (b) photographic and/or NOSE Scale evidence demonstrating the clinical need for this service is documented in the patient notes  (H) (Anaes.) | 1,109.20 | |
| 45644 | Rhinoplasty, total, including correction of all bony and cartilaginous elements of the external nose involving autogenous bone or cartilage graft obtained from distant donor site, including obtaining of graft, if:  (a) the indication for surgery is:  (i) airway obstruction and the patient has a self‑reported NOSE Scale score of greater than 45; or  (ii) significant acquired, congenital or developmental deformity; and  (b) photographic and/or NOSE Scale evidence demonstrating the clinical need for this service is documented in the patient notes;  other than a service associated with a service to which item 45718 applies (H) (Anaes.) (Assist.) | 1,331.25 | |
| 45645 | Choanal atresia, repair of by puncture and dilatation (H) (Anaes.) | 232.70 | |
| 45646 | Choanal atresia, correction by open operation with bone removal (Anaes.) (Assist.) | 936.90 | |
| 45650 | Rhinoplasty, revision of, if:  (a) the indication for surgery is:  (i) airway obstruction and the patient has a self‑reported NOSE Scale score of greater than 45; or  (ii) significant acquired, congenital or developmental deformity; and  (b) photographic and/or NOSE Scale evidence demonstrating the clinical need for this service is documented in the patient notes  (Anaes.) | 153.75 | |
| 45652 | Rhinophyma of a moderate or severe degree, carbon dioxide laser or erbium laser excision—ablation of (Anaes.) | 370.80 | |
| 45653 | Rhinophyma, shaving of (Anaes.) | 370.80 | |
| 45656 | Composite graft (chondro‑cutaneous or chondro‑mucosal) to nose, ear or eyelid (Anaes.) (Assist.) | 522.60 | |
| 45658 | Correction of a congenital deformity of the ear if:  (a) the congenital deformity is not related to a prominent ear; and  (b) the deformity has been clinically diagnosed as a constricted ear, Stahl’s ear, or a similar congenital deformity; and  (c) photographic evidence demonstrating the clinical need for this service is documented in the patient notes  (H) (Anaes.) (Assist.) | 542.40 | |
| 45659 | Correction of a congenital deformity of the ear if:  (a) the patient is less than 18 years of age; and  (b) the deformity is characterised by an absence of the antihelical fold and/or large scapha and/or large concha; and  (c) photographic evidence demonstrating the clinical need for this service is documented in the patient notes  (H) (Anaes.) (Assist.) | 542.40 | |
| 45660 | External ear, complex total reconstruction of, using costal cartilage grafts to form a framework, including the harvesting and sculpturing of the cartilage and its insertion, for congenital absence, microtia or post‑traumatic loss of entire or substantial portion of pinna (first stage)—performed by a specialist in the practice of the specialist’s specialty (H) (Anaes.) (Assist.) | 2,995.35 | |
| 45661 | External ear, complex total reconstruction of, elevation of costal cartilage framework using cartilage previously stored in abdominal wall, including the use of local skin and fascia flaps and skin graft to cover cartilage (second stage)—performed by a specialist in the practice of the specialist’s specialty (H) (Anaes.) (Assist.) | 1,331.25 | |
| 45665 | Lip, eyelid or ear, full thickness wedge excision of, with repair by direct sutures, excluding eyelid wedge when performed in conjunction with a cosmetic eyelid procedure (Anaes.) | 339.25 | |
| 45668 | Vermilionectomy, by surgical excision (Anaes.) | 339.25 | |
| 45669 | Vermilionectomy for biopsy‑confirmed cellular atypia, using carbon dioxide laser or erbium laser excision—ablation (Anaes.) | 339.25 | |
| 45671 | Lip or eyelid reconstruction, single stage or first stage of a two‑stage flap reconstruction of a defect involving all 3 layers of tissue, if the flap is switched from the opposing lip or eyelid respectively (Anaes.) (Assist.) | 867.85 | |
| 45674 | Lip or eyelid reconstruction, second stage of a two‑stage flap reconstruction, division of the pedicle and inset of flap and closure of the donor (Anaes.) | 252.40 | |
| 45675 | Macrocheilia or macroglossia, operation for (H) (Anaes.) (Assist.) | 502.85 | |
| 45676 | Macrostomia, operation for (H) (Anaes.) (Assist.) | 598.60 | |
| 45677 | Cleft lip, unilateral—primary repair of nasolabial complex, one stage, without anterior palate repair (H) (Anaes.) (Assist.) | 625.25 | |
| 45680 | Cleft lip, unilateral—primary repair of nasolabial complex, one stage, with anterior palate repair (H) (Anaes.) (Assist.) | 815.40 | |
| 45683 | Cleft lip, bilateral—primary repair of nasolabial complex, one stage, without anterior palate repair (H) (Anaes.) (Assist.) | 905.85 | |
| 45686 | Cleft lip, bilateral—primary repair of nasolabial complex, one stage, with anterior palate repair (H) (Anaes.) (Assist.) | 1,069.20 | |
| 45689 | Cleft lip, lip adhesion procedure, unilateral or bilateral (H) (Anaes.) (Assist.) | 272.40 | |
| 45692 | Cleft lip, partial revision, including minor flap revision alignment and adjustment, including revision of minor whistle deformity if performed (Anaes.) | 312.95 | |
| 45695 | Cleft lip, total revision, including major flap revision, muscle reconstruction and revision of major whistle deformity (H) (Anaes.) (Assist.) | 508.55 | |
| 45698 | Cleft lip, primary columella lengthening procedure, bilateral (H) (Anaes.) | 477.35 | |
| 45701 | Cleft lip reconstruction using full thickness flap (Abbe or similar), first stage (H) (Anaes.) (Assist.) | 860.85 | |
| 45704 | Cleft lip reconstruction using full thickness flap (Abbe or similar), second stage (Anaes.) | 312.95 | |
| 45707 | Cleft palate, primary repair (H) (Anaes.) (Assist.) | 813.60 | |
| 45710 | Cleft palate, secondary repair, closure of fistula using local flaps (H) (Anaes.) | 508.55 | |
| 45713 | Cleft palate, secondary repair, lengthening procedure (H) (Anaes.) (Assist.) | 579.15 | |
| 45714 | Oro‑nasal fistula, repair of, including a local flap for closure (H) (Anaes.) (Assist.) | 813.60 | |
| 45716 | Velo‑pharyngeal incompetence, pharyngeal flap for, or pharyngoplasty for (H) (Anaes.) | 813.60 | |
| 45717 | Alveolar cleft (congenital), unilateral, bone grafting of, including local flap closure of associated oro‑nasal fistulae and ridge augmentation, other than a service associated with a service to which item 45718 applies (H) (Anaes.) (Assist.) | 1,287.95 | |
| 45718 | Face, contour restoration of one region, for the correction of deformity using autogenous bone or cartilage, if the deformity:  (a) is secondary to congenital absence of tissue; or  (b) has arisen from:  (i) trauma (other than from previous cosmetic surgery); or  (ii) a diagnosed pathological process;  other than a service associated with a service to which item 45644 or 45717 (alveolar bone grafting) applies (H) (Anaes.) (Assist.) | 1,401.25 | |
| 45761 | Genioplasty, including transposition of nerves and vessels and bone grafts taken from the same site, if:  (a) the deformity:  (i) is secondary to congenital absence of tissue; or  (ii) has arisen from trauma (other than from previous cosmetic surgery) or a diagnosed pathological process; and  (b) the service is required for maintaining lip competency; and  (c) sufficient photographic evidence demonstrating the clinical need for the service is included in patient notes  (H) (Anaes.) (Assist.) | 779.00 | |
| 45767 | Hypertelorism, correction of, using intracranial approach (H) (Anaes.) (Assist.) | 2,613.45 | |
| 45773 | Syndromic orbital dystopia, such as Treacher Collins Syndrome, bilateral facial or periorbital reconstruction, with bone grafts from a distant site (H) (Anaes.) (Assist.) | 1,824.40 | |
| 45776 | Orbital dystopia (unilateral), correction of, with total repositioning of one orbit, intra‑cranial (H) (Anaes.) (Assist.) | 1,824.40 | |
| 45779 | Orbital dystopia (unilateral), correction of, with total repositioning of one orbit, extra‑cranial (H) (Anaes.) (Assist.) | 1,341.40 | |
| 45782 | Fronto‑orbital advancement (H) (Anaes.) (Assist.) | 1,025.60 | |
| 45785 | Cranial vault reconstruction for single suture synostosis (H) (Anaes.) (Assist.) | 1,735.70 | |
| 45788 | Glenoid fossa, construction of, from bone and cartilage graft, and creation of condyle and ascending ramus of mandible, in hemifacial microsomia, not including harvesting of graft material (H) (Anaes.) (Assist.) | 1,715.95 | |
| 45791 | Absent condyle and ascending ramus in craniofacial microsomia, construction of, not including harvesting of graft material (H) (Anaes.) (Assist.) | 926.95 | |
| 45794 | Osseo‑integration procedure, first stage, implantation of fixture, following congenital absence, tumour or trauma, other than a service associated with a service to which item 41603 or 41604 applies (Anaes.) | 524.30 | |
| 45797 | Osseo‑integration procedure, second stage, fixation of transcutaneous abutment, following congenital absence, tumour or trauma, other than a service associated with a service to which item 41603 or 41604 applies (Anaes.) | 194.10 | |
| 45801 | Tumour, cyst, ulcer or scar (other than a scar removed during the surgical approach at an operation), in the oral cavity, removal from mucosa or submucosal tissues, if the removal is by surgical excision and suture (Anaes.) | 147.80 | |
| 45807 | Tumour, cyst (other than a cyst associated with a tooth or tooth fragment unless it has been established by radiological examination that there is a minimum of 5 mm separation between the cyst lining and tooth structure or if a tumour or cyst has been proven by positive histopathology), ulcer or scar (other than a scar removed during the surgical approach at an operation), in the oral and maxillofacial region, removal of, other than a service to which another item in this Subgroup applies, involving muscle, bone, or other deep tissue (Anaes.) | 256.50 | |
| 45809 | Tumour or deep cyst (other than a cyst associated with a tooth or tooth fragment unless it has been established by radiological examination that there is a minimum of 5 mm separation between the cyst lining and tooth structure or if a tumour or cyst has been proven by positive histopathology), in the oral and maxillofacial region, removal of, requiring wide excision, other than a service to which another item in this Subgroup applies (Anaes.) (Assist.) | 386.55 | |
| 45811 | Tumour, in the oral and maxillofacial region, removal of, from soft tissue (including muscle, fascia and connective tissue), extensive excision of, without skin or mucosal graft (Anaes.) (Assist.) | 522.60 | |
| 45813 | Tumour, in the oral and maxillofacial region, removal of, from soft tissue (including muscle, fascia and connective tissue), extensive excision of, with skin or mucosal graft (Anaes.) (Assist.) | 611.40 | |
| 45815 | Operation on:  (a) mandible or maxilla (other than alveolar margins) for chronic osteomyelitis with radiological and laboratory evidence of osteomyelitis; or  (b) mandible or maxilla for necrosis of the jaw from any cause including medication or radiation that requires debridement of the alveolar bone or beyond  (Anaes.) (Assist.) | 370.80 | |
| 45823 | Arch bars or similar, one or more, that were inserted for dental fixation purposes to the maxilla or mandible, removal of, requiring general anaesthesia, if the service is undertaken in the operating theatre of a hospital (H) (Anaes.) | 113.30 | |
| 45825 | Mandibular or palatal exostosis, excision of (Anaes.) (Assist.) | 352.05 | |
| 45827 | Mylohyoid ridge, reduction of (Anaes.) (Assist.) | 336.50 | |
| 45829 | Maxillary tuberosity, reduction of (Anaes.) | 256.70 | |
| 45831 | Papillary hyperplasia of the palate, surgical reduction of—cannot be claimed more than once per occasion of service (Anaes.) (Assist.) | 336.50 | |
| 45837 | Vestibuloplasty, submucosal or open, including excision of muscle and skin or mucosal graft when performed—unilateral or bilateral (Anaes.) (Assist.) | 610.30 | |
| 45841 | Alveolar ridge augmentation with bone or alloplast or both—unilateral (Anaes.) (Assist.) | 492.85 | |
| 45845 | Osseo‑integration procedure, intra‑oral implantation of titanium or similar fixture to facilitate restoration of the dentition following:  (a) resection of part of the maxilla or mandible for a benign or a malignant tumour; or  (b) segmental loss from trauma or congenital absence of a segment of the maxilla or mandible (multiple adjacent teeth)  Fixture must be placed at site of the missing segment following appropriate reconstructive procedures (Anaes.) | 524.30 | |
| 45847 | Osseo‑integration procedure, fixation of transmucosal abutment to fixtures that are placed following:  (a) resection of part of the maxilla or mandible for a benign or a malignant tumour; or  (b) segmental loss from trauma or congenital absence of a segment of the maxilla or mandible (multiple adjacent teeth)  Fixture must be placed at site of the missing segment following appropriate reconstructive procedures (Anaes.) | 194.10 | |
| 45849 | Maxillary sinus, allograft, bone graft or both, to floor of maxillary sinus following elevation of mucosal lining (sinus lift procedure), unilateral (Anaes.) (Assist.) | 604.45 | |
| 45851 | Temporomandibular joint, manipulation of, as an independent procedure performed in the operating theatre of a hospital, other than a service associated with a service to which any other item in this Group applies (H) (Anaes.) | 148.80 | |
| 45855 | Temporomandibular joint, arthroscopy of, with or without biopsy, other than a service associated with another arthroscopic procedure of that joint (Anaes.) (Assist.) | 318.20 | |
| 45857 | Temporomandibular joint, arthroscopy of, removal of loose bodies, debridement, or lysis and lavage or biopsy (including repositioning of meniscus where indicated)—one or more such procedures of that joint, other than a service associated with any other arthroscopic or open procedure of the temporomandibular joint (Anaes.) (Assist.) | 680.25 | |
| 45865 | Arthrocentesis, irrigation of temporomandibular joint after insertion of 2 cannuli into the appropriate joint space(s) (Anaes.) (Assist.) | 302.30 | |
| 45871 | Temporomandibular joint, open surgical exploration of, with meniscus, capsular and condylar head surgery, with or without microsurgical techniques (Anaes.) (Assist.) | 1,392.65 | |
| 45873 | Temporomandibular joint, surgery of, involving procedures to which item 45871 applies and also involving the use of tissue flaps, or cartilage graft, or allograft implants, with or without microsurgical techniques (Anaes.) (Assist.) | 1,564.95 | |
| 45874 | Temporomandibular joint, including condylar head and glenoid fossa, total alloplastic replacement (H) (Anaes.) (Assist.) | 1,443.35 | |
| 45882 | Treatment of a premalignant lesion of the oral mucosa using cryotherapy, diathermy or carbon dioxide laser | 44.75 | |
| 45888 | Removal of a deep foreign body using interventional imaging techniques | 430.30 | |
| 45891 | Repair to one defect using temporalis muscle by a single stage local flap | 626.90 | |
| 45894 | Grafting (mucosa or split skin), in the oral cavity of a mucosal defect (Anaes.) | 213.00 | |
| 45939 | Cryosurgery of the peripheral branches of the trigeminal nerve for pain relief | 465.20 | |
| 46050 | Perforator flap, raising on a named source vessel, for pedicled transfer for head or neck or other non‑breast reconstruction (H) (Anaes.) (Assist.) | 861.50 | |
| 46052 | Perforator Flap, such as anterolateral thigh flap or similar, raising in preparation for microsurgical transfer of a free flap for head or neck or other non‑breast reconstruction (H) (Anaes.) (Assist.) | 271.90 | |
| 46060 | Free transfer of tissue with a vascularised bone component (including chimeric/composite flap), for the repair of major defect of the head or neck or other non‑breast defect, all necessary elements of the operation, including (but not limited to):  (a) anastomoses of all required vessels using microvascular techniques; and  (b) harvesting of flap (including osteotomies); and  (c) raising of tissue on a vascular pedicle; and  (d) preparation of recipient vessels; and  (e) transfer of tissue, including fixation of bony element and inset of tissue at recipient site; and  (f) direct repair of secondary cutaneous defect, if performed;  other than the following:  (g) bony reshaping for purposes of reconstruction of maxilla, mandible or skull base;  (h) a service associated with a service to which item 30166, 30169, 30175, 30176, 30177, 30179, 45501, 45502, 45504, 45505 or 45562 applies  Single surgeon (H) (Anaes.) (Assist.) | 2,915.50 | |
| 46062 | Free transfer of tissue with a vascularised bone component (including chimeric/composite flap), for the repair of major defect of the head or neck or other non‑breast defect, all necessary elements of the operation, including (but not limited to):  (a) anastomoses of all required vessels using microvascular techniques; and  (b) harvesting of flap (including osteotomies); and  (c) raising of tissue on a vascular pedicle; and  (d) preparation of recipient vessels; and  (e) transfer of tissue, including fixation of bony element and inset of tissue at recipient site; and  (f) direct repair of secondary cutaneous defect, if performed;  other than the following:  (g) bony reshaping for purposes of reconstruction of maxilla, mandible or skull base;  (h) a service associated with a service to which item 30166, 30169, 30175, 30176, 30177, 30179, 45501, 45502, 45504, 45505 or 45562 applies  Conjoint surgery, principal specialist surgeon (H) (Anaes.) (Assist.) | 2,788.80 | |
| 46064 | Free transfer of tissue with a vascularised bone component (including chimeric/composite flap), for the repair of major defect of the head or neck or other non‑breast defect, all necessary elements of the operation, including (but not limited to):  (a) anastomoses of all required vessels using microvascular techniques; and  (b) harvesting of flap (including osteotomies); and  (c) raising of tissue on a vascular pedicle; and  (d) preparation of recipient vessels; and  (e) transfer of tissue, including fixation of bony element and inset of tissue at recipient site; and  (f) direct repair of secondary cutaneous defect, if performed;  other than the following:  (g) bony reshaping for purposes of reconstruction of maxilla, mandible or skull base;  (h) a service associated with a service to which item 30166, 30169, 30175, 30176, 30177, 30179, 45501, 45502, 45504, 45505 or 45562 applies  Conjoint surgery, conjoint specialist surgeon (H) (Anaes.) (Assist.) | 2,091.70 | |
| 46066 | Double free flap, including one free transfer of tissue with a vascularized bone component, for the repair of major defect of the head or neck or other non‑breast defect, all necessary elements of the operation, including (but not limited to):  (a) anastomoses of all required vessels using microvascular techniques; and  (b) harvesting of flap (including osteotomies); and  (c) raising of tissue on a vascular pedicle; and  (d) preparation of recipient vessels; and  (e) transfer of tissue, including fixation of bony element and inset of tissue at recipient site; and  (f) direct repair of secondary cutaneous defect, if performed;  other than the following:  (g) bony reshaping for purposes of reconstruction of maxilla, mandible or skull base;  (h) a service associated with a service to which item 30166, 30169, 30175, 30176, 30177, 30179, 45501, 45502, 45504, 45505 or 45562 applies  Conjoint surgery, principal specialist surgeon (H) (Anaes.) (Assist.) | 4,183.15 | |
| 46068 | Double free flap, including one free transfer of tissue with a vascularized bone component, for the repair of major defect of the head or neck or other non‑breast defect, all necessary elements of the operation, including (but not limited to):  (a) anastomoses of all required vessels using microvascular techniques; and  (b) harvesting of flap (including osteotomies); and  (c) raising of tissue on a vascular pedicle; and  (d) preparation of recipient vessels; and  (e) transfer of tissue, including fixation of bony element and inset of tissue at recipient site; and  (f) direct repair of secondary cutaneous defect, if performed;  other than the following:  (g) bony reshaping for purposes of reconstruction of maxilla, mandible or skull base;  (h) a service associated with a service to which item 30166, 30169, 30175, 30176, 30177, 30179, 45501, 45502, 45504, 45505 or 45562 applies  Conjoint surgery, conjoint specialist surgeon (H) (Anaes.) (Assist.) | 3,137.55 | |
| 46070 | Double free flap, including 2 free transfers of tissue (reconstructive surgery) for the repair of major tissue defect, involving anastomoses of all required vessels using microvascular techniques, all necessary elements of the operation, including (but not limited to):  (a) raising each flap of tissue on a separate vascular pedicle; and  (b) preparation of recipient vessels; and  (c) transfer of tissue; and  (d) inset of tissue at recipient site; and  (e) direct repair of secondary cutaneous defect, if performed;  other than a service:  (f) performed in the context of breast reconstruction; or  (g) associated with a service to which item 30166, 30169, 30175, 30176, 30177, 30179, 45501, 45502, 45504, 45505 or 45562 applies  Conjoint surgery, principal specialist surgeon (H) (Anaes.) (Assist.) | 4,183.15 | |
| 46072 | Double free flap, including 2 free transfers of tissue (reconstructive surgery) for the repair of major tissue defect, involving anastomoses of all required vessels using microvascular techniques, all necessary elements of the operation including (but not limited to):  (a) raising each flap of tissue on a separate vascular pedicle; and  (b) preparation of recipient vessels; and  (c) transfer of tissue; and  (d) inset of tissue at recipient site; and  (e) direct repair of secondary cutaneous defect, if performed;  other than a service:  (f) performed in the context of breast reconstruction; or  (g) associated with a service to which item 30166, 30169, 30175, 30176, 30177, 30179, 45501, 45502, 45504, 45505 or 45562 applies  Conjoint surgery, conjoint specialist surgeon (H) (Anaes.) (Assist.) | 3,137.55 | |
| 46080 | Post‑mastectomy breast reconstruction, autologous, single surgeon (unilateral) using a myocutaneous or perforator flap, by microsurgical transfer:  (a) including anastomosis of artery and one or more veins (including repair of secondary skin defect); but  (b) excluding repair of muscular aponeurotic layer;  other than a service associated with a service to which item 30166, 30169, 30175, 30177 or 30179 applies (H) (Anaes.) (Assist.) | 3,216.55 | |
| 46082 | Post‑mastectomy breast reconstruction, autologous, single surgeon (bilateral) using a myocutaneous or perforator flap, by microsurgical transfer:  (a) including anastomoses of arteries and veins (including repair of secondary skin defect); but  (b) excluding repair of muscular aponeurotic layer;  other than a service associated with a service to which item 30166, 30169, 30175, 30177 or 30179 applies (H) (Anaes.) (Assist.) | 5,629.00 | |
| 46084 | Post‑mastectomy breast reconstruction, autologous, conjoint surgery (unilateral) using a myocutaneous or perforator flap, by microsurgical transfer:  (a) including anastomosis of artery and one or more veins (including repair of secondary skin defect); but  (b) excluding repair of muscular aponeurotic layer;  other than a service associated with a service to which item 30166, 30169, 30175, 30177 or 30179 applies—conjoint surgery, principal specialist surgeon (H) (Anaes.) (Assist.) | 2,788.80 | |
| 46086 | Post‑mastectomy breast reconstruction, autologous, conjoint surgery (unilateral) using a myocutaneous or perforator flap, by microsurgical transfer:  (a) including anastomosis of artery and one or more veins (including repair of secondary skin defect); but  (b) excluding repair of muscular aponeurotic layer;  other than a service associated with a service to which item 30166, 30169, 30175, 30177 or 30179 applies—conjoint surgery, conjoint specialist surgeon (H) (Anaes.) (Assist.) | 2,091.70 | |
| 46088 | Post‑mastectomy breast reconstruction, autologous, conjoint surgery (bilateral) using a myocutaneous or perforator flap, by microsurgical transfer:  (a) including anastomosis of artery and one or more veins (including repair of secondary skin defect); but  (b) excluding repair of muscular aponeurotic layer;  other than a service associated with a service to which item 30166, 30169, 30175, 30177 or 30179 applies—conjoint surgery, principal specialist surgeon (H) (Anaes.) (Assist.) | 4,880.35 | |
| 46090 | Post‑mastectomy breast reconstruction, autologous, conjoint surgery (bilateral) using a myocutaneous or perforator flap, by microsurgical transfer:  (a) including anastomoses of arteries and veins (including repair of secondary skin defect); but  (b) excluding repair of muscular aponeurotic layer;  other than a service associated with a service to which item 30166, 30169, 30175, 30177 or 30179 applies—conjoint surgery, conjoint specialist surgeon (H) (Anaes.) (Assist.) | 3,660.40 | |
| 46092 | Lower pole coverage of reconstructive breast prosthesis, following mastectomy, using muscle or fascia turnover flap or autologous dermal flaps, if the service is performed in combination with a service to which item 31522, 31523, 31528, 31529, 45527, 45539 or 45542 applies (Anaes.) (Assist.) | 444.70 | |
| 46094 | Lower pole coverage or complete implant coverage of reconstructive breast prosthesis, following mastectomy, using allograft or synthetic products (Anaes.) (Assist.) | 328.55 | |
| 46100 | Excision of burnt tissue, or definitive burn wound closure, if:  (a) the area of burn excised involves more than 1% of hands, face or anterior neck; and  (b) the service is performed in conjunction with a service (the ***co‑claimed service***) to which any of items 46101 to 46135 (other than item 46112 or 46124) apply;  other than a service to which item 46136 applies | 40% of the  fee for the  co‑claimed  service | |
| 46101 | Excision of burnt tissue, if the area of burn excised involves not more than 1% of the total body surface (Anaes.) (Assist.) | 369.65 | |
| 46102 | Excision of burnt tissue, if the area of burn excised involves more than 1% but less than 3% of the total body surface (H) (Anaes.) (Assist.) | 586.80 | |
| 46103 | Excision of burnt tissue, if the area of burn excised involves 3% or more but less than 10% of the total body surface (H) (Anaes.) (Assist.) | 643.65 | |
| 46104 | Excision of burnt tissue, if the area of burn excised involves 10% or more but less than 20% of the total body surface, excluding aftercare (H) (Anaes.) (Assist.) | 981.95 | |
| 46105 | Excision of burnt tissue, if the area of burn excised involves 20% or more but less than 30% of total body surface, excluding aftercare (H) (Anaes.) (Assist.) | 1,320.60 | |
| 46106 | Excision of burnt tissue, if the area of burn excised involves 30% or more but less than 40% of total body surface, excluding aftercare (H) (Anaes.) (Assist.) | 1,659.80 | |
| 46107 | Excision of burnt tissue, if the area of burn excised involves 40% or more but less than 50% of total body surface, excluding aftercare (H) (Anaes.) (Assist.) | 1,998.45 | |
| 46108 | Excision of burnt tissue, if the area of burn excised involves 50% or more but less than 60% of total body surface (H) (Anaes.) (Assist.) | 2,336.50 | |
| 46109 | Excision of burnt tissue, if the area of burn excised involves 60% or more but less than 70% of total body surface, excluding aftercare (H) (Anaes.) (Assist.) | 2,675.20 | |
| 46110 | Excision of burnt tissue, if the area of burn excised involves 70% or more but less than 80% of total body surface, excluding aftercare (H) (Anaes.) (Assist.) | 3,048.05 | |
| 46111 | Excision of burnt tissue, if the area of burn excised involves 80% or more of total body surface, excluding aftercare (H) (Anaes.) (Assist.) | 3,413.65 | |
| 46112 | Excision of burnt tissue, if the area of burn excised involves whole of face (excluding ears)—may be claimed with any one of items 46101 to 46111, based on the percentage total body surface (excluding the face), other than a service associated with a service to which item 46100 applies and excluding aftercare (H) (Anaes.) (Assist.) | 1,884.50 | |
| 46113 | Excised burn wound closure, or closure of skin defect secondary to burns contracture release, if the defect area is not more than 1% of total body surface and if the service:  (a) is performed at the same time as the procedure for the primary burn wound excision or contracture release; and  (b) involves:  (i) autologous skin grafting for definitive closure; or  (ii) allogenic skin grafting, or biosynthetic skin substitutes, to temporize the excised wound  (Anaes.) (Assist.) | 369.65 | |
| 46114 | Excised burn wound closure, or closure of skin defect secondary to burns contracture release, if the defect area is more than 1% but not more than 3% of total body surface and if the service:  (a) is performed at the same time as the procedure for the primary burn wound excision or contracture release; and  (b) involves:  (i) autologous skin grafting for definitive closure; or  (ii) allogenic skin grafting, or biosynthetic skin substitutes, to temporize the excised wound  (H) (Anaes.) (Assist.) | 586.80 | |
| 46115 | Excised burn wound closure or closure of skin defect secondary to burns contracture release, if the defect area is more than 3% but not more than 10% of total body surface and if the service:  (a) is performed at the same time as the procedure for the primary burn wound excision or contracture release; and  (b) involves:  (i) autologous skin grafting for definitive closure; or  (ii) allogenic skin grafting, or biosynthetic skin substitutes, to temporize the excised wound  (H) (Anaes.) (Assist.) | 643.65 | |
| 46116 | Excised burn wound closure or closure of skin defect secondary to burns contracture release, if the defect area is more than 10% but not more than 20% of total body surface and if the service:  (a) is performed at the same time as the procedure for the primary burn wound excision or contracture release; and  (b) involves:  (i) autologous skin grafting for definitive closure; or  (ii) allogenic skin grafting, or biosynthetic skin substitutes, to temporize the excised wound;  excluding aftercare (H) (Anaes.) (Assist.) | 981.95 | |
| 46117 | Excised burn wound closure, if the defect area is 20% or more but less than 30% of total body surface and if the service:  (a) is performed at the same time as the procedure for the primary burn wound excision; and  (b) involves:  (i) autologous skin grafting for definitive closure; or  (ii) allogenic skin grafting, or biosynthetic skin substitutes, to temporize the excised wound;  excluding aftercare (H) (Anaes.) (Assist.) | 1,320.60 | |
| 46118 | Excised burn wound closure, if the defect area is 30% or more but less than 40% of total body surface and if the service:  (a) is performed at the same time as the procedure for the primary burn wound excision; and  (b) involves:  (i) autologous skin grafting for definitive closure; or  (ii) allogenic skin grafting, or biosynthetic skin substitutes, to temporize the excised wound;  excluding aftercare (H) (Anaes.) (Assist.) | 1,659.80 | |
| 46119 | Excised burn wound closure, if the defect area is 40% or more but less than 50% of total body surface and if the service:  (a) is performed at the same time as the procedure for the primary burn wound excision; and  (b) involves:  (i) autologous skin grafting for definitive closure; or  (ii) allogenic skin grafting, or biosynthetic skin substitutes, to temporize the excised wound;  excluding aftercare (H) (Anaes.) (Assist.) | 1,998.45 | |
| 46120 | Excised burn wound closure, if the defect area is 50% or more but less than 60% of total body surface and if the service:  (a) is performed at the same time as the procedure for the primary burn wound excision or contracture release; and  (b) involves:  (i) autologous skin grafting for definitive closure; or  (ii) allogenic skin grafting, or biosynthetic skin substitutes, to temporize the excised wound;  excluding aftercare (H) (Anaes.) (Assist.) | 2,336.50 | |
| 46121 | Excised burn wound closure, if the defect area is 60% or more but less than 70% of total body surface and if the service:  (a) is performed at the same time as the procedure for the primary burn wound excision; and  (b) involves:  (i) autologous skin grafting for definitive closure; or  (ii) allogenic skin grafting, or biosynthetic skin substitutes, to temporize the excised wound;  excluding aftercare (H) (Anaes.) (Assist.) | 2,675.20 | |
| 46122 | Excised burn wound closure, if the defect area is 70% or more but less than 80% of total body surface and if the service:  (a) is performed at the same time as the procedure for the primary burn wound excision or contracture release; and  (b) involves:  (i) autologous skin grafting for definitive closure; or  (ii) allogenic skin grafting, or biosynthetic skin substitutes, to temporize the excised wound;  excluding aftercare (H) (Anaes.) (Assist.) | 3,048.05 | |
| 46123 | Excised burn wound closure, if the defect area is 80% or more of total body surface and if the service:  (a) is performed at the same time as the procedure for the primary burn wound excision; and  (b) involves:  (i) autologous skin grafting for definitive closure; or  (ii) allogenic skin grafting, or biosynthetic skin substitutes, to temporize the excised wound;  excluding aftercare (H) (Anaes.) (Assist.) | 3,413.65 | |
| 46124 | Excised burn wound closure of whole of face, if the service:  (a) is performed at the same time as the procedure for the primary burn wound excision; and  (b) involves:  (i) autologous skin grafting for definitive closure; or  (ii) allogenic skin grafting, or biosynthetic skin substitutes, to temporize the excised wound;  excluding aftercare, other than a service associated with a service to which item 46100 applies (H) (Anaes.) (Assist.) | 1,884.50 | |
| 46125 | Non‑excisional debridement of superficial or mid‑dermal partial thickness burns, if the area of burn involves less than 1% of total body surface, and application of skin substitute (skin allograft or biosynthetic epidermal replacements) (Anaes.) (Assist.) | 369.65 | |
| 46126 | Non‑excisional debridement of superficial or mid‑dermal partial thickness burns, if the area of burn involves 1% or more but less than 3% of total body surface, and application of skin substitute (skin allograft or biosynthetic epidermal replacements) (Anaes.) (Assist.) | 586.80 | |
| 46127 | Non‑excisional debridement of superficial or mid‑dermal partial thickness burns, if the area of burn involves 3% or more but less than 10% of total body surface, and application of skin substitute (skin allograft or biosynthetic epidermal replacements) (H) (Anaes.) (Assist.) | 812.90 | |
| 46128 | Non‑excisional debridement of superficial or mid‑dermal partial thickness burns, if the area of burn involves 10% or more but less than 30% of total body surface, and application of skin substitute (skin allograft or biosynthetic epidermal replacements), excluding aftercare (H) (Anaes.) (Assist.) | 1,490.25 | |
| 46129 | Non‑excisional debridement of superficial or mid‑dermal partial thickness burns, if the area of burn involves 30% or more of total body surface, and application of skin substitute (skin allograft or biosynthetic epidermal replacements), excluding aftercare (H) (Anaes.) (Assist.) | 2,727.10 | |
| 46130 | Definitive burn wound closure, or closure of skin defect secondary to necrotising fasciitis or secondary to release of burns scar contracture, if the defect area involves less than 1% of total body surface, using autologous tissue (split skin graft or other) following previous procedure using non‑autologous temporary wound closure or simple dressings (Anaes.) (Assist.) | 369.65 | |
| 46131 | Definitive burn wound closure, or closure of skin defect secondary to necrotising fasciitis or secondary to release of burns scar contracture, if the defect area involves 1% or more but less than 3% of total body surface, using autologous tissue (split skin graft or other) following previous procedure using non‑autologous temporary wound closure or simple dressings (H) (Anaes.) (Assist.) | 586.80 | |
| 46132 | Definitive burn wound closure, or closure of skin defect secondary to necrotising fasciitis or secondary to release of burns scar contracture, if the defect area involves 3% or more but less than 10% of total body surface, using autologous tissue (split skin graft or other) following previous procedure using non‑autologous temporary wound closure or simple dressings (H) (Anaes.) (Assist.) | 643.65 | |
| 46133 | Definitive burn wound closure, or closure of skin defect secondary to necrotising fasciitis or secondary to release of burns scar contracture, if the defect area involves 10% or more but less than 20% of total body surface, using autologous tissue (split skin graft or other) following previous procedure using non‑autologous temporary wound closure or simple dressings, excluding aftercare (H) (Anaes.) (Assist.) | 981.95 | |
| 46134 | Definitive burn wound closure, or closure of skin defect secondary to necrotising fasciitis, if the defect area involves 20% or more but less than 30% of total body surface, using autologous tissue (split skin graft or other) following previous procedure using non‑autologous temporary wound closure, excluding aftercare (H) (Anaes.) (Assist.) | 2,173.15 | |
| 46135 | Definitive burn wound closure, or closure of skin defect secondary to necrotising fasciitis, if the defect area involves 30% or more of total body surface, using autologous tissue (split skin graft or other) following previous procedure using non‑autologous temporary wound closure, excluding aftercare (H) (Anaes.) (Assist.) | 3,413.65 | |
| 46136 | Definitive burn wound closure, or closure of skin defect secondary to necrotising fasciitis, of whole of face, using autologous tissue (split skin graft or other) following previous procedure using non‑autologous temporary wound closure, excluding aftercare, other than a service associated with a service to which item 46100 applies (H) (Anaes.) (Assist.) | 1,884.50 | |
| 46140 | Burns contracture, release of, by excision or incision of scar, if the defect resulting from surgery is less than 1% of total body surface, including direct repair if performed (Anaes.) (Assist.) | 281.95 | |
| 46141 | Burns contracture, release of, by excision or incision of scar, if the defect resulting from surgery is 1% or more but less than 3% of total body surface (H) (Anaes.) (Assist.) | 423.00 | |
| 46142 | Burns contracture, release of, by excision or incision of scar, if the defect resulting from surgery is 3% or more but less than 10% of total body surface (H) (Anaes.) (Assist.) | 507.45 | |
| 46143 | Burns contracture, release of, by excision or incision of scar, if the defect resulting from surgery is 10% or more but less than 20% of total body surface (H) (Anaes.) (Assist.) | 657.80 | |
| 46150 | Mandible or maxilla, procedure for advancement, retrusion or alteration of tilt, by osteotomy in standard planes, including fixation by any means (including application of distractors if used)—one service per patient on the same occasion (H) (Anaes.) (Assist.) | 1,456.40 | |
| 46151 | Mandible and maxilla (bimaxillary), procedure for advancement, retrusion or alteration of tilt, or combination of these, by osteotomies in standard planes, including fixation by any means (including application of distractors if used)—conjoint surgery, principal specialist surgeon, one service per patient on the same occasion (H) (Anaes.) (Assist.) | 1,588.00 | |
| 46152 | Mandible and maxilla (bimaxillary), procedure for advancement, retrusion or alteration of tilt, or combination of these, by osteotomies in standard planes, including fixation by any means (including application of distractors if used)—conjoint surgery, conjoint specialist surgeon, one service per patient on the same occasion (H) (Anaes.) (Assist.) | 1,191.00 | |
| 46153 | Mandible and maxilla (bimaxillary), procedure for advancement, retrusion or alteration of tilt, or combination of these, by osteotomies in standard planes, including fixation by any means (including application of distractors if used)—single surgeon, one service per patient on the same occasion (H) (Anaes.) (Assist.) | 1,984.90 | |
| 46154 | Maxilla, procedure for reshaping arch of, by complex segmental osteotomies, including fixation by any means (including application of distractors if used), one service per patient on the same occasion (H) (Anaes.) (Assist.) | 1,662.20 | |
| 46155 | Mandible, procedure for reshaping arch of, by complex segmental osteotomies, including genioplasty (if performed) and fixation by any means (including application of distractors if used), one service per patient on the same occasion (H) (Anaes.) (Assist.) | 1,662.20 | |
| 46156 | Mandible and maxilla (bimaxillary), procedure for any combination of arch reshaping, advancement, retrusion or tilting of, involving complex segmental osteotomies, with or without standard osteotomies, including genioplasty (if performed) and fixation by any means (including application of distractors if used)—conjoint surgery, principal specialist surgeon, one service per patient on the same occasion (H) (Anaes.) (Assist.) | 1,897.60 | |
| 46157 | Mandible and maxilla (bimaxillary), procedure for any combination of arch reshaping, advancement, retrusion or tilting of, involving complex segmental osteotomies, with or without standard osteotomies, including genioplasty (if performed) and fixation by any means (including application of distractors if used)—conjoint surgery, conjoint specialist surgeon, one service per patient on the same occasion (H) (Anaes.) (Assist.) | 1,423.20 | |
| 46158 | Mandible and maxilla (bimaxillary), procedure for any combination of arch reshaping, advancement, retrusion or tilting of, involving complex segmental osteotomies, with or without standard osteotomies, including genioplasty (if performed) and fixation by any means (including application of distractors if used)—single surgeon, one service per patient on the same occasion (H) (Anaes.) (Assist.) | 2,371.95 | |
| 46159 | Midfacial osteotomies, Le Fort II or Le Fort III—conjoint surgery, principal specialist surgeon (H) (Anaes.) (Assist.) | 2,098.55 | |
| 46160 | Midfacial osteotomies, Le Fort II or Le Fort III—conjoint surgery, conjoint specialist surgeon (H) (Anaes.) (Assist.) | 1,573.90 | |
| 46161 | Midfacial osteotomies, Le Fort II or Le Fort III—single surgeon (H) (Anaes.) (Assist.) | 2,623.15 | |
| 46170 | Decompression of thoracic outlet, primary, for thoracic outlet syndrome, using any approach, including (if performed) division of scalene muscles, cervical rib and/or first rib resection (H) (Anaes.) (Assist.) | 1,095.25 | |
| 46171 | Decompression of thoracic outlet, repeat (revision) procedure, for thoracic outlet syndrome, using any approach, including (if performed) division of scalene muscles, cervical rib and/or first rib resection (H) (Anaes.) (Assist.) | 1,861.90 | |
| 46172 | Removal or debulking of brachial plexus tumour, involving intraneural dissection, either supraclavicular or infraclavicular dissection (H) (Anaes.) (Assist.) | 2,738.05 | |
| 46173 | Removal or debulking of brachial plexus tumour, involving intraneural dissection, both supraclavicular and infraclavicular dissection (H) (Anaes.) (Assist.) | 3,833.30 | |
| 46174 | Exploration of the brachial plexus, either supraclavicular or infraclavicular, including any neurolyses performed and intraoperative neurophysiological recordings, but excluding reconstruction of elements (H) (Anaes.) (Assist.) | 2,738.05 | |
| 46175 | Exploration of the brachial plexus, both supraclavicular and infraclavicular, including any neurolyses performed and intraoperative neurophysiological recordings, but excluding reconstruction of elements (H) (Anaes.) (Assist.) | 4,380.90 | |
| 46176 | Exploration of the brachial plexus, posterior subscapular approach, all necessary elements of the operation including (but not limited to):  (a) resection of the first rib and/or second rib; and  (b) vertebral laminectomies or facetectomies, if performed; and  (c) any neurolyses performed; and  (d) intraoperative neurophysiological recordings;  excluding the following:  (e) reconstruction of elements of the plexus;  (f) spinal instrumentation  (H) (Anaes.) (Assist.) | 1,095.25 | |
| 46177 | Reconstruction of deficit of the brachial plexus, single cord or trunk, by any appropriate method, single surgeon (H) (Anaes.) (Assist.) | 1,861.90 | |
| 46178 | Reconstruction of deficit of the brachial plexus, single cord or trunk, by any appropriate method, conjoint surgery, principal surgeon (H) (Anaes.) (Assist.) | 1,861.90 | |
| 46179 | Reconstruction of deficit of the brachial plexus, single cord or trunk, by any appropriate method, conjoint surgery, conjoint surgeon (H) (Anaes.) (Assist.) | 1,549.75 | |
| 46180 | Reconstruction of deficit of the brachial plexus, more than a single cord or trunk, but less than the whole plexus, by any appropriate method, single surgeon (H) (Anaes.) (Assist.) | 2,738.05 | |
| 46181 | Reconstruction of deficit of the brachial plexus, more than a single cord or trunk, but less than the whole plexus, by any appropriate method, conjoint surgery, principal surgeon (H) (Anaes.) (Assist.) | 2,738.05 | |
| 46182 | Reconstruction of deficit of the brachial plexus, more than a single cord or trunk, but less than the whole plexus, by any appropriate method, conjoint surgery, conjoint surgeon (H) (Anaes.) (Assist.) | 2,283.55 | |
| 46183 | Reconstruction of deficit of the brachial plexus, whole plexus, by any appropriate method, single surgeon (H) (Anaes.) (Assist.) | 3,285.65 | |
| 46184 | Reconstruction of deficit of the brachial plexus, whole plexus, by any appropriate method, conjoint surgery, principal surgeon (H) (Anaes.) (Assist.) | 3,285.65 | |
| 46185 | Reconstruction of deficit of the brachial plexus, whole plexus, by any appropriate method, conjoint surgery, conjoint surgeon (H) (Anaes.) (Assist.) | 2,738.05 | |

