

**Australian Government Department of Health (Health) - Private Health Industry Branch (PHIB)**  
**Private Health Insurance Classification of MBS Items - 1 March 2023 - as at 23 February 2023 ('the PHI Spreadsheet')**

This PHI spreadsheet of 23 February 2023 contains the clinical category and procedure type assignments for each Medicare Benefits Schedule (MBS) item, for hospital insurance purposes, for MBS items commencing 1 March 2023.

The PHI spreadsheet of 23 February 2023 was derived from the MBS XML file published on 6 February 2023.

Final Regulations will be published on the Federal Register of Legislation

[Federal Register of Legislation](#)

For information on MBS items, factsheets and MBS XML files, refer to

[MBS online - MBS Online](#)

Follow the latest private health insurance circulars for official updates on PHI matters

[PHI circulars](#)

**PHI assignment terminology**

The *Private Health Insurance Act 2007* and Rules set mandatory minimum benefits for the subset of services with the potential to be delivered as Hospital treatment\* as defined under ss121-5 of the Act

[Private Health Insurance Act 2007](#)

The assignment of items of the current Medicare Benefits Schedule against PHI Clinical categories and Procedure types can be accessed on Health's website

[Private health insurance clinical category and procedure type resources collection](#)

**Clinical categories** - standard definitions of hospital services covered under private health insurance

[Private Health Insurance \(Complying Product\) Rules 2015](#)

**Clinical category** - one of the 38 treatment groups of Schedule 5

[PHI Product Tiers and Clinical Categories](#)

**Common list** - Schedule 6, services normally used as treatments in 3 or more clinical categories

**Support list** - Schedule 7, services normally used to support delivery of other treatments

**Procedure Types** - for the purposes of accommodation benefits for eligible Hospital treatment

[Private Health Insurance \(Benefit Requirements\) Rules 2011](#)

**A** – procedure normally requires at least part of overnight Hospital treatment

**B** – procedure normally requires at least part of same-day Hospital treatment

*items that normally require Hospital treatment of predominantly the same type, are assigned a single procedure type  
a limited number of items normally require a mixed distribution of same-day and overnight Hospital treatment and may be assigned to both procedure types*

**unlisted** – items not assigned a specific procedure type

*eg, general anaesthesia item not requiring accommodation in itself but is done in hospital in support of other treatments*

**C** - procedure does not normally require Hospital treatment, but with appropriate certification has the potential to be eligible for benefits as Hospital treatment

**N/A (not Hospital treatment)** - MBS services not claimable as Hospital treatment or if provided to an admitted patient.

**N/A** - MBS service that may be Hospital treatment but is not intended to be claimable under private health insurance for a privately admitted patient

**#na** – indicates Excel calculation or formatting error in cell

**Disclaimer**

The MBS items overleaf are assigned to a single clinical category or list, generally the most relevant category. However, an MBS item may be relevant to more than one category. Insurers are required to provide cover for all hospital treatments within the 'scope of cover' of a clinical category included in a complying hospital policy.

The assignment of an item number to a category or list does not imply the service requires hospital treatment. Some services can be provided out of hospital. A treating medical practitioner will determine when an admission is required.

Clinical category and procedure type assignments are subject to change until the respective Private Health Insurance Amendments Rules are registered on the Federal Register of Legislation ([www.legislation.gov.au](http://www.legislation.gov.au))

Questions about the PHI spreadsheet or to subscribe for updates, email: [PHI@health.gov.au](mailto:PHI@health.gov.au)

Questions relating exclusively to interpretation of the MBS items Schedule, email: [askmbs@health.gov.au](mailto:askmbs@health.gov.au).

Office use only: D23-602944

| MBS item | Clinical Category | Procedure Type | Item Start Date | MBS Category | MBS Group | New Item | MBS Description  | MBS Schedule Fee | Derived Fee  | Benefit 100% (\$) | Benefit 75% (\$) | Benefit 85 (\$) |
|----------|-------------------|----------------|-----------------|--------------|-----------|----------|--|------------------|--|-------------------|------------------|-----------------|
| 3        | Common list       | Type C         | 01.12.1989      | 1            | A1        | N        | 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-each attendance   | 18.2             |  | 18.2              |                  |                 |
| 4        | Common list       | Type C         | 01.12.1989      | 1            | A1        | N        | 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 the table 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  |                  | The fee for item 3, plus \$27.85 divided by the number of patients seen, up to a maximum of six patients. For seven or more patients - the fee for item 3 plus \$2.20 per patient.             |                   |                  |                 |
| 23       | Common list       | Type C         | 01.12.1989      | 1            | A1        | N        | Professional attendance by a general practitioner at consulting rooms (other than a service to which another item in the table 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-each attendance   | 39.75            |  | 39.75             |                  |                 |
| 24       | Common list       | Type C         | 01.12.1989      | 1            | A1        | N        | 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 the table 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           |                  | The fee for item 23, plus \$27.85 divided by the number of patients seen, up to a maximum of six patients. For seven or more patients - the fee for item 23 plus \$2.20 per patient.           |                   |                  |                 |
| 36       | Common list       | Type C         | 01.12.1989      | 1            | A1        | N        | Professional attendance by a general practitioner at consulting rooms (other than a service to which another item in the table 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-each attendance   | 76.95            |  | 76.95             |                  |                 |
| 37       | Common list       | Type C         | 01.12.1989      | 1            | A1        | N        | 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 the table 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   |                  | The fee for item 36, plus \$27.85 divided by the number of patients seen, up to a maximum of six patients. For seven or more patients - the fee for item 36 plus \$2.20 per patient.           |                   |                  |                 |
| 44       | Common list       | Type C         | 01.12.1989      | 1            | A1        | N        | Professional attendance by a general practitioner at consulting rooms (other than a service to which another item in the table 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-each attendance   | 113.3            |  | 113.3             |                  |                 |
| 47       | Common list       | Type C         | 01.12.1989      | 1            | A1        | N        | 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 the table 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 |                  | The fee for item 44, plus \$27.85 divided by the number of patients seen, up to a maximum of six patients. For seven or more patients - the fee for item 44 plus \$2.20 per patient.           |                   |                  |                 |
| 52       | Common list       | Type C         | 01.12.1989      | 1            | A2        | N        | Professional attendance at consulting rooms of not more than 5 minutes in duration (other than a service to which any other item applies)-each attendance, by: (a) a medical practitioner (who is not a general practitioner); or (b) a Group A1 disqualified general practitioner, as defined in the dictionary of the General Medical Services Table (GMST).   | 11               |  | 11                |                  |                 |
| 53       | Common list       | Type C         | 01.12.1989      | 1            | A2        | N        | Professional attendance at consulting rooms of more than 5 minutes in duration but not more than 25 minutes (other than a service to which any other item applies)-each attendance, by: (a) a medical practitioner (who is not a general practitioner); or (b) a Group A1 disqualified general practitioner, as defined in the dictionary of the General Medical Services Table (GMST).  | 21               |  | 21                |                  |                 |
| 54       | Common list       | Type C         | 01.12.1989      | 1            | A2        | N        | Professional attendance at consulting rooms of more than 25 minutes in duration but not more than 45 minutes (other than a service to which any other item applies)-each attendance, by: (a) a medical practitioner (who is not a general practitioner); or (b) a Group A1 disqualified general practitioner, as defined in the dictionary of the General Medical Services Table (GMST).   | 38               |  | 38                |                  |                 |
| 57       | Common list       | Type C         | 01.12.1989      | 1            | A2        | N        | Professional attendance at consulting rooms of more than 45 minutes in duration (other than a service to which any other item applies)-each attendance, by: (a) a medical practitioner (who is not a general practitioner); or (b) a Group A1 disqualified general practitioner, as defined in the dictionary of the General Medical Services Table (GMST).  | 61               |  | 61                |                  |                 |
| 58       | Common list       | Type C         | 01.12.1989      | 1            | A2        | N        | Professional attendance (other than an attendance at consulting rooms or a residential aged care facility or a service to which any other item in the table applies), not more than 5 minutes in duration-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, as defined in the dictionary of the General Medical Services Table (GMST).   |                  | An amount equal to \$8.50, plus \$15.50 divided by the number of patients seen, up to a maximum of six patients. For seven or more patients - an amount equal to \$8.50 plus \$.70 per patient |                   |                  |                 |

| MBS item | Clinical Category | Procedure Type           | Item Start Date | MBS Category | MBS Group | New Item | MBS Description   | MBS Schedule Fee | Derived Fee  | Benefit 100% (\$) | Benefit 75% (\$) | Benefit 85 (\$) |
|----------|-------------------|--------------------------|-----------------|--------------|-----------|----------|---|------------------|--|-------------------|------------------|-----------------|
| 59       | Common list       | Type C                   | 01.12.1989      | 1            | A2        | N        | Professional attendance (other than an attendance at consulting rooms or a residential aged care facility or a service to which any other item in the table applies) of more than 5 minutes in duration 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, as defined in the dictionary of the General Medical Services Table (GMST).   |                  | An amount equal to \$16.00, plus \$17.50 divided by the number of patients seen, up to a maximum of six patients. For seven or more patients - an amount equal to \$16.00 plus \$.70 per patient |                   |                  |                 |
| 60       | Common list       | Type C                   | 01.12.1989      | 1            | A2        | N        | Professional attendance (other than an attendance at consulting rooms or a residential aged care facility or a service to which any other item in the table applies) of more than 25 minutes in duration 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, as defined in the dictionary of the General Medical Services Table (GMST).  |                  | An amount equal to \$35.50, plus \$15.50 divided by the number of patients seen, up to a maximum of six patients. For seven or more patients - an amount equal to \$35.50 plus \$.70 per patient |                   |                  |                 |
| 65       | Common list       | Type C                   | 01.12.1989      | 1            | A2        | N        | Professional attendance (other than an attendance at consulting rooms or a residential aged care facility or a service to which any other item in the table applies) of more than 45 minutes in duration-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, as defined in the dictionary of the General Medical Services Table (GMST).   |                  | An amount equal to \$57.50, plus \$15.50 divided by the number of patients seen, up to a maximum of six patients. For seven or more patients - an amount equal to \$57.50 plus \$.70 per patient |                   |                  |                 |
| 104      | Common list       | Type C                   | 01.11.1990      | 1            | A3        | N        | 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-each attendance, other than a second or subsequent attendance, in a single course of treatment, other than a service to which item 106, 109 or 16401 applies  | 91.8             |  |                   | 68.85            | 78.05           |
| 105      | Common list       | Type C                   | 01.11.1990      | 1            | A3        | N        | 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 first in a single course of treatment, if that attendance is at consulting rooms or hospital, other than a service to which item 16404 applies  | 46.15            |  |                   | 34.65            | 39.25           |
| 106      | Common list       | Type C                   | 01.12.1991      | 1            | A3        | N        | 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 attendance (other than a second or subsequent attendance in a single course of treatment) 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)   | 76.15            |  |                   | 57.15            | 64.75           |
| 107      | Common list       | Type C                   | 01.11.1990      | 1            | A3        | N        | Professional attendance by a specialist in the practice of the specialist's specialty following referral of the patient to the specialist-an attendance (other than a second or subsequent attendance in a single course of treatment), if that attendance is at a place other than consulting rooms or hospital  | 134.7            |  |                   | 101.05           | 114.5           |
| 108      | Common list       | Type C                   | 01.11.1990      | 1            | A3        | N        | Professional attendance by a specialist in the practice of the specialist's specialty following referral of the patient to the specialist-each attendance after the first in a single course of treatment, if that attendance is at a place other than consulting rooms or hospital   | 85.3             |  |                   | 64               | 72.55           |
| 109      | Common list       | Type C                   | 01.05.2006      | 1            | A3        | N        | Professional attendance by a specialist in the practice of the specialist's specialty of ophthalmology following referral of the patient to the specialist-an attendance (other than a second or subsequent attendance in a single course of treatment) 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)  | 206.9            |  |                   | 155.2            | 175.9           |
| 110      | Common list       | Type C                   | 01.02.1984      | 1            | A4        | N        | 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   | 161.9            |  |                   | 121.45           | 137.65          |
| 111      | Common list       | Type B Non-band specific | 01.11.2017      | 1            | A3        | N        | 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 first 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 \$317.15or more For any particular patient, once only on the same day   | 46.15            |  |                   | 34.65            | 39.25           |
| 115      | Common list       | Type C                   | 01.04.2019      | 1            | A3        | N        | 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 \$317.15 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 | 46.15            |  |                   | 34.65            | 39.25           |
| 116      | Common list       | Type C                   | 01.02.1984      | 1            | A4        | N        | 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-each attendance (other than a service to which item 119 applies) after the first in a single course of treatment   | 81.05            |  |                   | 60.8             | 68.9            |

| MBS item | Clinical Category | Procedure Type           | Item Start Date | MBS Category | MBS Group | New Item | MBS Description  | MBS Schedule Fee | Derived Fee | Benefit 100% (\$) | Benefit 75% (\$) | Benefit 85 (\$) |
|----------|-------------------|--------------------------|-----------------|--------------|-----------|----------|--|------------------|-------------|-------------------|------------------|-----------------|
| 117      | Common list       | Type B Non-band specific | 01.11.2017      | 1            | A4        | N        | 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 first 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 \$317.15 or more For any particular patient, once only on the same day  | 81.05            |             |                   | 60.8             | 68.9            |
| 119      | Common list       | Type C                   | 22.12.1987      | 1            | A4        | N        | 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-each minor attendance after the first in a single course of treatment   | 46.15            |             |                   | 34.65            | 39.25           |
| 120      | Common list       | Type B Non-band specific | 01.11.2017      | 1            | A4        | N        | 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 first attendance in a single course of treatment, if: (a) the attendance is 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 \$317.15 or more For any particular patient, once only on the same day   | 46.15            |             |                   | 34.65            | 39.25           |
| 122      | Common list       | Type C                   | 01.02.1984      | 1            | A4        | N        | 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   | 196.45           |             |                   | 147.35           | 167             |
| 128      | Common list       | Type C                   | 01.02.1984      | 1            | A4        | N        | 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-each attendance (other than a service to which item 131 applies) after the first in a single course of treatment   | 118.8            |             |                   | 89.1             | 101             |
| 131      | Common list       | Type C                   | 22.12.1987      | 1            | A4        | N        | 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-each minor attendance after the first in a single course of treatment  | 85.6             |             |                   | 64.2             | 72.8            |
| 132      | Common list       | Type C                   | 01.11.2007      | 1            | A4        | N        | Professional attendance by a consultant physician in the practice of the consultant physician's specialty (other than psychiatry) of at least 45 minutes in duration 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   | 283.2            |             |                   | 212.4            | 240.75          |
| 133      | Common list       | Type C                   | 01.11.2007      | 1            | A4        | N        | Professional attendance by a consultant physician in the practice of the consultant physician's specialty (other than psychiatry) of at least 20 minutes in duration after the first 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 | 141.8            |             |                   | 106.35           | 120.55          |

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|----------|------------------------------|----------------|-----------------|--------------|-----------|----------|--|------------------|-------------|-------------------|------------------|-----------------|
| 135      | Common list                  | Type C         | 01.07.2008      | 1            | A29       | N        | 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   | 283.2            |             |                   | 212.4            | 240.75          |
| 137      | Common list                  | Type C         | 01.07.2011      | 1            | A29       | N        | 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   | 283.2            |             |                   | 212.4            | 240.75          |
| 139      | N/A (Not hospital treatment) | Type C         | 01.07.2011      | 1            | A29       | N        | 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   | 142.2            |             | 142.2             |                  |                 |
| 141      | Common list                  | Type C         | 01.11.2007      | 1            | A28       | N        | Professional attendance of more than 60 minutes in duration 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 | 485.7            |             |                   | 364.3            | 412.85          |

| MBS item | Clinical Category             | Procedure Type | Item Start Date | MBS Category | MBS Group | New Item | MBS Description   | MBS Schedule Fee | Derived Fee | Benefit 100% (\$) | Benefit 75% (\$) | Benefit 85 (\$) |
|----------|-------------------------------|----------------|-----------------|--------------|-----------|----------|---|------------------|-------------|-------------------|------------------|-----------------|
| 143      | Common list                   | Type C         | 01.11.2007      | 1            | A28       | N        | Professional attendance of more than 30 minutes in duration 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   | 303.65           |             |                   | 227.75           | 258.15          |
| 145      | Common list                   | Type C         | 01.11.2007      | 1            | A28       | N        | Professional attendance of more than 60 minutes in duration 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 | 588.9            |             |                   |                  | 500.6           |
| 147      | Common list                   | Type C         | 01.11.2007      | 1            | A28       | N        | Professional attendance of more than 30 minutes in duration 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  | 368.15           |             |                   |                  | 312.95          |
| 160      | Common list                   | Type C         | 01.02.1984      | 1            | A5        | N        | Professional attendance by a general practitioner, specialist or consultant physician 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  | 234.2            |             | 234.2             | 175.65           |                 |
| 161      | Common list                   | Type C         | 01.02.1984      | 1            | A5        | N        | Professional attendance by a general practitioner, specialist or consultant physician 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   | 390.3            |             | 390.3             | 292.75           |                 |
| 162      | Common list                   | Type C         | 01.02.1984      | 1            | A5        | N        | Professional attendance by a general practitioner, specialist or consultant physician 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   | 546.15           |             | 546.15            | 409.65           |                 |
| 163      | Common list                   | Type C         | 01.02.1984      | 1            | A5        | N        | Professional attendance by a general practitioner, specialist or consultant physician 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   | 702.55           |             | 702.55            | 526.95           |                 |
| 164      | Common list                   | Type C         | 01.02.1984      | 1            | A5        | N        | Professional attendance by a general practitioner, specialist or consultant physician 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   | 780.6            |             | 780.6             | 585.45           |                 |
| 170      | Hospital psychiatric services | Type C         | 01.08.1987      | 1            | A6        | N        | Professional attendance for the purpose of group therapy of not less than 1 hour in duration 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  | 124.3            |             | 124.3             | 93.25            |                 |

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|----------|-------------------------------|----------------|-----------------|--------------|-----------|----------|---|------------------|--|-------------------|------------------|-----------------|
| 171      | Hospital psychiatric services | Type C         | 01.08.1987      | 1            | A6        | N        | Professional attendance for the purpose of group therapy of not less than 1 hour in duration 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  | 130.95           |  | 130.95            | 98.25            |                 |
| 172      | Hospital psychiatric services | Type C         | 01.08.1987      | 1            | A6        | N        | Professional attendance for the purpose of group therapy of not less than 1 hour in duration 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  | 159.3            |  | 159.3             | 119.5            |                 |
| 177      | N/A (Not hospital treatment)  | Unlisted       | 01.04.2019      | 1            | A7        | N        | Professional attendance on a patient who is 30 years of age or over for a heart health assessment by a medical practitioner at consulting rooms (other than a specialist or consultant physician) lasting at least 20 minutes and including: collection of relevant information, including taking a patient history; and a basic physical examination, which must include recording blood pressure and cholesterol; and initiating interventions and referrals as indicated; and implementing a management plan; and providing the patient with preventative health care advice and information.  | 61.55            |  | 61.55             |                  |                 |
| 179      | N/A (Not hospital treatment)  | Unlisted       | 01.07.2018      | 1            | A7        | N        | Professional attendance at consulting rooms of not more than 5 minutes in duration (other than a service to which any other item applies)—each attendance, by a medical practitioner in an eligible area.   | 14.55            |  | 14.55             |                  |                 |
| 181      | N/A (Not hospital treatment)  | Unlisted       | 01.07.2018      | 1            | A7        | N        | Professional attendance (other than an attendance at consulting rooms or a residential aged care facility or a service to which any other item in the table applies), not more than 5 minutes in duration—an attendance on one or more patients at one place on one occasion—each patient, by a medical practitioner in an eligible area  |                  | The fee for item 179, plus \$22.30 divided by the number of patients seen, up to a maximum of six patients. For seven or more patients - the fee for item 179 plus \$1.75 per patient. |                   |                  |                 |
| 185      | N/A (Not hospital treatment)  | Unlisted       | 01.07.2018      | 1            | A7        | N        | Professional attendance at consulting rooms of more than 5 minutes in duration but not more than 25 minutes (other than a service to which any other item applies)—each attendance, by a medical practitioner in an eligible area   | 31.8             |  | 31.8              |                  |                 |
| 187      | N/A (Not hospital treatment)  | Unlisted       | 01.07.2018      | 1            | A7        | N        | Professional attendance (other than an attendance at consulting rooms or a residential aged care facility or a service to which any other item in the table applies) of more than 5 minutes in duration but not more than 25 minutes—an attendance on one or more patients at one place on one occasion—each patient, by a medical practitioner in an eligible area   |                  | The fee for item 185, plus \$22.30 divided by the number of patients seen, up to a maximum of six patients. For seven or more patients - the fee for item 185 plus \$1.75 per patient. |                   |                  |                 |
| 189      | N/A (Not hospital treatment)  | Unlisted       | 01.07.2018      | 1            | A7        | N        | Professional attendance at consulting rooms of more than 25 minutes in duration but not more than 45 minutes (other than a service to which any other item applies)—each attendance, by a medical practitioner in an eligible area  | 61.55            |  | 61.55             |                  |                 |
| 191      | N/A (Not hospital treatment)  | Unlisted       | 01.07.2018      | 1            | A7        | N        | Professional attendance (other than an attendance at consulting rooms or a residential aged care facility or a service to which any other item in the table applies) of more than 25 minutes in duration but not more than 45 minutes—an attendance on one or more patients at one place on one occasion—each patient, by a medical practitioner in an eligible area  |                  | The fee for item 189, plus \$22.30 divided by the number of patients seen, up to a maximum of six patients. For seven or more patients - the fee for item 189 plus \$1.75 per patient. |                   |                  |                 |
| 193      | Common list                   | Type C         | 01.11.1998      | 1            | A7        | N        | 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         | 39.15            |  | 39.15             |                  |                 |
| 195      | Common list                   | Type C         | 01.11.1998      | 1            | A7        | N        | 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    |                  | The fee for item 193, plus \$27.45 divided by the number of patients seen, up to a maximum of six patients. For seven or more patients - the fee for item 193 plus \$2.15 per patient. |                   |                  |                 |
| 197      | Common list                   | Type C         | 01.05.2003      | 1            | A7        | N        | 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 | 75.8             |  | 75.8              |                  |                 |

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| 199      | Common list                  | Type C         | 01.05.2003      | 1            | A7        | N        | 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 | 111.6            |  | 111.6             |                  |                 |
| 203      | N/A (Not hospital treatment) | Unlisted       | 01.07.2018      | 1            | A7        | N        | Professional attendance at consulting rooms of more than 45 minutes in duration (other than a service to which any other item applies)—each attendance, by a medical practitioner in an eligible area   | 90.65            |  | 90.65             |                  |                 |
| 206      | N/A (Not hospital treatment) | Unlisted       | 01.07.2018      | 1            | A7        | N        | Professional attendance (other than an attendance at consulting rooms or a residential aged care facility or a service to which any other item in the table applies) of more than 45 minutes in duration—an attendance on one or more patients at one place on one occasion—each patient, by a medical practitioner in an eligible area   |                  | The fee for item 203, plus \$22.30 divided by the number of patients seen, up to a maximum of six patients. For seven or more patients - the fee for item 203 plus \$1.75 per patient. |                   |                  |                 |
| 214      | Common list                  | Unlisted       | 01.07.2018      | 1            | A7        | N        | Professional attendance by a medical practitioner 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  | 187.35           |  | 187.35            | 140.55           |                 |
| 215      | Common list                  | Unlisted       | 01.07.2018      | 1            | A7        | N        | Professional attendance by a medical practitioner 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   | 312.25           |  | 312.25            | 234.2            |                 |
| 218      | Common list                  | Unlisted       | 01.07.2018      | 1            | A7        | N        | Professional attendance by a medical practitioner 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   | 436.9            |  | 436.9             | 327.7            |                 |
| 219      | Common list                  | Unlisted       | 01.07.2018      | 1            | A7        | N        | Professional attendance by a medical practitioner 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   | 562.05           |  | 562.05            | 421.55           |                 |
| 220      | Common list                  | Unlisted       | 01.07.2018      | 1            | A7        | N        | Professional attendance by a medical practitioner 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   | 624.5            |  | 624.5             | 468.4            |                 |
| 221      | Common list                  | Unlisted       | 01.07.2018      | 1            | A7        | N        | Professional attendance for the purpose of group therapy of not less than 1 hour in duration given under the direct continuous supervision of a medical practitioner involving members of a family and persons with close personal relationships with that family—each Group of 2 patients  | 99.45            |  | 99.45             | 74.6             |                 |
| 222      | Common list                  | Unlisted       | 01.07.2018      | 1            | A7        | N        | Professional attendance for the purpose of group therapy of not less than 1 hour in duration given under the direct continuous supervision of a medical practitioner involving members of a family and persons with close personal relationships with that family—each Group of 3 patients  | 104.75           |  | 104.75            | 78.6             |                 |
| 223      | Common list                  | Unlisted       | 01.07.2018      | 1            | A7        | N        | Professional attendance for the purpose of group therapy of not less than 1 hour in duration given under the direct continuous supervision of a medical practitioner involving members of a family and persons with close personal relationships with that family—each Group of 4 or more patients  | 127.45           |  | 127.45            | 95.6             |                 |
| 224      | Common list                  | Unlisted       | 01.07.2018      | 1            | A7        | N        | Professional attendance by a medical practitioner 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   | 50.2             |  | 50.2              |                  |                 |
| 225      | Common list                  | Unlisted       | 01.07.2018      | 1            | A7        | N        | Professional attendance by a medical practitioner 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   | 116.65           |  | 116.65            |                  |                 |
| 226      | Common list                  | Unlisted       | 01.07.2018      | 1            | A7        | N        | Professional attendance by a medical practitioner 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  | 160.9            |  | 160.9             |                  |                 |
| 227      | Common list                  | Unlisted       | 01.07.2018      | 1            | A7        | N        | Professional attendance by a medical practitioner 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  | 227.35           |  | 227.35            |                  |                 |
| 228      | Common list                  | Unlisted       | 01.07.2018      | 1            | A7        | N        | Professional attendance by a medical practitioner 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—this item or items 715, 93470 or 93479 not more than once in a 9 month period.   | 179.5            |  | 179.5             |                  |                 |
| 229      | Common list                  | Unlisted       | 01.07.2018      | 1            | A7        | N        | Attendance by a medical practitioner, 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 and items 235 to 240 apply)  | 122              |  | 122               | 91.5             |                 |
| 230      | Common list                  | Unlisted       | 01.07.2018      | 1            | A7        | N        | Attendance by a medical practitioner, 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 and items 235 to 240 apply)  | 96.7             |  | 96.7              | 72.55            |                 |

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|----------|------------------------------|----------------|-----------------|--------------|-----------|----------|---|------------------|-------------|-------------------|------------------|-----------------|
| 231      | Common list                  | Unlisted       | 01.07.2018      | 1            | A7        | N        | Contribution by a medical practitioner, 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 and items 235 to 240 apply)  | 59.5             |             | 59.5              | 44.65            |                 |
| 232      | Common list                  | Unlisted       | 01.07.2018      | 1            | A7        | N        | Contribution by a medical practitioner, 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 and items 235 to 240 apply)   | 59.5             |             | 59.5              | 44.65            |                 |
| 233      | Common list                  | Unlisted       | 01.07.2018      | 1            | A7        | N        | Attendance by a medical practitioner to review or coordinate a review of: (a) a GP management plan prepared by a medical practitioner (or an associated medical practitioner) to which item 721 or item 229 applies; or (b) team care arrangements which have been coordinated by the medical practitioner (or an associated medical practitioner) to which item 723 or item 230 applies  | 60.9             |             | 60.9              | 45.7             |                 |
| 235      | Common list                  | Unlisted       | 01.07.2018      | 1            | A7        | N        | Attendance by a medical practitioner, as a member of a multidisciplinary case conference team, to organise and coordinate: (a) a community case conference; or (b) a multidisciplinary case conference 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, items 229 to 233 or items 93469 or 93475 apply).   | 59.8             |             | 59.8              | 44.85            |                 |
| 236      | Common list                  | Unlisted       | 01.07.2018      | 1            | A7        | N        | Attendance by a medical practitioner, as a member of a multidisciplinary case conference team, to organise and coordinate: (a) a community case conference; or (b) a multidisciplinary case conference 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, items 229 to 233 or items 93469 or 93475 apply).   | 102.3            |             | 102.3             | 76.75            |                 |
| 237      | Common list                  | Unlisted       | 01.07.2018      | 1            | A7        | N        | Attendance by a medical practitioner, as a member of a multidisciplinary case conference team, to organise and coordinate: (a) a community case conference; or (b) a multidisciplinary case conference 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, items 229 to 233 or items 93469 or 93475 apply)  | 170.5            |             | 170.5             | 127.9            |                 |
| 238      | Common list                  | Unlisted       | 01.07.2018      | 1            | A7        | N        | Attendance by a medical practitioner, as a member of a multidisciplinary case conference team, to participate in: (a) a community case conference; or (b) a multidisciplinary case conference 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, items 229 to 233 or items 93469 or 93475 apply).  | 43.9             |             | 43.9              | 32.95            |                 |
| 239      | Common list                  | Unlisted       | 01.07.2018      | 1            | A7        | N        | Attendance by a medical practitioner, as a member of a multidisciplinary case conference team, to participate in: (a) a community case conference; or (b) a multidisciplinary case conference 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, items 229 to 233 or items 93469 or 93475 apply).  | 75.3             |             | 75.3              | 56.5             |                 |
| 240      | Common list                  | Unlisted       | 01.07.2018      | 1            | A7        | N        | Attendance by a medical practitioner, as a member of a multidisciplinary case conference team, to participate in: (a) a community case conference; or (b) a multidisciplinary case conference 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, items 229 to 233 or items 93469 or 93475 apply)   | 125.3            |             | 125.3             | 94               |                 |
| 243      | Common list                  | Unlisted       | 01.07.2018      | 1            | A7        | N        | Attendance by a medical practitioner, 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  | 58.6             |             | 58.6              | 43.95            |                 |
| 244      | Common list                  | Unlisted       | 01.07.2018      | 1            | A7        | N        | Attendance by a medical practitioner, 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   | 27.3             |             | 27.3              | 20.5             |                 |
| 245      | N/A (Not hospital treatment) | Unlisted       | 01.07.2018      | 1            | A7        | N        | Participation by a medical practitioner in a Domiciliary Medication Management Review (DMMR) for a patient living in a community setting, in which the medical 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—this item or item 900 is 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 | 130.95           |             | 130.95            |                  |                 |

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| 249      | N/A (Not hospital treatment)  | Unlisted       | 01.07.2018      | 1            | A7        | N        | Participation by a medical practitioner in a residential medication management review (RMMR) for a patient who is a permanent resident of a residential aged care facility—other than an RMMR for a resident in relation to whom, in the preceding 12 months, this item or item 903 has applied, unless there has been a significant change in the resident's medical condition or medication management plan requiring a new RMMR  | 89.65            |  | 89.65             |                  |                 |
| 272      | Common list                   | Unlisted       | 01.07.2018      | 1            | A7        | N        | Professional attendance by a medical practitioner (who has not undertaken mental health skills training) of at least 20 minutes but less than 40 minutes in duration for the preparation of a GP mental health treatment plan for a patient   | 60.65            |  | 60.65             | 45.5             |                 |
| 276      | Common list                   | Unlisted       | 01.07.2018      | 1            | A7        | N        | Professional attendance by a medical practitioner (who has not undertaken mental health skills training) of at least 40 minutes in duration for the preparation of a GP mental health treatment plan for a patient  | 89.3             |  | 89.3              | 67               |                 |
| 277      | Common list                   | Unlisted       | 01.07.2018      | 1            | A7        | N        | Professional attendance by a medical practitioner to review a GP mental health treatment plan which he or she, or an associated medical practitioner has prepared, or to review a Psychiatrist Assessment and Management Plan   | 60.65            |  | 60.65             | 45.5             |                 |
| 279      | Common list                   | Unlisted       | 01.07.2018      | 1            | A7        | N        | Professional attendance by a medical practitioner in relation to a mental disorder and of at least 20 minutes in duration, 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  | 60.65            |  | 60.65             | 45.5             |                 |
| 281      | Common list                   | Unlisted       | 01.07.2018      | 1            | A7        | N        | Professional attendance by a medical practitioner (who has undertaken mental health skills training) of at least 20 minutes but less than 40 minutes in duration for the preparation of a GP mental health treatment plan for a patient   | 77               |  | 77                | 57.75            |                 |
| 282      | Common list                   | Unlisted       | 01.07.2018      | 1            | A7        | N        | Professional attendance by a medical practitioner (who has undertaken mental health skills training) of at least 40 minutes in duration for the preparation of a GP mental health treatment plan for a patient  | 113.45           |  | 113.45            | 85.1             |                 |
| 283      | N/A (Not hospital treatment)  | Unlisted       | 01.07.2018      | 1            | A7        | N        | Professional attendance at consulting rooms by a medical practitioner, for providing focussed psychological strategies for assessed mental disorders by a medical practitioner registered with the Chief Executive Medicare as meeting the credentialing requirements for provision of this service, and lasting at least 30 minutes, but less than 40 minutes  | 78.45            |  | 78.45             |                  |                 |
| 285      | Common list                   | Type C         | 01.07.2018      | 1            | A7        | N        | Professional attendance at a place other than consulting rooms by a medical practitioner, for providing focussed psychological strategies for assessed mental disorders by a medical practitioner registered with the Chief Executive Medicare as meeting the credentialing requirements for provision of this service, and lasting at least 30 minutes, but less than 40 minutes   |                  | The fee for item 283, plus \$21.95 divided by the number of patients seen, up to a maximum of six patients. For seven or more patients - the fee for item 283 plus \$1.70 per patient. |                   |                  |                 |
| 286      | N/A (Not hospital treatment)  | Unlisted       | 01.07.2018      | 1            | A7        | N        | Professional attendance at consulting rooms by a medical practitioner, for providing focussed psychological strategies for assessed mental disorders by a medical practitioner registered with the Chief Executive Medicare as meeting the credentialing requirements for provision of this service, and lasting at least 40 minutes  | 112.25           |  | 112.25            |                  |                 |
| 287      | Common list                   | Type C         | 01.07.2018      | 1            | A7        | N        | Professional attendance at a place other than consulting rooms by a medical practitioner, for providing focussed psychological strategies for assessed mental disorders by a medical practitioner registered with the Chief Executive Medicare as meeting the credentialing requirements for provision of this service, and lasting at least 40 minutes   |                  | The fee for item 286, plus \$21.95 divided by the number of patients seen, up to a maximum of six patients. For seven or more patients - the fee for item 286 plus \$1.70 per patient. |                   |                  |                 |
| 289      | Hospital psychiatric services | Type C         | 01.07.2008      | 1            | A8        | N        | 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)<br>Applicable only once per lifetime | 283.2            |  |                   | 212.4            | 240.75          |

| MBS item | Clinical Category             | Procedure Type               | Item Start Date | MBS Category | MBS Group | New Item | MBS Description  | MBS Schedule Fee | Derived Fee   | Benefit 100% (\$) | Benefit 75% (\$) | Benefit 85 (\$) |
|----------|-------------------------------|------------------------------|-----------------|--------------|-----------|----------|--|------------------|---|-------------------|------------------|-----------------|
| 291      | Common list                   | Type C                       | 01.05.2005      | 1            | A8        | N        | Professional attendance of more than 45 minutes in duration 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 | 485.7            |   |                   |                  | 412.85          |
| 293      | Common list                   | Type C                       | 01.05.2005      | 1            | A8        | N        | Professional attendance of more than 30 minutes but not more than 45 minutes in duration 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  | 303.65           |   |                   |                  | 258.15          |
| 294      | N/A (Not hospital treatment)  | N/A (Not hospital treatment) | 01.11.2022      | 1            | A8        | N        | 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) item 291, 293, 296, 300, 302, 304, 306, 308, 310, 312, 314, 316, 318, 319, 348, 350 or 352 applies 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 both: (A) within a Modified Monash 2, 3, 4, 5, 6 or 7 area; and (B) at the time of the attendance-at least 15 kms 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 item 291, 293, 296, 300, 302, 304, 306, 308, 310, 312, 314, 316, 318, 319, 348, 350 or 352 |                   |                  |                 |
| 296      | Common list                   | Type C                       | 01.11.2006      | 1            | A8        | N        | Professional attendance of more than 45 minutes in duration by a consultant physician in the practice of the consultant physician's specialty of psychiatry following referral of the patient to him or her by a referring practitioner-an attendance at consulting rooms if the patient: (a) is a new patient for this consultant psychiatrist; or (b) has not received a professional attendance from this consultant psychiatrist 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   | 279.35           |   |                   | 209.55           | 237.45          |
| 297      | Hospital psychiatric services | Type C                       | 01.11.2006      | 1            | A8        | N        | Professional attendance of more than 45 minutes by a consultant physician in the practice of the consultant physician's specialty of psychiatry following referral of the patient to him or her by a referring practitioner-an attendance at hospital if the patient: (a) is a new patient for this consultant psychiatrist; or (b) has not received a professional attendance from this consultant psychiatrist 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)   | 279.35           |   |                   | 209.55           | 237.45          |
| 299      | Common list                   | Type C                       | 01.11.2006      | 1            | A8        | N        | Professional attendance of more than 45 minutes by a consultant physician in the practice of the consultant physician's specialty of psychiatry following referral of the patient to him or her 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 psychiatrist; or (b) has not received a professional attendance from this consultant psychiatrist 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  | 334              |   |                   | 250.5            | 283.9           |
| 300      | Common list                   | Type C                       | 01.11.1996      | 1            | A8        | N        | Professional attendance by a consultant physician in the practice of the consultant physician's specialty of psychiatry following referral of the patient to him or her by a referring practitioner-an attendance of not more than 15 minutes in duration 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  | 46.5             |   |                   | 34.9             | 39.55           |

| MBS item | Clinical Category            | Procedure Type               | Item Start Date | MBS Category | MBS Group | New Item | MBS Description   | MBS Schedule Fee | Derived Fee  | Benefit 100% (\$) | Benefit 75% (\$) | Benefit 85 (\$) |
|----------|------------------------------|------------------------------|-----------------|--------------|-----------|----------|---|------------------|--|-------------------|------------------|-----------------|
| 302      | Common list                  | Type C                       | 01.11.1996      | 1            | A8        | N        | Professional attendance by a consultant physician in the practice of the consultant physician's specialty of psychiatry following referral of the patient to him or her by a referring practitioner-an attendance of more than 15 minutes, but not more than 30 minutes, in duration at consulting rooms, if that attendance and another attendance to whichitem 296 or any of items 300 to 308 applies have not exceeded 50 attendances in a calendar year for the patient     | 92.75            |  |                   | 69.6             | 78.85           |
| 304      | Common list                  | Type C                       | 01.11.1996      | 1            | A8        | N        | Professional attendance by a consultant physician in the practice of the consultant physician's specialty of psychiatry following referral of the patient to him or her by a referring practitioner-an attendance of more than 30 minutes, but not more than 45 minutes, in duration at consulting rooms), if that attendance and another attendance to whichitem 296 or any of items 300 to 308 applies have not exceeded 50 attendances in a calendar year for the patient    | 142.8            |  |                   | 107.1            | 121.4           |
| 306      | Common list                  | Type C                       | 01.11.1996      | 1            | A8        | N        | Professional attendance by a consultant physician in the practice of the consultant physician's specialty of psychiatry following referral of the patient to him or her by a referring practitioner-an attendance of more than 45 minutes, but not more than 75 minutes, in duration at consulting rooms, if that attendance and another attendance to whichitem 296 or any of items 300 to 308 applies have not exceeded 50 attendances in a calendar year for the patient     | 197.1            |  |                   | 147.85           | 167.55          |
| 308      | Common list                  | Type C                       | 01.11.1996      | 1            | A8        | N        | Professional attendance by a consultant physician in the practice of the consultant physician's specialty of psychiatry following referral of the patient to him or her by a referring practitioner-an attendance of more than 75 minutes in duration at consulting rooms), if that attendance and another attendance to whichitem 296 or any of items 300 to 308 applies have not exceeded 50 attendances in a calendar year for the patient                                   | 228.7            |  |                   | 171.55           | 194.4           |
| 309      | N/A (Not hospital treatment) | N/A (Not hospital treatment) | 01.03.2023      | 1            | A7        | Y        | Professional attendance at consulting rooms by a medical practitioner, registered with the Chief Executive Medicare as meeting the credentialling requirements for provision of this service: (a) for providing focussed psychological strategies for assessed mental disorders 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   | 78.45            |  | 78.45             |                  |                 |
| 310      | Common list                  | Type C                       | 01.11.1996      | 1            | A8        | N        | 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 of not more than 15 minutes in duration at consulting rooms, if that attendance and another attendance to whichitem 296 or any of items 300 to 308 applies exceed 50 attendances in a calendar year for the patient                             | 23.15            |  |                   | 17.4             | 19.7            |
| 311      | N/A (Not hospital treatment) | N/A (Not hospital treatment) | 01.03.2023      | 1            | A7        | Y        | Professional attendance at a place other than consulting rooms by a medical practitioner, registered with the Chief Executive Medicare as meeting the credentialling requirements for provision of this service: (a) for providing focussed psychological strategies for assessed mental disorders 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                          |                  | The fee for item 309, plus \$21.95 divided by the number of patients seen, up to a maximum of six patients. For seven or more patients - the fee for item 209 plus \$1.70 per patient. |                   |                  |                 |
| 312      | Common list                  | Type C                       | 01.11.1996      | 1            | A8        | N        | 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 of more than 15 minutes, but not more than 30 minutes, in duration 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 | 46.5             |  |                   | 34.9             | 39.55           |
| 313      | N/A (Not hospital treatment) | N/A (Not hospital treatment) | 01.03.2023      | 1            | A7        | Y        | Professional attendance at consulting rooms by a medical practitioner, registered with the Chief Executive Medicare as meeting the credentialling requirements for provision of this service: (a) for providing focussed psychological strategies for assessed mental disorders to a person other than the patient, if the service is part of the patient's treatment; and (b) lasting at least 40 minutes  | 112.25           |  | 112.25            |                  |                 |
| 314      | Common list                  | Type C                       | 01.11.1996      | 1            | A8        | N        | 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 of more than 30 minutes, but not more than 45 minutes, in duration at consulting rooms, if that attendance and another attendance to whichitem 296 or any of items 300 to 308 applies exceed 50 attendances in a calendar year for the patient  | 71.6             |  |                   | 53.7             | 60.9            |
| 315      | N/A (Not hospital treatment) | N/A (Not hospital treatment) | 01.03.2023      | 1            | A7        | Y        | Professional attendance at a place other than consulting rooms by a medical practitioner, registered with the Chief Executive Medicare as meeting the credentialling requirements for provision of this service: (a) for providing focussed psychological strategies for assessed mental disorders to a person other than the patient, if the service is part of the patient's treatment; and (b) lasting at least 40 minutes   |                  | The fee for item 313, plus \$21.95 divided by the number of patients seen, up to a maximum of six patients. For seven or more patients - the fee for item 313 plus \$1.70 per patient. |                   |                  |                 |
| 316      | Common list                  | Type C                       | 01.11.1996      | 1            | A8        | N        | 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 of more than 45 minutes, but not more than 75 minutes, in duration at consulting rooms, if that attendance and another attendance to whichitem 296 or any of items 300 to 308 applies exceed 50 attendances in a calendar year for the patient  | 98.65            |  |                   | 74               | 83.9            |
| 318      | Common list                  | Type C                       | 01.11.1996      | 1            | A8        | N        | 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 of more than 75 minutes in duration at consulting rooms, if that attendance and another attendance to whichitem 296 or any of items 300 to 308 applies exceed 50 attendances in a calendar year for the patient                                 | 114.4            |  |                   | 85.8             | 97.25           |

| MBS item | Clinical Category             | Procedure Type | Item Start Date | MBS Category | MBS Group | New Item | MBS Description   | MBS Schedule Fee | Derived Fee | Benefit 100% (\$) | Benefit 75% (\$) | Benefit 85 (\$) |
|----------|-------------------------------|----------------|-----------------|--------------|-----------|----------|---|------------------|-------------|-------------------|------------------|-----------------|
| 319      | Common list                   | Type C         | 01.01.1997      | 1            | A8        | N        | 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 of more than 45 minutes in duration 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) forpatients 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 whichitem 296 or any of items 300 to 308 applies have not exceeded 160 attendances in a calendar year for the patient | 197.1            |             |                   | 147.85           | 167.55          |
| 320      | Hospital psychiatric services | Type C         | 01.11.1996      | 1            | A8        | N        | 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 of not more than 15 minutes in duration at hospital   | 46.5             |             |                   | 34.9             | 39.55           |
| 322      | Hospital psychiatric services | Type C         | 01.11.1996      | 1            | A8        | N        | 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 of more than 15 minutes, but not more than 30 minutes, in duration at hospital  | 92.75            |             |                   | 69.6             | 78.85           |
| 324      | Hospital psychiatric services | Type C         | 01.11.1996      | 1            | A8        | N        | 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 of more than 30 minutes, but not more than 45 minutes, in duration at hospital  | 142.8            |             |                   | 107.1            | 121.4           |
| 326      | Hospital psychiatric services | Type C         | 01.11.1996      | 1            | A8        | N        | 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 of more than 45 minutes, but not more than 75 minutes, in duration at hospital  | 197.1            |             |                   | 147.85           | 167.55          |
| 328      | Hospital psychiatric services | Type C         | 01.11.1996      | 1            | A8        | N        | 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 of more than 75 minutes in duration at hospital   | 228.7            |             |                   | 171.55           | 194.4           |
| 330      | Common list                   | Type C         | 01.11.1996      | 1            | A8        | N        | 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 of not more than 15 minutes in duration if that attendance is at a place other than consulting rooms or hospital  | 85.4             |             |                   | 64.05            | 72.6            |
| 332      | Common list                   | Type C         | 01.11.1996      | 1            | A8        | N        | 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 of more than 15 minutes, but not more than 30 minutes, in duration if that attendance is at a place other than consulting rooms or hospital   | 133.7            |             |                   | 100.3            | 113.65          |
| 334      | Common list                   | Type C         | 01.11.1996      | 1            | A8        | N        | 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 of more than 30 minutes, but not more than 45 minutes, in duration if that attendance is at a place other than consulting rooms or hospital   | 194.85           |             |                   | 146.15           | 165.65          |
| 336      | Common list                   | Type C         | 01.11.1996      | 1            | A8        | N        | 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 of more than 45 minutes, but not more than 75 minutes, in duration if that attendance is at a place other than consulting rooms or hospital   | 235.75           |             |                   | 176.85           | 200.4           |
| 338      | Common list                   | Type C         | 01.11.1996      | 1            | A8        | N        | 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 of more than 75 minutes in duration if that attendance is at a place other than consulting rooms or hospital  | 267.75           |             |                   | 200.85           | 227.6           |
| 342      | Hospital psychiatric services | Type C         | 01.11.1996      | 1            | A8        | N        | Group psychotherapy (including any associated consultations with a patient taking place on the same occasion and relating to the condition for which group therapy is conducted) of not less than 1 hour in duration 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   | 52.9             |             |                   | 39.7             | 45              |
| 344      | Hospital psychiatric services | Type C         | 01.11.1996      | 1            | A8        | N        | Group psychotherapy (including any associated consultations with a patient taking place on the same occasion and relating to the condition for which group therapy is conducted) of not less than 1 hour in duration 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   | 70.2             |             |                   | 52.65            | 59.7            |
| 346      | Hospital psychiatric services | Type C         | 01.11.1996      | 1            | A8        | N        | Group psychotherapy (including any associated consultations with a patient taking place on the same occasion and relating to the condition for which group therapy is conducted) of not less than 1 hour in duration 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   | 103.85           |             |                   | 77.9             | 88.3            |
| 348      | Hospital psychiatric services | Type C         | 01.11.1996      | 1            | A8        | N        | 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 of not less than 20 minutes, but less than 45 minutes, in duration, in the course of initial diagnostic evaluation of a patient   | 136              |             |                   | 102              | 115.6           |

| MBS item | Clinical Category             | Procedure Type | Item Start Date | MBS Category | MBS Group | New Item | MBS Description  | MBS Schedule Fee | Derived Fee  | Benefit 100% (\$) | Benefit 75% (\$) | Benefit 85 (\$) |
|----------|-------------------------------|----------------|-----------------|--------------|-----------|----------|--|------------------|--|-------------------|------------------|-----------------|
| 350      | Hospital psychiatric services | Type C         | 01.11.1996      | 1            | A8        | N        | 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 of not less than 45 minutes in duration, in the course of initial diagnostic evaluation of a patient   | 187.75           |  |                   | 140.85           | 159.6           |
| 352      | Hospital psychiatric services | Type C         | 01.11.1996      | 1            | A8        | N        | 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 of not less than 20 minutes in duration, 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   | 136              |  |                   | 102              | 115.6           |
| 385      | Common list                   | Type C         | 01.07.1998      | 1            | A12       | N        | 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   | 91.8             |  |                   | 68.85            | 78.05           |
| 386      | Common list                   | Type C         | 01.07.1998      | 1            | A12       | N        | 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-each attendance after the first in a single course of treatment  | 46.15            |  |                   | 34.65            | 39.25           |
| 387      | Common list                   | Type C         | 01.07.1998      | 1            | A12       | N        | 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  | 134.7            |  |                   | 101.05           | 114.5           |
| 388      | Common list                   | Type C         | 01.07.1998      | 1            | A12       | N        | 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-each attendance after the first in a single course of treatment   | 85.3             |  |                   | 64               | 72.55           |
| 410      | Common list                   | Type C         | 01.11.1999      | 1            | A13       | N        | LEVEL AProfessional attendance at consulting rooms by a public health physician in the practice of his or her specialty of public health medicine 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.   | 21               |  |                   | 15.75            | 17.85           |
| 411      | Common list                   | Type C         | 01.11.1999      | 1            | A13       | N        | LEVEL BProfessional attendance by a public health physician in the practice of his or her specialty of public health medicine at consulting rooms lasting less than 20 minutes, 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; in relation to 1 or more health-related issues, with appropriate documentation.                    | 45.85            |  |                   | 34.4             | 39              |
| 412      | Common list                   | Type C         | 01.11.1999      | 1            | A13       | N        | LEVEL CProfessional attendance by a public health physician in the practice of his or her specialty of public health medicine at consulting rooms lasting at least 20 minutes, 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; in relation to 1 or more health-related issues, with appropriate documentation.            | 88.75            |  |                   | 66.6             | 75.45           |
| 413      | Common list                   | Type C         | 01.11.1999      | 1            | A13       | N        | LEVEL DProfessional attendance by a public health physician in the practice of his or her specialty of public health medicine at consulting rooms lasting at least 40 minutes, 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; in relation to 1 or more health-related issues, with appropriate documentation.          | 130.65           |  |                   | 98               | 111.1           |
| 414      | Common list                   | Type C         | 01.11.1999      | 1            | A13       | N        | LEVEL AProfessional attendance by a public health physician in the practice of his or her specialty of public health medicine other than at consulting rooms 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   |                  | The fee for item 410, plus \$27.35 divided by the number of patients seen, up to a maximum of six patients. For seven or more patients - the fee for item 410 plus \$2.15 per patient. |                   |                  |                 |
| 415      | Common list                   | Type C         | 01.11.1999      | 1            | A13       | N        | LEVEL BProfessional attendance by a public health physician in the practice of his or her specialty of public health medicine other than at consulting rooms, lasting less than 20 minutes, 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; in relation to 1 or more health-related issues, with appropriate documentation.        |                  | The fee for item 411, plus \$27.35 divided by the number of patients seen, up to a maximum of six patients. For seven or more patients - the fee for item 411 plus \$2.15 per patient. |                   |                  |                 |
| 416      | Common list                   | Type C         | 01.11.1999      | 1            | A13       | N        | LEVEL CProfessional attendance by a public health physician in the practice of his or her specialty of public health medicine other than at consulting rooms lasting at least 20 minutes, 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; in relation to 1 or more health-related issues, with appropriate documentation. |                  | The fee for item 412, plus \$27.35 divided by the number of patients seen, up to a maximum of six patients. For seven or more patients - the fee for item 412 plus \$2.15 per patient. |                   |                  |                 |

| MBS item | Clinical Category            | Procedure Type | Item Start Date | MBS Category | MBS Group | New Item | MBS Description  | MBS Schedule Fee | Derived Fee  | Benefit 100% (\$) | Benefit 75% (\$) | Benefit 85 (\$) |
|----------|------------------------------|----------------|-----------------|--------------|-----------|----------|--|------------------|--|-------------------|------------------|-----------------|
| 417      | Common list                  | Type C         | 01.11.1999      | 1            | A13       | N        | LEVEL DProfessional attendance by a public health physician in the practice of his or her specialty of public health medicine other than at consulting rooms lasting at least 40 minutes, 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; in relation to 1 or more health-related issues, with appropriate documentation.   |                  | The fee for item 413, plus \$27.35 divided by the number of patients seen, up to a maximum of six patients. For seven or more patients - the fee for item 413 plus \$2.15 per patient. |                   |                  |                 |
| 585      | Common list                  | Unlisted       | 01.03.2018      | 1            | A11       | N        | Professional attendance by a general practitioner on one patient on one occasion—each attendance (other than an attendance in unsociable hours) in an after-hours period if: (a) the attendance is requested by the patient or a responsible person 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   | 137.25           |  | 137.25            | 102.95           |                 |
| 588      | Common list                  | Unlisted       | 01.03.2018      | 1            | A11       | N        | Professional attendance by a medical practitioner (other than a general practitioner) on one patient on one occasion—each attendance (other than an attendance in unsociable hours) in an after-hours period if: (a) the attendance is requested by the patient or a responsible person 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     | 137.25           |  | 137.25            | 102.95           |                 |
| 591      | Common list                  | Unlisted       | 01.03.2018      | 1            | A11       | N        | Professional attendance by a medical practitioner (other than a general practitioner) on one patient on one occasion—each attendance (other than an attendance in unsociable hours) in an after-hours period if: (a) the attendance is requested by the patient or a responsible person 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 | 95.15            |  | 95.15             | 71.4             |                 |
| 594      | Common list                  | Unlisted       | 01.03.2018      | 1            | A11       | N        | 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  | 44.35            |  | 44.35             | 33.3             |                 |
| 599      | Common list                  | Unlisted       | 01.05.2010      | 1            | A11       | N        | Professional attendance by a general practitioner on not more than one patient on one occasion—each attendance in unsociable hours if: (a) the attendance is requested by the patient or a responsible person 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   | 161.75           |  | 161.75            | 121.35           |                 |
| 600      | Common list                  | Unlisted       | 01.05.2010      | 1            | A11       | N        | Professional attendance by a medical practitioner (other than a general practitioner) on not more than one patient on one occasion—each attendance in unsociable hours if: (a) the attendance is requested by the patient or a responsible person 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   | 129.3            |  | 129.3             | 97               |                 |
| 699      | N/A (Not hospital treatment) | Unlisted       | 01.04.2019      | 1            | A14       | N        | Professional attendance on a patient who is 30 years of age or over for a heart health assessment by a general practitioner at consulting roomslasting at least 20 minutes and including: collection of relevant information, including taking a patient history; and a basic physical examination, which must include recording blood pressure and cholesterol; and initiating interventions and referrals as indicated; and implementing a management plan; and providing the patient with preventative health care advice and information.  | 76.95            |  | 76.95             |                  |                 |
| 701      | Common list                  | Unlisted       | 01.05.2010      | 1            | A14       | N        | Professional attendance by a general practitioner 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  | 62.75            |  | 62.75             |                  |                 |
| 703      | Common list                  | Unlisted       | 01.05.2010      | 1            | A14       | N        | Professional attendance by a general practitioner 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  | 145.8            |  | 145.8             |                  |                 |
| 705      | Common list                  | Unlisted       | 01.05.2010      | 1            | A14       | N        | Professional attendance by a general practitioner 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   | 201.15           |  | 201.15            |                  |                 |
| 707      | Common list                  | Unlisted       | 01.05.2010      | 1            | A14       | N        | Professional attendance by a general practitioner 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   | 284.2            |  | 284.2             |                  |                 |
| 715      | Common list                  | Unlisted       | 01.05.2010      | 1            | A14       | N        | Professional attendance by a general practitioner 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  | 224.4            |  | 224.4             |                  |                 |
| 721      | Common list                  | Type C         | 01.07.2005      | 1            | A15       | N        | Attendance by a general practitioner 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)   | 152.5            |  | 152.5             | 114.4            |                 |

| MBS item | Clinical Category            | Procedure Type | Item Start Date | MBS Category | MBS Group | New Item | MBS Description   | MBS Schedule Fee | Derived Fee  | Benefit 100% (\$) | Benefit 75% (\$) | Benefit 85 (\$) |
|----------|------------------------------|----------------|-----------------|--------------|-----------|----------|---|------------------|--|-------------------|------------------|-----------------|
| 723      | Common list                  | Type C         | 01.07.2005      | 1            | A15       | N        | Attendance by a general practitioner 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)  | 120.85           |  | 120.85            | 90.65            |                 |
| 729      | Common list                  | Type C         | 01.07.2005      | 1            | A15       | N        | Contribution by a general practitioner 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)  | 74.4             |  | 74.4              |                  |                 |
| 731      | Common list                  | Type C         | 01.07.2005      | 1            | A15       | N        | Contribution by a general practitioner 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) | 74.4             |  | 74.4              |                  |                 |
| 732      | Common list                  | Type C         | 01.05.2010      | 1            | A15       | N        | Attendance by a general practitioner 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  | 76.15            |  | 76.15             | 57.15            |                 |
| 733      | Common list                  | Unlisted       | 01.07.2018      | 1            | A7        | N        | Professional attendance at consulting rooms of not more than 5 minutes in duration (other than a service to which another item applies) by a medical practitioner—each attendance   | 24.5             |  | 24.5              |                  |                 |
| 735      | Common list                  | Unlisted       | 01.05.2010      | 1            | A15       | N        | Attendance by a general practitioner, as a member of a multidisciplinary case conference team, to organise and coordinate: (a) a community case conference; or (b) a multidisciplinary case conference 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)                                    | 74.75            |  | 74.75             | 56.1             |                 |
| 737      | Common list                  | Unlisted       | 01.07.2018      | 1            | A7        | N        | Professional attendance at consulting rooms of more than 5 minutes in duration but not more than 25 minutes in duration (other than a service to which another item applies) by a medical practitioner—each attendance  | 41.45            |  | 41.45             |                  |                 |
| 739      | Common list                  | Unlisted       | 01.05.2010      | 1            | A15       | N        | Attendance by a general practitioner, as a member of a multidisciplinary case conference team, to organise and coordinate: (a) a community case conference; or (b) a multidisciplinary case conference 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)                                    | 127.85           |  | 127.85            | 95.9             |                 |
| 741      | N/A (Not hospital treatment) | Unlisted       | 01.07.2018      | 1            | A7        | N        | Professional attendance at consulting rooms of more than 25 minutes in duration but not more than 45 minutes in duration (other than a service to which another item applies) by a medical practitioner—each attendance   | 71.05            |  | 71.05             |                  |                 |
| 743      | Common list                  | Unlisted       | 01.05.2010      | 1            | A15       | N        | Attendance by a general practitioner, as a member of a multidisciplinary case conference team, to organise and coordinate: (a) a community case conference; or (b) a multidisciplinary case conference 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)  | 213.15           |  | 213.15            | 159.9            |                 |
| 745      | N/A (Not hospital treatment) | Unlisted       | 01.07.2018      | 1            | A7        | N        | Professional attendance at consulting rooms of more than 45 minutes in duration (other than a service to which another item applies) by a medical practitioner—each attendance  | 99.6             |  | 99.6              |                  |                 |
| 747      | Common list                  | Unlisted       | 01.05.2010      | 1            | A15       | N        | Attendance by a general practitioner, as a member of a multidisciplinary case conference team, to participate in: (a) a community case conference; or (b) a multidisciplinary case conference 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)   | 54.9             |  | 54.9              | 41.2             |                 |
| 750      | Common list                  | Unlisted       | 01.05.2010      | 1            | A15       | N        | Attendance by a general practitioner, as a member of a multidisciplinary case conference team, to participate in: (a) a community case conference; or (b) a multidisciplinary case conference 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)   | 94.1             |  | 94.1              | 70.6             |                 |
| 758      | Common list                  | Unlisted       | 01.05.2010      | 1            | A15       | N        | Attendance by a general practitioner, as a member of a multidisciplinary case conference team, to participate in: (a) a community case conference; or (b) a multidisciplinary case conference 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)   | 156.65           |  | 156.65            | 117.5            |                 |
| 761      | N/A (Not hospital treatment) | Unlisted       | 01.07.2018      | 1            | A7        | N        | Professional attendance by a medical practitioner (other than attendance at consulting rooms, a hospital or a residential aged care facility or a service to which another item in the table applies), lasting not more than 5 minutes—an attendance on one or more patients on one occasion—each patient   |                  | The fee for item 733, plus \$21.95 divided by the number of patients seen, up to a maximum of six patients. For seven or more patients - the fee for item 733 plus \$1.70 per patient. |                   |                  |                 |
| 763      | N/A (Not hospital treatment) | Unlisted       | 01.07.2018      | 1            | A7        | N        | Professional attendance by a medical practitioner (other than attendance at consulting rooms, a hospital or a residential aged care facility or a service to which another item in the table applies), lasting more than 5 minutes, but not more than 25 minutes—an attendance on one or more patients on one occasion—each patient   |                  | The fee for item 737, plus \$21.95 divided by the number of patients seen, up to a maximum of six patients. For seven or more patients - the fee for item 737 plus \$1.70 per patient. |                   |                  |                 |