Subdivision F—Subgroup 14 of Group T8

5.10.24 Items in Subgroup 14 of Group T8

This clause sets out items in Subgroup 14 of Group T8.

Note: The fees in Group T8 are indexed in accordance with clause 1.3.1.

| Group T8—Surgical operations | | |
| --- | --- | --- |
| Column 1  Item | Column 2  Description | Column 3  Fee ($) |
| Subgroup 14—Hand or wrist surgery | | |
| 46300 | Arthrodesis of interphalangeal or metacarpophalangeal joint of hand, including either or both of the following (if performed):  (a) joint debridement;  (b) synovectomy;  —one joint (H) (Anaes.) (Assist.) | 422.55 |
| 46303 | Arthrodesis of carpometacarpal joint of hand, including either or both of the following (if performed):  (a) joint debridement;  (b) synovectomy;  —one joint (H) (Anaes.) (Assist.) | 547.85 |
| 46308 | Volar plate or soft tissue interposition arthroplasty ofinterphalangeal or metacarpophalangeal joint of hand, including either or both of the following (if performed):  (a) realignment procedures;  (b) tendon transfer;  —one joint (Anaes.) (Assist.) | 547.80 |
| 46309 | Prosthetic replacement arthroplasty or hemiarthroplasty ofinterphalangeal or metacarpophalangeal joint of hand, including any of the following (if performed):  (a) ligament reconstruction;  (b) ligament realignment;  (c) synovectomy;  (d) tendon transfer;  —one joint (H) (Anaes.) (Assist.) | 547.80 |
| 46312 | Prosthetic replacement arthroplasty or hemiarthroplasty of interphalangeal or metacarpophalangeal joint of hand, including any of the following (if performed):  (a) ligament reconstruction;  (b) ligament realignment;  (c) synovectomy;  (d) tendon transfer;  —2 joints of one hand (H) (Anaes.) (Assist.) | 704.40 |
| 46315 | Prosthetic replacement arthroplasty or hemiarthroplasty of interphalangeal or metacarpophalangeal joint of hand*,* including any of the following (if performed):  (a) ligament reconstruction;  (b) ligament realignment;  (c) synovectomy;  (d) tendon transfer;  —3 joints of one hand (H) (Anaes.) (Assist.) | 939.15 |
| 46318 | Prosthetic replacement arthroplasty or hemiarthroplasty of interphalangeal or metacarpophalangeal joint of hand, including any of the following (if performed):  (a) ligament reconstruction;  (b) ligament realignment;  (c) synovectomy;  (d) tendon transfer;  —4 joints of one hand (H) (Anaes.) (Assist.) | 1,173.95 |
| 46321 | Prosthetic replacement arthroplasty or hemiarthroplasty of interphalangeal or metacarpophalangeal joint of hand, including any of the following (if performed):  (a) ligament reconstruction;  (b) ligament realignment;  (c) synovectomy;  (d) tendon transfer;  —5 joints of one hand (H) (Anaes.) (Assist.) | 1,408.75 |
| 46322 | Revision of prosthetic replacement arthroplasty or hemiarthroplasty of interphalangeal or metacarpal joint of hand, including any of the following (if performed):  (a) bone grafting;  (b) ligament reconstruction;  (c) ligament realignment;  (d) synovectomy;  (e) tendon or ligament reconstruction;  (f) tendon transfer;  —one joint (H) (Anaes.)(Assist.) | 821.80 |
| 46324 | Trapezium replacement arthroplasty or prosthetic interpositional replacement of carpometacarpal joint of thumb, including either or both of the following (if performed):  (a) ligament and tendon transfers;  (b) rebalancing procedures  (H) (Anaes.) (Assist.) | 958.55 |
| 46325 | Excisional arthroplasty of carpometacarpal joint of thumb, with excision of adjacent trapezoid, including either or both of the following (if performed):  (a) ligament and tendon transfers;  (b) realignment procedures  (H) (Anaes.) (Assist.) | 958.55 |
| 46330 | Ligamentous or capsular repair or reconstruction of interphalangeal or metacarpophalangeal joint of hand, including any of the following (if performed):  (a) arthrotomy;  (b) joint stabilisation;  (c) synovectomy;  —one joint (H) (Anaes.) (Assist.) | 360.10 |
| 46333 | Ligamentous or capsular repair or reconstruction of interphalangeal or metacarpophalangeal joint of hand with graft, using graft or implant, including any of the following (if performed):  (a) arthrotomy;  (b) harvest of graft;  (c) joint stabilisation;  (d) synovectomy;  other than a service associated with a service to which item 48245, 48248, 48251, 48254 or 48257 apply—one joint (H) (Anaes.) (Assist.) | 586.90 |
| 46335 | Synovectomy of digital extensor tendons of hand, distal to wrist, for diagnosed inflammatory arthritis, including any of the following (if performed):  (a) reconstruction of extensor retinaculum;  (b) removal of tendon nodules;  (c) tenolysis;  (d) tenoplasty;  other than a service associated with a service to which item 30023, 39331 or 39330 applies*—*applicable only once per occasion on which the service is performed (Anaes.)(Assist.) | 485.10 |
| 46336 | Synovectomy of interphalangeal, metacarpophalangeal or carpometacarpal joint of hand, including any of the following (if performed):  (a) capsulectomy;  (b) debridement;  (c) ligament or tendon realignment (or both);  other than a service combined with a service to which item 46495 applies—one joint (Anaes.) (Assist.) | 273.95 |
| 46339 | Synovectomy of digital flexor tendons at wrist level, for diagnosed inflammatory arthritis, including either or both of the following (if performed):  (a)tenolysis;  (b) release of median nerve and carpal tunnel;  other than a service associated with a service to which item 30023, 39331 or 39330 applies—applicable only once per occasion on which the service is performed (H) (Anaes.) (Assist.) | 485.10 |
| 46340 | Synovectomy of wrist flexor or extensor tendons of hand or wrist, for diagnosed inflammatory tenosynovitis, including any of the following (if performed):  (a)reconstruction of flexor or extensor retinaculum;  (b) removal of tendon nodules;  (c) tenolysis;  (d) tenoplasty;  other than a service associated with a service to which item 30023, 39331 or 39330 applies—one or more compartments (H) (Anaes.) (Assist.) | 412.35 |
| 46341 | Synovectomy of wrist flexor or extensor tendons of hand or wrist, for non‑inflammatory tenosynovitis or post traumatic synovitis, including any of the following (if performed):  (a) reconstruction offlexor or extensor retinaculum;  (b) removal of tendon nodules;  (c) tenolysis;  (d) tenoplasty;  other than a service associated with a service to which item 30023, 39331 or 39330 applies—one or more compartments (H) (Anaes.) (Assist.) | 264.45 |
| 46342 | Synovectomy of distal radioulnar or carpometacarpal joint of hand—one or more joints (H) (Anaes.) (Assist.) | 485.10 |
| 46345 | Resection arthroplasty of distal radioulnar joint of hand, partial or complete, including any of the following (if performed):  (a) ligament or tendon reconstruction;  (b) joint stabilisation;  (c) synovectomy  (H) (Anaes.) (Assist.) | 586.90 |
| 46348 | Flexor tenosynovectomy of hand, distal to lumbrical origin, including any of the following (if performed):  (a) removal of intratendinous nodules;  (b) tenolysis;  (c) tenoplasty;  other than a service associated with a service to which item 30023 or 46363 applies—one ray (H) (Anaes.) (Assist.) | 254.35 |
| 46351 | Flexor tenosynovectomy of hand, distal to lumbrical origin, including any of the following (if performed):  (a) removal of intratendinous nodules;  (b) tenolysis;  (c) tenoplasty;  other than a service associated with a service to which item 30023 or 46363 applies—2 rays of one hand (H) (Anaes.) (Assist.) | 379.60 |
| 46354 | Flexor tenosynovectomy of hand, distal to lumbrical origin, including any of the following (if performed):  (a) removal of intratendinous nodules;  (b) tenolysis;  (c) tenoplasty;  other than a service associated with a service to which item 30023 or 46363 applies—3 rays of one hand (H) (Anaes.) (Assist.) | 508.65 |
| 46357 | Flexor tenosynovectomy of hand, distal to lumbrical origin, including any of the following (if performed):  (a) removal of intratendinous nodules;  (b) tenolysis;  (c) tenoplasty;  other than a service associated with a service to which item 30023 or 46363 applies—4 rays of one hand (H) (Anaes.) (Assist.) | 633.90 |
| 46360 | Flexor tenosynovectomy of hand, distal to lumbrical origin, including any of the following (if performed):  (a) removal of intratendinous nodules;  (b) tenolysis;  (c) tenoplasty;  other than a service associated with a service to which item 30023 or 46363 applies—5 rays of one hand (H) (Anaes.) (Assist.) | 763.10 |
| 46363 | Trigger finger release, for stenosing tenosynoviti, including either or both of the following (if performed):  (a) synovectomy;  (b) synovial biopsy;  —one ray (Anaes.) (Assist.) | 219.10 |
| 46364 | Digital sympathectomy of hand, using microsurgical techniques, other than a service associated with a service to which item 30023 or 46363 applies—one digit or palmer arch (or both) or radial or ulnar artery (or both) (Anaes.)(Assist.) | 485.10 |
| 46365 | Excision of rheumatoid nodules of hand—one lesion (Anaes.) (Assist.) | 273.95 |
| 46367 | De Quervain’s release, including any of the following (if performed):  (a) synovectomy of extensor pollicis brevis;  (b) synovectomy of abductor pollicis longus tendons;  (c) retinaculum reconstruction;  other than a service associated with a service to which item 46339 applies (Anaes.) (Assist.) | 413.70 |
| 46370 | Percutaneous fasciotomy for Dupuytren’s contracture, by needle or chemical method, including either or both of the following (if performed):  (a) immediate or delayed manipulation;  (b) local or regional nerve block;  —one ray (Anaes.)(Assist.) | 133.10 |
| 46372 | Fasciectomy for Dupuytren’s contracture, including dissection of nerves (if performed)—one ray (H) (Anaes.) (Assist.) | 445.25 |
| 46375 | Fasciectomy for Dupuytren’s contracture, including dissection of nerves (if performed)—2 rays (H) (Anaes.) (Assist.) | 528.25 |
| 46378 | Fasciectomy for Dupuytren’s contracture, including dissection of nerves (if performed)—3 rays (H) (Anaes.) (Assist.) | 704.40 |
| 46379 | Fasciectomy for Dupuytren’s contracture, including dissection of nerves (if performed)—4 rays (H) (Anaes.) (Assist.) | 887.40 |
| 46380 | Fasciectomy for Dupuytren’s contracture, including dissection of nerves (if performed)—5 rays (H) (Anaes.) (Assist.) | 1,118.05 |
| 46381 | Release of interphalangeal joint of hand, by open procedure, when performed in conjunction with an operation for Dupuytren’s contracture—one joint (H) (Anaes.) (Assist.) | 313.00 |
| 46384 | Z‑plasty or similar local flap procedure, when performed in conjunction with an operation for Dupuytren’s contracture, including raising, transfer in‑setting and suturing of both components (flaps)—one Z‑plasty or local flap procedure (H) (Anaes.) (Assist.) | 313.00 |
| 46387 | Fasciectomy for recurrence of Dupuytren’s contracture, including either or both of the following (if performed):  (a) dissection of nerves;  (b) neurolysis;  other than a service associated with a service to which item 30023 applies—one ray (H) (Anaes.) (Assist.) | 645.75 |
| 46390 | Fasciectomy for recurrence of Dupuytren’s contracture, including either or both of the following (if performed):  (a) dissection of nerves;  (b) neurolysis;  other than a service associated with a service to which item 30023 applies—2 rays (H) (Anaes.) (Assist.) | 861.05 |
| 46393 | Fasciectomy for recurrence of Dupuytren’s contracture, including either or both of the following (if performed):  (a) dissection of nerves;  (b) neurolysis;  other than a service associated with a service to which item 30023 applies—3 rays (H) (Anaes.) (Assist.) | 997.85 |
| 46394 | Fasciectomy for recurrence of Dupuytren’s contracture, including either or both of the following (if performed):  (a) dissection of nerves;  (b) neurolysis;  other than a service associated with a service to which item 30023 applies—4 rays (H) (Anaes.) (Assist.) | 1,243.45 |
| 46395 | Fasciectomy for recurrence of Dupuytren’s contracture, including either or both of the following (if performed):  (a) dissection of nerves;  (b) neurolysis;  other than a service associated with a service to which item 30023 applies—5 rays (H) (Anaes.) (Assist.) | 1,549.55 |
| 46399 | Osteotomy of phalanx or metacarpal of hand, with internal fixation—one bone (H) (Anaes.) (Assist.) | 538.80 |
| 46401 | Operative treatment of non‑union of phalanx or metacarpal of hand, including internal fixation (if performed) (Anaes.) (Assist.) | 432.45 |
| 46408 | Reconstruction of tendon of hand or wrist, by tendon graft, including either or both of the following (if performed):  (a) harvest of graft;  (b) tenolysis;  other than a service associated with a service to which item 30023 applies (H) (Anaes.) (Assist.) | 720.00 |
| 46411 | Reconstruction of complete flexor tendon pulley of hand or wrist, with graft, including harvest of graft (if performed)—one pulley (H) (Anaes.) (Assist.) | 422.60 |
| 46414 | Insertion of artificial tendon prosthesis in preparation for grafting of tendon of hand or wrist, including tenolysis (if performed), other than a service associated with a service to which item 30023 applies (Anaes.) (Assist.) | 547.70 |
| 46417 | Transfer of tendon of hand or wrist, for restoration of hand or digit motion, including harvest of donor motor unit (if performed)—one transfer (H) (Anaes.) (Assist.) | 508.65 |
| 46420 | Primary repair of extensor tendon of hand or wrist—one tendon (Anaes.) (Assist.) | 212.85 |
| 46423 | Delayed repair of extensor tendon of hand or wrist, including tenolysis (if performed), other than a service associated with a service to which item 30023 applies (Anaes.) (Assist.) | 340.45 |
| 46426 | Primary repair of flexor tendon of hand or wrist, proximal to A1 pulley, other than a service to repair a tendon of a digit if 2 tendons of the same digit have been repaired during the same procedure—one tendon (H) (Anaes.) (Assist.) | 352.10 |
| 46432 | Primary repair of flexor tendon of hand or wrist, distal to A1 pulley, other than a service to repair a tendon of a digit if 2 tendons of the same digit have been repaired during the same procedure—one tendon (H) (Anaes.) (Assist.) | 587.10 |
| 46434 | Delayed repair of flexor tendon of hand or wrist, including tenolysis (if performed), other than a service associated with a service to which item 30023 applies (Anaes.) (Assist.) | 505.80 |
| 46438 | Closed pin fixation of mallet finger (Anaes.) | 140.90 |
| 46441 | Open reduction of mallet finger, including any of the following (if performed):  (a) joint release;  (b) pin fixation;  (c) tenolysis  (Anaes.) (Assist.) | 340.45 |
| 46442 | Open reduction of mallet finger with intra‑articular fracture, involving more than one‑third of base of terminal phalanx (H) (Anaes.) (Assist.) | 292.25 |
| 46444 | Reconstruction of Boutonniere or swan neck deformity of hand, including either or both of the following (if performed):  (a) tendon graft harvest;  (b) tendon transfer;  —one joint (H) (Anaes.) (Assist.) | 508.65 |
| 46450 | Tenolysis of extensor tendon of hand or wrist, following tendon injury or graft, other than a service:  (a) for acute, traumatic injury; or  (b) associated with a service to which item 30023 applies;  —one ray (H) (Anaes.) | 234.85 |
| 46453 | Tenolysis of flexor tendon of hand or wrist*,* following tendon injury, repair or graft, other than a service:  (a) for acute, traumatic injury; or  (b) associated with a service to which item 30023 applies  (H) (Anaes.) (Assist.) | 391.35 |
| 46456 | Percutaneous tenotomy of digit of hand (Anaes.) | 101.75 |
| 46464 | Amputation of a supernumerary complete digit of hand (H) (Anaes.) (Assist.) | 234.85 |
| 46465 | Amputation of digit of hand, distal to metacarpal head, including any of the following (if performed):  (a) excision of neuroma;  (b) resection of bone;  (c) skin cover with local flaps;  —one ray (H) (Anaes.) (Assist.) | 234.85 |
| 46468 | Amputation of digit of hand, distal to metacarpal head, including any of the following (if performed):  (a) excision of neuroma;  (b) resection of bone;  (c) skin cover with local flaps;  —2 rays (H) (Anaes.) (Assist.) | 410.85 |
| 46471 | Amputation of digit of hand, distal to metacarpal head, including any of the following (if performed):  (a) excision of neuroma;  (b) resection of bone;  (c) skin cover with local flaps;  —3 rays (H) (Anaes.) (Assist.) | 586.90 |
| 46474 | Amputation of digit of hand, distal to metacarpal head, including any of the following (if performed):  (a) excision of neuroma;  (b) resection of bone;  (c) skin cover with local flaps;  —4 rays (H) (Anaes.) (Assist.) | 763.10 |
| 46477 | Amputation of digit of hand, distal to metacarpal head, including any of the following (if performed):  (a) excision of neuroma;  (b) resection of bone;  (c) skin cover with local flaps;  —5 rays (H) (Anaes.) (Assist.) | 939.15 |
| 46480 | Amputation of ray of hand, proximal to metacarpal head, including any of the following (if performed):  (a) excision of neuroma;  (b) recontouring;  (c) resection of bone;  (d) skin cover with local flaps;  —one ray (H) (Anaes.) (Assist.) | 391.35 |
| 46483 | Revision of amputation stump of hand to provide adequate cover, including any of the following (if performed):  (a) bone shortening;  (b) excision of nail bed remnants;  (c) excision of neuroma  (H) (Anaes.) (Assist.) | 313.00 |
| 46486 | Accurate reconstruction of acute nail bed laceration using magnification (H) (Anaes.) | 234.85 |
| 46489 | Secondary reconstruction of nail bed deformity using magnification, including removal of nail (if performed), other than a service associated with a service to which item 46513 or 45451 applies(H) (Anaes.) (Assist.) | 273.95 |
| 46492 | Surgical correction of contracture of joint of hand, flexor or extensor tendon, involving tissues deeper than skin and subcutaneous tissue—one joint (H) (Anaes.) (Assist.) | 375.70 |
| 46493 | Resection of boss of metacarpal base of hand, including either or both of the following (if performed):  (a) excision of ganglion;  (b) synovectomy  (Anaes.) (Assist.) | 342.90 |
| 46495 | Complete excision of one or moreganglia or mucous cysts of interphalangeal, metacarpophalangeal or carpometacarpal joint of hand, including any of the following (if performed):  (a) arthrotomy;  (b) osteophyte resections  (c) synovectomy;  other than a service associated with a service to which item 30107 or 46336 applies—one joint (H) (Anaes.) (Assist.) | 211.40 |
| 46498 | Excision of ganglion of flexor tendon sheath of hand, including any of the following (if performed):  (a) flexor tenosynovectomy;  (b) sheath excision;  (c) skin closure by any method;  other than a service associated with a service to which item 30107 or 46363 applies (Anaes.) (Assist.) | 228.85 |
| 46500 | Excision of ganglion of dorsal wrist joint of hand, including any of the following (if performed):  (a) arthrotomy;  (b) capsular orligament repair (or both);  (c) synovectomy;  other than a service associated with a service to which item 30107 applies (Anaes.) (Assist.) | 273.95 |
| 46501 | Excision of ganglion of volar wrist joint of hand, including any of the following (if performed):  (a) arthrotomy;  (b) capsular orligament repair (or both);  (c) synovectomy;  other than a service associated with a service to which item 30107 or 46325 applies (Anaes.) (Assist.) | 342.50 |
| 46502 | Excision of recurrent ganglion of dorsal wrist joint of hand, including any of the following (if performed):  (a) arthrotomy;  (b) capsular orligament repair (or both);  (c) synovectomy  (Anaes.) (Assist.) | 410.90 |
| 46503 | Excision of recurrent ganglion of volar wrist joint of hand, including any of the following (if performed):  (a) arthrotomy;  (b) capsular orligament repair (or both);  (c) synovectomy;  other than a service associated with a service to which item 30107 applies (Anaes.) (Assist.) | 393.70 |
| 46504 | Neurovascular island flap, heterodigital, for pulp re‑innervation and soft tissue cover (Anaes.) (Assist.) | 1,150.35 |
| 46507 | Transposition or transfer of digit or ray on vascular pedicle of hand, including any of the following (if performed):  (a) nerve transfer;  (b) skin closure, by any means;  (c) rebalancing procedures  (H) (Anaes.) (Assist.) | 1,560.75 |
| 46510 | Surgical reduction of enlarged elements resulting from macrodactyly, including any of the following (if performed):  (a) nerve transfer;  (b) skin closure, by any means;  (c) rebalancing procedures;  —one digit (H) (Anaes.) (Assist.) | 365.20 |
| 46513 | Removal of nail of finger or thumb—one nail (Anaes.) | 58.75 |
| 46519 | Drainage of midpalmar, thenar or hypothenar spaces or dorsum of hand, excluding aftercare (Anaes.) (Assist.) | 146.95 |
| 46522 | Open operation and drainage of infection for flexor tendon sheath of finger or thumb, including either or both of the following (if performed):  (a) synovectomy;  (b) tenolysis;  other than a service associated with a service to which item 30023 applies—one digit (H) (Anaes.) (Assist.) | 438.25 |
| 46525 | Incision for pulp space infection of hand:  (a) other than a service:  (i) to which another item in this Group applies; or  (ii) associated with a service to which item 30023 applies; and  (b) excluding aftercare  (H) (Anaes.) | 58.75 |
| 46528 | Wedge resection for ingrowing nail of finger or thumb:  (a) including each of the following:  (i) excision and partial ablation of germinal matrix;  (ii) removal of segment of nail;  (iii) removal of ungual fold; and  (b) including phenolisation (if performed)  (Anaes.) | 176.35 |
| 46531 | Partial resection of ingrowing nail of finger or thumb, includingphenolisation (Anaes.) | 88.60 |
| 46534 | Complete ablation of nail germinal matrix (H) (Anaes.) (Assist.) | 245.05 |

Subdivision G—Subgroups 15, 16 and 17 of Group T8

5.10.25 Restrictions on items 50200 and 50201—provider and timing

Items 50200 and 50201 do not apply to a service provided to a patient by a provider if the provider has provided the same service to the patient more than once in the previous 12 months.

5.10.26 Restrictions on items 51011 to 51112 and 51115 to 51171—services provided in conjunction with other services in Group T8

Items 51011 to 51112 and 51115 to 51171 do not apply to a service provided in conjunction with a service to which another item in Group T8 (other than an item in Subgroup 17) applies if the service described in the other item is for the purpose of spinal surgery.

5.10.27 Restrictions on items 51061 to 51066—services provided in conjunction with certain other services

Items 51061 to 51066 do not apply to a service provided in conjunction with a service to which any of items 51020 to 51045 apply.

5.10.28 Meaning of motion segment

In this Schedule:

***motion segment*** includes all anatomical structures (including traversing and exiting nerve roots) between, and including, the top of the pedicle above to the bottom of the pedicle below.

5.10.29 Items in Subgroups 15, 16 and 17 of Group T8

This clause sets out items in Subgroups 15, 16 and 17 of Group T8.

Note: The fees in Group T8 are indexed in accordance with clause 1.3.1.

| Group T8—Surgical operations | | |
| --- | --- | --- |
| Column 1  Item | Column 2  Description | Column 3  Fee ($) |
| Subgroup 15—Orthopaedic | | |
| 47000 | Mandible, treatment of dislocation of, by closed reduction, requiring general anaesthesia or intravenous sedation, if performed in the operating theatre of a hospital (H) (Anaes.) | 73.55 |
| 47003 | Treatment of dislocation of clavicle, by closed reduction (Anaes.) | 88.25 |
| 47007 | Repair of acromioclavicular or sternoclavicular joint dislocation (acute or chronic), by open, mini‑open or arthroscopic technique, including either or both of the following (if performed):  (a) ligament augmentation;  (b) tendon transfers  (Anaes.) (Assist.) | 367.35 |
| 47009 | Treatment of dislocation of shoulder, requiring general anaesthesia, other than a service to which item 47012 applies (Anaes.) | 176.35 |
| 47012 | Treatment of dislocation of shoulder, requiring general anaesthesia, by open reduction (H) (Anaes.) (Assist.) | 352.55 |
| 47015 | Treatment of dislocation of shoulder, not requiring general anaesthesia | 88.25 |
| 47018 | Treatment of dislocation of elbow, by closed reduction (Anaes.) | 205.60 |
| 47021 | Treatment of dislocation of elbow, by open reduction (H) (Anaes.) (Assist.) | 274.25 |
| 47024 | Treatment of dislocation of distal or proximal radioulnar joint, by closed reduction, other than a service associated with a service to which another item in thisScheduleapplies if the service described in the other item is for the purpose of treating fracture or dislocation in the same region (Anaes.) | 205.60 |
| 47027 | Treatment of dislocation of distal or proximal radioulnar joint, by open reduction, including either or both of the following (if performed):  (a) styloid fracture;  (b) triangular fibrocartilage complex repair;  other than a service associated with a service to which another item in thisScheduleapplies if the service described in the other item is for the purpose of treating fracture or dislocation in the same region (Anaes.) (Assist.) | 676.05 |
| 47030 | Treatment of dislocation of carpus, carpus on radius and ulna or carpometacarpal joint, by closed reduction (Anaes.) | 205.60 |
| 47033 | Treatment of dislocation of carpus, carpus on radius and ulna or carpometacarpal joint, by open reduction, including ligament repair (if performed) (Anaes.) (Assist.) | 676.05 |
| 47042 | Treatment of dislocation of interphalangeal or metacarpophalangeal joint, by closed reduction (Anaes.) | 117.40 |
| 47045 | Treatment of dislocation of interphalangeal or metacarpophalangeal joint, by open reduction, including any of the following (if performed):  (a) arthrotomy;  (b) capsule repair;  (c) ligament repair;  (d) volar plate repair  (Anaes.) (Assist.) | 438.55 |
| 47047 | Treatment of dislocation of prosthetic hip, by closed reduction (Anaes.) (Assist.) | 337.95 |
| 47049 | Treatment of dislocation of prosthetic hip, by open reduction (Anaes.) (Assist.) | 450.50 |
| 47052 | Treatment of dislocation of native hip, by closed reduction (Anaes.) (Assist.) | 439.35 |
| 47053 | Treatment of dislocation of native hip, by open reduction, with internal fixation (if performed) (Anaes.) (Assist.) | 585.65 |
| 47054 | Treatment of dislocation of knee, by closed reduction, including application of external fixator (if performed) (Anaes.) (Assist.) | 337.95 |
| 47057 | Treatment of dislocation of patella, by closed reduction (Anaes.) | 132.20 |
| 47060 | Treatment of dislocation of patella, by open reduction (Anaes.) (Assist.) | 176.35 |
| 47063 | Treatment of dislocation of ankle or tarsus, by closed reduction (Anaes.) (Assist.) | 264.45 |
| 47066 | Treatment of dislocation of ankle or tarsus, by open reduction, including any of the following (if performed):  (a) arthrotomy;  (b) capsule repair;  (c) removal ofloose fragments or intervening soft tissue;  (d) washout of joint  (H) (Anaes.) (Assist.) | 352.55 |
| 47069 | Treatment of dislocation of toe, by closed reduction—one toe (Anaes.) | 73.55 |
| 47301 | Treatment of fracture of middle or proximal phalanx, by closed reduction, requiring anaesthesia—one bone (Anaes.) | 90.30 |
| 47304 | Treatment of fracture of metacarpal, by closed reduction, requiring anaesthesia—one bone (H) (Anaes.) | 102.90 |
| 47307 | Treatment of fracture of phalanx or metacarpal, by closed reduction, including percutaneous K‑wire fixation (if performed)—one bone (H) (Anaes.) (Assist.) | 208.10 |
| 47310 | Treatment of fracture of phalanx or metacarpal, by open reduction, with internal fixation (H) (Anaes.) (Assist.) | 343.40 |
| 47313 | Treatment of intra‑articular fracture of phalanx or metacarpal, by closed reduction, including:  (a) percutaneous K‑wire fixation; and  (b) external or dynamic fixation (if performed)  (H) (Anaes.) (Assist.) | 332.95 |
| 47316 | Treatment of intra‑articular fracture of phalanx or metacarpal, by open reduction with fixation, other than a service provided on the same occasion as a service to which item 47319 applies (H) (Anaes.) (Assist.) | 660.75 |
| 47319 | Treatment of intra‑articular fracture of proximal end of middle phalanx, by open reduction, with fixation, other than a service provided on the same occasion as a service to which item 47316 applies (H) (Anaes.) (Assist.) | 676.35 |
| 47348 | Treatment of fracture of carpus (excluding scaphoid), by cast immobilisation, other than a service associated with a service to which item 47351 applies (Anaes.) | 97.80 |
| 47351 | Treatment of fracture of carpus (excluding scaphoid), by open reduction, with internal fixation (Anaes.) (Assist.) | 245.05 |
| 47354 | Treatment of fracture of carpal scaphoid, by cast immobilisation, other than a service associated with a service to which item 47357 applies (Anaes.) | 176.35 |
| 47357 | Treatment of fracture of carpal scaphoid, by open reduction, withinternal or percutaneous fixation (Anaes.) (Assist.) | 391.80 |
| 47361 | Treatment of fracture of distal end of radius or ulna (or both), by cast immobilisation, other than a service associated with a service to which item 47362, 47364, 47367, 47370 or 47373 applies | 137.15 |
| 47362 | Treatment of fracture of distal end of radius or ulna (or both), by closed reduction, requiring general or major regional anaesthesia, but excluding local infiltration, other than a service associated with a service to which item 47361, 47364, 47367, 47370 or 47373 applies (Anaes.) | 205.60 |
| 47364 | Treatment of fracture of distal end of radius or ulna (not involving joint surface), by open reduction with fixation, other than a service associated with a service to which item 47361 or 47362 applies (H) (Anaes.) (Assist.) | 291.35 |
| 47367 | Treatment of fracture of distal end of radius, by closed reduction with percutaneous fixation, other than a service associated with a service to which item 47361 or 47362 applies (H) (Anaes.) (Assist.) | 232.70 |
| 47370 | Treatment of intra‑articular fracture of distal end of radius, by open reduction with fixation, other than a service associated with a service to which item 47361 or 47362 applies (H) (Anaes.) (Assist.) | 422.45 |
| 47373 | Treatment of intra‑articular fracture of distal end of ulna, by open reduction with fixation, other than a service associated with a service to which item 47361 or 47362 applies (H) (Anaes.) (Assist.) | 301.75 |
| 47381 | Treatment of fracture of shaft of radius or ulna, by closed reduction (H) (Anaes.) | 264.45 |
| 47384 | Treatment of fracture of shaft of radius or ulna, by open reduction with internal fixation (H) (Anaes.) (Assist.) | 352.55 |
| 47385 | Treatment of:  (a) fracture of shaft of radius or ulna; and  (b) dislocation of distal radio‑ulnar joint or proximal radio‑humeral joint (Galeazzi or Monteggia injury);  by closed reduction (H) (Anaes.) (Assist.) | 303.55 |
| 47386 | Treatment of:  (a) fracture of shaft of radius or ulna; and  (b) dislocation of distal radio‑ulnar joint or proximal radio‑humeral joint (Galeazzi or Monteggia injury);  by open reduction, with internal fixation, including reduction of dislocation (if performed) (H) (Anaes.) (Assist.) | 489.75 |
| 47387 | Treatment of fracture of distalor shaft of radius or ulna (or both), by cast immobilisation, other than a service to which item 47390 or 47393 applies (Anaes.) (Assist.) | 284.00 |
| 47390 | Treatment of fracture of shafts of radius and ulna, by closed reduction (H) (Anaes.) | 426.15 |
| 47393 | Treatment of fracture of shafts of radius and ulna, by open reduction, with internal fixation (H) (Anaes.) (Assist.) | 568.10 |
| 47396 | Treatment of fracture of olecranon, by closed reduction (Anaes.) | 195.80 |
| 47399 | Treatment of fracture of olecranon, by open reduction (H) (Anaes.) (Assist.) | 391.80 |
| 47402 | Treatment of fracture of olecranon, with excision of olecranon fragment and reimplantation of tendon (Anaes.) (Assist.) | 293.75 |
| 47405 | Treatment of fracture of head or neck of radius, by closed reduction (Anaes.) | 195.80 |
| 47408 | Treatment of fracture of head or neck of radius, by open reduction, including internal fixation and excision (if performed) (H) (Anaes.) (Assist.) | 391.80 |
| 47411 | Treatment of fracture of tuberosity of humerus, other than a service to which item 47417 applies (Anaes.) | 117.40 |
| 47414 | Treatment of fracture of tuberosity of humerus, by open reduction (Anaes.) | 235.15 |
| 47417 | Treatment of fracture of tuberosity of humerus and associated dislocation of shoulder, by closed reduction (Anaes.) (Assist.) | 274.25 |
| 47420 | Treatment of fracture of tuberosity of humerus and associated dislocation of shoulder, by open reduction (H) (Anaes.) (Assist.) | 538.80 |
| 47423 | Humerus, proximal, treatment of fracture of, other than a service to which item 47426, 47429 or 47432 applies (Anaes.) | 225.25 |
| 47426 | Humerus, proximal, treatment of fracture of, by closed reduction (H) (Anaes.) | 337.95 |
| 47429 | Humerus, proximal, treatment of fracture of, by open reduction (H) (Anaes.) (Assist.) | 450.50 |
| 47432 | Humerus, proximal, treatment of intra‑articular fracture of, by open reduction (H) (Anaes.) (Assist.) | 563.20 |
| 47435 | Humerus, proximal, treatment of fracture of, and associated dislocation of shoulder, by closed reduction (Anaes.) (Assist.) | 431.05 |
| 47438 | Humerus, proximal, treatment of fracture of, and associated dislocation of shoulder, by open reduction (H) (Anaes.) (Assist.) | 685.85 |
| 47441 | Humerus, proximal, treatment of intra‑articular fracture of, and associated dislocation of shoulder, by open reduction (H) (Anaes.) (Assist.) | 857.15 |
| 47444 | Humerus, shaft of, treatment of fracture of, other than a service to which item 47447 or 47450 applies (Anaes.) | 235.15 |
| 47447 | Humerus, shaft of, treatment of fracture of, by closed reduction (H) (Anaes.) | 352.55 |
| 47450 | Humerus, shaft of, treatment of fracture of, by internal or external fixation (H) (Anaes.) (Assist.) | 470.30 |
| 47451 | Humerus, shaft of, treatment of fracture of, by intramedullary fixation (H) (Anaes.) (Assist.) | 566.85 |
| 47453 | Humerus, distal, (supracondylar or condylar), treatment of fracture of, other than a service to which item 47456 or 47459 applies (Anaes.) (Assist.) | 274.25 |
| 47456 | Humerus, distal (supracondylar or condylar), treatment of fracture of, by closed reduction (H) (Anaes.) (Assist.) | 411.55 |
| 47459 | Humerus, distal (supracondylar or condylar), treatment of fracture of, by open reduction (H) (Anaes.) (Assist.) | 548.65 |
| 47462 | Clavicle, treatment of fracture of, other than a service to which item 47465 applies (Anaes.) | 117.40 |
| 47465 | Clavicle, treatment of fracture of, by open reduction (Anaes.) (Assist.) | 538.80 |
| 47466 | Sternum, treatment of fracture of, other than a service to which item 47467 applies (Anaes.) | 117.40 |
| 47467 | Sternum, treatment of fracture of, by open reduction (H) (Anaes.) | 235.15 |
| 47468 | Scapula, neck or glenoid region of, treatment of fracture of, by open reduction (Anaes.) (Assist.) | 450.50 |
| 47471 | Ribs (one or more), treatment of fracture of—each attendance | 44.75 |
| 47474 | Pelvic ring, treatment of fracture of, not involving disruption of pelvic ring or acetabulum | 195.80 |
| 47477 | Pelvic ring, treatment of fracture of, with disruption of pelvic ring or acetabulum | 245.05 |
| 47480 | Pelvic ring, treatment of fracture of, requiring traction (H) (Anaes.) (Assist.) | 489.75 |
| 47483 | Pelvic ring, treatment of fracture of, requiring control by external fixation (H) (Anaes.) (Assist.) | 587.75 |
| 47486 | Treatment of fracture of anterior pelvic ring or sacroiliac joint disruption (or both), by open reduction, with internal fixation (H) (Anaes.) (Assist.) | 979.60 |
| 47489 | Treatment of fracture of posterior pelvic ring or sacroiliac joint disruption (or both), by open reduction, with internal fixation (H) (Anaes.) (Assist.) | 1,469.40 |
| 47491 | Combined anterior and posterior pelvic ring disruption, including sacroiliac joint disruption, treatment of fracture by open reduction and internal fixation of both anterior and posterior ring segments  (H) (Anaes.) (Assist.) | 1,616.30 |
| 47495 | Treatment of fracture of acetabulum and associated dislocation of hip, including the application and management of traction(if performed), excluding aftercare (Anaes.) (Assist.) | 489.75 |
| 47498 | Treatment of isolated posterior wall fracture of acetabulum and associated dislocation of hip, by open reduction, with internal fixation, including the application and management of traction (if performed) (H) (Anaes.) (Assist.) | 734.65 |
| 47501 | Treatment of anterior or posterior column fracture of acetabulum, by open reduction, withinternal fixation, including any of the following (if performed):  (a) capsular stabilisation;  (b) capsulotomy;  (c) osteotomy  (H) (Anaes.) (Assist.) | 979.60 |
| 47511 | Treatment of combined column T‑Type, transverse, anterior column or posterior hemitransverse fractures of acetabulum, by open reduction, with internal fixation, performed through single or dual approach (including fixation of the posterior wall fracture), including any of the following (if performed):  (a) capsular stabilisation;  (b) capsulotomy;  (c) osteotomy  (H) (Anaes.) (Assist.) | 1,469.40 |
| 47514 | Treatment of posterior wall fracture of acetabulum and associated femoral head fracture, by open reduction, with internal fixation (H) (Anaes.) (Assist.) | 857.15 |
| 47516 | Femur, treatment of fracture of, by closed reduction or traction (Anaes.) (Assist.) | 450.50 |
| 47519 | Femur, treatment of trochanteric or subcapital fracture of, by internal fixation (H) (Anaes.) (Assist.) | 901.30 |
| 47528 | Femur, treatment of fracture of, by internal fixation or external fixation (H) (Anaes.) (Assist.) | 783.80 |
| 47531 | Femur, treatment of fracture of shaft, by intramedullary fixation and cross fixation (H) (Anaes.) (Assist.) | 999.15 |
| 47534 | Femur, condylar region of, treatment of intra‑articular (T‑shaped condylar) fracture of, requiring internal fixation, with or without internal fixation of one or more osteochondral fragments (H) (Anaes.) (Assist.) | 1,126.55 |
| 47537 | Femur, condylar region of, treatment of fracture of, requiring internal fixation of one or more osteochondral fragments, other than a service associated with a service to which item 47534 applies (Anaes.) (Assist.) | 450.50 |
| 47540 | Hip spica or shoulder spica, application of, as an independent procedure (Anaes.) | 225.25 |
| 47543 | Tibia, plateau of, treatment of medial or lateral fracture of, other than a service to which item 47546 or 47549 applies (Anaes.) | 235.15 |
| 47546 | Tibia, plateau of, treatment of medial or lateral fracture of, by closed reduction (Anaes.) | 352.55 |
| 47549 | Treatment of medial or lateral fracture of plateau of tibia, by open reduction, with internal fixation, including any of the following (if performed):  (a) arthroscopy;  (b) arthrotomy;  (c) meniscal repair  (H) (Anaes.) (Assist.) | 560.05 |
| 47552 | Tibia, plateau of, treatment of both medial and lateral fractures of, other than a service to which item 47555 or 47558 applies (Anaes.) (Assist.) | 391.80 |
| 47555 | Tibia, plateau of, treatment of both medial and lateral fractures of, by closed reduction (H) (Anaes.) | 587.75 |
| 47558 | Treatment of medial and lateral fractures of tibia, by open reduction, with internal fixation, including any of the following (if performed):  (a) arthroscopy;  (b) arthrotomy;  (c) meniscal repair  (H) (Anaes.) (Assist.) | 1,038.40 |
| 47559 | Treatment of medial or lateral (or both) fracture of plateau of tibia, with application of a bridging external fixator to the plateau (Anaes.) (Assist.) | 795.25 |
| 47561 | Treatment of fracture of shaft of tibia, by cast immobilisation, other than a service to which item 47570 or 47573 applies (Anaes.) | 284.00 |
| 47565 | Tibia, shaft of, treatment of fracture of, by internal fixation or external fixation (H) (Anaes.) (Assist.) | 741.25 |
| 47566 | Tibia, shaft of, treatment of fracture of, by intramedullary fixation and cross fixation (H) (Anaes.) (Assist.) | 944.90 |
| 47568 | Closed reduction of proximal tibia, distal tibia or shaft of tibia, with or without treatment of fibular fracture (Anaes.) (Assist.) | 426.15 |
| 47570 | Tibia, shaft of, treatment of fracture of, by open reduction, with or without treatment of fibular fracture (Anaes.) (Assist.) | 568.10 |
| 47573 | Treatment of proximal or distal intra‑articular fracture of shaft of tibia, by open reduction, with or without treatment of fibular fracture, including any of the following (if performed):  (a) arthroscopy;  (b) arthrotomy;  (c) capsule repair;  (d) removal of intervening soft tissue;  (e) removal of loose fragments;  (f) washout of joint;  other than a service associated with a service to which another item in this Schedule applies if the service described in the other item is for the purpose of treating a medial malleolus fracture of the distal tibia(H) (Anaes.) (Assist.) | 710.20 |
| 47579 | Treatment of fracture of patella, other than a service to which item 47582 or 47585 applies (Anaes.) | 166.55 |
| 47582 | Treatment of fracture of patella, with internal fixation, including bone grafting (if performed), other than a service associated with a service to which item 47579 or 47585 applies (H) (Anaes.) (Assist.) | 440.95 |
| 47585 | Treatment of proximal or distal fracture of patella, by open reduction, with internal fixation, including any of the following (if performed):  (a) arthrotomy;  (b) excision of patellar pole, with reattachment of tendon;  (c) removal of loose fragments;  (d) repair of quadriceps or patellar tendon (or both);  (e) stabilisation of patello‑femoral joint  (H) (Anaes.) (Assist.) | 455.85 |
| 47588 | Knee joint, treatment of fracture of, by internal fixation of intra‑articular fractures of femoral condylar or tibial articular surfaces and requiring repair or reconstruction of one or more ligaments (H) (Anaes.) (Assist.) | 1,371.25 |
| 47591 | Knee joint, treatment of fracture of, by internal fixation of intra‑articular fractures of femoral condylar and tibial articular surfaces and requiring repair or reconstruction of one or more ligaments (H) (Anaes.) (Assist.) | 1,665.50 |
| 47592 | Repair or reconstruction (or both) of acute traumatic chondral injury to the distal femoral or proximal tibial articular surfaces of the knee, using chondral or osteochondral implants or transfers (H) (Anaes.) (Assist.) | 339.20 |
| 47593 | Repair or reconstruction (or both) of acute traumatic chondral injury to the distal femoral and proximal tibial articular surfaces of the knee, using chondral or osteochondral implants or transfers (H) (Anaes.) (Assist.) | 830.30 |
| 47595 | Treatment of fracture of ankle joint, hindfoot, midfoot, metatarsals or toes, by non‑surgical management—one leg (Anaes.) | 167.60 |
| 47597 | Treatment of fracture of ankle joint, by closed reduction (Anaes.) (Assist.) | 337.95 |
| 47600 | Treatment of fracture of ankle joint:  (a) by internal fixation of the malleolus, fibula or diastasis; and  (b) including any of the following (if performed):  (i) arthrotomy;  (ii) capsule repair;  (iii) removal of loose fragments or intervening soft tissue;  (iv) washout of joint  (H) (Anaes.) (Assist.) | 587.75 |
| 47603 | Treatment of fracture of ankle joint:  (a) by internal fixation of 2 or more of the malleolus, fibula, diastasis and medial tissue interposition; and  (b) including any of the following (if performed):  (i) arthrotomy;  (ii) capsule repair;  (iii) removal of loose fragments or intervening soft tissue;  (iv) washout of joint  (H) (Anaes.) (Assist.) | 741.25 |
| 47612 | Treatment of intra‑articular fracture of hindfoot, by closed reduction, with or without dislocation—one foot (Anaes.) (Assist.) | 426.15 |
| 47615 | Treatment of fracture of hindfoot, by open reduction, with or without dislocation, including any of the following (if performed):  (a) arthrotomy;  (b) capsule repair;  (c) removal of loose fragments or intervening soft tissue;  (d) washout of joint;  —one foot (Anaes.) (Assist.) | 489.75 |
| 47618 | Treatment of intra‑articular fracture of hindfoot, by open reduction, with or without dislocation, including any of the following (if performed):  (a) arthrotomy;  (b) capsule repair;  (c) removal of loose fragments or intervening soft tissue;  (d) washout of joint;  —one foot (H) (Anaes.) (Assist.) | 612.25 |
| 47621 | Treatment of intra‑articular fracture of midfoot, by closed reduction, with or without dislocation—one foot (Anaes.) (Assist.) | 426.15 |
| 47624 | Treatment of fracture of tarso‑metatarsal, by open reduction, with or without dislocation, including any of the following (if performed):  (a) arthrotomy;  (b) capsule or ligament repair;  (c) removal of loose fragments or intervening soft tissue;  (d) washout of joint;  —one joint (H) (Anaes.) (Assist.) | 587.75 |
| 47630 | Treatment of fracture of cuneiform, by open reduction, with or without dislocation, including any of the following (if performed):  (a) arthrotomy;  (b) capsule or ligament repair;  (c) removal of loose fragments or intervening soft tissue;  (d) washout of joint;  —one bone (Anaes.) (Assist.) | 352.55 |
| 47637 | Treatment of fractures of metatarsal, by closed reduction—one or more metatarsals of one foot (Anaes.) (Assist.) | 199.60 |
| 47639 | Treatment of fracture of metatarsal, by open reduction, including removal of loose fragments or intervening soft tissue (if performed)—one metatarsal (Anaes.) (Assist.) | 235.15 |
| 47648 | Treatment of fracture of metatarsal, by open reduction, including removal of loose fragments or intervening soft tissue (if performed)—2 metatarsals of one foot (H) (Anaes.) (Assist.) | 313.25 |
| 47657 | Treatment of fracture of metatarsal, by open reduction, including removal of loose fragments or intervening soft tissue (if performed)—3 or more metatarsals of one foot (H) (Anaes.) (Assist.) | 489.75 |
| 47663 | Treatment of fracture of phalanx of toe, by closed reduction—one toe (Anaes.) | 146.95 |
| 47666 | Treatment of fracture or dislocation of phalanx of great toe, by open reduction, including any of the following (if performed):  (a) arthrotomy;  (b) capsule repair;  (c) removal of loose fragments;  (d) removal of intervening soft tissue;  (e) washout of joint;  —one great toe (Anaes.) | 245.05 |
| 47672 | Treatment of fracture or dislocation of phalanx of toe, by open reduction, including any of the following (if performed):  (a) arthrotomy;  (b) capsule repair;  (c) removal of loose fragments;  (d) removal of intervening soft tissue;  (e) washout of joint;  —one toe (other than great toe) of one foot (Anaes.) | 117.40 |
| 47678 | Treatment of fracture or dislocation of phalanx of toe, by open reduction, including any of the following (if performed):  (a) arthrotomy;  (b) capsule repair;  (c) removal of loose fragments;  (d) removal of intervening soft tissue;  (e) washout of joint;  —2 or more toes (other than great toe) of one foot (Anaes.) | 176.35 |
| 47735 | Nasal bones, treatment of fracture of, other than a service to which item 47738 or 47741 applies—each attendance | 44.80 |
| 47738 | Nasal bones, treatment of fracture of, by reduction (Anaes.) | 245.05 |
| 47741 | Nasal bones, treatment of fracture of, by open reduction involving osteotomies (H) (Anaes.) (Assist.) | 499.80 |
| 47753 | Maxilla or mandible, treatment of fracture of, requiring splinting, wiring of teeth, circumosseous fixation or external fixation (H) (Anaes.) (Assist.) | 423.10 |
| 47762 | Zygomatic arch, treatment of fracture of, requiring surgical reduction by a temporal, intra‑oral or other approach, other than a service associated with a service to which another item in this Group applies (Anaes.) | 248.45 |
| 47765 | Zygomaticomaxillary complex/malar, treatment of fracture of, requiring surgical reduction and involving internal or external fixation at one or more sites (H) (Anaes.) (Assist.) | 492.10 |
| 47766 | Naso‑orbital‑ethmoidal complex, treatment of fracture of, requiring surgical reduction and involving internal or external fixation at one or more sites (H) (Anaes.) (Assist.) | 658.20 |
| 47786 | Maxilla, treatment of fracture of, requiring open reduction and internal fixation involving a one or more plates (H) (Anaes.) (Assist.) | 747.85 |
| 47789 | Mandible, treatment of fracture of, requiring open reduction and internal fixation involving a one or more plates (H) (Anaes.) (Assist.) | 747.85 |
| 47790 | Tendon, large, lengthening of, as an independent procedure (Anaes.) (Assist.) | 298.45 |
| 47791 | Tenosynovectomy, not being a service associated with a service to which another item in this Group applies (Anaes.) (Assist.) | 278.65 |
| 47792 | Joint stabilisation procedure of acromio‑clavicular joint or scapulo‑thoracic joint, including any of the following (if performed):  (a) arthrotomy;  (b) osteotomy, with or without fixation;  (c) local tendon transfer;  (d) local tendon lengthening or release;  (e) ligament repair;  (f) joint debridement;  not being a service associated with a service to which another item in this Group applies (Anaes.) (Assist.) | 497.60 |
| 47900 | Injection into, or aspiration of, unicameral bone cyst (Anaes.) | 176.35 |
| 47903 | Epicondylitis, open operation for (Anaes.) | 245.05 |
| 47904 | Digital nail of toe, removal of, other than a service to which item 47906 applies (Anaes.) | 58.75 |
| 47906 | Digital nail of toe, removal of (H) (Anaes.) | 117.40 |
| 47915 | Wedge resection for ingrowing nail of toe:  (a) including each of the following:  (i) removal of segment of nail;  (ii) removal of ungual fold;  (iii) excision and partial ablation of germinal matrix and portion of nail bed; and  (b) including phenolisation (if performed)  (Anaes.) (Assist.) | 176.35 |
| 47916 | Partial resection for ingrowing nail of toe, includingphenolisation (Anaes.) | 88.60 |
| 47918 | Complete ablation of nail germinal matrix:  (a) including each of the following:  (i) removal of segment of nail;  (ii) removal ofungual fold;  (iii) excision and ablation of germinal matrix and portion of nail bed; and  (b) including phenolisation (if performed)  (Anaes.) (Assist.) | 245.05 |
| 47921 | Orthopaedic pin or wire, insertion of, as an independent procedure (Anaes.) | 117.40 |
| 47924 | Removal of one or more buried wires, pins or screws (inserted for internal fixation purposes), withincision, other than a service associated with a service to which item 47927 or 47929 applies—one bone (Anaes.) | 39.15 |
| 47927 | Removal of one or more buried wires, pins or screws (inserted for internal fixation purposes)—one bone (H) (Anaes.) | 146.95 |
| 47929 | Removal of fixation elements (including plate, rod or nail and associated wires, pins, screws or external fixation), other than a service associated with a service to which item 47924 or 47927 applies—one bone (H) (Anaes.) (Assist.) | 391.80 |
| 47953 | Repair of distal biceps brachii tendon, by any method, performed as an independent procedure (Anaes.) (Assist.) | 450.50 |
| 47954 | Repair of traumatic tear or rupture of tendon, other than a service associated with:  (a) a service to which item 39330 applies; or  (b) a service to which another item in this Schedule applies if the service described in the other item is for the purpose of repairing peripheral nerve items in the same region  (Anaes.) (Assist.) | 391.80 |
| 47955 | Repair of gluteal or rectus femoris tendon, by open or arthroscopic means, when performed as an independent procedure, including either or both of the following (if performed):  (a) bursectomy;  (b) preparation of greater trochanter;  other than a service associated with a service to which another item in this Scheduleapplies if the service described in the other item is for the purpose of performing a procedure on the hip(H) (Anaes.) (Assist.) | 678.05 |
| 47956 | Repair of proximal hamstring tendon, performed as an independent procedure, other than a service associated with a service to which another item in this Scheduleapplies if the service described in the other item is for the purpose of performing a procedure on the hip (H) (Anaes.) (Assist.) | 1,017.05 |
| 47960 | Tenotomy, subcutaneous, other than a service to which another item in this Group applies (Anaes.) | 137.15 |
| 47964 | Iliopsoas tenotomy, by open or arthroscopic means, when performed as an independent procedure, other than a service associated with a service to which another item in this Schedule applies if the service described in the other item is for the purpose of performing a procedure on the hip (H) (Anaes.) (Assist.) | 225.25 |
| 47967 | Restoration of shoulder or elbow function by major muscle tendon transfer, including associated dissection of neurovascular pedicle, excluding micro‑anastomosis and biceps tenodesis—one transfer (H) (Anaes.) (Assist.) | 450.50 |
| 47975 | Forearm or calf, decompression fasciotomy of, for acute compartment syndrome, requiring excision of muscle and deep tissue (H) (Anaes.) (Assist.) | 384.15 |
| 47978 | Forearm or calf, decompression fasciotomy of, for chronic compartment syndrome, requiring excision of muscle and deep tissue (H) (Anaes.) | 233.30 |
| 47981 | Forearm, calf or interosseous muscle space of hand, decompression fasciotomy of, other than a service to which another item in this Group applies (Anaes.) | 156.65 |
| 47982 | Forage (Drill decompression), of neck or head of femur, or both (H) (Anaes.) (Assist.) | 379.70 |
| 47983 | Stabilisation of slipped capital femoral epiphysis, by internal fixation(H) (Anaes.) (Assist.) | 901.30 |
| 47984 | Open subcapital realignment of slipped capital femoral epiphysis, other than a service associated with a service to which item 48427 applies (H) (Anaes.) (Assist.) | 901.30 |
| 48245 | Harvesting and insertion of bone graft (autograft) via separate incisionsand at separate surgical fields (H) (Anaes.) (Assist.) | 325.45 |
| 48248 | Harvesting and insertion of bone graft (autograft) via separate incisions,includinginternal fixation of the graft or fusion fixation (or both) (H) (Anaes.) (Assist.) | 504.00 |
| 48251 | Harvesting and insertion of osteochondral graft (autograft) via separate incisions at the same joint or joint complex (H) (Anaes.) (Assist.) | 414.75 |
| 48254 | Harvesting and insertion of pedicled bone flap (autograft), including internal fixation of the bone flap (if performed), other than a service associated with a service to which item 45562, 45504 or 45505 applies (H) (Anaes.) (Assist.) | 950.25 |
| 48257 | Preparation and insertion of metallic, cortical or other graft substitute (allograft), where substitute is structural cortico‑cancellous bone or structural bone (or both), including internal fixation (if performed) (H) (Anaes.) (Assist.) | 414.75 |
| 48400 | Osteotomy of phalanx or metatarsal of foot, for correction of deformity, excision of accessory bone or sesamoid bone, including any of the following (if performed):  (a) removal of bone;  (b) excision of surrounding osteophytes;  (c) synovectomy;  (d) joint release;  —one bone (H) (Anaes.) (Assist.) | 342.90 |
| 48403 | Osteotomy of phalanx or metatarsal of first toe of foot, for correction of deformity, with internal fixation, including any of the following (if performed):  (a) removal of bone;  (b) excision of surrounding osteophytes;  (c) synovectomy;  (d) joint release;  —one bone (H) (Anaes.) (Assist.) | 538.80 |
| 48406 | Osteotomy of fibula, radius, ulna, clavicle, scapula (other than acromion), rib, tarsus or carpus, for correction of deformity, including any of the following (if performed):  (a) removal of bone;  (b) excision of surrounding osteophytes;  (c) synovectomy;  (d) joint release;  —one bone (H) (Anaes.) (Assist.) | 342.90 |
| 48409 | Osteotomy of fibula, radius, ulna, clavicle, scapula (other than acromion), rib, tarsus or carpus, for correction of deformity, with internal fixation, including any of the following (if performed):  (a) removal of bone;  (b) excision of surrounding osteophytes;  (c) synovectomy;  (d) joint release;  —one bone (H) (Anaes.) (Assist.) | 538.80 |
| 48412 | Osteotomy of humerus, without internal fixation (H) (Anaes.) (Assist.) | 656.20 |
| 48415 | Osteotomy of humerus, with internal fixation (H) (Anaes.) (Assist.) | 832.65 |
| 48419 | Osteotomy of distal tibia, for correction of deformity, without internal or external fixation, including any of the following (if performed):  (a) excision of surrounding osteophytes;  (b) release of joint;  (c) removal of bone;  (d) synovectomy;  —one bone (H) (Anaes.) (Assist.) | 656.20 |
| 48420 | Osteotomy of distal tibia, for correction of deformity, with internal or external fixation by any method, including any of the following (if performed):  (a) excision of surrounding osteophytes;  (b) release of joint;  (c) removal of bone;  (d) synovectomy;  —one bone (H) (Anaes.) (Assist.) | 832.65 |
| 48421 | Osteotomy of proximal tibia, to alter lower limb alignment or rotation (or both), with internal or external fixation (or both) (H) (Anaes.) (Assist.) | 956.30 |
| 48422 | Osteotomy of distal femur, to alter lower limb alignment or rotation (or both), with internal or external fixation (or both) (H) (Anaes.) (Assist.) | 950.25 |
| 48423 | Osteotomy of pelvis, in a patient aged 18 years or over, including any of the following (if performed):  (a) associated intra‑articular procedures;  (b) bone grafting;  (c) internal fixation  (H) (Anaes.) (Assist.) | 783.80 |
| 48424 | Osteotomy of pelvis, in a patient aged less than 18 years, with application of hip spica, including internal fixation (if performed), other than a service to which item 48245, 48248, 48251, 48254 or 48257 applies(H) (Anaes.) (Assist.) | 783.80 |
| 48426 | Osteotomy of femur, in a patient aged 18 years or over, including either or both of the following (if performed):  (a) bone grafting;  (b) internal fixation  (H) (Anaes.) (Assist.) | 950.25 |
| 48427 | Osteotomy of femur, in a patient aged less than 18 years, including internal fixation (if performed), other than a service associated with a service to which item 48245, 48248, 48251, 48254 or 48257 applies (H) (Anaes.) (Assist.) | 950.25 |
| 48430 | Excision of one or more osteophytes of the foot or ankle, or simple removal of bunion, including any of the following (if performed):  (a) capsulotomy;  (b) excision of surrounding osteophytes;  (c) release of ligaments;  (d) removalofone or more associated bursae or ganglia;  (e) removal of bone;  (f) synovectomy;  —each incision (H) (Anaes.)(Assist.) | 279.20 |
| 48433 | Treatment of non‑union or malunion, with preservation of the joint, for ankle or hindfoot fracture, with internal or external fixation by any method, including any of the following (if performed):  (a) arthrotomy;  (b) debridement;  (c) excision of surrounding osteophytes;  (d) osteotomy;  (e) release of joint;  (f) removal of bone;  (g) removal of hardware;  (h) synovectomy;  —one bone (H) (Anaes.) (Assist.) | 1,111.90 |
| 48435 | Treatment of non‑union or malunion, with preservation of the joint, for midfoot or forefoot fracture, with internal or external fixation by any method, including any of the following (if performed):  (a) arthrotomy;  (b) debridement;  (c) excision of surrounding osteophytes;  (d) osteotomy;  (e) release of joint;  (f) removal of bone;  (g) removal of hardware;  (h) synovectomy;  —one bone (H) (Anaes.) (Assist.) | 587.75 |
| 48507 | Epiphysiodesis of a long bone, in a patient less than 18 years of age (H) (Anaes.) (Assist.) | 381.05 |
| 48509 | Hemiepiphysiodesis, partial growth plate arrest using internal fixation, in a patient less than 18 years of age (H) (Anaes.) (Assist.) | 342.90 |
| 48512 | Epiphysiolysis, release of focal growth plate closure, in a patient less than 18 years of age (H) (Anaes.) (Assist.) | 930.65 |
| 48900 | Shoulder, excision of coraco‑acromial ligament or removal of calcium deposit from cuff or both (Anaes.) (Assist.) | 293.75 |
| 48903 | Shoulder, decompression of subacromial space by acromioplasty, excision of coraco‑acromial ligament and distal clavicle, or any combination (H) (Anaes.) (Assist.) | 587.75 |
| 48906 | Shoulder, repair of rotator cuff, including excision of coraco‑acromial ligament or removal of calcium deposit from cuff, or both—other than a service associated with a service to which item 48900 applies (H) (Anaes.) (Assist.) | 587.75 |
| 48909 | Shoulder, repair of rotator cuff, including decompression of subacromial space by acromioplasty, excision of coraco‑acromial ligament and distal clavicle, or any combination, other than a service associated with a service to which item 48903 applies (H) (Anaes.) (Assist.) | 783.80 |
| 48915 | Shoulder, hemi‑arthroplasty of (H) (Anaes.) (Assist.) | 783.80 |
| 48918 | Anatomic or reverse total shoulder replacement, including any of the following (if performed):  (a) associated rotator cuff repair;  (b) biceps tenodesis;  (c) tuberosity osteotomy;  other than a service associated with a service to which another item in this Scheduleapplies if the service described in the other item is for the purpose of performing a procedure on the shoulder region by open or arthroscopic means(H) (Anaes.) (Assist.) | 1,567.50 |
| 48921 | Shoulder, total replacement arthroplasty, revision of (H) (Anaes.) (Assist.) | 1,616.30 |
| 48924 | Revision of total shoulder replacement, including either or both of the following (if performed):  (a) bone graft to humerus;  (b) bone graft to scapula  (H) (Anaes.) (Assist.) | 1,861.30 |
| 48927 | Shoulder prosthesis, removal of (H) (Anaes.) (Assist.) | 381.90 |
| 48939 | Shoulder, arthrodesis of, with synovectomy if performed (H) (Anaes.) (Assist.) | 1,126.55 |
| 48942 | Arthrodesis of shoulder, withbone grafting or internal fixation, including either or both of the following (if performed):  (a) removal of prosthesis;  (b) synovectomy;  other than a service associated with a service to which item 48245, 48248,48251, 48254 or 48257 applies(H) (Anaes.) (Assist.) | 1,469.40 |
| 48945 | Shoulder, diagnostic arthroscopy of (including biopsy)—other than a service associated with another arthroscopic procedure of the shoulder region (H) (Anaes.) (Assist.) | 284.00 |
| 48948 | Shoulder, arthroscopic surgery of, involving any one or more of: removal of loose bodies; decompression of calcium deposit; debridement of labrum, synovium or rotator cuff; or chondroplasty—other than a service associated with another arthroscopic procedure of the shoulder region (H) (Anaes.) (Assist.) | 636.75 |
| 48951 | Shoulder, arthroscopic division of coraco‑acromial ligament including acromioplasty—other than a service associated with another arthroscopic procedure of the shoulder region (H) (Anaes.) (Assist.) | 930.65 |
| 48954 | Synovectomy of shoulder, performed as an independent procedure, including release of contracture (if performed), other than a service associated with a service to which another item in this Scheduleapplies if the service described in the other item is for the purpose of performing a procedure on the shoulder region by arthroscopic means (H) (Anaes.) (Assist.) | 979.60 |
| 48958 | Joint stabilisation procedure for multi‑directional instability of shoulder, anterior or posterior repair, by open or arthroscopicmeans, including labral repair or reattachment (if performed), excluding bone grafting and removal of hardware, other than a service associated with a service to which another item in this Scheduleapplies if the service described in the other item is for the purpose of performing a procedure on the shoulder region by arthroscopic means (H) (Anaes.) (Assist.) | 1,126.55 |
| 48960 | Shoulder, reconstruction or repair of, including repair of rotator cuff by arthroscopic, arthroscopic assisted or mini open means; arthroscopic acromioplasty; or resection of acromioclavicular joint by separate approach when performed—other than a service associated with another procedure of the shoulder region (H) (Anaes.) (Assist.) | 979.60 |
| 48972 | Tenodesis of biceps, by open or arthroscopic means, performed as an independent procedure (H) (Anaes.) (Assist.) | 450.50 |
| 48980 | Excision of heterotopic ossification, myositis ossificans or post‑traumatic ossification in the shoulder girdle (H) (Anaes.) (Assist.) | 832.65 |
| 48983 | Excision of heterotopic ossification, myositis ossificans or post‑traumatic ossification in the elbow (H) (Anaes.) (Assist.) | 610.65 |
| 48986 | Excision of heterotopic ossification, myositis ossificans or post‑traumatic ossification in the forearm (H) (Anaes.) (Assist.) | 832.65 |
| 49100 | Elbow, arthrotomy of, involving one or more of lavage, removal of loose body or division of contracture (H) (Anaes.) (Assist.) | 342.90 |
| 49104 | Repairof one or more ligaments of the elbow, for acute instability—within 6 weeks after the time of injury (H) (Anaes.) (Assist.) | 551.00 |
| 49105 | Stabilisation of one or more ligaments of the elbow, for chronic instability, including harvesting of tendon graft—6 weeks or more after the time of injury (H) (Anaes.) (Assist.) | 808.15 |
| 49106 | Elbow, arthrodesis of, with synovectomy if performed (Anaes.) (Assist.) | 979.60 |
| 49109 | Elbow, total synovectomy of (H) (Anaes.) (Assist.) | 734.65 |
| 49112 | Radial head replacement of elbow, other than a service associated with a service to which item 49115 applies (H) (Anaes.) (Assist.) | 734.65 |
| 49115 | Total or hemi humeral arthroplasty of elbow, excluding isolated radial head replacement and ligament stabilisation procedures, other than a service associated with a service to which item 49112 applies (H) (Anaes.) (Assist.) | 1,175.40 |
| 49116 | Elbow, total replacement arthroplasty of, revision procedure, including removal of prosthesis (H) (Anaes.) (Assist.) | 1,551.55 |
| 49117 | Revision of total replacement arthroplasty of elbow, including bone grafting and removal of prosthesis (H) (Anaes.) (Assist.) | 1,861.85 |
| 49118 | Elbow, diagnostic arthroscopy of, including biopsy and lavage, other than a service associated with another arthroscopic procedure of the elbow (H) (Anaes.) (Assist.) | 284.00 |
| 49121 | Surgery of the elbow, by arthroscopic means, including any of the following (if performed):  (a) chondroplasty;  (b) drilling of defect;  (c) osteoplasty;  (d) removal of loose bodies;  (e) release of contracture or adhesions;  (f) treatment of epicondylitis;  other than a service associated with a service to which another item in thisScheduleapplies if the service described in the other item is for the purpose of an arthroscopic procedure of the elbow(H) (Anaes.) (Assist.) | 636.75 |
| 49124 | Excision of olecranon bursa, including bony prominence, other than a service associated with a service to which another item in thisScheduleapplies if the service described in the other item is for the purpose of an arthroscopic procedure of the elbow (Anaes.) (Assist.) | 386.55 |
| 49200 | Wrist, arthrodesis of, with synovectomy if performed, with or without internal fixation of the radiocarpal joint (H) (Anaes.) (Assist.) | 852.15 |
| 49203 | Limited fusion of wrist, with or without bone graft, including each of the following:  (a) ligament or tendon transfers;  (b) partial or total excision of one or more carpal bones;  (c) rebalancing procedures;  (d) synovectomy  (H) (Anaes.) (Assist.) | 807.20 |
| 49206 | Proximal row carpectomy of wrist, including either or both of the following (if performed):  (a) styloidectomy;  (b) synovectomy  (H) (Anaes.) (Assist.) | 587.75 |
| 49209 | Prosthetic replacement of wrist or distal radioulnar joint, including either or both of the following (if performed):  (a) ligament realignment;  (b) tendon realignment  (H) (Anaes.) (Assist.) | 783.80 |
| 49210 | Revision of total replacement arthroplasty of wrist or distal radioulnar joint, including any of the following (if performed):  (a) ligament rebalancing;  (b) removal of prosthesis;  (c) tendon rebalancing  (H) (Anaes.) (Assist.) | 1,034.60 |
| 49212 | Arthrotomy of wrist or distal radioulnar joint, including any of the following (if performed):  (a) joint debridement;  (b) removal of loose bodies;  (c) synovectomy  (H) (Anaes.) (Assist.) | 245.05 |
| 49213 | Sauve‑Kapandji procedure of distal radioulnar joint, including any of the following (if performed):  (a) radioulnar fusion;  (b) osteotomy;  (c) soft tissue reconstruction  (Anaes.) (Assist.) | 876.65 |
| 49215 | Reconstruction of single or multiple ligaments or capsules of wrist, including any of the following (if performed):  (a) arthrotomy;  (b) ligament harvesting and grafting;  (c) synovectomy;  (d) tendon harvesting and grafting;  (e) insertion of synthetic ligament substitute  (H) (Anaes.) (Assist.) | 676.05 |