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|----------|------------------------------|----------------|-----------------|--------------|-----------|----------|--|------------------|--|-------------------|------------------|-----------------|
| 766      | N/A (Not hospital treatment) | Unlisted       | 01.07.2018      | 1            | A7        | N        | Professional attendance by a medical practitioner (other than attendance at consulting rooms, a hospital or a residential aged care facility or a service to which another item in the table applies), lasting more than 25 minutes, but not more than 45 minutes—an attendance on one or more patients on one occasion—each patient   |                  | The fee for item 741, plus \$21.95 divided by the number of patients seen, up to a maximum of six patients. For seven or more patients - the fee for item 741 plus \$1.70 per patient. |                   |                  |                 |
| 769      | N/A (Not hospital treatment) | Unlisted       | 01.07.2018      | 1            | A7        | N        | Professional attendance by a medical practitioner (other than attendance at consulting rooms, a hospital or a residential aged care facility or a service to which another item in the table applies), lasting more than 45 minutes—an attendance on one or more patients on one occasion—each patient   |                  | The fee for item 745, plus \$21.95 divided by the number of patients seen, up to a maximum of six patients. For seven or more patients - the fee for item 745 plus \$1.70 per patient. |                   |                  |                 |
| 772      | N/A (Not hospital treatment) | Unlisted       | 01.07.2018      | 1            | A7        | N        | 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 accommodated in the residential aged care facility (other than accommodation in a self contained unit) of not more than 5 minutes in duration by a medical practitioner—an attendance on one or more patients at one residential aged care facility on one occasion—each patient                                      |                  | The fee for item 733, plus \$39.50 divided by the number of patients seen, up to a maximum of six patients. For seven or more patients - the fee for item 733 plus \$2.80 per patient. |                   |                  |                 |
| 776      | N/A (Not hospital treatment) | Unlisted       | 01.07.2018      | 1            | A7        | N        | 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 accommodated in the residential aged care facility (other than accommodation in a self contained unit) of more than 5 minutes in duration but not more than 25 minutes in duration by a medical practitioner—an attendance on one or more patients at one residential aged care facility on one occasion—each patient |                  | The fee for item 737, plus \$39.50 divided by the number of patients seen, up to a maximum of six patients. For seven or more patients - the fee for item 737 plus \$2.80 per patient. |                   |                  |                 |
| 788      | N/A (Not hospital treatment) | Unlisted       | 01.07.2018      | 1            | A7        | N        | 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 accommodated in the residential aged care facility (other than accommodation in a self contained unit) of more than 25 minutes in duration but not more than 45 minutes by a medical practitioner—an attendance on one or more patients at one residential aged care facility on one occasion—each patient            |                  | The fee for item 741, plus \$39.50 divided by the number of patients seen, up to a maximum of six patients. For seven or more patients - the fee for item 741 plus \$2.80 per patient. |                   |                  |                 |
| 789      | N/A (Not hospital treatment) | Unlisted       | 01.07.2018      | 1            | A7        | N        | 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 accommodated in the residential aged care facility (other than accommodation in a self contained unit) of more than 45 minutes in duration by a medical practitioner—an attendance on one or more patients at one residential aged care facility on one occasion—each patient   |                  | The fee for item 745, plus \$39.50 divided by the number of patients seen, up to a maximum of six patients. For seven or more patients - the fee for item 745 plus \$2.80 per patient. |                   |                  |                 |
| 792      | N/A (Not hospital treatment) | Unlisted       | 01.07.2018      | 1            | A7        | N        | Professional attendance of at least 20 minutes in duration at consulting rooms by a medical practitioner who is registered with the Chief Executive Medicare as meeting the credentialing requirements for provision of this service for the purpose of providing non-directive pregnancy support counselling to a person 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 items 4001, 81000, 81005 or 81010 applies in relation to that pregnancy   | 64.8             |  | 64.8              |                  |                 |
| 820      | Common list                  | Type C         | 01.05.2002      | 1            | A15       | N        | 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  | 149.25           |  |                   | 111.95           | 126.9           |
| 822      | Common list                  | Type C         | 01.05.2002      | 1            | A15       | N        | 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  | 224              |  |                   | 168              | 190.4           |
| 823      | Common list                  | Type C         | 01.05.2002      | 1            | A15       | N        | 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   | 298.4            |  |                   | 223.8            | 253.65          |
| 825      | Common list                  | Type C         | 01.05.2002      | 1            | A15       | N        | 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  | 107.2            |  |                   | 80.4             | 91.15           |
| 826      | Common list                  | Type C         | 01.05.2002      | 1            | A15       | N        | 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  | 170.95           |  |                   | 128.25           | 145.35          |
| 828      | Common list                  | Type C         | 01.05.2002      | 1            | A15       | N        | 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   | 234.75           |  |                   | 176.1            | 199.55          |
| 830      | Common list                  | Unlisted       | 01.05.2002      | 1            | A15       | N        | 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  | 149.25           |  |                   | 111.95           | 126.9           |

| MBS item | Clinical Category             | Procedure Type | Item Start Date | MBS Category | MBS Group | New Item | MBS Description  | MBS Schedule Fee | Derived Fee | Benefit 100% (\$) | Benefit 75% (\$) | Benefit 85 (\$) |
|----------|-------------------------------|----------------|-----------------|--------------|-----------|----------|--|------------------|-------------|-------------------|------------------|-----------------|
| 832      | Common list                   | Unlisted       | 01.05.2002      | 1            | A15       | N        | 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  | 224              |             |                   | 168              | 190.4           |
| 834      | Common list                   | Unlisted       | 01.05.2002      | 1            | A15       | N        | 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   | 298.4            |             |                   | 223.8            | 253.65          |
| 835      | Common list                   | Unlisted       | 01.05.2002      | 1            | A15       | N        | 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  | 107.2            |             |                   | 80.4             | 91.15           |
| 837      | Common list                   | Unlisted       | 01.05.2002      | 1            | A15       | N        | 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  | 170.95           |             |                   | 128.25           | 145.35          |
| 838      | Common list                   | Unlisted       | 01.05.2002      | 1            | A15       | N        | 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   | 234.75           |             |                   | 176.1            | 199.55          |
| 855      | Hospital psychiatric services | Type C         | 01.11.2002      | 1            | A15       | N        | 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  | 149.25           |             |                   | 111.95           | 126.9           |
| 857      | Hospital psychiatric services | Type C         | 01.11.2002      | 1            | A15       | N        | 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  | 224              |             |                   | 168              | 190.4           |
| 858      | Hospital psychiatric services | Type C         | 01.11.2002      | 1            | A15       | N        | 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   | 298.4            |             |                   | 223.8            | 253.65          |
| 861      | Hospital psychiatric services | Unlisted       | 01.11.2002      | 1            | A15       | N        | 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  | 149.25           |             |                   | 111.95           | 126.9           |
| 864      | Hospital psychiatric services | Unlisted       | 01.11.2002      | 1            | A15       | N        | 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  | 224              |             |                   | 168              | 190.4           |
| 866      | Hospital psychiatric services | Unlisted       | 01.11.2002      | 1            | A15       | N        | 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   | 298.4            |             |                   | 223.8            | 253.65          |
| 871      | Common list                   | Unlisted       | 01.11.2006      | 1            | A15       | N        | 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          | 86.15            |             |                   | 64.65            | 73.25           |
| 872      | Common list                   | Unlisted       | 01.11.2006      | 1            | A15       | N        | 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                     | 40.15            |             |                   | 30.15            | 34.15           |
| 880      | Common list                   | Unlisted       | 01.05.2006      | 1            | A15       | N        | 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) | 52.2             |             |                   | 39.15            |                 |

| MBS Item | Clinical Category             | Procedure Type               | Item Start Date | MBS Category | MBS Group | New Item | MBS Description  | MBS Schedule Fee | Derived Fee  | Benefit 100% (\$) | Benefit 75% (\$) | Benefit 85 (\$) |
|----------|-------------------------------|------------------------------|-----------------|--------------|-----------|----------|--|------------------|--|-------------------|------------------|-----------------|
| 900      | Common list                   | Type C                       | 01.10.2001      | 1            | A17       | N        | Participation by a general practitioner 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 | 163.7            |  | 163.7             |                  |                 |
| 903      | Common list                   | Type C                       | 01.11.2004      | 1            | A17       | N        | Participation by a general practitioner in a residential medication management review (RMMR) for a patient who is a permanent resident of 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   | 112.05           |  | 112.05            |                  |                 |
| 2700     | Hospital psychiatric services | Unlisted                     | 01.11.2011      | 1            | A20       | N        | Professional attendance by a general practitioner (including a general practitioner who has not undertaken mental health skills training) of at least 20 minutes but less than 40 minutes in duration for the preparation of a GP mental health treatment plan for a patient   | 75.8             |  | 75.8              | 56.85            |                 |
| 2701     | Hospital psychiatric services | Unlisted                     | 01.11.2011      | 1            | A20       | N        | Professional attendance by a general practitioner (including a general practitioner who has not undertaken mental health skills training) of at least 40 minutes in duration for the preparation of a GP mental health treatment plan for a patient  | 111.6            |  | 111.6             | 83.7             |                 |
| 2712     | Hospital psychiatric services | Unlisted                     | 01.11.2006      | 1            | A20       | N        | Professional attendance by a general practitioner to review a GP mental health treatment plan which he or she, or an associated general practitioner has prepared, or to review a Psychiatrist Assessment and Management Plan  | 75.8             |  | 75.8              | 56.85            |                 |
| 2713     | Hospital psychiatric services | Type C                       | 01.11.2006      | 1            | A20       | N        | Professional attendance by a general practitioner in relation to a mental disorder and of at least 20 minutes in duration, 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   | 75.8             |  | 75.8              |                  |                 |
| 2715     | Hospital psychiatric services | Unlisted                     | 01.11.2011      | 1            | A20       | N        | Professional attendance by a general practitioner (including a general practitioner who has undertaken mental health skills training of at least 20 minutes but less than 40 minutes in duration for the preparation of a GP mental health treatment plan for a patient  | 96.25            |  | 96.25             | 72.2             |                 |
| 2717     | Hospital psychiatric services | Unlisted                     | 01.11.2011      | 1            | A20       | N        | Professional attendance by a general practitioner (including a general practitioner who has undertaken mental health skills training) of at least 40 minutes in duration for the preparation of a GP mental health treatment plan for a patient  | 141.8            |  | 141.8             | 106.35           |                 |
| 2721     | Hospital psychiatric services | Type C                       | 01.11.2002      | 1            | A20       | N        | Professional attendance at consulting rooms by a general practitioner, for providing focussed psychological strategies for assessed mental disorders by a general 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  | 98.05            |  | 98.05             |                  |                 |
| 2723     | Hospital psychiatric services | Type C                       | 01.11.2002      | 1            | A20       | N        | Professional attendance at a place other than consulting rooms by a general practitioner, for providing focussed psychological strategies for assessed mental disorders by a general 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   |                  | The fee for item 2721, plus \$27.45 divided by the number of patients seen, up to a maximum of six patients. For seven or more patients - the fee for item 2721 plus \$2.15 per patient. |                   |                  |                 |
| 2725     | Hospital psychiatric services | Type C                       | 01.11.2002      | 1            | A20       | N        | Professional attendance at consulting rooms by a general practitioner, for providing focussed psychological strategies for assessed mental disorders by a general practitioner registered with the Chief Executive Medicare as meeting the credentialling requirements for provision of this service, and lasting at least 40 minutes  | 140.3            |  | 140.3             |                  |                 |
| 2727     | Hospital psychiatric services | Type C                       | 01.11.2002      | 1            | A20       | N        | Professional attendance at a place other than consulting rooms by a general practitioner, for providing focussed psychological strategies for assessed mental disorders by a general practitioner registered with the Chief Executive Medicare as meeting the credentialling requirements for provision of this service, and lasting at least 40 minutes   |                  | The fee for item 2725, plus \$27.45 divided by the number of patients seen, up to a maximum of six patients. For seven or more patients - the fee for item 2725 plus \$2.15 per patient. |                   |                  |                 |
| 2739     | N/A (Not hospital treatment)  | N/A (Not hospital treatment) | 01.03.2023      | 1            | A20       | Y        | 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            |  | 98.05             |                  |                 |
| 2741     | N/A (Not hospital treatment)  | N/A (Not hospital treatment) | 01.03.2023      | 1            | A20       | Y        | 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  |                  | The fee for item 2739, plus \$27.45 divided by the number of patients seen, up to a maximum of six patients. For seven or more patients - the fee for item 2739 plus \$2.15 per patient. |                   |                  |                 |
| 2743     | N/A (Not hospital treatment)  | N/A (Not hospital treatment) | 01.03.2023      | 1            | A20       | Y        | 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   | 140.3            |  | 140.3             |                  |                 |

| MBS item | Clinical Category            | Procedure Type               | Item Start Date | MBS Category | MBS Group | New Item | MBS Description   | MBS Schedule Fee | Derived Fee  | Benefit 100% (\$) | Benefit 75% (\$) | Benefit 85 (\$) |
|----------|------------------------------|------------------------------|-----------------|--------------|-----------|----------|---|------------------|--|-------------------|------------------|-----------------|
| 2745     | N/A (Not hospital treatment) | N/A (Not hospital treatment) | 01.03.2023      | 1            | A20       | Y        | 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 |                  | The fee for item 2743, plus \$27.45 divided by the number of patients seen, up to a maximum of six patients. For seven or more patients - the fee for item 2743 plus \$2.15 per patient. |                   |                  |                 |
| 2801     | Common list                  | Type C                       | 01.05.2006      | 1            | A24       | N        | 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   | 161.9            |  |                   | 121.45           | 137.65          |
| 2806     | Common list                  | Type C                       | 01.05.2006      | 1            | A24       | N        | 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-each attendance (other than a service to which item 2814 applies) after the first in a single course of treatment                                  | 81.05            |  |                   | 60.8             | 68.9            |
| 2814     | Common list                  | Type C                       | 01.05.2006      | 1            | A24       | N        | 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-each minor attendance after the first attendance in a single course of treatment   | 46.15            |  |                   | 34.65            | 39.25           |
| 2824     | Common list                  | Type C                       | 01.05.2006      | 1            | A24       | N        | 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  | 196.45           |  |                   |                  | 167             |
| 2832     | Common list                  | Type C                       | 01.05.2006      | 1            | A24       | N        | 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-each attendance (other than a service to which item 2840 applies) after the first in a single course of treatment               | 118.8            |  |                   |                  | 101             |
| 2840     | Common list                  | Type C                       | 01.05.2006      | 1            | A24       | N        | 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-each minor attendance after the first attendance in a single course of treatment  | 85.6             |  |                   |                  | 72.8            |
| 2946     | Common list                  | Type C                       | 01.05.2006      | 1            | A24       | N        | 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  | 149.25           |  |                   | 111.95           | 126.9           |
| 2949     | Common list                  | Type C                       | 01.05.2006      | 1            | A24       | N        | 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  | 224              |  |                   | 168              | 190.4           |
| 2954     | Common list                  | Type C                       | 01.05.2006      | 1            | A24       | N        | 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   | 298.4            |  |                   | 223.8            | 253.65          |
| 2958     | Common list                  | Type C                       | 01.05.2006      | 1            | A24       | N        | 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  | 107.2            |  |                   | 80.4             | 91.15           |
| 2972     | Common list                  | Type C                       | 01.05.2006      | 1            | A24       | N        | 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  | 170.95           |  |                   | 128.25           | 145.35          |
| 2974     | Common list                  | Type C                       | 01.05.2006      | 1            | A24       | N        | 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   | 234.75           |  |                   | 176.1            | 199.55          |
| 2978     | Common list                  | Unlisted                     | 01.05.2006      | 1            | A24       | N        | 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)  | 149.25           |  |                   | 111.95           | 126.9           |
| 2984     | Common list                  | Unlisted                     | 01.05.2006      | 1            | A24       | N        | 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)  | 224              |  |                   | 168              | 190.4           |
| 2988     | Common list                  | Unlisted                     | 01.05.2006      | 1            | A24       | N        | 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)   | 298.4            |  |                   | 223.8            | 253.65          |
| 2992     | Common list                  | Unlisted                     | 01.05.2006      | 1            | A24       | N        | 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)                                    | 107.2            |  |                   | 80.4             | 91.15           |

| MBS item | Clinical Category | Procedure Type | Item Start Date | MBS Category | MBS Group | New Item | MBS Description  | MBS Schedule Fee | Derived Fee | Benefit 100% (\$) | Benefit 75% (\$) | Benefit 85 (\$) |
|----------|-------------------|----------------|-----------------|--------------|-----------|----------|--|------------------|-------------|-------------------|------------------|-----------------|
| 2996     | Common list       | Unlisted       | 01.05.2006      | 1            | A24       | N        | 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)   | 170.95           |             |                   | 128.25           | 145.35          |
| 3000     | Common list       | Unlisted       | 01.05.2006      | 1            | A24       | N        | 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)  | 234.75           |             |                   | 176.1            | 199.55          |
| 3005     | Palliative care   | Type C         | 01.05.2006      | 1            | A24       | N        | 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  | 161.9            |             |                   | 121.45           | 137.65          |
| 3010     | Palliative care   | Type C         | 01.05.2006      | 1            | A24       | N        | 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-each attendance (other than a service to which item 3014 applies) after the first in a single course of treatment   | 81.05            |             |                   | 60.8             | 68.9            |
| 3014     | Palliative care   | Type C         | 01.05.2006      | 1            | A24       | N        | 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-each minor attendance after the first attendance in a single course of treatment  | 46.15            |             |                   | 34.65            | 39.25           |
| 3018     | Palliative care   | Type C         | 01.05.2006      | 1            | A24       | N        | 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   | 196.45           |             |                   |                  | 167             |
| 3023     | Palliative care   | Type C         | 01.05.2006      | 1            | A24       | N        | 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-each attendance (other than a service to which item 3028 applies) after the first in a single course of treatment                        | 118.8            |             |                   |                  | 101             |
| 3028     | Palliative care   | Type C         | 01.05.2006      | 1            | A24       | N        | 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-each minor attendance after the first attendance in a single course of treatment   | 85.6             |             |                   |                  | 72.8            |
| 3032     | Palliative care   | Type C         | 01.05.2006      | 1            | A24       | N        | 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   | 149.25           |             |                   | 111.95           | 126.9           |
| 3040     | Palliative care   | Type C         | 01.05.2006      | 1            | A24       | N        | 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   | 224              |             |                   | 168              | 190.4           |
| 3044     | Palliative care   | Type C         | 01.05.2006      | 1            | A24       | N        | 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  | 298.4            |             |                   | 223.8            | 253.65          |
| 3051     | Palliative care   | Type C         | 01.05.2006      | 1            | A24       | N        | 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   | 107.2            |             |                   | 80.4             | 91.15           |
| 3055     | Palliative care   | Type C         | 01.05.2006      | 1            | A24       | N        | 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 | 170.95           |             |                   | 128.25           | 145.35          |
| 3062     | Palliative care   | Type C         | 01.05.2006      | 1            | A24       | N        | 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  | 234.75           |             |                   | 176.1            | 199.55          |
| 3069     | Palliative care   | Unlisted       | 01.05.2006      | 1            | A24       | N        | 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)   | 149.25           |             |                   | 111.95           | 126.9           |
| 3074     | Palliative care   | Unlisted       | 01.05.2006      | 1            | A24       | N        | 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)   | 224              |             |                   | 168              | 190.4           |

| MBS item | Clinical Category | Procedure Type | Item Start Date | MBS Category | MBS Group | New Item | MBS Description   | MBS Schedule Fee | Derived Fee  | Benefit 100% (\$) | Benefit 75% (\$) | Benefit 85 (\$) |
|----------|-------------------|----------------|-----------------|--------------|-----------|----------|---|------------------|--|-------------------|------------------|-----------------|
| 3078     | Palliative care   | Unlisted       | 01.05.2006      | 1            | A24       | N        | 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)   | 298.4            |  |                   | 223.8            | 253.65          |
| 3083     | Palliative care   | Unlisted       | 01.05.2006      | 1            | A24       | N        | 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)  | 107.2            |  |                   | 80.4             | 91.15           |
| 3088     | Palliative care   | Unlisted       | 01.05.2006      | 1            | A24       | N        | 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)  | 170.95           |  |                   | 128.25           | 145.35          |
| 3093     | Palliative care   | Unlisted       | 01.05.2006      | 1            | A24       | N        | 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)   | 234.75           |  |                   | 176.1            | 199.55          |
| 4001     | Common list       | Type C         | 01.11.2006      | 1            | A27       | N        | Professional attendance of at least 20 minutes in duration at consulting rooms by a general practitioner who is registered with the Chief Executive Medicare as meeting the credentialing 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.                               | 81               |  | 81                |                  |                 |
| 5000     | Common list       | Type C         | 01.01.2005      | 1            | A22       | N        | 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-each attendance  | 30.65            |  | 30.65             |                  |                 |
| 5001     | Common list       | Type C         | 01.03.2020      | 1            | A21       | N        | Professional attendance, on a patient aged 4 years or over 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  | 62.05            |  |                   | 46.55            | 52.75           |
| 5003     | Common list       | Type C         | 01.01.2005      | 1            | A22       | N        | 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 the table 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  |                  | The fee for item 5000, plus \$27.45 divided by the number of patients seen, up to a maximum of six patients. For seven or more patients - the fee for item 5000 plus \$2.15 per patient. |                   |                  |                 |
| 5004     | Common list       | Type C         | 01.03.2020      | 1            | A21       | N        | Professional attendance, on a patient aged under 4 years, 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   | 104.15           |  |                   | 78.15            | 88.55           |
| 5010     | Common list       | Type C         | 01.01.2005      | 1            | A22       | N        | 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 accommodated in a residential aged care facility (other than accommodation in a self-contained unit) by a general practitioner for an obvious problem characterised by the straightforward nature of the task that requires a short patient history and, if required, limited examination and management-an attendance on one or more patients at one residential aged care facility on one occasion-each patient |                  | The fee for item 5000, plus \$49.40 divided by the number of patients seen, up to a maximum of six patients. For seven or more patients - the fee for item 5000 plus \$3.50 per patient. |                   |                  |                 |
| 5011     | Common list       | Type C         | 01.03.2020      | 1            | A21       | N        | Professional attendance, on a patient aged 75 years or over, 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  | 104.15           |  |                   | 78.15            | 88.55           |
| 5012     | Common list       | Type C         | 01.03.2020      | 1            | A21       | N        | Professional attendance, on a patient aged 4 years or over 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  | 163.25           |  |                   | 122.45           | 138.8           |
| 5013     | Common list       | Type C         | 01.03.2020      | 1            | A21       | N        | Professional attendance, on a patient aged under 4 years, 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   | 205.4            |  |                   | 154.05           | 174.6           |
| 5014     | Common list       | Type C         | 01.03.2020      | 1            | A21       | N        | Professional attendance, on a patient aged 75 years or over, 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  | 205.4            |  |                   | 154.05           | 174.6           |
| 5016     | Common list       | Type C         | 01.03.2020      | 1            | A21       | N        | Professional attendance, on a patient aged 4 years or over 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  | 275.6            |  |                   | 206.7            | 234.3           |
| 5017     | Common list       | Type C         | 01.03.2020      | 1            | A21       | N        | Professional attendance, on a patient aged under 4 years, 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   | 317.8            |  |                   | 238.35           | 270.15          |
| 5019     | Common list       | Type C         | 01.03.2020      | 1            | A21       | N        | Professional attendance, on a patient aged 75 years or over, 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  | 317.8            |  |                   | 238.35           | 270.15          |

| MBS item | Clinical Category | Procedure Type | Item Start Date | MBS Category | MBS Group | New Item | MBS Description   | MBS Schedule Fee | Derived Fee  | Benefit 100% (\$) | Benefit 75% (\$) | Benefit 85 (\$) |
|----------|-------------------|----------------|-----------------|--------------|-----------|----------|---|------------------|--|-------------------|------------------|-----------------|
| 5020     | Common list       | Type C         | 01.01.2005      | 1            | A22       | N        | Professional attendance by a general practitioner at consulting rooms (other than a service to which another item in the table 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-each attendance  | 51.8             |  | 51.8              |                  |                 |
| 5021     | Common list       | Type C         | 01.03.2020      | 1            | A21       | N        | Professional attendance, on a patient aged 4 years or over 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  | 46.5             |  |                   | 34.9             | 39.55           |
| 5022     | Common list       | Type C         | 01.03.2020      | 1            | A21       | N        | Professional attendance, on a patient aged under 4 years, 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   | 78.15            |  |                   | 58.65            | 66.45           |
| 5023     | Common list       | Type C         | 01.01.2005      | 1            | A22       | N        | 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 the table 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   |                  | The fee for item 5020, plus \$27.45 divided by the number of patients seen, up to a maximum of six patients. For seven or more patients - the fee for item 5020 plus \$2.15 per patient. |                   |                  |                 |
| 5027     | Common list       | Type C         | 01.03.2020      | 1            | A21       | N        | Professional attendance, on a patient aged 75 years or over, 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  | 78.15            |  |                   | 58.65            | 66.45           |
| 5028     | Common list       | Type C         | 01.01.2005      | 1            | A22       | N        | Professional attendance by a general practitioner (other than a service to which another item in the table applies), at a residential aged care facility to residents of the 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   |                  | The fee for item 5020, plus \$49.40 divided by the number of patients seen, up to a maximum of six patients. For seven or more patients - the fee for item 5020 plus \$3.50 per patient. |                   |                  |                 |
| 5030     | Common list       | Type C         | 01.03.2020      | 1            | A21       | N        | Professional attendance, on a patient aged 4 years or over 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  | 122.4            |  |                   | 91.8             | 104.05          |
| 5031     | Common list       | Type C         | 01.03.2020      | 1            | A21       | N        | Professional attendance, on a patient aged under 4 years, 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   | 154.05           |  |                   | 115.55           | 130.95          |
| 5032     | Common list       | Type C         | 01.03.2020      | 1            | A21       | N        | Professional attendance, on a patient aged 75 years or over, 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  | 154.05           |  |                   | 115.55           | 130.95          |
| 5033     | Common list       | Type C         | 01.03.2020      | 1            | A21       | N        | Professional attendance, on a patient 4 years or over 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   | 206.7            |  |                   | 155.05           | 175.7           |
| 5035     | Common list       | Type C         | 01.03.2020      | 1            | A21       | N        | Professional attendance, on a patient aged under 4 years, 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   | 238.35           |  |                   | 178.8            | 202.6           |
| 5036     | Common list       | Type C         | 01.03.2020      | 1            | A21       | N        | Professional attendance, on a patient aged 75 years or over, 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  | 238.35           |  |                   | 178.8            | 202.6           |
| 5039     | Common list       | Type C         | 01.03.2020      | 1            | A21       | N        | 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 first 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 | 150.6            |  |                   | 112.95           | 128.05          |
| 5040     | Common list       | Type C         | 01.01.2005      | 1            | A22       | N        | Professional attendance by a general practitioner at consulting rooms (other than a service to which another item in the table 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-each attendance  | 88.8             |  | 88.8              |                  |                 |

| MBS item | Clinical Category | Procedure Type | Item Start Date | MBS Category | MBS Group | New Item | MBS Description  | MBS Schedule Fee | Derived Fee  | Benefit 100% (\$) | Benefit 75% (\$) | Benefit 85 (\$) |
|----------|-------------------|----------------|-----------------|--------------|-----------|----------|--|------------------|--|-------------------|------------------|-----------------|
| 5041     | Common list       | Type C         | 01.03.2020      | 1            | A21       | N        | 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 first 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   | 283.2            |  |                   | 212.4            | 240.75          |
| 5042     | Common list       | Type C         | 01.03.2020      | 1            | A21       | N        | 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 first 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  | 113.05           |  |                   | 84.8             | 96.1            |
| 5043     | Common list       | Type C         | 01.01.2005      | 1            | A22       | N        | 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 the table 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  |                  | The fee for item 5040, plus \$27.45 divided by the number of patients seen, up to a maximum of six patients. For seven or more patients - the fee for item 5040 plus \$2.15 per patient. |                   |                  |                 |
| 5044     | Common list       | Type C         | 01.03.2020      | 1            | A21       | N        | 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 first 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 | 212.35           |  |                   | 159.3            | 180.5           |
| 5049     | Common list       | Type C         | 01.01.2005      | 1            | A22       | N        | Professional attendance by a general practitioner at a residential aged care facility to residents of the facility (other than a service to which another item in the table 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   |                  | The fee for item 5040, plus \$49.40 divided by the number of patients seen, up to a maximum of six patients. For seven or more patients - the fee for item 5040 plus \$3.50 per patient. |                   |                  |                 |
| 5060     | Common list       | Type C         | 01.01.2005      | 1            | A22       | N        | Professional attendance by a general practitioner at consulting rooms (other than a service to which another item in the table 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-each attendance   | 124.5            |  | 124.5             |                  |                 |
| 5063     | Common list       | Type C         | 01.01.2005      | 1            | A22       | N        | 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 the table 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  |                  | The fee for item 5060, plus \$27.45 divided by the number of patients seen, up to a maximum of six patients. For seven or more patients - the fee for item 5060 plus \$2.15 per patient. |                   |                  |                 |
| 5067     | Common list       | Type C         | 01.01.2005      | 1            | A22       | N        | Professional attendance by a general practitioner at a residential aged care facility to residents of the facility (other than a service to which another item in the table 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   |                  | The fee for item 5060, plus \$49.40 divided by the number of patients seen, up to a maximum of six patients. For seven or more patients - the fee for item 5060 plus \$3.50 per patient. |                   |                  |                 |
| 5200     | Common list       | Type C         | 01.01.2005      | 1            | A23       | N        | Professional attendance at consulting rooms of not more than 5 minutes in duration (other than a service to which another item applies) by a medical practitioner (other than a general practitioner)-each attendance  | 21               |  | 21                |                  |                 |
| 5203     | Common list       | Type C         | 01.01.2005      | 1            | A23       | N        | Professional attendance at consulting rooms of more than 5 minutes in duration but not more than 25 minutes in duration (other than a service to which another item applies) by a medical practitioner (other than a general practitioner)-each attendance   | 31               |  | 31                |                  |                 |

| MBS Item | Clinical Category        | Procedure Type | Item Start Date | MBS Category | MBS Group | New Item | MBS Description  | MBS Schedule Fee | Derived Fee   | Benefit 100% (\$) | Benefit 75% (\$) | Benefit 85 (\$) |
|----------|--------------------------|----------------|-----------------|--------------|-----------|----------|--|------------------|---|-------------------|------------------|-----------------|
| 5207     | Common list              | Type C         | 01.01.2005      | 1            | A23       | N        | Professional attendance at consulting rooms of more than 25 minutes in duration but not more than 45 minutes in duration (other than a service to which another item applies) by a medical practitioner (other than a general practitioner)-each attendance  | 48               |   | 48                |                  |                 |
| 5208     | Common list              | Type C         | 01.01.2005      | 1            | A23       | N        | Professional attendance at consulting rooms of more than 45 minutes in duration (other than a service to which another item applies) by a medical practitioner (other than a general practitioner)-each attendance   | 71               |   | 71                |                  |                 |
| 5220     | Common list              | Type C         | 01.01.2005      | 1            | A23       | N        | 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 the table applies), lasting not more than 5 minutes-an attendance on one or more patients on one occasion-each patient  |                  | An amount equal to \$18.50, plus \$15.50 divided by the number of patients seen, up to a maximum of six patients. For seven or more patients - an amount equal to \$18.50 plus \$.70 per patient  |                   |                  |                 |
| 5223     | Common list              | Type C         | 01.01.2005      | 1            | A23       | N        | 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 the table applies), lasting more than 5 minutes, but not more than 25 minutes-an attendance on one or more patients on one occasion-each patient  |                  | An amount equal to \$26.00, plus \$17.50 divided by the number of patients seen, up to a maximum of six patients. For seven or more patients - an amount equal to \$26.00 plus \$.70 per patient  |                   |                  |                 |
| 5227     | Common list              | Type C         | 01.01.2005      | 1            | A23       | N        | 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 the table applies), lasting more than 25 minutes, but not more than 45 minutes-an attendance on one or more patients on one occasion-each patient   |                  | An amount equal to \$45.50, plus \$15.50 divided by the number of patients seen, up to a maximum of six patients. For seven or more patients - an amount equal to \$45.50 plus \$.70 per patient  |                   |                  |                 |
| 5228     | Common list              | Type C         | 01.01.2005      | 1            | A23       | N        | 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 the table applies), lasting more than 45 minutes-an attendance on one or more patients on one occasion-each patient   |                  | An amount equal to \$67.50, plus \$15.50 divided by the number of patients seen, up to a maximum of six patients. For seven or more patients - an amount equal to \$67.50 plus \$.70 per patient  |                   |                  |                 |
| 5260     | Common list              | Type C         | 01.01.2005      | 1            | A23       | N        | 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 accommodated in the residential aged care facility (other than accommodation in a self-contained unit) of not more than 5 minutes in duration 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                                      |                  | An amount equal to \$18.50, plus \$27.95 divided by the number of patients seen, up to a maximum of six patients. For seven or more patients - an amount equal to \$18.50 plus \$1.25 per patient |                   |                  |                 |
| 5263     | Common list              | Type C         | 01.01.2005      | 1            | A23       | N        | 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 accommodated in the residential aged care facility (other than accommodation in a self-contained unit) of more than 5 minutes in duration but not more than 25 minutes in duration 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 |                  | An amount equal to \$26.00, plus \$31.55 divided by the number of patients seen, up to a maximum of six patients. For seven or more patients - an amount equal to \$26.00 plus \$1.25 per patient |                   |                  |                 |
| 5265     | Common list              | Type C         | 01.01.2005      | 1            | A23       | N        | 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 accommodated in the residential aged care facility (other than accommodation in a self-contained unit) of more than 25 minutes in duration 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            |                  | An amount equal to \$45.50, plus \$27.95 divided by the number of patients seen, up to a maximum of six patients. For seven or more patients - an amount equal to \$45.50 plus \$1.25 per patient |                   |                  |                 |
| 5267     | Common list              | Type C         | 01.01.2005      | 1            | A23       | N        | 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 accommodated in the residential aged care facility (other than accommodation in a self-contained unit) of more than 45 minutes in duration 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   |                  | An amount equal to \$67.50, plus \$27.95 divided by the number of patients seen, up to a maximum of six patients. For seven or more patients - an amount equal to \$67.50 plus \$1.25 per patient |                   |                  |                 |
| 6007     | Brain and nervous system | Type C         | 01.11.2006      | 1            | A26       | N        | Professional attendance by a specialist in the practice of neurosurgery following referral of the patient to the specialist-an attendance (other than a second or subsequent attendance in a single course of treatment) at consulting rooms or hospital   | 139.05           |   |                   | 104.3            | 118.2           |
| 6009     | Brain and nervous system | Type C         | 01.11.2006      | 1            | A26       | N        | Professional attendance by a specialist in the practice of neurosurgery following referral of the patient to the specialist-a minor attendance after the first in a single course of treatment at consulting rooms or hospital   | 46.15            |   |                   | 34.65            | 39.25           |
| 6011     | Brain and nervous system | Type C         | 01.11.2006      | 1            | A26       | N        | Professional attendance by a specialist in the practice of neurosurgery following referral of the patient to the specialist-an attendance after the first 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 of more than 15 minutes in duration but not more than 30 minutes in duration at consulting rooms or hospital   | 91.8             |   |                   | 68.85            | 78.05           |

| MBS Item | Clinical Category             | Procedure Type | Item Start Date | MBS Category | MBS Group | New Item | MBS Description  | MBS Schedule Fee | Derived Fee | Benefit 100% (\$) | Benefit 75% (\$) | Benefit 85 (\$) |
|----------|-------------------------------|----------------|-----------------|--------------|-----------|----------|--|------------------|-------------|-------------------|------------------|-----------------|
| 6013     | Brain and nervous system      | Type C         | 01.11.2006      | 1            | A26       | N        | Professional attendance by a specialist in the practice of neurosurgery following referral of the patient to the specialist-an attendance after the first 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 of more than 30 minutes in duration but not more than 45 minutes in duration at consulting rooms or hospital   | 127.15           |             |                   | 95.4             | 108.1           |
| 6015     | Brain and nervous system      | Type C         | 01.11.2006      | 1            | A26       | N        | Professional attendance by a specialist in the practice of neurosurgery following referral of the patient to the specialist-an attendance after the first 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 of more than 45 minutes in duration at consulting rooms or hospital   | 161.9            |             |                   | 121.45           | 137.65          |
| 6018     | Hospital psychiatric services | Type C         | 01.11.2016      | 1            | A31       | N        | 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   | 161.9            |             |                   | 121.45           | 137.65          |
| 6019     | Hospital psychiatric services | Type C         | 01.11.2016      | 1            | A31       | N        | 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  | 81.05            |             |                   | 60.8             | 68.9            |
| 6023     | Hospital psychiatric services | Type C         | 01.11.2016      | 1            | A31       | N        | 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   | 283.2            |             |                   | 212.4            | 240.75          |
| 6024     | Hospital psychiatric services | Type C         | 01.11.2016      | 1            | A31       | N        | Professional attendance by an addiction medicine specialist in the practice of the addiction medicine specialist's specialty of at least 20 minutes, after the first 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 | 141.8            |             |                   | 106.35           | 120.55          |
| 6028     | Hospital psychiatric services | Type C         | 01.11.2016      | 1            | A31       | N        | 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  | 52.9             |             |                   | 39.7             | 45              |
| 6029     | Hospital psychiatric services | Type C         | 01.11.2016      | 1            | A31       | N        | 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   | 45.8             |             |                   | 34.35            | 38.95           |
| 6031     | Hospital psychiatric services | Type C         | 01.11.2016      | 1            | A31       | N        | 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   | 81.05            |             |                   | 60.8             | 68.9            |
| 6032     | Hospital psychiatric services | Type C         | 01.11.2016      | 1            | A31       | N        | 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   | 121.55           |             |                   | 91.2             | 103.35          |

| MBS item | Clinical Category             | Procedure Type | Item Start Date | MBS Category | MBS Group | New Item | MBS Description  | MBS Schedule Fee | Derived Fee | Benefit 100% (\$) | Benefit 75% (\$) | Benefit 85 (\$) |
|----------|-------------------------------|----------------|-----------------|--------------|-----------|----------|--|------------------|-------------|-------------------|------------------|-----------------|
| 6034     | Hospital psychiatric services | Type C         | 01.11.2016      | 1            | A31       | N        | 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  | 161.9            |             |                   | 121.45           | 137.65          |
| 6035     | Hospital psychiatric services | Type C         | 01.11.2016      | 1            | A31       | N        | 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   | 36.65            |             |                   | 27.5             | 31.2            |
| 6037     | Hospital psychiatric services | Type C         | 01.11.2016      | 1            | A31       | N        | 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   | 64.8             |             |                   | 48.6             | 55.1            |
| 6038     | Hospital psychiatric services | Type C         | 01.11.2016      | 1            | A31       | N        | 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   | 97.25            |             |                   | 72.95            | 82.7            |
| 6042     | Hospital psychiatric services | Type C         | 01.11.2016      | 1            | A31       | N        | 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  | 129.55           |             |                   | 97.2             | 110.15          |
| 6051     | Common list                   | Type C         | 01.11.2016      | 1            | A32       | N        | 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  | 161.9            |             |                   | 121.45           | 137.65          |
| 6052     | Common list                   | Type C         | 01.11.2016      | 1            | A32       | N        | 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   | 81.05            |             |                   | 60.8             | 68.9            |
| 6057     | Common list                   | Type C         | 01.11.2016      | 1            | A32       | N        | 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   | 283.2            |             |                   | 212.4            | 240.75          |
| 6058     | Common list                   | Type C         | 01.11.2016      | 1            | A32       | N        | 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 first 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 | 141.8            |             |                   | 106.35           | 120.55          |
| 6062     | Common list                   | Type C         | 01.11.2016      | 1            | A32       | N        | 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   | 196.45           |             |                   |                  | 167             |

| MBS item | Clinical Category            | Procedure Type               | Item Start Date | MBS Category | MBS Group | New Item | MBS Description  | MBS Schedule Fee | Derived Fee | Benefit 100% (\$) | Benefit 75% (\$) | Benefit 85 (\$) |
|----------|------------------------------|------------------------------|-----------------|--------------|-----------|----------|--|------------------|-------------|-------------------|------------------|-----------------|
| 6063     | Common list                  | Type C                       | 01.11.2016      | 1            | A32       | N        | 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-each attendance after the attendance under item 6062 in a single course of treatment   | 118.8            |             |                   |                  | 101             |
| 6064     | Common list                  | Type C                       | 01.11.2016      | 1            | A32       | N        | 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  | 45.8             |             |                   | 34.35            | 38.95           |
| 6065     | Common list                  | Type C                       | 01.11.2016      | 1            | A32       | N        | 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  | 81.05            |             |                   | 60.8             | 68.9            |
| 6067     | Common list                  | Type C                       | 01.11.2016      | 1            | A32       | N        | 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  | 121.55           |             |                   | 91.2             | 103.35          |
| 6068     | Common list                  | Type C                       | 01.11.2016      | 1            | A32       | N        | 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   | 161.9            |             |                   | 121.45           | 137.65          |
| 6071     | Common list                  | Type C                       | 01.11.2016      | 1            | A32       | N        | 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  | 36.65            |             |                   | 27.5             | 31.2            |
| 6072     | Common list                  | Type C                       | 01.11.2016      | 1            | A32       | N        | 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  | 64.8             |             |                   | 48.6             | 55.1            |
| 6074     | Common list                  | Type C                       | 01.11.2016      | 1            | A32       | N        | 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  | 97.25            |             |                   | 72.95            | 82.7            |
| 6075     | Common list                  | Type C                       | 01.11.2016      | 1            | A32       | N        | 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   | 129.55           |             |                   | 97.2             | 110.15          |
| 6080     | Heart and Vascular system    | Type C                       | 01.11.2017      | 1            | A33       | N        | Coordination of a TAVI Case Conference by a TAVI Practitioner where the TAVI Case Conference has a duration of 10 minutes or more. (Not payable more than once per patient in a five year period.)   | 53.8             |             |                   | 40.35            | 45.75           |
| 6081     | Heart and Vascular system    | Type C                       | 01.11.2017      | 1            | A33       | N        | Attendance at a TAVI Case Conference by a specialist or consultant physician who does not also perform the service described in item 6080 for the same case conference where the TAVI Case Conference has a duration of 10 minutes or more. (Not payable more than twice per patient in a five year period.)   | 40.15            |             |                   | 30.15            | 34.15           |
| 6082     | Heart and Vascular system    | Type C                       | 01.07.2021      | 1            | A33       | N        | Attendance at a TMVr suitability case conference, by a cardiothoracic surgeon or an interventional cardiologist, to coordinate the conference, if: (a) the attendance lasts at least 10 minutes; and (b) the surgeon or cardiologist is accredited by the TMVr accreditation committee to perform the service Applicable once each 5 years   | 53.8             |             |                   | 40.35            | 45.75           |
| 6084     | Heart and Vascular system    | Type C                       | 01.07.2021      | 1            | A33       | N        | Attendance at a TMVr suitability case conference, by a specialist or consultant physician, other than to coordinate the conference, if the attendance lasts at least 10 minutes Applicable once each 5 years   | 40.15            |             |                   | 30.15            | 34.15           |
| 10660    | N/A (Not hospital treatment) | N/A (Not hospital treatment) | 18.06.2021      | 1            | A44       | N        | Professional attendance by a general practitioner, if all of the following apply: (a)the service is associated with a service to which item 93644, 93645, 93653 or 93654 applies; (b)the service requires personal attendance by the general practitioner, lasting more than 10 minutes in duration, to provide in-depth clinical advice on the individual risks and benefits associated with receiving a COVID-19 vaccine; (c)one or both of the following is undertaken, where clinically relevant: (i)a detailed patient history; (ii)complex examination and management; (d)the service is bulk-billed   | 46.7             |             |                   |                  | 39.7            |
| 10661    | N/A (Not hospital treatment) | N/A (Not hospital treatment) | 18.06.2021      | 1            | A44       | N        | Professional attendance by a medical practitioner (other than a general practitioner), if all of the following apply: (a) the service is associated with a service to which item 93646, 93647, 93655 or 93656 applies; (b) the service requires personal attendance by the medical practitioner (other than a general practitioner), lasting more than 10 minutes in duration, to provide in-depth clinical advice on the individual risks and benefits associated with receiving a COVID-19 vaccine; (c)one or both of the following is undertaken, where clinically relevant: (i)a detailed patient history; (ii)complex examination and management; (d)the service is bulk-billed | 37.4             |             |                   |                  | 31.8            |

| MBS item | Clinical Category | Procedure Type | Item Start Date | MBS Category | MBS Group | New Item | MBS Description  | MBS Schedule Fee | Derived Fee | Benefit 100% (\$) | Benefit 75% (\$) | Benefit 85 (\$) |
|----------|-------------------|----------------|-----------------|--------------|-----------|----------|--|------------------|-------------|-------------------|------------------|-----------------|
| 10801    | Support list      | Type C         | 01.12.1991      | 1            | A9        | N        | 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   | 130.55           |             |                   | 97.95            | 111             |
| 10802    | Support list      | Type C         | 01.12.1991      | 1            | A9        | N        | 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   | 130.55           |             |                   | 97.95            | 111             |
| 10803    | Support list      | Type C         | 01.12.1991      | 1            | A9        | N        | 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   | 130.55           |             |                   | 97.95            | 111             |
| 10804    | Support list      | Type C         | 01.12.1991      | 1            | A9        | N        | 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 | 130.55           |             |                   | 97.95            | 111             |
| 10805    | Support list      | Type C         | 01.12.1991      | 1            | A9        | N        | 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)   | 130.55           |             |                   | 97.95            | 111             |
| 10806    | Support list      | Type C         | 01.12.1991      | 1            | A9        | N        | 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   | 130.55           |             |                   | 97.95            | 111             |
| 10807    | Support list      | Type C         | 01.12.1991      | 1            | A9        | N        | 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         | 130.55           |             |                   | 97.95            | 111             |
| 10808    | Support list      | Type C         | 01.12.1991      | 1            | A9        | N        | 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  | 130.55           |             |                   | 97.95            | 111             |
| 10809    | Support list      | Type C         | 01.12.1991      | 1            | A9        | N        | 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   | 130.55           |             |                   | 97.95            | 111             |
| 10816    | Support list      | Type C         | 19.06.1997      | 1            | A9        | N        | 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  | 130.55           |             |                   | 97.95            | 111             |
| 10905    | Common list       | Unlisted       | 01.11.1997      | 1            | A10       | N        | REFERRED COMPREHENSIVE INITIAL CONSULTATION Professional attendance of more than 15 minutes duration, being the first in a course of attention, where the patient has been referred by another optometrist who is not associated with the optometrist to whom the patient is referred  | 70.55            |             |                   |                  | 60              |
| 10907    | Common list       | Unlisted       | 01.11.1997      | 1            | A10       | N        | COMPREHENSIVE INITIAL CONSULTATION BY ANOTHER PRACTITIONER Professional attendance of more than 15 minutes in duration, being the first in a course of attention if the patient has attended another optometrist for an attendance to which this item or item 10905, 10910, 10911, 10912, 10913, 10914 or 10915 applies, or to which old item 10900 applied: (a) for a patient who is less than 65 years of age-within the previous 36 months; or (b) for a patient who is at least 65 years or age-within the previous 12 months  | 35.35            |             |                   |                  | 30.05           |
| 10910    | Common list       | Unlisted       | 01.01.2015      | 1            | A10       | N        | COMPREHENSIVE INITIAL CONSULTATION - PATIENT IS LESS THAN 65 YEARS OF AGE Professional attendance of more than 15 minutes in duration, being the first in a course of attention, if: (a) the patient is less than 65 years of age; and (b) the patient has not, within the previous 36 months, received a service to which: (i) this item or item 10905, 10907, 10912, 10913, 10914 or 10915 applies; or (ii) old item 10900 applied   | 70.55            |             |                   |                  | 60              |
| 10911    | Common list       | Unlisted       | 01.01.2015      | 1            | A10       | N        | COMPREHENSIVE INITIAL CONSULTATION - PATIENT IS AT LEAST 65 YEARS OF AGE Professional attendance of more than 15 minutes in duration, being the first in a course of attention, if: (a) the patient is at least 65 years of age; and (b) the patient has not, within the previous 12 months, received a service to which: (i) this item, or item 10905, 10907, 10910, 10912, 10913, 10914 or 10915 applies; or (ii) old item 10900 applied   | 70.55            |             |                   |                  | 60              |

| MBS item | Clinical Category | Procedure Type | Item Start Date | MBS Category | MBS Group | New Item | MBS Description  | MBS Schedule Fee | Derived Fee | Benefit 100% (\$) | Benefit 75% (\$) | Benefit 85 (\$) |
|----------|-------------------|----------------|-----------------|--------------|-----------|----------|--|------------------|-------------|-------------------|------------------|-----------------|
| 10912    | Common list       | Unlisted       | 01.11.1997      | 1            | A10       | N        | OTHER COMPREHENSIVE CONSULTATIONS Professional attendance of more than 15 minutes in duration, being the first in a course of attention, if the patient has suffered a significant change of visual function requiring comprehensive reassessment: (a) for a patient who is less than 65 years of age-within 36 months of an initial consultation to which: (i)this item, or item 10905, 10907, 10910, 10913, 10914 or 10915 at the same practice applies; or (ii) old item 10900 at the same practice applied; or (b) for a patient who is at least 65 years of age-within 12 months of an initial consultation to which: (i)this item, or item 10905, 10907, 10910, 10911, 10913, 10914 or 10915 at the same practice applies; or (ii) old item 10900 at the same practice applied             | 70.55            |             |                   |                  | 60              |
| 10913    | Common list       | Unlisted       | 01.11.1997      | 1            | A10       | N        | Professional attendance of more than 15 minutes in duration, being the first in a course of attention, if the patient has new signs or symptoms, unrelated to the earlier course of attention, requiring comprehensive reassessment: (a) for a patient who is less than 65 years of age-within 36 months of an initial consultation to which: (i)this item, or item 10905, 10907, 10910, 10912, 10914 or 10915 at the same practice applies; or (ii) old item 10900 at the same practice applied; or (b) for a patient who is at least 65 years of age-within 12 months of an initial consultation to which: (i)this item, or item 10905, 10907, 10910, 10911, 10912, 10914 or 10915 at the same practice applies; or (ii) old item 10900 at the same practice applied                           | 70.55            |             |                   |                  | 60              |
| 10914    | Common list       | Unlisted       | 01.11.1997      | 1            | A10       | N        | Professional attendance of more than 15 minutes in duration, being the first in a course of attention, if the patient has a progressive disorder (excluding presbyopia) requiring comprehensive reassessment: (a) for a patient who is less than 65 years of age-within 36 months of an initial consultation to which: (i)this item, or item 10905, 10907, 10910, 10912, 10913 or 10915 applies; or (ii) old item 10900 applied; or (b) for a patient who is at least 65 years of age-within 12 months of an initial consultation to which: (i)this item, or item 10905, 10907, 10910, 10911, 10912, 10913 or 10915 applies; or (ii) old item 10900 applied  | 70.55            |             |                   |                  | 60              |
| 10915    | Common list       | Unlisted       | 01.11.2003      | 1            | A10       | N        | Professional attendance of more than 15 minutes duration, being the first in a course of attention involving the examination of the eyes, with the instillation of a mydriatic, of a patient with diabetes mellitus requiring comprehensive reassessment.  | 70.55            |             |                   |                  | 60              |
| 10916    | Common list       | Unlisted       | 01.11.1997      | 1            | A10       | N        | BRIEF INITIAL CONSULTATION Professional attendance, being the first in a course of attention, of not more than 15 minutes duration, not being a service associated with a service to which item 10931, 10932, 10933, 10940, 10941, 10942 or 10943 applies  | 35.35            |             |                   |                  | 30.05           |
| 10918    | Common list       | Unlisted       | 01.11.1997      | 1            | A10       | N        | SUBSEQUENT CONSULTATION Professional attendance being the second or subsequent in a course of attention not related to the prescription and fitting of contact lenses, not being a service associated with a service to which item 10940 or 10941 applies  | 35.35            |             |                   |                  | 30.05           |
| 10921    | Common list       | Unlisted       | 01.12.1991      | 1            | A10       | N        | CONTACT LENSES FOR SPECIFIED CLASSES OF PATIENTS - BULK ITEMS FOR ALL SUBSEQUENT CONSULTATIONS All professional attendances after the first, being those attendances regarded as a single service, in a single course of attention involving the prescription and fitting of contact lenses, being a course of attention for which the first attendance is a service to which: (a)item 10905, 10907, 10910, 10911, 10912, 10913, 10914, 10915 or 10916 applies; or (b) old item 10900 applied Payable once in a period of 36 months for -patients with myopia of 5.0 dioptres or greater (spherical equivalent) in one eye   | 175.3            |             |                   |                  | 149.05          |
| 10922    | Common list       | Unlisted       | 01.12.1991      | 1            | A10       | N        | All professional attendances after the first, being those attendances regarded as a single service, in a single course of attention involving the prescription and fitting of contact lenses, being a course of attention for which the first attendance is a service to which: (a) item 10905, 10907, 10910, 10911, 10912, 10913, 10914, 10915 or 10916 applies; or (b) old item 10900 applied Payable once in a period of 36 months for -patients with manifest hyperopia of 5.0 dioptres or greater (spherical equivalent) in one eye   | 175.3            |             |                   |                  | 149.05          |
| 10923    | Common list       | Unlisted       | 01.12.1991      | 1            | A10       | N        | All professional attendances after the first, being those attendances regarded as a single service, in a single course of attention involving the prescription and fitting of contact lenses, being a course of attention for which the first attendance is a service to which: (a) item 10905, 10907, 10910, 10911, 10912, 10913, 10914, 10915 or 10916 applies; or (b) old item 10900 applied Payable once in a period of 36 months for -patients with astigmatism of 3.0 dioptres or greater in one eye   | 175.3            |             |                   |                  | 149.05          |
| 10924    | Common list       | Unlisted       | 01.12.1991      | 1            | A10       | N        | All professional attendances after the first, being those attendances regarded as a single service, in a single course of attention involving the prescription and fitting of contact lenses, being a course of attention for which the first attendance is a service to which: (a) item 10905, 10907, 10910, 10911, 10912, 10913, 10914, 10915 or 10916 applies; or (b) old item 10900 applied Payable once in a period of 36 months for -patients with irregular astigmatism in either eye, being a condition the existence of which has been confirmed by keratometric observation, if the maximum visual acuity obtainable with spectacle correction is 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 | 221.2            |             |                   |                  | 188.05          |
| 10925    | Common list       | Unlisted       | 01.12.1991      | 1            | A10       | N        | All professional attendances after the first, being those attendances regarded as a single service, in a single course of attention involving the prescription and fitting of contact lenses, being a course of attention for which the first attendance is a service to which: (a) item 10905, 10907, 10910, 10911, 10912, 10913, 10914, 10915 or 10916 applies; or (b) old item 10900 applied Payable once in a period of 36 months for -patients with anisometropia of 3.0 dioptres or greater (difference between spherical equivalents)   | 175.3            |             |                   |                  | 149.05          |
| 10926    | Common list       | Unlisted       | 01.12.1991      | 1            | A10       | N        | All professional attendances after the first, being those attendances regarded as a single service, in a single course of attention involving the prescription and fitting of contact lenses, being a course of attention for which the first attendance is a service to which: (a) item 10905, 10907, 10910, 10911, 10912, 10913, 10914, 10915 or 10916 applies; or (b) old item 10900 applied Payable once in a period of 36 months for -patients with corrected visual acuity of 0.7 logMAR (6/30) or worse in both eyes, being patients for whom a contact lens is prescribed as part of a telescopic system   | 175.3            |             |                   |                  | 149.05          |

| MBS item | Clinical Category | Procedure Type | Item Start Date | MBS Category | MBS Group | New Item | MBS Description  | MBS Schedule Fee | Derived Fee | Benefit 100% (\$) | Benefit 75% (\$) | Benefit 85 (\$) |
|----------|-------------------|----------------|-----------------|--------------|-----------|----------|--|------------------|-------------|-------------------|------------------|-----------------|
| 10927    | Common list       | Unlisted       | 01.12.1991      | 1            | A10       | N        | All professional attendances after the first, being those attendances regarded as a single service, in a single course of attention involving the prescription and fitting of contact lenses, being a course of attention for which the first attendance is a service to which: (a) item 10905, 10907, 10910, 10911, 10912, 10913, 10914, 10915 or 10916 applies; or (b) old item 10900 applied Payable once in a period of 36 months for -patients for whom a wholly or segmentally opaque contact lens is prescribed for the alleviation of dazzle, distortion or diplopia caused by: i.pathological mydriasis; or ii.aniridia; or iii.coloboma of the iris; or iv.pupillary malformation or distortion; or v.significant ocular deformity or corneal opacity - whether congenital, traumatic or surgical in origin  | 221.2            |             |                   |                  | 188.05          |
| 10928    | Common list       | Unlisted       | 01.12.1991      | 1            | A10       | N        | All professional attendances after the first, being those attendances regarded as a single service, in a single course of attention involving the prescription and fitting of contact lenses, being a course of attention for which the first attendance is a service to which: (a) item 10905, 10907, 10910, 10911, 10912, 10913, 10914, 10915 or 10916 applies; or (b) old item 10900 applied Payable once in a period of 36 months for -patients who, because of physical deformity, are unable to wear spectacles  | 175.3            |             |                   |                  | 149.05          |
| 10929    | Common list       | Unlisted       | 01.12.1991      | 1            | A10       | N        | All professional attendances after the first, being those attendances regarded as a single service, in a single course of attention involving the prescription and fitting of contact lenses, being a course of attention for which the first attendance is a service to which: (a) item 10905, 10907, 10910, 10911, 10912, 10913, 10914, 10915 or 10916 applies; or (b) old item 10900 applied Payable once in a period of 36 months for -patients who have a medical or optical condition (other than myopia, hyperopia, astigmatism, anisometropia or a condition to which item 10926, 10927 or 10928 applies) requiring the use of a contact lens for correction, if the condition is specified on the patient's account Note: Benefits may not be claimed under Item 10929 where the patient wants the contact lenses for appearance, sporting, work or psychological reasons - see paragraph O6 of explanatory notes to this category. | 221.2            |             |                   |                  | 188.05          |
| 10930    | Common list       | Unlisted       | 01.11.1997      | 1            | A10       | N        | All professional attendances regarded as a single service in a single course of attention involving the prescription and fitting of contact lenses where the patient meets the requirements of an item in the range 10921-10929 and requires a change in contact lens material or basic lens parameters, other than a simple power change, because of a structural or functional change in the eye or an allergic response within 36 months of the fitting of a contact lens covered by item 10921 to 10929  | 175.3            |             |                   |                  | 149.05          |
| 10931    | Support list      | Unlisted       | 01.11.2005      | 1            | A10       | N        | DOMICILIARY VISITS An optometric service to which an item in Group A10 of this table (other than this item or item 10916, 10932, 10933, 10940 or 10941) applies (the applicable item) if the service is: a)rendered at a place other than consulting rooms, being at: (i) a patient's home: or (ii) residential aged care facility: or (iii) an institution; and b)performed on one patient at a single location on one occasion, and c)either: (i) bulk-billed in respect of the fees for both: -this item; and -the applicable item; or (ii) not bulk-billed in respect of the fees for both: -this item; and -the applicable item   | 24.6             |             |                   |                  | 20.95           |
| 10932    | Support list      | Unlisted       | 01.11.2005      | 1            | A10       | N        | An optometric service to which an item in Group A10 of this table (other than this item or item 10916, 10931, 10933, 10940 or 10941) applies (the applicable item) if the service is: a)rendered at a place other than consulting rooms, being at: (i) a patient's home: or (ii) residential aged care facility: or (iii) an institution; and b)performed on two patients at the same location on one occasion, and c)either: (i) bulk-billed in respect of the fees for both: - this item; and -the applicable item; or (ii) not bulk-billed in respect of the fees for both: -this item; and -the applicable item  | 12.3             |             |                   |                  | 10.5            |
| 10933    | Support list      | Unlisted       | 01.11.2005      | 1            | A10       | N        | An optometric service to which an item in Group A10 of this table (other than this item or item 10916, 10931, 10932, 10940 or 10941) applies (the applicable item) if the service is: a)rendered at a place other than consulting rooms, being at: (i) a patient's home: or (ii) residential aged care facility: or (iii) an institution; and b)performed on three patients at the same location on one occasion, and c)either: (i) bulk-billed in respect of the fees for both: - this item; and -the applicable item; or (ii) not bulk-billed in respect of the fees for both: -this item; and -the applicable item  | 8.1              |             |                   |                  | 6.9             |
| 10940    | Support list      | Unlisted       | 01.11.2003      | 1            | A10       | N        | COMPUTERISED PERIMETRY Full quantitative computerised perimetry (automated absolute static threshold), with bilateral assessment and report, where indicated by the presence of relevant ocular disease or suspected pathology of the visual pathways or brain that: (a) is not a service involving multifocal multi channel objective perimetry; and (b) is performed by an optometrist; not being a service associated with a service to which item 10916, 10918, 10931, 10932 or 10933 applies To a maximum of 2 examinations per patient (including examinations to which item 10941 applies) in any 12 month period.  | 67.35            |             |                   |                  | 57.25           |
| 10941    | Support list      | Unlisted       | 01.11.2003      | 1            | A10       | N        | COMPUTERISED PERIMETRY Full quantitative computerised perimetry (automated absolute static threshold) with unilateral assessment and report, where indicated by the presence of relevant ocular disease or suspected pathology of the visual pathways or brain that: (a) is not a service involving multifocal multichannel objective perimetry; and (b) is performed by an optometrist; not being a service associated with a service to which item 10916, 10918 10931, 10932 or 10933 applies To a maximum of 2 examinations per patient (including examinations to which item 10940 applies) in any 12 month period.  | 40.65            |             |                   |                  | 34.6            |

| MBS item | Clinical Category | Procedure Type | Item Start Date | MBS Category | MBS Group | New Item | MBS Description   | MBS Schedule Fee | Derived Fee | Benefit 100% (\$) | Benefit 75% (\$) | Benefit 85 (\$) |
|----------|-------------------|----------------|-----------------|--------------|-----------|----------|---|------------------|-------------|-------------------|------------------|-----------------|
| 10942    | Support list      | Unlisted       | 01.05.2005      | 1            | A10       | N        | LOW VISION ASSESSMENT Testing of residual vision to provide optimum visual performance for a patient who has best corrected visual acuity of 6/15 or N.12 or worse in the better eye or a horizontal visual field of less than 120 degrees and within 10 degrees above and below the horizontal midline, involving 1 or more of the following: (a) spectacle correction; (b) determination of contrast sensitivity; (c) determination of glare sensitivity; (d) prescription of magnification aids; not being a service associated with a service to which item 10916, 10921, 10922, 10923, 10924, 10925, 10926, 10927, 10928, 10929 or 10930 applies Not payable more than twice per patient in a 12 month period.   | 35.35            |             |                   |                  | 30.05           |
| 10943    | Support list      | Unlisted       | 01.11.2005      | 1            | A10       | N        | CHILDREN'S VISION ASSESSMENT Additional testing to confirm diagnosis of, or establish a treatment regime for, a significant binocular or accommodative dysfunction, in a patient aged 3 to 14 years, including assessment of 1 or more of the following: (a) accommodation; (b) ocular motility; (c) vergences; (d) fusional reserves; (e) cycloplegic refraction; not being a service to which item 10916, 10921, 10922, 10923, 10924, 10925, 10926, 10927, 10928, 10929 or 10930 applies Not to be used for the assessment of learning difficulties or learning disabilities. Not payable more than once per patient in a 12 month period.  | 35.35            |             |                   |                  | 30.05           |
| 10944    | Support list      | Type C         | 01.09.2015      | 1            | A10       | N        | CORNEA, complete removal of embedded foreign body from - not more than once on the same day by the same practitioner (excluding aftercare) The item is not to be billed on the same occasion as MBS items 10905, 10907, 10910, 10911, 10912, 10913, 10914, 10915, 10916 or 10918. If the embedded foreign body is not completely removed, this item does not apply but item 10916 may apply.  | 76.25            |             |                   |                  | 64.85           |
| 10945    | Common list       | Type C         | 01.09.2015      | 1            | A10       | N        | A professional attendance of less than 15 minutes (whether or not continuous) by an attending optometrist that requires the provision of clinical support to a patient who: (a)is participating in a video conferencing consultation with a specialist practising in his or her speciality ofophthalmology; and (b)is not an admitted patient   | 35.35            |             |                   |                  | 30.05           |
| 10946    | Common list       | Type C         | 01.09.2015      | 1            | A10       | N        | A professional attendance of at least 15 minutes (whether or not continuous) by an attending optometrist that requires the provision of clinical support to a patient who: (a)is participating in a video conferencing consultation with a specialist practising in his or her speciality ofophthalmology; and (b)is not an admitted patient  | 70.55            |             |                   | 52.95            | 60              |
| 10950    | Support list      | Type C         | 01.07.2004      | 8            | M3        | N        | ABORIGINAL AND TORRES STRAIT ISLANDER HEALTH SERVICE Aboriginal or Torres Strait Islander health service provided to a person by an eligible Aboriginal health worker or eligible Aboriginal and Torres Strait Islander health practitioner if: (a)the service is provided to a person who has: a chronic condition; and complex care needs being managed by a medical practitioner (including a general practitioner, but not a specialist or consultant physician) under a shared care plan or under both a GP Management Plan and Team Care Arrangements or, if the person is a resident of an aged care facility, the person's medical practitioner has contributed to a multidisciplinary care plan; and (b)the service is recommended in the person's Team Care Arrangements, multidisciplinary care plan or shared care plan as part of the management of the person's chronic condition and complex care needs; and (c)the person is referred to the eligible Aboriginal health worker or eligible Aboriginal and Torres Strait Islander health practitioner by the medical practitioner using a referral form that has been issued by the Department or a referral form that contains all the components of the form issued by the Department; and (d)the person is not an admitted patient of a hospital; and (e)the service is provided to the person individually and in person; and (f)the service is of at least 20 minutes duration; and (g)after the service, the eligible Aboriginal health worker or eligible Aboriginal and Torres Strait Islander health practitioner gives a written report to the referring medical practitioner mentioned in paragraph (c): (i) if the service is the only service under the referral - in relation to that service; or (ii) if the service is the first or the last service under the referral - in relation to that service; or (iii) if neither subparagraph (i) nor (ii) applies but the service involves matters that the referring medical practitioner would reasonably expect to be informed of - in relation to those matters; and (h)for a service for which a private health insurance benefit is payable - the person who incurred the medical expenses for the service has elected to claim the Medicare benefit for the service, and not the private health insurance benefit; - to a maximum of five services (including any services to which items 10950 to 10970, 93000, 93013, 93501 to 93513 and 93524 to 93538apply) in a calendar year | 65.85            |             |                   |                  | 56              |

| MBS Item | Clinical Category | Procedure Type | Item Start Date | MBS Category | MBS Group | New Item | MBS Description  | MBS Schedule Fee | Derived Fee | Benefit 100% (\$) | Benefit 75% (\$) | Benefit 85 (\$) |
|----------|-------------------|----------------|-----------------|--------------|-----------|----------|--|------------------|-------------|-------------------|------------------|-----------------|
| 10951    | Support list      | Type C         | 01.11.2004      | 8            | M3        | N        | DIABETES EDUCATION SERVICE Diabetes education health service provided to a person by an eligible diabetes educator if: (a)the service is provided to a person who has: a chronic condition; and complex care needs being managed by a medical practitioner (including a general practitioner, but not a specialist or consultant physician) under a shared care plan or under both a GP Management Plan and Team Care Arrangements or, if the person is a resident of an aged care facility, the person's medical practitioner has contributed to a multidisciplinary care plan; and (b)the service is recommended in the person's Team Care Arrangements, multidisciplinary care plan or shared care plan as part of the management of the person's chronic condition and complex care needs; and (c)the person is referred to the eligible diabetes educator by the medical practitioner using a referral form that has been issued by the Department or a referral form that contains all the components of the form issued by the Department; and (d)the person is not an admitted patient of a hospital; and (e)the service is provided to the person individually and in person; and (f)the service is of at least 20 minutes duration; and (g)after the service, the eligible diabetes educator gives a written report to the referring medical practitioner mentioned in paragraph (c): (i) if the service is the only service under the referral - in relation to that service; or (ii) if the service is the first or the last service under the referral - in relation to that service; or (iii) if neither subparagraph (i) nor (ii) applies but the service involves matters that the referring medical practitioner would reasonably expect to be informed of - in relation to those matters; and (h)for a service for which a private health insurance benefit is payable - the person who incurred the medical expenses for the service has elected to claim the Medicare benefit for the service, and not the private health insurance benefit; - to a maximum of five services (including any services to which items 10950 to 10970, 93000, 93013, 93501 to 93513 and 93524 to 93538apply) in a calendar year | 65.85            |             |                   |                  | 56              |
| 10952    | Support list      | Type C         | 01.07.2004      | 8            | M3        | N        | AUDIOLOGY Audiology health service provided to a person by an eligible audiologist if: (a)the service is provided to a person who has: a chronic condition; and complex care needs being managed by a medical practitioner (including a general practitioner, but not a specialist or consultant physician) under a shared care plan or under both a GP Management Plan and Team Care Arrangements or, if the person is a resident of an aged care facility, the person's medical practitioner has contributed to a multidisciplinary care plan; and (b)the service is recommended in the person's Team Care Arrangements, multidisciplinary care plan or shared can plan as part of the management of the person's chronic condition and complex care needs; and (c)the person is referred to the eligible audiologist by the medical practitioner using a referral form that has been issued by the Department or a referral form that contains all the components of the form issued by the Department; and (d)the person is not an admitted patient of a hospital; and (e)the service is provided to the person individually and in person; and (f)the service is of at least 20 minutes duration; and (g)after the service, the eligible audiologist gives a written report to the referring medical practitioner mentioned in paragraph (c): (i) if the service is the only service under the referral - in relation to that service; or (ii) if the service is the first or the last service under the referral - in relation to that service; or (iii) if neither subparagraph (i) nor (ii) applies but the service involves matters that the referring medical practitioner would reasonably expect to be informed of - in relation to those matters; and (h)for a service for which a private health insurance benefit is payable - the person who incurred the medical expenses for the service has elected to claim the Medicare benefit for the service, and not the private health insurance benefit; - to a maximum offive services (including any services to which items 10950 to 10970, 93000, 93013, 93501 to 93513 and 93524 to 93538apply) in a calendar year   | 65.85            |             |                   |                  | 56              |
| 10953    | Support list      | Type C         | 01.01.2006      | 8            | M3        | N        | EXERCISE PHYSIOLOGY Exercise physiology service provided to a person by an eligible exercise physiologist if: (a)the service is provided to a person who has: a chronic condition; and complex care needs being managed by a medical practitioner (including a general practitioner, but not a specialist or consultant physician) under a shared care plan or underboth a GP Management Plan and Team Care Arrangements or, if the person is a resident of an aged care facility, the person's medical practitioner has contributed to a multidisciplinary care plan; and (b)the service is recommended in the person's Team Care Arrangements, multidisciplinary care plan or shared care plan as part of the management of the person's chronic condition and complex care needs; and (c)the person is referred to the eligible exercise physiologist by the medical practitioner using a referral form that has been issued by the Department or a referral form that contains all the components of the form issued by the Department; and (d)the person is not an admitted patient of a hospital; and (e)the service is provided to the person individually and in person; and (f)the service is of at least 20 minutes duration; and (g)after the service, the eligible exercise physiologist gives a written report to the referring medical practitioner mentioned in paragraph (c): (i) if the service is the only service under the referral - in relation to that service; or (ii) if the service is the first or the last service under the referral - in relation to that service; or (iii) if neither subparagraph (i) nor (ii) applies but the service involves matters that the referring medical practitioner would reasonably expect to be informed of - in relation to those matters; and (h)for a service for which a private health insurance benefit is payable - the person who incurred the medical expenses for the service has elected to claim the Medicare benefit for the service, and not the private health insurance benefit; - to a maximum offive services (including any services to which items 10950 to 10970, 93000, 93013, 93501 to 93513 and 93524 to 93538apply) in a calendar year    | 65.85            |             |                   |                  | 56              |

| MBS item | Clinical Category            | Procedure Type | Item Start Date | MBS Category | MBS Group | New Item | MBS Description   | MBS Schedule Fee | Derived Fee | Benefit<br>100% (\$) | Benefit<br>75% (\$) | Benefit<br>85 (\$) |
|----------|------------------------------|----------------|-----------------|--------------|-----------|----------|---|------------------|-------------|----------------------|---------------------|--------------------|
| 10954    | Support list                 | Type C         | 01.07.2004      | 8            | M3        | N        | DIETETICS SERVICES Dietetics health service provided to a person by an eligible dietitian if:<br>(a)the service is provided to a person who has: a chronic condition; and complex care needs being managed by a medical practitioner (including a general practitioner, but not a specialist or consultant physician) under a shared care plan or under both a GP Management Plan and Team Care Arrangements or, if the person is a resident of an aged care facility, the person's medical practitioner has contributed to a multidisciplinary care plan; and (b)the service is recommended in the person's Team Care Arrangements, multidisciplinary care plan or shared care plan as part of the management of the person's chronic condition and complex care needs; and (c)the person is referred to the eligible dietitian by the medical practitioner using a referral form that has been issued by the Department or a referral form that contains all the components of the form issued by the Department; and (d)the person is not an admitted patient of a hospital; and (e)the service is provided to the person individually and in person; and (f)the service is of at least 20 minutes duration; and (g)after the service, the eligible dietitian gives a written report to the referring medical practitioner mentioned in paragraph (c): (i) if the service is the only service under the referral - in relation to that service; or (ii) if the service is the first or the last service under the referral - in relation to that service; or (iii) if neither subparagraph (i) nor (ii) applies but the service involves matters that the referring medical practitioner would reasonably expect to be informed of - in relation to those matters; and (h)for a service for which a private health insurance benefit is payable - the person who incurred the medical expenses for the service has elected to claim the Medicare benefit for the service, and not the private health insurance benefit; - to a maximum of five services (including any services to which items 10950 to 10970, 93000, 93013, 93501 to 93513 and 93524 to 93538 apply) in a calendar year                               | 65.85            |             |                      |                     | 56                 |
| 10955    | N/A (Not hospital treatment) | N/A            | 01.11.2021      | 8            | M3        | N        | Attendance by an eligible allied health practitioner, as a member of a multidisciplinary case conference team, to participate in: (a) a community case conference; or (b) a multidisciplinary case conference in a residential aged care facility; 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 another item in this Group applies)   | 51.65            |             |                      |                     | 43.95              |
| 10956    | Support list                 | Type C         | 01.07.2004      | 8            | M3        | N        | MENTAL HEALTH SERVICE Mental health service provided to a person by an eligible mental health worker if: (a)the service is provided to a person who has: a chronic condition; and complex care needs being managed by a medical practitioner (including a general practitioner, but not a specialist or consultant physician) under a shared care plan or under both a GP Management Plan and Team Care Arrangements or, if the person is a resident of an aged care facility, the person's medical practitioner has contributed to a multidisciplinary care plan; and (b)the service is recommended in the person's Team Care Arrangements, multidisciplinary care plan or shared care plan as part of the management of the person's chronic condition and complex care needs; and (c)the person is referred to the eligible mental health worker by the medical practitioner using a referral form that has been issued by the Department or a referral form that contains all the components of the form issued by the Department; and (d)the person is not an admitted patient of a hospital; and (e)the service is provided to the person individually and in person; and (f)the service is of at least 20 minutes duration; and (g)after the service, the eligible mental health worker gives a written report to the referring medical practitioner mentioned in paragraph (c): (i) if the service is the only service under the referral - in relation to that service; or (ii) if the service is the first or the last service under the referral - in relation to that service; or (iii) if neither subparagraph (i) nor (ii) applies but the service involves matters that the referring medical practitioner would reasonably expect to be informed of - in relation to those matters; and (h)for a service for which a private health insurance benefit is payable - the person who incurred the medical expenses for the service has elected to claim the Medicare benefit for the service, and not the private health insurance benefit; - to a maximum of five services (including any services to which items 10950 to 10970, 93000, 93013, 93501 to 93513 and 93524 to 93538 apply) in a calendar year | 65.85            |             |                      |                     | 56                 |
| 10957    | N/A (Not hospital treatment) | N/A            | 01.11.2021      | 8            | M3        | N        | Attendance by an eligible allied health practitioner, as a member of a multidisciplinary case conference team, to participate in: (a) a community case conference; or (b) a multidisciplinary case conference in a residential aged care facility; 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 another item in this Group applies)   | 88.55            |             |                      |                     | 75.3               |

| MBS item | Clinical Category            | Procedure Type | Item Start Date | MBS Category | MBS Group | New Item | MBS Description  | MBS Schedule Fee | Derived Fee | Benefit<br>100% (\$) | Benefit<br>75% (\$) | Benefit<br>85 (\$) |
|----------|------------------------------|----------------|-----------------|--------------|-----------|----------|--|------------------|-------------|----------------------|---------------------|--------------------|
| 10958    | Support list                 | Type C         | 01.07.2004      | 8            | M3        | N        | OCCUPATIONAL THERAPY Occupational therapy health service provided to a person by an eligible occupational therapist if: (a)the service is provided to a person who has: a chronic condition; and complex care needs being managed by a medical practitioner (including a general practitioner, but not a specialist or consultant physician) under a shared care plan or under both a GP Management Plan and Team Care Arrangements or, if the person is a resident of an aged care facility, the person's medical practitioner has contributed to a multidisciplinary care plan; and (b)the service is recommended in the person's Team Care Arrangements, multidisciplinary care plan or shared care plan as part of the management of the person's chronic condition and complex care needs; and (c)the person is referred to the eligible occupational therapist by the medical practitioner using a referral form that has been issued by the Department or a referral form that contains all the components of the form issued by the Department; and (d)the person is not an admitted patient of a hospital; and (e)the service is provided to the person individually and in person; and (f)the service is of at least 20 minutes duration; and (g)after the service, the eligible occupational therapist gives a written report to the referring medical practitioner mentioned in paragraph (c): (i) if the service is the only service under the referral - in relation to that service; or (ii) if the service is the first or the last service under the referral - in relation to that service; or (iii) if neither subparagraph (i) nor (ii) applies but the service involves matters that the referring medical practitioner would reasonably expect to be informed of - in relation to those matters; and (h)for a service for which a private health insurance benefit is payable - the person who incurred the medical expenses for the service has elected to claim the Medicare benefit for the service, and not the private health insurance benefit; - to a maximum offive services (including any services to which items 10950 to 10970, 93000, 93013, 93501 to 93513 and 93524 to 93538apply) in a calendar year | 65.85            |             |                      |                     | 56                 |
| 10959    | N/A (Not hospital treatment) | N/A            | 01.11.2021      | 8            | M3        | N        | Attendance by an eligible allied health practitioner, as a member of a multidisciplinary case conference team, to participate in: (a) a community case conference; or (b) a multidisciplinary case conference in a residential aged care facility; if the conference lasts for at least 40 minutes (other than a service associated with a service to which another item in this Group applies)  | 147.4            |             |                      |                     | 125.3              |
| 10960    | Support list                 | Type C         | 01.07.2004      | 8            | M3        | N        | PHYSIOTHERAPY Physiotherapy health service provided to a person by an eligible physiotherapist if: (a)the service is provided to a person who has: a chronic condition; and complex care needs being managed by a medical practitioner (including a general practitioner, but not a specialist or consultant physician) under a shared care plan or under both a GP Management Plan and Team Care Arrangements or, if the person is a resident of an aged care facility, the person's medical practitioner has contributed to a multidisciplinary care plan; and (b)the service is recommended in the person's Team Care Arrangements, multidisciplinary care plan or shared care planas part of the management of the person's chronic condition andcomplex care needs; and (c)the person is referred to the eligible physiotherapist by the medical practitioner using a referral form that has been issued by the Department or a referral form that contains all the components of the form issued by the Department; and (d)the person is not an admitted patient of a hospital; and (e)the service is provided to the person individually and in person; and (f)the service is of at least 20 minutes duration; and (g)after the service, the eligible physiotherapist gives a written report to the referring medical practitioner mentioned in paragraph (c): (i) if the service is the only service under the referral - in relation to that service; or (ii) if the service is the first or the last service under the referral - in relation to that service; or (iii) if neither subparagraph (i) nor (ii) applies but the service involves matters that the referring medical practitioner would reasonably expect to be informed of - in relation to those matters; and (h)for a service for which a private health insurance benefit is payable - the person who incurred the medical expenses for the service has elected to claim the Medicare benefit for the service, and not the private health insurance benefit; - to a maximum offive services (including any services to which items 10950 to 10970, 93000, 93013, 93501 to 93513 and 93524 to 93538apply) in a calendar year                                      | 65.85            |             |                      |                     | 56                 |

| MBS item | Clinical Category | Procedure Type | Item Start Date | MBS Category | MBS Group | New Item | MBS Description  | MBS Schedule Fee | Derived Fee | Benefit 100% (\$) | Benefit 75% (\$) | Benefit 85 (\$) |
|----------|-------------------|----------------|-----------------|--------------|-----------|----------|--|------------------|-------------|-------------------|------------------|-----------------|
| 10962    | Support list      | Type C         | 01.07.2004      | 8            | M3        | N        | <p>PODIATRY Podiatry health service provided to a person by an eligible podiatrist if: (a)the service is provided to a person who has: a chronic condition; and complex care needs being managed by a medical practitioner (including a general practitioner, but not a specialist or consultant physician) under a shared care plan or under both a GP Management Plan and Team Care Arrangements or, if the person is a resident of an aged care facility, the person's medical practitioner has contributed to a multidisciplinary care plan; and (b)the service is recommended in the person's Team Care Arrangements,multidisciplinary care plan or shared care plan as part of the management of the person's chronic condition and complex care needs; and (c)the person is referred to the eligible podiatrist by the medical practitioner using a referral form that has been issued by the Department or a referral form that contains all the components of the form issued by the Department; and (d)the person is not an admitted patient of a hospital; and (e)the service is provided to the person individually and in person; and (f)the service is of at least 20 minutes duration; and (g)after the service, the eligible podiatrist gives a written report to the referring medical practitioner mentioned in paragraph (c): (i) if the service is the only service under the referral - in relation to that service; or (ii) if the service is the first or the last service under the referral - in relation to that service; or (iii) if neither subparagraph (i) nor (ii) applies but the service involves matters that the referring medical practitioner would reasonably expect to be informed of - in relation to those matters; and (h)for a service for which a private health insurance benefit is payable - the person who incurred the medical expenses for the service has elected to claim the Medicare benefit for the service, and not the private health insurance benefit; - to a maximum offive services (including any services to which items 10950 to 10970, 93000, 93013, 93501 to 93513 and 93524 to 93538apply) in a calendar year</p>                       | 65.85            |             |                   |                  | 56              |
| 10964    | Support list      | Type C         | 01.07.2004      | 8            | M3        | N        | <p>CHIROPRACTIC SERVICE Chiropractic health service provided to a person by an eligible chiropractor if: (a)the service is provided to a person who has: a chronic condition; and complex care needs being managed by a medical practitioner (including a general practitioner, but not a specialist or consultant physician) under a shared care plan or underboth a GP Management Plan and Team Care Arrangements or, if the person is a resident of an aged care facility, the person's medical practitioner has contributed to a multidisciplinary care plan; and (b)the service is recommended in the person's Team Care Arrangements, multidisciplinary care plan or shared care plan as part of the management of the person's chronic condition and complex care needs; and (c)the person is referred to the eligible chiropractor by the medical practitioner using a referral form that has been issued by the Department or a referral form that contains all the components of the form issued by the Department; and (d)the person is not an admitted patient of a hospital; and (e)the service is provided to the person individually and in person; and (f)the service is of at least 20 minutes duration; and (g)after the service, the eligible chiropractor gives a written report to the referring medical practitioner mentioned in paragraph (c): (i) if the service is the only service under the referral - in relation to that service; or (ii) if the service is the first or the last service under the referral - in relation to that service; or (iii) if neither subparagraph (i) nor (ii) applies but the service involves matters that the referring medical practitioner would reasonably expect to be informed of - in relation to those matters; and (h)for a service for which a private health insurance benefit is payable - the person who incurred the medical expenses for the service has elected to claim the Medicare benefit for the service, and not the private health insurance benefit; - to a maximum offive services (including any services to which items 10950 to 10970, 93000, 93013, 93501 to 93513 and 93524 to 93538apply) in a calendar year</p> | 65.85            |             |                   |                  | 56              |
| 10966    | Support list      | Type C         | 01.07.2004      | 8            | M3        | N        | <p>OSTEOPATHY Osteopathy health service provided to a person by an eligible osteopath if: (a)the service is provided to a person who has: a chronic condition; and complex care needs being managed by a medical practitioner (including a general practitioner, but not a specialist or consultant physician) under a shared care plan or under both a GP Management Plan and Team Care Arrangements or, if the person is a resident of an aged care facility, the person's medical practitioner has contributed to a multidisciplinary care plan; and (b)the service is recommended in the person's Team Care Arrangements, multidisciplinary care plan or shared care plan as part of the management of the person's chronic condition and complex care needs; and (c)the person is referred to the eligible osteopath by the medical practitioner using a referral form that has been issued by the Departmentor a referral form that contains all the components of the form issued by the Department; and (d)the person is not an admitted patient of a hospital; and (e)the service is provided to the person individually and in person; and (f)the service is of at least 20 minutes duration; and (g)after the service, the eligible osteopath gives a written report to the referring medical practitioner mentioned in paragraph (c): (i) if the service is the only service under the referral - in relation to that service; or (ii) if the service is the first or the last service under the referral - in relation to that service; or (iii) if neither subparagraph (i) nor (ii) applies but the service involves matters that the referring medical practitioner would reasonably expect to be informed of - in relation to those matters; and (h)for a service for which a private health insurance benefit is payable - the person who incurred the medical expenses for the service has elected to claim the Medicare benefit for the service, and not the private health insurance benefit; - to a maximum offive services (including any services to which items 10950 to 10970, 93000, 93013, 93501 to 93513 and 93524 to 93538apply) in a calendar year</p>                      | 65.85            |             |                   |                  | 56              |

| MBS item | Clinical Category            | Procedure Type | Item Start Date | MBS Category | MBS Group | New Item | MBS Description  | MBS Schedule Fee | Derived Fee | Benefit 100% (\$) | Benefit 75% (\$) | Benefit 85 (\$) |
|----------|------------------------------|----------------|-----------------|--------------|-----------|----------|--|------------------|-------------|-------------------|------------------|-----------------|
| 10968    | Support list                 | Type C         | 01.07.2004      | 8            | M3        | N        | PSYCHOLOGY Psychology health service provided to a person by an eligible psychologist if: (a)the service is provided to a person who has: a chronic condition; and complex care needs being managed by a medical practitioner (including a general practitioner, but not a specialist or consultant physician) under a shared care plan or under both a GP Management Plan and Team Care Arrangements or, if the person is a resident of an aged care facility, the person's medical practitioner has contributed to a multidisciplinary care plan; and (b)the service is recommended in the person's Team Care Arrangements,multidisciplinary care plan or shared care plan as part of the management of the person's chronic condition and complex care needs; and (c)the person is referred to the eligible psychologist by the medical practitioner using a referral form that has been issued by the Department or a referral form that contains all the components of the form issued by the Department; and (d)the person is not an admitted patient of a hospital; and (e)the service is provided to the person individually and in person; and (f)the service is of at least 20 minutes duration; and (g)after the service, the eligible psychologist gives a written report to the referring medical practitioner mentioned in paragraph (c): (i) if the service is the only service under the referral - in relation to that service; or (ii) if the service is the first or the last service under the referral - in relation to that service; or (iii) if neither subparagraph (i) nor (ii) applies but the service involves matters that the referring medical practitioner would reasonably expect to be informed of - in relation to those matters; and (h)for a service for which a private health insurance benefit is payable - the person who incurred the medical expenses for the service has elected to claim the Medicare benefit for the service, and not the private health insurance benefit; - to a maximum offive services (including any services to which items 10950 to 10970, 93000, 93013, 93501 to 93513 and 93524 to 93538apply) in a calendar year                                | 65.85            |             |                   |                  | 56              |
| 10970    | Support list                 | Type C         | 01.07.2004      | 8            | M3        | N        | SPEECH PATHOLOGY Speech pathology health service provided to a person by an eligible speech pathologist if: (a)the service is provided to a person who has: a chronic condition; and complex care needs being managed by a medical practitioner (including a general practitioner, but not a specialist or consultant physician) under a shared care plan or under both a GP Management Plan and Team Care Arrangements or, if the person is a resident of an aged care facility, the person's medical practitioner has contributed to a multidisciplinary care plan; and (b)the service is recommended in the person's Team Care Arrangements, multidisciplinary care plan or shared care plan as part of the management of the person's chronic condition and complex care needs; and (c)the person is referred to the eligible speech pathologist by the medical practitioner using a referral form that has been issued by the Department or a referral form that contains all the components of the form issued by the Department; and (d)the person is not an admitted patient of a hospital; and (e)the service is provided to the person individually and in person; and (f)the service is of at least 20 minutes duration; and (g)after the service, the eligible speech pathologist gives a written report to the referring medical practitioner mentioned in paragraph (c): (i) if the service is the only service under the referral - in relation to that service; or (ii) if the service is the first or the last service under the referral - in relation to that service; or (iii) if neither subparagraph (i) nor (ii) applies but the service involves matters that the referring medical practitioner would reasonably expect to be informed of - in relation to those matters; and (h)for a service for which a private health insurance benefit is payable - the person who incurred the medical expenses for the service has elected to claim the Medicare benefit for the service, and not the private health insurance benefit; - to a maximum offive services (including any services to which items 10950 to 10970, 93000, 93013, 93501 to 93513 and 93524 to 93538apply) in a calendar year | 65.85            |             |                   |                  | 56              |
| 10983    | N/A (Not hospital treatment) | Unlisted       | 01.07.2011      | 8            | M12       | N        | 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  | 34.25            |             | 34.25             |                  |                 |
| 10987    | N/A (Not hospital treatment) | Unlisted       | 01.11.2008      | 8            | M12       | N        | Follow up service provided by a practice nurse or Aboriginal and Torres Strait Islander health practitioner, on behalf of a medical practitioner, for an Indigenous person who has received a health assessment 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; -to a maximum of 10 services per patient in a calendar year  | 25.35            |             | 25.35             |                  |                 |
| 10988    | Support list                 | Type C         | 01.05.2006      | 8            | M12       | N        | 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.  | 12.7             |             | 12.7              |                  |                 |
| 10989    | Support list                 | Type C         | 01.05.2006      | 8            | M12       | N        | 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.  | 12.7             |             | 12.7              |                  |                 |
| 10990    | N/A (Not hospital treatment) | Unlisted       | 01.02.2004      | 8            | M1        | N        | 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 unreferral 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  | 7.75             |             |                   |                  | 6.6             |

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|----------|------------------------------|----------------|-----------------|--------------|-----------|----------|--|------------------|-------------|-------------------|------------------|-----------------|
| 10991    | N/A (Not hospital treatment) | Unlisted       | 01.05.2004      | 8            | M1        | N        | 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 unreferrred 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   | 11.8             |             |                   |                  | 10.05           |
| 10992    | N/A (Not hospital treatment) | Unlisted       | 01.01.2005      | 8            | M1        | N        | 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 (Section3C General Medical Services – Other Medical Practitioner) Determination2018) applies; if: (c) the service is an unreferrred 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 personis 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 inan 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 | 11.8             |             |                   |                  | 10.05           |
| 10997    | N/A (Not hospital treatment) | Unlisted       | 01.07.2007      | 8            | M12       | N        | Service provided to a person with a chronic disease by a practice nurse or an Aboriginal and Torres Strait Islander health practitioner 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 (d) the service is consistent with the GP Management Plan, Team Care Arrangements or Multidisciplinary Care Plan to a maximum of 5 services per patient in a calendar year   | 12.7             |             | 12.7              |                  |                 |
| 11000    | Support list                 | Type C         | 01.12.1991      | 2            | D1        | N        | ELECTROENCEPHALOGRAPHY, not being 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.)  | 130.15           |             |                   | 97.65            | 110.65          |
| 11003    | Support list                 | Type C         | 01.12.1991      | 2            | D1        | N        | 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.  | 344.25           |             |                   | 258.2            | 292.65          |
| 11004    | Support list                 | Unlisted       | 01.11.2003      | 2            | D1        | N        | 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, 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.   | 344.25           |             |                   | 258.2            | 292.65          |
| 11005    | Support list                 | Unlisted       | 01.11.2003      | 2            | D1        | N        | 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.  | 344.25           |             |                   | 258.2            | 292.65          |
| 11009    | Support list                 | Unlisted       | 01.12.1991      | 2            | D1        | N        | ELECTROCORTICOGRAPHY   | 344.25           |             |                   | 258.2            | 292.65          |
| 11012    | Support list                 | Type C         | 01.12.1991      | 2            | D1        | N        | NEUROMUSCULAR ELECTRODIAGNOSISconduction studies on 1 nerve OR ELECTROMYOGRAPHY of 1 or more muscles using concentric needle electrodes OR both these examinations (not being a service associated with a service to which item 11015 or 11018 applies)  | 118.4            |             |                   | 88.8             | 100.65          |
| 11015    | Support list                 | Type C         | 01.12.1991      | 2            | D1        | N        | NEUROMUSCULAR ELECTRODIAGNOSISconduction studies on 2 or 3 nerves with or without electromyography (not being a service associated with a service to which item 11012 or 11018 applies)  | 158.5            |             |                   | 118.9            | 134.75          |
| 11018    | Support list                 | Type C         | 01.12.1991      | 2            | D1        | N        | NEUROMUSCULAR ELECTRODIAGNOSISconduction studies on 4 or more nerves with or without electromyography OR recordings from single fibres of nerves and muscles OR both of these examinations (not being a service associated with a service to which item 11012 or 11015 applies)  | 236.8            |             |                   | 177.6            | 201.3           |
| 11021    | Support list                 | Unlisted       | 01.12.1991      | 2            | D1        | N        | NEUROMUSCULAR ELECTRODIAGNOSISrepetitive stimulation for study of neuromuscular conduction OR electromyography with quantitative computerised analysis OR both of these examinations   | 158.5            |             |                   | 118.9            | 134.75          |
| 11024    | Support list                 | Type C         | 01.12.1991      | 2            | D1        | N        | CENTRAL NERVOUS SYSTEM EVOKED RESPONSES, INVESTIGATION OF, by computerised averaging techniques, not being a service involving quantitative topographic mapping of event-related potentials or multifocal multichannel objective perimetry - 1 or 2 studies  | 120.35           |             |                   | 90.3             | 102.3           |
| 11027    | Support list                 | Type C         | 01.12.1991      | 2            | D1        | N        | CENTRAL NERVOUS SYSTEM EVOKED RESPONSES, INVESTIGATION OF, by computerised averaging techniques, not being a service involving quantitative topographic mapping of event-related potentials or multifocal multichannel objective perimetry - 3 or more studies   | 178.5            |             |                   | 133.9            | 151.75          |
| 11200    | Support list                 | Type C         | 01.12.1991      | 2            | D1        | N        | PROVOCATIVE TEST OR TESTS FOR OPEN ANGLE GLAUCOMA, including water drinking  | 43.15            |             |                   | 32.4             | 36.7            |
| 11204    | Support list                 | Type C         | 01.11.2001      | 2            | D1        | N        | 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 his or her speciality.  | 114.45           |             |                   | 85.85            | 97.3            |

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|----------|-------------------|----------------|-----------------|--------------|-----------|----------|---|------------------|-------------|-------------------|------------------|-----------------|
| 11205    | Support list      | Type C         | 01.11.2001      | 2            | D1        | N        | 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 his or her speciality.   | 114.45           |             |                   | 85.85            | 97.3            |
| 11210    | Support list      | Type C         | 01.11.2001      | 2            | D1        | N        | PATTERN ELECTRORETINOGRAPHY of one or both eyes by computerised averaging techniques, including 3 or more studies performed according to current professional guidelines or standards   | 114.45           |             |                   | 85.85            | 97.3            |
| 11211    | Support list      | Type C         | 01.11.2001      | 2            | D1        | N        | DARK ADAPTOMETRY of one or both eyes with a quantitative (log cd/m2) estimation of threshold in log lumens at 45 minutes of dark adaptations  | 114.45           |             |                   | 85.85            | 97.3            |
| 11215    | Support list      | Type C         | 01.12.1991      | 2            | D1        | N        | RETINAL ANGIOGRAPHY, multiple exposures of 1 eye with intravenous dye injection   | 130              |             |                   | 97.5             | 110.5           |
| 11218    | Support list      | Type C         | 01.12.1991      | 2            | D1        | N        | RETINAL ANGIOGRAPHY, multiple exposures of both eyes with intravenous dye injection   | 160.65           |             |                   | 120.5            | 136.6           |
| 11219    | Support list      | Type C         | 01.11.2016      | 2            | D1        | N        | 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  | 42.25            |             |                   | 31.7             | 35.95           |
| 11220    | Support list      | Type C         | 01.12.2016      | 2            | D1        | N        | OPTICAL COHERENCE TOMOGRAPHY for the assessment of the need for treatment following provision of pharmaceutical benefits scheme-subsidised ocriplasmin. Maximum of one service per eye per lifetime.  | 42.25            |             |                   | 31.7             | 35.95           |
| 11221    | Support list      | Type C         | 01.12.1991      | 2            | D1        | N        | 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 his or her 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  | 71.7             |             |                   | 53.8             | 60.95           |
| 11224    | Support list      | Type C         | 01.12.1991      | 2            | D1        | N        | 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 his or her 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 | 43.2             |             |                   | 32.4             | 36.75           |
| 11235    | Support list      | Type C         | 01.11.1996      | 2            | D1        | N        | 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 report   | 129.75           |             |                   | 97.35            | 110.3           |
| 11237    | Support list      | Type C         | 01.11.2003      | 2            | D1        | N        | 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, not being a service associated with a service to which items in Group I1 of Category 5 apply  | 86.1             |             |                   | 64.6             | 73.2            |
| 11240    | Support list      | Type C         | 01.03.1999      | 2            | D1        | N        | ORBITAL CONTENTS, unidimensional ultrasonic echography or partial coherence interferometry of, for the measurement of one eye prior to lens surgery on that eye, not being a service associated with a service to which items in Group I1 of Category 5 apply.  | 86.1             |             |                   | 64.6             | 73.2            |
| 11241    | Support list      | Type C         | 01.11.2001      | 2            | D1        | N        | ORBITAL CONTENTS, unidimensional ultrasonic echography or partial coherence interferometry of, for bilateral eye measurement prior to lens surgery on both eyes, not being a service associated with a service to which items in Group I1 apply   | 109.6            |             |                   | 82.2             | 93.2            |
| 11242    | Support list      | Type C         | 01.11.2001      | 2            | D1        | N        | 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 where further lens surgery is contemplated in that eye, not being a service associated with a service to which items in Group I1 apply   | 84.7             |             |                   | 63.55            | 72              |
| 11243    | Support list      | Type C         | 01.11.2001      | 2            | D1        | N        | ORBITAL CONTENTS, unidimensional ultrasonic echography or partial coherence interferometry of, for the measurement of a second eye where surgery for the first eye has resulted in more than 1 dioptre of error or where more than 3 years have elapsed since the surgery for the first eye, not being a service associated with a service to which items in Group I1 apply   | 84.7             |             |                   | 63.55            | 72              |
| 11244    | Support list      | Type C         | 01.03.2013      | 2            | D1        | N        | Orbital contents, diagnostic B-scan of, by a specialist practising in his or her speciality of ophthalmology, not being a service associated with a service to which an item in Group I1 of the diagnostic imaging services table applies.  | 81.4             |             |                   | 61.05            | 69.2            |
| 11300    | Support list      | Type C         | 01.12.1991      | 2            | D1        | N        | 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.)   | 203.5            |             |                   | 152.65           | 173             |
| 11302    | Support list      | Type C         | 01.03.2023      | 2            | D1        | Y        | 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  | 203.5            |             |                   | 152.65           | 173             |
| 11303    | Support list      | Unlisted       | 01.12.1991      | 2            | D1        | N        | ELECTROCOCHLEOGRAPHY, extratympanic method, 1 or both ears  | 203.5            |             |                   | 152.65           | 173             |
| 11304    | Support list      | Unlisted       | 01.11.1994      | 2            | D1        | N        | ELECTROCOCHLEOGRAPHY, transtympanic membrane insertion technique, 1 or both ears  | 335.1            |             |                   | 251.35           | 284.85          |
| 11306    | Support list      | Type C         | 01.12.1991      | 2            | D1        | N        | Non determinate audiometry, if a service to which item 82306 applies has not been performed on the patient on the same day.   | 23.15            |             |                   | 17.4             | 19.7            |
| 11309    | Support list      | Type C         | 01.12.1991      | 2            | D1        | N        | Audiogram, air conduction, if a service to which item 82309 applies has not been performed on the patient on the same day.  | 27.8             |             |                   | 20.85            | 23.65           |
| 11312    | Support list      | Type C         | 01.12.1991      | 2            | D1        | N        | 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.   | 39.25            |             |                   | 29.45            | 33.4            |
| 11315    | Support list      | Type C         | 01.12.1991      | 2            | D1        | N        | 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  | 52               |             |                   | 39               | 44.2            |

| MBS item | Clinical Category            | Procedure Type               | Item Start Date | MBS Category | MBS Group | New Item | MBS Description   | MBS Schedule Fee | Derived Fee | Benefit 100% (\$) | Benefit 75% (\$) | Benefit 85 (\$) |
|----------|------------------------------|------------------------------|-----------------|--------------|-----------|----------|---|------------------|-------------|-------------------|------------------|-----------------|
| 11318    | Support list                 | Type C                       | 01.12.1991      | 2            | D1        | N        | 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   | 64.2             |             |                   | 48.15            | 54.6            |
| 11324    | Support list                 | Type C                       | 01.12.1991      | 2            | D1        | N        | 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               |             |                   | 15.75            | 17.85           |
| 11332    | Support list                 | Type C                       | 01.05.2000      | 2            | D1        | N        | 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  | 61.95            |             |                   | 46.5             | 52.7            |
| 11340    | Support list                 | Type C                       | 01.03.2023      | 2            | D1        | Y        | 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   | 196.8            |             |                   | 147.6            | 167.3           |
| 11341    | Support list                 | Type C                       | 01.03.2023      | 2            | D1        | Y        | 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  | 394.5            |             |                   | 295.9            | 335.35          |
| 11342    | N/A (Not hospital treatment) | N/A (Not hospital treatment) | 01.03.2022      | 2            | D1        | N        | Programming by telehealth of 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 items 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 11302 or item 11345 applies on the same day   | 162.75           |             |                   |                  | 138.35          |
| 11343    | Support list                 | Type C                       | 01.03.2023      | 2            | D1        | Y        | 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           |             |                   | 442.7            | 501.75          |
| 11345    | N/A (Not hospital treatment) | N/A (Not hospital treatment) | 01.03.2022      | 2            | D1        | N        | Programming by phone of 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 items 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 11302 or item 11342 applies on the same day  | 162.75           |             |                   |                  | 138.35          |
| 11503    | Support list                 | Type C                       | 01.12.1991      | 2            | D1        | N        | 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 a duration of 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 | 146.55           |             |                   | 109.95           | 124.6           |

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|----------|-------------------|----------------|-----------------|--------------|-----------|----------|--|------------------|-------------|-------------------|------------------|-----------------|
| 11505    | Support list      | Type C         | 01.11.2018      | 2            | D1        | N        | 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  | 43.5             |             |                   | 32.65            | 37              |
| 11506    | Support list      | Type C         | 01.12.1991      | 2            | D1        | N        | 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   | 21.75            |             |                   | 16.35            | 18.5            |
| 11507    | Support list      | Type C         | 01.11.2018      | 2            | D1        | N        | 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   | 105.95           |             |                   | 79.5             | 90.1            |
| 11508    | Support list      | Type C         | 01.11.2018      | 2            | D1        | N        | 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 aspecialist or consultant physician who is also responsible for the supervision of technical staff and quality assurance | 307.45           |             |                   | 230.6            | 261.35          |
| 11512    | Support list      | Type C         | 01.12.1991      | 2            | D1        | N        | 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   | 65.3             |             |                   | 49               | 55.55           |
| 11600    | Support list      | Unlisted       | 01.12.1991      | 2            | D1        | N        | BLOOD PRESSURE MONITORING (central venous, pulmonary arterial, systemic arterial or cardiac intracavity), by indwelling catheter - once only for each type of pressure on any calendar day up to a maximum of 4 pressures (not being a service to which item 13876 applies and where not performed in association with the administration of general anaesthesia)  | 73.25            |             |                   | 54.95            | 62.3            |
| 11602    | Support list      | Type C         | 01.11.2003      | 2            | D1        | N        | 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   | 61.05            |             |                   | 45.8             | 51.9            |
| 11604    | Support list      | Type C         | 01.11.2003      | 2            | D1        | N        | 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  | 80               |             |                   | 60               | 68              |
| 11605    | Support list      | Type C         | 01.11.2003      | 2            | D1        | N        | 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   | 80               |             |                   | 60               | 68              |

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|----------|------------------------------|----------------|-----------------|--------------|-----------|----------|---|------------------|-------------|-------------------|------------------|-----------------|
| 11607    | Heart and vascular system    | Type C         | 01.11.2021      | 2            | D1        | N        | 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 | 108.9            |             |                   | 81.7             | 92.6            |
| 11610    | Support list                 | Type C         | 01.11.2003      | 2            | D1        | N        | 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.   | 67.35            |             |                   | 50.55            | 57.25           |
| 11611    | Support list                 | Type C         | 01.11.2003      | 2            | D1        | N        | 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.   | 67.35            |             |                   | 50.55            | 57.25           |
| 11612    | Support list                 | Type C         | 01.12.1991      | 2            | D1        | N        | 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 where the exercise workload is quantifiably documented, examination and report.  | 118.8            |             |                   | 89.1             | 101             |
| 11614    | Support list                 | Type C         | 01.11.2003      | 2            | D1        | N        | 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  | 80               |             |                   | 60               | 68              |
| 11615    | Support list                 | Type C         | 01.12.1991      | 2            | D1        | N        | MEASUREMENT OF DIGITAL TEMPERATURE, 1 or more digits, (unilateral or bilateral) and report, with hard copy recording of temperature before and for 10 minutes or more after cold stress testing.  | 80.2             |             |                   | 60.15            | 68.2            |
| 11627    | Support list                 | Unlisted       | 01.12.1991      | 2            | D1        | N        | PULMONARY ARTERY pressure monitoring during open heart surgery, in apatient under 12 years of age   | 241.7            |             |                   | 181.3            | 205.45          |
| 11704    | N/A (Not hospital treatment) | Unlisted       | 01.08.2020      | 2            | D1        | N        | 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. Note: the following are also requirements of the service: a formal report is completed; and a copy of the formal report is provided to the requesting practitioner; and the service is not provided to the patient as part of an episode of hospital treatment or hospital-substitute treatment; and is not provided in association with an attendance item (Part 2 of the schedule); and the specialist or consultant physician who renders the service does not have a financial relationship with the requesting practitioner.  | 33.05            |             |                   |                  | 28.1            |
| 11705    | Support list                 | Type C         | 01.08.2020      | 2            | D1        | N        | 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 Note: the following are also requirements of the service: a formal report is completed; and a copy of the formal report is provided to the requesting practitioner; and the specialist or consultant physician who renders the service does not have a financial relationship with the requesting practitioner.   | 19.45            |             |                   | 14.6             | 16.55           |
| 11707    | N/A (Not hospital treatment) | Unlisted       | 01.08.2020      | 2            | D1        | N        | 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 Note: the service is not provided to the patient as part of an episode of: hospital treatment; or hospital-substitute treatment.  | 19.45            |             |                   |                  | 16.55           |
| 11713    | Support list                 | Type C         | 01.07.1992      | 2            | D1        | N        | 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   | 73.7             |             |                   | 55.3             | 62.65           |
| 11714    | N/A (Not hospital treatment) | Unlisted       | 01.08.2020      | 2            | D1        | N        | 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 Note: the service is not provided to the patient as part of an episode of: hospital treatment; or hospital-substitute treatment.   | 25.6             |             |                   |                  | 21.8            |

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|----------|------------------------------|----------------|-----------------|--------------|-----------|----------|---|------------------|-------------|-------------------|------------------|-----------------|
| 11716    | N/A (Not hospital treatment) | Unlisted       | 01.08.2020      | 2            | D1        | N        | Note:the service only applies if the patient meets one or more of the following and the requirements in Note: DR.1.1 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) and microprocessor 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 Note: this services does not apply if the patient is being provided with the service as part of an episode of: hospital treatment; or hospital-substitute treatment. | 177.1            |             |                   |                  | 150.55          |
| 11717    | N/A (Not hospital treatment) | Unlisted       | 01.08.2020      | 2            | D1        | N        | Note: the service only applies if the patient meets one or more of the following and the requirements in Note: DR.1.1 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: unexplained syncope; or palpitation; or 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 Note: the service does not apply if the patient is being provided with the service as part of an episode of: hospital treatment; or hospital-substitute treatment.  | 104.05           |             |                   |                  | 88.45           |
| 11719    | Support list                 | Type C         | 01.09.2015      | 2            | D1        | N        | 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. Payable only once in any 12 month period   | 70.6             |             |                   | 52.95            | 60.05           |
| 11720    | Support list                 | Type C         | 01.09.2015      | 2            | D1        | N        | 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.   | 70.6             |             |                   | 52.95            | 60.05           |
| 11721    | Support list                 | Type C         | 01.07.1992      | 2            | D1        | N        | IMPLANTED PACEMAKER TESTING of atrioventricular (AV) sequential, rate responsive, or antitachycardia pacemakers, including reprogramming when required, not being a service associated with a service to which Item 11704, 11719, 11720, 11725 or 11726 applies   | 73.7             |             |                   | 55.3             | 62.65           |
| 11723    | N/A (Not hospital treatment) | Unlisted       | 01.08.2020      | 2            | D1        | N        | Note:the service only applies if the patient meets one or more of the following and the requirements in Note: DR.1.1 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 Note: The service does not apply if the patient is an admitted patient.  | 54.9             |             |                   |                  | 46.7            |
| 11724    | Support list                 | Type C         | 01.07.1995      | 2            | D1        | N        | UP-RIGHT 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  | 178.5            |             |                   | 133.9            | 151.75          |
| 11725    | Support list                 | Type C         | 01.09.2015      | 2            | D1        | N        | 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. Payable only once in any 12 month period   | 200.35           |             |                   | 150.3            | 170.3           |
| 11726    | Support list                 | Type C         | 01.09.2015      | 2            | D1        | N        | 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.   | 100.2            |             |                   | 75.15            | 85.2            |
| 11727    | Support list                 | Type C         | 01.11.2006      | 2            | D1        | N        | 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, not being a service associated with a service to which item 11719, 11720, 11721, 11725 or 11726 applies  | 100.2            |             |                   | 75.15            | 85.2            |

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|----------|------------------------------|----------------|-----------------|--------------|-----------|----------|---|------------------|-------------|-------------------|------------------|-----------------|
| 11728    | Support list                 | Type C         | 01.05.2018      | 2            | D1        | N        | 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   | 36.75            |             |                   | 27.6             | 31.25           |
| 11729    | Support list                 | Type C         | 01.08.2020      | 2            | D1        | N        | Note:the service only applies if the patient meets the requirements of the descriptor and the requirements in note DR.1.2 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 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 | 160.9            |             |                   | 120.7            | 136.8           |
| 11730    | Support list                 | Type C         | 01.08.2020      | 2            | D1        | N        | Note:the service only applies if the patient meets the requirements of the descriptor and the requirements in note DR.1.3 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             | 160.9            |             |                   | 120.7            | 136.8           |
| 11731    | Support list                 | Type C         | 01.08.2020      | 2            | D1        | N        | 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   | 36.75            |             |                   | 27.6             | 31.25           |
| 11735    | N/A (Not hospital treatment) | Unlisted       | 15.09.2020      | 2            | D1        | N        | Note: the service only applies if the patient meets one or more of the following and the requirements in Note: DR.1.1 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 Note:The service does not apply if the patient is an admitted patient.   | 135.25           |             |                   |                  | 115             |
| 11736    | Support List (DI)            | Type C         | 01.11.2022      | 2            | D1        | N        | 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            |             |                   | 27.6             | 31.25           |
| 11737    | Support List (DI)            | Type C         | 01.11.2022      | 2            | D1        | N        | 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            |             |                   | 27.6             | 31.25           |
| 11800    | Digestive system             | Type C         | 01.12.1991      | 2            | D1        | N        | OESOPHAGEAL MOTILITY TEST, manometric   | 184.4            |             |                   | 138.3            | 156.75          |

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| 11801    | Digestive system           | Type B Band 1            | 01.09.2015      | 2            | D1        | N        | 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-mnitoring: (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 services 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. Not in association with another item in Category 2, sub-group 7 (Anaes.)   | 278.05           |             |                   | 208.55           | 236.35          |
| 11810    | Digestive system           | Type C                   | 01.07.1992      | 2            | D1        | N        | CLINICAL ASSESSMENT of GASTRO-OESOPHAGEAL REFLUX DISEASE involving 24 hour pH monitoring, including analysis, interpretation and report and including any associated consultation  | 184.4            |             |                   | 138.3            | 156.75          |
| 11820    | Gastrointestinal endoscopy | Type C                   | 01.05.2004      | 2            | D1        | N        | 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 thebleeding; 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 Recognitionof Training in Gastrointestinal Endoscopy; and (e)the service is not associated with a service to which item 30680, 30682, 30684 or 30686 applies | 1299.6           |             |                   | 974.7            | 1206.4          |
| 11823    | Gastrointestinal endoscopy | Type C                   | 01.03.2009      | 2            | D1        | N        | 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.   | 1299.6           |             |                   | 974.7            | 1206.4          |
| 11830    | Common list                | Type C                   | 01.07.1992      | 2            | D1        | N        | DIAGNOSIS of ABNORMALITIES of the PELVIC FLOOR involving anal manometry or measurement of anorectal sensation or measurement of the rectosphincteric reflex  | 197.5            |             |                   | 148.15           | 167.9           |
| 11833    | Common list                | Type C                   | 01.07.1992      | 2            | D1        | N        | DIAGNOSIS of ABNORMALITIES of the PELVIC FLOOR and sphincter muscles involving electromyography or measurement of pudendal and spinal nerve motor latency  | 264              |             |                   | 198              | 224.4           |
| 11900    | Kidney and bladder         | Type C                   | 01.12.1991      | 2            | D1        | N        | Urine flow study, including peak urine flow measurement, not being a service associated with a service to which item 11912, 11917 or 11919 applies   | 29.1             |             |                   | 21.85            | 24.75           |
| 11912    | Kidney and bladder         | Type C                   | 01.12.1991      | 2            | D1        | N        | 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.)  | 208.8            |             |                   | 156.6            | 177.5           |
| 11917    | Kidney and bladder         | Type C                   | 01.11.2002      | 2            | D1        | N        | 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.)   | 452.9            |             |                   | 339.7            | 385             |
| 11919    | Kidney and bladder         | Type B Non-band specific | 01.05.2003      | 2            | D1        | N        | 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 items 60506 or 60509 applies;other than a service associated with a service to which items 11012-11027, 11900-11917 and 36800 apply (Anaes.)   | 452.9            |             |                   | 339.7            | 385             |
| 12000    | Common list                | Type C                   | 01.12.1991      | 2            | D1        | N        | 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   | 41.15            |             |                   | 30.9             | 35              |
| 12001    | Common list                | Type C                   | 01.11.2018      | 2            | D1        | N        | 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  | 41.15            |             |                   | 30.9             | 35              |
| 12002    | Common list                | Type C                   | 01.11.2018      | 2            | D1        | N        | 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   | 41.15            |             |                   | 30.9             | 35              |

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|----------|-------------------|----------------|-----------------|--------------|-----------|----------|---|------------------|-------------|-------------------|------------------|-----------------|
| 12003    | Common list       | Type C         | 01.12.1991      | 2            | D1        | N        | 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  | 41.15            |             |                   | 30.9             | 35              |
| 12004    | Common list       | Type C         | 01.11.2018      | 2            | D1        | N        | 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   | 62.25            |             |                   | 46.7             | 52.95           |
| 12005    | Common list       | Type C         | 01.11.2018      | 2            | D1        | N        | Skin testing: (a) performed by or on behalf of a specialist or consultant physician in the practice of the specialist 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   | 83.7             |             |                   | 62.8             | 71.15           |
| 12012    | Skin              | Type C         | 01.11.1995      | 2            | D1        | N        | Epicutaneous patch testing in the investigation of allergic dermatitis using not more than 25 allergens   | 22               |             |                   | 16.5             | 18.7            |
| 12017    | Skin              | Type C         | 01.11.2016      | 2            | D1        | N        | Epicutaneous patch testing in the investigation of allergic dermatitis using more than 25 allergens but not more than 50 allergens  | 74.25            |             |                   | 55.7             | 63.15           |
| 12021    | Skin              | Type C         | 01.11.1995      | 2            | D1        | N        | Epicutaneous patch testing in the investigation of allergic dermatitis, performed by or on behalf of a specialist, or consultant physician, in the practice of his or her specialty, using more than 50 allergens but not more than 75 allergens  | 122.05           |             |                   | 91.55            | 103.75          |
| 12022    | Skin              | Type C         | 01.11.2016      | 2            | D1        | N        | Epicutaneous patch testing in the investigation of allergic dermatitis, performed by or on behalf of a specialist, or consultant physician, in the practice of his or her specialty, using more than 75 allergens but not more than 100 allergens   | 143.35           |             |                   | 107.55           | 121.85          |
| 12024    | Skin              | Type C         | 01.11.2016      | 2            | D1        | N        | Epicutaneous patch testing in the investigation of allergic dermatitis, performed by or on behalf of a specialist, or consultant physician, in the practice of his or her specialty, using more than 100 allergens  | 163.3            |             |                   | 122.5            | 138.85          |
| 12200    | Support list      | Type C         | 01.12.1991      | 2            | D1        | N        | COLLECTION OF SPECIMEN OF SWEAT by iontophoresis  | 39.3             |             |                   | 29.5             | 33.45           |
| 12201    | Support list      | Type C         | 01.05.2004      | 2            | D1        | N        | 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 both 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 1 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 1 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   | 2529.7           |             |                   | 1897.3           | 2436.5          |
| 12203    | Sleep studies     | Unlisted       | 01.12.1991      | 2            | D1        | N        | 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 a STOP-Bang score of 3 or more, an OSA50 score of 5 or more or a high risk score on the Berlin Questionnaire, and an Epworth Sleepiness Scale score of 8 or more; 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 | 621.6            |             |                   | 466.2            | 528.4           |

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|----------|-------------------|----------------|-----------------|--------------|-----------|----------|--|------------------|-------------|-------------------|------------------|-----------------|
| 12204    | Sleep studies     | Unlisted       | 01.11.2018      | 2            | D1        | N        | 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 mentioned in any of items 11000, 11003, 11004, 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  | 621.6            |             |                   | 466.2            | 528.4           |
| 12205    | Sleep studies     | Unlisted       | 01.11.2018      | 2            | D1        | N        | 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 (either face-to-face or by video conference), 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 mentioned in any of items 11000, 11003, 11004, 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 | 621.6            |             |                   | 466.2            | 528.4           |

| MBS item | Clinical Category | Procedure Type | Item Start Date | MBS Category | MBS Group | New Item | MBS Description   | MBS Schedule Fee | Derived Fee | Benefit<br>100% (\$) | Benefit<br>75% (\$) | Benefit<br>85 (\$) |
|----------|-------------------|----------------|-----------------|--------------|-----------|----------|---|------------------|-------------|----------------------|---------------------|--------------------|
| 12207    | Sleep studies     | Unlisted       | 19.06.1997      | 2            | D1        | N        | 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 mentioned in any of items 11000, 11003, 11004, 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 | 621.6            |             | 466.2                | 528.4               |                    |
| 12208    | Sleep studies     | Unlisted       | 01.11.2018      | 2            | D1        | N        | 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 mentioned in any of items 11000, 11003, 11004, 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   | 621.6            |             | 466.2                | 528.4               |                    |
| 12210    | Sleep studies     | Unlisted       | 01.11.2001      | 2            | D1        | N        | 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, 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  | 742              |             | 556.5                | 648.8               |                    |

| MBS item | Clinical Category | Procedure Type | Item Start Date | MBS Category | MBS Group | New Item | MBS Description   | MBS Schedule Fee | Derived Fee | Benefit 100% (\$) | Benefit 75% (\$) | Benefit 85 (\$) |
|----------|-------------------|----------------|-----------------|--------------|-----------|----------|---|------------------|-------------|-------------------|------------------|-----------------|
| 12213    | Sleep studies     | Unlisted       | 01.11.2001      | 2            | D1        | N        | 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, 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   | 668.45           |             |                   | 501.35           | 575.25          |
| 12215    | Sleep studies     | Unlisted       | 01.11.2001      | 2            | D1        | N        | 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 | 742              |             |                   | 556.5            | 648.8           |

| MBS item | Clinical Category | Procedure Type | Item Start Date | MBS Category | MBS Group | New Item | MBS Description  | MBS Schedule Fee | Derived Fee | Benefit<br>100% (\$) | Benefit<br>75% (\$) | Benefit<br>85 (\$) |
|----------|-------------------|----------------|-----------------|--------------|-----------|----------|--|------------------|-------------|----------------------|---------------------|--------------------|
| 12217    | Sleep studies     | Unlisted       | 01.11.2001      | 2            | D1        | N        | 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 | 668.45           |             | 501.35               | 575.25              |                    |
| 12250    | Sleep studies     | Unlisted       | 01.10.2008      | 2            | D1        | N        | 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 a STOP-Bang score of 3 or more, an OSA50 score of 5 or more or a high risk score on the Berlin Questionnaire, and an Epworth Sleepiness Scale score of 8 or more; 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 mentioned in any of items 11000, 11003, 11004, 11005, 11503, 11704, 11705, 11707, 11714, 11716, 11717, 11723, 11735 and 12203 is provided to the patient Applicable only once in any 12                                       | 354.45           |             | 265.85               | 301.3               |                    |

| MBS Item | Clinical Category | Procedure Type | Item Start Date | MBS Category | MBS Group | New Item | MBS Description  | MBS Schedule Fee | Derived Fee | Benefit<br>100% (\$) | Benefit<br>75% (\$) | Benefit<br>85 (\$) |
|----------|-------------------|----------------|-----------------|--------------|-----------|----------|--|------------------|-------------|----------------------|---------------------|--------------------|
| 12254    | Sleep studies     | Unlisted       | 01.11.2018      | 2            | D1        | N        | 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 investigation a daytime investigation is performed where at least 4 nap periods are conducted, during which there is continuous recording of EEG, EMG, EOG and ECG; 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<br>Applicable only once in a 12 month period  | 965.9            |             |                      | 724.45              | 872.7              |
| 12258    | Sleep studies     | Unlisted       | 01.11.2018      | 2            | D1        | N        | 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 investigation, a daytime investigation is performed where at least 4 wakefulness trials are conducted, during which there is continuous recording of EEG, EMG, EOG and ECG; 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<br>Applicable only once in a 12 month period  | 965.9            |             |                      | 724.45              | 872.7              |
| 12261    | Sleep studies     | Unlisted       | 01.11.2018      | 2            | D1        | N        | 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 investigation, a daytime investigation is performed where at least 4 nap periods are conducted, during which there is continuous recording of EEG, EMG, EOG and ECG; 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<br>Applicable only once in a 12 month period | 1012.8           |             |                      | 759.6               | 919.6              |