| 49218 | Wrist, diagnostic arthroscopy of, including radiocarpal or midcarpal joints, or both (including biopsy)—other than a service associated with another arthroscopic procedure of the wrist joint (H) (Anaes.) (Assist.) | 284.00 |
| 49219 | Diagnosis of carpometacarpal of thumb or joint of digit, by arthroscopic means, including biopsy (if performed) (H) (Anaes.)(Assist.) | 284.00 |
| 49220 | Treatment of carpometacarpal of thumb or joint of digit, by arthroscopic means—one joint (H) (Anaes.) (Assist.) | 636.75 |
| 49221 | Treatment of wrist, by arthroscopic means, including any of the following (if performed):  (a) drilling of defect;  (b) removal of loose bodies;  (c) release of adhesions;  (d) synovectomy;  (e) debridement;  (f) resection of dorsal or volar ganglia;  other than a service associated with a service to which another item in thisScheduleapplies if the service described in the other item is for the purpose of performing an arthroscopic procedure of the wrist joint (H) (Anaes.) (Assist.) | 636.75 |
| 49224 | Osteoplasty of wrist, by arthroscopic means, including either or both of the following (if performed):  (a) excision of the distal ulna;  (b) total synovectomy;  other than a service associated with a service to which another item in thisScheduleapplies if the service described in the other item is for the purpose of performing an arthroscopic procedure of the wrist joint—2 or more distinct areas (H) (Anaes.) (Assist.) | 734.65 |
| 49227 | Treatment of wrist by one of the following:  (a) pinning of osteochondral fragment, by arthroscopic means;  (b) stabilisation procedure for ligamentous disruption;  (c) partial wrist fusion or carpectomy, by arthroscopic means;  (d) fracture management;  other than a service associated witha service to which another item in thisScheduleapplies if the service described in the other item is for the purpose of performing an arthroscopic procedure of the wrist joint (H) (Anaes.) (Assist.) | 734.65 |
| 49230 | Total, hemi or interpositional prosthetic replacement of carpal bone of wrist, for trauma or emergency, includingall of the following:  (a) ligament and tendon rebalancing procedures;  (b) limited wrist fusions;  (c) limited bone grafting  (H) (Anaes.) (Assist.) | 958.55 |
| 49233 | Excisional arthroplasty of single (or part of) carpal bone of wrist, when transfers of ligaments or tendons, or rebalancing procedures, are not required, including all of the following:  (a) radial styloidectomy;  (b) ulnar styloidectomy;  (c) proximal hamate;  (d) partial scaphoid;  other than a service associated witha service to which another item in thisScheduleapplies if the service described in the other item is for the purpose of performing a distal radial ulnar joint reconstruction, a proximal row carpectomy or another wrist procedure—applicable once for a single operation(H) (Anaes.) (Assist.) | 403.60 |
| 49236 | Stabilisation of soft tissue of distal radioulnar joint, with or without ligament or tendon grafting, including either or both of the following (if performed):  (a) graft harvest;  (b) triangular fibrocartilage complex repair or reconstruction  (H) (Anaes.)(Assist.) | 608.45 |
| 49239 | Excision of pisiform or hook of hamate, including release of ulnar nerve (if performed) (H) (Anaes.)(Assist.) | 302.70 |
| 49300 | Sacro‑iliac joint—arthrodesis of (H) (Anaes.) (Assist.) | 542.40 |
| 49303 | Arthrotomy of hip, by open procedure, including any of the following (if performed):  (a) lavage;  (b) drainage;  (c) biopsy  (H) (Anaes.) (Assist.) | 568.10 |
| 49306 | Hip‑arthrodesis of, with synovectomy if performed (H) (Anaes.) (Assist.) | 1,126.55 |
| 49309 | Arthrectomy or excision arthroplasty (Girdlestone) of hip, other than a service performed:  (a) for the purpose of implant removal; or  (b) as stage 1 of a 2‑stage procedure  (H) (Anaes.) (Assist.) | 783.80 |
| 49315 | Hip, arthroplasty of, unipolar or bipolar (H) (Anaes.) (Assist.) | 881.65 |
| 49318 | Total arthroplasty of hip, including minor bone grafting (if performed), other than a service associated with a service to which item 48245, 48248, 48251, 48254 or 48257 applies (H) (Anaes.) (Assist.) | 1,371.25 |
| 49319 | Bilateral total arthroplasty of hip, including minor bone grafting (if performed), other than a service associated with a service to which item 48245, 48248, 48251, 48254 or 48257 applies (H) (Anaes.) (Assist.) | 2,409.15 |
| 49321 | Total arthroplasty of hip, with internal fixation, including either or both of the following (if performed):  (a) structural bone graft;  (b) insertion of synthetic substitutes or metal augments;  other than a service associated with a service to which item 48245, 48248, 48251, 48254 or 48257 applies (H) (Anaes.) (Assist.) | 1,665.50 |
| 49360 | Diagnostic arthroscopy of hip, other than a service associated with a service to which another item in thisScheduleapplies if the service described in the other item is for the purpose of performing a procedure of the hip joint by arthroscopic means (H) (Anaes.) (Assist.) | 357.90 |
| 49363 | Treatment of hip, by arthroscopic means, with synovial biopsy, including any procedures to treat bone or soft tissue in the same area(if performed), other than a service associated with a service to which another item in thisScheduleapplies if the service described in the other item is for the purpose of performing:  (a) a procedure of the hip joint by arthroscopic means; or  (b) surgery for femoroacetabular impingement  (H) (Anaes.) (Assist.) | 431.00 |
| 49366 | Treatment of hip, by arthroscopic means, including any procedures to treat bone or soft tissue in the same area(if performed), other than a service associated with a service to which another item in thisScheduleapplies if the service described in the other item is for the purpose of performing:  (a) a procedure of the hip joint by arthroscopic means; or  (b) surgery for femoroacetabular impingement  (H) (Anaes.) (Assist.) | 636.75 |
| 49372 | Revision arthroplasty of hip, withexchange of head or liner (or both) (H) (Anaes.) (Assist.) | 959.80 |
| 49374 | Revisionarthroplasty of hip, withexchange of head and acetabular shell or cup, including minor bone grafting (if performed) (H) (Anaes.) (Assist.) | 1,782.55 |
| 49376 | Revision arthroplasty of hip, withexchange of head and acetabular shell or cup, including major bone grafting (if performed) (H) (Anaes.) (Assist.) | 2,193.95 |
| 49378 | Revision arthroplasty of hip, withrevision of femoral component (if there is no requirement for femoral osteotomy), including minor bone grafting (if performed) (H) (Anaes.) (Assist.) | 1,919.60 |
| 49380 | Revision arthroplasty of hip, withrevision of femoral and acetabular components (if femoral osteotomy is not required), including minor bone grafting (if performed) (H) (Anaes.) (Assist.) | 2,331.05 |
| 49382 | Revision arthroplasty of hip, withrevision of femoral and acetabular components (if femoral osteotomy is not required), including major bone grafting (H) (Anaes.) (Assist.) | 3,016.65 |
| 49384 | Revisionarthroplasty of hip, for pelvic discontinuity, with revision of acetabular component (H) (Anaes.) (Assist.) | 3,565.10 |
| 49386 | Revision arthroplasty of hip, with revision of femoral component with femoral osteotomy, including minor bone grafting (if performed) (H) (Anaes.) (Assist.) | 2,468.15 |
| 49388 | Revision arthroplasty of hip, including:  (a) revision of both of the following:  (i) femoral component with femoral osteotomy;  (ii) acetabular component; and  (b) minor bone grafting (if performed)  (H) (Anaes.) (Assist.) | 2,879.60 |
| 49390 | Revision arthroplasty of hip, including:  (a) revision of both of the following:  (i) femoral component with femoral osteotomy;  (ii) acetabular component; and  (b) major bone grafting  (H) (Anaes.) (Assist.) | 3,428.00 |
| 49392 | Revision arthroplasty of hip, including:  (a) either:  (i) revision of femoral component with femoral osteotomy; or  (ii) proximal femoral replacement; and  (b) revision of acetabular component for pelvic discontinuity  (H) (Anaes.) (Assist.) | 4,799.20 |
| 49394 | Revision arthroplasty of hip, including:  (a) replacement of proximal femur; and  (b) revision of the acetabular component; and  (c) bone grafting (if performed)  (H) (Anaes.) (Assist.) | 4,113.60 |
| 49396 | Revision arthroplasty of hip, including:  (a) removal of prosthesis as stage 1 of a 2‑stage revision arthroplasty or as a definitive stage procedure; and  (b) insertion of temporary prosthesis (if performed)  (H) (Anaes.) (Assist.) | 2,742.35 |
| 49398 | Revision arthroplasty of hip, including:  (a) revision of femoral component for periprosthetic fracture; and  (b) internal fixation; and  (c) bone grafting (if performed)  (H) (Anaes.) (Assist.) | 2,056.85 |
| 49500 | Knee, arthrotomy of, involving one or more of capsular release, biopsy or lavage, or removal of loose body or foreign body (H) (Anaes.) (Assist.) | 391.80 |
| 49503 | Arthrotomy of knee, including one of the following:  (a) meniscal surgery;  (b) repair of collateral or cruciate ligament;  (c) patellectomy;  (d) single transfer of ligament or tendon;  (e) repair or replacement of chondral or osteochondral surface (excluding prosthetic replacement);  other than a service associated with a service to which another item in this group applies (H) (Anaes.) (Assist.) | 509.40 |
| 49506 | Arthrotomy of knee, including 2 or more of the following:  (a) meniscal surgery;  (b) repair of collateral or cruciate ligament;  (c) patellectomy;  (d) single transfer of ligament or tendon;  (e) repair or replacement of chondral or osteochondral surface (excluding prosthetic replacement);  other than a service associated with a service to which another item in this Group applies (H) (Anaes.) (Assist.) | 764.15 |
| 49509 | Total synovectomy of knee, by open procedure, other than a service performed in association with a service to which another item in this Schedule applies if the service described in the other item is for the purpose of performing an arthroplasty (H) (Anaes.) (Assist.) | 783.80 |
| 49512 | Primary or revision arthrodesis of knee, including arthrodesis (H) (Anaes.) (Assist.) | 1,371.25 |
| 49515 | Removal of cemented or uncemented knee prosthesis, performed as the first stage of a 2‑stage procedure; including:  (a)removal of associated cement; and  (b) insertion of spacer (if required)  (H) (Anaes.) (Assist.) | 881.65 |
| 49516 | Bilateral unicompartmental arthroplasty of femur and proximal tibia of knee (H) (Anaes.) (Assist.) | 2,196.65 |
| 49517 | Unicompartmental arthroplasty of femur and proximal tibia of knee (H) (Anaes.) (Assist.) | 1,255.25 |
| 49518 | Total replacement arthroplasty of knee, including either or both of the following (if performed):  (a) revision of patello‑femoral joint replacement to total knee replacement;  (b) patellar resurfacing;  other than a service associated with a service to which item 48245, 48248, 48251, 48254 or 48257 applies (H) (Anaes.) (Assist.) | 1,371.25 |
| 49519 | Bilateral total replacement arthroplasty of knee, including patellar resurfacing, other than a service associated with a service to which item 48245, 48248, 48251, 48254 or 48257 applies (H) (Anaes.) (Assist.) | 2,409.15 |
| 49521 | Complex primary arthroplasty of knee, with revision of components to femur or tibia, including either or both of the following (if performed):  (a) ligament reconstruction;  (b) patellar resurfacing;  other than a service associated with a service to which item 48245, 48248, 48251, 48254 or 48257 applies(H) (Anaes.) (Assist.) | 1,665.50 |
| 49524 | Complex primary arthroplasty of knee, with revision of components to femur and tibia, including either or both of the following (if performed):  (a) ligament reconstruction;  (b) patellar resurfacing;  other than a service associated with a service to which item 48245, 48248, 48251, 48254 or 48257 applies (H) (Anaes.) (Assist.) | 1,959.30 |
| 49525 | Revision of uni‑compartmental arthroplasty of the knee, with femoral or tibial components (or both) with uni‑compartmental implants, other than a service associated with a service to which:  (a) item 48245, 48248, 48251, 48254 or 48257 applies; or  (b) another item in thisGroupapplies if the service described in the other item is for the purpose of performing surgery on a knee  (H) (Anaes.) (Assist.) | 1,665.50 |
| 49527 | Minor revision of total or partial replacement of knee, including either or both of the following:  (a) exchange of polyethylene component (including uni);  (b) insertion of patellar component;  other than a service associated with a service to which item 48245, 48248, 48251, 48254 or 48257 applies(H) (Anaes.) (Assist.) | 1,371.25 |
| 49530 | Revision of total or partial replacement of knee,with exchange of femoral or tibial component:  (a) excluding revision of unicompartmental with unicompartmental implants; and  (b) including patellar resurfacing (if performed);  other than a service associated with a service to which item 48245, 48248, 48251, 48254 or 48257 applies(H) (Anaes.) (Assist.) | 2,057.35 |
| 49533 | Revision of total or partial replacement of knee, withexchange of femoral andtibial components, excluding revision of unicompartmental with unicompartmental implants, including patellar resurfacing (if performed), other than a service associated with a service to which item 48245, 48248, 48251, 48254 or 48257 applies (H) (Anaes.) (Assist.) | 2,645.55 |
| 49534 | Replacement of patella and trochlea of patello‑femoral joint of knee, performed as a primary procedure (H) (Anaes.) (Assist.) | 756.75 |
| 49536 | Either:  (a) repair of cruciate ligaments of knee; or  (b) repair or reconstruction of collateral ligaments of knee;  by open or arthroscopic means, including either or both of the following (if performed):  (c) graft harvest;  (d) intraarticular knee surgery;  other than a service associated with a service to which another item of this Scheduleapplies if the service described in the other item is for the purpose of performing a procedure on the knee by arthroscopic means (H) (Anaes.) (Assist.) | 979.60 |
| 49542 | Reconstruction of anterior or posterior cruciate ligament of knee, by open or arthroscopic means, including any of the following (if performed):  (a) graft harvest;  (b) donor site repair;  (c) meniscal repair;  (d) collateral ligament repair;  (e) extra‑articular tenodesis;  (f) any other associated intra‑articular surgery;  other than a service associated with a service to which another item of this Scheduleapplies if the service described in the other item is for the purpose of performing a procedure on the knee by arthroscopic means (H) (Anaes.) (Assist.) | 1,371.25 |
| 49544 | Reconstruction of 2 or more cruciate or collateral ligaments of knee, by open or arthroscopic means, including any of the following (if performed):  (a) ligament repair;  (b) graft harvest donor site repair;  (c) meniscal repair;  (d) any other associated intra‑articular surgery;  other than a service associated with a service to which another item of this Scheduleapplies if the service described in the other item is for the purpose of performing a procedure on the knee by arthroscopic means (H) (Anaes.) (Assist.) | 1,596.45 |
| 49548 | Knee, revision of patello‑femoral stabilisation (H) (Anaes.) (Assist.) | 979.60 |
| 49551 | Knee, revision of procedures to which item 49536 or 49542 applies (H) (Anaes.) (Assist.) | 1,371.25 |
| 49554 | Revision of total replacement of knee, by anatomic specific allograft of tibia or femur, other than a service to which item 48245, 48248, 48251, 48254 or 48257 applies (H) (Anaes.) (Assist.) | 1,959.30 |
| 49564 | Stabilisation of patellofemoral joint of knee, by combined open and arthroscopic means, including either or both of the following (if performed):  (a) medial soft tissue reconstruction and tendon transfer;  (b) tibial tuberosity transfer with bone graft and internal fixation;  other than a service associated a service to which another item of this Scheduleapplies if the service described in the other item is for the purpose of performing a procedure on the knee by arthroscopic means (H) (Anaes.) (Assist.) | 956.30 |
| 49565 | Reconstruction of patellofemoral joint of knee, by combined open and arthroscopic means, including:  (a) both of the following:  (i) medial soft tissue reconstruction;  (ii) tibial tuberosity transfer; and  (b) any of the following (if performed):  (i) bone graft;  (ii) internal fixation;  (iii) trochleoplasty;  other than a service associated a service to which another item of this Schedule applies if the service described in the other item is for the purpose of performing a procedure on the knee by arthroscopic means (H) (Anaes.)(Assist.) | 1,372.60 |
| 49569 | Knee, mobilisation for post‑traumatic stiffness, by multiple muscle or tendon release (quadricepsplasty) (H) (Anaes.) (Assist.) | 783.80 |
| 49570 | Diagnosis of knee, by arthroscopic means, if the pre‑procedure diagnosis is undetermined, including either or both of the following (if performed):  (a) biopsy;  (b) lavage  (H) (Anaes.) (Assist.) | 284.00 |
| 49572 | Partial meniscectomy of knee, by arthroscopic means, for atraumatic meniscus tear, other than a service to which another item of this Schedule applies if the service described in the other item is for the purpose of treating osteoarthritis (H) (Anaes.) (Assist.) | 691.15 |
| 49574 | Removal of loose bodies of knee, by arthroscopic means—one or more bodies (H) (Anaes.) (Assist.) | 691.15 |
| 49576 | Repair of chondral lesion of knee, by arthroscopic means, including either or both of the following (if performed):  (a) microfracture;  (b) microdrilling;  other than a service performed in combination with a service to which another item of this Scheduleapplies if the service described in the other item is for the purpose of performing chondral or osteochondral grafts (H) (Anaes.) (Assist.) | 691.15 |
| 49578 | Release of soft tissue, lateral release or osteoplasty of knee, by arthroscopic means, other than a service performed in combination with a service to which another item of this Scheduleapplies if the service described in the other item is for the purpose of stabilising the patellofemoral joint of the knee (H) (Anaes.) (Assist.) | 691.15 |
| 49580 | Partial meniscectomy of knee, by arthroscopic means, for traumatic meniscus tear (H) (Anaes.) (Assist.) | 691.15 |
| 49582 | Meniscal repair of knee, by arthroscopic means (H) (Anaes.) (Assist.) | 807.05 |
| 49584 | Chondral, osteochondral or meniscal graft of knee, by arthroscopic means (H) (Anaes.) (Assist.) | 807.05 |
| 49586 | Synovectomy of knee, by arthroscopic means, for neoplasia or inflammatory arthropathy, other than a service to which another item of this Schedule applies if the service described in the other item is for the purpose of treating uncomplicated osteoarthritis (Anaes.) (Assist.) | 807.05 |
| 49590 | Excision of ganglion, cyst or bursa ofknee, by open or arthroscopic means, performed as an independent procedure, other than a service associated with a service to which another item in this Group applies (Anaes.) (Assist.) | 386.55 |
| 49703 | Surgery of ankle joint, by arthroscopic means, including any of the following (if performed):  (a) cartilage treatment;  (b) removalofloose bodies;  (c) synovectomy;  (d) excision of joint osteophytes;  other than a service associated with a service to which another item in this Group applies if the service described in the other item is for the purpose of performing a procedure on the ankle by arthroscopic means(H) (Anaes.) (Assist.) | 636.75 |
| 49706 | Arthrotomy of joint of ankle, including removal of loose bodies and joint debridement, including release of joint contracture (if performed) (H) (Anaes.) (Assist.) | 342.90 |
| 49709 | Stabilisation of ligament of ankle or subtalar joint (or both), including any of the following (if performed):  (a) capsulotomy;  (b) joint release;  (c) synovectomy;  (d) joint debridement;  —one ligament complex, each incision (H) (Anaes.) (Assist.) | 734.65 |
| 49712 | Arthrodesis of ankle, by open or arthroscopic means, with internal or external fixation by any method, including any of the following (if performed):  (a) capsulotomy;  (b) joint release;  (c) synovectomy;  (d) removal of osteophytes at joint  (H) (Anaes.) (Assist.) | 979.60 |
| 49715 | Total replacement of ankle, with prosthetic replacement of ankle joint, including any of the following (if performed):  (a) capsulotomy;  (b) joint release;  (c) synovectomy;  (d) removal of osteophytes at joint  (H) (Anaes.) (Assist.) | 1,175.40 |
| 49716 | Revision of total ankle replacement:  (a) including either:  (i) exchange of tibial or talar components (or both) and plastic inserts; or  (ii) removal of tibial or talar components (or both) and plastic inserts; and  (b) including any of the following (if performed):  (i) insertion of cement spacer for infection;  (ii) capsulotomy;  (iii) joint release;  (iv) neurolysis;  (v) debridement of cysts;  (vi) synovectomy;  (vii) joint debridement;  other than a service associated with a service to which item 30023 applies (H) (Anaes.) (Assist.) | 1,551.55 |
| 49717 | Revision of total ankle replacement:  (a) including either:  (i) exchange of tibial and talar components; or  (ii) removal of tibial and talar components and conversion to ankle arthrodesis; and  (b) including both of the following:  (iii) internal or external fixation, by any means;  (iv) major bone grafting; and  (c) including any of the following (if performed):  (i) capsulotomy;  (ii) joint release;  (iii) neurolysis;  (iv) debridement and extensive grafting of cysts;  (v) synovectomy;  (vi) joint debridement;  other than a service associated with a service to which item 30023, 48245, 48248, 48251, 48254 or 48257 applies (H) (Anaes.) (Assist.) | 1,861.85 |
| 49718 | Primary repair of major tendon of ankle, by any method, including either or both of the following (if performed):  (a) synovial biopsy;  (b) synovectomy;  —one tendon (H) (Anaes.) (Assist.) | 391.80 |
| 49724 | Reconstruction of major tendon of ankle, by any method, including any of the following (if performed):  (a) synovial biopsy;  (b) synovectomy;  (c) adjacent tendon transfer;  (d) turn down flaps;  other than a service associated with a service to which item 49718 applies (H) (Anaes.) (Assist.) | 685.85 |
| 49727 | Lengthening of major tendon of ankle, including either or both of the following (if performed):  (a) synovial biopsy;  (b) synovectomy  (H) (Anaes.) (Assist.) | 293.75 |
| 49728 | Lengthening of Achilles’ tendon, by any method, with gastro‑soleus lengthening for the correction of equinous deformity, including either or both of the following (if performed):  (a) synovial biopsy;  (b) synovectomy;  other than a service associated with a service to which item 49727 applies (H) (Anaes.) (Assist.) | 587.60 |
| 49730 | Surgery of joint of hindfoot (other than ankle) or first metatarsophalangeal joint, by arthroscopic means, including any of the following (if performed):  (a) cartilage treatment;  (b) removalofloose bodies;  (c) synovectomy;  (d) excision of joint osteophytes;  other than a service associated with a service to which another item of this Scheduleapplies if the service described in the other item is for the purpose of performing a procedure on the ankle by arthroscopic means—one joint (H) (Anaes.) (Assist.) | 636.75 |
| 49732 | Endoscopy of large tendons of foot, including any of the following (if performed):  (a) debridementoftendon and sheath;  (b) removal of loose bodies;  (c) synovectomy;  (d) excision of tendon impingement;  other than a service associated with a service to which item 49718 or 49724 applies (H) (Anaes.) (Assist.) | 636.75 |
| 49734 | Arthrotomy of hindfoot, midfoot or metatarsophalangeal joint, including:  (a) removal of loose bodies; and  (b) either or both of the following:  (i) joint debridement;  (ii) release of joint contracture  —each incision (H) (Anaes.) (Assist.) | 342.90 |
| 49736 | Transfer of major tendon of foot and ankle, including:  (a) split or whole transfer to contralateral side of foot; and  (b) passage of posterior or anterior tendon to, or through, interosseous membrane; and  (c) any of the following (if performed):  (i) synovial biopsy;  (ii) synovectomy;  (iii) tendon lengthening;  (iv) insetting of tendon  (H) (Anaes.) (Assist.) | 685.85 |
| 49738 | Stabilisation of ligament of talonavicular or metatarsophalangeal joint, including any of the following (if performed):  (a) capsulotomy;  (b) joint release;  (c) synovectomy;  (d) local tendon transfer;  (e) joint debridement  (H) (Anaes.) (Assist.) | 489.75 |
| 49740 | Revision of arthrodesis of ankle, by open or arthroscopic means, with internal or external fixation by any method, including any of the following (if performed):  (a) capsulotomy;  (b) joint release;  (c) synovectomy;  (d) removal of osteophytes at joint;  (e) removal of hardware;  (f) neurolysis;  (g) osteotomy of non‑union ormalunion;  other than a service associated with a service to which item 30023 applies (H) (Anaes.) (Assist.) | 1,469.50 |
| 49742 | Arthrodesis of extended ankle and hindfoot, by open or arthroscopic means, with internal or external fixation by any method, including any of the following (if performed):  (a) capsulotomy;  (b) joint release;  (c) synovectomy;  (d) removal of osteophytes at joint  (H) (Anaes.) (Assist.) | 1,387.20 |
| 49744 | Revision of arthrodesis of extended ankle and hindfoot, by open or arthroscopic means, with internal or external fixation by any method, including any of the following (if performed):  (a) capsulotomy;  (b) joint release;  (c) synovectomy;  (d) removal of osteophytes at joint;  (e) removal of hardware;  (f) neurolysis;  (g) osteotomy of non‑union or malunion;  other than a service associated with a service to which item 30023 applies (H) (Anaes.)(Assist.) | 2,080.85 |
| 49760 | Arthroereisis of subtalar joint, including any of the following (if performed):  (a) capsulotomy;  (b) synovectomy;  (c) joint debridement  (H) (Anaes.) (Assist.) | 367.35 |
| 49761 | Stabilisation of metatarsophalangeal joint at metatarsal, including any of the following (if performed):  (a) capsulotomy;  (b) joint release;  (c) synovectomy;  (d) osteotomy, with or without fixation;  (e) local tendon transfer;  (f) local tendon lengthening or release;  (g) ligament repair;  (h) joint debridement;  —one metatarsal (H) (Anaes.) (Assist.) | 538.80 |
| 49762 | Stabilisation of metatarsophalangeal joint at metatarsals, including any of the following (if performed):  (a) capsulotomy;  (b) joint release;  (c) synovectomy;  (d) osteotomy, with or without fixation;  (e) local tendon transfer;  (f) local tendon lengthening or release;  (g) ligament repair;  (h) joint debridement;  —2 metatarsals (H) (Anaes.) (Assist.) | 597.90 |
| 49763 | Stabilisation of metatarsophalangeal joint at metatarsals, including any of the following (if performed):  (a) capsulotomy;  (b) joint release;  (c) synovectomy;  (d) osteotomy, with or without fixation;  (e) local tendon transfer;  (f) local tendon lengthening or release;  (g) ligament repair;  (h) joint debridement;  —3 metatarsals (H) (Anaes.) (Assist.) | 657.00 |
| 49764 | Stabilisation of metatarsophalangeal joint at metatarsals, including any of the following (if performed):  (a) capsulotomy;  (b) joint release;  (c) synovectomy;  (d) osteotomy, with or without fixation;  (e) local tendon transfer;  (f) local tendon lengthening or release;  (g) ligament repair;  (h) joint debridement;  —4 metatarsals (H) (Anaes.) (Assist.) | 716.15 |
| 49765 | Stabilisation of metatarsophalangeal joint at metatarsals, including any of the following (if performed):  (a) capsulotomy;  (b) joint release;  (c) synovectomy;  (d) osteotomy, with or without fixation;  (e) local tendon transfer;  (f) local tendon lengthening or release;  (g) ligament repair;  (h) joint debridement;  —5 metatarsals (H) (Anaes.) (Assist.) | 775.20 |
| 49766 | Stabilisation of metatarsophalangeal joint at metatarsals, including any of the following (if performed):  (a) capsulotomy;  (b) joint release;  (c) synovectomy;  (d) osteotomy, with or without fixation;  (e) local tendon transfer;  (f) local tendon lengthening or release;  (g) ligament repair;  (h) joint debridement;  —6 metatarsals (H) (Anaes.) (Assist.) | 834.40 |
| 49767 | Stabilisation of metatarsophalangeal joint at metatarsals, including any of the following (if performed):  (a) capsulotomy;  (b) joint release;  (c) synovectomy;  (d) osteotomy, with or without fixation;  (e) local tendon transfer;  (f) local tendon lengthening or release;  (g) ligament repair;  (h) joint debridement;  —7 metatarsals (H) (Anaes.) (Assist.) | 893.50 |
| 49768 | Stabilisation of metatarsophalangeal joint at metatarsals, including any of the following (if performed):  (a) capsulotomy;  (b) joint release;  (c) synovectomy;  (d) osteotomy, with or without fixation;  (e) local tendon transfer;  (f) local tendon lengthening or release;  (g) ligament repair;  (h) joint debridement;  —8 metatarsals (H) (Anaes.) (Assist.) | 952.60 |
| 49769 | Unilateral correction of hallux valgus or varus deformity, by osteotomy of first metatarsal and proximal phalanx of first toe, with internal fixation of both bones, including any of the following (if performed):  (a) exostectomy;  (b) removal ofbursae;  (c) synovectomy;  (d) capsule repair;  (e) capsule or tendon release or transfer  (H) (Anaes.)(Assist.) | 942.85 |
| 49770 | Bilateral correction of hallux valgus or varus deformity, by osteotomy of first metatarsal and proximal phalanx of first toe, with internal fixation of both bones, including any of the following (if performed):  (a) exostectomy;  (b) removal ofbursae;  (c) synovectomy;  (d) capsule repair;  (e) capsule or tendon release or transfer  (H) (Anaes.)(Assist.) | 1,567.20 |
| 49771 | Synovectomy of major tendon of ankle, for extensive synovitis by any method, including any of the following (if performed):  (a) tenolysis;  (b) debridement of ligament or tendon (or both);  (c) release of ligament or tendon (or both);  (d) excision of tubercule or osteophyte;  (e) reconstruction of tendon retinaculum;  (f) neurolysis;  other than a service associated with a service to which item 30023 applies—each incision (H) (Anaes.) (Assist.) | 386.55 |
| 49772 | Excision of rheumatoid nodules or gouty tophi, excluding aftercare, including any of the following (if performed):  (a) capsulotomy;  (b) debridement of ligament or tendon (or both);  (c) release of ligament or tendon (or both);  (d) excision of tubercle or osteophyte;  —each incision (H) (Anaes.) (Assist.) | 341.15 |
| 49773 | Revision of excision of intermetatarsal or digital neuroma, including any of the following (if performed):  (a) release of tissues;  (b) excision of bursae;  (c) neurolysis;  other than a service associated with a service to which item 30023 applies—one web space (H) (Anaes. ) (Assist.) | 422.85 |
| 49774 | Release of tarsal tunnel, including any of the following (if performed):  (a) release of ligaments;  (b) synovectomy;  (c) neurolysis;  other than a service associated with a service to which item 30023 applies—one foot (H) (Anaes.) (Assist.) | 288.00 |
| 49775 | Revision of release of tarsal tunnel, including any of the following (if performed):  (a) release of ligaments;  (b) synovectomy;  (c) neurolysis;  other than a service associated with a service to which item 30023 applies—one foot (H) (Anaes.) (Assist.) | 388.85 |
| 49776 | Revision of arthrodesis of joint of hindfoot, by open or arthroscopic means, with internal or external fixation by any method, including any of the following (if performed):  (a) capsulotomy;  (b) joint release;  (c) synovectomy;  (d) removal of osteophytes at joint;  (e) removal of hardware;  (f) neurolysis;  (g) osteotomy of non‑union ormalunion;  other than a service associated with a service to which item 30023 applies—may only be claimed once per joint (H) (Anaes.) (Assist.) | 1,223.00 |
| 49777 | Arthrodesis of joint of midfoot, by open or arthroscopic means, with internal or external fixation by any method, including any of the following (if performed):  (a) capsulotomy;  (b) joint release;  (c) synovectomy;  (d) removalofosteophytes at joint;  —one joint (H) (Anaes.) (Assist.) | 724.15 |
| 49778 | Arthrodesis of joints of midfoot, by open or arthroscopic means, with internal or external fixation by any method, including any of the following (if performed):  (a) capsulotomy;  (b) joint release;  (c) synovectomy;  (d) removal of osteophytes at joints;  —2 joints (H) (Anaes.) (Assist.) | 1,086.25 |
| 49779 | Arthrodesis of joints of midfoot, by open or arthroscopic means, with internal or external fixation by any method, including any of the following (if performed):  (a) capsulotomy;  (b) joint release;  (c) synovectomy;  (d) removal of osteophytes at joints;  —3 joints (H) (Anaes.) (Assist.) | 1,267.25 |
| 49780 | Arthrodesis of joints of midfoot, by open or arthroscopic means, with internal or external fixation by any method, including any of the following (if performed):  (a) capsulotomy;  (b) joint release;  (c) synovectomy;  (d) removal of osteophytes at joints;  —4 joints (H) (Anaes.) (Assist.) | 1,448.30 |
| 49781 | Revision of arthrodesis of joint of midfoot, with internal or external fixation by any method, including any of the following (if performed):  (a) capsulotomy;  (b) joint release;  (c) synovectomy;  (d) removal of ostephytes at joint;  (e) removal of hardware;  (f) osteotomy of non‑union or malunion;  —one joint (H) (Anaes.) (Assist.) | 1,086.25 |
| 49782 | Revision of total ankle replacement, including:  (a) bone grafting of perioperative cysts to the tibia or talus (or both); and  (b) retention of implants; and  (c) any of the following (if performed):  (i) capsulotomy;  (ii) joint release;  (iii) neurolysis;  (iv) debridement and grafting of cysts;  (v) synovectomy;  (vi) joint debridement;  other than a service associated with a service to which item 30023 applies (H) (Anaes.) (Assist.) | 588.35 |
| 49783 | Excisional or interpositional arthroplasty of metatarsophalangeal or tarsometatarsal joints, including any of the following (if performed):  (a) capsulotomy;  (b) joint release;  (c) synovectomy;  (d) local tendon transfer;  (e) joint debridement;  —3 joints (H) (Anaes) (Assist.) | 789.00 |
| 49784 | Excisional or interpositional arthroplasty of metatarsophalangeal or tarsometatarsal joints, including any of the following (if performed):  (a) capsulotomy;  (b) joint release;  (c) synovectomy;  (d) local tendon transfer;  (e) joint debridement;  —4 joints (H) (Anaes) (Assist.) | 901.60 |
| 49785 | Excisional or interpositional arthroplasty of metatarsophalangeal or tarsometatarsal joints, including any of the following (if performed):  (a) capsulotomy;  (b) joint release;  (c) synovectomy;  (d) local tendon transfer;  (e) joint debridement;  —5 joints (H) (Anaes) (Assist.) | 1,014.25 |
| 49786 | Excisional or interpositional arthroplasty of metatarsophalangeal or tarsometatarsal joints, including any of the following (if performed):  (a) capsulotomy;  (b) joint release;  (c) synovectomy;  (d) local tendon transfer;  (e) joint debridement;  —6 joints (H) (Anaes) (Assist.) | 1,126.90 |
| 49787 | Excisional or interpositional arthroplasty of metatarsophalangeal or tarsometatarsal joints, including any of the following (if performed):  (a) capsulotomy;  (b) joint release;  (c) synovectomy;  (d) local tendon transfer;  (e) joint debridement;  —7 joints (H) (Anaes) (Assist.) | 1,239.50 |
| 49788 | Excisional or interpositional arthroplasty of metatarsophalangeal or tarsometatarsal joints, including any of the following (if performed):  (a) capsulotomy;  (b) joint release;  (c) synovectomy;  (d) local tendon transfer;  (e) joint debridement;  —8 joints (H) (Anaes) (Assist.) | 1,352.15 |
| 49789 | Bilateral arthrodesis of first metatarsophalangeal joint, by open or arthroscopic means, with internal or external fixation by any method, including any of the following (if performed):  (a) capsulotomy;  (b) joint release;  (c) synovectomy;  (d) removal of osteophytes at joint  (H) (Anaes.) (Assist.) | 1,163.05 |
| 49790 | Revision of arthrodesis of first metatarsophalangeal joint, including any of the following (if performed):  (a) capsulotomy;  (b) joint release;  (c) synovectomy;  (d) removal of exostosis at joint;  (e) removal of hardware;  (f) osteotomy of non‑union or malunion  (H) (Anaes.) (Assist.) | 1,010.20 |
| 49791 | Arthrodesis of hallux interphalangeal or lesser metatarsophalangeal joint, with internal or external fixation by any method, including any of the following (if performed):  (a) capsulotomy;  (b) joint release;  (c) synovectomy;  (d) removal of osteophytes at joint  (H) (Anaes.) (Assist.) | 458.00 |
| 49792 | Arthrodesis, osteotomy or interpositional arthroplasty of proximal or distal joint (or both) of lesser toe, including any of the following (if performed):  (a) internal fixation, by any method;  (b) capsulotomy;  (c) joint release;  (d) synovectomy;  (e) removal of osteophytes at joints;  —one or 2 toes (H) (Anaes.) (Assist.) | 514.45 |
| 49793 | Arthrodesis, osteotomy or interpositional arthroplasty of proximal or distal joint (or both) of lesser toe, including any of the following (if performed):  (a) internal fixation, by any method;  (b) capsulotomy;  (c) joint release;  (d) synovectomy;  (e) removal of osteophytes at joints;  —3 toes (H) (Anaes.) (Assist.) | 600.20 |
| 49794 | Arthrodesis, osteotomy or interpositional arthroplasty of proximal or distal joint (or both) of lesser toe, including any of the following (if performed):  (a) internal fixation, by any method;  (b) capsulotomy;  (c) joint release;  (d) synovectomy;  (e) removal of osteophytes at joints;  —4 toes (H) (Anaes.) (Assist.) | 685.90 |
| 49795 | Arthrodesis, osteotomy or interpositional arthroplasty of proximal or distal joint (or both) of lesser toe, including any of the following (if performed):  (a) internal fixation, by any method;  (b) capsulotomy;  (c) joint release;  (d) synovectomy;  (e) removal of osteophytes at joints;  —5 toes (H) (Anaes.) (Assist.) | 771.65 |
| 49796 | Arthrodesis, osteotomy or interpositional arthroplasty of proximal or distal joint (or both) of lesser toe, including any of the following (if performed):  (a) internal fixation, by any method;  (b) capsulotomy;  (c) joint release;  (d) synovectomy;  (e) removal of osteophytes at joints;  —6 toes (H) (Anaes.) (Assist.) | 857.40 |
| 49797 | Arthrodesis, osteotomy or interpositional arthroplasty of proximal or distal joint (or both) of lesser toe, including any of the following (if performed):  (a) internal fixation, by any method;  (b) capsulotomy;  (c) joint release;  (d) synovectomy;  (e) removal of osteophytes at joints;  —7 toes (H) (Anaes.) (Assist.) | 943.10 |
| 49798 | Arthrodesis, osteotomy or interpositional arthroplasty of proximal or distal joint (or both) of lesser toe, including any of the following (if performed):  (a) internal fixation, by any method;  (b) capsulotomy;  (c) joint release;  (d) synovectomy;  (e) removal of osteophytes at joints;  —8 toes (H) (Anaes.) (Assist.) | 1,028.85 |
| 49800 | Primary repair of flexor or extensor tendon of foot, including either or both of the following (if performed):  (a) synovial biopsy;  (b) synovectomy;  —one toe (Anaes.) (Assist) | 137.15 |
| 49803 | Secondary repair of flexor or extensor tendon of foot, including either or both of the following (if performed):  (a) synovial biopsy;  (b) synovectomy;  —one toe (Anaes.) (Assist) | 176.35 |
| 49806 | Subcutaneous tenotomy of foot, by small percutaneous incisions—one or more tendons (Anaes.) | 137.15 |
| 49809 | Open tenotomy or lengthening of foot, by open incision, with or without tenoplasty, including either or both of the following (if performed):  (a) synovial biopsy;  (b) synovectomy;  —one toe (Anaes.) (Assist) | 225.25 |
| 49812 | Advancement of tendon or ligament transfer of foot, including:  (a) side to side transfer, harvesting and transfer for ligament or minor foot tendon reconstruction; and  (b) either or both of the following (if performed):  (i) synovial biopsy;  (ii) synovectomy;  —one major tendon or toe (H) (Anaes.) (Assist.) | 450.50 |
| 49814 | Reconstruction of major tendon of ankle, by any method, including:  (a) osteotomy of hindfoot, with internal fixation; and  (b) lengthening of major tendon of ankle; and  (c) any of the following (if performed):  (i) synovial biopsy;  (ii) synovectomy;  (iii) adjacent tendon transfer;  (iv) turn down flaps;  other than a service associated with a service to which item 49718 applies (H) (Anaes.) (Assist.) | 1,028.70 |
| 49815 | Triple arthrodesis of hindfoot joints, with internal or external fixation by any method, including any of the following (if performed):  (a) capsulotomy;  (b) joint release;  (c) synovectomy;  (d) removal of osteophytes at joints  (H) (Anaes.) (Assist.) | 1,426.85 |
| 49818 | Release of plantar fascia, including excision of calcaneal spur (if performed) (H) (Anaes.) (Assist.) | 284.00 |
| 49821 | Excisional or interpositional arthroplasty of metatarsophalangeal or tarsometatarsal joint, including any of the following (if performed):  (a) capsulotomy;  (b) joint release;  (c) synovectomy;  (d) local tendon transfer;  (e) joint debridement;  —one joint (Anaes.) (Assist.) (H) | 450.50 |
| 49824 | Excisional or interpositional arthroplasty of metatarsophalangeal or tarsometatarsal joint, including any of the following (if performed):  (a) capsulotomy;  (b) joint release;  (c) synovectomy;  (d) local tendon transfer;  (e) joint debridement;  —2 joints (Anaes.) (Assist.) (H) | 788.70 |
| 49827 | Unilateral correction of hallux valgus or varus deformity of the foot*,* by local tendon transfer, including any of the following (if performed):  (a) exostectomy;  (b) removal ofbursae;  (c) synovectomy;  (d) capsule repair;  (e) capsule or tendon release or transfer  (H) (Anaes.) (Assist.) | 489.75 |
| 49830 | Bilateral correction of hallux valgus or varus deformity of the foot,by local tendon transfer, including any of the following (if performed):  (a) exostectomy;  (b) removalofbursae;  (c) synovectomy;  (d) capsule repair;  (e) capsule or tendon release or transfer  (H) (Anaes.) (Assist.) | 857.15 |
| 49833 | Unilateral correction of hallux valgus or varus deformity of the foot*,* by osteotomy of first metatarsal, without internal fixation, including any of the following (if performed):  (a) exostectomy;  (b) removalofbursae;  (c) synovectomy;  (d) capsule repair;  (e) capsule or tendon release or transfer  (H) (Anaes.) (Assist.) | 538.80 |
| 49836 | Bilateral correction of hallux valgus or varus deformity of the foot by osteotomy of first metatarsal, without internal fixation, including any of the following (if performed):  (a) exostectomy;  (b) removal of bursae;  (c) synovectomy;  (d) capsule repair;  (e) capsule or tendon release or transfer  (H) (Anaes.) (Assist.) | 930.65 |
| 49837 | Unilateral correction of hallux valgus or varus deformity of the foot, by osteotomy of first metatarsal, with internal fixation, including any of the following (if performed):  (a) exostectomy;  (b) removalof bursae;  (c) synovectomy;  (d) capsule repair;  (e) capsule or tendon release or transfer  (H) (Anaes.) (Assist.) | 673.45 |
| 49838 | Bilateral correction of hallux valgus or varus deformity of the foot by osteotomy of first metatarsal, with internal fixation or arthrodesis of first metatarsophalangeal joint, including any of the following (if performed):  (a) exostectomy;  (b) removal ofbursae;  (c) synovectomy;  (d) capsule repair;  (e) capsule or tendon release or transfer  (H) (Anaes.) (Assist.) | 1,163.05 |
| 49839 | Total replacement of first metatarsophalangeal joint, with replacement of both joint surfaces, including any of the following (if performed):  (a) capsulotomy;  (b) synovectomy;  (c) joint debridement  (H) (Anaes.) (Assist.) | 538.80 |
| 49845 | Unilateral arthrodesis of first metatarsophalangeal joint, by open or arthroscopic means, with internal or external fixation by any method, including any of the following (if performed):  (a) capsulotomy;  (b) joint release;  (c) synovectomy;  (d) removal of osteophytes at joints  (H) (Anaes.) (Assist.) | 673.45 |
| 49851 | Arthrodesis, osteotomy or interpositional arthroplasty of proximal or distal (or both) joints of lesser toe, including any of the following (if performed):  (a) internal fixation, by any method;  (b) capsulotomy;  (c) tendon lengthening;  (d) joint release;  (e) synovectomy;  (f) removal of osteophytes at joints;  —one toe (H) (Anaes.) (Assist.) | 450.50 |
| 49854 | Radical plantar fasciotomy or fasciectomy, withextensive incision into foot and excision of fascia, including excision of calcaneal spur (if performed), other than a service associated with a service to which 49818 applies (H) (Anaes.) (Assist.) | 391.80 |
| 49857 | Hemi joint replacement of first or lesser metatarsophalangeal joint, including any of the following (if performed):  (a) capsulotomy;  (b) synovectomy;  (c) joint debridement  (H) (Anaes.) (Assist.) | 362.45 |
| 49860 | Synovectomy of metatarsophalangeal joints, including any of the following (if performed):  (a) capsulotomy;  (b) debridement;  (c) release of ligament or tendon (or both);  —one or more joints on one foot (H) (Anaes.) (Assist.) | 338.45 |
| 49866 | Excision of intermetatarsal or digital neuroma, including any of the following (if performed):  (a) release of metatarsal or digital ligament;  (b) excision of bursae;  (c) neurolysis;  other than a service associated with a service to which item 30023 applies—one web space (H) (Anaes.) (Assist.) | 313.25 |