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|----------|-------------------|----------------|-----------------|--------------|-----------|----------|---|------------------|-------------|-------------------|------------------|-----------------|
| 12265    | Sleep studies     | Unlisted       | 01.11.2018      | 2            | D1        | N        | 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 investigation, a daytime investigation is performed where at least 4 wakefulness trials are conducted, during which there is continuous recording of EEG, EMG, EOG and ECG; 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  | 1012.8           |             |                   | 759.6            | 919.6           |
| 12268    | Sleep studies     | Unlisted       | 01.11.2018      | 2            | D1        | N        | 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 investigation, a daytime investigation is performed where at least 4 nap periods are conducted, during which there is continuous recording of EEG, EMG, EOG and ECG; 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 | 1086.3           |             |                   | 814.75           | 993.1           |
| 12272    | Sleep studies     | Unlisted       | 01.11.2018      | 2            | D1        | N        | 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 investigation, a daytime investigation is performed where at least 4 wakefulness trials are conducted, during which there is continuous recording of EEG, EMG, EOG and ECG; 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  | 1086.3           |             |                   | 814.75           | 993.1           |

| MBS Item | Clinical Category  | Procedure Type | Item Start Date | MBS Category | MBS Group | New Item | MBS Description   | MBS Schedule Fee | Derived Fee | Benefit 100% (\$) | Benefit 75% (\$) | Benefit 85 (\$) |
|----------|--------------------|----------------|-----------------|--------------|-----------|----------|---|------------------|-------------|-------------------|------------------|-----------------|
| 12306    | Support list       | Type C         | 31.10.1995      | 2            | D1        | N        | 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  | 108.25           |             |                   | 81.2             | 92.05           |
| 12312    | Support list       | Type C         | 31.10.1995      | 2            | D1        | N        | 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   | 108.25           |             |                   | 81.2             | 92.05           |
| 12315    | Support list       | Type C         | 31.10.1995      | 2            | D1        | N        | 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 monthperiod  | 108.25           |             |                   | 81.2             | 92.05           |
| 12320    | Support list       | Type C         | 01.11.2017      | 2            | D1        | N        | 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) 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  | 108.25           |             |                   | 81.2             | 92.05           |
| 12321    | Support list       | Type C         | 31.10.1995      | 2            | D1        | N        | 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 monthperiod   | 108.25           |             |                   | 81.2             | 92.05           |
| 12322    | Support list       | Type C         | 01.11.2017      | 2            | D1        | N        | 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   | 108.25           |             |                   | 81.2             | 92.05           |
| 12325    | Support list       | Type C         | 01.11.2016      | 2            | D1        | N        | 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 | 52.85            |             |                   | 39.65            | 44.95           |
| 12326    | Support list       | Type C         | 01.11.2016      | 2            | D1        | N        | 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  | 52.85            |             |                   | 39.65            | 44.95           |
| 12500    | Support list       | Type C         | 01.12.1991      | 2            | D2        | N        | BLOOD VOLUME ESTIMATION   | 229              |             |                   | 171.75           | 194.65          |
| 12524    | Kidney and bladder | Type C         | 01.12.1991      | 2            | D2        | N        | RENAL FUNCTION TEST (without imaging procedure)   | 167.4            |             |                   | 125.55           | 142.3           |
| 12527    | Kidney and bladder | Type C         | 01.12.1991      | 2            | D2        | N        | RENAL FUNCTION TEST (with imaging and at least 2 blood samples)   | 89.8             |             |                   | 67.35            | 76.35           |
| 12533    | Support list       | Type C         | 01.07.1995      | 2            | D2        | N        | 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. not being a service to which 66900 applies  | 89.5             |             |                   | 67.15            | 76.1            |

| MBS item | Clinical Category                   | Procedure Type           | Item Start Date | MBS Category | MBS Group | New Item | MBS Description  | MBS Schedule Fee | Derived Fee | Benefit 100% (\$) | Benefit 75% (\$) | Benefit 85 (\$) |
|----------|-------------------------------------|--------------------------|-----------------|--------------|-----------|----------|--|------------------|-------------|-------------------|------------------|-----------------|
| 13015    | Common list                         | Unlisted                 | 01.11.2001      | 3            | T1        | N        | 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 between 1 hour 30 minutes and 3 hours, including any associated attendance.  | 269.35           |             |                   | 202.05           | 228.95          |
| 13020    | Common list                         | Unlisted                 | 01.07.1996      | 3            | T1        | N        | HYPERBARIC OXYGEN THERAPY, for treatment of decompression illness, gas gangrene, air or gas embolism; diabetic wounds including diabetic gangrene and diabetic foot ulcers; 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 between 1 hour 30 minutes and 3 hours, including any associated attendance  | 273.65           |             |                   | 205.25           | 232.65          |
| 13025    | Common list                         | Unlisted                 | 01.07.1996      | 3            | T1        | N        | 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)   | 122.3            |             |                   | 91.75            | 104             |
| 13030    | Common list                         | Unlisted                 | 01.07.1996      | 3            | T1        | N        | HYPERBARIC OXYGEN THERAPY performed in a comprehensive hyperbaric medicine facility where 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)   | 172.75           |             |                   | 129.6            | 146.85          |
| 13100    | Dialysis for chronic kidney failure | Type B Band 1            | 01.12.1991      | 3            | T1        | N        | SUPERVISION IN HOSPITAL by a medical specialist of haemodialysis, haemofiltration, haemoperfusion or peritoneal dialysis, including all professional attendances, where the total attendance time on the patient by the supervising medical specialist exceeds 45 minutes in 1 day   | 144.5            |             |                   | 108.4            | 122.85          |
| 13103    | Dialysis for chronic kidney failure | Type B Band 1            | 01.12.1991      | 3            | T1        | N        | SUPERVISION IN HOSPITAL by a medical specialist of haemodialysis, haemofiltration, haemoperfusion or peritoneal dialysis, including all professional attendances, where the total attendance time on the patient by the supervising medical specialist does not exceed 45 minutes in 1 day   | 75.3             |             |                   | 56.5             | 64.05           |
| 13104    | Dialysis for chronic kidney failure | Type C                   | 01.11.2005      | 3            | T1        | N        | Planning and management of home dialysis (either haemodialysis or peritoneal dialysis), by a consultant physician in the practice of his or her specialty of renal medicine, for a patient with end-stage renal disease, and supervision of that patient on self-administered dialysis, to a maximum of 12 claims per year   | 156.35           |             |                   |                  | 132.9           |
| 13105    | N/A (Not hospital treatment)        | Type C                   | 01.11.2018      | 3            | T1        | N        | 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 | 625.8            |             | 625.8             |                  |                 |
| 13106    | Dialysis for chronic kidney failure | Unlisted                 | 01.12.1991      | 3            | T1        | N        | DECLOTTING OF AN ARTERIOVENOUS SHUNT   | 128.3            |             |                   | 96.25            | 109.1           |
| 13109    | Dialysis for chronic kidney failure | Unlisted                 | 01.12.1991      | 3            | T1        | N        | INDWELLING PERITONEAL CATHETER (Tenckhoff or similar) FOR DIALYSIS/INSERTION AND FIXATION OF (Anaes.)  | 240.75           |             |                   | 180.6            | 204.65          |
| 13110    | Dialysis for chronic kidney failure | Type B Non-band specific | 01.05.1997      | 3            | T1        | N        | INDWELLING PERITONEAL CATHETER (Tenckhoff or similar) FOR DIALYSIS , removal of (including catheter cuffs) (Anaes.)  | 241.55           |             |                   | 181.2            | 205.35          |
| 13200    | Assisted reproductive services      | Type C                   | 01.12.1991      | 3            | T1        | N        | ASSISTED REPRODUCTIVE TECHNOLOGIES SUPEROVULATED TREATMENT CYCLE PROCEEDING TO OOCYTE RETRIEVAL, involving the use of drugs to induce superovulation, and including quantitative estimation of hormones, semen preparation, ultrasound examinations, all treatment counselling and embryology laboratory services but excluding artificial insemination or transfer of frozen embryos or donated embryos or ova or a service to which item 13201, 13202, 13203, 13218 applies - being services rendered during 1 treatment cycle - INITIAL cycle in a single calendar year   | 3288.55          |             |                   | 2466.45          | 3195.35         |
| 13201    | Assisted reproductive services      | Unlisted                 | 01.01.2010      | 3            | T1        | N        | ASSISTED REPRODUCTIVE TECHNOLOGIES SUPEROVULATED TREATMENT CYCLE PROCEEDING TO OOCYTE RETRIEVAL, involving the use of drugs to induce superovulation, and including quantitative estimation of hormones, semen preparation, ultrasound examinations, all treatment counselling and embryology laboratory services but excluding artificial insemination or transfer of frozen embryos or donated embryos or ova or a service to which item 13200, 13202, 13203, 13218 applies - being services rendered during 1 treatment cycle - each cycle SUBSEQUENT to the first in a single calendar year  | 3076.1           |             |                   | 2307.1           | 2982.9          |
| 13202    | Assisted reproductive services      | Unlisted                 | 01.01.2010      | 3            | T1        | N        | 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, semen preparation, ultrasound examinations, but excluding artificial insemination or transfer of frozen embryos or donated embryos or ova or a service to which Item 13200, 13201, 13203, 13218, applies being services rendered during 1 treatment cycle   | 492.15           |             |                   | 369.15           | 418.35          |
| 13203    | Assisted reproductive services      | Type C                   | 01.12.1991      | 3            | T1        | N        | 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   | 514.55           |             |                   | 385.95           | 437.4           |

| MBS item | Clinical Category                                       | Procedure Type                               | Item Start Date | MBS Category | MBS Group | New Item | MBS Description   | MBS Schedule Fee | Derived Fee | Benefit 100% (\$) | Benefit 75% (\$) | Benefit 85 (\$) |
|----------|---|--|-----------------|--------------|-----------|----------|---|------------------|-------------|-------------------|------------------|-----------------|
| 13207    | Support list  | Type C                                       | 01.11.2021      | 3            | T1        | N        | 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 (see PR.7.1), 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   | 116.85           |             |                   | 87.65            | 99.35           |
| 13209    | Assisted reproductive services                          | Type C                                       | 01.12.1991      | 3            | T1        | N        | PLANNING and MANAGEMENT of a referred patient by a specialist for the purpose of treatment by assisted reproductive technologies or for artificial insemination payable once only during 1 treatment cycle  | 89.55            |             |                   | 67.2             | 76.15           |
| 13212    | Assisted reproductive services                          | Type A Surgical and Type B Non-band specific | 01.12.1991      | 3            | T1        | N        | 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.)  | 374.7            |             |                   | 281.05           | 318.5           |
| 13215    | Assisted reproductive services                          | Type B Non-band specific                     | 01.12.1991      | 3            | T1        | N        | 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.)  | 117.5            |             |                   | 88.15            | 99.9            |
| 13218    | Assisted reproductive services                          | Type A Surgical                              | 01.12.1991      | 3            | T1        | N        | 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 1 treatment cycle and excluding a service to which item 13200, 13201, 13202, 13203, 13212 applies (Anaes.)   | 838.9            |             |                   | 629.2            | 745.7           |
| 13221    | Assisted reproductive services                          | Type C                                       | 01.12.1991      | 3            | T1        | N        | Preparation of semen for the purpose of artificial insemination-only if rendered in connection with a service to which item 13203 applies   | 53.65            |             |                   | 40.25            | 45.65           |
| 13241    | Assisted reproductive services                          | Type A Surgical and Type B Non-band specific | 01.03.2022      | 3            | T1        | N        | 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.)  | 898.6            |             |                   | 673.95           |                 |
| 13251    | Assisted reproductive services                          | Type A Surgical                              | 01.05.2007      | 3            | T1        | N        | INTRACYTOPLASMIC SPERM INJECTION for the purposes of assisted reproductive technologies, for male factor infertility, excluding a service to which Item 13203 or 13218 applies  | 441.85           |             |                   | 331.4            | 375.6           |
| 13260    | Assisted reproductive services                          | Type C                                       | 01.11.2018      | 3            | T1        | N        | Processing and cryopreservation 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, if the patient is referred by a specialist or consultant physician, initial cryopreservation of semen (not including storage) - one of a maximum of two semen collection cycles per patient in a lifetime.  | 438.7            |             |                   | 329.05           | 372.9           |
| 13290    | Assisted reproductive services                          | Type C                                       | 01.05.1997      | 3            | T1        | N        | 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 where required   | 215.9            |             |                   | 161.95           | 183.55          |
| 13300    | Support list  | Unlisted                                     | 01.12.1991      | 3            | T1        | N        | UMBILICAL OR SCALP VEIN CATHETERISATION in a NEONATE with or without infusion; or cannulation of a vein in a neonate  | 60.2             |             |                   | 45.15            | 51.2            |
| 13303    | Support list  | Unlisted                                     | 01.12.1991      | 3            | T1        | N        | UMBILICAL ARTERY CATHETERISATION with or without infusion   | 89.25            |             |                   | 66.95            | 75.9            |
| 13306    | Support list  | Unlisted                                     | 01.12.1991      | 3            | T1        | N        | BLOOD TRANSFUSION with venesection and complete replacement of blood, including collection from donor   | 353.2            |             |                   | 264.9            | 300.25          |
| 13309    | Support list  | Unlisted                                     | 01.12.1991      | 3            | T1        | N        | BLOOD TRANSFUSION with venesection and complete replacement of blood, using blood already collected   | 301.15           |             |                   | 225.9            | 256             |
| 13312    | Support list  | Type C                                       | 01.12.1991      | 3            | T1        | N        | BLOOD for pathology test, collection of, BY FEMORAL OR EXTERNAL JUGULAR VEIN PUNCTURE IN INFANTS  | 30.05            |             |                   | 22.55            | 25.55           |
| 13318    | Support list  | Type B Non-band specific                     | 01.12.1991      | 3            | T1        | N        | CENTRAL VEIN CATHETERISATION - by open exposure in a patient under 12 years of age (Anaes.)   | 240.45           |             |                   | 180.35           | 204.4           |
| 13319    | Support list  | Unlisted                                     | 01.05.1997      | 3            | T1        | N        | CENTRAL VEIN CATHETERISATION in a neonate via peripheral vein (Anaes.)  | 240.45           |             |                   | 180.35           | 204.4           |
| 13400    | Heart and vascular system                               | Type B Non-band specific                     | 01.12.1991      | 3            | T1        | N        | Restoration of cardiac rhythm by electrical stimulation (cardioversion), other than in the course of cardiac surgery (H) (Anaes.)   | 102.35           |             |                   | 76.8             |                 |
| 13506    | Digestive system  | Unlisted                                     | 01.05.1994      | 3            | T1        | N        | GASTRO-OESOPHAGEAL balloon intubation, for control of bleeding from gastric oesophageal varices   | 195              |             |                   | 146.25           | 165.75          |
| 13700    | Blood   | Type A Surgical                              | 01.12.1991      | 3            | T1        | N        | HARVESTING OF HOMOLOGOUS (including allogeneic) or AUTOLOGOUS bone marrow for the purpose of transplantation (Anaes.)   | 352.35           |             |                   | 264.3            | 299.5           |
| 13703    | Support list  | Unlisted                                     | 01.12.1991      | 3            | T1        | N        | Transfusion of blood, including collection from donor, when used for intra-operative normovolaemic haemodilution  | 126.3            |             |                   | 94.75            | 107.4           |
| 13706    | Support list  | Type B Band 1                                | 01.12.1991      | 3            | T1        | N        | TRANSFUSION OF BLOOD or bone marrow already collected   | 88.1             |             |                   | 66.1             | 74.9            |
| 13750    | Support list  | Type B Non-band specific                     | 01.07.1996      | 3            | T1        | N        | 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, not being a service associated with a service to which item 13755 applies -payable once per day | 144.5            |             |                   | 108.4            | 122.85          |
| 13755    | Support list  | Type B Non-band specific                     | 01.07.1996      | 3            | T1        | N        | 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; not being a service associated with a service to which item 13750 applies - payable once per day                                | 144.5            |             |                   | 108.4            | 122.85          |
| 13757    | Common list   | Type B Non-band specific                     | 01.05.1997      | 3            | T1        | N        | THERAPEUTIC VENESECTON for the management of haemochromatosis, polycythemia vera or porphyria cutanea tarda   | 77.1             |             |                   | 57.85            | 65.55           |
| 13760    | Chemotherapy, radiotherapy and immunotherapy for cancer | Unlisted                                     | 01.07.1996      | 3            | T1        | N        | 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   | 806.2            |             |                   | 604.65           | 713             |

| MBS item | Clinical Category | Procedure Type           | Item Start Date | MBS Category | MBS Group | New Item | MBS Description   | MBS Schedule Fee | Derived Fee | Benefit 100% (\$) | Benefit 75% (\$) | Benefit 85 (\$) |
|----------|-------------------|--------------------------|-----------------|--------------|-----------|----------|---|------------------|-------------|-------------------|------------------|-----------------|
| 13761    | Common list       | Type B Non-band specific | 01.03.2022      | 3            | T1        | N        | Extracorporeal photopheresis for the treatment of chronic graft-versus-host disease, if: (a) the person is: (i) has received allogeneic haematopoietic stem cell transplantation; and (ii) has been diagnosed with chronic graft versus host disease following the transplantation; and (iii) steroid treatment is clinically unsuitable as the disease is steroid refractory or the person is steroid-dependent or steroid-intolerant; and (b) the person has not previously received an extracorporeal photopheresis treatment cycle; and (c) the service is delivered using an integrated, closed extracorporeal photopheresis system; and (d) the service is provided in combination with the use of methoxalen that is listed on the Pharmaceutical Benefits Scheme; and (e) the service is provided by, or on behalf of, a specialist or consultant physician who: (i) is practising in the speciality of haematology or oncology; and (ii) has experience with allogeneic bone marrow transplantation. Applicable once per treatment cycle   | 1938.9           |             |                   | 1454.2           | 1845.7          |
| 13762    | Common list       | Type B Non-band specific | 01.03.2022      | 3            | T1        | N        | Extracorporeal photopheresis for the treatment of chronic graft-versus-host disease, if: (a) the person is: (i) has received allogeneic haematopoietic stem cell transplantation; and (ii) has been diagnosed with chronic graft versus host disease following the transplantation; and (iii) steroid treatment is clinically unsuitable as the disease is steroid refractory or the person is steroid-dependent or steroid-intolerant; and (b) the person has previously received an extracorporeal photopheresis treatment cycle and had a partial or complete response in at least one organ in response to treatment; and (c) the person requires further extracorporeal photopheresis; and (d) the service is delivered using an integrated, closed extracorporeal photopheresis system; and (e) the service is provided in combination with the use of methoxalen that is listed on the Pharmaceutical Benefits Scheme; and (f) the service is provided by, or on behalf of, a specialist or consultant physician who: (i) is practising in the speciality of haematology or oncology; and (ii) has experience with allogeneic bone marrow transplantation. Applicable once per treatment cycle | 1938.9           |             |                   | 1454.2           | 1845.7          |
| 13815    | Support list      | Type B Non-band specific | 01.07.1993      | 3            | T1        | N        | 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.) No separate ultrasound item is payable with this item. (Anaes.)  | 120.15           |             | 90.15             | 102.15           |                 |
| 13818    | Support list      | Unlisted                 | 01.07.1993      | 3            | T1        | N        | RIGHT HEART BALLOON CATHETER, insertion of, including pulmonary wedge pressure and cardiac output measurement (Anaes.)  | 120.2            |             | 90.15             | 102.2            |                 |
| 13830    | Support list      | Unlisted                 | 01.07.1993      | 3            | T1        | N        | INTRACRANIAL PRESSURE, monitoring of, by intraventricular or subdural catheter, subarachnoid bolt or similar, by a specialist or consultant physician - each day  | 79.65            |             | 59.75             | 67.75            |                 |
| 13832    | Support list      | Unlisted                 | 01.03.2020      | 3            | T1        | N        | Peripheral cannulation, including under ultrasound guidance where clinically appropriate, for veno-arterial cardiopulmonary extracorporeal life support No separate ultrasound item is payable with this item   | 932.2            |             | 699.15            | 839              |                 |
| 13834    | Support list      | Type A Surgical          | 01.03.2020      | 3            | T1        | N        | Veno-arterial cardiopulmonary extracorporeal life support, management of—the first day  | 521.85           |             | 391.4             | 443.6            |                 |
| 13835    | Support list      | Unlisted                 | 01.03.2020      | 3            | T1        | N        | Veno-arterial cardiopulmonary extracorporeal life support, management of—each day after the first   | 121.4            |             | 91.05             | 103.2            |                 |
| 13837    | Support list      | Type A Surgical          | 01.03.2020      | 3            | T1        | N        | Veno-venous pulmonary extracorporeal life support, management of—the first day  | 521.85           |             | 391.4             | 443.6            |                 |
| 13838    | Support list      | Unlisted                 | 01.03.2020      | 3            | T1        | N        | Veno-venous pulmonary extracorporeal life support, management of—each day after the first   | 121.4            |             | 91.05             | 103.2            |                 |
| 13839    | Support list      | Type C                   | 01.05.1994      | 3            | T1        | N        | ARTERIAL PUNCTURE and collection of blood for diagnostic purposes   | 24.35            |             | 18.3              | 20.7             |                 |
| 13840    | Support list      | Unlisted                 | 01.03.2020      | 3            | T1        | N        | Peripheral cannulation, including under ultrasound guidance where clinically appropriate, for veno-venous pulmonary extracorporeal life support No separate ultrasound item is payable with this item   | 624.55           |             | 468.45            | 531.35           |                 |
| 13842    | Support list      | Type C                   | 01.05.1994      | 3            | T1        | N        | Intra-arterial cannulation, including under ultrasound guidance where clinically appropriate, for the purpose of intra-arterial pressure monitoring or arterial blood sampling (or both) No separate ultrasound item is payable with this item  | 98.9             |             | 74.2              | 84.1             |                 |
| 13848    | Support list      | Unlisted                 | 01.05.1994      | 3            | T1        | N        | 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  | 165.05           |             | 123.8             | 140.3            |                 |
| 13851    | Support list      | Unlisted                 | 01.05.1994      | 3            | T1        | N        | 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  | 521.85           |             | 391.4             | 443.6            |                 |
| 13854    | Support list      | Unlisted                 | 01.05.1994      | 3            | T1        | N        | 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  | 121.4            |             | 91.05             | 103.2            |                 |
| 13857    | Support list      | Unlisted                 | 01.11.1994      | 3            | T1        | N        | AIRWAY ACCESS, ESTABLISHMENT OF AND INITIATION OF MECHANICAL VENTILATION (other than in the context of an anaesthetic for surgery), outside an Intensive Care Unit, for the purpose of subsequent ventilatory support in an Intensive Care Unit   | 154.8            |             | 116.1             | 131.6            |                 |
| 13870    | Common list       | Unlisted                 | 01.05.1994      | 3            | T1        | N        | (Note: See para T1.8 of Explanatory Notes to this Category for definition of an Intensive Care Unit) MANAGEMENT of a patient in an Intensive Care Unit by a specialist or consultant physician who is immediately available and exclusively rostered for intensive care - including initial and subsequent attendances, electrocardiographic monitoring, arterial sampling and bladder catheterisation - management on the first day (H)  | 382.8            |             | 287.1             |                  |                 |
| 13873    | Common list       | Unlisted                 | 01.05.1994      | 3            | T1        | N        | MANAGEMENT of a patient in an Intensive Care Unit by a specialist or consultant physician who is immediately available and exclusively rostered for intensive care - including all attendances, electrocardiographic monitoring, arterial sampling and bladder catheterisation - management on each day subsequent to the first day (H)   | 283.95           |             | 213               |                  |                 |
| 13876    | Support list      | Unlisted                 | 01.05.1994      | 3            | T1        | N        | CENTRAL VENOUS PRESSURE, pulmonary arterial pressure, systemic arterial pressure or cardiac intracavity pressure, continuous monitoring by indwelling catheter in an intensive care unit and managed by a specialist or consultant physician who is immediately available and exclusively rostered for intensive care - once only for each type of pressure on any calendar day (up to a maximum of 4 pressures) (H)  | 81.3             |             | 61                |                  |                 |

| MBS item | Clinical Category                                       | Procedure Type | Item Start Date | MBS Category | MBS Group | New Item | MBS Description   | MBS Schedule Fee | Derived Fee | Benefit 100% (\$) | Benefit 75% (\$) | Benefit 85 (\$) |
|----------|---|----------------|-----------------|--------------|-----------|----------|---|------------------|-------------|-------------------|------------------|-----------------|
| 13881    | Support list  | Unlisted       | 01.11.2005      | 3            | T1        | N        | AIRWAY ACCESS, ESTABLISHMENT OF AND INITIATION OF MECHANICAL VENTILATION, in an Intensive Care Unit, not in association with any anaesthetic service, by a specialist or consultant physician for the purpose of subsequent ventilatory support (H)   | 154.8            |             | 116.1             |                  |                 |
| 13882    | Support list  | Unlisted       | 01.05.1994      | 3            | T1        | N        | VENTILATORY SUPPORT in an Intensive Care Unit, management of, by invasive means, or by non-invasive means where the only alternative to non-invasive ventilatory support would be invasive ventilatory support, by a specialist or consultant physician who is immediately available and exclusively rostered for intensive care, each day (H)  | 121.8            |             | 91.35             |                  |                 |
| 13885    | Support list  | Unlisted       | 01.05.1994      | 3            | T1        | N        | CONTINUOUS ARTERIO VENOUS OR VENO VENOUS HAEMOFILTRATION, in an intensive care unit, management by a specialist or consultant physician who is immediately available and exclusively rostered for intensive care - on the first day (H)   | 162.45           |             | 121.85            |                  |                 |
| 13888    | Support list  | Unlisted       | 01.05.1994      | 3            | T1        | N        | CONTINUOUS ARTERIO VENOUS OR VENO VENOUS HAEMOFILTRATION, in an intensive care unit, management by a specialist or consultant physician who is immediately available and exclusively rostered for intensive care - on each day subsequent to the first day(H)   | 81.3             |             | 61                |                  |                 |
| 13899    | Support list  | Type C         | 01.03.2020      | 3            | T1        | N        | Preparation of Goals of Care is provided outside of an intensive care unit. Refer to explanatory note TN.1.11 for further information aboutGoals of Care attendance 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 aspecialist in the specialty of intensive care who takes overall responsibility for the preparation of the goals of care for the patient Item 13899 cannot be co-claimed with item 13870 or item 13873 on the same day | 283.2            |             | 212.4             |                  | 240.75          |
| 13950    | Chemotherapy, radiotherapy and immunotherapy for cancer | Type B Band 1  | 01.11.2020      | 3            | T1        | N        | 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 Note: The fee for item 13950 contains a component which covers the accessing of a long-term drug delivery device. TN.1.27 refers  | 114.2            |             | 85.65             |                  | 97.1            |
| 14050    | Skin  | Type C         | 01.12.1991      | 3            | T1        | N        | 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  | 55.8             |             | 41.85             |                  | 47.45           |
| 14100    | Skin  | Type C         | 01.11.1995      | 3            | T1        | N        | 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.)   | 161.2            |             | 120.9             |                  | 137.05          |
| 14106    | Skin  | Type C         | 01.11.1995      | 3            | T1        | N        | 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.)   | 169.3            |             | 127               |                  | 143.95          |
| 14115    | Skin  | Type C         | 01.11.1995      | 3            | T1        | N        | 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.)   | 271.15           |             | 203.4             |                  | 230.5           |
| 14118    | Skin  | Type C         | 01.11.1995      | 3            | T1        | N        | 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.)  | 344.3            |             | 258.25            |                  | 292.7           |
| 14124    | Skin  | Type C         | 19.06.1997      | 3            | T1        | N        | 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.)          | 161.2            |             | 120.9             |                  | 137.05          |
| 14201    | Common list   | Type C         | 01.07.2011      | 3            | T1        | N        | POLY-L-LACTIC ACID, one or more injections of, for the initial session only, for the treatment of severe facial lipatrophy caused by antiretroviral therapy, when prescribed in accordance with the National Health Act 1953 - once per patient   | 250.4            |             | 187.8             |                  | 212.85          |
| 14202    | Common list   | Type C         | 01.07.2011      | 3            | T1        | N        | POLY-L-LACTIC ACID, one or more injections of (subsequent sessions), for the continuation of treatment of severe facial lipatrophy caused by antiretroviral therapy, when prescribed in accordance with the National Health Act 1953  | 126.75           |             | 95.1              |                  | 107.75          |
| 14203    | Assisted reproductive services                          | Type C         | 01.12.1991      | 3            | T1        | N        | HORMONE OR LIVING TISSUE IMPLANTATION, by direct implantation involving incision and suture (Anaes.)  | 54.05            |             | 40.55             |                  | 45.95           |
| 14206    | Assisted reproductive services                          | Type C         | 01.12.1991      | 3            | T1        | N        | HORMONE OR LIVING TISSUE IMPLANTATIONby cannula   | 37.65            |             | 28.25             |                  | 32.05           |
| 14212    | Digestive system  | Unlisted       | 01.11.1994      | 3            | T1        | N        | INTUSSUSCEPTION, management of fluid or gas reduction for (Anaes.)  | 195.85           |             | 146.9             |                  | 166.5           |

| MBS item | Clinical Category                                       | Procedure Type           | Item Start Date | MBS Category | MBS Group | New Item | MBS Description   | MBS Schedule Fee | Derived Fee | Benefit 100% (\$) | Benefit 75% (\$) | Benefit 85 (\$) |
|----------|---|--------------------------|-----------------|--------------|-----------|----------|---|------------------|-------------|-------------------|------------------|-----------------|
| 14216    | Hospital psychiatric services                           | Type C                   | 01.11.2021      | 3            | T1        | N        | 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  | 189.4            |             |                   | 142.05           | 161             |
| 14217    | Hospital psychiatric services                           | Type C                   | 01.11.2021      | 3            | T1        | N        | 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   | 162.55           |             |                   | 121.95           | 138.2           |
| 14218    | Pain management with device                             | Type B Non-band specific | 01.03.1999      | 3            | T1        | N        | 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  | 103.55           |             |                   | 77.7             | 88.05           |
| 14219    | Hospital psychiatric services                           | Type C                   | 01.11.2021      | 3            | T1        | N        | 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) | 189.4            |             |                   | 142.05           | 161             |
| 14220    | Hospital psychiatric services                           | Type C                   | 01.11.2021      | 3            | T1        | N        | 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  | 162.55           |             |                   | 121.95           | 138.2           |
| 14221    | Chemotherapy, radiotherapy and immunotherapy for cancer | Type C                   | 01.03.1999      | 3            | T1        | N        | LONG-TERM IMPLANTED DEVICE FOR DELIVERY OF THERAPEUTIC AGENTS, accessing of, not being a service associated with a service to which item 13950 applies  | 55.5             |             |                   | 41.65            | 47.2            |
| 14224    | Hospital psychiatric services                           | Unlisted                 | 01.03.1999      | 3            | T1        | N        | ELECTROCONVULSIVE THERAPY, with or without the use of stimulus dosing techniques, including any electroencephalographic monitoring and associated consultation (Anaes.)   | 74.35            |             |                   | 55.8             | 63.2            |
| 14227    | Brain and nervous system                                | Type C                   | 01.05.2006      | 3            | T1        | N        | IMPLANTED INFUSION PUMP, REFILLING of reservoir, with baclofen, for infusion to the subarachnoid or epidural space, with or without re-programming of a programmable pump, for the management of severe chronic spasticity  | 103.55           |             |                   | 77.7             | 88.05           |
| 14234    | Brain and nervous system                                | Type A Surgical          | 01.11.2020      | 3            | T1        | N        | 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 (Anaes.)   | 382.55           |             |                   | 286.95           |                 |
| 14237    | Brain and nervous system                                | Type A Surgical          | 01.11.2020      | 3            | T1        | N        | 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 (Anaes.)   | 697.65           |             |                   | 523.25           |                 |
| 14245    | Chemotherapy, radiotherapy and immunotherapy for cancer | Type C                   | 01.11.2006      | 3            | T1        | N        | IMMUNOMODULATING AGENT, administration of, by intravenous infusion for at least 2 hours duration - payable once only on the same day and where the agent is provided under section 100 of the Pharmaceutical Benefits Scheme  | 103.55           |             |                   | 77.7             | 88.05           |
| 14247    | Chemotherapy, radiotherapy and immunotherapy for cancer | Type B Non-band specific | 01.11.2020      | 3            | T1        | N        | Extracorporeal photopheresis for the treatment of erythrodermic stage III-IVa T4 M0 cutaneous T-cell lymphoma; if the service is provided in the initial six months of treatment; and the service is delivered using an integrated, closed extracorporeal photopheresis system; and the patient is 18 years old or over; and the patient has received prior systemic treatment for this condition and experienced either disease progression or unacceptable toxicity while on this treatment; and the service is provided in combination with the use of Pharmaceutical Benefits Scheme-subsidised methoxsalen; and the service is supervised by a specialist or consultant physician in the speciality of haematology. Applicable once per treatment cycle  | 1956.35          |             |                   | 1467.3           | 1863.15         |

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|----------|---|--------------------------|-----------------|--------------|-----------|----------|---|------------------|-------------|-------------------|------------------|-----------------|
| 14249    | Chemotherapy, radiotherapy and immunotherapy for cancer | Type B Non-band specific | 01.11.2020      | 3            | T1        | N        | Extracorporeal photopheresis for the continuing treatment of erythrodermic stage III-IVa T4 M0 cutaneous T-cell lymphoma; if in the preceding 6 months:(i) a service to which item 14247 applies has been provided; and(ii) the patient has demonstrated a response to this service; and(iii)the patient requires further treatment; and the service is delivered using an integrated, closed extracorporeal photopheresis system; and the patient is 18 years old or over; and the service is provided in combination with the use of Pharmaceutical Benefits Scheme-subsidised methoxsalen; and the service is supervised by a specialist or consultant physician in the speciality of haematology. Applicable once per treatment cycle | 1956.35          |             |                   | 1467.3           | 1863.15         |
| 14255    | Support list  | Type C                   | 01.03.2020      | 3            | T1        | N        | 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.)  | 156.85           |             |                   | 117.65           | 133.35          |
| 14256    | Support list  | Type C                   | 01.03.2020      | 3            | T1        | N        | 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.)   | 301.65           |             |                   | 226.25           | 256.45          |
| 14257    | Support list  | Type C                   | 01.03.2020      | 3            | T1        | N        | 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.)  | 600.7            |             |                   | 450.55           | 510.6           |
| 14258    | Support list  | Type C                   | 01.03.2020      | 3            | T1        | N        | 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.)  | 117.7            |             |                   | 88.3             | 100.05          |
| 14259    | Support list  | Type C                   | 01.03.2020      | 3            | T1        | N        | 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.)   | 226.25           |             |                   | 169.7            | 192.35          |
| 14260    | Support list  | Type C                   | 01.03.2020      | 3            | T1        | N        | 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.)  | 450.55           |             |                   | 337.95           | 383             |
| 14263    | Support list  | Type C                   | 01.03.2020      | 3            | T1        | N        | 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.)   | 55.2             |             |                   | 41.4             | 46.95           |
| 14264    | Support list  | Type C                   | 01.03.2020      | 3            | T1        | N        | 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.)  | 124.3            |             |                   | 93.25            | 105.7           |
| 14265    | Support list  | Type C                   | 01.03.2020      | 3            | T1        | N        | 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.)   | 41.4             |             |                   | 31.05            | 35.2            |
| 14266    | Support list  | Type C                   | 01.03.2020      | 3            | T1        | N        | 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.)  | 93.2             |             |                   | 69.9             | 79.25           |
| 14270    | Support list  | Type C                   | 01.03.2020      | 3            | T1        | N        | 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.)  | 139.35           |             |                   | 104.55           | 118.45          |
| 14272    | Support list  | Type C                   | 01.03.2020      | 3            | T1        | N        | 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.)  | 104.55           |             |                   | 78.45            | 88.9            |
| 14277    | Support list  | Type C                   | 01.03.2020      | 3            | T1        | N        | 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   | 156.85           |             |                   | 117.65           | 133.35          |
| 14278    | Support list  | Type C                   | 01.03.2020      | 3            | T1        | N        | 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   | 117.7            |             |                   | 88.3             | 100.05          |

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|----------|---|----------------|-----------------|--------------|-----------|----------|---|------------------|---|-------------------|------------------|-----------------|
| 14280    | Support list  | Type C         | 01.03.2020      | 3            | T1        | N        | 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                                 | 156.85           |   |                   | 117.65           | 133.35          |
| 14283    | Support list  | Type C         | 01.03.2020      | 3            | T1        | N        | 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 | 117.7            |   |                   | 88.3             | 100.05          |
| 14285    | Support list  | Type C         | 01.03.2020      | 3            | T1        | N        | 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                                   | 156.85           |   |                   | 117.65           | 133.35          |
| 14288    | Support list  | Type C         | 01.03.2020      | 3            | T1        | N        | 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   | 117.7            |   |                   | 88.3             | 100.05          |
| 15000    | Chemotherapy, radiotherapy and immunotherapy for cancer | Type C         | 01.12.1991      | 3            | T2        | N        | (Benefits for administration of general anaesthetic for radiotherapy are payable under Group T10) RADIOTHERAPY, SUPERFICIAL (including treatment with xrays, radium rays or other radioactive substances), not being a service to which another item in this Group applies each attendance at which fractionated treatment is given - 1 field   | 45               |   |                   | 33.75            | 38.25           |
| 15003    | Chemotherapy, radiotherapy and immunotherapy for cancer | Type C         | 01.12.1991      | 3            | T2        | N        | Radiotherapy, superficial (including treatment with x-rays, radium rays or other radioactive substances), not being a service to which another item in this Group applies - each attendance at which fractionated treatment is given - 2 or more fields up to a maximum of 5 additional fields  |                  | The fee for item 15000 plus for each field in excess of 1, an amount of \$18.05 |                   |                  |                 |
| 15006    | Chemotherapy, radiotherapy and immunotherapy for cancer | Type C         | 01.12.1991      | 3            | T2        | N        | RADIOTHERAPY, SUPERFICIAL, attendance at which single dose technique is applied - 1 field   | 99.75            |   |                   | 74.85            | 84.8            |
| 15009    | Chemotherapy, radiotherapy and immunotherapy for cancer | Type C         | 01.12.1991      | 3            | T2        | N        | Radiotherapy, superficial attendance at which a single dose technique is applied - 2 or more fields up to a maximum of 5 additional fields  |                  | The fee for item 15006 plus for each field in excess of 1, an amount of \$19.60 |                   |                  |                 |
| 15012    | Chemotherapy, radiotherapy and immunotherapy for cancer | Type C         | 01.12.1991      | 3            | T2        | N        | RADIOTHERAPY, SUPERFICIAL each attendance at which treatment is given to an eye   | 56.5             |   |                   | 42.4             | 48.05           |
| 15100    | Chemotherapy, radiotherapy and immunotherapy for cancer | Type C         | 01.12.1991      | 3            | T2        | N        | RADIOTHERAPY, DEEP OR ORTHOVOLTAGE each attendance at which fractionated treatment is given at 3 or more treatments per week - 1 field  | 50.45            |   |                   | 37.85            | 42.9            |
| 15103    | Chemotherapy, radiotherapy and immunotherapy for cancer | Type C         | 01.12.1991      | 3            | T2        | N        | Radiotherapy, deep or orthovoltage each attendance at which fractionated treatment is given at 3 or more treatments per week - 2 or more fields up to a maximum of 5 additional fields (rotational therapy being 3 fields)  |                  | The fee for item 15100 plus for each field in excess of 1, an amount of \$19.85 |                   |                  |                 |
| 15106    | Chemotherapy, radiotherapy and immunotherapy for cancer | Type C         | 01.12.1991      | 3            | T2        | N        | RADIOTHERAPY, DEEP OR ORTHOVOLTAGE each attendance at which fractionated treatment is given at 2 treatments per week or less frequently - 1 field   | 59.5             |   |                   | 44.65            | 50.6            |
| 15109    | Chemotherapy, radiotherapy and immunotherapy for cancer | Type C         | 01.12.1991      | 3            | T2        | N        | Radiotherapy, deep or orthovoltage each attendance at which fractionated treatment is given at 2 treatments per week or less frequently - 2 or more fields up to a maximum of 5 additional fields (rotational therapy being 3 fields)   |                  | The fee for item 15106 plus for each field in excess of 1, an amount of \$24.00 |                   |                  |                 |
| 15112    | Chemotherapy, radiotherapy and immunotherapy for cancer | Type C         | 01.12.1991      | 3            | T2        | N        | RADIOTHERAPY, DEEP OR ORTHOVOLTAGE attendance at which single dose technique is applied 1 field   | 127.1            |   |                   | 95.35            | 108.05          |
| 15115    | Chemotherapy, radiotherapy and immunotherapy for cancer | Type C         | 01.12.1991      | 3            | T2        | N        | 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)   |                  | The fee for item 15112 plus for each field in excess of 1, an amount of \$50.00 |                   |                  |                 |
| 15211    | Chemotherapy, radiotherapy and immunotherapy for cancer | Type C         | 01.12.1991      | 3            | T2        | N        | RADIATION ONCOLOGY TREATMENT, using cobalt unit or caesium teletherapy uniteach attendance at which treatment is given - 1 field  | 57.85            |   |                   | 43.4             | 49.2            |

| MBS item | Clinical Category                                       | Procedure Type | Item Start Date | MBS Category | MBS Group | New Item | MBS Description  | MBS Schedule Fee | Derived Fee   | Benefit 100% (\$) | Benefit 75% (\$) | Benefit 85 (\$) |
|----------|---|----------------|-----------------|--------------|-----------|----------|--|------------------|---|-------------------|------------------|-----------------|
| 15214    | Chemotherapy, radiotherapy and immunotherapy for cancer | Type C         | 01.12.1991      | 3            | T2        | N        | Radiation oncology treatment, using cobalt unit or caesium teletherapy unit - each attendance at which treatment is given 2 or more fields up to a maximum of 5 additional fields (rotational therapy being 3 fields)  |                  | The fee for item 15211 plus for each field in excess of 1, an amount of \$33.75 |                   |                  |                 |
| 15215    | Chemotherapy, radiotherapy and immunotherapy for cancer | Type C         | 01.05.2003      | 3            | T2        | N        | RADIATION ONCOLOGY TREATMENT, using a single photon energy linear accelerator with or without electron facilities - each attendance at which treatment is given - 1 field - treatment delivered to primary site (lung)   | 63.05            |   |                   | 47.3             | 53.6            |
| 15218    | Chemotherapy, radiotherapy and immunotherapy for cancer | Type C         | 01.05.2003      | 3            | T2        | N        | RADIATION ONCOLOGY TREATMENT, using a single photon energy linear accelerator with or without electron facilities - each attendance at which treatment is given - 1 field - treatment delivered to primary site (prostate)   | 63.05            |   |                   | 47.3             | 53.6            |
| 15221    | Chemotherapy, radiotherapy and immunotherapy for cancer | Type C         | 01.05.2003      | 3            | T2        | N        | RADIATION ONCOLOGY TREATMENT, using a single photon energy linear accelerator with or without electron facilities - each attendance at which treatment is given - 1 field - treatment delivered to primary site (breast)   | 63.05            |   |                   | 47.3             | 53.6            |
| 15224    | Chemotherapy, radiotherapy and immunotherapy for cancer | Type C         | 01.05.2003      | 3            | T2        | N        | RADIATION ONCOLOGY TREATMENT, using a single photon energy linear accelerator with or without electron facilities - each attendance at which treatment is given - 1 field - treatment delivered to primary site for diseases and conditions not covered by items 15215, 15218 and 15221  | 63.05            |   |                   | 47.3             | 53.6            |
| 15227    | Chemotherapy, radiotherapy and immunotherapy for cancer | Type C         | 01.05.2003      | 3            | T2        | N        | RADIATION ONCOLOGY TREATMENT, using a single photon energy linear accelerator with or without electron facilities - each attendance at which treatment is given - 1 field - treatment delivered to secondary site  | 63.05            |   |                   | 47.3             | 53.6            |
| 15230    | Chemotherapy, radiotherapy and immunotherapy for cancer | Type C         | 01.05.2003      | 3            | T2        | N        | RADIATION ONCOLOGY TREATMENT, using a single photon energy linear accelerator with or without electron facilities - each attendance at which treatment is given - 2 or more fields up to a maximum of 5 additional fields (rotational therapy being 3 fields) - treatment delivered to primary site (lung)   |                  | The fee for item 15215 plus for each field in excess of 1, an amount of \$40.15 |                   |                  |                 |
| 15233    | Chemotherapy, radiotherapy and immunotherapy for cancer | Type C         | 01.05.2003      | 3            | T2        | N        | RADIATION ONCOLOGY TREATMENT, using a single photon energy linear accelerator with or without electron facilities - each attendance at which treatment is given - 2 or more fields up to a maximum of 5 additional fields (rotational therapy being 3 fields) - treatment delivered to primary site (prostate)   |                  | The fee for item 15218 plus for each field in excess of 1, an amount of \$40.15 |                   |                  |                 |
| 15236    | Chemotherapy, radiotherapy and immunotherapy for cancer | Type C         | 01.05.2003      | 3            | T2        | N        | RADIATION ONCOLOGY TREATMENT, using a single photon energy linear accelerator with or without electron facilities - each attendance at which treatment is given - 2 or more fields up to a maximum of 5 additional fields (rotational therapy being 3 fields) - treatment delivered to primary site (breast)   |                  | The fee for item 15221 plus for each field in excess of 1, an amount of \$40.15 |                   |                  |                 |
| 15239    | Chemotherapy, radiotherapy and immunotherapy for cancer | Type C         | 01.05.2003      | 3            | T2        | N        | RADIATION ONCOLOGY TREATMENT, using a single photon energy linear accelerator with or without electron facilities - each attendance at which treatment is given - 2 or more fields up to a maximum of 5 additional fields (rotational therapy being 3 fields) - treatment delivered to primary site for diseases and conditions not covered by items 15230, 15233 or 15236 |                  | The fee for item 15224 plus for each field in excess of 1, an amount of \$40.15 |                   |                  |                 |
| 15242    | Chemotherapy, radiotherapy and immunotherapy for cancer | Type C         | 01.05.2003      | 3            | T2        | N        | RADIATION ONCOLOGY TREATMENT, using a single photon energy linear accelerator with or without electron facilities - each attendance at which treatment is given - 2 or more fields up to a maximum of 5 additional fields (rotational therapy being 3 fields) - treatment delivered to secondary site  |                  | The fee for item 15227 plus for each field in excess of 1, an amount of \$40.15 |                   |                  |                 |
| 15245    | Chemotherapy, radiotherapy and immunotherapy for cancer | Type C         | 01.05.2003      | 3            | T2        | N        | RADIATION ONCOLOGY TREATMENT, using a dual photon energy linear accelerator with a minimum higher energy of at least 10MV photons, with electron facilities - each attendance at which treatment is given - 1 field - treatment delivered to primary site (lung)   | 63.05            |   |                   | 47.3             | 53.6            |
| 15248    | Chemotherapy, radiotherapy and immunotherapy for cancer | Type C         | 01.05.2003      | 3            | T2        | N        | RADIATION ONCOLOGY TREATMENT, using a dual photon energy linear accelerator with a minimum higher energy of at least 10MV photons, with electron facilities - each attendance at which treatment is given - 1 field - treatment delivered to primary site (prostate)   | 63.05            |   |                   | 47.3             | 53.6            |
| 15251    | Chemotherapy, radiotherapy and immunotherapy for cancer | Type C         | 01.05.2003      | 3            | T2        | N        | RADIATION ONCOLOGY TREATMENT, using a dual photon energy linear accelerator with a minimum higher energy of at least 10MV photons, with electron facilities - each attendance at which treatment is given - 1 field - treatment delivered to primary site (breast)   | 63.05            |   |                   | 47.3             | 53.6            |
| 15254    | Chemotherapy, radiotherapy and immunotherapy for cancer | Type C         | 01.05.2003      | 3            | T2        | N        | RADIATION ONCOLOGY TREATMENT, using a dual photon energy linear accelerator with a minimum higher energy of at least 10MV photons, with electron facilities - each attendance at which treatment is given - 1 field - treatment delivered to primary site for diseases and conditions not covered by items 15245, 15248 or 15251   | 63.05            |   |                   | 47.3             | 53.6            |
| 15257    | Chemotherapy, radiotherapy and immunotherapy for cancer | Type C         | 01.05.2003      | 3            | T2        | N        | RADIATION ONCOLOGY TREATMENT, using a dual photon energy linear accelerator with a minimum higher energy of at least 10MV photons, with electron facilities - each attendance at which treatment is given - 1 field - treatment delivered to secondary site  | 63.05            |   |                   | 47.3             | 53.6            |
| 15260    | Chemotherapy, radiotherapy and immunotherapy for cancer | Type C         | 01.05.2003      | 3            | T2        | N        | RADIATION ORADIATION ONCOLOGY treatment, using a dual photon energy linear accelerator with a minimum higher energy of at least 10mv photons, with electron facilities - each attendance at which treatment is given - 2 or more fields up to a maximum of 5 additional fields (rotational therapy being 3 fields) - treatment delivered to primary site (lung)            |                  | The fee for item 15245 plus for each field in excess of 1, an amount of \$40.15 |                   |                  |                 |
| 15263    | Chemotherapy, radiotherapy and immunotherapy for cancer | Type C         | 01.05.2003      | 3            | T2        | N        | RADIATION ONCOLOGY TREATMENT, using a dual photon energy linear accelerator with a minimum higher energy of at least 10MV photons, with electron facilities - each attendance at which treatment is given - 2 or more fields up to a maximum of 5 additional fields (rotational therapy being 3 fields) - treatment delivered to primary site (prostate)                   |                  | The fee for item 15248 plus for each field in excess of 1, an amount of \$40.15 |                   |                  |                 |

| MBS item | Clinical Category                                       | Procedure Type  | Item Start Date | MBS Category | MBS Group | New Item | MBS Description  | MBS Schedule Fee | Derived Fee   | Benefit 100% (\$) | Benefit 75% (\$) | Benefit 85 (\$) |
|----------|---|-----------------|-----------------|--------------|-----------|----------|--|------------------|---|-------------------|------------------|-----------------|
| 15266    | Chemotherapy, radiotherapy and immunotherapy for cancer | Type C          | 01.05.2003      | 3            | T2        | N        | RADIATION ONCOLOGY TREATMENT, using a dual photon energy linear accelerator with a minimum higher energy of at least 10MV photons, with electron facilities - each attendance at which treatment is given - 2 or more fields up to a maximum of 5 additional fields (rotational therapy being 3 fields) - treatment delivered to primary site (breast)   |                  | The fee for item 15251 plus for each field in excess of 1, an amount of \$40.15 |                   |                  |                 |
| 15269    | Chemotherapy, radiotherapy and immunotherapy for cancer | Type C          | 01.05.2003      | 3            | T2        | N        | RADIATION ONCOLOGY TREATMENT, using a dual photon energy linear accelerator with a minimum higher energy of at least 10MV photons, with electron facilities - each attendance at which treatment is given - 2 or more fields up to a maximum of 5 additional fields (rotational therapy being 3 fields) - treatment delivered to primary site for diseases and conditions not covered by items 15260, 15263 or 15266 |                  | The fee for item 15254 plus for each field in excess of 1, an amount of \$40.15 |                   |                  |                 |
| 15272    | Chemotherapy, radiotherapy and immunotherapy for cancer | Type C          | 01.05.2003      | 3            | T2        | N        | RADIATION ONCOLOGY TREATMENT, using a dual photon energy linear accelerator with a minimum higher energy of at least 10MV photons, with electron facilities - each attendance at which treatment is given - 2 or more fields up to a maximum of 5 additional fields (rotational therapy being 3 fields) - treatment delivered to secondary site  |                  | The fee for item 15257 plus for each field in excess of 1, an amount of \$40.15 |                   |                  |                 |
| 15275    | Chemotherapy, radiotherapy and immunotherapy for cancer | Type C          | 01.01.2016      | 3            | T2        | N        | RADIATION ONCOLOGY TREATMENT with IGRT imaging facilities undertaken: (a) to implement an IMRT 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), once only at each attendance at which treatment is given.                     | 193.4            |   |                   | 145.05           | 164.4           |
| 15303    | Chemotherapy, radiotherapy and immunotherapy for cancer | Type A Surgical | 01.12.1991      | 3            | T2        | N        | INTRAUTERINE TREATMENT ALONE using radioactive sealed sources having a half-life greater than 115 days using manual afterloading techniques (Anaes.)   | 377.4            |   |                   | 283.05           | 320.8           |
| 15304    | Chemotherapy, radiotherapy and immunotherapy for cancer | Type A Surgical | 01.12.1991      | 3            | T2        | N        | INTRAUTERINE TREATMENT ALONE using radioactive sealed sources having a half-life greater than 115 days using automatic afterloading techniques (Anaes.)  | 377.4            |   |                   | 283.05           | 320.8           |
| 15307    | Chemotherapy, radiotherapy and immunotherapy for cancer | Type A Surgical | 01.12.1991      | 3            | T2        | N        | 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.)   | 715.5            |   |                   | 536.65           | 622.3           |
| 15308    | Chemotherapy, radiotherapy and immunotherapy for cancer | Type A Surgical | 01.12.1991      | 3            | T2        | N        | 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.)  | 715.5            |   |                   | 536.65           | 622.3           |
| 15311    | Chemotherapy, radiotherapy and immunotherapy for cancer | Type A Surgical | 01.12.1991      | 3            | T2        | N        | INTRAVAGINAL TREATMENT ALONE using radioactive sealed sources having a half-life greater than 115 days using manual afterloading techniques (Anaes.)   | 352.3            |   |                   | 264.25           | 299.5           |
| 15312    | Chemotherapy, radiotherapy and immunotherapy for cancer | Type A Surgical | 01.12.1991      | 3            | T2        | N        | INTRAVAGINAL TREATMENT ALONE using radioactive sealed sources having a half-life greater than 115 days using automatic afterloading techniques (Anaes.)  | 349.7            |   |                   | 262.3            | 297.25          |
| 15315    | Chemotherapy, radiotherapy and immunotherapy for cancer | Type A Surgical | 01.12.1991      | 3            | T2        | N        | 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.)   | 691.6            |   |                   | 518.7            | 598.4           |
| 15316    | Chemotherapy, radiotherapy and immunotherapy for cancer | Type A Surgical | 01.12.1991      | 3            | T2        | N        | 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.)  | 691.6            |   |                   | 518.7            | 598.4           |
| 15319    | Chemotherapy, radiotherapy and immunotherapy for cancer | Type A Surgical | 01.12.1991      | 3            | T2        | N        | COMBINED INTRAUTERINE AND INTRAVAGINAL TREATMENT using radioactive sealed sources having a half-life greater than 115 days using manual afterloading techniques (Anaes.)   | 429.25           |   |                   | 321.95           | 364.9           |
| 15320    | Chemotherapy, radiotherapy and immunotherapy for cancer | Type A Surgical | 01.12.1991      | 3            | T2        | N        | COMBINED INTRAUTERINE AND INTRAVAGINAL TREATMENT using radioactive sealed sources having a half-life greater than 115 days using automatic afterloading techniques (Anaes.)  | 429.25           |   |                   | 321.95           | 364.9           |
| 15323    | Chemotherapy, radiotherapy and immunotherapy for cancer | Type A Surgical | 01.12.1991      | 3            | T2        | N        | 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.)   | 763.25           |   |                   | 572.45           | 670.05          |
| 15324    | Chemotherapy, radiotherapy and immunotherapy for cancer | Type A Surgical | 01.12.1991      | 3            | T2        | N        | 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.)  | 763.25           |   |                   | 572.45           | 670.05          |
| 15327    | Chemotherapy, radiotherapy and immunotherapy for cancer | Type A Surgical | 01.12.1991      | 3            | T2        | N        | 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.)  | 830.35           |   |                   | 622.8            | 737.15          |
| 15328    | Chemotherapy, radiotherapy and immunotherapy for cancer | Type A Surgical | 01.12.1991      | 3            | T2        | N        | 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.)   | 830.35           |   |                   | 622.8            | 737.15          |

| MBS item | Clinical Category                                       | Procedure Type           | Item Start Date | MBS Category | MBS Group | New Item | MBS Description  | MBS Schedule Fee | Derived Fee | Benefit 100% (\$) | Benefit 75% (\$) | Benefit 85 (\$) |
|----------|---|--------------------------|-----------------|--------------|-----------|----------|--|------------------|-------------|-------------------|------------------|-----------------|
| 15331    | Chemotherapy, radiotherapy and immunotherapy for cancer | Type A Surgical          | 01.12.1991      | 3            | T2        | N        | IMPLANTATION OF A SEALED RADIOACTIVE SOURCE (having a half-life of less than 115 days including iodine, gold, iridium or tantalum) to a site (including the tongue, mouth, salivary gland, axilla, subcutaneous sites), where the volume treated involves multiple planes but does not require surgical exposure and using manual afterloading techniques (Anaes.)   | 788.4            |             |                   | 591.3            | 695.2           |
| 15332    | Chemotherapy, radiotherapy and immunotherapy for cancer | Type A Surgical          | 01.12.1991      | 3            | T2        | N        | IMPLANTATION OF A SEALED RADIOACTIVE SOURCE (having a half-life of less than 115 days including iodine, gold, iridium or tantalum) to a site (including the tongue, mouth, salivary gland, axilla, subcutaneous sites), where the volume treated involves multiple planes but does not require surgical exposure and using automatic afterloading techniques (Anaes.)  | 788.4            |             |                   | 591.3            | 695.2           |
| 15335    | Chemotherapy, radiotherapy and immunotherapy for cancer | Type A Surgical          | 01.12.1991      | 3            | T2        | N        | IMPLANTATION OF A SEALED RADIOACTIVE SOURCE (having a half-life of less than 115 days including iodine, gold, iridium or tantalum) to a site where the volume treated involves only a single plane but does not require surgical exposure and using manual afterloading techniques (Anaes.)  | 715.5            |             |                   | 536.65           | 622.3           |
| 15336    | Chemotherapy, radiotherapy and immunotherapy for cancer | Type A Surgical          | 01.12.1991      | 3            | T2        | N        | IMPLANTATION OF A SEALED RADIOACTIVE SOURCE (having a half-life of less than 115 days including iodine, gold, iridium or tantalum) to a site where the volume treated involves only a single plane but does not require surgical exposure and using automatic afterloading techniques (Anaes.)   | 715.5            |             |                   | 536.65           | 622.3           |
| 15338    | Chemotherapy, radiotherapy and immunotherapy for cancer | Type B Non-band specific | 01.11.2001      | 3            | T2        | N        | 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 60506or 60509 applies | 989.1            |             |                   | 741.85           | 895.9           |
| 15339    | Chemotherapy, radiotherapy and immunotherapy for cancer | Unlisted                 | 01.12.1991      | 3            | T2        | N        | REMOVAL OF A SEALED RADIOACTIVE SOURCE under general anaesthesia, or under epidural or spinal nerve block (Anaes.)   | 80.5             |             |                   | 60.4             | 68.45           |
| 15342    | Chemotherapy, radiotherapy and immunotherapy for cancer | Unlisted                 | 01.12.1991      | 3            | T2        | N        | 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  | 201.15           |             |                   | 150.9            | 171             |
| 15345    | Chemotherapy, radiotherapy and immunotherapy for cancer | Type A Surgical          | 01.12.1991      | 3            | T2        | N        | 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   | 536.8            |             |                   | 402.6            | 456.3           |
| 15348    | Chemotherapy, radiotherapy and immunotherapy for cancer | Unlisted                 | 01.12.1991      | 3            | T2        | N        | SUBSEQUENT APPLICATIONS OF RADIOACTIVE MOULD referred to in item 15342 or 15345each attendance   | 61.75            |             |                   | 46.35            | 52.5            |
| 15351    | Chemotherapy, radiotherapy and immunotherapy for cancer | Unlisted                 | 01.12.1991      | 3            | T2        | N        | CONSTRUCTION WITH OR WITHOUT INITIAL APPLICATION OF RADIOACTIVE MOULD not exceeding 5 cm. diameter to an external surface  | 123.3            |             |                   | 92.5             | 104.85          |
| 15354    | Chemotherapy, radiotherapy and immunotherapy for cancer | Unlisted                 | 01.12.1991      | 3            | T2        | N        | CONSTRUCTION AND INITIAL APPLICATION OF RADIOACTIVE MOULD 5 cm. or more in diameter to an external surface   | 149.55           |             |                   | 112.2            | 127.15          |
| 15357    | Chemotherapy, radiotherapy and immunotherapy for cancer | Unlisted                 | 01.12.1991      | 3            | T2        | N        | SUBSEQUENT APPLICATIONS OF RADIOACTIVE MOULD, attendance upon a patient to apply a radioactive mould constructed for application to an external surface of the patient other than an attendance which is the first attendance to apply the mould each attendance   | 42.3             |             |                   | 31.75            | 36              |
| 15500    | Chemotherapy, radiotherapy and immunotherapy for cancer | Type C                   | 01.12.1991      | 3            | T2        | N        | RADIOTHERAPY PLANNINGRADIATION FIELD SETTING using a simulator or isocentric xray or megavoltage machine or CT of a single area for treatment by a single field or parallel opposed fields (not being a service associated with a service to which item 15509 applies)   | 256.55           |             |                   | 192.45           | 218.1           |
| 15503    | Chemotherapy, radiotherapy and immunotherapy for cancer | Type C                   | 01.12.1991      | 3            | T2        | N        | RADIATION FIELD SETTING using a simulator or isocentric xray or megavoltage machine or CT of a single area, where views in more than 1 plane are required for treatment by multiple fields, or of 2 areas (not being a service associated with a service to which item 15512 applies)  | 329.4            |             |                   | 247.05           | 280             |
| 15506    | Chemotherapy, radiotherapy and immunotherapy for cancer | Type C                   | 01.12.1991      | 3            | T2        | N        | RADIATION FIELD SETTING using a simulator or isocentric xray 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 offaxis fields or several joined fields (not being a service associated with a service to which item 15515 applies)   | 491.9            |             |                   | 368.95           | 418.15          |
| 15509    | Chemotherapy, radiotherapy and immunotherapy for cancer | Type C                   | 01.12.1991      | 3            | T2        | N        | RADIATION FIELD SETTING using a diagnostic xray unit of a single area for treatment by a single field or parallel opposed fields (not being a service associated with a service to which item 15500 applies)   | 222.3            |             |                   | 166.75           | 189             |
| 15512    | Chemotherapy, radiotherapy and immunotherapy for cancer | Type C                   | 01.12.1991      | 3            | T2        | N        | RADIATION FIELD SETTING using a diagnostic xray unit of a single area, where views in more than 1 plane are required for treatment by multiple fields, or of 2 areas (not being a service associated with a service to which item 15503 applies)   | 286.6            |             |                   | 214.95           | 243.65          |