| 49878 | Talipes equinovarus, calcaneo valgus or metatarsus varus, treatment by cast, splint or manipulation—each attendance (Anaes.) | 58.75 |
| 49881 | Complete excision of one or more ganglia or bursae:  (a) including excision of bony prominence or mucinous cyst of interphalangeal or metatarsophalangeal joint andsurrounding tissues; and  (b) including any of the following (if performed):  (i) arthrotomy;  (ii) synovectomy;  (iii) osteophyte resections;  (iv) neurolysis;  (v) skin closure, by any local method;  other than a service associated with a service to which item 30023 applies—each incision (H) (Anaes.) (Assist.) | 228.85 |
| 49884 | Complete excision of one or more ganglia or bursae:  (a) includingexcision ofbony prominence or mucinous cyst of ankle, hindfoot or midfoot joint andsurrounding tissues; and  (b) including any of the following (if performed):  (i) arthrotomy;  (ii) synovectomy;  (iii) osteophyte resections;  (iv) neurolysis;  (v) capsular or ligament repair;  (vi) skin closure, by any method;  other than a service associated with a service to which item 30023 applies—each incision. (H) (Anaes.) (Assist.) | 386.55 |
| 49887 | Revision of complete excision of one or more ganglia or bursae:  (a) including excision of bony prominence or mucinous cyst of interphalangeal or metatarsophalangeal joint andsurrounding tissues; and  (b) including any of the following (if performed):  (i) arthrotomy;  (ii) synovectomy;  (iii) osteophyte resections;  (iv) neurolysis;  (v) skin closure, by any method;  other than a service associated with a service to which item 30023 or 49881 applies—each incision (H) (Anaes.) (Assist.) | 309.00 |
| 49890 | Revision of complete excision of one or more ganglia or bursae:  (a) includingexcision of bony prominence or mucinous cyst of ankle, hindfoot or midfoot joint andsurrounding tissues; and  (b) including any of the following (if performed):  (i) arthrotomy;  (ii) synovectomy;  (iii) osteophyte resections;  (iv) neurolysis;  (v) capsular or ligament repair;  (vi) skin closure, by any method;  other than a service associated with a service to which item 30023 or 49884 applies—each incision (H) (Anaes.) (Assist.) | 521.80 |
| 50107 | Stabilisation of joint of hip, by open means*,* including any of the following (if performed):  (a) repair of capsule;  (b) labrum;  (c) capsulorraphy;  (d) repair of ligament;  (e) internal fixation;  other than a service associated with a service to which another item in this Group applies (H) (Anaes.) (Assist.) | 489.75 |
| 50112 | Cicatricial flexion or extension contraction of joint, correction of, involving tissues deeper than skin and subcutaneous tissue, other than a service to which another item in this Group applies (H) (Anaes.) (Assist.) | 375.70 |
| 50115 | Manipulation of one or more joints, excluding spine, other than a service associated with a service to which another item in this Group applies (H) (Anaes.) | 148.80 |
| 50118 | Arthrodesis of joint of hindfoot, by any method, with internal or external fixation by any method, including any of the following (if performed):  (a) capsulotomy;  (b) joint release;  (c) synovectomy;  (d) removal of osteophytes at joints;  —one joint (H) (Anaes.) (Assist.) | 815.30 |
| 50130 | Joint or joints, application of external fixator to, other than for treatment of fractures (H) (Anaes.) (Assist.) | 324.95 |
| 50200 | Core needle biopsy of aggressive or potentially malignant bone or soft tissue tumour, excluding aftercare (Anaes.) | 195.80 |
| 50201 | Incisional biopsy of aggressive or potentially malignant bone or soft tissue tumour, excluding aftercare (Anaes.) (Assist.) | 342.80 |
| 50203 | Intralesional or marginal excision of bone or soft tissue tumour (Anaes.) (Assist.) | 431.05 |
| 50206 | Intralesional or marginal excision of bone tumour, with at least one of the following:  (a) autograft;  (b) allograft;  (c) cementation  (H) (Anaes.) (Assist.) | 636.75 |
| 50209 | Intralesional or marginal excision of bone tumour, with at least 2 of the following:  (a) autograft;  (b) allograft;  (c) cementation  (H) (Anaes.) (Assist.) | 783.80 |
| 50212 | Wide excision of malignant or aggressive bone or soft tissue tumour (or both), affecting a limb, trunk or scapula (H) (Anaes.) (Assist.) | 1,714.30 |
| 50215 | Wide excision of malignant or aggressive bone or soft tissue tumour (or both), with intercalary reconstruction of bone by prosthesis, allograft or autograft (H) (Anaes.) (Assist.) | 2,155.10 |
| 50218 | Wide excision of malignant or aggressive bone or soft tissue tumour (or both), with reconstruction, replacement or arthrodesis of adjacent joint, by prosthesis, allograft or autograft (H) (Anaes.) (Assist.) | 2,840.95 |
| 50221 | Wide excision of malignant or aggressive bone or soft tissue tumour (or both) of pelvis, sacrum or spine, without reconstruction (H) (Anaes.) (Assist.) | 2,644.85 |
| 50224 | Wide excision of malignant or aggressive bone or soft tissue tumour (or both) of pelvis, sacrum or spine, with reconstruction of bone defect, or one or more joints, by any technique (Anaes.) (Assist.) | 2,938.80 |
| 50233 | Treatment of malignant aggressive bone or soft tissue tumour (or both) by hindquarter or forequarter amputation (H) (Anaes.) (Assist.) | 2,253.10 |
| 50236 | Treatment of malignant or aggressive bone or soft tissue tumour (or both), by hip disarticulation, shoulder disarticulation or amputation through the proximal one third of the femur (H) (Anaes.) (Assist.) | 1,763.30 |
| 50239 | Treatment of malignant or aggressive bone or soft tissue tumour (or both), by amputation, other than a service associated with a service to which item 50233 or 50236 applies (H) (Anaes.) (Assist.) | 1,175.40 |
| 50242 | Revision of endoprosthetic replacement, if item 50218 or 50224, or an item that describes a service substantially similar to either of those items, applied to the initial procedure:  (a) including any of the following:  (i) rebushing;  (ii) patella resurfacing;  (iii) polyethylene exchange or similar; and  (b) excludingremoval of prosthetic from bone  (H) (Anaes.) (Assist.) | 881.65 |
| 50245 | Revision of reconstructive procedure, if item 50215, 50218 or 50224, or an item that describes a service substantially similar to any of those items, applied to the initial procedure, by any technique or combination of techniques (H) (Anaes.) (Assist.) | 2,645.05 |
| 50300 | Gradual correction of joint deformity, with application of external fixator (H) (Anaes.) (Assist.) | 1,204.60 |
| 50303 | Limb lengthening, by gradual distraction, with application of external fixator or intra‑medullary device (H) (Anaes.) (Assist.) | 1,644.65 |
| 50306 | Bipolar limb lengthening:  (a) with application of external fixator or intra‑medullary device; and  (b) by any of the following:  (i) gradual distraction;  (ii) bone transport;  (iii) fixator extension, to correct for an adjacent joint deformity  (H) (Anaes.) (Assist.) | 2,567.90 |
| 50309 | Ring fixator or similar device, adjustment of, with or without insertion or removal of fixation pins, performed under general anaesthesia, other than a service to which item 50303 or 50306 applies (H) (Anaes.) (Assist.) | 317.45 |
| 50310 | Major adjustment of ring fixator or similar device, other than a service associated with a service to which item 50303, 50306, or 50309 applies | 45.40 |
| 50312 | Synovectomy or debridement, and microfracture, of ankle joint for osteochondral large defect greater than 1.5cm2, by arthroscopic or open means, including any of the following (if performed):  (a) capsulotomy;  (b) debridement or release of ligament;  (c) debridement or release of tendon;  other than a service associated with a service to which any of the following apply:  (d) item 49703;  (e) another item in this Schedule if the service described in the other item is for the purpose of performing an arthroscopic procedure of the ankle  (H) (Anaes.) (Assist.) | 782.70 |
| 50321 | Release of soft tissue of talipes equinovarus, by open means (H) (Anaes.) (Assist.) | 966.45 |
| 50324 | Revision of release of soft tissue of talipes equinovarus, by open means (H) (Anaes.) (Assist.) | 1,377.85 |
| 50330 | Post‑operative manipulation, and change of plaster, of vertical, congenital talipes equinovarus or talus, other than a service to which item 50321 or 50324 applies (H) (Anaes.) | 237.95 |
| 50333 | Excision of tarsal coalition,with interposition of muscle, fat graft or similar graft, including any of the following (if performed):  (a) capsulotomy;  (b) synovectomy;  (c) excision of osteophytes;  —one coalition (H) (Anaes.) (Assist.) | 641.80 |
| 50335 | Treatment of vertical, congenital talus, by percutaneous or open stabilisation of talonavicular joint and Achilles’ tenotomy (H) (Anaes.) (Assist.) | 641.80 |
| 50336 | Talus, vertical, congenital, combined anterior and posterior reconstruction (H) (Anaes.) (Assist.) | 959.40 |
| 50339 | Tibialis anterior or tibialis posterior tendon transfer (split or whole) (H) (Anaes.) (Assist.) | 614.40 |
| 50345 | Hyperextension deformity of toe, release incorporating V‑Y plasty of skin, lengthening of extensor tendons and release of capsule contracture (H) (Anaes.) (Assist.) | 360.70 |
| 50348 | Knee, deformity of, post‑operative manipulation and change of plaster, performed under general anaesthesia (H) (Anaes.) | 237.95 |
| 50351 | Treatment of developmental dislocation of hip, by open reduction, including application of hip spica (H) (Anaes.) (Assist.) | 1,661.95 |
| 50352 | Treatment of developmental dysplasia of hip, includingsupervision of initial application of splint, harness or cast, other than a service to which another item in this Group applies (Anaes.) | 58.75 |
| 50354 | Resection and fixation of congenital pseudarthrosis of tibia (Anaes.) (Assist.) | 1,363.20 |
| 50357 | Transfer of tendon of rectus femoris or medial or lateral hamstring (H) (Anaes.) (Assist.) | 584.30 |
| 50360 | Combined medial and lateral hamstring tendon transfer (H) (Anaes.) (Assist.) | 678.05 |
| 50369 | Unilateral posterior release of knee contracture, with multiple tendon lengthening or tenotomies, including release of joint capsule (if performed), other than a service associated with a service to which another item of this Scheduleapplies if the service described in the other item is for the purpose of knee replacement (H) (Anaes.) (Assist.) | 678.05 |
| 50372 | Bilateral posterior release of knee contracture, withmultiple tendon lengthening or tenotomies, including release of joint capsule (if performed), other than a service associated with a service to which another item of this Scheduleapplies if the service described in the other item is for the purpose of knee replacement (H) (Anaes.) (Assist.) | 1,190.15 |
| 50375 | Unilateral medial release of hip contracture, withlengthening or division of the adductors and psoas, including division of obturator nerve (if performed) (H) (Anaes.) (Assist.) | 519.30 |
| 50378 | Bilateral medial release of hip contracture, withlengthening or division of adductors and psoas, including division of obturator nerve (if performed) (H) (Anaes.) (Assist.) | 908.85 |
| 50381 | Unilateral anterior release of hip contracture, with lengthening or division of hip flexors and psoas, including division of joint capsule (if performed) (H) (Anaes.) (Assist.) | 678.05 |
| 50384 | Bilateral anterior release of hip contracture,with lengthening or division of hip flexors and psoas, including division of joint capsule (if performed) (H) (Anaes.) (Assist.) | 1,190.15 |
| 50390 | Application of cast under general anaesthesia, for patient with perthes, cerebral palsy, or other neuromuscular conditions, affecting hips or knees (H) (Anaes.) | 237.95 |
| 50393 | Acetabular shelf procedure, other than a service associated with a service to which another item of this Schedule applies if the service described in the other item is for the purpose of performing arthroplasty on the hip(H) (Anaes.) (Assist.) | 879.90 |
| 50394 | Multiple peri‑acetabular osteotomy, including internal fixation (if performed) (H) (Anaes.) (Assist.) | 2,889.90 |
| 50395 | Osteotomy and distillation of greater trochanter, with internal fixation (H) (Anaes.) (Assist.) | 950.25 |
| 50396 | Amputation of congenital abnormalities or duplication of digits of the hand or foot, including any of the following (if performed):  (a) splitting of phalanx or phalanges;  (b) ligament reconstruction;  (c) joint reconstruction  (H) (Anaes.) (Assist.) | 483.40 |
| 50399 | Forearm, radial aplasia or dysplasia (radial club hand), centralisation or radialisation of (H) (Anaes.) (Assist.) | 959.40 |
| 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.) (Assist.) | 1,363.20 |
| 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.) (Assist.) | 1,839.25 |
| 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.) (Assist.) | 1,363.20 |
| 50420 | Patella, congenital dislocation of, reconstruction of the quadriceps (H) (Anaes.) (Assist.) | 1,125.20 |
| 50423 | Tibia, fibula or both, congenital deficiency of, transfer of the fibula to tibia, with internal fixation (Anaes.) (Assist.) | 1,038.65 |
| 50426 | Removal of one or more lesions from bone, for osteochondroma occurring solitaryor in association with hereditary multiple exotoses,with histological examination—one approach (H) (Anaes.) (Assist.) | 483.40 |
| 50428 | Percutaneous drilling of osteochondritis dessicans or other osteochondral lesion, for a patient:  (a) with open growth plates; or  (b) less than 18 years of age  (H) (Anaes.) (Assist.) | 807.05 |
| 50450 | Unilateral single event multilevel surgery, for a patient less than 18 years of age with hemiplegic cerebral palsy, comprising 3 or more of the following:  (a) lengthening of a contracted muscle tendon unit or units by tendon lengthening, muscle recession, fractional lengthening or intramuscular lengthening;  (b) correction of muscle imbalance by transfer of a tendon or tendons;  (c) correction of femoral torsion by rotational osteotomy of the femur;  (d) correction of tibial torsion by rotational osteotomy of the tibia;  (e) correction of joint instability by varus derotation osteotomy of the femur, subtalar arthrodesis with synovectomy if performed, or os calcis lengthening;  conjoint surgery, principal specialist surgeon, including fluoroscopy and aftercare (H) (Anaes.) (Assist.) | 1,276.65 |
| 50451 | Unilateral single event multilevel surgery, for a patient less than 18 years of age with hemiplegic cerebral palsy, comprising 3 or more of the following:  (a) lengthening of a contracted muscle tendon unit or units by tendon lengthening, muscle recession, fractional lengthening or intramuscular lengthening;  (b) correction of muscle imbalance by transfer of a tendon or tendons;  (c) correction of femoral torsion by rotational osteotomy of the femur;  (d) correction of tibial torsion by rotational osteotomy of the tibia;  (e) correction of joint instability by varus derotation osteotomy of the femur, subtalar arthrodesis with synovectomy if performed, or os calcis lengthening;  conjoint surgery, conjoint specialist surgeon, including fluoroscopy and excluding aftercare (H) (Anaes.) (Assist.) | 1,276.65 |
| 50455 | Bilateral single event multilevel surgery, for a patient less than 18 years of age with diplegic cerebral palsy, that comprises:  (a) lengthening of a contracted muscle tendon unit or units by tendon lengthening, muscle recession, fractional lengthening or intramuscular lengthening; and  (b) correction of muscle imbalance by transfer of a tendon or tendons;  conjoint surgery, principal specialist surgeon, including fluoroscopy and aftercare (H) (Anaes.) (Assist.) | 1,445.70 |
| 50456 | Bilateral single event multilevel surgery, for a patient less than 18 years of age with diplegic cerebral palsy, that comprises:  (a) lengthening of a contracted muscle tendon unit or units by tendon lengthening, muscle recession, fractional lengthening or intramuscular lengthening; and  (b) correction of muscle imbalance by transfer of a tendon or tendons;  conjoint surgery, conjoint specialist surgeon, including fluoroscopy and excluding aftercare (H) (Anaes.) (Assist.) | 1,445.70 |
| 50460 | Bilateral single event multilevel surgery, for a patient less than 18 years of age with diplegic cerebral palsy, that comprises bilateral soft tissue surgery and bilateral femoral osteotomies, with:  (a) lengthening of a contracted muscle tendon unit or units by tendon lengthening, muscle recession, fractional lengthening or intramuscular lengthening; and  (b) correction of muscle imbalance by transfer of a tendon or tendons; and  (c) correction of torsional abnormality of the femur by rotational osteotomy and internal fixation;  conjoint surgery, principal specialist surgeon, including fluoroscopy and aftercare (H) (Anaes.) (Assist.) | 2,158.50 |
| 50461 | Bilateral single event multilevel surgery, for a patient less than 18 years of age with diplegic cerebral palsy, that comprises bilateral soft tissue surgery and bilateral femoral osteotomies, with:  (a) lengthening of a contracted muscle tendon unit or units by tendon lengthening, muscle recession, fractional lengthening or intramuscular lengthening; and  (b) correction of muscle imbalance by transfer of a tendon or tendons; and  (c) correction of torsional abnormality of the femur by rotational osteotomy and internal fixation;  conjoint surgery, conjoint specialist surgeon, including fluoroscopy and excluding aftercare (H) (Anaes.) (Assist.) | 2,158.50 |
| 50465 | Bilateral single event multilevel surgery, for a patient less than 18 years of age with diplegic cerebral palsy, that comprises bilateral soft tissue surgery, bilateral femoral osteotomies and bilateral tibial osteotomies, with:  (a) lengthening of a contracted muscle tendon unit or units by tendon lengthening, muscle recession, fractional lengthening or intramuscular lengthening; and  (b) correction of muscle imbalance by transfer of a tendon or tendons; and  (c) correction of abnormal torsion of the femur by rotational osteotomy with internal fixation; and  (d) correction of abnormal torsion of the tibia by rotational osteotomy with internal fixation;  conjoint surgery, principal specialist surgeon, including fluoroscopy and aftercare (H) (Anaes.) (Assist.) | 3,040.20 |
| 50466 | Bilateral single event multilevel surgery, for a patient less than 18 years of age with diplegic cerebral palsy, that comprises bilateral soft tissue surgery, bilateral femoral osteotomies and bilateral tibial osteotomies, with:  (a) lengthening of a contracted muscle tendon unit or units by tendon lengthening, muscle recession, fractional lengthening or intramuscular lengthening; and  (b) correction of muscle imbalance by transfer of a tendon or tendons; and  (c) correction of abnormal torsion of the femur by rotational osteotomy with internal fixation; and  (d) correction of abnormal torsion of the tibia by rotational osteotomy with internal fixation;  conjoint surgery, conjoint specialist surgeon, including fluoroscopy and excluding aftercare (H) (Anaes.) (Assist.) | 3,040.20 |
| 50470 | Bilateral single event multilevel surgery, for a patient less than 18 years of age with cerebral palsy, that comprises bilateral soft tissue surgery, bilateral femoral osteotomies, bilateral tibial osteotomies and bilateral foot stabilisation, with:  (a) lengthening of a contracted muscle tendon unit or units by tendon lengthening, muscle recession, fractional lengthening or intramuscular lengthening; and  (b) correction of muscle imbalance by transfer of a tendon or tendons; and  (c) correction of abnormal torsion of the femur by rotational osteotomy with internal fixation; and  (d) correction of abnormal torsion of the tibia by rotational osteotomy with internal fixation; and  (e) correction of bilateral pes valgus by os calcis lengthening or subtalar fusion;  conjoint surgery, principal specialist surgeon, including fluoroscopy and aftercare (H) (Anaes.) (Assist.) | 3,855.70 |
| 50471 | Bilateral single event multilevel surgery, for a patient less than 18 years of age with cerebral palsy, that comprises bilateral soft tissue surgery, bilateral femoral osteotomies, bilateral tibial osteotomies and bilateral foot stabilisation, with:  (a) lengthening of a contracted muscle tendon unit or units by tendon lengthening, muscle recession, fractional lengthening or intramuscular lengthening; and  (b) correction of muscle imbalance by transfer of a tendon or tendons; and  (c) correction of abnormal torsion of the femur by rotational osteotomy with internal fixation; and  (d) correction of abnormal torsion of the tibia by rotational osteotomy with internal fixation; and  (e) correction of bilateral pes valgus by os calcis lengthening or subtalar fusion;  conjoint surgery, conjoint specialist surgeon, including fluoroscopy and excluding aftercare (H) (Anaes.) (Assist.) | 3,855.70 |
| 50475 | Single event multilevel surgery, for a patient less than 18 years of age with diplegic cerebral palsy, for the correction of crouch gait, including:  (a) lengthening of a contracted muscle tendon unit or units by tendon lengthening, muscle recession, fractional lengthening or intramuscular lengthening; and  (b) correction of muscle imbalance by transfer of a tendon or tendons; and  (c) correction of flexion deformity at the knee by extension osteotomy of the distal femur including internal fixation; and  (d) correction of patella alta and quadriceps insufficiency by patella tendon shortening or reconstruction; and  (e) correction of tibial torsion by rotational osteotomy of the tibia with internal fixation; and  (f) correction of foot instability by os calcis lengthening or subtalar fusion;  conjoint surgery, principal specialist surgeon, including fluoroscopy and aftercare (H) (Anaes.) (Assist.) | 4,449.10 |
| 50476 | Single event multilevel surgery, for a patient less than 18 years of age with diplegic cerebral palsy, for the correction of crouch gait including:  (a) lengthening of a contracted muscle tendon unit or units by tendon lengthening, muscle recession, fractional lengthening or intramuscular lengthening; and  (b) correction of muscle imbalance by transfer of a tendon or tendons; and  (c) correction of flexion deformity at the knee by extension osteotomy of the distal femur including internal fixation; and  (d) correction of patella alta and quadriceps insufficiency by patella tendon shortening or reconstruction; and  (e) correction of tibial torsion by rotational osteotomy of the tibia with internal fixation; and  (f) correction of foot instability by os calcis lengthening or subtalar fusion;  conjoint surgery, conjoint specialist surgeon, including fluoroscopy and excluding aftercare (H) (Anaes.) (Assist.) | 4,449.10 |
| 50508 | Treatment of fracture of distal end of radius or ulna (or both), by closed reduction, for a patient with open growth plates (Anaes.) | 411.20 |
| 50512 | Treatment of fracture of distal end of radius or ulna (or both), by open or closed reduction, with internal fixation, for a patient with open growth plates (H) (Anaes.) (Assist.) | 548.70 |
| 50524 | Radius or ulna, shaft of, with open growth plate, treatment of fracture of, in conjunction with dislocation of distal radio‑ulnar joint or proximal radio‑humeral joint (Galeazzi or Monteggia injury), by closed reduction (H) (Anaes.) (Assist.) | 425.10 |
| 50528 | Radius or ulna, shaft of, with open growth plate, treatment of fracture of, in conjunction with dislocation of distal radio‑ulnar joint or proximal radio‑humeral joint (Galeazzi or Monteggia injury), by reduction with or without internal fixation by open or percutaneous means (H) (Anaes.) (Assist.) | 685.70 |
| 50532 | Treatment of fracture of shafts of radius or ulna (or both), by closed reduction, for a patient with open growth plate (H) (Anaes.) | 596.60 |
| 50536 | Treatment of fracture of shafts of radius or ulna (or both), by open or closed reduction, with internal fixation, for a patient with open growth plate (H) (Anaes.) (Assist.) | 795.40 |
| 50540 | Olecranon, with open growth plate, treatment of fracture of, by open reduction (H) (Anaes.) (Assist.) | 548.70 |
| 50544 | Radius, with open growth plate, treatment of fracture of head or neck of, by closed reduction of (Anaes.) | 274.25 |
| 50548 | Radius, with open growth plate, treatment of fracture of head or neck of, by reduction with or without internal fixation by open or percutaneous means (H) (Anaes.) (Assist.) | 548.70 |
| 50552 | Humerus, proximal, with open growth plate, treatment of fracture of, by closed reduction (H) (Anaes.) | 473.20 |
| 50556 | Treatment of fracture of proximal humerus, by open or closed reduction,withinternal fixation, for a patient with open growth plate (H) (Anaes.) (Assist.) | 630.80 |
| 50560 | Humerus, shaft of, with open growth plate, treatment of fracture of, by closed reduction (H) (Anaes.) | 493.65 |
| 50564 | Treatment of fracture of shaft of humerus, by open or closed reduction, with internal or external fixation, for a patient with open growth plate (H) (Anaes.) (Assist.) | 658.25 |
| 50568 | Humerus, with open growth plate, supracondylar or condylar, treatment of fracture of, by closed reduction (H) (Anaes.) | 576.05 |
| 50572 | Humerus, with open growth plate, supracondylar or condylar, treatment of fracture of, by reduction with or without internal fixation by open or percutaneous means (H) (Anaes.) (Assist.) | 768.00 |
| 50576 | Treatment of fracture of femur, by closed reduction or traction, including application of hip spica (if performed), for a patient with open growth plate (Anaes.) (Assist.) | 630.80 |
| 50580 | Tibia, with open growth plate, plateau or condyles, medial or lateral, treatment of fracture of, by reduction with or without internal fixation by open or percutaneous means (H) (Anaes.) (Assist.) | 658.25 |
| 50584 | Tibia, distal, with open growth plate, treatment of fracture of, by reduction with or without internal fixation by open or percutaneous means (H) (Anaes.) (Assist.) | 630.80 |
| 50588 | Tibia and fibula, with open growth plates, treatment of fracture of, by internal fixation (H) (Anaes.) (Assist.) | 822.75 |
| 50592 | Treatment of fracture of shaft of femur, by open or closed reduction, with internal or external fixation, for a patient with open growth plate (H) (Anaes.) (Assist.) | 999.15 |
| 50596 | Treatment of fracture of shaft of tibia, by open or closed reduction, including casting, for a patientwith open growth plate (H) (Anaes.) (Assist.) | 312.35 |
| 50600 | Scoliosis or kyphosis, in a child, manipulation of deformity and application of a localiser cast, under general anaesthesia (H) (Anaes.) (Assist.) | 452.30 |
| 50604 | Scoliosis or kyphosis, in a child or adolescent, spinal fusion for (without instrumentation) (H) (Anaes.) (Assist.) | 1,919.75 |
| 50608 | Scoliosis or kyphosis, in a child or adolescent, treatment by segmental instrumentation and fusion of the spine, other than a service to which any of items 51011 to 51171 apply (H) (Anaes.) (Assist.) | 3,565.85 |
| 50612 | Scoliosis or kyphosis, in a child or adolescent, with spinal deformity, treatment by segmental instrumentation, utilising separate anterior and posterior approaches, other than a service to which any of items 51011 to 51171 apply (H) (Anaes.) (Assist.) | 5,072.05 |
| 50616 | Scoliosis, in a child or adolescent, re‑exploration for adjustment or removal of segmental instrumentation used for correction of spine deformity (H) (Anaes.) (Assist.) | 644.45 |
| 50620 | Scoliosis, in a child or adolescent, revision of failed scoliosis surgery, involving more than one of osteotomy, fusion, removal of instrumentation or instrumentation, other than a service to which any of items 51011 to 51171 apply (H) (Anaes.) (Assist.) | 3,565.85 |
| 50624 | Scoliosis, in a child or adolescent, anterior correction of, with fusion and segmental fixation (Dwyer, Zielke or similar)—not more than 4 levels (H) (Anaes.) (Assist.) | 3,565.85 |
| 50628 | Scoliosis, in a child or adolescent, anterior correction of, with fusion and segmental fixation (Dwyer, Zielke or similar)—more than 4 levels (H) (Anaes.) (Assist.) | 4,404.75 |
| 50632 | Scoliosis or kyphosis, in a child or adolescent, requiring segmental instrumentation and fusion of the spine down to and including the pelvis or sacrum, other than a service to which any of items 51011 to 51171 apply (H) (Anaes.) (Assist.) | 3,702.90 |
| 50636 | Scoliosis, in a child or adolescent, requiring anterior decompression of the spinal cord with vertebral resection and instrumentation in the presence of spinal cord involvement, other than a service to which any of items 51011 to 51171 apply (H) (Anaes.) (Assist.) | 4,114.30 |
| 50640 | Scoliosis, in a child or adolescent, congenital, resection and fusion of abnormal vertebra via an anterior or posterior approach, other than a service to which any of items 51011 to 51171 apply (H) (Anaes.) (Assist.) | 2,274.35 |
| 50644 | Spine, bone graft to, for a child or adolescent, associated with surgery for correction of scoliosis or kyphosis or both (H) (Anaes.) (Assist.) | 2,194.40 |
| 50654 | Treatment of hip dysplasia or dislocation, for a patient under the age of 18 years, by examination or closed reduction (or both), with or without arthrography of the hip under anaesthesia, and withapplication or reapplication of a hip spica (H) (Assist.) (Anaes.) | 516.75 |
| Subgroup 16—Radiofrequency and microwave tissue ablation | | |
| 50950 | Unresectable primary malignant tumour of the liver, destruction of, by percutaneous ablation (including any associated imaging services), other than a service associated with a service to which item 30419 or 50952 applies (Anaes.) | 850.20 |
| 50952 | Unresectable primary malignant tumour of the liver, destruction of, by open or laparoscopic ablation (including any associated imaging services), if a multi‑disciplinary team has assessed that percutaneous ablation cannot be performed or is not practical because of one or more of the following clinical circumstances:  (a) percutaneous access cannot be achieved;  (b) vital organs or tissues are at risk of damage from the percutaneous ablation procedure;  (c) resection of one part of the liver is possible, however there is at least one primary liver tumour in an unresectable portion of the liver that is suitable for ablation;  other than a service associated with a service to which item 30419 or 50950 applies (Anaes.) | 850.20 |
| Subgroup 17—Spinal surgery | | |
| 51011 | Direct spinal decompression or exposure (via a partial or a total laminectomy or a partial vertebrectomy), or a posterior spinal release, one motion segment, not being a service associated with a service to which item 51012, 51013, 51014 or 51015 applies (H) (Anaes.) (Assist.) | 1,493.65 |
| 51012 | Direct spinal decompression or exposure (via a partial or a total laminectomy or a partial vertebrectomy), or a posterior spinal release, 2 motion segments, not being a service associated with a service to which item 51011, 51013, 51014 or 51015 applies (H) (Anaes.) (Assist.) | 1,991.30 |
| 51013 | Direct spinal decompression or exposure (via a partial or a total laminectomy or a partial vertebrectomy), or a posterior spinal release, 3 motion segments, not being a service associated with a service to which item 51011, 51012, 51014 or 51015 applies (H) (Anaes.) (Assist.) | 2,489.20 |
| 51014 | Direct spinal decompression or exposure (via a partial or a total laminectomy or a partial vertebrectomy), or a posterior spinal release, 4 motion segments, not being a service associated with a service to which item 51011, 51012, 51013 or 51015 applies (H) (Anaes.) (Assist.) | 2,987.05 |
| 51015 | Direct spinal decompression or exposure (via a partial or a total laminectomy or a partial vertebrectomy), or a posterior spinal release, more than 4 motion segments, not being a service associated with a service to which item 51011, 51012, 51013 or 51014 applies (H) (Anaes.) (Assist.) | 3,484.90 |
| 51020 | Simple fixation of part of one vertebra (not motion segment) including pars interarticularis, spinous process or pedicle, or simple interspinous wiring between 2 adjacent vertebral levels, not being a service associated with:  (a) interspinous dynamic stabilisation devices; or  (b) a service to which item 51021, 51022, 51023, 51024, 51025 or 51026 applies  (H) (Anaes.) (Assist.) | 796.45 |
| 51021 | Fixation of motion segment with vertebral body screw, pedicle screw or hook instrumentation including sublaminar tapes or wires, one motion segment, not being a service associated with a service to which item 51020, 51022, 51023, 51024, 51025 or 51026 applies (H) (Anaes.) (Assist.) | 1,333.15 |
| 51022 | Fixation of motion segment with vertebral body screw, pedicle screw or hook instrumentation including sublaminar tapes or wires, 2 motion segments, not being a service associated with a service to which item 51020, 51021, 51023, 51024, 51025 or 51026 applies (H) (Anaes.) (Assist.) | 1,658.30 |
| 51023 | Fixation of motion segment with vertebral body screw, pedicle screw or hook instrumentation including sublaminar tapes or wires, 3 or 4 motion segments, not being a service associated with a service to which item 51020, 51021, 51022, 51024, 51025 or 51026 applies (H) (Anaes.) (Assist.) | 1,973.45 |
| 51024 | Fixation of motion segment with vertebral body screw, pedicle screw or hook instrumentation including sublaminar tapes or wires, 5 or 6 motion segments, not being a service associated with a service to which item 51020, 51021, 51022, 51023, 51025 or 51026 applies (H) (Anaes.) (Assist.) | 2,278.30 |
| 51025 | Fixation of motion segment with vertebral body screw, pedicle screw or hook instrumentation including sublaminar tapes or wires, 7 to 12 motion segments, not being a service associated with a service to which item 51020, 51021, 51022, 51023, 51024 or 51026 applies (H) (Anaes.) (Assist.) | 2,662.90 |
| 51026 | Fixation of motion segment with vertebral body screw, pedicle screw or hook instrumentation including sublaminar tapes or wires, more than 12 motion segments, not being a service associated with a service to which item 51020, 51021, 51022, 51023, 51024 or 51025 applies (H) (Anaes.) (Assist.) | 2,915.45 |
| 51031 | Spine, posterior and/or posterolateral bone graft to, one motion segment, not being a service associated with a service to which item 51032, 51033, 51034, 51035 or 51036 applies (H) (Anaes.) (Assist.) | 979.60 |
| 51032 | Spine, posterior and/or posterolateral bone graft to, 2 motion segments, not being a service associated with a service to which item 51031, 51033, 51034, 51035 or 51036 applies (H) (Anaes.) (Assist.) | 1,175.55 |
| 51033 | Spine, posterior and/or posterolateral bone graft to, 3 motion segments, not being a service associated with a service to which item 51031, 51032, 51034, 51035 or 51036 applies (H) (Anaes.) (Assist.) | 1,371.50 |
| 51034 | Spine, posterior and/or posterolateral bone graft to, 4 to 7 motion segments, not being a service associated with a service to which item 51031, 51032, 51033, 51035 or 51036 applies (H) (Anaes.) (Assist.) | 1,469.40 |
| 51035 | Spine, posterior and/or posterolateral bone graft to, 8 to 11 motion segments, not being a service associated with a service to which item 51031, 51032, 51033, 51034 or 51036 applies (H) (Anaes.) (Assist.) | 1,567.35 |
| 51036 | Spine, posterior and/or posterolateral bone graft to, 12 or more motion segments, not being a service associated with a service to which item 51031, 51032, 51033, 51034 or 51035 applies (H) (Anaes.) (Assist.) | 1,665.35 |
| 51041 | Spinal fusion, anterior column (anterior, direct lateral or posterior interbody), one motion segment, not being a service associated with a service to which item 51042, 51043, 51044 or 51045 applies (H) (Anaes.) (Assist.) | 1,126.55 |
| 51042 | Spinal fusion, anterior column (anterior, direct lateral or posterior interbody), 2 motion segments, not being a service associated with a service to which item 51041, 51043, 51044 or 51045 applies (H) (Anaes.) (Assist.) | 1,577.20 |
| 51043 | Spinal fusion, anterior column (anterior, direct lateral or posterior interbody), 3 motion segments, not being a service associated with a service to which item 51041, 51042, 51044 or 51045 applies (H) (Anaes.) (Assist.) | 1,971.55 |
| 51044 | Spinal fusion, anterior column (anterior, direct lateral or posterior interbody), 4 motion segments, not being a service associated with a service to which item 51041, 51042, 51043 or 51045 applies (H) (Anaes.) (Assist.) | 2,140.50 |
| 51045 | Spinal fusion, anterior column (anterior, direct lateral or posterior interbody), 5 or more motion segments, not being a service associated with a service to which item 51041, 51042, 51043 or 51044 applies (H) (Anaes.) (Assist.) | 2,253.15 |
| 51051 | Pedicle subtraction osteotomy, one vertebra, not being a service associated with a service to which item 51052, 51053, 51054, 51055, 51056, 51057, 51058 or 51059 applies (H) (Anaes.) (Assist.) | 1,924.95 |
| 51052 | Pedicle subtraction osteotomy, 2 vertebrae, not being a service associated with a service to which item 51051, 51053, 51054, 51055, 51056, 51057, 51058 or 51059 applies (H) (Anaes.) (Assist.) | 2,341.20 |
| 51053 | Vertebral column resection osteotomy performed through single posterior approach, one vertebra, not being a service associated with a service to which item 51051, 51052, 51054, 51055, 51056, 51057, 51058 or 51059 applies (H) (Anaes.) (Assist.) | 2,663.70 |
| 51054 | Vertebral body, piecemeal or subtotal excision of (where piecemeal or subtotal excision is defined as removal of more than 50% of the vertebral body), one vertebra, not being a service associated with:  (a) anterior column fusion when at the same motion segment; or  (b) a service to which item 51051, 51052, 51053, 51055, 51056, 51057, 51058 or 51059 applies  (H) (Anaes.) (Assist.) | 1,420.30 |
| 51055 | Vertebral body, piecemeal or subtotal excision of (where piecemeal or subtotal excision is defined as removal of more than 50% of the vertebral body), 2 vertebrae, not being a service associated with:  (a) anterior column fusion when at the same motion segment; or  (b) a service to which item 51051, 51052, 51053, 51054, 51056, 51057, 51058 or 51059 applies  (H) (Anaes.) (Assist.) | 2,130.45 |
| 51056 | Vertebral body, piecemeal or subtotal excision of (where piecemeal or subtotal excision is defined as removal of more than 50% of the vertebral body), 3 or more vertebrae, not being a service associated with:  (a) anterior column fusion when at the same motion segment; or  (b) a service to which item 51051, 51052, 51053, 51054, 51055, 51057, 51058 or 51059 applies  (H) (Anaes.) (Assist.) | 2,485.50 |
| 51057 | Vertebral body, en bloc excision of (complete spondylectomy), one vertebra, not being a service associated with:  (a) anterior column fusion when at the same motion segment; or  (b) a service to which item 51051, 51052, 51053, 51054, 51055, 51056, 51058 or 51059 applies  (H) (Anaes.) (Assist.) | 2,497.25 |
| 51058 | Vertebral body, en bloc excision of (complete spondylectomy), 2 vertebrae, not being a service associated with:  (a) anterior column fusion when at the same motion segment; or  (b) a service to which item 51051, 51052, 51053, 51054, 51055, 51056, 51057 or 51059 applies  (H) (Anaes.) (Assist.) | 2,809.90 |
| 51059 | Vertebral body, en bloc excision of (complete spondylectomy), 3 or more vertebrae, not being a service associated with:  (a) anterior column fusion when at the same motion segment; or  (b) a service to which item 51051, 51052, 51053, 51054, 51055, 51056, 51057 or 51058 applies  (H) (Anaes.) (Assist.) | 3,433.75 |
| 51061 | Spinal fusion, anterior and posterior, including spinal instrumentation at one motion segment, posterior and/or posterolateral bone graft, and anterior column fusion, not being a service associated with a service to which item 51062, 51063, 51064, 51065 or 51066 applies (H) (Anaes.) (Assist.) | 2,949.50 |
| 51062 | Spinal fusion, anterior and posterior, including spinal instrumentation at 2 motion segments, posterior and/or posterolateral bone graft, and anterior column fusion, not being a service associated with a service to which item 51061, 51063, 51064, 51065 or 51066 applies (H) (Anaes.) (Assist.) | 3,823.25 |
| 51063 | Spinal fusion, anterior and posterior, including spinal instrumentation at 3 motion segments, posterior and/or posterolateral bone graft, and anterior column fusion, not being a service associated with a service to which item 51061, 51062, 51064, 51065 or 51066 applies (H) (Anaes.) (Assist.) | 4,630.65 |
| 51064 | Spinal fusion, anterior and posterior, including spinal instrumentation at 4 to 7 motion segments, posterior and/or posterolateral bone graft, and anterior column fusion, not being a service associated with a service to which item 51061, 51062, 51063, 51065 or 51066 applies (H) (Anaes.) (Assist.) | 5,153.55 |
| 51065 | Spinal fusion, anterior and posterior, including spinal instrumentation at 8 to 11 motion segments, posterior and/or posterolateral bone graft, and anterior column fusion, not being a service associated with a service to which item 51061, 51062, 51063, 51064 or 51066 applies (H) (Anaes.) (Assist.) | 5,699.80 |
| 51066 | Spinal fusion, anterior and posterior, including spinal instrumentation at 12 or more motion segments, posterior and/or posterolateral bone graft, and anterior column fusion not being a service associated with a service to which item 51061, 51062, 51063, 51064 or 51065 applies (H) (Anaes.) (Assist.) | 6,001.25 |
| 51071 | Removal of intradural lesion or primary extradural tumour or lesion, where the pathology is confirmed by histology—not including removal of synovial or juxtafacet cyst and, not being a service associated with a service to which item 51072 or 51073 applies (H) (Anaes.) (Assist.) | 2,601.30 |
| 51072 | Craniocervical junction lesion, transoral approach for, not being a service associated with a service to which item 51071 or 51073 applies (H) (Anaes.) (Assist.) | 2,705.35 |
| 51073 | Removal of intramedullary tumour or arteriovenous malformation, not being a service associated with a service to which item 51071 or 51072 applies (H) (Anaes.) (Assist.) | 3,433.75 |
| 51102 | Thoracoplasty in combination with thoracic scoliosis correction—3 or more ribs (H) (Anaes.) (Assist.) | 1,231.40 |
| 51103 | Odontoid screw fixation (H) (Anaes.) (Assist.) | 2,164.05 |
| 51110 | Spine, treatment of fracture, dislocation or fracture‑dislocation, with immobilisation by calipers or halo, not including application of skull tongs or calipers as part of operative positioning (Anaes.) | 783.80 |
| 51111 | Skull calipers or halo, insertion of, as an independent procedure (H) (Anaes.) | 333.10 |
| 51112 | Plaster jacket, application of, as an independent procedure (Anaes.) | 225.25 |
| 51113 | Halo, application of, in addition to spinal fusion for scoliosis, or other conditions (H) (Anaes.) | 249.80 |
| 51114 | Halo‑thoracic orthosis—application of both halo and thoracic jacket (H) (Anaes.) | 440.95 |
| 51115 | Halo‑femoral traction, as an independent procedure (Anaes.) | 440.95 |
| 51120 | Bone graft, harvesting of autogenous graft, via separate incision or via subcutaneous approach, in conjunction with spinal fusion, other than for the purposes of bone graft obtained from the cervical, thoracic, lumbar or sacral spine (H) (Anaes.) | 245.05 |
| 51130 | Lumbar artificial intervertebral total disc replacement, at one motion segment only, including removal of disc and marginal osteophytes:  (a) for a patient who:  (i) has not had prior spinal fusion surgery at the same lumbar level; and  (ii) does not have vertebral osteoporosis; and  (iii) has failed conservative therapy; and  (b) not being a service associated with a service to which item 51011, 51012, 51013, 51014 or 51015 applies  (H) (Anaes.) (Assist.) | 1,866.35 |
| 51131 | Cervical artificial intervertebral total disc replacement, at one motion segment only, including removal of disc and marginal osteophytes, for a patient who:  (a) has not had prior spinal surgery at the same cervical level; and  (b) is skeletally mature; and  (c) has symptomatic degenerative disc disease with radiculopathy; and  (d) does not have vertebral osteoporosis; and  (e) has failed conservative therapy  (H) (Anaes.) (Assist.) | 1,126.55 |
| 51140 | Previous spinal fusion, re‑exploration for, involving adjustment or removal of instrumentation up to 3 motion segments, not being a service associated with a service to which item 51141 applies (H) (Anaes.) (Assist.) | 460.40 |
| 51141 | Previous spinal fusion, re‑exploration for, involving adjustment or removal of instrumentation more than 3 motion segments, not being a service associated with a service to which item 51140 applies (H) (Anaes.) (Assist.) | 851.70 |
| 51145 | Wound debridement or excision for post‑operative infection or haematoma following spinal surgery (H) (Anaes.) (Assist.) | 460.40 |
| 51150 | Coccyx, excision of (H) (Anaes.) (Assist.) | 463.50 |
| 51160 | Anterior exposure of thoracic or lumbar spine, one motion segment, not being a service to which item 51165 applies (H) (Anaes.) (Assist.) | 1,196.60 |
| 51165 | Anterior exposure of thoracic or lumbar spine, more than one motion segment, not being a service to which item 51160 applies (H) (Anaes.) (Assist.) | 1,508.75 |
| 51170 | Syringomyelia or hydromyelia, craniotomy for, with or without duraplasty, intradural dissection, plugging of obex or local cerebrospinal fluid shunt (H) (Anaes.) (Assist.) | 2,273.15 |
| 51171 | Syringomyelia or hydromyelia, treatment by direct cerebrospinal fluid shunt (for example, syringosubarachnoid shunt, syringopleural shunt or syringoperitoneal shunt) (H) (Anaes.) (Assist.) | 954.60 |

Subdivision H—Subgroups 18 to 21 of Group T8

5.10.30 Items in Subgroups 18 to 21 of Group T8

This clause sets out items in Subgroups 18 to 21 of Group T8.

Note: The fees in Group T8 are indexed in accordance with clause 1.3.1.

| Group T8—Surgical operations | | |
| --- | --- | --- |
| Column 1  Item | Column 2  Description | Column 3  Fee ($) |
| Subgroup 18—Myringoplasty and Tympanomastoid Procedures | | |
| 41527 | Myringoplasty, by trans‑canal approach, other than a service associated with a service to which another item in this Subgroup applies (H) (Anaes.) (Assist.) | 621.20 |
| 41530 | Myringoplasty, post‑aural or endaural approach, with or without mastoid inspection, other than a service associated with a service to which another item in this Subgroup applies (H) (Anaes.) | 1,012.05 |
| 41533 | Atticotomy without reconstruction of the bony defect, with or without myringoplasty, other than a service associated with a service to which another item in this Subgroup applies (H) (Anaes.) (Assist.) | 1,209.70 |
| 41536 | Atticotomy with reconstruction of the bony defect, with or without myringoplasty, other than a service associated with a service to which another item in this Subgroup applies (H) (Anaes.) (Assist.) | 1,355.00 |
| 41545 | Mastoidectomy (cortical), other than a service associated with a service to which another item in this Subgroup applies (H) (Anaes.) (Assist.) | 551.10 |
| 41551 | Mastoidectomy, intact wall technique, with myringoplasty, other than a service associated with a service to which another item in this Subgroup applies (H) (Anaes.) (Assist.) | 1,684.15 |
| 41554 | Mastoidectomy, intact wall technique, with myringoplasty and ossicular chain reconstruction, other than a service associated with a service to which item 41603 or another item in this Subgroup applies (H) (Anaes.) (Assist.) | 1,984.25 |
| 41557 | Mastoidectomy (radical or modified radical), other than a service associated with a service to which another item in this Subgroup applies (H) (Anaes.) (Assist.) | 1,152.20 |
| 41560 | Mastoidectomy (radical or modified radical) and myringoplasty, other than a service associated with a service to which another item in this Subgroup applies (H) (Anaes.) | 1,262.55 |
| 41563 | Mastoidectomy (radical or modified radical), myringoplasty and ossicular chain reconstruction, other than a service associated with a service to which another item in this Subgroup applies (H) (Anaes.) (Assist.) | 1,562.90 |
| 41564 | Mastoidectomy (radical or modified radical), obliteration of the mastoid cavity, blind sac closure of external auditory canal and obliteration of eustachian tube, other than a service associated with a service to which another item in this Subgroup applies (H) (Anaes.) (Assist.) | 2,021.15 |
| 41566 | Revision of mastoidectomy (radical, modified radical or intact wall), including myringoplasty, other than a service associated with a service to which another item in this Subgroup applies (H) (Anaes.) (Assist.) | 1,152.20 |
| 41629 | Middle ear, exploration of, other than a service associated with a service to which another item in this Subgroup applies (H) (Anaes.) (Assist.) | 551.10 |
| 41635 | Clearance of middle ear for granuloma, cholesteatoma and polyp, one or more, with or without myringoplasty, other than a service associated with a service to which another item in this Subgroup applies (H) (Anaes.) (Assist.) | 1,209.70 |
| 41638 | Clearance of middle ear for granuloma, cholesteatoma and polyp, one or more, with or without myringoplasty with ossicular chain reconstruction, other than a service associated with a service to which another item in this Subgroup applies (H) (Anaes.) (Assist.) | 1,510.00 |
| Subgroup 19—Functional Sinus Surgery | | |
| 41702 | Functional sinus surgery of the ostiomeatal unit, including ethmoid, unilateral, other than a service associated with a service to which item 41662, 41698, 41703, 41705, 41710 or 41764 applies on the same side (H) (Anaes.) (Assist.) | 721.40 |
| 41703 | Functional sinus surgery, complete dissection of all 5 sinuses and creation of single sinus cavity, unilateral, other than a service associated with a service to which item 41662, 41698, 41702, 41705, 41710, 41734, 41737, 41752 or 41764 applies on the same side (H) (Anaes.) (Assist.) | 1,066.50 |
| 41705 | Functional sinus surgery, complete dissection of all 5 sinuses to create a single sinus cavity, with extended drilling of frontal sinuses, unilateral, other than a service associated with a service to which item 41662, 41698, 41702, 41703, 41710, 41734, 41737, 41752 or 41764 applies on the same side (H) (Anaes.) (Assist.) | 1,735.30 |
| Subgroup 20—Sinus Procedures | | |
| 41710 | Antrostomy, by any approach, other than a service associated with a service to which item 41698, 41702, 41703 or 41705 applies on the same side (H) (Anaes.) (Assist.) | 374.05 |
| 41734 | Endoscopic Lothrop procedure or radical external frontal sinusotomy with osteoplastic flap, unilateral, other than a service associated with a service to which item 41698, 41703, 41705 or 41764 applies on the same side (H) (Anaes.) (Assist.) | 1,072.00 |
| 41737 | Frontal sinus, unilateral, intranasal operation on, including complete dissection of frontal recess and exposure of frontal sinus ostium (excludes simple probing, dilatation or irrigation of frontal sinus), other than a service associated with a service to which item 41698, 41703, 41705 or 41764 applies on the same side (H) (Anaes.) (Assist.) | 510.90 |
| 41752 | Sphenoidal sinus, unilateral, intranasal operation on, other than a service associated with a service to which item 41703 or 41705 applies on the same side (H) (Anaes.) (Assist.) | 312.60 |
| Subgroup 21—Airway Procedures | | |
| 41671 | Septal surgery, including septoplasty, septal reconstruction, septectomy, closure of septal perforation or other modifications of the septum, not including cauterisation, by any approach, other than a service associated with a service to which item 41689, 41692 or 41693 applies (H) (Anaes.) | 554.50 |
| 41689 | Turbinate reduction, partial or total, unilateral or bilateral, other than a service associated with a service to which item 41671, 41692 or 41693 applies (Anaes.) | 216.50 |
| 41692 | Turbinate, submucous resection with removal of bone, unilateral or bilateral, other than a service associated with a service to which item 41671, 41689 or 41693 applies (H) (Anaes.) | 282.35 |
| 41693 | Septal surgery with submucous resection of turbinates, unilateral or bilateral, other than a service associated with a service to which item 41671, 41689, 41692 or 41764 applies (H) (Anaes.) | 810.90 |

Division 5.11—Group T9: Assistance at operations

5.11.1 Meaning of amount under clause 5.11.1

In item 51303:

***amount under clause 5.11.1***, for assistance at an operation or series of operations, means 20% of the sum of the fees payable under the Act for the services provided at that operation, or series of operations, by the practitioner to whom the assistance was given.

5.11.2 Meaning of amount under clause 5.11.2

In item 51309:

***amount under clause 5.11.2***, for assistance at a series or combination of operations, means:

(a) 20% of the sum of the fees payable under the Act for the services provided at those operations by the practitioner to whom the assistance was given; or

(b) for the caesarean section component of the operations—the fee mentioned in item 16520.

5.11.3 Meaning of amount under clause 5.11.3

In item 51312:

***amount under clause 5.11.3***, for assistance at a procedure, means 20% of the sum of the fees payable under the Act for the services provided at that procedure by the practitioner to whom the assistance was given.

5.11.4 Restrictions on items in Group T9—medical practitioner providing assistance at operations

Items 51300 to 51318 apply only to assistance rendered by a medical practitioner other than:

(a) the practitioner performing the operation; or

(b) the anaesthetist administering the anaesthetic in connection with the operation, if any; or

(c) the assistant anaesthetist, if any.

5.11.5 Items in Group T9

This clause sets out items in Group T9.

Note: The fees in Group T9 are indexed in accordance with clause 1.3.1.

| Group T9—Assistance at operations | | |
| --- | --- | --- |
| Column 1  Item | Column 2  Description | Column 3  Fee ($) |
| 51300 | Assistance at any operation mentioned in an item in Group T8 that includes “(Assist.)” for which the fee does not exceed $590.25 or at a series or combination of operations mentioned in an item in Group T8 that include “(Assist.)” for which the aggregate fee does not exceed $611.50 | 89.80 |
| 51303 | Assistance at any operation mentioned in an item in Group T8 that includes “(Assist.)” for which the fee exceeds $590.25 or at a series or combination of operations mentioned in an item in Group T8 that include “(Assist.)” for which the aggregate fee exceeds $611.50 | Amount under clause 5.11.1 |
| 51306 | Assistance at a birth involving Caesarean section | 129.70 |
| 51309 | Assistance at a series or combination of operations that include “(Assist.)” and assistance at a birth involving Caesarean section | Amount under clause 5.11.2 |
| 51312 | Assistance at any interventional obstetric procedure covered by items 16606, 16609, 16612, 16615 and 16627 | Amount under clause 5.11.3 |
| 51315 | Assistance at cataract and intraocular lens surgery covered by item 42698, 42701, 42702, 42704, 42705 or 42707, when performed in association with services covered by item 42551 to 42569, 42653, 42656, 42725, 42746, 42749, 42752, 42776 or 42779 | 283.45 |
| 51318 | Assistance at cataract and intraocular lens surgery, if patient has:  (a) total loss of vision, including no potential for central vision, in the fellow eye; or  (b) one of the following in the fellow eye:  (i) vitreous loss;  (ii) rupture of posterior capsule;  (iii) loss of nuclear material into the vitreous;  (iv) intraocular haemorrhage;  (v) intraocular infection (endophthalmitis);  (vi) cystoid macular oedema;  (vii) corneal decompensation;  (viii) retinal detachment; or  (c) pseudo exfoliation, subluxed lens, iridodonesis, phacodonesis, retinal detachment, corneal scarring, pre‑existing uveitis, bound down miosed pupil, nanophthalmos, spherophakia, Marfan’s syndrome, homocysteinuria or previous blunt trauma causing intraocular damage | 187.05 |

Part 6—Oral and maxillofacial services

Division 6.1—Preliminary

6.1.1 Restriction on items Groups O1 to O11—providers of services

Items 51700 to 53706 apply only to a service provided in the course of dental practice by a dental practitioner approved by the Minister before 1 November 2004 for the definition of ***professional service*** in subsection 3(1) of the Act.

Division 6.2—Group O1: Consultations

6.2.1 Items in Group O1

This clause sets out items in Group O1.

Note: The fees in Group O1 are indexed in accordance with clause 1.3.1.

| Group O1—Consultations | | |
| --- | --- | --- |
| Column 1  Item | Column 2  Description | Column 3  Fee ($) |
| 51700 | Professional attendance by an approved dental practitioner in the practice of oral and maxillofacial surgery—initial attendance at consulting rooms, hospital or residential aged care facility if the patient is referred to the approved dental practitioner | 89.00 |
| 51703 | Professional attendance by an approved dental practitioner in the practice of oral and maxillofacial surgery—an attendance after the initial attendance in a single course of treatment, at consulting rooms, hospital or residential aged care facility if the patient is referred to the approved dental practitioner | 44.75 |

Division 6.3—Group O2: Assistance at operation

6.3.1 Meaning of amount under clause 6.3.1

In item 51803:

***amount under clause 6.3.1***, for assistance at an operation or series of operations, means an amount equal to 20% of the sum of the fees payable under the Act for the services provided at that operation, or series of operations, by the practitioner to whom the assistance was given.

6.3.2 Restrictions on items in Group O2—approved dental practitioner providing assistance at operations

Items 51800 and 51803 apply only to assistance rendered by an approved dental practitioner other than:

(a) the practitioner performing the operation; or

(b) the anaesthetist administering the anaesthetic in connection with the operation, if any; or

(c) the assistant anaesthetist, if any.

6.3.3 Items in Group O2

This clause sets out items in Group O2.

Note: The fees in Group O2 are indexed in accordance with clause 1.3.1.

| Group O2—Assistance at operation | | |
| --- | --- | --- |
| Column 1  Item | Column 2  Description | Column 3  Fee ($) |
| 51800 | Assistance by an approved dental practitioner in the practice of oral and maxillofacial surgery at any operation mentioned in an item that includes “(Assist.)” for which the fee does not exceed $611.50 or at a series or combination of operations mentioned in an item in Groups O3 to O9 that include “(Assist.)” for which the aggregate fee does not exceed $611.50 | 89.80 |
| 51803 | Assistance by an approved dental practitioner in the practice of oral and maxillofacial surgery at any operation mentioned in an item that includes “(Assist.)” for which the fee exceeds $611.50 or at a series or combination of operations mentioned in an item that include “(Assist.)” if the aggregate fee exceeds $611.50 | Amount under clause 6.3.1 |

Division 6.4—Group O3: General surgery

6.4.1 Items in Group O3

This clause sets out items in Group O3.

Note: The fees in Group O3 are indexed in accordance with clause 1.3.1.

| Group O3—General surgery | | |
| --- | --- | --- |
| Column 1  Item | Column 2  Description | Column 3  Fee ($) |
| 51900 | Wound of soft tissue in the oral and maxillofacial region, deep or extensively contaminated, debridement of, under general anaesthesia or regional or field nerve block, including suturing of that wound when performed (Anaes.) (Assist.) | 339.25 |
| 51902 | Wounds of the oral and maxillofacial region, dressing of, under general anaesthesia, with or without removal of sutures, other than a service associated with a service to which another item in Groups O3 to O9 applies (Anaes.) | 76.95 |
| 51904 | Lipectomy—wedge excision of skin or fat—one excision (Anaes.) (Assist.) | 473.30 |
| 51906 | Lipectomy—wedge excision of skin or fat—2 or more excisions (Anaes.) (Assist.) | 719.75 |
| 52000 | Skin and subcutaneous tissue or mucous membrane, repair of recent wound of, on face or neck, small (not more than 7 cm long), superficial (Anaes.) | 85.80 |
| 52003 | Skin and subcutaneous tissue or mucous membrane, repair of recent wound of, on face or neck, small (not more than 7 cm long), involving deeper tissue (Anaes.) | 122.35 |
| 52006 | Skin and subcutaneous tissue or mucous membrane, repair of recent wound of, on face or neck, large (more than 7 cm long), superficial (Anaes.) | 122.35 |
| 52009 | Skin and subcutaneous tissue or mucous membrane, repair of recent wound of, on face or neck, large (more than 7 cm long), involving deeper tissue (Anaes.) | 193.10 |
| 52010 | Full thickness laceration of ear, eyelid, nose or lip, repair of, with accurate apposition of each layer of tissue (Anaes.) (Assist.) | 264.25 |
| 52012 | Superficial foreign body, removal of, as an independent procedure (Anaes.) | 24.45 |
| 52015 | Subcutaneous foreign body, removal of, requiring incision and suture, as an independent procedure (Anaes.) | 114.30 |
| 52018 | Foreign body in muscle, tendon or other deep tissue, removal of, as an independent procedure (Anaes.) (Assist.) | 288.00 |
| 52021 | Aspiration biopsy of one or more jaw cysts as an independent procedure to obtain material for diagnostic purposes and other than a service associated with an operative procedure on the same day (Anaes.) | 30.60 |
| 52024 | Biopsy of skin or mucous membrane, as an independent procedure (Anaes.) | 54.35 |
| 52025 | Lymph node of neck, biopsy of (Anaes.) | 191.35 |
| 52027 | Biopsy of lymph node, muscle or other deep tissue or organ, as an independent procedure and other than a service to which item 52025 applies (Anaes.) | 155.85 |
| 52030 | Sinus, excision of, involving superficial tissue only (Anaes.) | 93.65 |
| 52033 | Sinus, excision of, involving muscle and deep tissue (Anaes.) | 191.35 |
| 52034 | Premalignant lesions of the oral mucous, treatment by cryotherapy, diathermy or carbon dioxide laser | 44.75 |
| 52035 | Endoscopic laser therapy for neoplasia and benign vascular lesions of the oral cavity (Anaes.) | 495.35 |
| 52036 | Tumour, cyst, ulcer or scar (other than a scar removed during the surgical approach at an operation), up to 3 cm in diameter, removal from cutaneous or subcutaneous tissue or from mucous membrane, if the removal is by surgical excision and suture, other than a service to which item 52039 applies (Anaes.) | 132.10 |
| 52039 | Tumours, cysts, ulcers or scars (other than a scar removed during the surgical approach at an operation), up to 3 cm in diameter, removal from cutaneous or subcutaneous tissue or from mucous membrane, if the removal is by surgical excision and suture, and the procedure is performed on more than 3 but not more than 10 lesions (Anaes.) (Assist.) | 339.25 |
| 52042 | Tumour, cyst, ulcer or scar (other than a scar removed during the surgical approach at an operation), more than 3 cm in diameter, removal from cutaneous or subcutaneous tissue or from mucous membrane (Anaes.) | 179.50 |
| 52045 | Tumour, cyst (other than a cyst associated with a tooth or tooth fragment unless it has been established by radiological examination that there is a minimum of 5 mm separation between the cyst lining and tooth structure or if a tumour or cyst has been proven by positive histopathology), ulcer or scar (other than a scar removed during the surgical approach at an operation), removal of, other than a service to which another item in Groups O3 to O9 applies, involving muscle, bone, or other deep tissue (Anaes.) | 256.50 |
| 52048 | Tumour or deep cyst (other than a cyst associated with a tooth or tooth fragment unless it has been established by radiological examination that there is a minimum of 5 mm separation between the cyst lining and tooth structure or if a tumour or cyst has been proven by positive histopathology), removal of, requiring wide excision, other than a service to which another item in Groups O3 to O9 applies (Anaes.) (Assist.) | 386.55 |
| 52051 | Tumour, removal of, from soft tissue (including muscle, fascia and connective tissue), extensive excision of, without skin or mucosal graft (Anaes.) (Assist.) | 522.60 |
| 52054 | Tumour, removal of, from soft tissue (including muscle, fascia and connective tissue), extensive excision of, with skin or mucosal graft (Anaes.) (Assist.) | 611.40 |
| 52055 | Haematoma, small abscess or cellulitis in the oral and maxillofacial region, not requiring admission to a hospital, incision with drainage of (excluding after‑care) | 28.45 |
| 52056 | Haematoma in the oral and maxillofacial region, aspiration of (Anaes.) | 28.45 |
| 52057 | Large haematoma, large abscess, carbuncle, cellulitis or similar lesion in the oral and maxillofacial region, incision with drainage of (excluding after‑care) (H) (Anaes.) | 169.55 |
| 52058 | Percutaneous drainage of deep abscess in the oral and maxillofacial region, using interventional imaging techniques—but not including imaging (Anaes.) | 247.20 |
| 52059 | Abscess in the oral and maxillofacial region drainage tube, exchange of using interventional imaging techniques—but not including imaging (Anaes.) | 278.55 |
| 52060 | Muscle in the oral and maxillofacial region, excision of (Anaes.) | 197.10 |
| 52061 | Muscle, in the oral and maxillofacial region, ruptured, repair of (limited), not associated with external wound (Anaes.) | 232.70 |
| 52062 | Muscle, in the oral and maxillofacial region, ruptured, repair of (extensive), not associated with external wound (Anaes.) (Assist.) | 307.70 |
| 52063 | Bone tumour in the oral and maxillofacial region, innocent, excision of, other than a service to which another item in Groups O3 to O9 applies (Anaes.) (Assist.) | 370.80 |
| 52064 | Bone cyst in the oral and maxillofacial region, injection into or aspiration of (Anaes.) | 176.35 |
| 52066 | Submandibular gland, extirpation of (Anaes.) (Assist.) | 463.50 |
| 52069 | Sublingual gland, extirpation of (Anaes.) | 206.60 |
| 52072 | Salivary gland, dilatation or diathermy of duct (Anaes.) | 61.20 |
| 52073 | Salivary gland, repair of cutaneous fistula of (Anaes.) | 155.85 |
| 52075 | Salivary gland, removal of calculus from duct or meatotomy or marsupialisation, one or more such procedures (Anaes.) | 155.85 |
| 52078 | Tongue, partial excision of (Anaes.) (Assist.) | 307.70 |
| 52081 | Tongue tie, division or excision of frenulum (Anaes.) | 48.40 |
| 52084 | Tongue tie, mandibular frenulum or maxillary frenulum, division or excision of frenulum, in a patient aged not less than 2 years (Anaes.) | 124.30 |
| 52087 | Ranula or mucous cyst of mouth, removal of (Anaes.) | 213.00 |
| 52090 | Operation on mandible or maxilla (other than alveolar margins) for chronic osteomyelitis—one bone or in combination with adjoining bones (Anaes.) (Assist.) | 370.80 |
| 52092 | Operation on skull for osteomyelitis (Anaes.) (Assist.) | 483.35 |
| 52094 | Operation on any combination of adjoining bones in the oral and maxillofacial region, being bones referred to in item 52092 (Anaes.) (Assist.) | 611.35 |
| 52095 | Bone growth stimulator in the oral and maxillofacial region, insertion of (Anaes.) (Assist.) | 396.25 |
| 52096 | Orthopaedic pin or wire, insertion of, into maxilla or mandible or zygoma, as an independent procedure (Anaes.) | 117.40 |
| 52097 | External fixation in the oral and maxillofacial region, removal of, in the operating theatre of a hospital (H) (Anaes.) | 166.55 |
| 52098 | External fixation in the oral and maxillofacial region, removal of, in conjunction with operations involving internal fixation or bone grafting or both (Anaes.) | 195.80 |
| 52099 | Buried wire, pin or screw, one or more, which were inserted for internal fixation purposes into maxilla or mandible or zygoma, removal of, requiring anaesthesia, incision, dissection and suturing, per bone, other than a service associated with a service to which item 52102 or 52105 applies (Anaes.) | 146.95 |
| 52102 | Buried wire, pin or screw, one or more, which were inserted for internal fixation purposes into maxilla or mandible or zygoma, removal of, requiring anaesthesia, incision, dissection and suturing, if undertaken in the operating theatre of a hospital, per bone (Anaes.) | 146.95 |
| 52105 | Plate, one or more of, and associated screw and wire which were inserted for internal fixation purposes into maxilla or mandible or zygoma, removal of, requiring anaesthesia, incision, dissection and suturing, per bone, other than a service associated with a service to which item 52099 or 52102 applies (Anaes.) (Assist.) | 274.25 |
| 52106 | Arch bars, one or more, which were inserted for dental fixation purposes to the maxilla or mandible, removal of, requiring general anaesthesia if undertaken in the operating theatre of a hospital (H) (Anaes.) | 113.30 |
| 52108 | Lip, full thickness wedge excision of, with repair by direct sutures (Anaes.) (Assist.) | 339.25 |
| 52111 | Vermilionectomy (Anaes.) (Assist.) | 339.25 |
| 52114 | Mandible or maxilla, segmental resection of, for tumours or cysts (Anaes.) (Assist.) | 611.40 |
| 52117 | Mandible, including lower border, or maxilla, sub‑total resection of (Anaes.) (Assist.) | 727.80 |
| 52120 | Mandible, hemimandiblectomy of, including condylectomy, if performed (Anaes.) (Assist.) | 860.85 |
| 52122 | Mandible, hemi‑mandibular reconstruction of, or maxilla reconstruction of, with bone graft, plate, tray or alloplast, other than a service associated with a service to which item 52123 applies (Anaes.) (Assist.) | 860.85 |
| 52123 | Mandible, total resection of both sides, including condylectomies if performed (Anaes.) (Assist.) | 974.50 |
| 52126 | Maxilla, total resection of (Anaes.) (Assist.) | 936.90 |
| 52129 | Maxilla, total resection of both maxillae (Anaes.) (Assist.) | 1,254.25 |
| 52130 | Bone graft in the oral and maxillofacial region, other than a service to which another item in Groups O3 to O9 applies (Anaes.) (Assist.) | 460.40 |
| 52131 | Bone graft with internal fixation, in the oral and maxillofacial region, other than a service to which another item in the range 51900 to 52186, or the range 52303 to 53460, applies (Anaes.) (Assist.) | 636.75 |
| 52132 | Tracheostomy (Anaes.) | 259.05 |
| 52133 | Cricothyrostomy by direct stab or Seldinger technique, using mini tracheostomy device (Anaes.) | 94.75 |
| 52135 | Post‑operative or post‑nasal haemorrhage, or both, control of, if undertaken in the operating theatre of a hospital (H) (Anaes.) | 150.20 |
| 52138 | Maxillary artery, ligation of (Anaes.) (Assist.) | 466.75 |
| 52141 | Facial, mandibular or lingual artery or vein or artery and vein, ligation of, other than a service to which item 52138 applies (Anaes.) (Assist.) | 461.65 |
| 52144 | Foreign body, deep, removal of using interventional imaging techniques (Anaes.) (Assist.) | 430.30 |
| 52147 | Duct of major salivary gland, transposition of (Anaes.) (Assist.) | 406.05 |
| 52148 | Parotid duct, repair of, using micro‑surgical techniques (Anaes.) (Assist.) | 717.75 |
| 52158 | Submandibular ducts, relocation of, for surgical control of drooling (Anaes.) (Assist.) | 1,155.65 |
| 52180 | Aggressive or potentially malignant bone or deep soft tissue tumour in the oral and maxillofacial region, biopsy of (not including after‑care) (Anaes.) | 195.80 |
| 52182 | Bone or malignant deep soft tissue tumour in the oral and maxillofacial region, lesional or marginal excision of (Anaes.) (Assist.) | 431.05 |
| 52184 | Bone tumour in the oral and maxillofacial region, lesional or marginal excision of, combined with any one of liquid nitrogen freezing, autograft, allograft or cementation (Anaes.) (Assist.) | 636.75 |
| 52186 | Bone tumour in the oral and maxillofacial region, lesional or marginal excision of, combined with any 2 or more of liquid nitrogen freezing, autograft, allograft or cementation (Anaes.) (Assist.) | 783.80 |

Division 6.5—Group O4: Plastic and reconstructive

6.5.1 Meaning of maxilla

In items 52342 to 52375:

***maxilla*** includes the zygoma.

6.5.2 Items in Group O4

This clause sets out items in Group O4.