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|----------|---|--------------------------|-----------------|--------------|-----------|----------|---|------------------|-------------|-------------------|------------------|-----------------|
| 15513    | Chemotherapy, radiotherapy and immunotherapy for cancer | Type B Non-band specific | 01.11.2001      | 3            | T2        | N        | RADIATION SOURCE LOCALISATION using a simulator or x-ray machine or CT of a single area, where views in more than 1 plane are required, for brachytherapy treatment planning for I125 seed implantation of localised prostate cancer, in association with item 15338  | 324.05           |             |                   | 243.05           | 275.45          |
| 15515    | Chemotherapy, radiotherapy and immunotherapy for cancer | Type C                   | 01.12.1991      | 3            | T2        | N        | RADIATION FIELD SETTING using a diagnostic xray 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 offaxis fields or several joined fields (not being a service associated with a service to which item 15506 applies)   | 415              |             |                   | 311.25           | 352.75          |
| 15518    | Chemotherapy, radiotherapy and immunotherapy for cancer | Type C                   | 01.12.1991      | 3            | T2        | N        | RADIATION DOSIMETRY by a CT interfacing planning computer for megavoltage or teletherapy radiotherapy by a single field or parallel opposed fields to 1 area with up to 2 shielding blocks  | 81.4             |             |                   | 61.05            | 69.2            |
| 15521    | Chemotherapy, radiotherapy and immunotherapy for cancer | Type C                   | 01.12.1991      | 3            | T2        | N        | RADIATION DOSIMETRY by a CT interfacing planning computer for megavoltage or teletherapy radiotherapy to a single area by 3 or more fields, or by a single field or parallel opposed fields to 2 areas, or where wedges are used  | 359.35           |             |                   | 269.55           | 305.45          |
| 15524    | Chemotherapy, radiotherapy and immunotherapy for cancer | Type C                   | 01.12.1991      | 3            | T2        | N        | 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 offaxis fields, or several joined fields   | 673.75           |             |                   | 505.35           | 580.55          |
| 15527    | Chemotherapy, radiotherapy and immunotherapy for cancer | Type C                   | 01.12.1991      | 3            | T2        | N        | RADIATION DOSIMETRY by a non CT interfacing planning computer for megavoltage or teletherapy radiotherapy by a single field or parallel opposed fields to 1 area with up to 2 shielding blocks  | 83.45            |             |                   | 62.6             | 70.95           |
| 15530    | Chemotherapy, radiotherapy and immunotherapy for cancer | Type C                   | 01.12.1991      | 3            | T2        | N        | RADIATION DOSIMETRY by a non CT interfacing planning computer for megavoltage or teletherapy radiotherapy to a single area by 3 or more fields, or by a single field or parallel opposed fields to 2 areas, or where wedges are used  | 372.25           |             |                   | 279.2            | 316.45          |
| 15533    | Chemotherapy, radiotherapy and immunotherapy for cancer | Type C                   | 01.12.1991      | 3            | T2        | N        | 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 offaxis fields, or several joined fields  | 705.9            |             |                   | 529.45           | 612.7           |
| 15536    | Chemotherapy, radiotherapy and immunotherapy for cancer | Unlisted                 | 01.11.1993      | 3            | T2        | N        | BRACHYTHERAPY PLANNING, computerised radiation dosimetry  | 282.15           |             |                   | 211.65           | 239.85          |
| 15539    | Chemotherapy, radiotherapy and immunotherapy for cancer | Type B Non-band specific | 01.11.2001      | 3            | T2        | N        | BRACHYTHERAPY PLANNING, computerised radiation dosimetry for I125 seed implantation of localised prostate cancer, in association with item 15338  | 663.15           |             |                   | 497.4            | 569.95          |
| 15550    | Chemotherapy, radiotherapy and immunotherapy for cancer | Type C                   | 01.05.2006      | 3            | T2        | N        | SIMULATION FOR THREE DIMENSIONAL CONFORMAL RADIOTHERAPY without intravenous contrast medium, where: (a)treatment set up and technique specifications are in preparations for three dimensional conformal radiotherapy dose planning; and (b)patient set up and immobilisation techniques are suitable for reliable CT image volume data acquisition and three dimensional conformal radiotherapy treatment; and (c)a high-quality CT-image volume dataset must be acquired for the relevant region of interest to be planned and treated; and (d)the image set must be suitable for the generation of quality digitally reconstructed radiographic images   | 696.25           |             |                   | 522.2            | 603.05          |
| 15553    | Chemotherapy, radiotherapy and immunotherapy for cancer | Type C                   | 01.05.2006      | 3            | T2        | N        | SIMULATION FOR THREE DIMENSIONAL CONFORMAL RADIOTHERAPY pre and post intravenous contrast medium, where: (a)treatment set up and technique specifications are in preparations for three dimensional conformal radiotherapy dose planning; and (b)patient set up and immobilisation techniques are suitable for reliable CT image volume data acquisition and three dimensional conformal radiotherapy treatment; and (c)a high-quality CT-image volume dataset must be acquired for the relevant region of interest to be planned and treated; and (d)the image set must be suitable for the generation of quality digitally reconstructed radiographic images  | 751.2            |             |                   | 563.4            | 658             |
| 15555    | Chemotherapy, radiotherapy and immunotherapy for cancer | Type C                   | 01.01.2016      | 3            | T2        | N        | SIMULATION FOR INTENSITY-MODULATED RADIATION THERAPY (IMRT), with or without intravenous contrast medium, if: 1.treatment set-up and technique specifications are in preparations for three-dimensional conformal radiotherapy dose planning; and 2.patient set-up and immobilisation techniques are suitable for reliable CT-image volume data acquisition and three-dimensional conformal radiotherapy; and 3.a high-quality CT-image volume dataset is acquired for the relevant region of interest to be planned and treated; and 4.the image set is suitable for the generation of quality digitally-reconstructed radiographic images.  | 751.2            |             |                   | 563.4            | 658             |
| 15556    | Chemotherapy, radiotherapy and immunotherapy for cancer | Type C                   | 01.05.2006      | 3            | T2        | N        | DOSIMETRY FOR THREE DIMENSIONAL CONFORMAL RADIOTHERAPY OF LEVEL 1 COMPLEXITY where: (a)dosimetry for a single phase three dimensional conformal treatment plan using CT image volume dataset and having a single treatment target volume and organ at risk; and (b)one gross tumour volume or clinical target volume, plus one planning target volume plus at least one relevant organ at risk as defined in the prescription must be rendered as volumes; and (c)the organ at risk must be nominated as a planning dose goal or constraint and the prescription must specify the organ at risk dose goal or constraint; and (d)dose volume histograms must be generated, approved and recorded with the plan; and (e)a CT image volume dataset must be used for the relevant region to be planned and treated; and (f)the CT images must be suitable for the generation of quality digitally reconstructed radiographic images | 702.4            |             |                   | 526.8            | 609.2           |

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|----------|---|--------------------------|-----------------|--------------|-----------|----------|---|------------------|-------------|-------------------|------------------|-----------------|
| 15559    | Chemotherapy, radiotherapy and immunotherapy for cancer | Type C                   | 01.05.2006      | 3            | T2        | N        | DOSIMETRY FOR THREE DIMENSIONAL CONFORMAL RADIOTHERAPY OF LEVEL 2 COMPLEXITY where: (a)dosimetry for a two phase three dimensional conformal treatment plan using CT image volume dataset(s) with at least one gross tumour volume, two planning target volumes and one organ at risk defined in the prescription; or (b)dosimetry for a one phase three dimensional conformal treatment plan using CT image volume datasets with at least one gross tumour volume, one planning target volume and two organ at risk dose goals or constraints defined in the prescription; or (c)image fusion with a secondary image (CT, MRI or PET) volume dataset used to define target and organ at risk volumes in conjunction with and as specified in dosimetry for three dimensional conformal radiotherapy of level 1 complexity. All gross tumour targets, clinical targets, planning targets and organs at risk as defined in the prescription must be rendered as volumes. The organ at risk must be nominated as planning dose goals or constraints and the prescription must specify the organs at risk as dose goals or constraints. Dose volume histograms must be generated, approved and recorded with the plan. A CT image volume dataset must be used for the relevant region to be planned and treated. The CT images must be suitable for the generation of quality digitally reconstructed radiographic images  | 916.1            |             |                   | 687.1            | 822.9           |
| 15562    | Chemotherapy, radiotherapy and immunotherapy for cancer | Type C                   | 01.05.2006      | 3            | T2        | N        | DOSIMETRY FOR THREE DIMENSIONAL CONFORMAL RADIOTHERAPY OF LEVEL 3 COMPLEXITY - where: (a)dosimetry for a three or more phase three dimensional conformal treatment plan using CT image volume dataset(s) with at least one gross tumour volume, three planning target volumes and one organ at risk defined in the prescription; or (b)dosimetry for a two phase three dimensional conformal treatment plan using CT image volume datasets with at least one gross tumour volume, and (i) two planning target volumes; or (ii) two organ at risk dose goals or constraints defined in the prescription. or (c)dosimetry for a one phase three dimensional conformal treatment plan using CT image volume datasets with at least one gross tumour volume, one planning target volume and three organ at risk dose goals or constraints defined in the prescription; or (d)image fusion with a secondary image (CT, MRI or PET) volume dataset used to define target and organ at risk volumes in conjunction with and as specified in dosimetry for three dimensional conformal radiotherapy of level 2 complexity. All gross tumour targets, clinical targets, planning targets and organs at risk as defined in the prescription must be rendered as volumes. The organ at risk must be nominated as planning dose goals or constraints and the prescription must specify the organs at risk as dose goals or constraints. Dose volume histograms must be generated, approved and recorded with the plan. A CT image volume dataset must be used for the relevant region to be planned and treated. The CT images must be suitable for the generation of quality digitally reconstructed radiographic images | 1184.85          |             |                   | 888.65           | 1091.65         |
| 15565    | Chemotherapy, radiotherapy and immunotherapy for cancer | Type C                   | 01.01.2016      | 3            | T2        | N        | Preparation of an IMRT DOSIMETRY PLAN, which uses one or more CT image volume datasets, if: (a)in preparing the IMRT dosimetry plan: (i)the differential between target dose and normal tissue dose is maximised, based on a review and assessmentby 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 IMRT 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 gantryposition (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 IMRT dosimetry plan; and (c)the final IMRT dosimetry plan is approved by the radiation oncologist prior to delivery.  | 3503.25          |             |                   | 2627.45          | 3410.05         |
| 15600    | Chemotherapy, radiotherapy and immunotherapy for cancer | Type A Advanced Surgical | 19.06.1997      | 3            | T2        | N        | STEREOTACTIC RADIOSURGERY, including all radiation oncology consultations, planning, simulation, dosimetry and treatment  | 1799.65          |             |                   | 1349.75          | 1706.45         |
| 15700    | Chemotherapy, radiotherapy and immunotherapy for cancer | Type C                   | 01.07.2008      | 3            | T2        | N        | RADIATION ONCOLOGY TREATMENT VERIFICATION - single projection (with single or double exposures) - when prescribed and reviewed by a radiation oncologist and not associated with item 15705 or 15710 - each attendance at which treatment is verified (ie maximum one per attendance).  | 48.6             |             |                   | 36.45            | 41.35           |
| 15705    | Chemotherapy, radiotherapy and immunotherapy for cancer | Type C                   | 01.07.2008      | 3            | T2        | N        | RADIATION ONCOLOGY TREATMENT VERIFICATION - multiple projection acquisition when prescribed and reviewed by a radiation oncologist and not associated with item 15700 or 15710 - each attendance at which treatment involving three or more fields is verified (ie maximum one per attendance).   | 81               |             |                   | 60.75            | 68.85           |
| 15710    | Chemotherapy, radiotherapy and immunotherapy for cancer | Type C                   | 01.05.2010      | 3            | T2        | N        | RADIATION ONCOLOGY TREATMENT VERIFICATION - volumetric acquisition, when prescribed and reviewedby a radiation oncologist and not associated with item 15700 or 15705 - each attendance at which treatment involving three fields or more is verified (ie maximum one per attendance). (see para T2.5 of explanatory notes to this Category)  | 81               |             |                   | 60.75            | 68.85           |

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|----------|---|----------------|-----------------|--------------|-----------|----------|--|------------------|-------------|-------------------|------------------|-----------------|
| 15715    | Chemotherapy, radiotherapy and immunotherapy for cancer | Type C         | 01.01.2016      | 3            | T2        | N        | RADIATION ONCOLOGY TREATMENT VERIFICATION of planar or volumetric IGRT for IMRT, 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 IMRT; 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. | 81               |             |                   | 60.75            | 68.85           |
| 15800    | Chemotherapy, radiotherapy and immunotherapy for cancer | Type C         | 01.07.2008      | 3            | T2        | N        | BRACHYTHERAPY TREATMENT VERIFICATION - maximum of one only for each attendance.  | 101.8            |             |                   | 76.35            | 86.55           |
| 15850    | Chemotherapy, radiotherapy and immunotherapy for cancer | Type C         | 01.07.2008      | 3            | T2        | N        | RADIATION SOURCE LOCALISATION using a simulator, x-ray machine, CT or ultrasound of a single area, where views in more than one plane are required, for brachytherapy treatment planning, not being a service to which Item 15513 applies.   | 210.9            |             |                   | 158.2            | 179.3           |
| 15900    | Chemotherapy, radiotherapy and immunotherapy for cancer | Unlisted       | 01.09.2015      | 3            | T2        | N        | BREAST, MALIGNANT TUMOUR, targeted intraoperative radiation therapy, using an Intrabeam® or Xofig® 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 more; and b) has a T1 or small T2 (less than or equal to 3cm in diameter) primary tumour; and c) has an 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)  | 264.25           |             |                   | 198.2            |                 |
| 16003    | Chemotherapy, radiotherapy and immunotherapy for cancer | Type C         | 01.12.1991      | 3            | T3        | N        | INTRACAVITY ADMINISTRATION OF A THERAPEUTIC DOSE OF YTTRIUM 90 not including preliminary paracentesis, not being a service associated with selective internal radiation therapy or to which item 35404, 35406 or 35408 applies (Anaes.)  | 687.7            |             |                   | 515.8            | 594.5           |
| 16006    | Chemotherapy, radiotherapy and immunotherapy for cancer | Type C         | 01.12.1991      | 3            | T3        | N        | ADMINISTRATION OF A THERAPEUTIC DOSE OF IODINE 131 for thyroid cancer by single dose technique   | 528.4            |             |                   | 396.3            | 449.15          |
| 16009    | Chemotherapy, radiotherapy and immunotherapy for cancer | Type C         | 01.12.1991      | 3            | T3        | N        | ADMINISTRATION OF A THERAPEUTIC DOSE OF IODINE 131 for thyrotoxicosis by single dose technique   | 360.65           |             |                   | 270.5            | 306.6           |
| 16012    | Chemotherapy, radiotherapy and immunotherapy for cancer | Type C         | 01.12.1991      | 3            | T3        | N        | INTRAVENOUS ADMINISTRATION OF A THERAPEUTIC DOSE OF PHOSPHOROUS 32   | 312              |             |                   | 234              | 265.2           |
| 16015    | Chemotherapy, radiotherapy and immunotherapy for cancer | Type C         | 01.05.1997      | 3            | T3        | N        | ADMINISTRATION OF STRONTIUM 89 for painful bony metastases from carcinoma of the prostate where hormone therapy has failed and either: (i)the disease is poorly controlled by conventional radiotherapy; or (ii)conventional radiotherapy is inappropriate, due to the wide distribution of sites of bone pain   | 4319.2           |             |                   | 3239.4           | 4226            |
| 16018    | Chemotherapy, radiotherapy and immunotherapy for cancer | Type C         | 22.12.1999      | 3            | T3        | N        | ADMINISTRATION OF 153 SM-LEXIDRONAM for the relief of bone pain due to skeletal metastases (as indicated by a positive bone scan) where hormonal therapy and/or chemotherapy have failed and either the disease is poorly controlled by conventional radiotherapy or conventional radiotherapy is inappropriate, due to the wide distribution of sites of bone pain.   | 2582.05          |             |                   | 1936.55          | 2488.85         |
| 16400    | Pregnancy and birth                                     | Type C         | 01.11.2006      | 3            | T4        | N        | ANTENATAL CARE Antenatal service provided by a midwife, nurse or an Aboriginal and Torres Strait Islander health practitionerif: (a) the service is provided on behalf of, and under the supervision of, a medical practitioner; (b) the service is provided at, or from, a practice location in a regional, rural or remote area; (c) the service is not performed in conjunction with another antenatal attendance item (same patient, same practitioner on the same day); (d) the service is not provided for an admitted patient of a hospital; and to a maximum of 10 service per pregnancy   | 28.8             |             |                   |                  | 24.5            |
| 16401    | Pregnancy and birth                                     | Unlisted       | 01.01.2010      | 3            | T4        | N        | Professional attendance at consulting rooms or a hospital by a specialist in the practice of his or her specialty of obstetrics, after referral of the patient to him or her - each attendance, other than a second or subsequent attendance in a single course of treatment   | 90.4             |             |                   | 67.8             | 76.85           |
| 16404    | Pregnancy and birth                                     | Unlisted       | 01.01.2010      | 3            | T4        | N        | Professional attendance at consulting rooms or a hospital by a specialist in the practice of his or her specialty of obstetrics after referral of the patient to him or her - each attendance SUBSEQUENT to the first attendance in a single course of treatment.  | 45.45            |             |                   | 34.1             | 38.65           |

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|----------|---------------------|--------------------------|-----------------|--------------|-----------|----------|---|------------------|-------------|-------------------|------------------|-----------------|
| 16406    | Pregnancy and birth | Type A Obstetric         | 01.11.2010      | 3            | T4        | N        | 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. Payable only once for a pregnancy   | 141.65           |             |                   | 106.25           | 120.45          |
| 16407    | Pregnancy and birth | Type C                   | 01.11.2017      | 3            | T4        | N        | 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 Payable once only for a pregnancy   | 75.8             |             |                   | 56.85            | 64.45           |
| 16408    | Pregnancy and birth | Type C                   | 01.11.2017      | 3            | T4        | N        | 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 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 Payable once only for a pregnancy | 56.45            |             |                   |                  | 48              |
| 16500    | Pregnancy and birth | Type C                   | 01.12.1991      | 3            | T4        | N        | ANTENATAL ATTENDANCE  | 49.85            |             |                   | 37.4             | 42.4            |
| 16501    | Pregnancy and birth | Type C                   | 01.11.2000      | 3            | T4        | N        | EXTERNAL CEPHALIC VERSION for breech presentation, after 36 weeks where no contraindication exists, in a Unit with facilities for Caesarean Section, including pre- and post version CTG, with or without tocolysis, not being 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 ECV's per pregnancy   | 148.6            |             |                   | 111.45           | 126.35          |
| 16502    | Pregnancy and birth | Type C                   | 01.11.1995      | 3            | T4        | N        | POLYHYDRAMNIOS, UNSTABLE LIE, MULTIPLE PREGNANCY, PREGNANCY COMPLICATED BY DIABETES OR ANAEMIA, THREATENED PREMATURE LABOUR treated by bed rest only or oral medication, requiring admission to hospital each attendance that is not a routine antenatal attendance, to a maximum of 1 visit per day  | 49.85            |             |                   | 37.4             | 42.4            |
| 16505    | Pregnancy and birth | Type C                   | 01.11.1995      | 3            | T4        | N        | THREATENED ABORTION, THREATENED MISCARRIAGE OR HYPEREMESIS GRAVIDARUM, requiring admission to hospital, treatment of each attendance that is not a routine antenatal attendance   | 49.85            |             |                   | 37.4             | 42.4            |
| 16508    | Pregnancy and birth | Type C                   | 01.11.1995      | 3            | T4        | N        | 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 (other than a service to which item 16533 applies) that is not a routine antenatal attendance, to a maximum of one visit per day   | 49.85            |             |                   | 37.4             | 42.4            |
| 16509    | Pregnancy and birth | Type C                   | 01.11.1995      | 3            | T4        | N        | Pre-eclampsia, eclampsia or antepartum haemorrhage, treatment of - each professional attendance (other than a service to which item 16534 applies) that is not a routine antenatal attendance   | 49.85            |             |                   | 37.4             | 42.4            |
| 16511    | Pregnancy and birth | Type C                   | 01.11.1995      | 3            | T4        | N        | CERVIX, purse string ligation of (Anaes.)   | 232.5            |             |                   | 174.4            | 197.65          |
| 16512    | Pregnancy and birth | Type B Non-band specific | 01.11.1995      | 3            | T4        | N        | CERVIX, removal of purse string ligature of (Anaes.)  | 67.1             |             |                   | 50.35            | 57.05           |
| 16514    | Pregnancy and birth | Type C                   | 01.11.1995      | 3            | T4        | N        | ANTENATAL CARDIOTOCOGRAPHY in the management of high risk pregnancy (not during the course of the confinement)  | 38.75            |             |                   | 29.1             | 32.95           |
| 16515    | Pregnancy and birth | Type A Obstetric         | 01.11.1995      | 3            | T4        | N        | 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.)  | 666.9            |             |                   | 500.2            | 573.7           |
| 16518    | Pregnancy and birth | Type A Obstetric         | 01.11.1995      | 3            | T4        | N        | Management of labour, incomplete, if the patient's care has been transferred to another medical practitioner for completion of the birth (Anaes.)   | 476.4            |             |                   | 357.3            | 404.95          |
| 16519    | Pregnancy and birth | Type A Obstetric         | 01.11.1995      | 3            | T4        | N        | Management of labour and birth by any means (including Caesarean section) including post-partum care for 5 days (Anaes.)  | 733.65           |             |                   | 550.25           | 640.45          |
| 16520    | Pregnancy and birth | Type A Obstetric         | 01.12.1991      | 3            | T4        | N        | 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.)   | 666.9            |             |                   | 500.2            | 573.7           |

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|----------|--|--------------------------|-----------------|--------------|-----------|----------|---|------------------|-------------|-------------------|------------------|-----------------|
| 16522    | Pregnancy and birth                      | Type A Obstetric         | 01.11.1998      | 3            | T4        | N        | 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 where there has been a planned vaginal birth after caesarean section; (g) trial of vaginal breech birth where 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 | 1722.5           |             |                   | 1291.9           |                 |
| 16527    | Pregnancy and birth                      | Type A Obstetric         | 01.11.2010      | 3            | T4        | N        | 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.Payable once only for a pregnancy. (Anaes.)  | 666.9            |             |                   | 500.2            | 573.7           |
| 16528    | Pregnancy and birth                      | Type A Obstetric         | 01.11.2010      | 3            | T4        | N        | 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.Payable once only for a pregnancy. (Anaes.)   | 666.9            |             |                   | 500.2            | 573.7           |
| 16530    | Miscarriage and termination of pregnancy | Type A Obstetric         | 01.11.2017      | 3            | T4        | N        | 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.)   | 406.3            |             |                   | 304.75           | 345.4           |
| 16531    | Miscarriage and termination of pregnancy | Type A Obstetric         | 01.11.2017      | 3            | T4        | N        | 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.)   | 812.65           |             |                   | 609.5            |                 |
| 16533    | Pregnancy and birth                      | Type A Obstetric         | 01.11.2017      | 3            | T4        | N        | 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, to a maximum of 3 services per pregnancy   | 111.6            |             |                   | 83.7             |                 |
| 16534    | Pregnancy and birth                      | Type A Obstetric         | 01.11.2017      | 3            | T4        | N        | Pre-eclampsia, eclampsia or antepartum haemorrhage, treatment of—each professional attendance lasting at least 40 minutes that is not a routine antenatal attendance, to a maximum of 3 services per pregnancy  | 111.6            |             |                   | 83.7             |                 |
| 16564    | Pregnancy and birth                      | Unlisted                 | 01.12.1991      | 3            | T4        | N        | POST-PARTUM CARE 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.)  | 230.45           |             |                   | 172.85           | 195.9           |
| 16567    | Pregnancy and birth                      | Type A Surgical          | 01.12.1991      | 3            | T4        | N        | MANAGEMENT OF POSTPARTUM HAEMORRHAGE by special measures such as packing of uterus, as an independent procedure (Anaes.)  | 337              |             |                   | 252.75           | 286.45          |
| 16570    | Pregnancy and birth                      | Type A Surgical          | 01.12.1991      | 3            | T4        | N        | ACUTE INVERSION OF THE UTERUS, vaginal correction of, as an independent procedure (Anaes.)  | 439.85           |             |                   | 329.9            | 373.9           |
| 16571    | Pregnancy and birth                      | Type A Surgical          | 01.11.1995      | 3            | T4        | N        | CERVIX, repair of extensive laceration or lacerations (Anaes.)  | 337              |             |                   | 252.75           | 286.45          |
| 16573    | Pregnancy and birth                      | Type A Surgical          | 01.12.1991      | 3            | T4        | N        | THIRD DEGREE TEAR, involving anal sphincter muscles and rectal mucosa, repair of, as an independent procedure (Anaes.)  | 274.6            |             |                   | 205.95           | 233.45          |
| 16590    | Pregnancy and birth                      | Unlisted                 | 01.11.2005      | 3            | T4        | N        | 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 Payable once only for a pregnancy  | 394.05           |             |                   | 295.55           | 334.95          |
| 16591    | Pregnancy and birth                      | Unlisted                 | 01.01.2010      | 3            | T4        | N        | 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 Payable once only for a pregnancy   | 150.75           |             |                   | 113.1            | 128.15          |
| 16600    | Pregnancy and birth                      | Type C                   | 01.07.1995      | 3            | T4        | N        | INTERVENTIONAL TECHNIQUES AMNIOCENTESIS, diagnostic   | 67.1             |             |                   | 50.35            | 57.05           |
| 16603    | Pregnancy and birth                      | Type B Non-band specific | 01.07.1995      | 3            | T4        | N        | CHORIONIC VILLUS SAMPLING, by any route   | 128.85           |             |                   | 96.65            | 109.55          |

| MBS item | Clinical Category   | Procedure Type           | Item Start Date | MBS Category | MBS Group | New Item | MBS Description   | MBS Schedule Fee | Derived Fee | Benefit 100% (\$) | Benefit 75% (\$) | Benefit 85 (\$) |
|----------|---------------------|--------------------------|-----------------|--------------|-----------|----------|---|------------------|-------------|-------------------|------------------|-----------------|
| 16606    | Pregnancy and birth | Unlisted                 | 01.07.1995      | 3            | T4        | N        | Fetal blood sampling, using interventional techniques from umbilical cord or fetus, including fetal neuromuscular blockade and amniocentesis (Anaes.)   | 257.15           |             |                   | 192.9            | 218.6           |
| 16609    | Pregnancy and birth | Unlisted                 | 01.07.1995      | 3            | T4        | N        | FOETAL INTRAVASCULAR BLOOD TRANSFUSION, using blood already collected, including neuromuscular blockade, amniocentesis and foetal blood sampling (Anaes.)   | 524.35           |             |                   | 393.3            | 445.7           |
| 16612    | Pregnancy and birth | Unlisted                 | 01.07.1995      | 3            | T4        | N        | FOETAL INTRAPERITONEAL BLOOD TRANSFUSION, using blood already collected, including neuromuscular blockade, amniocentesis and foetal blood sampling - not performed in conjunction with a service described in item 16609 (Anaes.)   | 412.55           |             |                   | 309.45           | 350.7           |
| 16615    | Pregnancy and birth | Unlisted                 | 01.07.1995      | 3            | T4        | N        | FOETAL INTRAPERITONEAL BLOOD TRANSFUSION, using blood already collected, including neuromuscular blockade, amniocentesis and foetal blood sampling - performed in conjunction with a service described in item 16609 (Anaes.)   | 219.75           |             |                   | 164.85           | 186.8           |
| 16618    | Pregnancy and birth | Type B Non-band specific | 01.07.1995      | 3            | T4        | N        | AMNIOCENTESIS, THERAPEUTIC, when indicated because of polyhydramnios with at least 500ml being aspirated  | 219.75           |             |                   | 164.85           | 186.8           |
| 16621    | Pregnancy and birth | Unlisted                 | 01.07.1995      | 3            | T4        | N        | AMNIOINFUSION, for diagnostic or therapeutic purposes in the presence of severe oligohydramnios   | 219.75           |             |                   | 164.85           | 186.8           |
| 16624    | Pregnancy and birth | Unlisted                 | 01.07.1995      | 3            | T4        | N        | FOETAL FLUID FILLED CAVITY, drainage of   | 316.25           |             |                   | 237.2            | 268.85          |
| 16627    | Pregnancy and birth | Unlisted                 | 01.07.1995      | 3            | T4        | N        | FETO-AMNIOTIC SHUNT, insertion of, into fetal fluid filled cavity, including neuromuscular blockade and amniocentesis   | 643.8            |             |                   | 482.85           | 550.6           |
| 17610    | Support list        | Type C                   | 01.11.2006      | 3            | T6        | N        | ANAESTHETIST, PRE-ANAESTHESIA CONSULTATION (Professional attendance by a medical practitioner in the practice of ANAESTHESIA) -a BRIEF consultation involving a targeted history and limited examination (including the cardio-respiratory system) -AND of not more than 15 minutes s duration, not being a service associated with a service to which items 2801 - 3000 apply  | 46.15            |             |                   | 34.65            | 39.25           |
| 17615    | Common list         | Type C                   | 01.11.2006      | 3            | T6        | N        | 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 of more than 15 minutes but not more than 30 minutes duration, not being a service associated with a service to which items 2801 - 3000 applies   | 91.8             |             |                   | 68.85            | 78.05           |
| 17620    | Common list         | Type C                   | 01.11.2006      | 3            | T6        | N        | 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 of more than 30 minutes but not more than 45 minutes duration, not being a service associated with a service to which items 2801 - 3000 apply  | 127.15           |             |                   | 95.4             | 108.1           |
| 17625    | Common list         | Type C                   | 01.11.2006      | 3            | T6        | N        | 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 of more than 45 minutes duration, not being a service associated with a service to which items 2801 - 3000 apply | 161.9            |             |                   | 121.45           | 137.65          |
| 17640    | Common list         | Type C                   | 01.11.2006      | 3            | T6        | N        | ANAESTHETIST, REFERRED CONSULTATION (other than prior to anaesthesia) (Professional attendance by a specialist anaesthetist in the practice of ANAESTHESIA where the patient is referred to him or her) -a BRIEF consultation involving a short history and limited examination -AND of not more than 15 minutesduration, not being a service associated with a service to which items 2801 - 3000 apply  | 46.15            |             |                   | 34.65            | 39.25           |
| 17645    | Common list         | Type C                   | 01.11.2006      | 3            | T6        | N        | -a consultation involving a selective history and examination of multiple systems andthe formulation of a written patient management plan -AND of more than 15 minutes but not more than 30 minutes duration, not being a service associated with a service to which items 2801 - 3000 apply.   | 91.8             |             |                   | 68.85            | 78.05           |
| 17650    | Common list         | Type C                   | 01.11.2006      | 3            | T6        | N        | -a consultation involving a detailed history and comprehensive examination of multiple systems and the formulation of a written patient management plan -AND of more than 30 minutes but not more than 45 minutes duration, not being a service associated with a service to which items 2801 - 3000 apply  | 127.15           |             |                   | 95.4             | 108.1           |
| 17655    | Common list         | Type C                   | 01.11.2006      | 3            | T6        | N        | -a consultation involving an exhaustive history and comprehensive examination of multiple systems andthe formulation of a written patient management plan following discussion with relevant health care professionals and/or the patient, involving medical planning of high complexity, -AND of more than 45 minutes duration, not being a service associated with a service to which items 2801 - 3000 apply.  | 161.9            |             |                   | 121.45           | 137.65          |
| 17680    | Support list        | Type C                   | 01.11.2006      | 3            | T6        | N        | ANAESTHETIST, CONSULTATION, OTHER (Professional attendance by an anaesthetist in the practice of ANAESTHESIA) -a consultation immediately prior to the institution of a major regional blockade in a patient in labour, where no previous anaesthesia consultation has occurred, not being a service associated with a service to which items 2801 - 3000 apply.  | 91.8             |             |                   | 68.85            | 78.05           |
| 17690    | Support list        | Type C                   | 01.11.2006      | 3            | T6        | N        | -Where a pre-anaesthesia consultation covered by an item in the range 17615-17625 is performed in-rooms if: (a) the service is provided to a patient prior to an admitted patient episode of care involving anaesthesia; and (b) the service is not providedto an admitted patient of a hospital; 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 is of more than 15 minutes duration not being a service associated with a service to which items 2801 - 3000 apply.                            | 42.4             |             |                   | 31.8             | 36.05           |
| 18213    | Support list        | Type C                   | 01.11.1993      | 3            | T7        | N        | Intravenous regional anaesthesia of limb by retrograde perfusion of local anaesthetic agent   | 93.7             |             |                   | 70.3             | 79.65           |

| MBS item | Clinical Category | Procedure Type           | Item Start Date | MBS Category | MBS Group | New Item | MBS Description  | MBS Schedule Fee | Derived Fee  | Benefit 100% (\$) | Benefit 75% (\$) | Benefit 85 (\$) |
|----------|-------------------|--------------------------|-----------------|--------------|-----------|----------|--|------------------|--|-------------------|------------------|-----------------|
| 18216    | Common list       | Type B Non-band specific | 01.11.1993      | 3            | T7        | N        | 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 Applicable once per presentation, per medical practitioner, per complete new procedure (Anaes.)   | 200.75           |  |                   | 150.6            | 170.65          |
| 18219    | Common list       | Unlisted                 | 01.11.1993      | 3            | T7        | N        | 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.)   |                  | The fee for item 18216 plus \$20.10 for each additional 15 minutes or part thereof beyond the first hour of attendance by the medical practitioner.  |                   |                  |                 |
| 18222    | Support list      | Unlisted                 | 01.11.1993      | 3            | T7        | N        | 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   | 39.8             |  |                   | 29.85            | 33.85           |
| 18225    | Support list      | Unlisted                 | 01.11.1993      | 3            | T7        | N        | 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   | 52.9             |  |                   | 39.7             | 45              |
| 18226    | Support list      | Unlisted                 | 01.11.2002      | 3            | T7        | N        | 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, where the service is provided in the after hours period, being the period from 8pm to 8am on any weekday, or any time on a Saturday, a Sunday or a public holiday. Applicable once per presentation, per medical practitioner, per complete new procedure | 301.1            |  |                   | 225.85           | 255.95          |
| 18227    | Support list      | Unlisted                 | 01.11.2002      | 3            | T7        | N        | Intrathecal, combined spinal-epidural or epidural infusion of a therapeutic substance, initial injection or commencement of, where continuous attendance by a medical practitioner extends beyond the first hour, for a patient in labour, where the service is provided in the after hours period, being the period from 8pm to 8am on any weekday, or any time on a Saturday, a Sunday or a public holiday.  |                  | The fee for item 18226 plus \$30.25 for each additional 15 minutes or part there of beyond the first hour of attendance by the medical practitioner. |                   |                  |                 |
| 18228    | Support list      | Unlisted                 | 01.11.1993      | 3            | T7        | N        | 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   | 66.1             |  |                   | 49.6             | 56.2            |
| 18230    | Support list      | Type B Non-band specific | 01.11.1993      | 3            | T7        | N        | Intrathecal or epidural injection of neurolytic substance (not contrast agent) by any route, including transforaminal route (Anaes.)   | 252.05           |  |                   | 189.05           | 214.25          |
| 18232    | Support list      | Unlisted                 | 01.11.1993      | 3            | T7        | N        | 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.)  | 200.75           |  |                   | 150.6            | 170.65          |
| 18233    | Support list      | Unlisted                 | 01.11.1993      | 3            | T7        | N        | EPIDURAL INJECTION of blood for blood patch (Anaes.)   | 200.75           |  |                   | 150.6            | 170.65          |
| 18234    | Support list      | Unlisted                 | 01.11.1993      | 3            | T7        | N        | 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.)   | 132              |  |                   | 99               | 112.2           |
| 18236    | Support list      | Unlisted                 | 01.11.1993      | 3            | T7        | N        | 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.)   | 66.1             |  |                   | 49.6             | 56.2            |
| 18238    | Support list      | Unlisted                 | 01.11.1993      | 3            | T7        | N        | 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  | 39.8             |  |                   | 29.85            | 33.85           |
| 18240    | Support list      | Unlisted                 | 01.11.1993      | 3            | T7        | N        | RETROBULBAR OR PERIBULBAR INJECTION of an anaesthetic agent  | 98.95            |  |                   | 74.25            | 84.15           |
| 18242    | Support list      | Type B Non-band specific | 01.11.1993      | 3            | T7        | N        | GREATER OCCIPITAL NERVE, injection of an anaesthetic agent (Anaes.)  | 39.8             |  |                   | 29.85            | 33.85           |
| 18244    | Support list      | Unlisted                 | 01.11.1993      | 3            | T7        | N        | 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   | 106.6            |  |                   | 79.95            | 90.65           |
| 18248    | Support list      | Unlisted                 | 01.11.1993      | 3            | T7        | N        | PHRENIC NERVE, injection of an anaesthetic agent   | 93.7             |  |                   | 70.3             | 79.65           |
| 18250    | Support list      | Unlisted                 | 01.11.1993      | 3            | T7        | N        | SPINAL ACCESSORY NERVE, injection of an anaesthetic agent  | 66.1             |  |                   | 49.6             | 56.2            |
| 18252    | Support list      | Unlisted                 | 01.11.1993      | 3            | T7        | N        | 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   | 106.6            |  |                   | 79.95            | 90.65           |
| 18254    | Support list      | Unlisted                 | 01.11.1993      | 3            | T7        | N        | 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   | 106.6            |  |                   | 79.95            | 90.65           |
| 18256    | Support list      | Unlisted                 | 01.11.1993      | 3            | T7        | N        | SUPRASCAPULAR NERVE, injection of an anaesthetic agent   | 66.1             |  |                   | 49.6             | 56.2            |
| 18258    | Support list      | Unlisted                 | 01.11.1993      | 3            | T7        | N        | INTERCOSTAL NERVE (single), injection of an anaesthetic agent  | 66.1             |  |                   | 49.6             | 56.2            |
| 18260    | Support list      | Unlisted                 | 01.11.1993      | 3            | T7        | N        | INTERCOSTAL NERVES (multiple), injection of an anaesthetic agent   | 93.7             |  |                   | 70.3             | 79.65           |
| 18262    | Support list      | Unlisted                 | 01.11.1993      | 3            | T7        | N        | 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.)  | 66.1             |  |                   | 49.6             | 56.2            |
| 18264    | Common list       | Unlisted                 | 01.11.1993      | 3            | T7        | N        | 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  | 106.6            |  |                   | 79.95            | 90.65           |
| 18266    | Support list      | Unlisted                 | 01.11.1993      | 3            | T7        | N        | 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  | 66.1             |  |                   | 49.6             | 56.2            |
| 18268    | Support list      | Unlisted                 | 01.11.1993      | 3            | T7        | N        | OBTURATOR NERVE, injection of an anaesthetic agent   | 93.7             |  |                   | 70.3             | 79.65           |
| 18270    | Support list      | Unlisted                 | 01.11.1993      | 3            | T7        | N        | FEMORAL NERVE, injection of an anaesthetic agent   | 93.7             |  |                   | 70.3             | 79.65           |

| MBS item | Clinical Category      | Procedure Type           | Item Start Date | MBS Category | MBS Group | New Item | MBS Description  | MBS Schedule Fee | Derived Fee | Benefit 100% (\$) | Benefit 75% (\$) | Benefit 85 (\$) |
|----------|------------------------|--------------------------|-----------------|--------------|-----------|----------|--|------------------|-------------|-------------------|------------------|-----------------|
| 18272    | Support list           | Unlisted                 | 01.11.1993      | 3            | T7        | N        | SAPHENOUS, SURAL, POPLITEAL OR POSTERIOR TIBIAL NERVE, MAIN TRUNK OF, 1 or more of, injection of an anaesthetic agent  | 66.1             |             |                   | 49.6             | 56.2            |
| 18276    | Support list           | Type B Non-band specific | 01.11.1993      | 3            | T7        | N        | PARAVERTEBRAL NERVES, injection of an anaesthetic agent, (multiple levels)   | 132              |             |                   | 99               | 112.2           |
| 18278    | Support list           | Unlisted                 | 01.11.1993      | 3            | T7        | N        | 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   | 93.7             |             |                   | 70.3             | 79.65           |
| 18280    | Pain management        | Type B Non-band specific | 01.11.1993      | 3            | T7        | N        | 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.)  | 132              |             |                   | 99               | 112.2           |
| 18282    | Common list            | Unlisted                 | 01.11.1993      | 3            | T7        | N        | CAROTID SINUS, injection of an anaesthetic agent, as an independent percutaneous procedure   | 106.6            |             |                   | 79.95            | 90.65           |
| 18284    | Common list            | Type B Non-band specific | 01.11.1993      | 3            | T7        | N        | Cervical or thoracic sympathetic chain, injection of an anaesthetic agent (Anaes.)   | 156.05           |             |                   | 117.05           | 132.65          |
| 18286    | Common list            | Type B Non-band specific | 01.11.1993      | 3            | T7        | N        | Lumbar or pelvic sympathetic chain, injection of an anaesthetic agent (Anaes.)   | 156.05           |             |                   | 117.05           | 132.65          |
| 18288    | Support list           | Unlisted                 | 01.11.1993      | 3            | T7        | N        | 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.)  | 156.05           |             |                   | 117.05           | 132.65          |
| 18290    | Common list            | Type B Non-band specific | 01.11.1993      | 3            | T7        | N        | 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.)  | 264              |             |                   | 198              | 224.4           |
| 18292    | Common list            | Unlisted                 | 01.11.1993      | 3            | T7        | N        | 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.)   | 132              |             |                   | 99               | 112.2           |
| 18294    | Common list            | Type B Non-band specific | 01.11.1993      | 3            | T7        | N        | Coeliac plexus or splanchnic nerves, destruction by a neurolytic agent under image guidance (Anaes.)   | 186.1            |             |                   | 139.6            | 158.2           |
| 18296    | Common list            | Type B Non-band specific | 01.11.1993      | 3            | T7        | N        | Lumbar or pelvic sympathetic chain, destruction by a neurolytic agent under image guidance (Anaes.)  | 159.15           |             |                   | 119.4            | 135.3           |
| 18297    | Support list           | Unlisted                 | 01.11.2019      | 3            | T7        | N        | Assistance at the administration of an epidural blood patch (a service to which item 18233 applies) by another medical practitioner  | 62.75            |             |                   | 47.1             | 53.35           |
| 18298    | Common list            | Type B Non-band specific | 01.11.1993      | 3            | T7        | N        | CERVICAL OR THORACIC SYMPATHETIC CHAIN, destruction by a neurolytic agent (Anaes.)   | 186.1            |             |                   | 139.6            | 158.2           |
| 18350    | Bone, joint and muscle | Type C                   | 01.05.2003      | 3            | T11       | N        | 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   | 132              |             |                   | 99               | 112.2           |
| 18351    | Bone, joint and muscle | Type C                   | 01.11.2005      | 3            | T11       | N        | 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  | 132              |             |                   | 99               | 112.2           |
| 18353    | Bone, joint and muscle | Type C                   | 01.04.2015      | 3            | T11       | N        | 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  | 264              |             |                   | 198              | 224.4           |
| 18354    | Bone, joint and muscle | Type C                   | 01.05.2003      | 3            | T11       | N        | 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 equinovalgus) 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.)   | 132              |             |                   | 99               | 112.2           |
| 18360    | Bone, joint and muscle | Type C                   | 01.05.2003      | 3            | T11       | N        | 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)treatment is provided as: (i)second line therapy when standard treatment for the conditions 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; and (e)the treatment is not provided on the same occasion as a service mentioned in item 18365 | 132              |             |                   | 99               | 112.2           |
| 18361    | Bone, joint and muscle | Type C                   | 01.07.2011      | 3            | T11       | N        | Clostridium Botulinum Type A Toxin-Haemagglutinin Complex (Dysport) or Botulinum Toxin Type A Purified Neurotoxin Complex (Botox), injection of, for the treatment of moderate to severe upper limb spasticity due to cerebral palsy 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 upper limb), including all injections per set (Anaes.)  | 132              |             |                   | 99               | 112.2           |
| 18362    | Skin                   | Type C                   | 01.05.2003      | 3            | T11       | N        | Botulinum Toxin type A Purified Neurotoxin Complex (Botox), injection of, for the treatment of severe primary axillary hyperhidrosis, including all 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.)   | 260.8            |             |                   | 195.6            | 221.7           |

| MBS item | Clinical Category        | Procedure Type           | Item Start Date | MBS Category | MBS Group | New Item | MBS Description   | MBS Schedule Fee | Derived Fee | Benefit 100% (\$) | Benefit 75% (\$) | Benefit 85 (\$) |
|----------|--------------------------|--------------------------|-----------------|--------------|-----------|----------|---|------------------|-------------|-------------------|------------------|-----------------|
| 18365    | Bone, joint and muscle   | Type C                   | 01.04.2015      | 3            | T11       | N        | 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 moderate to severe spasticity of the upper limb following an acute event,if: (a) the patient is at least 18 years of age; and (b) treatment is provided as: (i)second line therapy when standard treatment for the condition has failed; or (ii) an adjunct to physical therapy; and (c) the patient does not have established severe contracture in the limb that is to be treated; 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 upper limb), including all injections per set; and (e) for a patient who has received treatment on 2 previous separate occasions - the patient has responded to the treatment  | 132              |             |                   | 99               | 112.2           |
| 18366    | Eye (not cataracts)      | Type C                   | 01.05.2003      | 3            | T11       | N        | 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.)  | 165.35           |             |                   | 124.05           | 140.55          |
| 18368    | Ear, nose and throat     | Type C                   | 01.05.2003      | 3            | T11       | N        | Botulinum Toxin Type A Purified Neurotoxin Complex (Botox), injection of, for the treatment of spasmodic dysphonia, including all such injections on any one day  | 282.3            |             |                   | 211.75           | 240             |
| 18369    | Eye (not cataracts)      | Type C                   | 01.04.2015      | 3            | T11       | N        | 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.)  | 47.6             |             |                   | 35.7             | 40.5            |
| 18370    | Eye (not cataracts)      | Type C                   | 01.05.2003      | 3            | T11       | N        | Botulinum Toxin Type A Purified Neurotoxin Complex (Botox), injection of, for the treatment of unilateral blepharospasm in a patient who is at least 12 years of age, including all such injections on any one day (Anaes.)   | 47.6             |             |                   | 35.7             | 40.5            |
| 18372    | Eye (not cataracts)      | Type C                   | 01.11.2006      | 3            | T11       | N        | 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.)   | 132              |             |                   | 99               | 112.2           |
| 18374    | Eye (not cataracts)      | Type C                   | 01.04.2015      | 3            | T11       | N        | 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.)   | 132              |             |                   | 99               | 112.2           |
| 18375    | Kidney and bladder       | Type B Non-band specific | 01.10.2013      | 3            | T11       | N        | Botulinum Toxin Type A Purified Neurotoxin Complex (Botox), intravesical 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) spina bifida and who is at least 18 years of age; 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 with botulinum toxin type A; and (c) the patient is willing and able to self-catheterise; and (d) the requirements relating to botulinum toxin type A under the Pharmaceutical Benefits Scheme are complied with; and (e) treatment is not provided on the same occasion as a service described in item 104, 105, 110, 116, 119, 11900 or 11919 For each patient - applicable not more than once except if 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 (Anaes.) | 243.05           |             |                   | 182.3            |                 |
| 18377    | Brain and nervous system | Type C                   | 01.03.2014      | 3            | T11       | N        | Botulinum Toxin Type A Purified Neurotoxin Complex (Botox), injection of, for the treatment of chronic migraine, including all injections in 1 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; and (c)the requirements relating to botulinum toxin type A under the Pharmaceutical Benefits Scheme are complied with For each patient-applicable not more than twice except if the patient achieves and maintains at least a 50% reduction in the number of headache days per month from baseline after 2 treatment cycles (each of 12 weeks duration)  | 132              |             |                   | 99               | 112.2           |
| 18379    | Kidney and bladder       | Type B Non-band specific | 01.11.2014      | 3            | T11       | N        | Botulinum Toxin Type A Purified Neurotoxin Complex (Botox), intravesical 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 mentioned in item 104, 105, 110, 116, 119, 11900 or 11919 For each patient-applicable not more than once except if 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.)  | 243.05           |             |                   | 182.3            |                 |
| 20100    | Support list             | Unlisted                 | 01.11.2001      | 3            | T10       | N        | INITIATION OF MANAGEMENT OF ANAESTHESIA for procedures on the skin, subcutaneous tissue, muscles, salivary glands or superficial vessels of the head including biopsy, not being a service to which another item in this Subgroup applies (5 basic units)   | 104.75           |             |                   | 78.6             | 89.05           |
| 20102    | Support list             | Unlisted                 | 01.11.2001      | 3            | T10       | N        | INITIATION OF MANAGEMENT OF ANAESTHESIA for plastic repair of cleft lip (6 basic units)   | 125.7            |             |                   | 94.3             | 106.85          |
| 20104    | Support list             | Unlisted                 | 01.11.2001      | 3            | T10       | N        | INITIATION OF MANAGEMENT OF ANAESTHESIA for electroconvulsive therapy (4 basic units)   | 83.8             |             |                   | 62.85            | 71.25           |

| MBS item | Clinical Category | Procedure Type | Item Start Date | MBS Category | MBS Group | New Item | MBS Description   | MBS Schedule Fee | Derived Fee | Benefit 100% (\$) | Benefit 75% (\$) | Benefit 85 (\$) |
|----------|-------------------|----------------|-----------------|--------------|-----------|----------|---|------------------|-------------|-------------------|------------------|-----------------|
| 20120    | Support list      | Unlisted       | 01.11.2001      | 3            | T10       | N        | INITIATION OF MANAGEMENT OF ANAESTHESIA for procedures on external, middle or inner ear, including biopsy, not being a service to which another item in this Subgroup applies (5 basic units)   | 104.75           |             |                   | 78.6             | 89.05           |
| 20124    | Support list      | Unlisted       | 01.11.2001      | 3            | T10       | N        | INITIATION OF MANAGEMENT OF ANAESTHESIA for otoscopy (4 basic units)  | 83.8             |             |                   | 62.85            | 71.25           |
| 20140    | Support list      | Unlisted       | 01.11.2001      | 3            | T10       | N        | INITIATION OF MANAGEMENT OF ANAESTHESIA for procedures on eye, not being a service to which another item in this Group applies (5 basic units)  | 104.75           |             |                   | 78.6             | 89.05           |
| 20142    | Support list      | Unlisted       | 01.11.2001      | 3            | T10       | N        | INITIATION OF MANAGEMENT OF ANAESTHESIA for lens surgery (5 basic units)  | 104.75           |             |                   | 78.6             | 89.05           |
| 20143    | Support list      | Unlisted       | 01.11.2001      | 3            | T10       | N        | INITIATION OF MANAGEMENT OF ANAESTHESIA for retinal surgery (6 basic units)   | 125.7            |             |                   | 94.3             | 106.85          |
| 20144    | Support list      | Unlisted       | 01.11.2001      | 3            | T10       | N        | INITIATION OF MANAGEMENT OF ANAESTHESIA for corneal transplant (7 basic units)  | 146.65           |             |                   | 110              | 124.7           |
| 20145    | Support list      | Unlisted       | 01.11.2001      | 3            | T10       | N        | INITIATION OF MANAGEMENT OF ANAESTHESIA for vitrectomy (7 basic units)  | 146.65           |             |                   | 110              | 124.7           |
| 20146    | Support list      | Unlisted       | 01.11.2001      | 3            | T10       | N        | INITIATION OF MANAGEMENT OF ANAESTHESIA for biopsy of conjunctiva (5 basic units)   | 104.75           |             |                   | 78.6             | 89.05           |
| 20147    | Support list      | Unlisted       | 01.07.2008      | 3            | T10       | N        | INITIATION OF MANAGEMENT OF ANAESTHESIA for squint repair (6 basic units)   | 125.7            |             |                   | 94.3             | 106.85          |
| 20148    | Support list      | Unlisted       | 01.11.2001      | 3            | T10       | N        | INITIATION OF MANAGEMENT OF ANAESTHESIA for ophthalmoscopy (4 basic units)  | 83.8             |             |                   | 62.85            | 71.25           |
| 20160    | Support list      | Unlisted       | 01.11.2001      | 3            | T10       | N        | Initiation of the management of anaesthesia for intranasal or accessory sinuses, not being a service to which another item in this Subgroup applies (6 basic units)   | 125.7            |             |                   | 94.3             | 106.85          |
| 20162    | Support list      | Unlisted       | 01.11.2001      | 3            | T10       | N        | Initiation of the management of anaesthesia for intranasal surgery for malignancy or for intranasal ablation (7 basic units)  | 146.65           |             |                   | 110              | 124.7           |
| 20164    | Support list      | Unlisted       | 01.11.2001      | 3            | T10       | N        | INITIATION OF MANAGEMENT OF ANAESTHESIA for biopsy of soft tissue of the nose and accessory sinuses (4 basic units)   | 83.8             |             |                   | 62.85            | 71.25           |
| 20170    | Support list      | Unlisted       | 01.11.2001      | 3            | T10       | N        | INITIATION OF MANAGEMENT OF ANAESTHESIA for intraoral procedures, including biopsy, not being a service to which another item in this Subgroup applies (6 basic units)  | 125.7            |             |                   | 94.3             | 106.85          |
| 20172    | Support list      | Unlisted       | 01.11.2001      | 3            | T10       | N        | INITIATION OF MANAGEMENT OF ANAESTHESIA for repair of cleft palate (7 basic units)  | 146.65           |             |                   | 110              | 124.7           |
| 20174    | Support list      | Unlisted       | 01.11.2001      | 3            | T10       | N        | INITIATION OF MANAGEMENT OF ANAESTHESIA for excision of retropharyngeal tumour (9 basic units)  | 188.55           |             |                   | 141.45           | 160.3           |
| 20176    | Support list      | Unlisted       | 01.11.2001      | 3            | T10       | N        | INITIATION OF MANAGEMENT OF ANAESTHESIA for radical intraoral surgery (10 basic units)  | 209.5            |             |                   | 157.15           | 178.1           |
| 20190    | Support list      | Unlisted       | 01.11.2001      | 3            | T10       | N        | INITIATION OF MANAGEMENT OF ANAESTHESIA for procedures on facial bones, not being a service to which another item in this Subgroup applies (5 basic units)  | 104.75           |             |                   | 78.6             | 89.05           |
| 20192    | Support list      | Unlisted       | 01.11.2001      | 3            | T10       | N        | INITIATION OF MANAGEMENT OF ANAESTHESIA for extensive surgery on facial bones (including prognathism and extensive facial bone reconstruction) (10 basic units)   | 209.5            |             |                   | 157.15           | 178.1           |
| 20210    | Support list      | Unlisted       | 01.11.2001      | 3            | T10       | N        | INITIATION OF MANAGEMENT OF ANAESTHESIA for intracranial procedures, not being a service to which another item in this Subgroup applies (15 basic units)  | 314.25           |             |                   | 235.7            | 267.15          |
| 20212    | Support list      | Unlisted       | 01.11.2001      | 3            | T10       | N        | INITIATION OF MANAGEMENT OF ANAESTHESIA for subdural taps (5 basic units)   | 104.75           |             |                   | 78.6             | 89.05           |
| 20214    | Support list      | Unlisted       | 01.11.2001      | 3            | T10       | N        | INITIATION OF MANAGEMENT OF ANAESTHESIA for burr holes of the cranium (9 basic units)   | 188.55           |             |                   | 141.45           | 160.3           |
| 20216    | Support list      | Unlisted       | 01.11.2001      | 3            | T10       | N        | INITIATION OF MANAGEMENT OF ANAESTHESIA for intracranial vascular procedures including those for aneurysms or arterio-venous abnormalities (20 basic units)   | 419              |             |                   | 314.25           | 356.15          |
| 20220    | Support list      | Unlisted       | 01.11.2001      | 3            | T10       | N        | INITIATION OF MANAGEMENT OF ANAESTHESIA for spinal fluid shunt procedures (10 basic units)  | 209.5            |             |                   | 157.15           | 178.1           |
| 20222    | Support list      | Unlisted       | 01.11.2001      | 3            | T10       | N        | INITIATION OF MANAGEMENT OF ANAESTHESIA for ablation of an intracranial nerve (6 basic units)   | 125.7            |             |                   | 94.3             | 106.85          |
| 20225    | Support list      | Unlisted       | 01.11.2001      | 3            | T10       | N        | INITIATION OF MANAGEMENT OF ANAESTHESIA for all cranial bone procedures (12 basic units)  | 251.4            |             |                   | 188.55           | 213.7           |
| 20230    | Support list      | Unlisted       | 01.07.2008      | 3            | T10       | N        | INITIATION OF MANAGEMENT OF ANAESTHESIA for microvascular free tissue flap surgery involving the head or face (12 basic units)  | 251.4            |             |                   | 188.55           | 213.7           |
| 20300    | Support list      | Unlisted       | 01.11.2001      | 3            | T10       | N        | INITIATION OF MANAGEMENT OF ANAESTHESIA for procedures on the skin or subcutaneous tissue of the neck not being a service to which another item in this Subgroup applies (5 basic units)  | 104.75           |             |                   | 78.6             | 89.05           |
| 20305    | Support list      | Unlisted       | 01.11.2001      | 3            | T10       | N        | INITIATION OF MANAGEMENT OF ANAESTHESIA for incision and drainage of large haematoma, large abscess, cellulitis or similar lesion or epiglottitis causing life threatening airway obstruction (15 basic units)  | 314.25           |             |                   | 235.7            | 267.15          |
| 20320    | Support list      | Unlisted       | 01.11.2001      | 3            | T10       | N        | INITIATION OF MANAGEMENT OF ANAESTHESIA for procedures on oesophagus, thyroid, larynx, trachea, lymphatic system, muscles, nerves or other deep tissues of the neck, not being a service to which another item in this Subgroup applies (6 basic units) | 125.7            |             |                   | 94.3             | 106.85          |
| 20321    | Support list      | Unlisted       | 01.11.2001      | 3            | T10       | N        | INITIATION OF MANAGEMENT OF ANAESTHESIA for laryngectomy, hemi laryngectomy, laryngopharyngectomy or pharyngectomy (10 basic units)   | 209.5            |             |                   | 157.15           | 178.1           |
| 20330    | Support list      | Unlisted       | 01.11.2001      | 3            | T10       | N        | INITIATION OF MANAGEMENT OF ANAESTHESIA for laser surgery to the airway (excluding nose and mouth) (8 basic units)  | 167.6            |             |                   | 125.7            | 142.5           |
| 20350    | Support list      | Unlisted       | 01.11.2001      | 3            | T10       | N        | INITIATION OF MANAGEMENT OF ANAESTHESIA for procedures on major vessels of neck, not being a service to which another item in this Subgroup applies (10 basic units)  | 209.5            |             |                   | 157.15           | 178.1           |
| 20352    | Support list      | Unlisted       | 01.11.2001      | 3            | T10       | N        | INITIATION OF MANAGEMENT OF ANAESTHESIA for simple ligation of major vessels of neck (5 basic units)  | 104.75           |             |                   | 78.6             | 89.05           |
| 20355    | Support list      | Unlisted       | 01.07.2008      | 3            | T10       | N        | INITIATION OF MANAGEMENT OF ANAESTHESIA for microvascular free tissue flap surgery involving the neck (12 basic units)  | 251.4            |             |                   | 188.55           | 213.7           |
| 20400    | Support list      | Unlisted       | 01.11.2001      | 3            | T10       | N        | INITIATION OF MANAGEMENT OF ANAESTHESIA for procedures on the skin or subcutaneous tissue of the anterior part of the chest, not being a service to which another item in this Subgroup applies (3 basic units)   | 62.85            |             |                   | 47.15            | 53.45           |
| 20401    | Support list      | Unlisted       | 01.11.2001      | 3            | T10       | N        | INITIATION OF MANAGEMENT OF ANAESTHESIA for procedures on the breast, not being a service to which another item in this Subgroup applies (4 basic units)  | 83.8             |             |                   | 62.85            | 71.25           |
| 20402    | Support list      | Unlisted       | 01.11.2001      | 3            | T10       | N        | Initiation of management of anaesthesia for reconstructive procedures on breast including implant reconstruction and exchange (5 basic units)   | 104.75           |             |                   | 78.6             | 89.05           |
| 20403    | Support list      | Unlisted       | 01.11.2001      | 3            | T10       | N        | Initiation of management of anaesthesia for axillary dissection or sentinel node biopsy (5 basic units)   | 104.75           |             |                   | 78.6             | 89.05           |
| 20404    | Support list      | Unlisted       | 01.11.2001      | 3            | T10       | N        | INITIATION OF MANAGEMENT OF ANAESTHESIA for mastectomy (6 basic units)  | 125.7            |             |                   | 94.3             | 106.85          |
| 20405    | Support list      | Unlisted       | 01.11.2001      | 3            | T10       | N        | INITIATION OF MANAGEMENT OF ANAESTHESIA for reconstructive procedures on the breast using myocutaneous flaps (8 basic units)  | 167.6            |             |                   | 125.7            | 142.5           |

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|----------|-------------------|----------------|-----------------|--------------|-----------|----------|---|------------------|-------------|-------------------|------------------|-----------------|
| 20406    | Support list      | Unlisted       | 01.11.2001      | 3            | T10       | N        | INITIATION OF MANAGEMENT OF ANAESTHESIA for radical or modified radical procedures on breast with internal mammary node dissection (13 basic units)   | 272.35           |             |                   | 204.3            | 231.5           |
| 20410    | Support list      | Unlisted       | 01.11.2001      | 3            | T10       | N        | INITIATION OF MANAGEMENT OF ANAESTHESIA for electrical conversion of arrhythmias (4 basic units)  | 83.8             |             |                   | 62.85            | 71.25           |
| 20420    | Support list      | Unlisted       | 01.11.2001      | 3            | T10       | N        | INITIATION OF MANAGEMENT OF ANAESTHESIA for procedures on the skin or subcutaneous tissue of the posterior part of the chest not being a service to which another item in this Subgroup applies (5 basic units)                       | 104.75           |             |                   | 78.6             | 89.05           |
| 20440    | Support list      | Unlisted       | 01.05.2003      | 3            | T10       | N        | INITIATION OF MANAGEMENT OF ANAESTHESIA for percutaneous bone marrow biopsy of the sternum (4 basic units)  | 83.8             |             |                   | 62.85            | 71.25           |
| 20450    | Support list      | Unlisted       | 01.11.2001      | 3            | T10       | N        | INITIATION OF MANAGEMENT OF ANAESTHESIA for procedures on clavicle, scapula or sternum, not being a service to which another item in this Subgroup applies (5 basic units)  | 104.75           |             |                   | 78.6             | 89.05           |
| 20452    | Support list      | Unlisted       | 01.11.2001      | 3            | T10       | N        | INITIATION OF MANAGEMENT OF ANAESTHESIA for radical surgery on clavicle, scapula or sternum (6 basic units)   | 125.7            |             |                   | 94.3             | 106.85          |
| 20470    | Support list      | Unlisted       | 01.11.2001      | 3            | T10       | N        | INITIATION OF MANAGEMENT OF ANAESTHESIA for partial rib resection, not being a service to which another item in this Subgroup applies (6 basic units)   | 125.7            |             |                   | 94.3             | 106.85          |
| 20472    | Support list      | Unlisted       | 01.11.2001      | 3            | T10       | N        | INITIATION OF MANAGEMENT OF ANAESTHESIA for thoracoplasty (10 basic units)  | 209.5            |             |                   | 157.15           | 178.1           |
| 20474    | Support list      | Unlisted       | 01.11.2001      | 3            | T10       | N        | INITIATION OF MANAGEMENT OF ANAESTHESIA for radical procedures on chest wall (13 basic units)   | 272.35           |             |                   | 204.3            | 231.5           |
| 20475    | Support list      | Unlisted       | 01.07.2008      | 3            | T10       | N        | INITIATION OF MANAGEMENT OF ANAESTHESIA for microvascular free tissue flap surgery involving the anterior or posterior thorax (10 basic units)  | 209.5            |             |                   | 157.15           | 178.1           |
| 20500    | Support list      | Unlisted       | 01.11.2001      | 3            | T10       | N        | INITIATION OF MANAGEMENT OF ANAESTHESIA for open procedures on the oesophagus (15 basic units)  | 314.25           |             |                   | 235.7            | 267.15          |
| 20520    | Support list      | Unlisted       | 01.11.2001      | 3            | T10       | N        | INITIATION OF MANAGEMENT OF ANAESTHESIA for all closed chest procedures (including rigid oesophagoscopy or bronchoscopy), not being a service to which another item in this Subgroup applies (6 basic units)                          | 125.7            |             |                   | 94.3             | 106.85          |
| 20522    | Support list      | Unlisted       | 01.11.2001      | 3            | T10       | N        | INITIATION OF MANAGEMENT OF ANAESTHESIA for needle biopsy of pleura (4 basic units)   | 83.8             |             |                   | 62.85            | 71.25           |
| 20524    | Support list      | Unlisted       | 01.11.2001      | 3            | T10       | N        | INITIATION OF MANAGEMENT OF ANAESTHESIA for pneumocentesis (4 basic units)  | 83.8             |             |                   | 62.85            | 71.25           |
| 20526    | Support list      | Unlisted       | 01.11.2001      | 3            | T10       | N        | INITIATION OF MANAGEMENT OF ANAESTHESIA for thoracoscopy (10 basic units)   | 209.5            |             |                   | 157.15           | 178.1           |
| 20528    | Support list      | Unlisted       | 01.11.2001      | 3            | T10       | N        | INITIATION OF MANAGEMENT OF ANAESTHESIA for mediastinoscopy (8 basic units)   | 167.6            |             |                   | 125.7            | 142.5           |
| 20540    | Support list      | Unlisted       | 01.11.2001      | 3            | T10       | N        | INITIATION OF MANAGEMENT OF ANAESTHESIA for thoracotomy procedures involving lungs, pleura, diaphragm, or mediastinum, not being a service to which another item in this Subgroup applies (13 basic units)                            | 272.35           |             |                   | 204.3            | 231.5           |
| 20542    | Support list      | Unlisted       | 01.11.2001      | 3            | T10       | N        | INITIATION OF MANAGEMENT OF ANAESTHESIA for pulmonary decortication (15 basic units)  | 314.25           |             |                   | 235.7            | 267.15          |
| 20546    | Support list      | Unlisted       | 01.11.2001      | 3            | T10       | N        | INITIATION OF MANAGEMENT OF ANAESTHESIA for pulmonary resection with thoracoplasty (15 basic units)   | 314.25           |             |                   | 235.7            | 267.15          |
| 20548    | Support list      | Unlisted       | 01.11.2001      | 3            | T10       | N        | INITIATION OF MANAGEMENT OF ANAESTHESIA for intrathoracic repair of trauma to trachea and bronchi (15 basic units)  | 314.25           |             |                   | 235.7            | 267.15          |
| 20560    | Support list      | Unlisted       | 01.11.2001      | 3            | T10       | N        | 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 (20 basic units)                                 | 419              |             |                   | 314.25           | 356.15          |
| 20600    | Support list      | Unlisted       | 01.11.2001      | 3            | T10       | N        | INITIATION OF MANAGEMENT OF ANAESTHESIA for procedures on cervical spine and/or cord, not being a service to which another item in this Subgroup applies (for myelography and discography see Items 21908 and 21914) (10 basic units) | 209.5            |             |                   | 157.15           | 178.1           |
| 20604    | Support list      | Unlisted       | 01.11.2001      | 3            | T10       | N        | INITIATION OF MANAGEMENT OF ANAESTHESIA for posterior cervical laminectomy with the patient in the sitting position (13 basic units)  | 272.35           |             |                   | 204.3            | 231.5           |
| 20620    | Support list      | Unlisted       | 01.11.2001      | 3            | T10       | N        | INITIATION OF MANAGEMENT OF ANAESTHESIA for procedures on thoracic spine and/or cord, not being a service to which another item in this Subgroup applies (10 basic units)   | 209.5            |             |                   | 157.15           | 178.1           |
| 20622    | Support list      | Unlisted       | 01.11.2001      | 3            | T10       | N        | INITIATION OF MANAGEMENT OF ANAESTHESIA for thoracolumbar sympathectomy (13 basic units)  | 272.35           |             |                   | 204.3            | 231.5           |
| 20630    | Support list      | Unlisted       | 01.11.2001      | 3            | T10       | N        | INITIATION OF MANAGEMENT OF ANAESTHESIA for procedures in lumbar region, not being a service to which another item in this Subgroup applies (8 basic units)   | 167.6            |             |                   | 125.7            | 142.5           |
| 20632    | Support list      | Unlisted       | 01.11.2001      | 3            | T10       | N        | INITIATION OF MANAGEMENT OF ANAESTHESIA for lumbar sympathectomy (7 basic units)  | 146.65           |             |                   | 110              | 124.7           |
| 20634    | Support list      | Unlisted       | 01.11.2001      | 3            | T10       | N        | INITIATION OF MANAGEMENT OF ANAESTHESIA for chemonucleolysis (10 basic units)   | 209.5            |             |                   | 157.15           | 178.1           |
| 20670    | Support list      | Unlisted       | 01.11.2001      | 3            | T10       | N        | INITIATION OF MANAGEMENT OF ANAESTHESIA for extensive spine and/or spinal cord procedures (13 basic units)  | 272.35           |             |                   | 204.3            | 231.5           |
| 20680    | Support list      | Unlisted       | 01.11.2001      | 3            | T10       | N        | INITIATION OF MANAGEMENT OF ANAESTHESIA for manipulation of spine when performed in the operating theatre of a hospital (3 basic units)   | 62.85            |             |                   | 47.15            | 53.45           |
| 20690    | Support list      | Unlisted       | 01.11.2001      | 3            | T10       | N        | INITIATION OF MANAGEMENT OF ANAESTHESIA for percutaneous spinal procedures, not being a service to which another item in this Subgroup applies (5 basic units)  | 104.75           |             |                   | 78.6             | 89.05           |
| 20700    | Support list      | Unlisted       | 01.11.2001      | 3            | T10       | N        | INITIATION OF MANAGEMENT OF ANAESTHESIA for procedures on the skin or subcutaneous tissue of the upper anterior abdominal wall, not being a service to which another item in this Subgroup applies (3 basic units)                    | 62.85            |             |                   | 47.15            | 53.45           |
| 20702    | Support list      | Unlisted       | 01.11.2001      | 3            | T10       | N        | INITIATION OF MANAGEMENT OF ANAESTHESIA for percutaneous liver biopsy (4 basic units)   | 83.8             |             |                   | 62.85            | 71.25           |
| 20703    | Support list      | Unlisted       | 01.11.2005      | 3            | T10       | N        | INITIATION OF MANAGEMENT OF ANAESTHESIA for all procedures on the nerves, muscles, tendons and fascia of the upper abdominal wall, not being a service to which another item in this Subgroup applies (4 basic units)                 | 83.8             |             |                   | 62.85            | 71.25           |
| 20704    | Support list      | Unlisted       | 01.07.2008      | 3            | T10       | N        | INITIATION OF MANAGEMENT OF ANAESTHESIA for microvascular free tissue flap surgery involving the anterior or posterior upper abdomen (10 basic units)   | 209.5            |             |                   | 157.15           | 178.1           |
| 20706    | Support list      | Unlisted       | 01.11.2001      | 3            | T10       | N        | Initiation of the management of anaesthesia for laparoscopic procedures in the upper abdomen, including laparoscopic cholecystectomy, not being a service to which another item in this Subgroup applies (7 basic units)              | 146.65           |             |                   | 110              | 124.7           |

| MBS item | Clinical Category | Procedure Type | Item Start Date | MBS Category | MBS Group | New Item | MBS Description   | MBS Schedule Fee | Derived Fee | Benefit 100% (\$) | Benefit 75% (\$) | Benefit 85 (\$) |
|----------|-------------------|----------------|-----------------|--------------|-----------|----------|---|------------------|-------------|-------------------|------------------|-----------------|
| 20730    | Support list      | Unlisted       | 01.11.2001      | 3            | T10       | N        | INITIATION OF MANAGEMENT OF ANAESTHESIA for procedures on the skin or subcutaneous tissue of the upper posterior abdominal wall, not being a service to which another item in this Subgroup applies (5 basic units)   | 104.75           |             |                   | 78.6             | 89.05           |
| 20740    | Support list      | Unlisted       | 01.11.2001      | 3            | T10       | N        | INITIATION OF MANAGEMENT OF ANAESTHESIA for upper gastrointestinal endoscopic procedures (5 basic units)  | 104.75           |             |                   | 78.6             | 89.05           |
| 20745    | Support list      | Unlisted       | 01.11.2001      | 3            | T10       | N        | 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. (7 basic units) | 146.65           |             |                   | 110              | 124.7           |
| 20750    | Support list      | Unlisted       | 01.11.2001      | 3            | T10       | N        | 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. (5 basic units)  | 104.75           |             |                   | 78.6             | 89.05           |
| 20752    | Support list      | Unlisted       | 01.11.2001      | 3            | T10       | N        | INITIATION OF MANAGEMENT OF ANAESTHESIA for repair of incisional hernia and/or wound dehiscence (6 basic units)   | 125.7            |             |                   | 94.3             | 106.85          |
| 20754    | Support list      | Unlisted       | 01.11.2001      | 3            | T10       | N        | INITIATION OF MANAGEMENT OF ANAESTHESIA for procedures on an omphalocele (7 basic units)  | 146.65           |             |                   | 110              | 124.7           |
| 20756    | Support list      | Unlisted       | 01.11.2001      | 3            | T10       | N        | INITIATION OF MANAGEMENT OF ANAESTHESIA for transabdominal repair of diaphragmatic hernia (9 basic units)   | 188.55           |             |                   | 141.45           | 160.3           |
| 20770    | Support list      | Unlisted       | 01.11.2001      | 3            | T10       | N        | INITIATION OF MANAGEMENT OF ANAESTHESIA for procedures on major upper abdominal blood vessels (15 basic units)  | 314.25           |             |                   | 235.7            | 267.15          |
| 20790    | Support list      | Unlisted       | 01.11.2001      | 3            | T10       | N        | Initiation of the management of anaesthesia for procedures within the peritoneal cavity in upper abdomen, including any of the following:(a) open cholecystectomy;(b) gastrectomy;(c) laparoscopically assisted nephrectomy;(d) bowel shunts (8 basic units)  | 167.6            |             |                   | 125.7            | 142.5           |
| 20791    | Support list      | Unlisted       | 01.11.2001      | 3            | T10       | N        | Initiation of the management of anaesthesia for bariatric surgery in a patient with clinically severe obesity (10 basic units)  | 209.5            |             |                   | 157.15           | 178.1           |
| 20792    | Support list      | Unlisted       | 01.11.2001      | 3            | T10       | N        | INITIATION OF MANAGEMENT OF ANAESTHESIA for partial hepatectomy (excluding liver biopsy) (13 basic units)   | 272.35           |             |                   | 204.3            | 231.5           |
| 20793    | Support list      | Unlisted       | 01.11.2001      | 3            | T10       | N        | INITIATION OF MANAGEMENT OF ANAESTHESIA for extended or trisegmental hepatectomy (15 basic units)   | 314.25           |             |                   | 235.7            | 267.15          |
| 20794    | Support list      | Unlisted       | 01.11.2001      | 3            | T10       | N        | INITIATION OF MANAGEMENT OF ANAESTHESIA for pancreatectomy, partial or total (12 basic units)   | 251.4            |             |                   | 188.55           | 213.7           |
| 20798    | Support list      | Unlisted       | 01.11.2001      | 3            | T10       | N        | INITIATION OF MANAGEMENT OF ANAESTHESIA for neuro endocrine tumour removal in the upper abdomen (10 basic units)  | 209.5            |             |                   | 157.15           | 178.1           |
| 20799    | Support list      | Unlisted       | 01.11.2002      | 3            | T10       | N        | INITIATION OF MANAGEMENT OF ANAESTHESIA for percutaneous procedures on an intra-abdominal organ in the upper abdomen (6 basic units)  | 125.7            |             |                   | 94.3             | 106.85          |
| 20800    | Support list      | Unlisted       | 01.11.2001      | 3            | T10       | N        | INITIATION OF MANAGEMENT OF ANAESTHESIA for procedures on the skin or subcutaneous tissue of the lower anterior abdominal walls, not being a service to which another item in this Subgroup applies (3 basic units)   | 62.85            |             |                   | 47.15            | 53.45           |
| 20802    | Support list      | Unlisted       | 01.11.2001      | 3            | T10       | N        | INITIATION OF MANAGEMENT OF ANAESTHESIA for lipectomy of the lower abdomen (5 basic units)  | 104.75           |             |                   | 78.6             | 89.05           |
| 20803    | Support list      | Unlisted       | 01.11.2005      | 3            | T10       | N        | INITIATION OF MANAGEMENT OF ANAESTHESIA for all procedures on the nerves, muscles, tendons and fascia of the lower abdominal wall, not being a service to which another item in this Subgroup applies (4 basic units)   | 83.8             |             |                   | 62.85            | 71.25           |
| 20804    | Support list      | Unlisted       | 01.11.2008      | 3            | T10       | N        | INITIATION OF MANAGEMENT OF ANAESTHESIA for microvascular free tissue flap surgery involving the anterior or posterior lower abdomen (10 basic units)   | 209.5            |             |                   | 157.15           | 178.1           |
| 20806    | Support list      | Unlisted       | 01.11.2001      | 3            | T10       | N        | INITIATION OF MANAGEMENT OF ANAESTHESIA for laparoscopic procedures in the lower abdomen (7 basic units)  | 146.65           |             |                   | 110              | 124.7           |
| 20810    | Support list      | Unlisted       | 01.11.2001      | 3            | T10       | N        | INITIATION OF MANAGEMENT OF ANAESTHESIA for lowerintestinal endoscopic procedures (4 basic units)   | 83.8             |             |                   | 62.85            | 71.25           |
| 20815    | Support list      | Unlisted       | 01.11.2001      | 3            | T10       | N        | INITIATION OF MANAGEMENT OF ANAESTHESIA for extracorporeal shock wave lithotripsy to urinary tract (6 basic units)  | 125.7            |             |                   | 94.3             | 106.85          |
| 20820    | Support list      | Unlisted       | 01.11.2001      | 3            | T10       | N        | INITIATION OF MANAGEMENT OF ANAESTHESIA for procedures on the skin, its derivatives or subcutaneous tissue of the lower posterior abdominal wall (5 basic units)  | 104.75           |             |                   | 78.6             | 89.05           |
| 20830    | Support list      | Unlisted       | 01.11.2001      | 3            | T10       | N        | INITIATION OF MANAGEMENT OF ANAESTHESIA for hernia repairs in lower abdomen, not being a service to which another item in this Subgroup applies (4 basic units)   | 83.8             |             |                   | 62.85            | 71.25           |
| 20832    | Support list      | Unlisted       | 01.11.2001      | 3            | T10       | N        | INITIATION OF MANAGEMENT OF ANAESTHESIA for repair of incisional herniae and/or wound dehiscence of the lower abdomen (6 basic units)   | 125.7            |             |                   | 94.3             | 106.85          |
| 20840    | Support list      | Unlisted       | 01.11.2001      | 3            | T10       | N        | Initiation of the management of anaesthesia for all open procedures within the lower abdominal peritoneal cavity, including appendectomy, not being a service to which another item in this Subgroup applies (6 basic units)  | 125.7            |             |                   | 94.3             | 106.85          |
| 20841    | Support list      | Unlisted       | 01.11.2001      | 3            | T10       | N        | INITIATION OF MANAGEMENT OF ANAESTHESIA for bowel resection, including laparoscopic bowel resection not being a service to which another item in this Subgroup applies (8 basic units)  | 167.6            |             |                   | 125.7            | 142.5           |
| 20842    | Support list      | Unlisted       | 01.11.2001      | 3            | T10       | N        | INITIATION OF MANAGEMENT OF ANAESTHESIA for amniocentesis (4 basic units)   | 83.8             |             |                   | 62.85            | 71.25           |
| 20844    | Support list      | Unlisted       | 01.11.2001      | 3            | T10       | N        | INITIATION OF MANAGEMENT OF ANAESTHESIA for abdominoperineal resection, including pull through procedures, ultra low anterior resection and formation of bowel reservoir (10 basic units)   | 209.5            |             |                   | 157.15           | 178.1           |
| 20845    | Support list      | Unlisted       | 01.11.2001      | 3            | T10       | N        | INITIATION OF MANAGEMENT OF ANAESTHESIA for radical prostatectomy (10 basic units)  | 209.5            |             |                   | 157.15           | 178.1           |
| 20846    | Support list      | Unlisted       | 01.11.2001      | 3            | T10       | N        | INITIATION OF MANAGEMENT OF ANAESTHESIA for radical hysterectomy (10 basic units)   | 209.5            |             |                   | 157.15           | 178.1           |
| 20847    | Support list      | Unlisted       | 01.11.2005      | 3            | T10       | N        | INITIATION OF MANAGEMENT OF ANAESTHESIA for ovarian malignancy (10 basic units)   | 209.5            |             |                   | 157.15           | 178.1           |
| 20848    | Support list      | Unlisted       | 01.11.2001      | 3            | T10       | N        | INITIATION OF MANAGEMENT OF ANAESTHESIA for pelvic exenteration (10 basic units)  | 209.5            |             |                   | 157.15           | 178.1           |
| 20850    | Support list      | Unlisted       | 01.11.2001      | 3            | T10       | N        | INITIATION OF MANAGEMENT OF ANAESTHESIA for Caesarean section (12 basic units)  | 251.4            |             |                   | 188.55           | 213.7           |
| 20855    | Support list      | Unlisted       | 01.11.2001      | 3            | T10       | N        | INITIATION OF MANAGEMENT OF ANAESTHESIA for Caesarean hysterectomy or hysterectomy within 24 hours of birth (15 basic units)  | 314.25           |             |                   | 235.7            | 267.15          |

| MBS Item | Clinical Category | Procedure Type | Item Start Date | MBS Category | MBS Group | New Item | MBS Description   | MBS Schedule Fee | Derived Fee | Benefit 100% (\$) | Benefit 75% (\$) | Benefit 85 (\$) |
|----------|-------------------|----------------|-----------------|--------------|-----------|----------|---|------------------|-------------|-------------------|------------------|-----------------|
| 20860    | Support list      | Unlisted       | 01.11.2001      | 3            | T10       | N        | INITIATION OF MANAGEMENT OF ANAESTHESIA for extraperitoneal procedures in lower abdomen, including those on the urinary tract, not being a service to which another item in this Subgroup applies (6 basic units)     | 125.7            |             |                   | 94.3             | 106.85          |
| 20862    | Support list      | Unlisted       | 01.11.2001      | 3            | T10       | N        | INITIATION OF MANAGEMENT OF ANAESTHESIA for renal procedures, including upper 1/3 of ureter (7 basic units)   | 146.65           |             |                   | 110              | 124.7           |
| 20863    | Support list      | Unlisted       | 01.07.2008      | 3            | T10       | N        | INITIATION OF MANAGEMENT OF ANAESTHESIA for nephrectomy (10 basic units)  | 209.5            |             |                   | 157.15           | 178.1           |
| 20864    | Support list      | Unlisted       | 01.11.2001      | 3            | T10       | N        | INITIATION OF MANAGEMENT OF ANAESTHESIA for total cystectomy (10 basic units)   | 209.5            |             |                   | 157.15           | 178.1           |
| 20866    | Support list      | Unlisted       | 01.11.2001      | 3            | T10       | N        | INITIATION OF MANAGEMENT OF ANAESTHESIA for adrenalectomy (10 basic units)  | 209.5            |             |                   | 157.15           | 178.1           |
| 20867    | Support list      | Unlisted       | 01.11.2001      | 3            | T10       | N        | INITIATION OF MANAGEMENT OF ANAESTHESIA for neuro endocrine tumour removal in the lower abdomen (10 basic units)  | 209.5            |             |                   | 157.15           | 178.1           |
| 20868    | Support list      | Unlisted       | 01.11.2001      | 3            | T10       | N        | INITIATION OF MANAGEMENT OF ANAESTHESIA for renal transplantation (donor or recipient) (10 basic units)   | 209.5            |             |                   | 157.15           | 178.1           |
| 20880    | Support list      | Unlisted       | 01.11.2001      | 3            | T10       | N        | INITIATION OF MANAGEMENT OF ANAESTHESIA for procedures on major lower abdominal vessels, not being a service to which another item in this subgroup applies (15 basic units)  | 314.25           |             |                   | 235.7            | 267.15          |
| 20882    | Support list      | Unlisted       | 01.11.2001      | 3            | T10       | N        | INITIATION OF MANAGEMENT OF ANAESTHESIA for inferior vena cava ligation (10 basic units)  | 209.5            |             |                   | 157.15           | 178.1           |
| 20884    | Support list      | Unlisted       | 01.11.2001      | 3            | T10       | N        | INITIATION OF MANAGEMENT OF ANAESTHESIA for percutaneous umbrella insertion (5 basic units)   | 104.75           |             |                   | 78.6             | 89.05           |
| 20886    | Support list      | Unlisted       | 01.11.2002      | 3            | T10       | N        | INITIATION OF MANAGEMENT OF ANAESTHESIA for percutaneous procedures on an intra-abdominal organ in the lower abdomen (6 basic units)  | 125.7            |             |                   | 94.3             | 106.85          |
| 20900    | Support list      | Unlisted       | 01.11.2001      | 3            | T10       | N        | INITIATION OF MANAGEMENT OF ANAESTHESIA for procedures on the skin or subcutaneous tissue of the perineum not being a service to which another item in this Subgroup applies (3 basic units)                          | 62.85            |             |                   | 47.15            | 53.45           |
| 20902    | Support list      | Unlisted       | 01.11.2001      | 3            | T10       | N        | Initiation of the management of anaesthesia for anorectal procedures (including surgical haemorrhoidectomy, but not banding of haemorrhoids) (4 basic units)  | 83.8             |             |                   | 62.85            | 71.25           |
| 20904    | Support list      | Unlisted       | 01.11.2001      | 3            | T10       | N        | INITIATION OF MANAGEMENT OF ANAESTHESIA for radical perineal procedures including radical perineal prostatectomy or radical vulvectomy (7 basic units)  | 146.65           |             |                   | 110              | 124.7           |
| 20905    | Support list      | Unlisted       | 01.07.2008      | 3            | T10       | N        | INITIATION OF MANAGEMENT OF ANAESTHESIA for microvascular free tissue flap surgery involving the perineum (10 basic units)  | 209.5            |             |                   | 157.15           | 178.1           |
| 20906    | Support list      | Unlisted       | 01.11.2001      | 3            | T10       | N        | INITIATION OF MANAGEMENT OF ANAESTHESIA for vulvectomy (4 basic units)  | 83.8             |             |                   | 62.85            | 71.25           |
| 20910    | Support list      | Unlisted       | 01.11.2001      | 3            | T10       | N        | INITIATION OF MANAGEMENT OF ANAESTHESIA for transurethral procedures (including urethrocytostocopy), not being a service to which another item in this Subgroup applies (4 basic units)                               | 83.8             |             |                   | 62.85            | 71.25           |
| 20911    | Support list      | Unlisted       | 01.07.2008      | 3            | T10       | N        | INITIATION OF MANAGEMENT OF ANAESTHESIA for endoscopic ureteroscopic surgery including laser procedures (5 basic units)   | 104.75           |             |                   | 78.6             | 89.05           |
| 20912    | Support list      | Unlisted       | 01.11.2001      | 3            | T10       | N        | INITIATION OF MANAGEMENT OF ANAESTHESIA for transurethral resection of bladder tumour(s) (5 basic units)  | 104.75           |             |                   | 78.6             | 89.05           |
| 20914    | Support list      | Unlisted       | 01.11.2001      | 3            | T10       | N        | INITIATION OF MANAGEMENT OF ANAESTHESIA for transurethral resection of prostate (7 basic units)   | 146.65           |             |                   | 110              | 124.7           |
| 20916    | Support list      | Unlisted       | 01.11.2001      | 3            | T10       | N        | INITIATION OF MANAGEMENT OF ANAESTHESIA for bleeding post-transurethral resection (7 basic units)   | 146.65           |             |                   | 110              | 124.7           |
| 20920    | Support list      | Unlisted       | 01.11.2001      | 3            | T10       | N        | Initiation of management of anaesthesia for procedures on external genitalia, not being a service to which another item in this Subgroup applies. (4 basic units)   | 83.8             |             |                   | 62.85            | 71.25           |
| 20924    | Support list      | Unlisted       | 01.11.2001      | 3            | T10       | N        | INITIATION OF MANAGEMENT OF ANAESTHESIA for procedures on undescended testis, unilateral or bilateral (4 basic units)   | 83.8             |             |                   | 62.85            | 71.25           |
| 20926    | Support list      | Unlisted       | 01.11.2001      | 3            | T10       | N        | INITIATION OF MANAGEMENT OF ANAESTHESIA for radical orchidectomy, inguinal approach (4 basic units)   | 83.8             |             |                   | 62.85            | 71.25           |
| 20928    | Support list      | Unlisted       | 01.11.2001      | 3            | T10       | N        | INITIATION OF MANAGEMENT OF ANAESTHESIA for radical orchidectomy, abdominal approach (6 basic units)  | 125.7            |             |                   | 94.3             | 106.85          |
| 20930    | Support list      | Unlisted       | 01.11.2001      | 3            | T10       | N        | INITIATION OF MANAGEMENT OF ANAESTHESIA for orchiopexy, unilateral or bilateral (4 basic units)   | 83.8             |             |                   | 62.85            | 71.25           |
| 20932    | Support list      | Unlisted       | 01.11.2001      | 3            | T10       | N        | INITIATION OF MANAGEMENT OF ANAESTHESIA for complete amputation of penis (4 basic units)  | 83.8             |             |                   | 62.85            | 71.25           |
| 20934    | Support list      | Unlisted       | 01.11.2001      | 3            | T10       | N        | INITIATION OF MANAGEMENT OF ANAESTHESIA for complete amputation of penis with bilateral inguinal lymphadenectomy (6 basic units)  | 125.7            |             |                   | 94.3             | 106.85          |
| 20936    | Support list      | Unlisted       | 01.11.2001      | 3            | T10       | N        | INITIATION OF MANAGEMENT OF ANAESTHESIA for complete amputation of penis with bilateral inguinal and iliac lymphadenectomy (8 basic units)  | 167.6            |             |                   | 125.7            | 142.5           |
| 20938    | Support list      | Unlisted       | 01.11.2001      | 3            | T10       | N        | INITIATION OF MANAGEMENT OF ANAESTHESIA for insertion of penile prosthesis (4 basic units)  | 83.8             |             |                   | 62.85            | 71.25           |
| 20940    | Support list      | Unlisted       | 01.11.2001      | 3            | T10       | N        | INITIATION OF MANAGEMENT OF ANAESTHESIA for per vagina and vaginal procedures (including biopsy of vagina, cervix or endometrium), not being a service to which another item in this Subgroup applies (4 basic units) | 83.8             |             |                   | 62.85            | 71.25           |
| 20942    | Support list      | Unlisted       | 01.11.2001      | 3            | T10       | N        | INITIATION OF MANAGEMENT OF ANAESTHESIA for vaginal procedures including repair operations and urinary incontinence procedures (perineal) (5 basic units)   | 104.75           |             |                   | 78.6             | 89.05           |
| 20943    | Support list      | Unlisted       | 01.11.2001      | 3            | T10       | N        | INITIATION OF MANAGEMENT OF ANAESTHESIA for transvaginal assisted reproductive services (4 basic units)   | 83.8             |             |                   | 62.85            | 71.25           |
| 20944    | Support list      | Unlisted       | 01.11.2001      | 3            | T10       | N        | INITIATION OF MANAGEMENT OF ANAESTHESIA for vaginal hysterectomy (6 basic units)  | 125.7            |             |                   | 94.3             | 106.85          |
| 20946    | Support list      | Unlisted       | 01.11.2001      | 3            | T10       | N        | INITIATION OF MANAGEMENT OF ANAESTHESIA for vaginal birth (8 basic units)   | 167.6            |             |                   | 125.7            | 142.5           |
| 20948    | Support list      | Unlisted       | 01.11.2001      | 3            | T10       | N        | INITIATION OF MANAGEMENT OF ANAESTHESIA for purse string ligation of cervix, or removal of purse string ligature (4 basic units)  | 83.8             |             |                   | 62.85            | 71.25           |
| 20950    | Support list      | Unlisted       | 01.11.2001      | 3            | T10       | N        | INITIATION OF MANAGEMENT OF ANAESTHESIA for culdoscopy (5 basic units)  | 104.75           |             |                   | 78.6             | 89.05           |
| 20952    | Support list      | Unlisted       | 01.11.2001      | 3            | T10       | N        | INITIATION OF MANAGEMENT OF ANAESTHESIA for hysteroscopy (4 basic units)  | 83.8             |             |                   | 62.85            | 71.25           |
| 20954    | Support list      | Unlisted       | 01.11.2001      | 3            | T10       | N        | INITIATION OF MANAGEMENT OF ANAESTHESIA for correction of inverted uterus (10 basic units)  | 209.5            |             |                   | 157.15           | 178.1           |
| 20956    | Support list      | Unlisted       | 01.05.2002      | 3            | T10       | N        | INITIATION OF MANAGEMENT OF ANAESTHESIA for evacuation of retained products of conception, as a complication of confinement (4 basic units)   | 83.8             |             |                   | 62.85            | 71.25           |

| MBS Item | Clinical Category | Procedure Type | Item Start Date | MBS Category | MBS Group | New Item | MBS Description  | MBS Schedule Fee | Derived Fee | Benefit 100% (\$) | Benefit 75% (\$) | Benefit 85 (\$) |
|----------|-------------------|----------------|-----------------|--------------|-----------|----------|--|------------------|-------------|-------------------|------------------|-----------------|
| 20958    | Support list      | Unlisted       | 01.05.2002      | 3            | T10       | N        | INITIATION OF MANAGEMENT OF ANAESTHESIA for manual removal of retained placenta or for repair of vaginal or perineal tear following birth (5 basic units)  | 104.75           |             |                   | 78.6             | 89.05           |
| 20960    | Support list      | Unlisted       | 01.05.2002      | 3            | T10       | N        | INITIATION OF MANAGEMENT OF ANAESTHESIA for vaginal procedures in the management of post partum haemorrhage (blood loss > 500mls) (7 basic units)  | 146.65           |             |                   | 110              | 124.7           |
| 21100    | Support list      | Unlisted       | 01.11.2001      | 3            | T10       | N        | INITIATION OF MANAGEMENT OF ANAESTHESIA for procedures on the skin or subcutaneous tissue of the anterior pelvic region (anterior to iliac crest), except external genitalia (3 basic units)       | 62.85            |             |                   | 47.15            | 53.45           |
| 21110    | Support list      | Unlisted       | 01.11.2001      | 3            | T10       | N        | INITIATION OF MANAGEMENT OF ANAESTHESIA for procedures on the skin, its derivatives or subcutaneous tissue of the pelvic region (posterior to iliac crest), except perineum (5 basic units)        | 104.75           |             |                   | 78.6             | 89.05           |
| 21112    | Support list      | Unlisted       | 01.05.2003      | 3            | T10       | N        | INITIATION OF MANAGEMENT OF ANAESTHESIA for percutaneous bone marrow biopsy of the anterior iliac crest (4 basic units)  | 83.8             |             |                   | 62.85            | 71.25           |
| 21114    | Support list      | Unlisted       | 01.05.2003      | 3            | T10       | N        | INITIATION OF MANAGEMENT OF ANAESTHESIA for percutaneous bone marrow biopsy of the posterior iliac crest (5 basic units)   | 104.75           |             |                   | 78.6             | 89.05           |
| 21116    | Support list      | Unlisted       | 01.05.2003      | 3            | T10       | N        | INITIATION OF MANAGEMENT OF ANAESTHESIA for percutaneous bone marrow harvesting from the pelvis (6 basic units)  | 125.7            |             |                   | 94.3             | 106.85          |
| 21120    | Support list      | Unlisted       | 01.11.2001      | 3            | T10       | N        | INITIATION OF MANAGEMENT OF ANAESTHESIA for procedures on the bony pelvis (6 basic units)  | 125.7            |             |                   | 94.3             | 106.85          |
| 21130    | Support list      | Unlisted       | 01.11.2001      | 3            | T10       | N        | INITIATION OF MANAGEMENT OF ANAESTHESIA for body cast application or revision when performed in the operating theatre of a hospital (3 basic units)  | 62.85            |             |                   | 47.15            | 53.45           |
| 21140    | Support list      | Unlisted       | 01.11.2001      | 3            | T10       | N        | INITIATION OF MANAGEMENT OF ANAESTHESIA for interpelviabdominal (hind-quarter) amputation (15 basic units)   | 314.25           |             |                   | 235.7            | 267.15          |
| 21150    | Support list      | Unlisted       | 01.11.2001      | 3            | T10       | N        | INITIATION OF MANAGEMENT OF ANAESTHESIA for radical procedures for tumour of the pelvis, except hind-quarter amputation (10 basic units)   | 209.5            |             |                   | 157.15           | 178.1           |
| 21155    | Support list      | Unlisted       | 01.07.2008      | 3            | T10       | N        | INITIATION OF MANAGEMENT OF ANAESTHESIA for microvascular free tissue flap surgery involving the anterior or posterior pelvis (10 basic units)   | 209.5            |             |                   | 157.15           | 178.1           |
| 21160    | Support list      | Unlisted       | 01.11.2001      | 3            | T10       | N        | INITIATION OF MANAGEMENT OF ANAESTHESIA for closed procedures involving symphysis pubis or sacroiliac joint when performed in the operating theatre of a hospital (4 basic units)                  | 83.8             |             |                   | 62.85            | 71.25           |
| 21170    | Support list      | Unlisted       | 01.11.2001      | 3            | T10       | N        | INITIATION OF MANAGEMENT OF ANAESTHESIA for open procedures involving symphysis pubis or sacroiliac joint (8 basic units)  | 167.6            |             |                   | 125.7            | 142.5           |
| 21195    | Support list      | Unlisted       | 01.11.2001      | 3            | T10       | N        | INITIATION OF MANAGEMENT OF ANAESTHESIA for procedures on the skin or subcutaneous tissue of the upper leg (3 basic units)   | 62.85            |             |                   | 47.15            | 53.45           |
| 21199    | Support list      | Unlisted       | 01.11.2001      | 3            | T10       | N        | INITIATION OF MANAGEMENT OF ANAESTHESIA for procedures on nerves, muscles, tendons, fascia or bursae of the upper leg (4 basic units)  | 83.8             |             |                   | 62.85            | 71.25           |
| 21200    | Support list      | Unlisted       | 01.11.2001      | 3            | T10       | N        | INITIATION OF MANAGEMENT OF ANAESTHESIA for closed procedures involving hip joint when performed in the operating theatre of a hospital (4 basic units)  | 83.8             |             |                   | 62.85            | 71.25           |
| 21202    | Support list      | Unlisted       | 01.11.2001      | 3            | T10       | N        | INITIATION OF MANAGEMENT OF ANAESTHESIA for arthroscopic procedures of the hip joint (4 basic units)   | 83.8             |             |                   | 62.85            | 71.25           |
| 21210    | Support list      | Unlisted       | 01.11.2001      | 3            | T10       | N        | INITIATION OF MANAGEMENT OF ANAESTHESIA for open procedures involving hip joint, not being a service to which another item in this Subgroup applies (6 basic units)                                | 125.7            |             |                   | 94.3             | 106.85          |
| 21212    | Support list      | Unlisted       | 01.11.2001      | 3            | T10       | N        | INITIATION OF MANAGEMENT OF ANAESTHESIA for hip disarticulation (10 basic units)   | 209.5            |             |                   | 157.15           | 178.1           |
| 21214    | Support list      | Unlisted       | 01.11.2001      | 3            | T10       | N        | Initiation of management of anaesthesia for primary total hip replacement. (10 basic units)  | 209.5            |             |                   | 157.15           | 178.1           |
| 21215    | Support list      | Unlisted       | 01.03.2022      | 3            | T10       | N        | Initiation of management of anaesthesia for revision total hip replacement (15 basic units)  | 314.25           |             |                   | 235.7            | 267.15          |
| 21216    | Support list      | Unlisted       | 01.11.2005      | 3            | T10       | N        | INITIATION OF MANAGEMENT OF ANAESTHESIA for bilateral total hip replacement (14 basic units)   | 293.3            |             |                   | 220              | 249.35          |
| 21220    | Support list      | Unlisted       | 01.11.2001      | 3            | T10       | N        | INITIATION OF MANAGEMENT OF ANAESTHESIA for closed procedures involving upper 2/3 of femur when performed in the operating theatre of a hospital (4 basic units)                                   | 83.8             |             |                   | 62.85            | 71.25           |
| 21230    | Support list      | Unlisted       | 01.11.2001      | 3            | T10       | N        | INITIATION OF MANAGEMENT OF ANAESTHESIA for open procedures involving upper 2/3 of femur, not being a service to which another item in this Subgroup applies (6 basic units)                       | 125.7            |             |                   | 94.3             | 106.85          |
| 21232    | Support list      | Unlisted       | 01.11.2001      | 3            | T10       | N        | INITIATION OF MANAGEMENT OF ANAESTHESIA for above knee amputation (5 basic units)  | 104.75           |             |                   | 78.6             | 89.05           |
| 21234    | Support list      | Unlisted       | 01.11.2001      | 3            | T10       | N        | INITIATION OF MANAGEMENT OF ANAESTHESIA for radical resection of the upper 2/3 of femur (8 basic units)  | 167.6            |             |                   | 125.7            | 142.5           |
| 21260    | Support list      | Unlisted       | 01.11.2001      | 3            | T10       | N        | INITIATION OF MANAGEMENT OF ANAESTHESIA for procedures involving veins of upper leg, including exploration (4 basic units)   | 83.8             |             |                   | 62.85            | 71.25           |
| 21270    | Support list      | Unlisted       | 01.11.2001      | 3            | T10       | N        | INITIATION OF MANAGEMENT OF ANAESTHESIA for procedures involving arteries of upper leg, including bypass graft, not being a service to which another item in this Subgroup applies (8 basic units) | 167.6            |             |                   | 125.7            | 142.5           |
| 21272    | Support list      | Unlisted       | 01.11.2001      | 3            | T10       | N        | INITIATION OF MANAGEMENT OF ANAESTHESIA for femoral artery ligation (4 basic units)  | 83.8             |             |                   | 62.85            | 71.25           |
| 21274    | Support list      | Unlisted       | 01.11.2001      | 3            | T10       | N        | INITIATION OF MANAGEMENT OF ANAESTHESIA for femoral artery embolectomy (6 basic units)   | 125.7            |             |                   | 94.3             | 106.85          |
| 21275    | Support list      | Unlisted       | 01.07.2008      | 3            | T10       | N        | INITIATION OF MANAGEMENT OF ANAESTHESIA for microvascular free tissue flap surgery involving the upper leg (10 basic units)  | 209.5            |             |                   | 157.15           | 178.1           |
| 21280    | Support list      | Unlisted       | 01.11.2001      | 3            | T10       | N        | INITIATION OF MANAGEMENT OF ANAESTHESIA for microsurgical reimplantation of upper leg (15 basic units)   | 314.25           |             |                   | 235.7            | 267.15          |
| 21300    | Support list      | Unlisted       | 01.11.2001      | 3            | T10       | N        | INITIATION OF MANAGEMENT OF ANAESTHESIA for procedures on the skin or subcutaneous tissue of the knee and/or popliteal area (3 basic units)  | 62.85            |             |                   | 47.15            | 53.45           |
| 21321    | Support list      | Unlisted       | 01.11.2001      | 3            | T10       | N        | INITIATION OF MANAGEMENT OF ANAESTHESIA for procedures on nerves, muscles, tendons, fascia or bursae of knee and/or popliteal area (4 basic units)   | 83.8             |             |                   | 62.85            | 71.25           |
| 21340    | Support list      | Unlisted       | 01.11.2001      | 3            | T10       | N        | INITIATION OF MANAGEMENT OF ANAESTHESIA for closed procedures on lower 1/3 of femur when performed in the operating theatre of a hospital (4 basic units)  | 83.8             |             |                   | 62.85            | 71.25           |

| MBS Item | Clinical Category | Procedure Type | Item Start Date | MBS Category | MBS Group | New Item | MBS Description  | MBS Schedule Fee | Derived Fee | Benefit 100% (\$) | Benefit 75% (\$) | Benefit 85 (\$) |
|----------|-------------------|----------------|-----------------|--------------|-----------|----------|--|------------------|-------------|-------------------|------------------|-----------------|
| 21360    | Support list      | Unlisted       | 01.11.2001      | 3            | T10       | N        | INITIATION OF MANAGEMENT OF ANAESTHESIA for open procedures on lower 1/3 of femur (5 basic units)  | 104.75           |             |                   | 78.6             | 89.05           |
| 21380    | Support list      | Unlisted       | 01.11.2001      | 3            | T10       | N        | INITIATION OF MANAGEMENT OF ANAESTHESIA for closed procedures on knee joint when performed in the operating theatre of a hospital (3 basic units)  | 62.85            |             |                   | 47.15            | 53.45           |
| 21382    | Support list      | Unlisted       | 01.11.2001      | 3            | T10       | N        | INITIATION OF MANAGEMENT OF ANAESTHESIA for arthroscopic procedures of knee joint (4 basic units)  | 83.8             |             |                   | 62.85            | 71.25           |
| 21390    | Support list      | Unlisted       | 01.11.2001      | 3            | T10       | N        | INITIATION OF MANAGEMENT OF ANAESTHESIA for closed procedures on upper ends of tibia, fibula, and/or patella when performed in the operating theatre of a hospital (3 basic units)   | 62.85            |             |                   | 47.15            | 53.45           |
| 21392    | Support list      | Unlisted       | 01.11.2001      | 3            | T10       | N        | INITIATION OF MANAGEMENT OF ANAESTHESIA for open procedures on upper ends of tibia, fibula, and/or patella (4 basic units)   | 83.8             |             |                   | 62.85            | 71.25           |
| 21400    | Support list      | Unlisted       | 01.11.2001      | 3            | T10       | N        | INITIATION OF MANAGEMENT OF ANAESTHESIA for open procedures on knee joint, not being a service to which another item in this Subgroup applies (4 basic units)  | 83.8             |             |                   | 62.85            | 71.25           |
| 21402    | Support list      | Unlisted       | 01.11.2001      | 3            | T10       | N        | INITIATION OF MANAGEMENT OF ANAESTHESIA for knee replacement (7 basic units)   | 146.65           |             |                   | 110              | 124.7           |
| 21403    | Support list      | Unlisted       | 01.11.2001      | 3            | T10       | N        | INITIATION OF MANAGEMENT OF ANAESTHESIA for bilateral knee replacement (10 basic units)  | 209.5            |             |                   | 157.15           | 178.1           |
| 21404    | Support list      | Unlisted       | 01.11.2001      | 3            | T10       | N        | INITIATION OF MANAGEMENT OF ANAESTHESIA for disarticulation of knee (5 basic units)  | 104.75           |             |                   | 78.6             | 89.05           |
| 21420    | Support list      | Unlisted       | 01.11.2001      | 3            | T10       | N        | INITIATION OF MANAGEMENT OF ANAESTHESIA for cast application, removal, or repair involving knee joint, undertaken in a hospital (3 basic units)  | 62.85            |             |                   | 47.15            | 53.45           |
| 21430    | Support list      | Unlisted       | 01.11.2001      | 3            | T10       | N        | INITIATION OF MANAGEMENT OF ANAESTHESIA for procedures on veins of knee or popliteal area, not being a service to which another item in this Subgroup applies (4 basic units)  | 83.8             |             |                   | 62.85            | 71.25           |
| 21432    | Support list      | Unlisted       | 01.11.2001      | 3            | T10       | N        | INITIATION OF MANAGEMENT OF ANAESTHESIA for repair of arteriovenous fistula of knee or popliteal area (5 basic units)  | 104.75           |             |                   | 78.6             | 89.05           |
| 21440    | Support list      | Unlisted       | 01.11.2001      | 3            | T10       | N        | INITIATION OF MANAGEMENT OF ANAESTHESIA for procedures on arteries of knee or popliteal area, not being a service to which another item in this Subgroup applies (8 basic units)   | 167.6            |             |                   | 125.7            | 142.5           |
| 21445    | Support list      | Unlisted       | 01.07.2008      | 3            | T10       | N        | INITIATION OF MANAGEMENT OF ANAESTHESIA for microvascular free tissue flap surgery involving the knee and/or popliteal area (10 basic units)   | 209.5            |             |                   | 157.15           | 178.1           |
| 21460    | Support list      | Unlisted       | 01.11.2001      | 3            | T10       | N        | INITIATION OF MANAGEMENT OF ANAESTHESIA for procedures on the skin or subcutaneous tissue of lower leg, ankle, or foot (3 basic units)   | 62.85            |             |                   | 47.15            | 53.45           |
| 21461    | Support list      | Unlisted       | 01.11.2001      | 3            | T10       | N        | INITIATION OF MANAGEMENT OF ANAESTHESIA for procedures on nerves, muscles, tendons, or fascia of lower leg, ankle, or foot, not being a service to which another item in this Subgroup applies (4 basic units)                   | 83.8             |             |                   | 62.85            | 71.25           |
| 21462    | Support list      | Unlisted       | 01.11.2001      | 3            | T10       | N        | INITIATION OF MANAGEMENT OF ANAESTHESIA for closed procedures on lower leg, ankle, or foot (3 basic units)   | 62.85            |             |                   | 47.15            | 53.45           |
| 21464    | Support list      | Unlisted       | 01.11.2001      | 3            | T10       | N        | INITIATION OF MANAGEMENT OF ANAESTHESIA for arthroscopic procedure of ankle joint (4 basic units)  | 83.8             |             |                   | 62.85            | 71.25           |
| 21472    | Support list      | Unlisted       | 01.11.2001      | 3            | T10       | N        | INITIATION OF MANAGEMENT OF ANAESTHESIA for repair of Achilles tendon (5 basic units)  | 104.75           |             |                   | 78.6             | 89.05           |
| 21474    | Support list      | Unlisted       | 01.11.2001      | 3            | T10       | N        | INITIATION OF MANAGEMENT OF ANAESTHESIA for gastrocnemius recession (5 basic units)  | 104.75           |             |                   | 78.6             | 89.05           |
| 21480    | Support list      | Unlisted       | 01.11.2001      | 3            | T10       | N        | INITIATION OF MANAGEMENT OF ANAESTHESIA for open procedures on bones of lower leg, ankle, or foot, including amputation, not being a service to which another item in this Subgroup applies (4 basic units)                      | 83.8             |             |                   | 62.85            | 71.25           |
| 21482    | Support list      | Unlisted       | 01.11.2001      | 3            | T10       | N        | INITIATION OF MANAGEMENT OF ANAESTHESIA for radical resection of bone involving lower leg, ankle or foot (5 basic units)   | 104.75           |             |                   | 78.6             | 89.05           |
| 21484    | Support list      | Unlisted       | 01.11.2001      | 3            | T10       | N        | INITIATION OF MANAGEMENT OF ANAESTHESIA for osteotomy or osteoplasty of tibia or fibula (5 basic units)  | 104.75           |             |                   | 78.6             | 89.05           |
| 21486    | Support list      | Unlisted       | 01.11.2001      | 3            | T10       | N        | INITIATION OF MANAGEMENT OF ANAESTHESIA for total ankle replacement (7 basic units)  | 146.65           |             |                   | 110              | 124.7           |
| 21490    | Support list      | Unlisted       | 01.11.2001      | 3            | T10       | N        | INITIATION OF MANAGEMENT OF ANAESTHESIA for lower leg cast application, removal or repair, undertaken in a hospital (3 basic units)  | 62.85            |             |                   | 47.15            | 53.45           |
| 21500    | Support list      | Unlisted       | 01.11.2001      | 3            | T10       | N        | INITIATION OF MANAGEMENT OF ANAESTHESIA for procedures on arteries of lower leg, including bypass graft, not being a service to which another item in this Subgroup applies (8 basic units)                                      | 167.6            |             |                   | 125.7            | 142.5           |
| 21502    | Support list      | Unlisted       | 01.11.2001      | 3            | T10       | N        | INITIATION OF MANAGEMENT OF ANAESTHESIA for embolectomy of the lower leg (6 basic units)   | 125.7            |             |                   | 94.3             | 106.85          |
| 21520    | Support list      | Unlisted       | 01.11.2001      | 3            | T10       | N        | INITIATION OF MANAGEMENT OF ANAESTHESIA for procedures on veins of lower leg, not being a service to which another item in this Subgroup applies (4 basic units)   | 83.8             |             |                   | 62.85            | 71.25           |
| 21522    | Support list      | Unlisted       | 01.11.2001      | 3            | T10       | N        | INITIATION OF MANAGEMENT OF ANAESTHESIA for venous thrombectomy of the lower leg (5 basic units)   | 104.75           |             |                   | 78.6             | 89.05           |
| 21530    | Support list      | Unlisted       | 01.11.2001      | 3            | T10       | N        | INITIATION OF MANAGEMENT OF ANAESTHESIA for microsurgical reimplantation of lower leg, ankle or foot (15 basic units)  | 314.25           |             |                   | 235.7            | 267.15          |
| 21532    | Support list      | Unlisted       | 01.11.2001      | 3            | T10       | N        | INITIATION OF MANAGEMENT OF ANAESTHESIA for microsurgical reimplantation of toe (8 basic units)  | 167.6            |             |                   | 125.7            | 142.5           |
| 21535    | Support list      | Unlisted       | 01.07.2008      | 3            | T10       | N        | INITIATION OF MANAGEMENT OF ANAESTHESIA for microvascular free tissue flap surgery involving the lower leg (10 basic units)  | 209.5            |             |                   | 157.15           | 178.1           |
| 21600    | Support list      | Unlisted       | 01.11.2001      | 3            | T10       | N        | INITIATION OF MANAGEMENT OF ANAESTHESIA for procedures on the skin or subcutaneous tissue of the shoulder or axilla (3 basic units)  | 62.85            |             |                   | 47.15            | 53.45           |
| 21610    | Support list      | Unlisted       | 01.11.2001      | 3            | T10       | N        | INITIATION OF MANAGEMENT OF ANAESTHESIA for procedures on nerves, muscles, tendons, fascia or bursae of shoulder or axilla including axillary dissection (5 basic units)   | 104.75           |             |                   | 78.6             | 89.05           |
| 21620    | Support list      | Unlisted       | 01.11.2001      | 3            | T10       | N        | INITIATION OF 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 (4 basic units) | 83.8             |             |                   | 62.85            | 71.25           |