Note: The fees in Group O4 are indexed in accordance with clause 1.3.1.

| Group O4—Plastic and reconstructive | | |
| --- | --- | --- |
| Column 1  Item | Column 2  Description | Column 3  Fee ($) |
| 52300 | Single‑stage local flap, if indicated, repair to one defect, with skin or mucosa (Anaes.) (Assist.) | 295.90 |
| 52303 | Single‑stage local flap, if indicated, repair to one defect, with buccal pad of fat (Anaes.) (Assist.) | 422.50 |
| 52306 | Single‑stage local flap, if indicated, repair to one defect, using temporalis muscle (Anaes.) (Assist.) | 626.90 |
| 52309 | Free grafting (mucosa or split skin) of a granulating area (Anaes.) | 213.00 |
| 52312 | Free grafting (mucosa, split skin or connective tissue) to one defect, including elective dissection (Anaes.) (Assist.) | 295.90 |
| 52315 | Free grafting, full thickness, to one defect (mucosa or skin) (Anaes.) (Assist.) | 492.95 |
| 52318 | Bone graft, harvesting of, via separate incision, being a service associated with a service to which another item in Groups O3 to O9 applies—Autogenous, small quantity (Anaes.) | 146.95 |
| 52319 | Bone graft, harvesting of, via separate incision, being a service associated with a service to which another item in Groups O3 to O9 applies—Autogenous, large quantity (Anaes.) | 245.05 |
| 52321 | Foreign implant (non‑biological), insertion of, for contour reconstruction of pathological deformity, other than a service associated with a service to which item 52624 applies (Anaes.) (Assist.) | 492.95 |
| 52324 | Direct flap repair, using tongue, first stage (Anaes.) (Assist.) | 492.95 |
| 52327 | Direct flap repair, using tongue, second stage (Anaes.) | 244.60 |
| 52330 | Palatal defect (oro‑nasal fistula), plastic closure of, including services to which item 52300, 52303, 52306 or 52324 applies (Anaes.) (Assist.) | 813.60 |
| 52333 | Cleft palate, primary repair (Anaes.) (Assist.) | 813.60 |
| 52336 | Cleft palate, secondary repair, closure of fistula using local flaps (Anaes.) (Assist.) | 508.55 |
| 52337 | Alveolar cleft (congenital) unilateral, grafting of, including plastic closure of associated oro‑nasal fistulae and ridge augmentation (Anaes.) (Assist.) | 1,112.40 |
| 52339 | Cleft palate, secondary repair, lengthening procedure (Anaes.) (Assist.) | 579.15 |
| 52342 | Mandible or maxilla, unilateral osteotomy or osteectomy of, including transposition of nerves and vessels and bone grafts taken from the same site (H) (Anaes.) (Assist.) | 1,005.95 |
| 52345 | Mandible or maxilla, unilateral osteotomy or osteectomy of, including transposition of nerves and vessels and bone grafts taken from the same site and stabilisation with fixation by wires, screws, plates or pins, or any combination (H) (Anaes.) (Assist.) | 1,134.50 |
| 52348 | Mandible or maxilla, bilateral osteotomy or osteectomy of, including transposition of nerves and vessels and bone grafts taken from the same site (H) (Anaes.) (Assist.) | 1,282.00 |
| 52351 | Mandible or maxilla, bilateral osteotomy or osteectomy of, including transposition of nerves and vessels and bone grafts taken from the same site and stabilisation with fixation by wires, screws, plates or pins, or any combination (H) (Anaes.) (Assist.) | 1,439.75 |
| 52354 | Mandible or maxilla, osteotomies or osteectomies of, involving 3 or more such procedures on the one jaw, including transposition of nerves and vessels and bone grafts taken from the same site (H) (Anaes.) (Assist.) | 1,459.55 |
| 52357 | Mandible or maxilla, osteotomies or osteectomies of, involving 3 or more such procedures on the one jaw, including transposition of nerves and vessels and bone grafts taken from the same site and stabilisation with fixation by wires, screws, plates or pins, or any combination (H) (Anaes.) (Assist.) | 1,643.15 |
| 52360 | Mandible and maxilla, osteotomies or osteectomies of, involving 2 such procedures of each jaw including transposition of nerves and vessels and bone grafts taken from the same site (H) (Anaes.) (Assist.) | 1,676.35 |
| 52363 | Mandible and maxilla, osteotomies or osteectomies of, involving 2 such procedures of each jaw, including transposition of nerves and vessels and bone grafts taken from the same site and stabilisation with fixation by wires, screws, plates or pins, or any combination (H) (Anaes.) (Assist.) | 1,885.80 |
| 52366 | Mandible and maxilla, complex bilateral osteotomies or osteectomies of, involving 3 or more such procedures of one jaw and 2 such procedures of the other jaw, including genioplasty when performed and transposition of nerves and vessels and bone grafts taken from the same site (H) (Anaes.) (Assist.) | 1,844.10 |
| 52369 | Mandible and maxilla, complex bilateral osteotomies or osteectomies of, involving 3 or more such procedures of one jaw and 2 such procedures of the other jaw, including genioplasty when performed and transposition of nerves and vessels and bone grafts taken from the same site and stabilisation with fixation by wires, screws, plates or pins, or any combination (H) (Anaes.)) (Assist.) | 2,073.45 |
| 52372 | Mandible and maxilla, complex bilateral osteotomies or osteectomies of, involving 3 or more such procedures of each jaw, including genioplasty when performed and transposition of nerves and vessels and bone grafts taken from the same site (H) (Anaes.) (Assist.) | 2,011.90 |
| 52375 | Mandible and maxilla, complex bilateral osteotomies or osteectomies of, involving 3 or more such procedures of each jaw, including genioplasty when performed and transposition of nerves and vessels and bone grafts taken from the same site and stabilisation with fixation by wires, screws, plates or pins, or any combination (H) (Anaes.) (Assist.) | 2,253.50 |
| 52378 | Genioplasty including transposition of nerves and vessels and bone grafts taken from the same site (Anaes.) (Assist.) | 779.00 |
| 52379 | Face, contour reconstruction of one region, using autogenous bone or cartilage graft (Anaes.) (Assist.) | 1,331.25 |
| 52380 | Midfacial osteotomies—Le Fort II, Modified Le Fort III (Nasomalar), Modified Le Fort III (Malar‑Maxillary), Le Fort III involving 3 or more osteotomies of the midface including transposition of nerves and vessels and bone grafts taken from the same site (Anaes.) (Assist.) | 2,266.85 |
| 52382 | Midfacial osteotomies—Le Fort II, Modified Le Fort III (Nasomalar), Modified Le Fort III (Malar‑Maxillary), Le Fort III involving 3 or more osteotomies of the midface including transposition of nerves and vessels and bone grafts taken from the same site and stabilisation with fixation by wires, screws, plates or pins, or any combination (Anaes.) (Assist.) | 2,717.45 |
| 52420 | Mandible, fixation by intermaxillary wiring, excluding wiring for obesity | 250.90 |
| 52424 | Dermis, dermofat or fascia graft (excluding transfer of fat by injection) in the oral and maxillofacial region (Anaes.) (Assist.) | 492.85 |
| 52430 | Microvascular repair of the oral and maxillofacial region using microsurgical techniques, with restoration of continuity of artery or vein of distal extremity or digit (Anaes.) (Assist.) | 1,134.50 |
| 52440 | Cleft lip, unilateral—primary repair, one stage, without anterior palate repair (Anaes.) (Assist.) | 563.25 |
| 52442 | Cleft lip, unilateral—primary repair, one stage, with anterior palate repair (Anaes.) (Assist.) | 704.25 |
| 52444 | Cleft lip, bilateral—primary repair, one stage, without anterior palate repair (Anaes.) (Assist.) | 782.35 |
| 52446 | Cleft lip, bilateral—primary repair, one stage, with anterior palate repair (Anaes.) (Assist.) | 923.50 |
| 52450 | Cleft lip, partial revision, including minor flap revision alignment and adjustment, including revision of minor whistle deformity if performed (Anaes.) | 312.95 |
| 52452 | Cleft lip, total revision, including major flap revision, muscle reconstruction and revision of major whistle deformity (Anaes.) (Assist.) | 508.55 |
| 52456 | Cleft lip reconstruction using full thickness flap (Abbe or similar), first stage (Anaes.) (Assist.) | 860.85 |
| 52458 | Cleft lip reconstruction using full thickness flap (Abbe or similar), second stage (Anaes.) | 312.95 |
| 52460 | Velo‑pharyngeal incompetence, pharyngeal flap for, or pharyngoplasty for (Anaes.) | 813.60 |
| 52480 | Composite graft (chondro‑cutaneous or chondro‑mucosal) to nose, ear or eyelid (Anaes.) (Assist.) | 522.60 |
| 52482 | Macrocheilia or macroglossia, operation for (Anaes.) (Assist.) | 502.85 |
| 52484 | Macrostomia, operation for (Anaes.) (Assist.) | 598.60 |

Division 6.6—Group O5: Preprosthetic

6.6.1 Items in Group O5

This clause sets out items in Group O5.

Note: The fees in Group O5 are indexed in accordance with clause 1.3.1.

| Group O5—Preprosthetic | | |
| --- | --- | --- |
| Column 1  Item | Column 2  Description | Column 3  Fee ($) |
| 52600 | Mandibular or palatal exostosis, excision of (Anaes.) (Assist.) | 352.05 |
| 52603 | Mylohyoid ridge, reduction of (Anaes.) (Assist.) | 336.50 |
| 52606 | Maxillary tuberosity, reduction of (Anaes.) | 256.70 |
| 52609 | Papillary hyperplasia of the palate, removal of—less than 5 lesions (Anaes.) (Assist.) | 336.50 |
| 52612 | Papillary hyperplasia of the palate, removal of—5 to 20 lesions (Anaes.) (Assist.) | 422.50 |
| 52615 | Papillary hyperplasia of the palate, removal of—more than 20 lesions (Anaes.) (Assist.) | 524.30 |
| 52618 | Vestibuloplasty, submucosal or open, including excision of muscle and skin or mucosal graft when performed—unilateral or bilateral (Anaes.) (Assist.) | 610.30 |
| 52621 | Floor of mouth lowering (Obwegeser or similar procedure), including excision of muscle and skin or mucosal graft when performed—unilateral (Anaes.) (Assist.) | 610.30 |
| 52624 | Alveolar ridge augmentation with bone or alloplast or both—unilateral (Anaes.) (Assist.) | 492.85 |
| 52626 | Alveolar ridge augmentation—unilateral, insertion of tissue expanding device into maxillary or mandibular alveolar ridge region for (Anaes.) (Assist.) | 302.30 |
| 52627 | Osseo‑integration procedure—extra oral implantation of titanium fixture (Anaes.) (Assist.) | 524.30 |
| 52630 | Osseo‑integration procedure—fixation of transcutaneous abutment (Anaes.) | 194.10 |
| 52633 | Osseo‑integration procedure—intra‑oral implantation of titanium fixture to facilitate restoration of the dentition following resection of part of the maxilla or mandible for benign or malignant tumours (Anaes.) | 524.30 |
| 52636 | Osseo‑integration procedure—fixation of transmucosal abutment to fixtures placed following resection of part of the maxilla or mandible for benign or malignant tumours (Anaes.) | 194.10 |

Division 6.7—Group O6: Neurosurgical

6.7.1 Items in Group O6

This clause sets out items in Group O6.

Note: The fees in Group O6 are indexed in accordance with clause 1.3.1.

| Group O6—Neurosurgical | | |
| --- | --- | --- |
| Column 1  Item | Column 2  Description | Column 3  Fee ($) |
| 52800 | Neurolysis by open operation, without transposition, other than a service associated with a service to which item 52803 applies (Anaes.) (Assist.) | 288.00 |
| 52803 | Nerve trunk, internal (interfascicular), neurolysis of, using microsurgical techniques (Anaes.) (Assist.) | 414.70 |
| 52806 | Neurectomy, neurotomy or removal of tumour from superficial peripheral nerve (Anaes.) (Assist.) | 288.00 |
| 52809 | Neurectomy, neurotomy or removal of tumour from deep peripheral nerve (Anaes.) (Assist.) | 492.95 |
| 52812 | Nerve trunk, primary repair of, using microsurgical techniques (Anaes.) (Assist.) | 704.25 |
| 52815 | Nerve trunk, secondary repair of, using microsurgical techniques (Anaes.) (Assist.) | 743.35 |
| 52818 | Nerve, transposition of (Anaes.) (Assist.) | 492.95 |
| 52821 | Nerve graft to nerve trunk (cable graft) including harvesting of nerve graft using microsurgical techniques (Anaes.) (Assist.) | 1,071.95 |
| 52824 | Peripheral branches of the trigeminal nerve, cryosurgery of, for pain relief (Anaes.) (Assist.) | 461.65 |
| 52826 | Injection of primary branch of trigeminal nerve with alcohol, cortisone, phenol, or similar substance (Anaes.) | 247.20 |
| 52828 | Cutaneous nerve, primary repair of, using microsurgical techniques (Anaes.) (Assist.) | 367.70 |
| 52830 | Cutaneous nerve, secondary repair of, using microsurgical techniques (Anaes.) (Assist.) | 485.00 |
| 52832 | Cutaneous nerve, nerve graft to, using microsurgical techniques (Anaes.) (Assist.) | 665.15 |

Division 6.8—Group O7: Ear, nose and throat

6.8.1 Items in Group O7

This clause sets out items in Group O7.

Note: The fees in Group O7 are indexed in accordance with clause 1.3.1.

| Group O7—Ear, nose and throat | | |
| --- | --- | --- |
| Column 1  Item | Column 2  Description | Column 3  Fee ($) |
| 53000 | Maxillary antrum, proof puncture and lavage of (Anaes.) | 33.85 |
| 53003 | Maxillary antrum, proof puncture and lavage of, under general anaesthesia, other than a service associated with a service to which another item in Groups O3 to O9 applies (H) (Anaes.) | 95.60 |
| 53004 | Maxillary antrum, lavage of—each attendance at which the procedure is performed, including any associated consultation (Anaes.) | 37.05 |
| 53006 | Antrostomy (radical) (Anaes.) (Assist.) | 542.40 |
| 53009 | Antrum, intranasal operation on or removal of foreign body from (Anaes.) (Assist.) | 307.70 |
| 53012 | Antrum, drainage of, through tooth socket (Anaes.) | 122.35 |
| 53015 | Oro‑antral fistula, plastic closure of (Anaes.) (Assist.) | 611.40 |
| 53016 | Nasal septum, septoplasty, submucous resection or closure of septal perforation (Anaes.) (Assist.) | 502.85 |
| 53017 | Nasal septum, reconstruction of (Anaes.) (Assist.) | 627.30 |
| 53019 | Maxillary sinus, bone graft to floor of maxillary sinus following elevation of mucosal lining (sinus lift procedure), unilateral (Anaes.) (Assist.) | 604.45 |
| 53052 | Post‑nasal space, direct examination of, with or without biopsy (Anaes.) | 127.80 |
| 53054 | Nasendoscopy or sinoscopy or fibreoptic examination of nasopharynx—one or more of these procedures (Anaes.) | 127.80 |
| 53056 | Examination of nasal cavity or post‑nasal space, or nasal cavity and post‑nasal space, under general anaesthesia, other than a service associated with a service to which another item in this Group applies (Anaes.) | 74.85 |
| 53058 | Nasal haemorrhage, posterior, arrest of, with posterior nasal packing with or without cauterisation and with or without anterior pack (excluding after‑care) (Anaes.) | 127.80 |
| 53060 | Cauterisation (other than by chemical means) or cauterisation by chemical means when performed under general anaesthesia or diathermy of septum or turbinates for obstruction or haemorrhage secondary to surgery (or trauma)—one or more of these procedures (including any consultation on the same occasion) other than a service associated with another operation on the nose (Anaes.) | 104.60 |
| 53062 | Post‑surgical nasal haemorrhage, arrest of during an episode of epistaxis by cauterisation or nasal cavity packing or both (Anaes.) | 93.65 |
| 53064 | Cryotherapy to nose in the treatment of nasal haemorrhage (Anaes.) | 169.55 |
| 53068 | Turbinectomy or turbinectomies, partial or total, unilateral (Anaes.) | 142.05 |
| 53070 | Turbinates, submucous resection of, unilateral (Anaes.) | 185.25 |

Division 6.9—Group O8: Temporomandibular joint

6.9.1 Items in Group O8

This clause sets out items in Group O8.

Note: The fees in Group O8 are indexed in accordance with clause 1.3.1.

| Group O8—Temporomandibular joint | | |
| --- | --- | --- |
| Column 1  Item | Column 2  Description | Column 3  Fee ($) |
| 53200 | Mandible, treatment of a dislocation of, not requiring open reduction (Anaes.) | 73.55 |
| 53203 | Mandible, treatment of a dislocation of, requiring open reduction (Anaes.) | 123.50 |
| 53206 | Temporomandibular joint, manipulation of, performed in the operating theatre of a hospital, other than a service associated with a service to which another item in Groups O3 to O9 applies (H) (Anaes.) | 148.80 |
| 53209 | Glenoid fossa, zygomatic arch and temporal bone, reconstruction of (Obwegeser technique) (Anaes.) (Assist.) | 1,715.95 |
| 53212 | Absent condyle and ascending ramus in hemifacial microsomia, construction of, not including harvesting of graft material (Anaes.) (Assist.) | 926.95 |
| 53215 | Temporomandibular joint, arthroscopy of, with or without biopsy, other than a service associated with another arthroscopic procedure of that joint (Anaes.) (Assist.) | 425.30 |
| 53218 | Temporomandibular joint, arthroscopy of, removal of loose bodies, debridement, or treatment of adhesions—one or more of such procedures (Anaes.) (Assist.) | 680.25 |
| 53220 | Temporomandibular joint, arthrotomy of, other than a service to which another item in this Group applies (Anaes.) (Assist.) | 342.90 |
| 53221 | Temporomandibular joint, open surgical exploration of, with or without microsurgical techniques (Anaes.) (Assist.) | 907.65 |
| 53224 | Temporomandibular joint, open surgical exploration of, with condylectomy or condylotomy, with or without microsurgical techniques (Anaes.) (Assist.) | 1,006.15 |
| 53225 | Arthrocentesis, irrigation of temporomandibular joint after insertion of 2 cannuli into the appropriate joint space (Anaes.) (Assist.) | 302.30 |
| 53226 | Temporomandibular joint, synovectomy of, other than a service to which another item in this Group applies (Anaes.) (Assist.) | 324.95 |
| 53227 | Temporomandibular joint, open surgical exploration of, with or without meniscus or capsular surgery, including meniscectomy when performed, with or without microsurgical techniques (Anaes.) (Assist.) | 1,236.35 |
| 53230 | Temporomandibular joint, open surgical exploration of, with meniscus, capsular and condylar head surgery, with or without microsurgical techniques (Anaes.) (Assist.) | 1,392.65 |
| 53233 | Temporomandibular joint, surgery of, involving procedures to which item 53224, 53226, 53227 or 53230 applies and also involving the use of tissue flaps, or cartilage graft, or allograft implants, with or without microsurgical techniques (Anaes.) (Assist.) | 1,564.95 |
| 53236 | Temporomandibular joint, stabilisation of, involving one or more of: repair of capsule, repair of ligament or internal fixation, other than a service to which another item in this Group applies (Anaes.) (Assist.) | 489.75 |
| 53239 | Temporomandibular joint, arthrodesis of, other than a service to which another item in this Group applies (Anaes.) (Assist.) | 489.75 |
| 53242 | Temporomandibular joint or joints, application of external fixator to, other than for treatment of fractures (Anaes.) (Assist.) | 324.95 |

Division 6.10—Group O9: Treatment of fractures

6.10.1 Items in Group O9

This clause sets out items in Group O9.

Note: The fees in Group O9 are indexed in accordance with clause 1.3.1.

| Group O9—Treatment of fractures | | |
| --- | --- | --- |
| Column 1  Item | Column 2  Description | Column 3  Fee ($) |
| 53400 | Maxilla, unilateral or bilateral, treatment of fracture of, not requiring splinting | 134.40 |
| 53403 | Mandible, treatment of fracture of, not requiring splinting | 164.25 |
| 53406 | Maxilla, treatment of fracture of, requiring splinting, wiring of teeth, circumosseous fixation or external fixation (Anaes.) (Assist.) | 423.10 |
| 53409 | Mandible, treatment of fracture of, requiring splinting, wiring of teeth, circumosseous fixation or external fixation (Anaes.) (Assist.) | 423.10 |
| 53410 | Zygomatic bone, treatment of fracture of, not requiring surgical reduction | 89.10 |
| 53411 | Zygomatic bone, treatment of fracture of, requiring surgical reduction, by temporal, intra‑oral or other approach (Anaes.) | 248.45 |
| 53412 | Zygomatic bone, treatment of fracture of, requiring surgical reduction and involving internal or external fixation at one site (Anaes.) (Assist.) | 408.00 |
| 53413 | Zygomatic bone, treatment of fracture of, requiring surgical reduction and involving internal or external fixation or both at 2 sites (Anaes.) (Assist.) | 499.80 |
| 53414 | Zygomatic bone, treatment of, requiring surgical reduction and involving internal or external fixation or both at 3 sites (Anaes.) (Assist.) | 574.20 |
| 53415 | Maxilla, treatment of fracture of, requiring open reduction (Anaes.) (Assist.) | 453.30 |
| 53416 | Mandible, treatment of fracture of, requiring open reduction (Anaes.) (Assist.) | 453.30 |
| 53418 | Maxilla, treatment of fracture of, requiring open reduction and internal fixation not involving a plate (Anaes.) (Assist.) | 589.30 |
| 53419 | Mandible, treatment of fracture of, requiring open reduction and internal fixation not involving a plate (Anaes.) (Assist.) | 589.30 |
| 53422 | Maxilla, treatment of fracture of, requiring open reduction and internal fixation involving a plate (Anaes.) (Assist.) | 747.85 |
| 53423 | Mandible, treatment of fracture of, requiring open reduction and internal fixation involving a plate (Anaes.) (Assist.) | 747.85 |
| 53424 | Maxilla, treatment of a complicated fracture of, involving viscera, blood vessels or nerves, requiring open reduction not involving a plate (Anaes.) (Assist.) | 641.60 |
| 53425 | Mandible, treatment of a complicated fracture of, involving viscera, blood vessels or nerves, requiring open reduction not involving a plate (Anaes.) (Assist.) | 641.60 |
| 53427 | Maxilla, treatment of a complicated fracture of, involving viscera, blood vessels or nerves, requiring open reduction involving the use of a plate (Anaes.) (Assist.) | 876.40 |
| 53429 | Mandible, treatment of a complicated fracture of, involving viscera, blood vessels or nerves, requiring open reduction involving the use of a plate (Anaes.) (Assist.) | 876.40 |
| 53439 | Mandible, treatment of a closed fracture of, involving a joint surface (Anaes.) | 248.45 |
| 53453 | Orbital cavity, reconstruction of a wall or floor with or without foreign implant (Anaes.) (Assist.) | 502.85 |
| 53455 | Orbital cavity, bone or cartilage graft to orbital wall or floor including reduction of prolapsed or entrapped orbital contents (Anaes.) (Assist.) | 590.65 |
| 53458 | Nasal bones, treatment of fracture of, other than a service to which item 53459 or 53460 applies | 44.80 |
| 53459 | Nasal bones, treatment of fracture of, by reduction (Anaes.) | 245.05 |
| 53460 | Nasal bones, treatment of fractures of, by open reduction involving osteotomies (Anaes.) (Assist.) | 499.80 |

Division 6.11—Group O11: Regional or field nerve blocks

6.11.1 Items in Group O11

This clause sets out items in Group O11.

Note: The fees in Group O11 are indexed in accordance with clause 1.3.1.

| Group O11—Regional or field nerve blocks | | |
| --- | --- | --- |
| Column 1  Item | Column 2  Description | Column 3  Fee ($) |
| 53700 | Trigeminal nerve, primary division of, injection of an anaesthetic agent | 129.90 |
| 53702 | Trigeminal nerve, peripheral branch of, injection of an anaesthetic agent | 65.05 |
| 53704 | Facial nerve, injection of an anaesthetic agent | 39.15 |
| 53706 | Nerve branch in the oral and maxillofacial region, destruction by a neurolytic agent, other than a service to which another item in this Group applies | 129.90 |

Part 7—Dictionary

Note: All references in this Part to a provision are references to a provision in this Schedule, unless otherwise indicated.

7.1.1 Dictionary

In this Schedule:

***2016 estimated resident population*** means the preliminary estimated resident population as at 30 June 2016, as published by the Australian Bureau of Statistics.

***Aboriginal and Torres Strait Islander health practitioner*** means a person:

(a) who is registered under a law of a State or Territory as an Aboriginal and Torres Strait Islander health practitioner; and

(b) who is employed by, or whose services are otherwise retained by, a medical practitioner in a general practice or a health service to which a direction made under subsection 19(2) of the Act applies.

***Aboriginal health worker*** means a person:

(a) who holds a Certificate III in Aboriginal or Torres Strait Islander Health Worker Primary Health Care (Clinical) or other appropriate qualification; and

(b) who is engaged by a medical practitioner in a general practice or a health service to which a direction made under subsection 19(2) of the Act applies.

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

***after‑hours period*** means any of the following:

(a) a public holiday;

(b) a Sunday;

(c) before 8 am, or after 12 noon, on a Saturday;

(d) before 8 am, or after 6 pm, on any day other than a Saturday, Sunday or public holiday.

***after‑hours rural area*** means an area that is:

(a) a Modified Monash 2 area; or

(b) a Modified Monash 3 area; or

(c) a Modified Monash 4 area; or

(d) a Modified Monash 5 area; or

(e) a Modified Monash 6 area; or

(f) a Modified Monash 7 area.

***amount under clause 2.1.1*** has the meaning given by clause 2.1.1.

***amount under clause 2.20.2*** has the meaning given by clause 2.20.2.

***amount under clause 5.3.1*** has the meaning given by clause 5.3.1.

***amount under clause 5.7.1*** has the meaning given by clause 5.7.1.

***amount under clause 5.9.1*** has the meaning given by clause 5.9.1.

***amount under clause 5.9.2*** has the meaning given by clause 5.9.2.

***amount under clause 5.10.1*** has the meaning given by clause 5.10.1.

***amount under clause 5.10.2*** has the meaning given by clause 5.10.2.

***amount under clause 5.10.20*** has the meaning given by clause 5.10.20.

***amount under clause 5.11.1*** has the meaning given by clause 5.11.1.

***amount under clause 5.11.2*** has the meaning given by clause 5.11.2.

***amount under clause 5.11.3*** has the meaning given by clause 5.11.3.

***amount under clause 6.3.1*** has the meaning given by clause 6.3.1.

***approved site***, for radiation oncology, means a site at which radiation oncology may be performed lawfully under the law of the State or Territory in which the site is located.

***ASGS*** means the July 2016 edition of the Australian Statistical Geography Standard, published by the Australian Bureau of Statistics, as existing on 1 July 2020.

Note: The ASGS could in 2021 be viewed on the Australian Bureau of Statistics’ website (https://www.abs.gov.au).

***associated general practitioner***:

(a) for item 732—has the meaning given by clause 2.16.2; and

(b) for item 2712—has the meaning given by clause 2.20.5.

***Australian Type 2 Diabetes Risk Assessment Tool*** means the *Australian Type 2 Diabetes Risk Assessment Tool*, developed by the Baker Heart and Diabetes Institute, as existing on 1 July 2020.

Note: The *Australian Type 2 Diabetes Risk Assessment Tool* could in 2021 be viewed on the Department’s website (http://www.health.gov.au).

***birth***, in items 16515, 16519, 16522, 16527, 16528, 16590, 20855, 20946, 20958, 51306 and 51309, includes the following:

(a) induction of labour by surgical or intravenous infusion methods;

(b) forceps or vacuum extraction;

(c) caesarean section;

(d) breech birth;

(e) management of multiple births;

(f) episiotomy;

(g) repair of tears;

(h) evacuation of the products of conception by manual removal.

***brachytherapy treatment verification*** means a quality assurance procedure:

(a) that is designed to facilitate accurate and reproducible delivery of brachytherapy to a site or region of the body as specified in a treatment prescription or in a dose plan generated from a treatment prescription; and

(b) that utilises the capture and assessment of appropriate images using any of the following:

(i) x‑rays;

(ii) computed tomography;

(iii) ultrasound, if the ultrasound equipment is capable of producing images in 3 dimensions; and

(c) that includes making a record of the assessment and correcting any significant treatment delivery inaccuracies detected.

***bulk‑billed***: a medical service is bulk‑billed if:

(a) a medicare benefit is payable to a person in relation to the service; and

(b) under an agreement entered into under section 20A of the Act:

(i) the person assigns to the medical practitioner by whom, or on whose behalf, the service is provided, the person’s right to the payment of the medicare benefit; and

(ii) the medical practitioner accepts the assignment in full payment of the medical practitioner’s fee for the service provided.

***care recipient*** means a person to whom residential care (as defined in section 41‑3 of the *Aged Care Act 1997*) is provided.

***case conference team***, for item 880, has the meaning given by clause 2.16.18.

***cervical screening service*** means a service to which item 73070, 73071, 73072, 73074, 73075 or 73076 of the pathology services table applies.

***cervical smear service*** means a service to which former item 73053, 73055, 73057 or 73069 of the pathology services table applied.

***closed reduction*** means treatment of a dislocation or fracture by non‑operative reduction, including the use of percutaneous fixation, or external splintage by cast or splints.

***community case conference*** means a case conference for community based patients.

***completes the minimum requirements for a cycle of care of a patient with established diabetes mellitus*** has the meaning given by clause 2.19.1.

***completes the minimum requirements of the Asthma Cycle of Care*** has the meaning given by clause 2.19.2.

***comprehensive hyperbaric medicine facility*** has the meaning given by clause 5.2.1.

***concessional beneficiary*** has the meaning given by clause 3.2.1.

***contribute to a multidisciplinary care plan***, for items 729 and 731, has the meaning given by clause 2.16.3.

***coordinating***, for item 880, has the meaning given by clause 2.16.17.

***coordinating a review of team care arrangements***, for item 732, has the meaning given by clause 2.16.5.

***coordinating the development of team care arrangements***, for item 723, has the meaning given by clause 2.16.4.

***coronary vascular territory***, for an item in Subgroup 6 of Group T8 (cardio‑thoracic surgical operations), means a vascular territory that is supplied by:

(a) the left anterior descending artery; or

(b) the circumflex artery; or

(c) the right coronary artery; or

(d) one or more branches of an artery mentioned in paragraph (a), (b) or (c); or

(e) one or more coronary bypass grafts.

***eating disorder treatment and management plan*** means a plan prepared in accordance with clause 2.31.3, including any modifications to the plan made in accordance with clause 2.31.4.

***ECG*** means electrocardiogram.

***EEG*** means electroencephalogram.

***eligible allied health provider*** means any of the following:

(a) an audiologist;

(b) an occupational therapist;

(c) an optometrist;

(d) an orthoptist;

(e) a physiotherapist;

(f) a psychologist;

(g) a speech pathologist.

***eligible disability*** has the meaning given by clause 2.6.1.

***eligible non‑vocationally recognised medical practitioner*** has the meaning given by clause 1.1.2.

***eligible stroke centre*** has the meaning given by clause 5.10.15.

***embryology laboratory services*** has the meaning given by clause 5.2.2.

***EMG*** means electromyogram.

***EOG*** means electrooculogram.

***focussed psychological strategies*** has the meaning given by clause 2.20.1.

***foreign body***, for items 35360 and 35363, has the meaning given by clause 5.10.10.

***general intensive care unit*** means an area within a hospital that:

(a) is equipped and staffed so that it is capable of providing to a patient:

(i) mechanical ventilation for a period of several days; and

(ii) invasive cardiovascular monitoring; and

(b) is supported by:

(i) during normal working hours—at least one specialist, or consultant physician, in the specialty of intensive care, who is immediately available, and exclusively rostered, to that area; and

(ii) at all times—at least one registered medical practitioner who is present in the hospital and immediately available to that area; and

(iii) at least 18 hours each day—at least one registered nurse; and

(c) has admission and discharge policies in operation.

***general practice*** means a business, consisting of one or more medical practitioners, that provides a general practice of medical services.

***general practitioner*** has a meaning affected by clause 1.1.3.

***GP management plan***, for item 10997, has the meaning given by clause 3.1.1.

***gravely ill patient lacking current goals of care*** means a patient to whom all of the following apply:

(a) the patient either:

(i) is suffering a life‑threatening acute illness or injury; or

(ii) is suffering acute illness or injury and, apart from the illness or injury, has a high risk of dying within 12 months;

(b) one or more alternatives to management of the illness or injury are clinically appropriate for the patient;

(c) either:

(i) there is not a record of goals of care for the patient that can readily be retrieved by providers of health care for the patient and that identifies interventions that should, or should not, be made in care of the patient; or

(ii) there is such a record but it is reasonable to expect that, due to changes in the patient’s condition, the goals recorded will change substantially.

***Group A1 disqualified general practitioner*** means a general practitioner:

(a) who is partly disqualified under an agreement that is in effect under section 92 of the Act in respect of a service to which an item in Group A1 applies; or

(b) in relation to whom a final determination under section 106TA of the Act containing a direction under paragraph 106U(1)(g) that the practitioner be partly disqualified is in effect in respect of a service to which an item in Group A1 applies.

***(H)*** has the meaning given by clause 1.1.7.

***immunisation*** means the administration of a registered vaccine to a person for any purpose other than as part of a mass immunisation of persons.