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|----------|-------------------|----------------|-----------------|--------------|-----------|----------|---|------------------|-------------|-------------------|------------------|-----------------|
| 21622    | Support list      | Unlisted       | 01.11.2001      | 3            | T10       | N        | INITIATION OF MANAGEMENT OF ANAESTHESIA for arthroscopic procedures of shoulder joint (5 basic units)   | 104.75           |             |                   | 78.6             | 89.05           |
| 21630    | Support list      | Unlisted       | 01.11.2001      | 3            | T10       | N        | INITIATION OF MANAGEMENT OF ANAESTHESIA for open procedures on humeral head and neck, sternoclavicular joint, acromioclavicular joint or shoulder joint, not being a service to which another item in this Subgroup applies (5 basic units) | 104.75           |             |                   | 78.6             | 89.05           |
| 21632    | Support list      | Unlisted       | 01.11.2001      | 3            | T10       | N        | INITIATION OF MANAGEMENT OF ANAESTHESIA for radical resection involving humeral head and neck, sternoclavicular joint, acromioclavicular joint or shoulder joint (6 basic units)  | 125.7            |             |                   | 94.3             | 106.85          |
| 21634    | Support list      | Unlisted       | 01.11.2001      | 3            | T10       | N        | INITIATION OF MANAGEMENT OF ANAESTHESIA for shoulder disarticulation (9 basic units)  | 188.55           |             |                   | 141.45           | 160.3           |
| 21636    | Support list      | Unlisted       | 01.11.2001      | 3            | T10       | N        | INITIATION OF MANAGEMENT OF ANAESTHESIA for interthorascapular (forequarter) amputation (15 basic units)  | 314.25           |             |                   | 235.7            | 267.15          |
| 21638    | Support list      | Unlisted       | 01.11.2001      | 3            | T10       | N        | INITIATION OF MANAGEMENT OF ANAESTHESIA for total shoulder replacement (10 basic units)   | 209.5            |             |                   | 157.15           | 178.1           |
| 21650    | Support list      | Unlisted       | 01.11.2001      | 3            | T10       | N        | INITIATION OF MANAGEMENT OF ANAESTHESIA for procedures on arteries of shoulder or axilla, not being a service to which another item in this Subgroup applies (8 basic units)  | 167.6            |             |                   | 125.7            | 142.5           |
| 21652    | Support list      | Unlisted       | 01.11.2001      | 3            | T10       | N        | INITIATION OF MANAGEMENT OF ANAESTHESIA for procedures for axillary-brachial aneurysm (10 basic units)  | 209.5            |             |                   | 157.15           | 178.1           |
| 21654    | Support list      | Unlisted       | 01.11.2001      | 3            | T10       | N        | INITIATION OF MANAGEMENT OF ANAESTHESIA for bypass graft of arteries of shoulder or axilla (8 basic units)  | 167.6            |             |                   | 125.7            | 142.5           |
| 21656    | Support list      | Unlisted       | 01.11.2001      | 3            | T10       | N        | INITIATION OF MANAGEMENT OF ANAESTHESIA for axillary-femoral bypass graft (10 basic units)  | 209.5            |             |                   | 157.15           | 178.1           |
| 21670    | Support list      | Unlisted       | 01.11.2001      | 3            | T10       | N        | INITIATION OF MANAGEMENT OF ANAESTHESIA for procedures on veins of shoulder or axilla (4 basic units)   | 83.8             |             |                   | 62.85            | 71.25           |
| 21680    | Support list      | Unlisted       | 01.11.2001      | 3            | T10       | N        | INITIATION OF MANAGEMENT OF ANAESTHESIA for shoulder cast application, removal or repair, not being a service to which another item in this Subgroup applies, when undertaken in a hospital (3 basic units)                                 | 62.85            |             |                   | 47.15            | 53.45           |
| 21682    | Support list      | Unlisted       | 01.11.2001      | 3            | T10       | N        | INITIATION OF MANAGEMENT OF ANAESTHESIA for shoulder spica application when undertaken in a hospital (4 basic units)  | 83.8             |             |                   | 62.85            | 71.25           |
| 21685    | Support list      | Unlisted       | 01.07.2008      | 3            | T10       | N        | INITIATION OF MANAGEMENT OF ANAESTHESIA for microvascular free tissue flap surgery involving the shoulder or the axilla (10 basic units)  | 209.5            |             |                   | 157.15           | 178.1           |
| 21700    | Support list      | Unlisted       | 01.11.2001      | 3            | T10       | N        | INITIATION OF MANAGEMENT OF ANAESTHESIA for procedures on the skin or subcutaneous tissue of the upper arm or elbow (3 basic units)   | 62.85            |             |                   | 47.15            | 53.45           |
| 21710    | Support list      | Unlisted       | 01.11.2001      | 3            | T10       | N        | INITIATION OF MANAGEMENT OF ANAESTHESIA for procedures on nerves, muscles, tendons, fascia or bursae of upper arm or elbow, not being a service to which another item in this Subgroup applies (4 basic units)                              | 83.8             |             |                   | 62.85            | 71.25           |
| 21712    | Support list      | Unlisted       | 01.11.2001      | 3            | T10       | N        | INITIATION OF MANAGEMENT OF ANAESTHESIA for open tenotomy of the upper arm or elbow (5 basic units)   | 104.75           |             |                   | 78.6             | 89.05           |
| 21714    | Support list      | Unlisted       | 01.11.2001      | 3            | T10       | N        | INITIATION OF MANAGEMENT OF ANAESTHESIA for tenoplasty of the upper arm or elbow (5 basic units)  | 104.75           |             |                   | 78.6             | 89.05           |
| 21716    | Support list      | Unlisted       | 01.11.2001      | 3            | T10       | N        | INITIATION OF MANAGEMENT OF ANAESTHESIA for tenodesis for rupture of long tendon of biceps (5 basic units)  | 104.75           |             |                   | 78.6             | 89.05           |
| 21730    | Support list      | Unlisted       | 01.11.2001      | 3            | T10       | N        | INITIATION OF MANAGEMENT OF ANAESTHESIA for closed procedures on the upper arm or elbow when performed in the operating theatre of a hospital (3 basic units)   | 62.85            |             |                   | 47.15            | 53.45           |
| 21732    | Support list      | Unlisted       | 01.11.2001      | 3            | T10       | N        | INITIATION OF MANAGEMENT OF ANAESTHESIA for arthroscopic procedures of elbow joint (4 basic units)  | 83.8             |             |                   | 62.85            | 71.25           |
| 21740    | Support list      | Unlisted       | 01.11.2001      | 3            | T10       | N        | INITIATION OF MANAGEMENT OF ANAESTHESIA for open procedures on the upper arm or elbow, not being a service to which another item in this Subgroup applies (5 basic units)   | 104.75           |             |                   | 78.6             | 89.05           |
| 21756    | Support list      | Unlisted       | 01.11.2001      | 3            | T10       | N        | INITIATION OF MANAGEMENT OF ANAESTHESIA for radical procedures on the upper arm or elbow (6 basic units)  | 125.7            |             |                   | 94.3             | 106.85          |
| 21760    | Support list      | Unlisted       | 01.11.2001      | 3            | T10       | N        | INITIATION OF MANAGEMENT OF ANAESTHESIA for total elbow replacement (7 basic units)   | 146.65           |             |                   | 110              | 124.7           |
| 21770    | Support list      | Unlisted       | 01.11.2001      | 3            | T10       | N        | INITIATION OF MANAGEMENT OF ANAESTHESIA for procedures on arteries of upper arm, not being a service to which another item in this Subgroup applies (8 basic units)   | 167.6            |             |                   | 125.7            | 142.5           |
| 21772    | Support list      | Unlisted       | 01.11.2001      | 3            | T10       | N        | INITIATION OF MANAGEMENT OF ANAESTHESIA for embolectomy of arteries of the upper arm (6 basic units)  | 125.7            |             |                   | 94.3             | 106.85          |
| 21780    | Support list      | Unlisted       | 01.11.2001      | 3            | T10       | N        | INITIATION OF MANAGEMENT OF ANAESTHESIA for procedures on veins of upper arm, not being a service to which another item in this Subgroup applies (4 basic units)  | 83.8             |             |                   | 62.85            | 71.25           |
| 21785    | Support list      | Unlisted       | 01.07.2008      | 3            | T10       | N        | INITIATION OF MANAGEMENT OF ANAESTHESIA for microvascular free tissue flap surgery involving the upper arm or elbow (10 basic units)  | 209.5            |             |                   | 157.15           | 178.1           |
| 21790    | Support list      | Unlisted       | 01.11.2001      | 3            | T10       | N        | INITIATION OF MANAGEMENT OF ANAESTHESIA for microsurgical reimplantation of upper arm (15 basic units)  | 314.25           |             |                   | 235.7            | 267.15          |
| 21800    | Support list      | Unlisted       | 01.11.2001      | 3            | T10       | N        | INITIATION OF MANAGEMENT OF ANAESTHESIA for procedures on the skin or subcutaneous tissue of the forearm, wrist or hand (3 basic units)   | 62.85            |             |                   | 47.15            | 53.45           |
| 21810    | Support list      | Unlisted       | 01.11.2001      | 3            | T10       | N        | INITIATION OF MANAGEMENT OF ANAESTHESIA for procedures on the nerves, muscles, tendons, fascia, or bursae of the forearm, wrist or hand (4 basic units)   | 83.8             |             |                   | 62.85            | 71.25           |
| 21820    | Support list      | Unlisted       | 01.11.2001      | 3            | T10       | N        | INITIATION OF MANAGEMENT OF ANAESTHESIA for closed procedures on the radius, ulna, wrist, or hand bones when performed in the operating theatre of a hospital (3 basic units)   | 62.85            |             |                   | 47.15            | 53.45           |
| 21830    | Support list      | Unlisted       | 01.11.2001      | 3            | T10       | N        | INITIATION OF MANAGEMENT OF ANAESTHESIA for open procedures on the radius, ulna, wrist, or hand bones, not being a service to which another item in this Subgroup applies (4 basic units)   | 83.8             |             |                   | 62.85            | 71.25           |
| 21832    | Support list      | Unlisted       | 01.11.2001      | 3            | T10       | N        | INITIATION OF MANAGEMENT OF ANAESTHESIA for total wrist replacement (7 basic units)   | 146.65           |             |                   | 110              | 124.7           |

| MBS Item | Clinical Category | Procedure Type | Item Start Date | MBS Category | MBS Group | New Item | MBS Description   | MBS Schedule Fee | Derived Fee | Benefit 100% (\$) | Benefit 75% (\$) | Benefit 85 (\$) |
|----------|-------------------|----------------|-----------------|--------------|-----------|----------|---|------------------|-------------|-------------------|------------------|-----------------|
| 21834    | Support list      | Unlisted       | 01.11.2001      | 3            | T10       | N        | INITIATION OF MANAGEMENT OF ANAESTHESIA for arthroscopic procedures of the wrist joint (4 basic units)  | 83.8             |             |                   | 62.85            | 71.25           |
| 21840    | Support list      | Unlisted       | 01.11.2001      | 3            | T10       | N        | INITIATION OF MANAGEMENT OF ANAESTHESIA for procedures on the arteries of forearm, wrist or hand, not being a service to which another item in this Subgroup applies (8 basic units)                              | 167.6            |             |                   | 125.7            | 142.5           |
| 21842    | Support list      | Unlisted       | 01.11.2001      | 3            | T10       | N        | INITIATION OF MANAGEMENT OF ANAESTHESIA for embolectomy of artery of forearm, wrist or hand (6 basic units)   | 125.7            |             |                   | 94.3             | 106.85          |
| 21850    | Support list      | Unlisted       | 01.11.2001      | 3            | T10       | N        | INITIATION OF MANAGEMENT OF ANAESTHESIA for procedures on the veins of forearm, wrist or hand, not being a service to which another item in this Subgroup applies (4 basic units)                                 | 83.8             |             |                   | 62.85            | 71.25           |
| 21860    | Support list      | Unlisted       | 01.11.2001      | 3            | T10       | N        | INITIATION OF MANAGEMENT OF ANAESTHESIA for forearm, wrist, or hand cast application, removal, or repair when rendered to a patient as part of an episode of hospital treatment (3 basic units)                   | 62.85            |             |                   | 47.15            | 53.45           |
| 21865    | Support list      | Unlisted       | 01.07.2008      | 3            | T10       | N        | INITIATION OF MANAGEMENT OF ANAESTHESIA for microvascular free tissue flap surgery involving the forearm, wrist or hand (10 basic units)  | 209.5            |             |                   | 157.15           | 178.1           |
| 21870    | Support list      | Unlisted       | 01.11.2001      | 3            | T10       | N        | INITIATION OF MANAGEMENT OF ANAESTHESIA for microsurgical reimplantation of forearm, wrist or hand (15 basic units)   | 314.25           |             |                   | 235.7            | 267.15          |
| 21872    | Support list      | Unlisted       | 01.11.2001      | 3            | T10       | N        | INITIATION OF MANAGEMENT OF ANAESTHESIA for microsurgical reimplantation of a finger (8 basic units)  | 167.6            |             |                   | 125.7            | 142.5           |
| 21878    | Support list      | Unlisted       | 01.11.2001      | 3            | T10       | N        | INITIATION OF MANAGEMENT OF ANAESTHESIA for excision or debridement of burns, with or without skin grafting where the area of burn involves not more than 3% of total body surface (3 basic units)                | 62.85            |             |                   | 47.15            | 53.45           |
| 21879    | Support list      | Unlisted       | 01.11.2001      | 3            | T10       | N        | INITIATION OF MANAGEMENT OF ANAESTHESIA for excision or debridement of burns, with or without skin grafting, where the area of burn involves more than 3% but less than 10% of total body surface (5 basic units) | 104.75           |             |                   | 78.6             | 89.05           |
| 21880    | Support list      | Unlisted       | 01.11.2001      | 3            | T10       | N        | INITIATION OF MANAGEMENT OF ANAESTHESIA for excision or debridement of burns, with or without skin grafting, where the area of burn involves 10% or more but less than 20% of total body surface (7 basic units)  | 146.65           |             |                   | 110              | 124.7           |
| 21881    | Support list      | Unlisted       | 01.11.2001      | 3            | T10       | N        | INITIATION OF MANAGEMENT OF ANAESTHESIA for excision or debridement of burns, with or without skin grafting, where the area of burn involves 20% or more but less than 30% of total body surface (9 basic units)  | 188.55           |             |                   | 141.45           | 160.3           |
| 21882    | Support list      | Unlisted       | 01.11.2001      | 3            | T10       | N        | INITIATION OF MANAGEMENT OF ANAESTHESIA for excision or debridement of burns, with or without skin grafting, where the area of burn involves 30% or more but less than 40% of total body surface (11 basic units) | 230.45           |             |                   | 172.85           | 195.9           |
| 21883    | Support list      | Unlisted       | 01.11.2001      | 3            | T10       | N        | INITIATION OF MANAGEMENT OF ANAESTHESIA for excision or debridement of burns, with or without skin grafting, where the area of burn involves 40% or more but less than 50% of total body surface (13 basic units) | 272.35           |             |                   | 204.3            | 231.5           |
| 21884    | Support list      | Unlisted       | 01.11.2001      | 3            | T10       | N        | INITIATION OF MANAGEMENT OF ANAESTHESIA for excision or debridement of burns, with or without skin grafting, where the area of burn involves 50% or more but less than 60% of total body surface (15 basic units) | 314.25           |             |                   | 235.7            | 267.15          |
| 21885    | Support list      | Unlisted       | 01.11.2001      | 3            | T10       | N        | INITIATION OF MANAGEMENT OF ANAESTHESIA for excision or debridement of burns, with or without skin grafting, where the area of burn involves 60% or more but less than 70% of total body surface (17 basic units) | 356.15           |             |                   | 267.15           | 302.75          |
| 21886    | Support list      | Unlisted       | 01.11.2001      | 3            | T10       | N        | INITIATION OF MANAGEMENT OF ANAESTHESIA for excision or debridement of burns, with or without skin grafting, where the area of burn involves 70% or more but less than 80% of total body surface (19 basic units) | 398.05           |             |                   | 298.55           | 338.35          |
| 21887    | Support list      | Unlisted       | 01.11.2001      | 3            | T10       | N        | INITIATION OF MANAGEMENT OF ANAESTHESIA for excision or debridement of burns, with or without skin grafting, where the area of burn involves 80% or more of total body surface (21 basic units)                   | 439.95           |             |                   | 330              | 374             |
| 21900    | Support list      | Unlisted       | 01.11.2001      | 3            | T10       | N        | INITIATION OF MANAGEMENT OF ANAESTHESIA for injection procedure for hysterosalpingography (3 basic units)   | 62.85            |             |                   | 47.15            | 53.45           |
| 21906    | Support list      | Unlisted       | 01.11.2001      | 3            | T10       | N        | INITIATION OF MANAGEMENT OF ANAESTHESIA for injection procedure for myelography: lumbar or thoracic (5 basic units)   | 104.75           |             |                   | 78.6             | 89.05           |
| 21908    | Support list      | Unlisted       | 01.11.2001      | 3            | T10       | N        | INITIATION OF MANAGEMENT OF ANAESTHESIA for injection procedure for myelography: cervical (6 basic units)   | 125.7            |             |                   | 94.3             | 106.85          |
| 21910    | Support list      | Unlisted       | 01.11.2001      | 3            | T10       | N        | INITIATION OF MANAGEMENT OF ANAESTHESIA for injection procedure for myelography: posterior fossa (9 basic units)  | 188.55           |             |                   | 141.45           | 160.3           |
| 21912    | Support list      | Unlisted       | 01.11.2001      | 3            | T10       | N        | INITIATION OF MANAGEMENT OF ANAESTHESIA for injection procedure for discography: lumbar or thoracic (5 basic units)   | 104.75           |             |                   | 78.6             | 89.05           |
| 21914    | Support list      | Unlisted       | 01.11.2001      | 3            | T10       | N        | INITIATION OF MANAGEMENT OF ANAESTHESIA for injection procedure for discography: cervical (6 basic units)   | 125.7            |             |                   | 94.3             | 106.85          |
| 21915    | Support list      | Unlisted       | 01.11.2001      | 3            | T10       | N        | INITIATION OF MANAGEMENT OF ANAESTHESIA for peripheral arteriogram (5 basic units)  | 104.75           |             |                   | 78.6             | 89.05           |
| 21916    | Support list      | Unlisted       | 01.11.2001      | 3            | T10       | N        | INITIATION OF MANAGEMENT OF ANAESTHESIA for arteriograms: cerebral, carotid or vertebral (5 basic units)  | 104.75           |             |                   | 78.6             | 89.05           |
| 21918    | Support list      | Unlisted       | 01.11.2001      | 3            | T10       | N        | INITIATION OF MANAGEMENT OF ANAESTHESIA for retrograde arteriogram: brachial or femoral (5 basic units)   | 104.75           |             |                   | 78.6             | 89.05           |
| 21922    | Support list      | Unlisted       | 01.11.2001      | 3            | T10       | N        | INITIATION OF MANAGEMENT OF ANAESTHESIA for computerised axial tomography scanning, magnetic resonance scanning, digital subtraction angiography scanning (6 basic units)   | 125.7            |             |                   | 94.3             | 106.85          |
| 21925    | Support list      | Unlisted       | 01.11.2001      | 3            | T10       | N        | INITIATION OF MANAGEMENT OF ANAESTHESIA for retrograde cystography, retrograde urethrography or retrograde cystourethrography (4 basic units)   | 83.8             |             |                   | 62.85            | 71.25           |
| 21926    | Support list      | Unlisted       | 01.11.2001      | 3            | T10       | N        | INITIATION OF MANAGEMENT OF ANAESTHESIA for fluoroscopy (4 basic units)   | 83.8             |             |                   | 62.85            | 71.25           |
| 21930    | Support list      | Unlisted       | 01.11.2001      | 3            | T10       | N        | INITIATION OF MANAGEMENT OF ANAESTHESIA for bronchography (6 basic units)   | 125.7            |             |                   | 94.3             | 106.85          |
| 21935    | Support list      | Unlisted       | 01.11.2001      | 3            | T10       | N        | INITIATION OF MANAGEMENT OF ANAESTHESIA for phlebography (5 basic units)  | 104.75           |             |                   | 78.6             | 89.05           |
| 21936    | Support list      | Unlisted       | 01.11.2001      | 3            | T10       | N        | INITIATION OF MANAGEMENT OF ANAESTHESIA for heart, 2 dimensional real time transoesophageal examination (5 basic units)   | 104.75           |             |                   | 78.6             | 89.05           |

| MBS item | Clinical Category | Procedure Type | Item Start Date | MBS Category | MBS Group | New Item | MBS Description  | MBS Schedule Fee | Derived Fee | Benefit 100% (\$) | Benefit 75% (\$) | Benefit 85 (\$) |
|----------|-------------------|----------------|-----------------|--------------|-----------|----------|--|------------------|-------------|-------------------|------------------|-----------------|
| 21939    | Support list      | Unlisted       | 01.11.2001      | 3            | T10       | N        | INITIATION OF MANAGEMENT OF ANAESTHESIA for peripheral venous cannulation (3 basic units)  | 62.85            |             |                   | 47.15            | 53.45           |
| 21941    | Support list      | Unlisted       | 01.11.2001      | 3            | T10       | N        | INITIATION OF MANAGEMENT OF ANAESTHESIA for cardiac catheterisation including coronary arteriography, ventriculography, cardiac mapping, insertion of automatic defibrillator or transvenous pacemaker (7 basic units)   | 146.65           |             |                   | 110              | 124.7           |
| 21942    | Support list      | Unlisted       | 01.05.2002      | 3            | T10       | N        | INITIATION OF MANAGEMENT OF ANAESTHESIA for cardiac electrophysiological procedures including radio frequency ablation (10 basic units)  | 209.5            |             |                   | 157.15           | 178.1           |
| 21943    | Support list      | Unlisted       | 01.11.2001      | 3            | T10       | N        | INITIATION OF 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 (5 basic units)   | 104.75           |             |                   | 78.6             | 89.05           |
| 21945    | Support list      | Unlisted       | 01.11.2001      | 3            | T10       | N        | INITIATION OF MANAGEMENT OF ANAESTHESIA for lumbar puncture, cisternal puncture, or epidural injection (5 basic units)   | 104.75           |             |                   | 78.6             | 89.05           |
| 21949    | Support list      | Unlisted       | 01.11.2001      | 3            | T10       | N        | INITIATION OF MANAGEMENT OF ANAESTHESIA for harvesting of bone marrow for the purpose of transplantation (5 basic units)   | 104.75           |             |                   | 78.6             | 89.05           |
| 21952    | Support list      | Unlisted       | 01.11.2001      | 3            | T10       | N        | Initiation of the management of anaesthesia for diagnostic muscle biopsy to assess for malignant hyperpyrexia (4 basic units)  | 83.8             |             |                   | 62.85            | 71.25           |
| 21955    | Support list      | Unlisted       | 01.11.2001      | 3            | T10       | N        | INITIATION OF MANAGEMENT OF ANAESTHESIA for electroencephalography (5 basic units)   | 104.75           |             |                   | 78.6             | 89.05           |
| 21959    | Support list      | Unlisted       | 01.11.2001      | 3            | T10       | N        | INITIATION OF MANAGEMENT OF ANAESTHESIA for brain stem evoked response audiometry (5 basic units)  | 104.75           |             |                   | 78.6             | 89.05           |
| 21962    | Support list      | Unlisted       | 01.11.2001      | 3            | T10       | N        | INITIATION OF MANAGEMENT OF ANAESTHESIA for electrocochleography by extratympanic method or transtympanic membrane insertion method (5 basic units)  | 104.75           |             |                   | 78.6             | 89.05           |
| 21965    | Support list      | Unlisted       | 01.11.2001      | 3            | T10       | N        | INITIATION OF MANAGEMENT OF ANAESTHESIA as a therapeutic procedure if there is a clinical need for anaesthesia, not for headache of any etiology (5 basic units)   | 104.75           |             |                   | 78.6             | 89.05           |
| 21969    | Support list      | Unlisted       | 01.11.2001      | 3            | T10       | N        | INITIATION OF MANAGEMENT OF ANAESTHESIA during hyperbaric therapy where the medical practitioner is not confined in the chamber (including the administration of oxygen) (8 basic units)   | 167.6            |             |                   | 125.7            | 142.5           |
| 21970    | Support list      | Unlisted       | 01.11.2001      | 3            | T10       | N        | INITIATION OF MANAGEMENT OF ANAESTHESIA during hyperbaric therapy where the medical practitioner is confined in the chamber (including the administration of oxygen) (15 basic units)  | 314.25           |             |                   | 235.7            | 267.15          |
| 21973    | Support list      | Unlisted       | 01.11.2001      | 3            | T10       | N        | INITIATION OF MANAGEMENT OF ANAESTHESIA for brachytherapy using radioactive sealed sources (5 basic units)   | 104.75           |             |                   | 78.6             | 89.05           |
| 21976    | Support list      | Unlisted       | 01.11.2001      | 3            | T10       | N        | INITIATION OF MANAGEMENT OF ANAESTHESIA for therapeutic nuclear medicine (5 basic units)   | 104.75           |             |                   | 78.6             | 89.05           |
| 21980    | Support list      | Unlisted       | 01.11.2001      | 3            | T10       | N        | INITIATION OF MANAGEMENT OF ANAESTHESIA for radiotherapy (5 basic units)   | 104.75           |             |                   | 78.6             | 89.05           |
| 21990    | Support list      | Unlisted       | 01.11.2001      | 3            | T10       | N        | INITIATION OF MANAGEMENT OF ANAESTHESIA when no procedure ensues (3 basic units)   | 62.85            |             |                   | 47.15            | 53.45           |
| 21992    | Support list      | Unlisted       | 01.11.2001      | 3            | T10       | N        | INITIATION OF MANAGEMENT OF ANAESTHESIA performed on a person under the age of 10 years in connection with a procedure covered by an item which has not been identified as attracting an anaesthetic (4 basic units)   | 83.8             |             |                   | 62.85            | 71.25           |
| 21997    | Support list      | Unlisted       | 01.11.2001      | 3            | T10       | N        | INITIATION OF 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 (4 basic units)  | 83.8             |             |                   | 62.85            | 71.25           |
| 22002    | Support list      | Unlisted       | 01.11.2001      | 3            | T10       | N        | Administration of homologous blood or bone marrow already collected, when performed in association with the management of anaesthesia (4 basic units)  | 83.8             |             |                   | 62.85            | 71.25           |
| 22007    | Support list      | Unlisted       | 01.11.2001      | 3            | T10       | N        | ENDOTRACHEAL INTUBATION with flexible fiberoptic scope associated with difficult airway when performed in association with the administration of anaesthesia (4 basic units)   | 83.8             |             |                   | 62.85            | 71.25           |
| 22008    | Support list      | Unlisted       | 01.11.2001      | 3            | T10       | N        | DOUBLE LUMEN ENDOBRONCHIAL TUBE OR BRONCHIAL BLOCKER, insertion of when performed in association with the administration of anaesthesia (4 basic units)  | 83.8             |             |                   | 62.85            | 71.25           |
| 22012    | Support list      | Unlisted       | 01.11.2001      | 3            | T10       | N        | 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:(a) when performed in association with the management of anaesthesia for the patient; and(b) other than a service to which item 13876 applies(c) is categorised as having a high risk of complications or during the procedure develops either complications or a high risk of complications (3 basic units)  | 62.85            |             |                   | 47.15            | 53.45           |
| 22014    | Support list      | Unlisted       | 01.11.2001      | 3            | T10       | N        | 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:(a) when performed in association with the management of anaesthesia for the patient; and(b) relating to another discrete operation on the same day for the patient; and(c) other than a service to which item 13876 applies(d) who is categorised as having a high risk of complications or develops during the current procedure either complications or a high risk of complications (3 basic units) | 62.85            |             |                   | 47.15            | 53.45           |
| 22015    | Support list      | Unlisted       | 01.11.2001      | 3            | T10       | N        | RIGHT HEART BALLOON CATHETER, insertion of, including pulmonary wedge pressure and cardiac output measurement, when performed in association with the administration of anaesthesia (6 basic units)  | 125.7            |             |                   | 94.3             | 106.85          |
| 22020    | Support list      | Unlisted       | 01.11.2001      | 3            | T10       | N        | CENTRAL VEIN CATHETERISATION by percutaneous or open exposure, not being a service to which item 13318 applies, when performed in association with the administration of anaesthesia (4 basic units)   | 83.8             |             |                   | 62.85            | 71.25           |
| 22025    | Support list      | Unlisted       | 01.11.2001      | 3            | T10       | N        | Intra-arterial cannulation when performed in association with the management of anaesthesia in a patient who:(a) is categorised as having a high risk of complications; or(b) develops a high risk of complications during the procedure (4 basic units)   | 83.8             |             |                   | 62.85            | 71.25           |
| 22031    | Support list      | Unlisted       | 01.11.2005      | 3            | T10       | N        | Intrathecal or epidural injection (initial) of a therapeutic substance or substances, with or without insertion of a catheter, in association with anaesthesia and surgery, for post-operative pain management, not being a service to which 22036 applies (5 basic units)   | 104.75           |             |                   | 78.6             | 89.05           |

| MBS Item | Clinical Category | Procedure Type | Item Start Date | MBS Category | MBS Group | New Item | MBS Description  | MBS Schedule Fee | Derived Fee | Benefit 100% (\$) | Benefit 75% (\$) | Benefit 85 (\$) |
|----------|-------------------|----------------|-----------------|--------------|-----------|----------|--|------------------|-------------|-------------------|------------------|-----------------|
| 22036    | Support list      | Unlisted       | 01.11.2005      | 3            | T10       | N        | INTRATHECAL or EPIDURAL INJECTION (subsequent) of a therapeutic substance or substances, using an in-situ catheter, in association with anaesthesia and surgery, for postoperative pain management, not being a service associated with a service to which 22031 applies (3 basic units)   | 62.85            |             |                   | 47.15            | 53.45           |
| 22041    | Support list      | Unlisted       | 01.11.2019      | 3            | T10       | N        | Perioperative introduction of a plexus or nerve block proximal to the lower leg or forearm for post operative pain management (2 basic units)  | 41.9             |             |                   | 31.45            | 35.65           |
| 22042    | Support list      | Unlisted       | 01.11.2019      | 3            | T10       | N        | Introduction of a nerve block performed via a retrobulbar, peribulbar, or sub Tenon's approach, or other complex eye block, when administered by an anaesthetist perioperatively (1 basic units)   | 20.95            |             |                   | 15.75            | 17.85           |
| 22051    | Support list      | Unlisted       | 01.11.2008      | 3            | T10       | N        | INTRA-OPERATIVE TRANSOESOPHAGEAL ECHOCARDIOGRAPHY - Monitoring in real time of 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 (not in association with items 55130, 55135 or 21936) (9 basic units) | 188.55           |             |                   | 141.45           | 160.3           |
| 22055    | Support list      | Unlisted       | 01.11.2001      | 3            | T10       | N        | PERFUSION OF LIMB OR ORGAN using heart-lung machine or equivalent, not being a service associated with anaesthesia to which an item in Subgroup 21 applies (12 basic units)  | 251.4            |             |                   | 188.55           | 213.7           |
| 22060    | Support list      | Unlisted       | 01.11.2001      | 3            | T10       | N        | WHOLE BODY PERFUSION, CARDIAC BYPASS, where 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 (Anaes.) (30 basic units)  | 628.5            |             |                   | 471.4            | 535.3           |
| 22065    | Support list      | Unlisted       | 01.11.2001      | 3            | T10       | N        | INDUCED CONTROLLED HYPOTHERMIA total body, being a service to which item 22060 applies, not being a service associated with anaesthesia to which an item in Subgroup 21 applies (5 basic units)  | 104.75           |             |                   | 78.6             | 89.05           |
| 22075    | Support list      | Unlisted       | 01.11.2001      | 3            | T10       | N        | DEEP HYPOTHERMIC CIRCULATORY ARREST, with core temperature less than 22&#176;c, including management of retrograde cerebral perfusion if performed, not being a service associated with anaesthesia to which an item in Subgroup 21 applies (15 basic units)   | 314.25           |             |                   | 235.7            | 267.15          |
| 22900    | Support list      | Unlisted       | 01.11.2001      | 3            | T10       | N        | INITIATION OF MANAGEMENT BY A MEDICAL PRACTITIONER OF ANAESTHESIA for extraction of tooth or teeth with or without incision of soft tissue or removal of bone (6 basic units)  | 125.7            |             |                   | 94.3             | 106.85          |
| 22905    | Support list      | Unlisted       | 01.11.2001      | 3            | T10       | N        | INITIATION OF MANAGEMENT OF ANAESTHESIA for restorative dental work (6 basic units)  | 125.7            |             |                   | 94.3             | 106.85          |
| 23010    | Support list      | Unlisted       | 01.11.2001      | 3            | T10       | N        | ANAESTHESIA, PERFUSION OR ASSISTANCE AT ANAESTHESIA (a) administration of anaesthesia performed in association with an item in the range 20100 to 21997 or 22900 to 22905; or (b) perfusion performed in association with item 22060; or (c) for assistance at anaesthesia performed in association with items 25200 to 25205 For a period of: (FIFTEEN MINUTES OR LESS) (1 basic units)     | 20.95            |             |                   | 15.75            | 17.85           |
| 23025    | Support list      | Unlisted       | 01.11.2019      | 3            | T10       | N        | 16 MINUTES TO 30 MINUTES (2 basic units)   | 41.9             |             |                   | 31.45            | 35.65           |
| 23035    | Support list      | Unlisted       | 01.11.2019      | 3            | T10       | N        | 31 MINUTES to 45 MINUTES (3 basic units)   | 62.85            |             |                   | 47.15            | 53.45           |
| 23045    | Support list      | Unlisted       | 01.11.2019      | 3            | T10       | N        | 46 MINUTES to 1:00 HOUR (4 basic units)  | 83.8             |             |                   | 62.85            | 71.25           |
| 23055    | Support list      | Unlisted       | 01.11.2019      | 3            | T10       | N        | 1:01 HOURS to 1:15 HOURS (5 basic units)   | 104.75           |             |                   | 78.6             | 89.05           |
| 23065    | Support list      | Unlisted       | 01.11.2019      | 3            | T10       | N        | 1:16 HOURS to 1:30 HOURS (6 basic units)   | 125.7            |             |                   | 94.3             | 106.85          |
| 23075    | Support list      | Unlisted       | 01.11.2019      | 3            | T10       | N        | 1:31 HOURS to 1:45 HOURS (7 basic units)   | 146.65           |             |                   | 110              | 124.7           |
| 23085    | Support list      | Unlisted       | 01.11.2019      | 3            | T10       | N        | 1:46 HOURS to 2:00 HOURS (8 basic units)   | 167.6            |             |                   | 125.7            | 142.5           |
| 23091    | Support list      | Unlisted       | 01.11.2005      | 3            | T10       | N        | 2:01 HOURS TO 2:10 HOURS (9 basic units)   | 188.55           |             |                   | 141.45           | 160.3           |
| 23101    | Support list      | Unlisted       | 01.11.2005      | 3            | T10       | N        | 2:11 HOURS TO 2:20 HOURS (10 basic units)  | 209.5            |             |                   | 157.15           | 178.1           |
| 23111    | Support list      | Unlisted       | 01.11.2005      | 3            | T10       | N        | 2:21 HOURS TO 2:30 HOURS (11 basic units)  | 230.45           |             |                   | 172.85           | 195.9           |
| 23112    | Support list      | Unlisted       | 01.11.2005      | 3            | T10       | N        | 2:31 HOURS TO 2:40 HOURS (12 basic units)  | 251.4            |             |                   | 188.55           | 213.7           |
| 23113    | Support list      | Unlisted       | 01.11.2005      | 3            | T10       | N        | 2:41 HOURS TO 2:50 HOURS (13 basic units)  | 272.35           |             |                   | 204.3            | 231.5           |
| 23114    | Support list      | Unlisted       | 01.11.2005      | 3            | T10       | N        | 2:51 HOURS TO 3:00 HOURS (14 basic units)  | 293.3            |             |                   | 220              | 249.35          |
| 23115    | Support list      | Unlisted       | 01.11.2005      | 3            | T10       | N        | 3:01 HOURS TO 3:10 HOURS (15 basic units)  | 314.25           |             |                   | 235.7            | 267.15          |
| 23116    | Support list      | Unlisted       | 01.11.2005      | 3            | T10       | N        | 3:11 HOURS TO 3:20 HOURS (16 basic units)  | 335.2            |             |                   | 251.4            | 284.95          |
| 23117    | Support list      | Unlisted       | 01.11.2005      | 3            | T10       | N        | 3:21 HOURS TO 3:30 HOURS (17 basic units)  | 356.15           |             |                   | 267.15           | 302.75          |
| 23118    | Support list      | Unlisted       | 01.11.2005      | 3            | T10       | N        | 3:31 HOURS TO 3:40 HOURS (18 basic units)  | 377.1            |             |                   | 282.85           | 320.55          |
| 23119    | Support list      | Unlisted       | 01.11.2005      | 3            | T10       | N        | 3:41 HOURS TO 3:50 HOURS (19 basic units)  | 398.05           |             |                   | 298.55           | 338.35          |
| 23121    | Support list      | Unlisted       | 01.11.2005      | 3            | T10       | N        | 3:51 HOURS TO 4:00 HOURS (20 basic units)  | 419              |             |                   | 314.25           | 356.15          |
| 23170    | Support list      | Unlisted       | 01.11.2001      | 3            | T10       | N        | 4:01 HOURS TO 4:10 HOURS (21 basic units)  | 439.95           |             |                   | 330              | 374             |
| 23180    | Support list      | Unlisted       | 01.11.2001      | 3            | T10       | N        | 4:11 HOURS TO 4:20 HOURS (22 basic units)  | 460.9            |             |                   | 345.7            | 391.8           |
| 23190    | Support list      | Unlisted       | 01.11.2001      | 3            | T10       | N        | 4:21 HOURS TO 4:30 HOURS (23 basic units)  | 481.85           |             |                   | 361.4            | 409.6           |
| 23200    | Support list      | Unlisted       | 01.11.2001      | 3            | T10       | N        | 4:31 HOURS TO 4:40 HOURS (24 basic units)  | 502.8            |             |                   | 377.1            | 427.4           |
| 23210    | Support list      | Unlisted       | 01.11.2001      | 3            | T10       | N        | 4:41 HOURS TO 4:50 HOURS (25 basic units)  | 523.75           |             |                   | 392.85           | 445.2           |
| 23220    | Support list      | Unlisted       | 01.11.2001      | 3            | T10       | N        | 4:51 HOURS TO 5:00 HOURS (26 basic units)  | 544.7            |             |                   | 408.55           | 463             |
| 23230    | Support list      | Unlisted       | 01.11.2001      | 3            | T10       | N        | 5:01 HOURS TO 5:10 HOURS (27 basic units)  | 565.65           |             |                   | 424.25           | 480.85          |
| 23240    | Support list      | Unlisted       | 01.11.2001      | 3            | T10       | N        | 5:11 HOURS TO 5:20 HOURS (28 basic units)  | 586.6            |             |                   | 439.95           | 498.65          |
| 23250    | Support list      | Unlisted       | 01.11.2001      | 3            | T10       | N        | 5:21 HOURS TO 5:30 HOURS (29 basic units)  | 607.55           |             |                   | 455.7            | 516.45          |
| 23260    | Support list      | Unlisted       | 01.11.2001      | 3            | T10       | N        | 5:31 HOURS TO 5:40 HOURS (30 basic units)  | 628.5            |             |                   | 471.4            | 535.3           |
| 23270    | Support list      | Unlisted       | 01.11.2001      | 3            | T10       | N        | 5:41 HOURS TO 5:50 HOURS (31 basic units)  | 649.45           |             |                   | 487.1            | 556.25          |
| 23280    | Support list      | Unlisted       | 01.11.2001      | 3            | T10       | N        | (5:51 HOURS TO 6:00 HOURS (32 basic units)   | 670.4            |             |                   | 502.8            | 577.2           |
| 23290    | Support list      | Unlisted       | 01.11.2001      | 3            | T10       | N        | 6:01 HOURS TO 6:10 HOURS (33 basic units)  | 691.35           |             |                   | 518.55           | 598.15          |
| 23300    | Support list      | Unlisted       | 01.11.2001      | 3            | T10       | N        | 6:11 HOURS TO 6:20 HOURS (34 basic units)  | 712.3            |             |                   | 534.25           | 619.1           |
| 23310    | Support list      | Unlisted       | 01.11.2001      | 3            | T10       | N        | 6:21 HOURS TO 6:30 HOURS (35 basic units)  | 733.25           |             |                   | 549.95           | 640.05          |
| 23320    | Support list      | Unlisted       | 01.11.2001      | 3            | T10       | N        | 6:31 HOURS TO 6:40 HOURS (36 basic units)  | 754.2            |             |                   | 565.65           | 661             |
| 23330    | Support list      | Unlisted       | 01.11.2001      | 3            | T10       | N        | 6:41 HOURS TO 6:50 HOURS (37 basic units)  | 775.15           |             |                   | 581.4            | 681.95          |
| 23340    | Support list      | Unlisted       | 01.11.2001      | 3            | T10       | N        | 6:51 HOURS TO 7:00 HOURS (38 basic units)  | 796.1            |             |                   | 597.1            | 702.9           |
| 23350    | Support list      | Unlisted       | 01.11.2001      | 3            | T10       | N        | 7:01 HOURS TO 7:10 HOURS (39 basic units)  | 817.05           |             |                   | 612.8            | 723.85          |
| 23360    | Support list      | Unlisted       | 01.11.2001      | 3            | T10       | N        | 7:11 HOURS TO 7:20 HOURS (40 basic units)  | 838              |             |                   | 628.5            | 744.8           |

| MBS Item | Clinical Category | Procedure Type | Item Start Date | MBS Category | MBS Group | New Item | MBS Description                              | MBS Schedule Fee | Derived Fee | Benefit 100% (\$) | Benefit 75% (\$) | Benefit 85 (\$) |
|----------|-------------------|----------------|-----------------|--------------|-----------|----------|--|------------------|-------------|-------------------|------------------|-----------------|
| 23370    | Support list      | Unlisted       | 01.11.2001      | 3            | T10       | N        | 7:21 HOURS TO 7:30 HOURS (41 basic units)    | 858.95           |             |                   | 644.25           | 765.75          |
| 23380    | Support list      | Unlisted       | 01.11.2001      | 3            | T10       | N        | 7:31 HOURS TO 7:40 HOURS (42 basic units)    | 879.9            |             |                   | 659.95           | 786.7           |
| 23390    | Support list      | Unlisted       | 01.11.2001      | 3            | T10       | N        | 7:41 HOURS TO 7:50 HOURS (43 basic units)    | 900.85           |             |                   | 675.65           | 807.65          |
| 23400    | Support list      | Unlisted       | 01.11.2001      | 3            | T10       | N        | 7:51 HOURS TO 8:00 HOURS (44 basic units)    | 921.8            |             |                   | 691.35           | 828.6           |
| 23410    | Support list      | Unlisted       | 01.11.2001      | 3            | T10       | N        | 8:01 HOURS TO 8:10 HOURS (45 basic units)    | 942.75           |             |                   | 707.1            | 849.55          |
| 23420    | Support list      | Unlisted       | 01.11.2001      | 3            | T10       | N        | 8:11 HOURS TO 8:20 HOURS (46 basic units)    | 963.7            |             |                   | 722.8            | 870.5           |
| 23430    | Support list      | Unlisted       | 01.11.2001      | 3            | T10       | N        | 8:21 HOURS TO 8:30 HOURS (47 basic units)    | 984.65           |             |                   | 738.5            | 891.45          |
| 23440    | Support list      | Unlisted       | 01.11.2001      | 3            | T10       | N        | 8:31 HOURS TO 8:40 HOURS (48 basic units)    | 1005.6           |             |                   | 754.2            | 912.4           |
| 23450    | Support list      | Unlisted       | 01.11.2001      | 3            | T10       | N        | 8:41 HOURS TO 8:50 HOURS (49 basic units)    | 1026.55          |             |                   | 769.95           | 933.35          |
| 23460    | Support list      | Unlisted       | 01.11.2001      | 3            | T10       | N        | 8:51 HOURS TO 9:00 HOURS (50 basic units)    | 1047.5           |             |                   | 785.65           | 954.3           |
| 23470    | Support list      | Unlisted       | 01.11.2001      | 3            | T10       | N        | 9:01 HOURS TO 9:10 HOURS (51 basic units)    | 1068.45          |             |                   | 801.35           | 975.25          |
| 23480    | Support list      | Unlisted       | 01.11.2001      | 3            | T10       | N        | 9:11 HOURS TO 9:20 HOURS (52 basic units)    | 1089.4           |             |                   | 817.05           | 996.2           |
| 23490    | Support list      | Unlisted       | 01.11.2001      | 3            | T10       | N        | 9:21 HOURS TO 9:30 HOURS (53 basic units)    | 1110.35          |             |                   | 832.8            | 1017.15         |
| 23500    | Support list      | Unlisted       | 01.11.2001      | 3            | T10       | N        | 9:31 HOURS TO 9:40 HOURS (54 basic units)    | 1131.3           |             |                   | 848.5            | 1038.1          |
| 23510    | Support list      | Unlisted       | 01.11.2001      | 3            | T10       | N        | 9:41 HOURS TO 9:50 HOURS (55 basic units)    | 1152.25          |             |                   | 864.2            | 1059.05         |
| 23520    | Support list      | Unlisted       | 01.11.2001      | 3            | T10       | N        | 9:51 HOURS TO 10:00 HOURS (56 basic units)   | 1173.2           |             |                   | 879.9            | 1080            |
| 23530    | Support list      | Unlisted       | 01.11.2001      | 3            | T10       | N        | 10:01 HOURS TO 10:10 HOURS (57 basic units)  | 1194.15          |             |                   | 895.65           | 1100.95         |
| 23540    | Support list      | Unlisted       | 01.11.2001      | 3            | T10       | N        | 10:11 HOURS TO 10:20 HOURS (58 basic units)  | 1215.1           |             |                   | 911.35           | 1121.9          |
| 23550    | Support list      | Unlisted       | 01.11.2001      | 3            | T10       | N        | 10:21 HOURS TO 10:30 HOURS (59 basic units)  | 1236.05          |             |                   | 927.05           | 1142.85         |
| 23560    | Support list      | Unlisted       | 01.11.2001      | 3            | T10       | N        | 10:31 HOURS TO 10:40 HOURS (60 basic units)  | 1257             |             |                   | 942.75           | 1163.8          |
| 23570    | Support list      | Unlisted       | 01.11.2001      | 3            | T10       | N        | 10:41 HOURS TO 10:50 HOURS (61 basic units)  | 1277.95          |             |                   | 958.5            | 1184.75         |
| 23580    | Support list      | Unlisted       | 01.11.2001      | 3            | T10       | N        | 10:51 HOURS TO 11:00 HOURS (62 basic units)  | 1298.9           |             |                   | 974.2            | 1205.7          |
| 23590    | Support list      | Unlisted       | 01.11.2001      | 3            | T10       | N        | 11:01 HOURS TO 11:10 HOURS (63 basic units)  | 1319.85          |             |                   | 989.9            | 1226.65         |
| 23600    | Support list      | Unlisted       | 01.11.2001      | 3            | T10       | N        | 11:11 HOURS TO 11:20 HOURS (64 basic units)  | 1340.8           |             |                   | 1005.6           | 1247.6          |
| 23610    | Support list      | Unlisted       | 01.11.2001      | 3            | T10       | N        | 11:21 HOURS TO 11:30 HOURS (65 basic units)  | 1361.75          |             |                   | 1021.35          | 1268.55         |
| 23620    | Support list      | Unlisted       | 01.11.2001      | 3            | T10       | N        | 11:31 HOURS TO 11:40 HOURS (66 basic units)  | 1382.7           |             |                   | 1037.05          | 1289.5          |
| 23630    | Support list      | Unlisted       | 01.11.2001      | 3            | T10       | N        | 11:41 HOURS TO 11:50 HOURS (67 basic units)  | 1403.65          |             |                   | 1052.75          | 1310.45         |
| 23640    | Support list      | Unlisted       | 01.11.2001      | 3            | T10       | N        | 11:51 HOURS TO 12:00 HOURS (68 basic units)  | 1424.6           |             |                   | 1068.45          | 1331.4          |
| 23650    | Support list      | Unlisted       | 01.11.2001      | 3            | T10       | N        | 12:01 HOURS TO 12:10 HOURS (69 basic units)  | 1445.55          |             |                   | 1084.2           | 1352.35         |
| 23660    | Support list      | Unlisted       | 01.11.2001      | 3            | T10       | N        | 12:11 HOURS TO 12:20 HOURS (70 basic units)  | 1466.5           |             |                   | 1099.9           | 1373.3          |
| 23670    | Support list      | Unlisted       | 01.11.2001      | 3            | T10       | N        | 12:21 HOURS TO 12:30 HOURS (71 basic units)  | 1487.45          |             |                   | 1115.6           | 1394.25         |
| 23680    | Support list      | Unlisted       | 01.11.2001      | 3            | T10       | N        | 12:31 HOURS TO 12:40 HOURS (72 basic units)  | 1508.4           |             |                   | 1131.3           | 1415.2          |
| 23690    | Support list      | Unlisted       | 01.11.2001      | 3            | T10       | N        | 12:41 HOURS TO 12:50 HOURS (73 basic units)  | 1529.35          |             |                   | 1147.05          | 1436.15         |
| 23700    | Support list      | Unlisted       | 01.11.2001      | 3            | T10       | N        | 12:51 HOURS TO 13:00 HOURS (74 basic units)  | 1550.3           |             |                   | 1162.75          | 1457.1          |
| 23710    | Support list      | Unlisted       | 01.11.2001      | 3            | T10       | N        | 13:01 HOURS TO 13:10 HOURS (75 basic units)  | 1571.25          |             |                   | 1178.45          | 1478.05         |
| 23720    | Support list      | Unlisted       | 01.11.2001      | 3            | T10       | N        | 13:11 HOURS TO 13:20 HOURS (76 basic units)  | 1592.2           |             |                   | 1194.15          | 1499            |
| 23730    | Support list      | Unlisted       | 01.11.2001      | 3            | T10       | N        | 13:21 HOURS TO 13:30 HOURS (77 basic units)  | 1613.15          |             |                   | 1209.9           | 1519.95         |
| 23740    | Support list      | Unlisted       | 01.11.2001      | 3            | T10       | N        | 13:31 HOURS TO 13:40 HOURS (78 basic units)  | 1634.1           |             |                   | 1225.6           | 1540.9          |
| 23750    | Support list      | Unlisted       | 01.11.2001      | 3            | T10       | N        | 13:41 HOURS TO 13:50 HOURS (79 basic units)  | 1655.05          |             |                   | 1241.3           | 1561.85         |
| 23760    | Support list      | Unlisted       | 01.11.2001      | 3            | T10       | N        | 13:51 HOURS TO 14:00 HOURS (80 basic units)  | 1676             |             |                   | 1257             | 1582.8          |
| 23770    | Support list      | Unlisted       | 01.11.2001      | 3            | T10       | N        | 14:01 HOURS TO 14:10 HOURS (81 basic units)  | 1696.95          |             |                   | 1272.75          | 1603.75         |
| 23780    | Support list      | Unlisted       | 01.11.2001      | 3            | T10       | N        | 14:11 HOURS TO 14:20 HOURS (82 basic units)  | 1717.9           |             |                   | 1288.45          | 1624.7          |
| 23790    | Support list      | Unlisted       | 01.11.2001      | 3            | T10       | N        | 14:21 HOURS TO 14:30 HOURS (83 basic units)  | 1738.85          |             |                   | 1304.15          | 1645.65         |
| 23800    | Support list      | Unlisted       | 01.11.2001      | 3            | T10       | N        | 14:31 HOURS TO 14:40 HOURS (84 basic units)  | 1759.8           |             |                   | 1319.85          | 1666.6          |
| 23810    | Support list      | Unlisted       | 01.11.2001      | 3            | T10       | N        | 14:41 HOURS TO 14:50 HOURS (85 basic units)  | 1780.75          |             |                   | 1335.6           | 1687.55         |
| 23820    | Support list      | Unlisted       | 01.11.2001      | 3            | T10       | N        | 14:51 HOURS TO 15:00 HOURS (86 basic units)  | 1801.7           |             |                   | 1351.3           | 1708.5          |
| 23830    | Support list      | Unlisted       | 01.11.2001      | 3            | T10       | N        | 15:01 HOURS TO 15:10 HOURS (87 basic units)  | 1822.65          |             |                   | 1367             | 1729.45         |
| 23840    | Support list      | Unlisted       | 01.11.2001      | 3            | T10       | N        | 15:11 HOURS TO 15:20 HOURS (88 basic units)  | 1843.6           |             |                   | 1382.7           | 1750.4          |
| 23850    | Support list      | Unlisted       | 01.11.2001      | 3            | T10       | N        | 15:21 HOURS TO 15:30 HOURS (89 basic units)  | 1864.55          |             |                   | 1398.45          | 1771.35         |
| 23860    | Support list      | Unlisted       | 01.11.2001      | 3            | T10       | N        | 15:31 HOURS TO 15:40 HOURS (90 basic units)  | 1885.5           |             |                   | 1414.15          | 1792.3          |
| 23870    | Support list      | Unlisted       | 01.11.2001      | 3            | T10       | N        | 15:41 HOURS TO 15:50 HOURS (91 basic units)  | 1906.45          |             |                   | 1429.85          | 1813.25         |
| 23880    | Support list      | Unlisted       | 01.11.2001      | 3            | T10       | N        | 15:51 HOURS TO 16:00 HOURS (92 basic units)  | 1927.4           |             |                   | 1445.55          | 1834.2          |
| 23890    | Support list      | Unlisted       | 01.11.2001      | 3            | T10       | N        | 16:01 HOURS TO 16:10 HOURS (93 basic units)  | 1948.35          |             |                   | 1461.3           | 1855.15         |
| 23900    | Support list      | Unlisted       | 01.11.2001      | 3            | T10       | N        | 16:11 HOURS TO 16:20 HOURS (94 basic units)  | 1969.3           |             |                   | 1477             | 1876.1          |
| 23910    | Support list      | Unlisted       | 01.11.2001      | 3            | T10       | N        | 16:21 HOURS TO 16:30 HOURS (95 basic units)  | 1990.25          |             |                   | 1492.7           | 1897.05         |
| 23920    | Support list      | Unlisted       | 01.11.2001      | 3            | T10       | N        | 16:31 HOURS TO 16:40 HOURS (96 basic units)  | 2011.2           |             |                   | 1508.4           | 1918            |
| 23930    | Support list      | Unlisted       | 01.11.2001      | 3            | T10       | N        | 16:41 HOURS TO 16:50 HOURS (97 basic units)  | 2032.15          |             |                   | 1524.15          | 1938.95         |
| 23940    | Support list      | Unlisted       | 01.11.2001      | 3            | T10       | N        | 16:51 HOURS TO 17:00 HOURS (98 basic units)  | 2053.1           |             |                   | 1539.85          | 1959.9          |
| 23950    | Support list      | Unlisted       | 01.11.2001      | 3            | T10       | N        | 17:01 HOURS TO 17:10 HOURS (99 basic units)  | 2074.05          |             |                   | 1555.55          | 1980.85         |
| 23960    | Support list      | Unlisted       | 01.11.2001      | 3            | T10       | N        | 17:11 HOURS TO 17:20 HOURS (100 basic units) | 2095             |             |                   | 1571.25          | 2001.8          |
| 23970    | Support list      | Unlisted       | 01.11.2001      | 3            | T10       | N        | 17:21 HOURS TO 17:30 HOURS (101 basic units) | 2115.95          |             |                   | 1587             | 2022.75         |
| 23980    | Support list      | Unlisted       | 01.11.2001      | 3            | T10       | N        | 17:31 HOURS TO 17:40 HOURS (102 basic units) | 2136.9           |             |                   | 1602.7           | 2043.7          |
| 23990    | Support list      | Unlisted       | 01.11.2001      | 3            | T10       | N        | 17:41 HOURS TO 17:50 HOURS (103 basic units) | 2157.85          |             |                   | 1618.4           | 2064.65         |
| 24100    | Support list      | Unlisted       | 01.11.2001      | 3            | T10       | N        | 17:51 HOURS TO 18:00 HOURS (104 basic units) | 2178.8           |             |                   | 1634.1           | 2085.6          |
| 24101    | Support list      | Unlisted       | 01.11.2001      | 3            | T10       | N        | 18:01 HOURS TO 18:10 HOURS (105 basic units) | 2199.75          |             |                   | 1649.85          | 2106.55         |
| 24102    | Support list      | Unlisted       | 01.11.2001      | 3            | T10       | N        | 18:11 HOURS TO 18:20 HOURS (106 basic units) | 2220.7           |             |                   | 1665.55          | 2127.5          |
| 24103    | Support list      | Unlisted       | 01.11.2001      | 3            | T10       | N        | 18:21 HOURS TO 18:30 HOURS (107 basic units) | 2241.65          |             |                   | 1681.25          | 2148.45         |
| 24104    | Support list      | Unlisted       | 01.11.2001      | 3            | T10       | N        | 18:31 HOURS TO 18:40 HOURS (108 basic units) | 2262.6           |             |                   | 1696.95          | 2169.4          |
| 24105    | Support list      | Unlisted       | 01.11.2001      | 3            | T10       | N        | 18:41 HOURS TO 18:50 HOURS (109 basic units) | 2283.55          |             |                   | 1712.7           | 2190.35         |
| 24106    | Support list      | Unlisted       | 01.11.2001      | 3            | T10       | N        | 18:51 HOURS TO 19:00 HOURS (110 basic units) | 2304.5           |             |                   | 1728.4           | 2211.3          |
| 24107    | Support list      | Unlisted       | 01.11.2001      | 3            | T10       | N        | 19:01 HOURS TO 19:10 HOURS (111 basic units) | 2325.45          |             |                   | 1744.1           | 2232.25         |
| 24108    | Support list      | Unlisted       | 01.11.2001      | 3            | T10       | N        | 19:11 HOURS TO 19:20 HOURS (112 basic units) | 2346.4           |             |                   | 1759.8           | 2253.2          |
| 24109    | Support list      | Unlisted       | 01.11.2001      | 3            | T10       | N        | 19:21 HOURS TO 19:30 HOURS (113 basic units) | 2367.35          |             |                   | 1775.55          | 2274.15         |
| 24110    | Support list      | Unlisted       | 01.11.2001      | 3            | T10       | N        | 19:31 HOURS TO 19:40 HOURS (114 basic units) | 2388.3           |             |                   | 1791.25          | 2295.1          |
| 24111    | Support list      | Unlisted       | 01.11.2001      | 3            | T10       | N        | 19:41 HOURS TO 19:50 HOURS (115 basic units) | 2409.25          |             |                   | 1806.95          | 2316.05         |
| 24112    | Support list      | Unlisted       | 01.11.2001      | 3            | T10       | N        | 19:51 HOURS TO 20:00 HOURS (116 basic units) | 2430.2           |             |                   | 1822.65          | 2337            |
| 24113    | Support list      | Unlisted       | 01.11.2001      | 3            | T10       | N        | 20:01 HOURS TO 20:10 HOURS (117 basic units) | 2451.15          |             |                   | 1838.4           | 2357.95         |

| MBS item | Clinical Category | Procedure Type | Item Start Date | MBS Category | MBS Group | New Item | MBS Description   | MBS Schedule Fee | Derived Fee   | Benefit 100% (\$) | Benefit 75% (\$) | Benefit 85 (\$) |
|----------|-------------------|----------------|-----------------|--------------|-----------|----------|---|------------------|---|-------------------|------------------|-----------------|
| 24114    | Support list      | Unlisted       | 01.11.2001      | 3            | T10       | N        | 20:11 HOURS TO 20:20 HOURS (118 basic units)  | 2472.1           |   | 1854.1            | 2378.9           |                 |
| 24115    | Support list      | Unlisted       | 01.11.2001      | 3            | T10       | N        | 20:21 HOURS TO 20:30 HOURS (119 basic units)  | 2493.05          |   | 1869.8            | 2399.85          |                 |
| 24116    | Support list      | Unlisted       | 01.11.2001      | 3            | T10       | N        | 20:31 HOURS TO 20:40 HOURS (120 basic units)  | 2514             |   | 1885.5            | 2420.8           |                 |
| 24117    | Support list      | Unlisted       | 01.11.2001      | 3            | T10       | N        | 20:41 HOURS TO 20:50 HOURS (121 basic units)  | 2534.95          |   | 1901.25           | 2441.75          |                 |
| 24118    | Support list      | Unlisted       | 01.11.2001      | 3            | T10       | N        | 20:51 HOURS TO 21:00 HOURS (122 basic units)  | 2555.9           |   | 1916.95           | 2462.7           |                 |
| 24119    | Support list      | Unlisted       | 01.11.2001      | 3            | T10       | N        | 21:01 HOURS TO 21:10 HOURS (123 basic units)  | 2576.85          |   | 1932.65           | 2483.65          |                 |
| 24120    | Support list      | Unlisted       | 01.11.2001      | 3            | T10       | N        | 21:11 HOURS TO 21:20 HOURS (124 basic units)  | 2597.8           |   | 1948.35           | 2504.6           |                 |
| 24121    | Support list      | Unlisted       | 01.11.2001      | 3            | T10       | N        | 21:21 HOURS TO 21:30 HOURS (125 basic units)  | 2618.75          |   | 1964.1            | 2525.55          |                 |
| 24122    | Support list      | Unlisted       | 01.11.2001      | 3            | T10       | N        | 21:31 HOURS TO 21:40 HOURS (126 basic units)  | 2639.7           |   | 1979.8            | 2546.5           |                 |
| 24123    | Support list      | Unlisted       | 01.11.2001      | 3            | T10       | N        | 21:41 HOURS TO 21:50 HOURS (127 basic units)  | 2660.65          |   | 1995.5            | 2567.45          |                 |
| 24124    | Support list      | Unlisted       | 01.11.2001      | 3            | T10       | N        | 21:51 HOURS TO 22:00 HOURS (128 basic units)  | 2681.6           |   | 2011.2            | 2588.4           |                 |
| 24125    | Support list      | Unlisted       | 01.11.2001      | 3            | T10       | N        | 22:01 HOURS TO 22:10 HOURS (129 basic units)  | 2702.55          |   | 2026.95           | 2609.35          |                 |
| 24126    | Support list      | Unlisted       | 01.11.2001      | 3            | T10       | N        | 22:11 HOURS TO 22:20 HOURS (130 basic units)  | 2723.5           |   | 2042.65           | 2630.3           |                 |
| 24127    | Support list      | Unlisted       | 01.11.2001      | 3            | T10       | N        | 22:21 HOURS TO 22:30 HOURS (131 basic units)  | 2744.45          |   | 2058.35           | 2651.25          |                 |
| 24128    | Support list      | Unlisted       | 01.11.2001      | 3            | T10       | N        | 22:31 HOURS TO 22:40 HOURS (132 basic units)  | 2765.4           |   | 2074.05           | 2672.2           |                 |
| 24129    | Support list      | Unlisted       | 01.11.2001      | 3            | T10       | N        | 22:41 HOURS TO 22:50 HOURS (133 basic units)  | 2786.35          |   | 2089.8            | 2693.15          |                 |
| 24130    | Support list      | Unlisted       | 01.11.2001      | 3            | T10       | N        | 22:51 HOURS TO 23:00 HOURS (134 basic units)  | 2807.3           |   | 2105.5            | 2714.1           |                 |
| 24131    | Support list      | Unlisted       | 01.11.2001      | 3            | T10       | N        | 23:01 HOURS TO 23:10 HOURS (135 basic units)  | 2828.25          |   | 2121.2            | 2735.05          |                 |
| 24132    | Support list      | Unlisted       | 01.11.2001      | 3            | T10       | N        | 23:11 HOURS TO 23:20 HOURS (136 basic units)  | 2849.2           |   | 2136.9            | 2756             |                 |
| 24133    | Support list      | Unlisted       | 01.11.2001      | 3            | T10       | N        | 23:21 HOURS TO 23:30 HOURS (137 basic units)  | 2870.15          |   | 2152.65           | 2776.95          |                 |
| 24134    | Support list      | Unlisted       | 01.11.2001      | 3            | T10       | N        | 23:31 HOURS TO 23:40 HOURS (138 basic units)  | 2891.1           |   | 2168.35           | 2797.9           |                 |
| 24135    | Support list      | Unlisted       | 01.11.2001      | 3            | T10       | N        | 23:41 HOURS TO 23:50 HOURS (139 basic units)  | 2912.05          |   | 2184.05           | 2818.85          |                 |
| 24136    | Support list      | Unlisted       | 01.11.2001      | 3            | T10       | N        | 23:51 HOURS TO 24:00 HOURS (140 basic units)  | 2933             |   | 2199.75           | 2839.8           |                 |
| 25000    | Support list      | Unlisted       | 01.11.2001      | 3            | T10       | N        | ANAESTHESIA, PERFUSION or ASSISTANCE AT ANAESTHESIA (a) for anaesthesia performed in association with an item in the range 20100 to 21997 or 22900 to 22905; or (b) for perfusion performed in association with item 22060; or (c) for assistance at anaesthesia performed in association with items 25200 to 25205 Where the patient has severe systemic disease equivalent to ASA physical status indicator 3 (1 basic units) | 20.95            |   | 15.75             | 17.85            |                 |
| 25005    | Support list      | Unlisted       | 01.11.2001      | 3            | T10       | N        | Where the patient has severe systemic disease which is a constant threat to life equivalent to ASA physical status indicator 4 (2 basic units)  | 41.9             |   | 31.45             | 35.65            |                 |
| 25010    | Support list      | Unlisted       | 01.11.2001      | 3            | T10       | N        | For a patient who is not expected to survive for 24 hours with or without the operation, equivalent to ASA physical status indicator 5 (3 basic units)  | 62.85            |   | 47.15             | 53.45            |                 |
| 25013    | Support list      | Unlisted       | 01.05.2020      | 3            | T10       | N        | Anaesthesia, perfusion or assistance in the management of anaesthesia, if the patient is aged under 4 years (Anaes.) (1 basic units)  | 20.95            |   | 15.75             | 17.85            |                 |
| 25014    | Support list      | Unlisted       | 01.05.2020      | 3            | T10       | N        | Anaesthesia, perfusion or assistance in the management of anaesthesia, if the patient is aged 75 years or more (Anaes.) (1 basic units)   | 20.95            |   | 15.75             | 17.85            |                 |
| 25020    | Support list      | Unlisted       | 01.11.2001      | 3            | T10       | N        | ANAESTHESIA, PERFUSION OR ASSISTANCE AT ANAESTHESIA - where the patient requires immediate treatment without which there would be significant threat to life or body part - not being a service associated with a service to which Item 25025 or 25030 or 25050 applies (2 basic units)   | 41.9             |   | 31.45             | 35.65            |                 |
| 25025    | Support list      | Unlisted       | 01.11.2001      | 3            | T10       | N        | 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 (0 basic units)   |                  | An additional amount of 50% of fee for the anaesthetic service.That is:(a) an anaesthesia item/s range 20100 - 21997 or 22900, plus (b)an item range 23010 - 24136, plus(c) if applicable,an item range 25000-25014, plus(d) where performed, any assoc therapeutic or diagnostic service range 22002-22051 |                   |                  |                 |
| 25030    | Support list      | Unlisted       | 01.11.2001      | 3            | T10       | N        | 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 (0 basic units)   |                  | 50% of the fee for assistance at anaesthesia. That is: (a) an assistant anaesthesia item in the range 25200 - 25205, plus (b) an item range 23010- 24136, plus (c) where applicable, an item range 25000-25014, plus (d) where performed, any associated therapeutic or diagnostic service 22002 -22051     |                   |                  |                 |
| 25050    | Support list      | Unlisted       | 01.11.2001      | 3            | T10       | N        | 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. (0 basic units)  |                  | An additional amount of 50% of the fee for the perfusion service. That is: (a) item 22060, plus (b) an item range 23010 - 24136, plus (c) where applicable, an item range 25000 - 25014, plus (d) where performed, any associated therapeutic or diagnostic service in the range 22002-22051 or 22065-22075 |                   |                  |                 |
| 25200    | Support list      | Unlisted       | 01.11.2001      | 3            | T10       | N        | ASSISTANCE IN THE ADMINISTRATION OF ANAESTHESIA on a patient in imminent danger of death requiring continuous life saving emergency treatment, to the exclusion of all other patients (5 basic units)   |                  | An amount of \$104.75 (5 basic units) plus an item in the range 23010 - 24136 plus, where applicable - an item in the range 25000 - 25020 plus, where performed, any associated therapeutic or diagnostic service/s in the range 22001 - 22051  |                   |                  |                 |