***intensive care unit*** means a general intensive care unit or a neo‑natal intensive care unit.

***living in a community setting***, for item 900, has the meaning given by clause 2.17.1.

***maxilla***:

(a) for items 46150 to 46158—has the meaning given by clause 5.10.22; and

(b) for items 52342 to 52375—has the meaning given by clause 6.5.1.

***mental disorder*** has the meaning given by clause 2.20.1.

***mental health case conference*** means a process by which a multidisciplinary case conference team carries out all of the following activities relevant to a patient’s mental health:

(a) discussing the patient’s history;

(b) identifying the patient’s multidisciplinary care needs;

(c) identifying outcomes to be achieved by members of the multidisciplinary case conference team giving mental health care and service to the patient;

(d) identifying tasks that need to be undertaken to achieve these outcomes, and allocating those tasks to members of the multidisciplinary case conference team;

(e) assessing whether previously identified outcomes (if any) have been achieved.

***mental health skills training*** means training of that name accredited by the General Practice Mental Health Standards Collaboration.

Note: The General Practice Mental Health Standards Collaboration operates under the auspices of the Royal Australian College of General Practitioners.

***minor attendance***, for an attendance on a patient by a consultant physician, means an attendance that:

(a) is a second or subsequent attendance on the patient, in the course of a single course of treatment by the consultant physician, during which it is not necessary for the consultant physician to carry out a physical examination of the patient; and

(b) does not result in a substantial alteration to the treatment of the patient.

***Modified Monash 2 area*** means a Statistical Area Level 1 under the ASGS that:

(a) is categorised under the ASGS as RA 1 (Inner Regional Australia) or RA 2 (Outer Regional Australia); and

(b) satisfies any of the following criteria:

(i) the area is in an Urban Centre and Locality with a 2016 estimated resident population of more than 50,000;

(ii) the area is in an Urban Centre and Locality, the geographic centre of which is no more than 20 km road distance from the boundary of another Urban Centre and Locality with a 2016 estimated resident population of more than 50,000;

(iii) the area is not in an Urban Centre and Locality, but the geographic centre of the area is no more than 20 km road distance from the boundary of an Urban Centre and Locality with a 2016 estimated resident population of more than 50,000; and

(c) is not a Modified Monash 7 area.

***Modified Monash 3 area*** means a Statistical Area Level 1 under the ASGS that:

(a) is categorised under the ASGS as RA 1 (Inner Regional Australia) or RA 2 (Outer Regional Australia); and

(b) satisfies any of the following criteria:

(i) the area is in an Urban Centre and Locality with a 2016 estimated resident population of more than 15,000 but no more than 50,000;

(ii) the area is in an Urban Centre and Locality, the geographic centre of which is no more than 15 km road distance from the boundary of another Urban Centre and Locality with a 2016 estimated resident population of more than 15,000 but no more than 50,000;

(iii) the area is not in an Urban Centre and Locality, but the geographic centre of the area is no more than 15 km road distance from the boundary of an Urban Centre and Locality with a 2016 estimated resident population of more than 15,000 but no more than 50,000; and

(c) is not a Modified Monash 2 area or Modified Monash 7 area.

***Modified Monash 4 area*** means a Statistical Area Level 1 under the ASGS that:

(a) is categorised under the ASGS as RA 1 (Inner Regional Australia) or RA 2 (Outer Regional Australia); and

(b) satisfies any of the following criteria:

(i) the area is in an Urban Centre and Locality with a 2016 estimated resident population of at least 5,000 but no more than 15,000;

(ii) the area is in an Urban Centre and Locality, the geographic centre of which is no more than 10 km road distance from the boundary of another Urban Centre and Locality with a 2016 estimated resident population of at least 5,000 but no more than 15,000;

(iii) the area is not in an Urban Centre and Locality, but the geographic centre of the area is no more than 10 km road distance from the boundary of an Urban Centre and Locality with a 2016 estimated resident population of at least 5,000 but no more than 15,000; and

(c) is not a Modified Monash 2 area, Modified Monash 3 area or Modified Monash 7 area.

***Modified Monash 5 area*** means a Statistical Area Level 1 under the ASGS that:

(a) is categorised under the ASGS as RA 1 (Inner Regional Australia) or RA 2 (Outer Regional Australia); and

(b) is not a Modified Monash 2 area, Modified Monash 3 area, Modified Monash 4 area or Modified Monash 7 area.

***Modified Monash 6 area*** means a Statistical Area Level 1 under the ASGS that:

(a) is categorised under the ASGS as RA 3 (Remote Australia); and

(b) is not a Modified Monash 7 area.

***Modified Monash 7 area*** means a Statistical Area Level 1 under the ASGS that:

(a) is entirely located on an island or islands more than 5 km from the Australian mainland or Tasmania, as measured between coastlines at the low water mark; or

(b) is located on Magnetic Island; or

(c) is categorised under the ASGS as RA 4 (Very Remote Australia).

***motion segment*** has the meaning given by clause 5.10.29.

***multidisciplinary care plan***:

(a) for items 729 and 731—has the meaning given by clause 2.16.6; and

(b) for item 10997—has the meaning given by clause 3.1.1.

***multidisciplinary case conference*** has the meaning given by clause 1.1.4.

***multidisciplinary case conference team*** has the meaning given by clause 1.1.5.

***multidisciplinary discharge case conference***, for items 735, 739, 743, 747, 750 and 758, has the meaning given by clause 2.16.14.

***neo‑natal intensive care unit*** means a separate hospital area that:

(a) is equipped and staffed so that it is capable of providing to a patient who is a newly born child:

(i) mechanical ventilation for a period of several days; and

(ii) invasive cardiovascular monitoring; and

(b) is supported by:

(i) during normal working hours—at least one consultant physician in paediatric medicine who is immediately available, and exclusively rostered, to that area; and

(ii) at all times—at least one registered medical practitioner who is present in the hospital and immediately available to that area; and

(iii) at least 18 hours each day—at least one registered nurse; and

(c) has admission and discharge policies in operation.

***non‑directive pregnancy support counselling***, for item 4001, has the meaning given by clause 2.22.1.

***non‑medicare service*** means any of the following:

(a) endoluminal gastroplication, for the treatment of gastro‑oesophageal reflux disease;

(b) gamma knife surgery;

(c) intradiscal electro thermal arthroplasty;

(d) intravascular ultrasound, except if used in conjunction with intravascular brachytherapy;

(e) intro‑articular viscosupplementation, for the treatment of osteoarthritis of the knee;

(f) low intensity ultrasound treatment, for the acceleration of bone fracture healing, using a bone growth stimulator;

(g) lung volume reduction surgery, for advanced emphysema;

(h) photodynamic therapy, for skin and mucosal cancer;

(i) placement of artificial bowel sphincters, in the management of faecal incontinence;

(j) selective internal radiation therapy for any condition other than hepatic metastases that are secondary to colorectal cancer;

(k) specific mass measurement of bone alkaline phosphatise;

(l) transmyocardial laser revascularisation;

(m) vertebral axial decompression therapy, for chronic back pain;

(n) autologous chondrocyte implantation and matrix‑induced autologous chondrocyte implantation;

(p) extracorporeal magnetic innervation.

***NOSE Scale*** has the meaning given by clause 5.10.21.

***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 using intra‑medullary fixation or external fixation.

***organise and coordinate***:

(a) for items 735, 739, 743, 820, 822, 823, 825, 826, 828, 830, 832, 834, 835, 837, 838, 855, 857, 858, 861, 864 and 866—has the meaning given by clause 2.16.15; and

(b) for items mentioned in Subgroups 2 and 4 of Group A24—has the meaning given by clause 2.21.1; and

(c) for items 6029 to 6042—has the meaning given by clause 2.27.1; and

(d) for items 6064 to 6075—has the meaning given by clause 2.28.1.

***outcome measurement tool*** has the meaning given by clause 2.20.1.

***participate***:

(a) for items 747, 750, 758, 825, 826, 828, 835, 837 and 838—has the meaning given by clause 2.16.16; and

(b) for items 2958, 2972, 2974, 2992, 2996, 3000, 3051, 3055, 3062, 3083, 3088 and 3093—has the meaning given by clause 2.21.2; and

(c) for items 6035 to 6042—has the meaning given by clause 2.27.2; and

(d) for items 6071 to 6075—has the meaning given by clause 2.28.2.

***participating in a video conferencing consultation***: a medical practitioner is ***participating in a video conferencing consultation*** if:

(a) the medical practitioner attends a patient who is receiving a service under an item in this Schedule from a specialist or consultant physician; and

(b) the specialist or consultant physician is providing the service:

(i) in relation to the specialist’s or consultant physician’s speciality to the patient; and

(ii) by way of a video conferencing consultation.

***patient’s medical condition requires urgent assessment*** has the meaning given by clause 2.14.1.

***patient’s usual general practitioner*** means a general practitioner:

(a) who has provided the majority of services to the patient in the past 12 months; or

(b) who is likely to provide the majority of services to the patient in the following 12 months; or

(c) located at a medical practice that:

(i) has provided the majority of services to the patient in the past 12 months; or

(ii) is likely to provide the majority of services to the patient in the next 12 months.

***person with a chronic disease***, for item 10997, has the meaning given by clause 3.1.1.

***pharmaceutical benefits scheme*** means the scheme for the supply of pharmaceutical benefits established under Part VII of the *National Health Act 1953*.

***practice location***, for the provision of a medical service, means the place of practice in relation to which the medical practitioner by whom, or on whose behalf, the service is provided, has been allocated a provider number by the Chief Executive Medicare.

***practice midwife***has the meaning given by clause 5.5.2.

***practice nurse*** means a registered or an enrolled nurse who is employed by, or whose services are otherwise retained by, a general practice or by a health service to which a direction made under subsection 19(2) of the Act applies.

***preparation of a GP mental health treatment plan*** has the meaning given by clause 2.20.3.

***preparation of goals of care*** for a patient, by a medical practitioner, means the carrying out of all of the following activities by the practitioner:

(a) comprehensively evaluating the patient’s medical, physical, psychological and social issues;

(b) identifying major issues that require goals of care for the patient to be set;

(c) assessing the patient’s capacity to make decisions about goals of care for the patient;

(d) discussing care of the patient with the patient, or a person (the ***surrogate***) who can make decisions on the patient’s behalf about care for the patient, and as appropriate with any of the following:

(i) members of the patient’s family;

(ii) other persons who provide care for the patient;

(iii) other health practitioners;

(e) offering in that discussion reasonable options for care of the patient, including alternatives to intensive or escalated care;

(f) agreeing with the patient or the surrogate on goals of care for the patient that address all major issues identified;

(g) recording the agreed goals so that:

(i) the record can be readily retrieved by other providers of health care for the patient; and

(ii) interventions that should, or should not, be made in care of the patient are identified.

***preparing a GP management plan***, for item 721, has the meaning given by clause 2.16.7.

***qualified adult sleep medicine practitioner*** has the meaning given by clause 4.1.2.

***qualified paediatric sleep medicine practitioner*** has the meaning given by clause 4.1.2.

***qualified sleep medicine practitioner*** has the meaning given by clause 4.1.2.

***RACP Advisory Committee*** has the meaning given by clause 4.1.2.

***RACP Appeal Committee*** has the meaning given by clause 4.1.2.

***RACP Credentialling Subcommittee*** has the meaning given by clause 4.1.2.

***radiation oncology treatment verification*** means a quality assurance procedure:

(a) that is designed to facilitate accurate and reproducible delivery of radiation therapy to a site or region of the body as specified in a treatment prescription or a dose plan generated from a treatment prescription; and

(b) that utilises the capture and assessment of appropriate images using any of the following:

(i) x‑rays;

(ii) computed tomography;

(iii) ultrasound, if the ultrasound equipment is capable of producing images in 3 dimensions; and

(c) that includes making a record of the assessment and correcting any significant treatment delivery inaccuracies detected.

***recognised emergency department*** of a private hospital means a department of the hospital that is licensed, under a law of the State or Territory in which the hospital is located, to operate as an emergency department.

***referring practitioner***, in relation to a referral, means the person making the referral.

Note: Division 4 of Part 11 of the *Health Insurance Regulations 2018* prescribes the manner in which patients are to be referred when an item in this Schedule specifies a service that is to be rendered by a specialist or consultant physician to a patient who has been referred.

***regional, rural or remote area*** means either of the following:

(a) an area classified as RRMAs 3‑7 under the Rural, Remote and Metropolitan Areas Classification;

(b) Norfolk Island.

***registered vaccine*** means a vaccine that is included in the part of the Australian Register of Therapeutic Goods for registered goods, being the Register maintained under section 9A of the *Therapeutic Goods Act 1989*, as existing on 1 July 2020.

***report***, for Division 4.1, has the meaning given by clause 4.1.1.

***residential aged care facility*** means a facility where residential care (as defined in section 41‑3 of the *Aged Care Act 1997*) is provided.

***residential medication management review***, for item 903, has the meaning given by clause 2.17.2.

***reviewing a GP management plan***, for item 732, has the meaning given by clause 2.16.8.

***review of a GP mental health treatment plan*** has the meaning given by clause 2.20.4.

***risk assessment***:

(a) for items 135, 137 and 139—has the meaning given by clause 2.6.2; and

(b) for item 289—has the meaning given by clause 2.11.4.

***Rural, Remote and Metropolitan Areas Classification*** means the document so titled, as existing on 1 July 2020, setting out certain categories of areas in Australia that have been determined by the Department by reference to population size and remoteness of locality on the basis of 1991 census data published by the Australian Bureau of Statistics in 1994.

***service time*** has the meaning given by clause 5.9.3.

***single course of treatment*** has the meaning given by clause 1.1.6.

***team care arrangements*** means a plan under item 723 or 732 (for a review of team care arrangements under item 723).

***telehealth eligible area*** means an area classified as a telehealth eligible area by the Minister, identified as such on the Department’s website on 1 July 2020.

Note: Maps showing telehealth eligible areas could in 2021 be viewed on the Department’s website (http://www.health.gov.au).

***treatment cycle***, in relation to assisted reproductive services, has the meaning given by clause 5.2.3.

***unreferred service*** has the meaning given by clause 3.2.1.

***unsociable hours*** means the period starting at 11 pm on a day and ending at 7 am on the next day.

***Urban Centre and Locality*** means an area defined as an Urban Centre and Locality under the ASGS.

Endnotes

Endnote 1—About the endnotes

The endnotes provide information about this compilation and the compiled law.

The following endnotes are included in every compilation:

Endnote 1—About the endnotes

Endnote 2—Abbreviation key

Endnote 3—Legislation history

Endnote 4—Amendment history

**Abbreviation key—Endnote 2**

The abbreviation key sets out abbreviations that may be used in the endnotes.

**Legislation history and amendment history—Endnotes 3 and 4**

Amending laws are annotated in the legislation history and amendment history.

The legislation history in endnote 3 provides information about each law that has amended (or will amend) the compiled law. The information includes commencement details for amending laws and details of any application, saving or transitional provisions that are not included in this compilation.

The amendment history in endnote 4 provides information about amendments at the provision (generally section or equivalent) level. It also includes information about any provision of the compiled law that has been repealed in accordance with a provision of the law.

**Editorial changes**

The *Legislation Act 2003* authorises First Parliamentary Counsel to make editorial and presentational changes to a compiled law in preparing a compilation of the law for registration. The changes must not change the effect of the law. Editorial changes take effect from the compilation registration date.

If the compilation includes editorial changes, the endnotes include a brief outline of the changes in general terms. Full details of any changes can be obtained from the Office of Parliamentary Counsel.

**Misdescribed amendments**

A misdescribed amendment is an amendment that does not accurately describe how an amendment is to be made. If, despite the misdescription, the amendment can be given effect as intended, then the misdescribed amendment can be incorporated through an editorial change made under section 15V of the *Legislation Act 2003*.

If a misdescribed amendment cannot be given effect as intended, the amendment is not incorporated and “(md not incorp)” is added to the amendment history.

Endnote 2—Abbreviation key

|  |  |
| --- | --- |
| ad = added or inserted | o = order(s) |
| am = amended | Ord = Ordinance |
| amdt = amendment | orig = original |
| c = clause(s) | par = paragraph(s)/subparagraph(s) |
| C[x] = Compilation No. x | /sub‑subparagraph(s) |
| Ch = Chapter(s) | pres = present |
| def = definition(s) | prev = previous |
| Dict = Dictionary | (prev…) = previously |
| disallowed = disallowed by Parliament | Pt = Part(s) |
| Div = Division(s) | r = regulation(s)/rule(s) |
| ed = editorial change | reloc = relocated |
| exp = expires/expired or ceases/ceased to have | renum = renumbered |
| effect | rep = repealed |
| F = Federal Register of Legislation | rs = repealed and substituted |
| gaz = gazette | s = section(s)/subsection(s) |
| LA = *Legislation Act 2003* | Sch = Schedule(s) |
| LIA = *Legislative Instruments Act 2003* | Sdiv = Subdivision(s) |
| (md) = misdescribed amendment can be given | SLI = Select Legislative Instrument |
| effect | SR = Statutory Rules |
| (md not incorp) = misdescribed amendment | Sub‑Ch = Sub‑Chapter(s) |
| cannot be given effect | SubPt = Subpart(s) |
| mod = modified/modification | underlining = whole or part not |
| No. = Number(s) | commenced or to be commenced |

Endnote 3—Legislation history

| Name | Registration | Commencement | Application, saving and transitional provisions |
| --- | --- | --- | --- |
| Health Insurance (General Medical Services Table) Regulations 2021 | 2 June 2021 (F2021L00678) | 1 July 2021 (s 2(1) item 1) |  |
| Health Insurance Legislation Amendment (2021 Measures No. 1) Regulations 2021 | 2 June 2021 (F2021L00681) | Sch 1 (items 34–39, 43–95B): 1 July 2021 (s 2(1) item 3) | — |
| Health Insurance (General Medical Services Table) Amendment (2021 Measures No. 1) Regulations 2021 | 25 June 2021 (F2021L00854) | 1 July 2021 (s 2(1) item 1) | — |
| Health Insurance (General Medical Services Table) Amendment (2021 Measures No. 2) Regulations 2021 | 6 Aug 2021 (F2021L01081) | 7 Aug 2021 (s 2(1) item 1) | — |
| Health Insurance Legislation Amendment (2021 Measures No. 2) Regulations 2021 | 17 Sept 2021 (F2021L01281) | Sch 1: 1 Nov 2021 (s 2(1) item 1) | — |
| Health Insurance Legislation Amendment (Rural Bulk‑billing Incentive) Regulations 2021 | 9 Dec 2021 (F2021L01748) | Sch 1 (items 9–23): 1 Jan 2022 (s 2(1) item 1) | — |
| Health Insurance Legislation Amendment (2021 Measures No. 4) Regulations 2021 | 17 Dec 2021 (F2021L01812) | Sch 1 (items 1–127): 1 Mar 2022 (s 2(1) item 1) | — |
| Health Insurance Legislation Amendment (2021 Measures No. 3) Regulations 2021 | 17 Dec 2021 (F2021L01814) | Sch 1 (items 6–24) and Sch 2 (items 1–28): 1 Jan 2022 (s 2(1) item 1) | — |
| Health Insurance Legislation Amendment (2022 Measures No. 1) Regulations 2022 | 22 Mar 2022 (F2022L00367) | Sch 1 (items 11–37, 40–43, 49–121): 1 July 2022 (s 2(1) items 2, 3) | — |
| Health Insurance (General Medical Services Table) Amendment (Pain Management Services) Regulations 2022 | 5 Apr 2022 (F2022L00527) | 11 Apr 2022 (s 2(1) item 1) | — |
| Health Insurance Legislation Amendment (2022 Measures No. 2) Regulations 2022 | 21 July 2022 (F2022L01000) | Sch 1 (items 1–11): 1 Aug 2022 (s 2(1) item 1) | — |
| Health Insurance Legislation Amendment (2022 Measures No. 3) Regulations 2022 | 22 Aug 2022 (F2022L01099) | Sch 1: 1 Nov 2022 (s 2(1) item 2) Sch 5: 1 July 2022 (s 2(1) item 3) | — |
| Health Insurance Legislation Amendment (2022 Measures No. 4) Regulations 2022 | 25 Nov 2022 (F2022L01518) | Sch 1 (items 1–147, 151–160): 1 Mar 2023 (s 2(1) item 1) | — |
| Health Insurance (General Medical Services Table) Amendment (2023 Measures No. 1) Regulations 2023 | 6 Feb 2023 (F2023L00089) | Sch 1: 1 Mar 2023 (s 2(1) items 2, 3) | — |
| Health Insurance Legislation Amendment (2023 Measures No. 1) Regulations 2023 | 4 Apr 2023 (F2023L00416) | Sch 1: 5 Apr 2023 (s 2(1) item 2) Sch 2 (items 3–23), Sch 3 (items 8‑30), Sch 4 and Sch 5 (items 1–10): 1 July 2023 (s 2(1) items 3–6) | — |
| Health Insurance Legislation Amendment (2023 Measures No. 2) Regulations 2023 | 8 June 2023 (F2023L00744) | Sch 1 (items 5–7): 1 July 2023 (s 2(1) item 1) | — |
| Health Insurance Legislation Amendment (2023 Measures No. 3) Regulations 2023 | 16 Oct 2023 (F2023L01386) | Sch 1: 17 Oct 2023 (s 2(1) item 2) Sch 2 (items 3–24), Sch 4 and Sch 5: 1 Nov 2023 (s 2(1) items 3, 4) | — |

Endnote 4—Amendment history

| Provision affected | How affected |
| --- | --- |
| s 2 | rep LA s 48D |
| s 5 | rep LA s 48C |
| **Schedule 1** |  |
| **Part 1** |  |
| **Division 1.1** |  |
| c 1.1.2 | rs F2023L00416; F2023L00744 |
| c 1.1.5 | am F2023L00416; F2023L01386 |
| c 1.1.6 | am F2021L01814; F2022L00367 |
| **Division 1.2** |  |
| c 1.2.2 | am F2021L01814 |
| c 1.2.3 | am F2021L01281; F2023L01386 |
| c 1.2.4 | am F2021L00854; F2022L00367; F2023L00416; F2023L01386 |
| c 1.2.5 | am F2021L01814; F2022L01518; F2023L01386 |
| c 1.2.6 | am F2021L01812; F2021L01814; F2022L01099; F2022L01518; F2023L01386 |
| c 1.2.7 | am F2021L01812; F2021L01814 |
|  | ed C5 |
|  | am F2022L01099; F2022L01518; F2023L00416; F2023L01386 |
| c 1.2.8 | am F2022L01518; F2023L01386 |
| c 1.2.11 | am F2021L00681 |
|  | ed C1 |
|  | am F2021L01281; F2021L01812; F2022L01518 |
|  | ed C10 |
|  | am F2023L01386 |
| c 1.2.13 | am F2021L00681 |
| **Division 1.3** |  |
| Division 1.3 | ad F2022L00367 |
| c 1.3.1 | ad F2022L00367 |
|  | am F2022L01518; F2023L00416 (Sch 2 item 6 md not incorp); F2023L01386 |
| **Part 2** |  |
| **Division 2.1** |  |
| c 2.1.1 | am F2022L00367; F2022L01099; F2023L00416; F2023L01386 |
| c 2.1.2 | ad F2023L01386 |
| **Division 2.2** |  |
| c 2.2.1 | am F2022L00367 |
| Group A1 Table | am F2023L01386 |
| **Division 2.3** |  |
| Group A2 Table | am F2023L01386 |
| **Division 2.4** |  |
| c 2.4.1 | am F2022L00367 |
| Group A3 Table | am F2021L01814; F2022L00367; F2023L00416; F2023L01386 |
| **Division 2.5** |  |
| c 2.5.1 | am F2022L00367 |
| Group A4 Table | am F2021L01814; F2022L00367; F2023L00416; F2023L01386 |
| **Division 2.6** |  |
| Division 2.6 heading | rs F2022L01518 |
| c 2.6.1 | am F2022L01518 |
| c 2.6.3 | am F2022L00367 |
| Group A29 Table | am F2022L01518 |
| **Division 2.7** |  |
| c 2.7.1 | am F2022L00367 |
| Group A28 Table | am F2021L01814 |
| **Division 2.8** |  |
| c 2.8.2 | am F2022L00367 |
| **Division 2.9** |  |
| c 2.9.1 | am F2022L00367 |
| **Division 2.10** |  |
| Division 2.10 | am F2023L01386 |
| c 2.10.1 | rs F2022L01099 |
| c 2.10.1A | ad F2023L01386 |
| c 2.10.2 | am F2022L00367; F2023L01386 |
| Group A7 Table | am F2022L01099; F2023L01386 |
| **Division 2.11** |  |
| c 2.11.1 | rs F2021L01814 |
| c 2.11.3 | rep F2021L01814 |
|  | ad F2023L00416 |
| c 2.11.5 | am F2022L00367 |
| Group A8 Table | am F2021L01814; F2022L01518; F2023L00416 |
| **Division 2.12** |  |
| c 2.12.1 | am F2021L01814 |
| c 2.12.2 | am F2022L00367 |
| **Division 2.13** |  |
| c 2.13.2 | am F2022L00367 |
| Group A12 Table | am F2021L01814 |
| **Division 2.14** |  |
| c 2.14.4 | rs F2023L00416; F2023L00744 |
| c 2.14.5 | am F2022L00367 |
| **Division 2.15** |  |
| Division 2.15 heading | rs F2023L01386 |
| c 2.15.1 | rs F2023L01386 |
| c 2.15.2 | am F2021L01814; F2022L01518; F2023L01386 |
| c 2.15.3 | am F2023L01386 |
| c 2.15.5 | am F2023L01386 |
| c 2.15.6 | am F2023L01386 |
| c 2.15.7 | am F2023L01386 |
| c 2.15.8 | am F2023L01386 |
| c 2.15.9 | am F2023L01386 |
| c 2.15.10 | am F2021L01814; F2023L01386 |
| c 2.15.11 | am F2023L01386 |
| c 2.15.12 | am F2023L01386 |
| c 2.15.13 | am F2023L01386 |
| c 2.15.4 | am F2023L01386 |
| c 2.15.15 | am F2022L00367 |
| **Division 2.16** |  |
| Division 2.16 heading | rs F2023L01386 |
| **Subdivision A** |  |
| c 2.16.1 | am F2023L01386 |
| **Subdivision B** |  |
| Subdivision B heading | rs F2023L01386 |
| c 2.16.2 | am F2023L01386 |
| c 2.16.3 | am F2023L01386 |
| c 2.16.4 | am F2023L01386 |
| c 2.16.5 | am F2023L01386 |
| c 2.16.6 | am F2023L01386 |
| c 2.16.7 | am F2023L01386 |
| c 2.16.8 | am F2023L01386 |
| c 2.16.9 | am F2023L00416; F2023L01386 |
| c 2.16.10 | rs F2023L01386 |
| c 2.16.11 | am F2022L01518 |
|  | rs F2023L01386 |
| c 2.16.12 | am F2023L00416 |
| c 2.16.12A | ad F2023L01386 |
| c 2.16.13 | am F2022L00367 |
| **Subdivision C** |  |
| c 2.16.14 | am F2023L01386 |
| c 2.16.15 | am F2023L00416; F2023L01386 |
| c 2.16.16 | am F2023L00416; F2023L01386 |
| c 2.16.19A | ad F2023L00416 |
|  | am F2023L01386 |
| c 2.16.20 | am F2022L00367 |
| Group A15 Table | am F2023L00416; F2023L01386 |
| **Division 2.17** |  |
| Division 2.17 heading | rs F2023L01386 |
| c 2.17.1 | am F2023L01386 |
| c 2.17.2 | am F2023L01386 |
| c 2.17.3 | rs F2023L01386 |
| c 2.17.4 | am F2022L00367 |
| Group A17 Table | am F2023L01386 |
| **Division 2.18** |  |
| c 2.18.1 | rep F2021L01814 |
| c 2.18.2 | rep F2021L01814 |
| c 2.18.3 | rep F2021L01814 |
| Group A30 Table | am F2021L01814 |
| Division 2.19 | rep F2022L01099 |
| c 2.19.1 | rep F2022L01099 |
| c 2.19.2 | rep F2022L01099 |
| c 2.19.3 | am F2022L00367 |
|  | rep F2022L01099 |
| Group A18 Table | rep F2022L01099 |
| c 2.19.4 | rep F2022L01099 |
| Group A19 Table | rep F2022L01099 |
| **Division 2.20** |  |
| Division 2.20 heading | rs F2023L01386 |
| c 2.20.2 | am F2022L00367 |
|  | rs F2022L01518 |
|  | am F2023L00416; F2023L01386 |
| c 2.20.2A | ad F2023L01386 |
| c 2.20.3 | am F2022L01518; F2023L01386 |
| c 2.20.4 | am F2023L01386 |
| c 2.20.5 | rs F2023L01386 |
| c 2.20.6 | am F2022L01000; F2023L01386 |
| c 2.20.7 | am F2022L01518 |
| c 2.20.7A | ad F2023L01386 |
| c 2.20.8 | am F2022L00367 |
| Group A20 Table | am F2021L01814; F2022L01518 |
| **Division 2.21** |  |
| c 2.21.4 | am F2022L00367 |
| Group A24 Table | am F2021L01814 |
| **Division 2.22** |  |
| Division 2.22 heading | rs F2023L01386 |
| c 2.22.1 | am F2023L01386 |
| c 2.22.2 | am F2022L00367 |
| **Division 2.23** |  |
| c 2.23.1 | am F2022L00367 |
| Group A21 Table | am F2023L01386 |
| **Division 2.24** |  |
| c 2.24.1 | am F2023L01386 |
| c 2.24.2 | am F2022L00367 |
| Group A22 Table | am F2023L01386 |
| **Division 2.25** |  |
| c 2.25.1 | am F2023L01386 |
| Group A23 Table | am F2023L01386 |
| **Division 2.26** |  |
| c 2.26.1 | am F2022L00367 |
| Group A26 Table | am F2021L01814 |
| **Division 2.27** |  |
| c 2.27.4 | am F2022L00367 |
| Group A31 Table | am F2021L01814 |
| **Division 2.28** |  |
| c 2.28.3 | am F2022L00367 |
| Group A32 Table | am F2021L01814 |
| **Division 2.29** |  |
| c 2.29.2 | am F2022L00367 |
| **Division 2.30** |  |
| c 2.30.1 | am F2022L01099; F2023L00416; F2023L01386 |
| c 2.30.2 | am F2022L00367 |
| Group A35 Table | am F2023L01386 |
| **Division 2.31** |  |
| c 2.31.5 | am F2021L01814; F2023L01386 |
| c 2.31.7 | am F2021L01814 |
| c 2.31.8 | am F2021L01814 |
|  | rep F2022L01518 |
| c 2.31.9 | am F2021L01814; F2022L01518 |
| c 2.31.10 | am F2022L00367 |
| Group A36 Table | am F2021L01814; F2022L00367; F2022L01518; F2023L00416; F2023L01386 |
| **Division 2.32** |  |
| Division 2.32 | ad F2021L00681 |
| c 2.32.1 | ad F2021L00681 |
|  | am F2022L00367 |
| Group A37 Table | ad F2021L00681 |
|  | am F2021L01814; F2023L01386 |
| **Part 3** |  |
| **Division 3.1** |  |
| c 3.1.4 | am F2022L00367 |
| Group M12 Table | am F2021L01814 |
| **Division 3.2** |  |
| c 3.2.1 | am F2021L01748; F2023L00416; F2023L01386 |
| c 3.2.2 | rs F2021L01748 |
| c 3.2.2A | ad F2023L01386 |
| c 3.2.2B | ad F2023L01386 |
| c 3.2.3 | am F2022L00367 |
| Group M1 Table | am F2021L01748; F2023L01386 |
| **Part 4** |  |
| **Division 4.1** |  |
| c 4.1.3A | rs F2021L00681 |
| c 4.1.3B | am F2021L00681 |
| c 4.1.5 | am F2022L00367 |
| Group D1 Table | am F2021L00681; F2021L01281; F2021L01812; F2022L00367 |
|  | ed C7 |
|  | am F2022L01099; F2022L01518; F2023L01386 |
| **Division 4.2** |  |
| c 4.2.2 | am F2022L00367 |
| **Part 5** |  |
| **Division 5.2** |  |
| c 5.2.2 | am F2021L01812 |
| c 5.2.4 | am F2022L00367 |
| c 5.2.6A | ad F2021L01281 |
| c 5.2.10 | am F2022L00367 |
| Group T1 Table | am F2021L00681; F2021L01281; F2021L01812; F2021L01814 |
| **Division 5.3** |  |
| c 5.3.1 | am F2022L00367; F2023L00416; F2023L01386 |
| c 5.3.4 | am F2022L00367 |
| **Division 5.4** |  |
| c 5.4.1 | am F2022L00367 |
| Group T3 Table | am F2023L00416 |
| **Division 5.5** |  |
| c 5.5.3 | am F2021L01748 |
| c 5.5.4 | am F2022L00367 |
| Group T4 Table | am F2021L01814 |
| **Division 5.6** |  |
| c 5.6.1 | am F2022L00367 |
| Group T6 Table | am F2021L01814 |
| **Division 5.7** |  |
| c 5.7.1 | am F2022L00367; F2023L00416; F2023L01386 |
| c 5.7.2 | am F2022L00367 |
| Group T7 Table | am F2021L01812 |
| **Division 5.8** |  |
| c 5.8.3 | am F2022L00367 |
| **Division 5.9** |  |
| c 5.9.2 | am F2023L00416; F2023L01386 |
| c 5.9.5 | am F2021L01812 |
| Group T10 Table | am F2021L01812; F2022L00367; F2023L00416 (Sch 2 item 23 table item 177 md not incorp); F2023L01386 |
| **Division 5.10** |  |
| **Subdivision A** |  |
| c 5.10.4 | am F2021L01281 |
|  | rep F2023L00416 |
| c 5.10.7 | am F2022L01099 |
| c 5.10.9 | am F2022L00367 |
| Group T8 Table | am F2021L01281; F2022L01099; F2022L01518; F2023L00089; F2023L00416; F2023L00744 |
| **Subdivision B** |  |
| c 5.10.14 | am F2022L00367 |
|  | rep F2023L00416 |
| c 5.10.16 | am F2022L00367 |
| Group T8 Table | am F2021L01281 |
|  | ed C3 |
|  | am F2021L01814; F2022L00367; F2022L01000; F2022L01099; F2023L00416; F2023L01386 |
| **Subdivision C** |  |
| c 5.10.17 | am F2021L00681; F2022L01518 |
| c 5.10.17A | ad F2021L00681 |
| c 5.10.17B | ad F2021L00681 |
| c 5.10.17C | ad F2021L00681 |
| c 5.10.17D | ad F2021L00681 |
| c 5.10.18 | am F2022L00367 |
| Group T8 Table | am F2021L00681; F2021L01281; F2021L01812; F2021L01814; F2022L00367; F2022L01000; F2022L01099; F2022L01518; F2023L00416; F2023L01386 |
| **Subdivision D** |  |
| c 5.10.19AB | ad F2022L01518 |
| c 5.10.19 | am F2022L00367 |
| Group T8 Table | am F2021L01281; F2021L01812; F2022L00527; F2022L01099; F2022L01518; F2023L00089; F2023L00416; F2023L01386 |
| **Subdivision E** |  |
| c 5.10.21A | ad F2023L00416 |
| c 5.10.22 | rs F2023L00416 |
| c 5.10.23 | am F2022L00367 |
| Group T8 Table | am F2021L01281; F2021L01814; F2022L01099; F2022L01518; F2023L00416; F2023L01386 |
| **Subdivision F** |  |
| c 5.10.24 | am F2022L00367 |
| Group T8 Table | am F2021L01281 |
| **Subdivision G** |  |
| c 5.10.25 | rs F2021L01081 |
| c 5.10.29 | am F2022L00367 |
| Group T8 Table | am F2021L00681; F2021L00854; F2021L01081; F2021L01281; F2021L01814 |
|  | ed C5 |
|  | am F2022L01099; F2023L00416; F2023L01386 |
| **Subdivision H** |  |
| Subdivision H | ad F2022L01518 |
| c 5.10.30 | ad F2022L01518 |
| Group T8 Table | ad F2022L01518 |
|  | am F2023L00089; F2023L01386 |
| **Division 5.11** |  |
| c 5.11.5 | am F2022L00367 |
| Group T9 Table | am F2022L00367 |
|  | ed C7 |
|  | am F2023L00416; F2023L01386 |
| **Part 6** |  |
| **Division 6.2** |  |
| c 6.2.1 | am F2022L00367 |
| **Division 6.3** |  |
| c 6.3.3 | am F2022L00367 |
| Group O2 Table | am F2022L00367 |
|  | ed C7 |
|  | am F2023L00416 |
|  | ed C12 |
|  | am F2023L01386 |
| **Division 6.4** |  |
| c 6.4.1 | am F2022L00367 |
| **Division 6.5** |  |
| c 6.5.2 | am F2022L00367 |
| **Division 6.6** |  |
| c 6.6.1 | am F2022L00367 |
| **Division 6.7** |  |
| c 6.7.1 | am F2022L00367 |
| **Division 6.8** |  |
| c 6.8.1 | am F2022L00367 |
| **Division 6.9** |  |
| c 6.9.1 | am F2022L00367 |
| **Division 6.10** |  |
| c 6.10.1 | am F2022L00367 |
| **Division 6.11** |  |
| c 6.11.1 | am F2022L00367 |
| **Part 7** |  |
| c 7.1.1 | am F2021L00681; F2021L01281; F2021L01748; F2021L01814; F2022L01099; F2023L00416; F2023L01386 |
| Schedule 2 | rep LA s 48C |