| MBS item | Clinical Category  | Procedure Type           | Item Start Date | MBS Category | MBS Group | New Item | MBS Description  | MBS Schedule Fee | Derived Fee  | Benefit 100% (\$) | Benefit 75% (\$) | Benefit 85 (\$) |
|----------|--|--------------------------|-----------------|--------------|-----------|----------|--|------------------|--|-------------------|------------------|-----------------|
| 25205    | Support list   | Unlisted                 | 01.11.2001      | 3            | T10       | N        | ASSISTANCE IN THE ADMINISTRATION OF ELECTIVE ANAESTHESIA where: (i)the patient has complex airway problems; or (ii)the patient is a neonate or a complex paediatric case; or (iii)there is anticipated to be massive blood loss (greater than 50% of blood volume) during the procedure; or (iv)the patient is critically ill, with multiple organ failure; or (v)where the anaesthesia time exceeds 6 hours and the assistance is provided to the exclusion of all other patients (5 basic units) |                  | An amount of \$104.75 (5 basic units) plus an item in the range 23010 - 24136 plus, where applicable - an item in the range 25000 - 25020 plus, where performed, any associated therapeutic or diagnostic service/s in the range 22001 - 22051 |                   |                  |                 |
| 30001    | Support list   | Unlisted                 | 01.11.1997      | 3            | T8        | N        | OPERATIVE PROCEDURE, not being a service to which any other item in this Group applies, being a service to which an item in this Group would have applied had the procedure not been discontinued on medical grounds   |                  | 50% of the fee which would have applied had the procedure not been discontinued  |                   |                  |                 |
| 30003    | Plastic and reconstructive surgery (medically necessary) | Type C                   | 01.12.1991      | 3            | T8        | N        | LOCALISED BURNS, dressing of, (not involving grafting)each attendance at which the procedure is performed, including any associated consultation   | 38.4             |  |                   | 28.8             | 32.65           |
| 30006    | Plastic and reconstructive surgery (medically necessary) | Type C                   | 01.12.1991      | 3            | T8        | N        | EXTENSIVE BURNS, dressing of, without anaesthesia (not involving grafting)each attendance at which the procedure is performed, including any associated consultation   | 49.15            |  |                   | 36.9             | 41.8            |
| 30010    | Plastic and reconstructive surgery (medically necessary) | Unlisted                 | 01.12.1991      | 3            | T8        | N        | LOCALISED BURNS, dressing of, under general anaesthesia (not involving grafting) (Anaes.)  | 78.2             |  |                   | 58.65            |                 |
| 30014    | Plastic and reconstructive surgery (medically necessary) | Unlisted                 | 01.12.1991      | 3            | T8        | N        | EXTENSIVE BURNS, dressing of, under general anaesthesia (not involving grafting) (Anaes.)  | 164.3            |  |                   | 123.25           |                 |
| 30017    | Plastic and reconstructive surgery (medically necessary) | Type A Surgical          | 01.12.1991      | 3            | T8        | N        | BURNS, excision of, under general anaesthesia, involving not more than 10 per cent of body surface, where grafting is not carried out during the same operation (Anaes.) (Assist.)   | 344.7            |  |                   | 258.55           | 293             |
| 30020    | Plastic and reconstructive surgery (medically necessary) | Type A Surgical          | 01.12.1991      | 3            | T8        | N        | BURNS, excision of, under general anaesthesia, involving more than 10 per cent of body surface, where grafting is not carried out during the same operation (Anaes.) (Assist.)   | 671.3            |  |                   | 503.5            |                 |
| 30023    | Skin   | Type A Surgical          | 01.12.1991      | 3            | T8        | N        | WOUND OF SOFT TISSUE, traumatic, deep or extensively contaminated, debridement of, under general anaesthesia or regional or field nerve block, including suturing of that wound when performed (Anaes.) (Assist.)  | 344.7            |  |                   | 258.55           | 293             |
| 30024    | Skin   | Type A Surgical          | 01.11.2005      | 3            | T8        | N        | WOUND OF SOFT TISSUE, debridement of extensively infected post-surgical incision or Fournier's Gangrene, under general anaesthesia or regional or field nerve block, including suturing of that wound when performed (Anaes.) (Assist.)  | 344.7            |  |                   | 258.55           | 293             |
| 30026    | Skin   | Type C                   | 01.12.1991      | 3            | T8        | N        | SKIN AND SUBCUTANEOUS TISSUE OR MUCOUS MEMBRANE, REPAIR OFWOUND OF, other than wound closure at time of surgery, not on face or neck, small (NOT MORE THAN 7 CM LONG), superficial, not being a service to which another item in Group T4 applies (Anaes.)   | 55.2             |  |                   | 41.4             | 46.95           |
| 30029    | Skin   | Unlisted                 | 01.12.1991      | 3            | T8        | N        | SKIN AND SUBCUTANEOUS TISSUE OR MUCOUS MEMBRANE, REPAIR OFWOUND OF, other than wound closure at time of surgery, not on face or neck, small (NOT MORE THAN 7 CM LONG), involving deeper tissue, not being a service to which another item in Group T4 applies (Anaes.)   | 95.15            |  |                   | 71.4             | 80.9            |
| 30032    | Skin   | Type C                   | 01.12.1991      | 3            | T8        | N        | SKIN AND SUBCUTANEOUS TISSUE OR MUCOUS MEMBRANE, REPAIR OFWOUND OF, other than wound closure at time of surgery, on face or neck, small (NOT MORE THAN 7 CM LONG), superficial (Anaes.)  | 87.15            |  |                   | 65.4             | 74.1            |
| 30035    | Skin   | Unlisted                 | 01.12.1991      | 3            | T8        | N        | SKIN AND SUBCUTANEOUS TISSUE OR MUCOUS MEMBRANE, REPAIR OFWOUND OF, other than wound closure at time of surgery, on face or neck, small (NOT MORE THAN 7 CM LONG), involving deeper tissue (Anaes.)  | 124.3            |  |                   | 93.25            | 105.7           |
| 30038    | Skin   | Type C                   | 01.12.1991      | 3            | T8        | N        | 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, not being a service to which another item in Group T4 applies (Anaes.)  | 95.15            |  |                   | 71.4             | 80.9            |
| 30042    | Skin   | Type B Non-band specific | 01.12.1991      | 3            | T8        | N        | SKIN AND SUBCUTANEOUS TISSUE OR MUCOUS MEMBRANE, REPAIR OFWOUND 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.)   | 196.2            |  |                   | 147.15           | 166.8           |
| 30045    | Skin   | Type B Non-band specific | 01.12.1991      | 3            | T8        | N        | SKIN AND SUBCUTANEOUS TISSUE OR MUCOUS MEMBRANE, REPAIR OFWOUND OF, other than wound closure at time of surgery, on face or neck, large (MORE THAN 7 CM LONG), superficial (Anaes.)  | 124.3            |  |                   | 93.25            | 105.7           |
| 30049    | Skin   | Unlisted                 | 01.12.1991      | 3            | T8        | N        | SKIN AND SUBCUTANEOUS TISSUE OR MUCOUS MEMBRANE, REPAIR OFWOUND OF, other than wound closure at time of surgery, on face or neck, large (MORE THAN 7 CM LONG), involving deeper tissue (Anaes.)  | 196.2            |  |                   | 147.15           | 166.8           |
| 30052    | Skin   | Unlisted                 | 01.12.1991      | 3            | T8        | N        | FULL THICKNESS LACERATION OF EAR, EYELID, NOSE OR LIP, repair of, with accurate apposition of each layer of tissue (Anaes.) (Assist.)  | 268.5            |  |                   | 201.4            | 228.25          |

| MBS item | Clinical Category      | Procedure Type           | Item Start Date | MBS Category | MBS Group | New Item | MBS Description   | MBS Schedule Fee | Derived Fee | Benefit 100% (\$) | Benefit 75% (\$) | Benefit 85 (\$) |
|----------|------------------------|--------------------------|-----------------|--------------|-----------|----------|---|------------------|-------------|-------------------|------------------|-----------------|
| 30055    | Skin                   | Type B Non-band specific | 01.12.1991      | 3            | T8        | N        | 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.)   | 78.2             |             |                   | 58.65            | 66.5            |
| 30058    | Common list            | Unlisted                 | 01.12.1991      | 3            | T8        | N        | POSTOPERATIVE HAEMORRHAGE, control of, under general anaesthesia, as an independent procedure (Anaes.)  | 152.6            |             |                   | 114.45           | 129.75          |
| 30061    | Common list            | Type C                   | 01.12.1991      | 3            | T8        | N        | SUPERFICIAL FOREIGN BODY, REMOVAL OF, (including from cornea or sclera), as an independent procedure (Anaes.)   | 24.85            |             |                   | 18.65            | 21.15           |
| 30062    | Gynaecology            | Type C                   | 01.05.2007      | 3            | T8        | N        | Etonogestrel subcutaneous implant, removal of, as an independent procedure (Anaes.)   | 64.2             |             |                   | 48.15            | 54.6            |
| 30064    | Skin                   | Type C                   | 01.12.1991      | 3            | T8        | N        | SUBCUTANEOUS FOREIGN BODY, removal of, requiring incision and exploration, including closure of wound if performed, as an independent procedure (Anaes.)  | 116.15           |             |                   | 87.15            | 98.75           |
| 30068    | Common list            | Type A Surgical          | 01.12.1991      | 3            | T8        | N        | FOREIGN BODY IN MUSCLE, TENDON OR OTHER DEEP TISSUE, removal of, as an independent procedure (Anaes.) (Assist.)   | 292.6            |             |                   | 219.45           | 248.75          |
| 30071    | Skin                   | Type C                   | 01.12.1991      | 3            | T8        | N        | Diagnostic biopsy of skin, as an independent procedure, if the biopsy specimen is sent for pathological examination (Anaes.)  | 55.2             |             |                   | 41.4             | 46.95           |
| 30072    | Common list            | Type C                   | 01.11.2016      | 3            | T8        | N        | Diagnostic biopsy of mucous membrane, as an independent procedure, if the biopsy specimen is sent for pathological examination (Anaes.)   | 55.2             |             |                   | 41.4             | 46.95           |
| 30075    | Common list            | Unlisted                 | 01.12.1991      | 3            | T8        | N        | 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.)   | 158.35           |             |                   | 118.8            | 134.6           |
| 30078    | Common list            | Unlisted                 | 01.12.1991      | 3            | T8        | N        | DIAGNOSTIC DRILL BIOPSY OF LYMPH NODE, DEEP TISSUE OR ORGAN, as an independent procedure, where the biopsy specimen is sent for pathological examination (Anaes.)   | 51.25            |             |                   | 38.45            | 43.6            |
| 30081    | Common list            | Type B Non-band specific | 01.12.1991      | 3            | T8        | N        | DIAGNOSTIC BIOPSY OF BONE MARROW by trephine using open approach, where the biopsy specimen is sent for pathological examination (Anaes.)   | 116.15           |             |                   | 87.15            | 98.75           |
| 30084    | Common list            | Type B Non-band specific | 01.12.1991      | 3            | T8        | N        | DIAGNOSTIC BIOPSY OF BONE MARROW by trephine using percutaneous approach where the biopsy is sent for pathological examination (Anaes.)   | 62.2             |             |                   | 46.65            | 52.9            |
| 30087    | Common list            | Type B Non-band specific | 01.12.1991      | 3            | T8        | N        | DIAGNOSTIC BIOPSY OF BONE MARROW by aspiration or PUNCH BIOPSY OF SYNOVIAL MEMBRANE, where the biopsy is sent for pathological examination (Anaes.)   | 31.1             |             |                   | 23.35            | 26.45           |
| 30090    | Lung and chest         | Unlisted                 | 01.12.1991      | 3            | T8        | N        | DIAGNOSTIC BIOPSY OF PLEURA, PERCUTANEOUS 1 or more biopsies on any 1 occasion, where the biopsy is sent for pathological examination (Anaes.)  | 135.9            |             |                   | 101.95           | 115.55          |
| 30093    | Common list            | Unlisted                 | 01.12.1991      | 3            | T8        | N        | DIAGNOSTIC NEEDLE BIOPSY OF VERTEBRA, where the biopsy is sent for pathological examination (Anaes.)  | 181.35           |             |                   | 136.05           | 154.15          |
| 30094    | Common list            | Type B Non-band specific | 01.04.1992      | 3            | T8        | N        | DIAGNOSTIC PERCUTANEOUS ASPIRATION BIOPSY of deep organ using interventional imaging techniques - but not including imaging, where the biopsy is sent for pathological examination (Anaes.)   | 200.25           |             |                   | 150.2            | 170.25          |
| 30097    | Common list            | Type C                   | 01.11.2006      | 3            | T8        | N        | 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: serum cortisol at 0830-0930 hours on any dayin the preceding month has been measured at greater than 100 nmol/L but less than 400 nmol/L; or in a patient who is acutely unwelland adrenal insufficiency is suspected.  | 102.7            |             |                   | 77.05            | 87.3            |
| 30099    | Skin                   | Type B Non-band specific | 01.12.1991      | 3            | T8        | N        | SINUS, excision of, involving superficial tissue only (Anaes.)  | 95.15            |             |                   | 71.4             | 80.9            |
| 30103    | Bone, joint and muscle | Type B Non-band specific | 01.12.1991      | 3            | T8        | N        | SINUS, excision of, involving muscle and deep tissue (Anaes.)   | 194.4            |             |                   | 145.8            | 165.25          |
| 30104    | Ear, nose and throat   | Type B Non-band specific | 01.11.1995      | 3            | T8        | N        | Pre-auricular sinus, excision of, on a patient 10 years of age or over (Anaes.)   | 134.2            |             |                   | 100.65           | 114.1           |
| 30105    | Ear, nose and throat   | Type B Non-band specific | 01.09.2015      | 3            | T8        | N        | Pre-auricular sinus, excision of, on a patient under 10 years of age (Anaes.)   | 174.4            |             |                   | 130.8            | 148.25          |
| 30107    | Bone, joint and muscle | Type B Non-band specific | 01.12.1991      | 3            | T8        | N        | Excision of ganglion, other than a service associated with a service to which another item in this Group applies (Anaes.)   | 232.5            |             |                   | 174.4            | 197.65          |
| 30165    | Weight loss surgery    | Type A Surgical          | 01.12.1991      | 3            | T8        | N        | Lipectomy, wedge excision of abdominal apron that is a direct consequence of significant weight loss, not being a service associated with a service to which item 30168, 30171, 30172, 30176, 30177, 30179, 45530, 45564 or 45565 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 abdominal apron 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.)  | 480.85           |             |                   | 360.65           |                 |
| 30168    | Weight loss surgery    | Type A Surgical          | 01.12.1991      | 3            | T8        | N        | Lipectomy, wedge excision of redundant non abdominal skin and fat that is a direct consequence of significant weight loss,not being a service associated with a service to which item 30165, 30171, 30172, 30176, 30177, 30179, 45530, 45564 or 45565 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; and (d) the procedure involves 1 excision only (H) (Anaes.) (Assist.)   | 480.85           |             |                   | 360.65           |                 |
| 30171    | Weight loss surgery    | Type A Surgical          | 01.12.1991      | 3            | T8        | N        | Lipectomy, wedge excision of redundant non abdominal skin and fat that is a direct consequence of significant weight loss, not being a service associated with a service to which item 30165, 30168, 30172, 30176, 30177, 30179, 45530, 45564 or 45565 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; and (d) the procedure involves 2 excisions only (H) (Anaes.) (Assist.) | 731.25           |             |                   | 548.45           |                 |

| MBS item | Clinical Category  | Procedure Type                               | Item Start Date | MBS Category | MBS Group | New Item | MBS Description  | MBS Schedule Fee | Derived Fee | Benefit 100% (\$) | Benefit 75% (\$) | Benefit 85 (\$) |
|----------|--|--|-----------------|--------------|-----------|----------|--|------------------|-------------|-------------------|------------------|-----------------|
| 30172    | Weight loss surgery                                      | Type A Surgical                              | 01.01.2016      | 3            | T8        | N        | Lipectomy, wedge excision of redundant non abdominal skin and fat that is a direct consequence of significant weight loss, not being a service associated with a service to which item 30165, 30168, 30171, 30176, 30177, 30179, 45530, 45564 or 45565 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; and (d) the procedure involves 3 or more excisions (H) (Anaes.) (Assist.)   | 731.25           |             |                   | 548.45           |                 |
| 30175    | Plastic and reconstructive surgery (medically necessary) | Type A Advanced Surgical                     | 01.07.2022      | 3            | T8        | N        | Radical abdominoplasty, with repair of rectus diastasis, excision of skin and subcutaneous tissue, and transposition of umbilicus, not being a laparoscopic procedure, where the patient has an abdominal wall defect as a consequence of pregnancy, if: (a) the patient:(i) has a diastasis of at least 3cm measured by diagnostic imaging prior to this service; and(ii) has symptoms of at least moderate severity of pain or discomfort at the site of the diastasis in the abdominal wall during functional use and/or low back pain or urinary symptoms likely due to rectus diastasis that have been documented in the patient's records by the practitioner providing this service; and(iii) has failed to respond to non-surgical conservative treatment including physiotherapy; and(iv) has not been pregnant in the last 12 months (b) the service is not a service associated with a service to which item 30165, 30651, 30655, 30168, 30171, 30172, 30176, 30177, 30179, 45530, 45564 or 45565 applies Applicable once per lifetime (H) (Anaes.) (Assist.) | 1025.6           |             |                   | 769.2            |                 |
| 30176    | Plastic and reconstructive surgery (medically necessary) | Type A Advanced Surgical                     | 01.01.2016      | 3            | T8        | N        | Lipectomy, radical abdominoplasty (Pitanguy type or similar), 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 30165, 30168, 30171, 30172, 30177, 30179, 45530, 45564 or 45565 applies;if the patient has previously had a massive intra-abdominal or pelvic tumour surgically removed (Anaes.) (Assist.)   | 1042             |             |                   | 781.5            |                 |
| 30177    | Weight loss surgery                                      | Type A Advanced Surgical                     | 01.12.1991      | 3            | T8        | N        | 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 (Pitanguy type or similar), with or without repair of musculoaponeurotic layer and transposition of umbilicus, not being a service associated with a service to which item 30165, 30168, 30171, 30172, 30176, 30179, 45530, 45564 or 45565 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.)  | 1042             |             |                   | 781.5            |                 |
| 30179    | Weight loss surgery                                      | Type A Advanced Surgical                     | 01.01.2016      | 3            | T8        | N        | 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 (Pitanguy type or similar),not being a service associated with a service to which item 30165, 30168, 30171, 30172, 30176, 30177, 45530, 45564 or 45565 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.)   | 1282.5           |             |                   | 961.9            |                 |
| 30180    | Skin   | Unlisted                                     | 01.12.1991      | 3            | T8        | N        | AXILLARY HYPERHIDROSIS, partial excision for (Anaes.)  | 144.3            |             |                   | 108.25           | 122.7           |
| 30183    | Skin   | Unlisted                                     | 01.12.1991      | 3            | T8        | N        | AXILLARY HYPERHIDROSIS, total excision of sweat gland bearing area (Anaes.)  | 260.6            |             |                   | 195.45           | 221.55          |
| 30187    | Skin   | Type B Non-band specific                     | 01.11.1995      | 3            | T8        | N        | 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 his/her specialty, (5 or more warts) (Anaes.)  | 271.65           |             |                   | 203.75           | 230.95          |
| 30189    | Skin   | Type B Non-band specific                     | 01.12.1991      | 3            | T8        | N        | WARTS or MOLLUSCUM CONTAGIOSUM (one or more), removal of, by any method (other than by chemical means), where undertaken in the operating theatre of a hospital, not being a service associated with a service to which another item in this Group applies (H) (Anaes.)  | 155.7            |             |                   | 116.8            |                 |
| 30190    | Skin   | Type A Surgical and Type B Non-band specific | 01.11.1995      | 3            | T8        | N        | 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 seborrhic 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.)  | 420.45           |             |                   | 315.35           | 357.4           |
| 30191    | Skin   | Type C                                       | 01.11.2018      | 3            | T8        | N        | 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 seborrhic 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.  | 67.1             |             |                   | 50.35            | 57.05           |
| 30192    | Skin   | Type C                                       | 01.12.1991      | 3            | T8        | N        | PREMALIGNANT SKIN LESIONS (including solar keratoses), treatment of, by ablative technique (10 or more lesions) (Anaes.)   | 41.8             |             |                   | 31.35            | 35.55           |
| 30196    | Skin   | Type C                                       | 01.11.1993      | 3            | T8        | N        | 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 surgerywhere 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.)   | 133.45           |             |                   | 100.1            | 113.45          |

| MBS item | Clinical Category      | Procedure Type                               | Item Start Date | MBS Category | MBS Group | New Item | MBS Description   | MBS Schedule Fee | Derived Fee | Benefit 100% (\$) | Benefit 75% (\$) | Benefit 85 (\$) |
|----------|------------------------|--|-----------------|--------------|-----------|----------|---|------------------|-------------|-------------------|------------------|-----------------|
| 30202    | Skin                   | Type C                                       | 01.11.1993      | 3            | T8        | N        | 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  | 51.1             |             |                   | 38.35            | 43.45           |
| 30207    | Skin                   | Type C                                       | 01.12.1991      | 3            | T8        | N        | Skin lesions, multiple injections with glucocorticoid preparations (Anaes.)   | 47.15            |             |                   | 35.4             | 40.1            |
| 30210    | Skin                   | Type B Band 1                                | 01.12.1991      | 3            | T8        | N        | Keloid and other skin lesions, extensive, multiple injections of glucocorticoid preparations, if undertaken in the operating theatre of a hospital (H) (Anaes.)   | 172.25           |             |                   | 129.2            |                 |
| 30216    | Skin                   | Type C                                       | 01.12.1991      | 3            | T8        | N        | HAEMATOMA, aspiration of (Anaes.)   | 28.9             |             |                   | 21.7             | 24.6            |
| 30219    | Skin                   | Type C                                       | 01.12.1991      | 3            | T8        | N        | HAEMATOMA, FURUNCLE, SMALL ABSCESS OR SIMILAR LESION not requiring admission to a hospital - INCISION WITH DRAINAGE OF (excluding aftercare)  | 28.9             |             |                   | 21.7             | 24.6            |
| 30223    | Skin                   | Type B Non-band specific                     | 01.12.1991      | 3            | T8        | N        | LARGE HAEMATOMA, LARGE ABSCESS, CARBUNCLE, CELLULITIS or similar lesion, requiring admission to a hospital, INCISION WITH DRAINAGE OF (excluding aftercare) (Anaes.)  | 172.25           |             |                   | 129.2            |                 |
| 30224    | Common list            | Unlisted                                     | 01.04.1992      | 3            | T8        | N        | PERCUTANEOUS DRAINAGE OF DEEP ABSCESS using interventional imaging techniques - but not including imaging (Anaes.)  | 251.15           |             |                   | 188.4            | 213.5           |
| 30225    | Common list            | Type A Surgical and Type B Non-band specific | 01.04.1992      | 3            | T8        | N        | ABSCESS DRAINAGE TUBE, exchange of using interventional imaging techniques - but not including imaging (Anaes.)   | 283              |             |                   | 212.25           | 240.55          |
| 30226    | Bone, joint and muscle | Unlisted                                     | 01.12.1991      | 3            | T8        | N        | MUSCLE, excision of (LIMITED), or fasciotomy (Anaes.)   | 158.35           |             |                   | 118.8            | 134.6           |
| 30229    | Bone, joint and muscle | Type A Surgical                              | 01.12.1991      | 3            | T8        | N        | MUSCLE, excision of (EXTENSIVE) (Anaes.) (Assist.)  | 288.55           |             |                   | 216.45           | 245.3           |
| 30232    | Bone, joint and muscle | Unlisted                                     | 01.12.1991      | 3            | T8        | N        | MUSCLE, RUPTURED, repair of (limited), not associated with external wound (Anaes.)  | 236.4            |             |                   | 177.3            | 200.95          |
| 30235    | Bone, joint and muscle | Type A Surgical                              | 01.12.1991      | 3            | T8        | N        | MUSCLE, RUPTURED, repair of (extensive), not associated with external wound (Anaes.) (Assist.)  | 312.6            |             |                   | 234.45           | 265.75          |
| 30238    | Bone, joint and muscle | Unlisted                                     | 01.12.1991      | 3            | T8        | N        | FASCIA, DEEP, repair of, FOR HERNIATED MUSCLE (Anaes.)  | 158.35           |             |                   | 118.8            | 134.6           |
| 30241    | Bone, joint and muscle | Type A Surgical                              | 01.12.1991      | 3            | T8        | N        | BONE TUMOUR, INNOCENT, excision of, not being a service to which another item in this Group applies (Anaes.) (Assist.)  | 376.75           |             |                   | 282.6            | 320.25          |
| 30244    | Bone, joint and muscle | Type A Surgical                              | 01.12.1991      | 3            | T8        | N        | STYLOID PROCESS OF TEMPORAL BONE, removal of (Anaes.) (Assist.)   | 376.75           |             |                   | 282.6            |                 |
| 30246    | Ear, nose and throat   | Type A Surgical                              | 01.07.1998      | 3            | T8        | N        | PAROTID DUCT, repair of, using micro-surgical techniques (Anaes.) (Assist.)   | 729.25           |             |                   | 546.95           |                 |
| 30247    | Ear, nose and throat   | Type A Surgical                              | 01.12.1991      | 3            | T8        | N        | 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.)  | 781.6            |             |                   | 586.2            |                 |
| 30250    | Ear, nose and throat   | Type A Advanced Surgical                     | 01.12.1991      | 3            | T8        | N        | 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.)            | 1322.6           |             |                   | 991.95           |                 |
| 30251    | Ear, nose and throat   | Type A Advanced Surgical                     | 01.07.1998      | 3            | T8        | N        | 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.)          | 2031.65          |             |                   | 1523.75          |                 |
| 30253    | Ear, nose and throat   | Type A Surgical                              | 01.12.1991      | 3            | T8        | N        | 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.)            | 881.75           |             |                   | 661.35           |                 |
| 30255    | Ear, nose and throat   | Type A Advanced Surgical                     | 01.05.1997      | 3            | T8        | N        | SUBMANDIBULAR DUCTS, relocation of, for surgical control of drooling (Anaes.) (Assist.)   | 1174.15          |             |                   | 880.65           |                 |
| 30256    | Ear, nose and throat   | Type A Surgical                              | 01.12.1991      | 3            | T8        | N        | 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.)  | 470.9            |             |                   | 353.2            |                 |
| 30257    | Ear, nose and throat   | Type B Non-band specific                     | 01.03.2023      | 3            | T8        | Y        | Sialendoscopy, of submandibular or parotid duct, with or without removal of calculus or treatment of stricture (Anaes.)   | 528.55           |             |                   | 396.45           | 449.3           |
| 30259    | Ear, nose and throat   | Unlisted                                     | 01.12.1991      | 3            | T8        | N        | SUBLINGUAL GLAND, extirpation of (Anaes.)   | 209.9            |             |                   | 157.45           | 178.45          |
| 30262    | Ear, nose and throat   | Type B Non-band specific                     | 01.12.1991      | 3            | T8        | N        | SALIVARY GLAND, DILATATION OR DIATHERMY of duct (Anaes.)  | 62.2             |             |                   | 46.65            | 52.9            |
| 30266    | Ear, nose and throat   | Unlisted                                     | 01.12.1991      | 3            | T8        | N        | Salivary gland, removal of calculus from duct or meatotomy or marsupialisation, 1 or more such procedures. (Anaes.)   | 158.35           |             |                   | 118.8            | 134.6           |
| 30269    | Ear, nose and throat   | Type B Non-band specific                     | 01.12.1991      | 3            | T8        | N        | SALIVARY GLAND, repair of CUTANEOUS FISTULA OF (Anaes.)   | 158.35           |             |                   | 118.8            | 134.6           |
| 30272    | Ear, nose and throat   | Type A Surgical                              | 01.12.1991      | 3            | T8        | N        | TONGUE, partial excision of (Anaes.) (Assist.)  | 312.6            |             |                   | 234.45           | 265.75          |
| 30275    | Ear, nose and throat   | Type A Advanced Surgical                     | 01.12.1991      | 3            | T8        | N        | 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.) | 1863.5           |             |                   | 1397.65          |                 |
| 30278    | Ear, nose and throat   | Type C                                       | 01.12.1991      | 3            | T8        | N        | 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.)  | 49.15            |             |                   | 36.9             | 41.8            |
| 30281    | Ear, nose and throat   | Type B Non-band specific                     | 01.12.1991      | 3            | T8        | N        | 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.)   | 126.3            |             |                   | 94.75            | 107.4           |
| 30283    | Ear, nose and throat   | Type B Non-band specific                     | 01.12.1991      | 3            | T8        | N        | RANULA OR MUCOUS CYST OF MOUTH, removal of (Anaes.)   | 216.4            |             |                   | 162.3            | 183.95          |

| MBS item | Clinical Category                    | Procedure Type                               | Item Start Date | MBS Category | MBS Group | New Item | MBS Description   | MBS Schedule Fee | Derived Fee | Benefit 100% (\$) | Benefit 75% (\$) | Benefit 85 (\$) |
|----------|--------------------------------------|--|-----------------|--------------|-----------|----------|---|------------------|-------------|-------------------|------------------|-----------------|
| 30286    | Ear, nose and throat                 | Type A Surgical                              | 01.12.1991      | 3            | T8        | N        | Branchial cyst, removal of, on a patient 10 years of age or over (Anaes.) (Assist.)   | 420.55           |             |                   | 315.45           | 357.5           |
| 30287    | Ear, nose and throat                 | Type A Surgical                              | 01.09.2015      | 3            | T8        | N        | Branchial cyst, removal of, on a patient under 10 years of age (Anaes.) (Assist.)   | 546.8            |             |                   | 410.1            | 464.8           |
| 30289    | Ear, nose and throat                 | Type A Surgical                              | 01.12.1991      | 3            | T8        | N        | Branchial fistula, removal of, on a patient 10 years of age or over (Anaes.) (Assist.)  | 530.95           |             |                   | 398.25           |                 |
| 30293    | Ear, nose and throat                 | Type A Surgical                              | 01.11.1992      | 3            | T8        | N        | CERVICAL OESOPHAGOSTOMY or CLOSURE OF CERVICAL OESOPHAGOSTOMY with or without plastic repair (Anaes.) (Assist.)   | 470.9            |             |                   | 353.2            | 400.3           |
| 30294    | Ear, nose and throat                 | Type A Advanced Surgical                     | 01.11.1992      | 3            | T8        | N        | CERVICAL OESOPHAGECTOMY with tracheostomy and oesophagostomy, with or without plastic reconstruction; or LARYNGOPHARYNGECTOMY with tracheostomy and plastic reconstruction (Anaes.) (Assist.)   | 1863.5           |             |                   | 1397.65          |                 |
| 30296    | Ear, nose and throat                 | Type A Advanced Surgical                     | 01.11.1992      | 3            | T8        | N        | THYROIDECTOMY, total (Anaes.) (Assist.)   | 1082.25          |             |                   | 811.7            |                 |
| 30297    | Ear, nose and throat                 | Type A Advanced Surgical                     | 01.11.1992      | 3            | T8        | N        | THYROIDECTOMY following previous thyroid surgery (Anaes.) (Assist.)   | 1082.25          |             |                   | 811.7            |                 |
| 30299    | Breast surgery (medically necessary) | Type A Surgical                              | 01.11.2005      | 3            | T8        | N        | SENTINEL LYMPH NODE BIOPSY OR BIOPSIES for breast cancer, involving dissection in a level I axilla, using preoperative lymphoscintigraphy and lymphotropic dye injection, not being a service associated with a service to which item 30300, 30302 or 30303 applies (Anaes.) (Assist.)  | 673.85           |             |                   | 505.4            |                 |
| 30300    | Breast surgery (medically necessary) | Type A Surgical                              | 01.11.2005      | 3            | T8        | N        | SENTINEL LYMPH NODE BIOPSY OR BIOPSIES for breast cancer, involving dissection in a level II/III axilla, using preoperative lymphoscintigraphy and lymphotropic dye injection, not being a service associated with a service to which item 30299, 30302 or 30303 applies (Anaes.) (Assist.)   | 808.65           |             |                   | 606.5            |                 |
| 30302    | Breast surgery (medically necessary) | Type A Surgical                              | 01.11.2005      | 3            | T8        | N        | SENTINEL LYMPH NODE BIOPSY OR BIOPSIES for breast cancer, involving dissection in a level I axilla, using lymphotropic dye injection, not being a service associated with a service to which item 30299, 30300 or 30303 applies (Anaes.) (Assist.)  | 539.1            |             |                   | 404.35           |                 |
| 30303    | Breast surgery (medically necessary) | Type A Surgical                              | 01.11.2005      | 3            | T8        | N        | SENTINEL LYMPH NODE BIOPSY OR BIOPSIES for breast cancer, involving dissection in a level II/III axilla, using lymphotropic dye injection, not being a service associated with a service to which item 30299, 30300 or 30302 applies (Anaes.) (Assist.)   | 646.85           |             |                   | 485.15           |                 |
| 30306    | Ear, nose and throat                 | Type A Surgical                              | 01.11.1992      | 3            | T8        | N        | TOTAL HEMITHYROIDECTOMY (Anaes.) (Assist.)  | 844.3            |             |                   | 633.25           |                 |
| 30310    | Ear, nose and throat                 | Type A Surgical                              | 01.12.1991      | 3            | T8        | N        | Partial or subtotal thyroidectomy (Anaes.) (Assist.)  | 844.3            |             |                   | 633.25           |                 |
| 30311    | Skin                                 | Type A Surgical and Type B Non-band specific | 01.11.2021      | 3            | T8        | N        | SENTINEL LYMPH NODE BIOPSY or biopsies for cutaneous melanoma, using preoperative lymphoscintigraphy and 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, 30300, 30302, 30303, 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.) | 658              |             |                   | 493.5            |                 |
| 30314    | Ear, nose and throat                 | Type A Surgical                              | 01.11.1992      | 3            | T8        | N        | 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 (Anaes.) (Assist.)  | 483.5            |             |                   | 362.65           |                 |
| 30315    | Ear, nose and throat                 | Type A Advanced Surgical                     | 01.11.1992      | 3            | T8        | N        | Minimally invasive parathyroidectomy. Removal of 1 or more parathyroid adenoma through a small cervical incision for an image localised adenoma, including thymectomy. For any particular patient - applicable only once per occasion on which the service is provided. Not in association with a service to which item 30318, 30317 or 30320 applies. (Anaes.) (Assist.)   | 1205.1           |             |                   | 903.85           |                 |
| 30317    | Ear, nose and throat                 | Type A Advanced Surgical                     | 01.11.1992      | 3            | T8        | N        | Redo parathyroidectomy. Cervical re-exploration for persistent or recurrent hyperparathyroidism, including thymectomy and cervical exploration of the mediastinum. For any particular patient - applicable only once per occasion on which the service is provided. Not in association with a service to which item 30315, 30318 or 30320 applies. (Anaes.) (Assist.)   | 1442.9           |             |                   | 1082.2           |                 |
| 30318    | Ear, nose and throat                 | Type A Advanced Surgical                     | 01.11.1992      | 3            | T8        | N        | Open parathyroidectomy, exploration and removal of 1 or more adenoma or hyperplastic glands via a cervical incision including thymectomy and cervical exploration of the mediastinum when performed. For any particular patient - applicable only once per occasion on which the service is provided. Not in association with a service to which item 30315, 30317 or 30320 applies. (Anaes.) (Assist.)   | 1205.1           |             |                   | 903.85           |                 |
| 30320    | Ear, nose and throat                 | Type A Advanced Surgical                     | 01.11.1992      | 3            | T8        | N        | Removal of a mediastinal parathyroid adenoma via sternotomy or mediastinal thorascopic approach. For any particular patient - applicable only once per occasion on which the service is provided. Not in association with a service to which item 30315, 30317 or 30318 applies. (Anaes.) (Assist.)   | 1442.9           |             |                   | 1082.2           |                 |
| 30323    | Common list                          | Type A Advanced Surgical                     | 01.11.1992      | 3            | T8        | N        | Excision of phaeochromocytoma or extraadrenal paraganglioma via endoscopic or open approach. (Anaes.) (Assist.)   | 1442.9           |             |                   | 1082.2           |                 |
| 30324    | Kidney and bladder                   | Type A Advanced Surgical                     | 01.11.1992      | 3            | T8        | N        | Excision of an adrenocortical tumour or hyperplasia via endoscopic or open approach. (Anaes.) (Assist.)   | 1442.9           |             |                   | 1082.2           |                 |
| 30326    | Ear, nose and throat                 | Type A Surgical                              | 01.09.2015      | 3            | T8        | N        | 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 (Anaes.) (Assist.)  | 628.55           |             |                   | 471.45           |                 |
| 30329    | Common list                          | Unlisted                                     | 01.11.1992      | 3            | T8        | N        | LYMPH NODES of GROIN, limited excision of (Anaes.)  | 261.05           |             |                   | 195.8            | 221.9           |
| 30330    | Common list                          | Type A Surgical                              | 01.11.1992      | 3            | T8        | N        | LYMPH NODES of GROIN, radical excision of (Anaes.) (Assist.)  | 759.8            |             |                   | 569.85           |                 |
| 30332    | Common list                          | Type A Surgical                              | 01.11.1992      | 3            | T8        | N        | LYMPH NODES of AXILLA, limited excision of (sampling) (Anaes.) (Assist.)  | 366.55           |             |                   | 274.95           |                 |
| 30335    | Common list                          | Type A Advanced Surgical                     | 01.05.2000      | 3            | T8        | N        | LYMPH NODES of AXILLA, complete excision of, to level I (Anaes.) (Assist.)  | 916.4            |             |                   | 687.3            |                 |
| 30336    | Common list                          | Type A Advanced Surgical                     | 01.05.2000      | 3            | T8        | N        | LYMPH NODES of AXILLA, complete excision of, to level II or level III (Anaes.) (Assist.)  | 1099.7           |             |                   | 824.8            |                 |
| 30382    | Digestive system                     | Type A Advanced Surgical                     | 01.11.1992      | 3            | T8        | N        | Enterocutaneous fistula, repair of,if dissection and resection of bowel is performed, with or without anastomosis or formation of a stoma (H) (Anaes.) (Assist.)  | 1381.6           |             |                   | 1036.2           |                 |

| MBS item | Clinical Category                                       | Procedure Type           | Item Start Date | MBS Category | MBS Group | New Item | MBS Description   | MBS Schedule Fee | Derived Fee | Benefit 100% (\$) | Benefit 75% (\$) | Benefit 85 (\$) |
|----------|---|--------------------------|-----------------|--------------|-----------|----------|---|------------------|-------------|-------------------|------------------|-----------------|
| 30384    | Digestive system  | Type A Advanced Surgical | 01.11.1992      | 3            | T8        | N        | 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.)   | 1442.9           |             |                   | 1082.2           |                 |
| 30385    | Digestive system  | Type A Surgical          | 01.11.1992      | 3            | T8        | N        | Unplanned return to theatre for laparotomy or laparoscopy for control or drainage of intra-abdominal haemorrhage following abdominal surgery (H) (Anaes.) (Assist.)   | 595.55           |             |                   | 446.7            |                 |
| 30387    | Digestive system  | Type A Surgical          | 01.11.1992      | 3            | T8        | N        | 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.)  | 671.3            |             |                   | 503.5            |                 |
| 30388    | Digestive system  | Type A Advanced Surgical | 01.11.1992      | 3            | T8        | N        | Laparotomy for abdominal trauma, including control of haemorrhage (with or without packing) and containment of contamination (H) (Anaes.) (Assist.)   | 1125.95          |             |                   | 844.5            |                 |
| 30390    | Digestive system  | Type B Non-band specific | 01.11.1992      | 3            | T8        | N        | 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.)   | 232.5            |             |                   | 174.4            |                 |
| 30392    | Digestive system  | Type A Surgical          | 01.12.1991      | 3            | T8        | N        | RADICAL OR DEBULKING OPERATION for advanced intra-abdominal malignancy, with or without omentectomy, as an independent procedure (Anaes.) (Assist.)   | 713.1            |             |                   | 534.85           |                 |
| 30396    | Digestive system  | Type A Advanced Surgical | 01.11.1992      | 3            | T8        | N        | Laparotomy or laparoscopy for generalised intra-peritoneal sepsis(also known asperitonitis), 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.) | 1074.65          |             |                   | 806              |                 |
| 30397    | Digestive system  | Unlisted                 | 01.11.1992      | 3            | T8        | N        | Laparostomy, via wound previously made and left open or closed, including change of dressings or packs, with or without drainage of loculated collections (H) (Anaes.)  | 245.6            |             |                   | 184.2            |                 |
| 30399    | Digestive system  | Type A Surgical          | 01.11.1992      | 3            | T8        | N        | Laparostomy, final closure of wound made at previous operation, after removal of dressings or packs (Anaes.) (Assist.)  | 337.8            |             |                   | 253.35           |                 |
| 30400    | Chemotherapy, radiotherapy and immunotherapy for cancer | Type A Surgical          | 01.11.1992      | 3            | T8        | N        | LAPAROTOMY WITH INSERTION OF PORTACATH for administration of cytotoxic therapy including placement of reservoir (Anaes.) (Assist.)  | 668.65           |             |                   | 501.5            |                 |
| 30406    | Digestive system  | Type C                   | 01.11.1992      | 3            | T8        | N        | PARACENTESIS ABDOMINIS (Anaes.)   | 55.2             |             |                   | 41.4             | 46.95           |
| 30408    | Digestive system  | Type A Surgical          | 01.11.1992      | 3            | T8        | N        | PERITONEOVENOUS shunt, insertion of (Anaes.) (Assist.)  | 414.55           |             |                   | 310.95           |                 |
| 30409    | Digestive system  | Type B Non-band specific | 01.11.1992      | 3            | T8        | N        | LIVER BIOPSY, percutaneous (Anaes.)   | 184.4            |             |                   | 138.3            | 156.75          |
| 30411    | Digestive system  | Unlisted                 | 01.11.1992      | 3            | T8        | N        | LIVER BIOPSY by wedge excision when performed in conjunction with another intraabdominal procedure (Anaes.)   | 93.85            |             |                   | 70.4             |                 |
| 30412    | Digestive system  | Unlisted                 | 01.11.1992      | 3            | T8        | N        | LIVER BIOPSY by core needle, when performed in conjunction with another intra-abdominal procedure (Anaes.)  | 55.35            |             |                   | 41.55            | 47.05           |
| 30414    | Digestive system  | Type A Surgical          | 01.11.1992      | 3            | T8        | N        | LIVER, subsegmental resection of, (local excision), other than for trauma (Anaes.) (Assist.)  | 729.25           |             |                   | 546.95           |                 |
| 30415    | Digestive system  | Type A Advanced Surgical | 01.11.1992      | 3            | T8        | N        | LIVER, segmental resection of, other than for trauma (Anaes.) (Assist.)   | 1458.3           |             |                   | 1093.75          |                 |
| 30416    | Digestive system  | Type A Surgical          | 01.12.1991      | 3            | T8        | N        | Liver cysts, greater than 5 cm in diameter, marsupialisation of 4 or less (Anaes.) (Assist.)  | 791.75           |             |                   | 593.85           |                 |
| 30417    | Digestive system  | Type A Advanced Surgical | 01.04.1992      | 3            | T8        | N        | Liver cysts, greater than 5 cm in diameter, marsupialisation of 5 or more (Anaes.) (Assist.)  | 1187.6           |             |                   | 890.7            |                 |
| 30418    | Digestive system  | Type A Advanced Surgical | 01.11.1992      | 3            | T8        | N        | LIVER, lobectomy of, other than for trauma (Anaes.) (Assist.)   | 1688.9           |             |                   | 1266.7           |                 |
| 30419    | Digestive system  | Type A Surgical          | 01.12.1991      | 3            | T8        | N        | 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.)  | 863.8            |             |                   | 647.85           | 770.6           |
| 30421    | Digestive system  | Type A Advanced Surgical | 01.11.1992      | 3            | T8        | N        | Liver, extended lobectomy of, or central resections of segments 4, 5 and 8, other than for trauma (Anaes.) (Assist.)  | 2110.75          |             |                   | 1583.1           |                 |
| 30422    | Digestive system  | Type A Surgical          | 01.11.1992      | 3            | T8        | N        | LIVER, repair of superficial laceration of, for trauma (Anaes.) (Assist.)   | 713.95           |             |                   | 535.5            |                 |
| 30425    | Digestive system  | Type A Advanced Surgical | 01.11.1992      | 3            | T8        | N        | LIVER, repair of deep multiple lacerations of, or debridement of, for trauma (Anaes.) (Assist.)   | 1381.6           |             |                   | 1036.2           |                 |
| 30427    | Digestive system  | Type A Advanced Surgical | 01.11.1992      | 3            | T8        | N        | LIVER, segmental resection of, for trauma (Anaes.) (Assist.)  | 1650.25          |             |                   | 1237.7           |                 |
| 30428    | Digestive system  | Type A Advanced Surgical | 01.11.1992      | 3            | T8        | N        | LIVER, lobectomy of, for trauma (Anaes.) (Assist.)  | 1765.45          |             |                   | 1324.1           | 1672.25         |
| 30430    | Digestive system  | Type A Advanced Surgical | 01.11.1992      | 3            | T8        | N        | Liver, extended lobectomy of, or central resections of segments 4, 5 and 8, for trauma (Anaes.) (Assist.)   | 2456.1           |             |                   | 1842.1           | 2362.9          |
| 30431    | Digestive system  | Type A Surgical          | 01.11.1992      | 3            | T8        | N        | Liver abscess, single, open or minimally invasive abdominal drainage of, excluding aftercare (Anaes.) (Assist.)   | 551.1            |             |                   | 413.35           | 468.45          |
| 30433    | Digestive system  | Type A Surgical          | 01.11.1992      | 3            | T8        | N        | Liver abscess, multiple, open or minimally invasive abdominal drainage of, excluding aftercare (Anaes.) (Assist.)   | 767.55           |             |                   | 575.7            |                 |
| 30439    | Digestive system  | Unlisted                 | 01.11.1992      | 3            | T8        | N        | 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 30442 or 30445 applies (Anaes.) (Assist.)   | 196.2            |             |                   | 147.15           |                 |
| 30440    | Digestive system  | Type A Surgical          | 01.11.1992      | 3            | T8        | N        | CHOLANGIOGRAM, percutaneous transhepatic, and insertion of biliary drainage tube, using interventional imaging techniques - but not including imaging, not being a service associated with a service to which item 30451 applies (Anaes.) (Assist.)   | 556.45           |             |                   | 417.35           | 473             |
| 30441    | Digestive system  | Unlisted                 | 01.12.1991      | 3            | T8        | N        | Intraoperative ultrasoundfor staging of intra-abdominal tumours (Anaes.)  | 144.05           |             |                   | 108.05           |                 |
| 30442    | Digestive system  | Unlisted                 | 01.11.1992      | 3            | T8        | N        | CHOLEDOCHOSCOPY in conjunction with another procedure (Anaes.)  | 196.2            |             |                   | 147.15           |                 |
| 30443    | Digestive system  | Type A Surgical          | 01.11.1992      | 3            | T8        | N        | Cholecystectomy, by any approach, without cholangiogram (Anaes.) (Assist.)  | 679.15           |             |                   | 509.4            |                 |
| 30445    | Digestive system  | Type A Surgical          | 01.11.1992      | 3            | T8        | N        | 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 (Anaes.) (Assist.)                                 | 879.7            |             |                   | 659.8            |                 |
| 30448    | Digestive system  | Type A Advanced Surgical | 01.11.1992      | 3            | T8        | N        | Cholecystectomy, by any approach, involving removal of common duct calculi via the cystic duct, with or without stent insertion (Anaes.) (Assist.)  | 1028.55          |             |                   | 771.45           |                 |

| MBS item | Clinical Category          | Procedure Type                               | Item Start Date | MBS Category | MBS Group | New Item | MBS Description  | MBS Schedule Fee | Derived Fee | Benefit 100% (\$) | Benefit 75% (\$) | Benefit 85 (\$) |
|----------|----------------------------|--|-----------------|--------------|-----------|----------|--|------------------|-------------|-------------------|------------------|-----------------|
| 30449    | Digestive system           | Type A Advanced Surgical                     | 01.11.1992      | 3            | T8        | N        | Cholecystectomy with removal of common duct calculi via choledochotomy, by any approach, with or without insertion of a stent (Anaes.) (Assist.)   | 1143.7           |             |                   | 857.8            |                 |
| 30450    | Digestive system           | Type A Surgical                              | 01.12.1991      | 3            | T8        | N        | Calculus of biliary tract, extraction of, using interventional imaging techniques (Anaes.) (Assist.)   | 554.4            |             |                   | 415.8            | 471.25          |
| 30451    | Digestive system           | Type A Surgical                              | 01.11.1992      | 3            | T8        | N        | BILIARY DRAINAGE TUBE, exchange of, using interventional imaging techniques - but not including imaging, not being a service associated with a service to which item 30440 applies (Anaes.) (Assist.)  | 283              |             |                   | 212.25           | 240.55          |
| 30452    | Digestive system           | Type A Surgical                              | 01.11.1992      | 3            | T8        | N        | CHOLEDOCHOSCOPY with balloon dilation of a stricture or passage of stent or extraction of calculi (Anaes.) (Assist.)   | 399.1            |             |                   | 299.35           |                 |
| 30454    | Digestive system           | Type A Advanced Surgical                     | 01.11.1992      | 3            | T8        | N        | Choledochotomy without cholecystectomy, with or without removal of calculi (Anaes.) (Assist.)  | 1393.6           |             |                   | 1045.2           |                 |
| 30455    | Digestive system           | Type A Advanced Surgical                     | 01.11.1992      | 3            | T8        | N        | Choledochotomy with cholecystectomy, with removal of calculi, including biliary intestinal anastomosis (Anaes.) (Assist.)  | 1393.6           |             |                   | 1045.2           |                 |
| 30457    | Digestive system           | Type A Advanced Surgical                     | 01.11.1992      | 3            | T8        | N        | CHOLEDOCHOTOMY, intrahepatic, involving removal of intrahepatic bile duct calculi (Anaes.) (Assist.)   | 1458.3           |             |                   | 1093.75          | 1365.1          |
| 30458    | Digestive system           | Type A Advanced Surgical                     | 01.11.1992      | 3            | T8        | N        | TRANSDUODENAL OPERATION ON SPHINCTER OF ODDI, involving 1 or more of, removal of calculi, sphincterotomy, sphincteroplasty, biopsy, local excision of peri-ampullary or duodenal tumour, sphincteroplasty of the pancreatic duct, pancreatic duct septoplasty, with or without choledochotomy (Anaes.) (Assist.)   | 1072             |             |                   | 804              |                 |
| 30460    | Digestive system           | Type A Advanced Surgical                     | 01.11.1992      | 3            | T8        | N        | CHOLECYSTODUODENOSTOMY, CHOLECYSTOENTEROSTOMY, CHOLEDOCHOJEJUNOSTOMY or Roux-en-Y as a bypass procedure when no prior biliary surgery performed (Anaes.) (Assist.)   | 911.8            |             |                   | 683.85           |                 |
| 30461    | Digestive system           | Type A Advanced Surgical                     | 01.11.1992      | 3            | T8        | N        | 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 (Anaes.) (Assist.)  | 1562.9           |             |                   | 1172.2           |                 |
| 30463    | Digestive system           | Type A Advanced Surgical                     | 01.11.1992      | 3            | T8        | N        | Radical resection of common hepatic duct and right and left hepatic ducts, with 2 duct anastomoses, for cancer, suspected cancer or choledochal cyst (Anaes.) (Assist.)  | 1918.95          |             |                   | 1439.25          |                 |
| 30464    | Digestive system           | Type A Advanced Surgical                     | 31.10.1992      | 3            | T8        | N        | 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; (Anaes.) (Assist.)   | 2302.75          |             |                   | 1727.1           |                 |
| 30469    | Digestive system           | Type A Advanced Surgical                     | 01.11.1992      | 3            | T8        | N        | BILIARY STRICTURE, repair of, after 1 or more operations on the biliary tree (Anaes.) (Assist.)  | 1819.3           |             |                   | 1364.5           | 1726.1          |
| 30472    | Digestive system           | Type A Advanced Surgical                     | 01.11.1992      | 3            | T8        | N        | Repair of bile duct injury, including immediate reconstruction, other than a service associated with a service to which item 30584 applies (Anaes.) (Assist.)  | 1409.1           |             |                   | 1056.85          |                 |
| 30473    | Gastrointestinal endoscopy | Type B Non-band specific                     | 01.11.1992      | 3            | T8        | N        | Oesophagoscopy (not being a service associated with a service to which item 41822 applies), gastroscopy,duodenoscopy or panendoscopy (1 or more such procedures), with or without biopsy, not being a service associated with a service to which item 30478 or 30479 applies. (Anaes.)   | 187.25           |             |                   | 140.45           | 159.2           |
| 30475    | Gastrointestinal endoscopy | Type A Surgical and Type B Band 1            | 01.11.1992      | 3            | T8        | N        | Endoscopic dilatation of stricture of upper gastrointestinal tract (including the use of imaging intensification where clinically indicated) (Anaes.)  | 368.9            |             |                   | 276.7            | 313.6           |
| 30478    | Gastrointestinal endoscopy | Type B Non-band specific                     | 01.11.1992      | 3            | T8        | N        | 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.) | 259.65           |             |                   | 194.75           | 220.75          |
| 30479    | Gastrointestinal endoscopy | Type A Surgical                              | 01.11.1992      | 3            | T8        | N        | 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.)   | 503.3            |             |                   | 377.5            | 427.85          |
| 30481    | Digestive system           | Type A Surgical                              | 01.11.1992      | 3            | T8        | N        | 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.)  | 377.4            |             |                   | 283.05           | 320.8           |
| 30482    | Digestive system           | Unlisted                                     | 01.11.1992      | 3            | T8        | N        | 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.)   | 268.35           |             |                   | 201.3            | 228.1           |
| 30483    | Digestive system           | Unlisted                                     | 01.12.1991      | 3            | T8        | N        | 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.)  | 187.2            |             |                   | 140.4            | 159.15          |
| 30484    | Gastrointestinal endoscopy | Type A Surgical and Type B Non-band specific | 01.11.1992      | 3            | T8        | N        | ENDOSCOPIC RETROGRADE CHOLANGIOPANCREATOGRAPHY (Anaes.)  | 385.8            |             |                   | 289.35           | 327.95          |
| 30485    | Gastrointestinal endoscopy | Type A Surgical                              | 01.11.1992      | 3            | T8        | N        | ENDOSCOPIC SPHINCTEROTOMY with or without extraction of stones from common bile duct (Anaes.)  | 595.55           |             |                   | 446.7            | 506.25          |
| 30488    | Gastrointestinal endoscopy | Unlisted                                     | 01.11.1992      | 3            | T8        | N        | SMALL BOWEL INTUBATIONAs an independent procedure (Anaes.)   | 95.15            |             |                   | 71.4             | 80.9            |

| MBS item | Clinical Category          | Procedure Type           | Item Start Date | MBS Category | MBS Group | New Item | MBS Description   | MBS Schedule Fee | Derived Fee | Benefit 100% (\$) | Benefit 75% (\$) | Benefit 85 (\$) |
|----------|----------------------------|--------------------------|-----------------|--------------|-----------|----------|---|------------------|-------------|-------------------|------------------|-----------------|
| 30490    | Gastrointestinal endoscopy | Type A Surgical          | 01.11.1992      | 3            | T8        | N        | OESOPHAGEAL PROSTHESIS, insertion of, including endoscopy and dilatation (Anaes.)   | 556.45           |             |                   | 417.35           | 473             |
| 30491    | Gastrointestinal endoscopy | Type A Surgical          | 01.11.1992      | 3            | T8        | N        | BILE DUCT, ENDOSCOPIC STENTING OF (including endoscopy and dilatation) (Anaes.)   | 587.1            |             |                   | 440.35           | 499.05          |
| 30492    | Digestive system           | Type A Surgical          | 01.12.1991      | 3            | T8        | N        | BILE DUCT, PERCUTANEOUS STENTING OF (including dilatation when performed), using interventional imaging techniques - but not including imaging (Anaes.)   | 832.3            |             |                   | 624.25           |                 |
| 30494    | Gastrointestinal endoscopy | Type A Surgical          | 01.11.1992      | 3            | T8        | N        | ENDOSCOPIC BILIARY DILATATION (Anaes.)  | 444.55           |             |                   | 333.45           |                 |
| 30495    | Digestive system           | Type A Surgical          | 01.12.1991      | 3            | T8        | N        | PERCUTANEOUS BILIARY DILATATION for biliary stricture, using interventional imaging techniques - but not including imaging (Anaes.)   | 832.3            |             |                   | 624.25           |                 |
| 30515    | Digestive system           | Type A Surgical          | 01.11.1992      | 3            | T8        | N        | 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 (Anaes.) (Assist.) | 744.65           |             |                   | 558.5            |                 |
| 30517    | Digestive system           | Type A Advanced Surgical | 01.11.1992      | 3            | T8        | N        | Revision of gastroenterostomy, pyloroplasty or gastroduodenostomy (Anaes.) (Assist.)  | 974.9            |             |                   | 731.2            |                 |
| 30518    | Digestive system           | Type A Advanced Surgical | 01.11.1992      | 3            | T8        | N        | Partial gastrectomy, not being a service associated with a service to which any of items 31569 to 31581 apply (Anaes.) (Assist.)  | 1043.95          |             |                   | 783              |                 |
| 30520    | Digestive system           | Type A Surgical          | 01.11.1992      | 3            | T8        | N        | 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 (Anaes.) (Assist.)  | 898.15           |             |                   | 673.65           |                 |
| 30521    | Digestive system           | Type A Advanced Surgical | 01.11.1992      | 3            | T8        | N        | GASTRECTOMY, TOTAL, for benign disease (Anaes.) (Assist.)   | 1527.45          |             |                   | 1145.6           |                 |
| 30526    | Digestive system           | Type A Advanced Surgical | 01.11.1992      | 3            | T8        | N        | 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 (Anaes.) (Assist.)                     | 2279.6           |             |                   | 1709.7           |                 |
| 30529    | Digestive system           | Type A Advanced Surgical | 01.11.1992      | 3            | T8        | N        | ANTIREFLUX operation by fundoplasty, with OESOPHAGOPLASTY for stricture or short oesophagus (Anaes.) (Assist.)  | 1381.6           |             |                   | 1036.2           |                 |
| 30530    | Digestive system           | Type A Surgical          | 01.11.1992      | 3            | T8        | N        | ANTIREFLUX operation by cardiopexy, with or without fundoplasty (Anaes.) (Assist.)  | 829.05           |             |                   | 621.8            |                 |
| 30532    | Digestive system           | Type A Advanced Surgical | 01.11.1992      | 3            | T8        | N        | Oesophagogastric myotomy (Heller's operation) by endoscopic, abdominal or thoracic approach, whether performed by open or minimally invasive approach, including fundoplication when performed laparoscopically (Anaes.) (Assist.)  | 951.9            |             |                   | 713.95           |                 |
| 30533    | Digestive system           | Type A Advanced Surgical | 01.11.1992      | 3            | T8        | N        | 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 (Anaes.) (Assist.)  | 1132.25          |             |                   | 849.2            |                 |
| 30559    | Digestive system           | Type A Surgical          | 01.11.1992      | 3            | T8        | N        | OESOPHAGUS, local excision for tumour of (Anaes.) (Assist.)   | 898.15           |             |                   | 673.65           | 804.95          |
| 30560    | Digestive system           | Type A Advanced Surgical | 01.11.1992      | 3            | T8        | N        | Oesophageal perforation, repair of, by abdominal or thoracic approach, including thoracic drainage (Anaes.) (Assist.)   | 997.75           |             |                   | 748.35           |                 |
| 30562    | Digestive system           | Type A Surgical          | 01.11.1992      | 3            | T8        | N        | Enterostomy or colostomy, closure of (not involving resection of bowel), on a patient 10 years of age or over (Anaes.) (Assist.)  | 628.95           |             |                   | 471.75           |                 |
| 30563    | Digestive system           | Type A Surgical          | 01.11.1992      | 3            | T8        | N        | COLOSTOMY OR ILEOSTOMY, refashioning of, on a person 10 years of age or over (Anaes.) (Assist.)   | 628.95           |             |                   | 471.75           | 535.75          |
| 30565    | Digestive system           | Type A Advanced Surgical | 01.11.1992      | 3            | T8        | N        | SMALL INTESTINE, resection of, without anastomosis (including formation of stoma) (Anaes.) (Assist.)  | 921.15           |             |                   | 690.9            |                 |
| 30574    | Hernia and appendix        | Unlisted                 | 01.11.1992      | 3            | T8        | N        | NOTE: Multiple Operation and Multiple Anaesthetic rules apply to this item Appendicectomy, when performed in conjunction with another intra-abdominal procedure and during which a specimen is collected and sent for pathological testing (Anaes.)   | 65.15            |             |                   | 48.9             |                 |
| 30577    | Digestive system           | Type A Advanced Surgical | 01.11.1992      | 3            | T8        | N        | Initial pancreatic necrosectomy by open, laparoscopic or endoscopic approach, excluding aftercare (Anaes.) (Assist.)  | 1151.45          |             |                   | 863.6            |                 |
| 30583    | Digestive system           | Type A Advanced Surgical | 01.11.1992      | 3            | T8        | N        | Distal pancreatectomy with splenic preservation, by open or minimally invasive approach (Anaes.) (Assist.)  | 1643.25          |             |                   | 1232.45          |                 |
| 30584    | Digestive system           | Type A Advanced Surgical | 01.11.1992      | 3            | T8        | N        | Pancreaticoduodenectomy (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 (Anaes.) (Assist.)   | 3171.5           |             |                   | 2378.65          |                 |
| 30589    | Digestive system           | Type A Advanced Surgical | 01.11.1992      | 3            | T8        | N        | PANCREATICO-JEJUNOSTOMY for pancreatitis or trauma (Anaes.) (Assist.)   | 1322.6           |             |                   | 991.95           |                 |
| 30590    | Digestive system           | Type A Advanced Surgical | 01.11.1992      | 3            | T8        | N        | PANCREATICO-JEJUNOSTOMY following previous pancreatic surgery (Anaes.) (Assist.)  | 1458.3           |             |                   | 1093.75          |                 |
| 30593    | Digestive system           | Type A Advanced Surgical | 01.11.1992      | 3            | T8        | N        | PANCREATECTOMY, near total or total (including duodenum), with or without splenectomy (Anaes.) (Assist.)  | 1995.65          |             |                   | 1496.75          | 1902.45         |
| 30594    | Digestive system           | Type A Advanced Surgical | 01.11.1992      | 3            | T8        | N        | PANCREATECTOMY for pancreatitis following previously attempted drainage procedure or partial resection (Anaes.) (Assist.)   | 2302.75          |             |                   | 1727.1           |                 |
| 30596    | Digestive system           | Type A Advanced Surgical | 01.11.1992      | 3            | T8        | N        | SPLENORRHAPHY OR PARTIAL SPLENECTOMY (Anaes.) (Assist.)   | 948.6            |             |                   | 711.45           |                 |
| 30599    | Digestive system           | Type A Advanced Surgical | 01.11.1992      | 3            | T8        | N        | SPLENECTOMY, for massive spleen (weighing more than 1500 grams) or involving thoraco-abdominal incision (Anaes.) (Assist.)  | 1381.6           |             |                   | 1036.2           |                 |
| 30600    | Digestive system           | Type A Surgical          | 01.11.1992      | 3            | T8        | N        | 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 (Anaes.) (Assist.)  | 821.55           |             |                   | 616.2            |                 |
| 30601    | Digestive system           | Type A Advanced Surgical | 01.12.1991      | 3            | T8        | N        | 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 (Anaes.) (Assist.)  | 1012.05          |             |                   | 759.05           |                 |
| 30606    | Digestive system           | Type A Advanced Surgical | 01.11.1992      | 3            | T8        | N        | PORTAL HYPERTENSION, oesophageal transection via stapler or oversew of gastric varices with or without devascularisation (Anaes.) (Assist.)   | 1174.3           |             |                   | 880.75           |                 |

| MBS item | Clinical Category        | Procedure Type           | Item Start Date | MBS Category | MBS Group | New Item | MBS Description   | MBS Schedule Fee | Derived Fee | Benefit 100% (\$) | Benefit 75% (\$) | Benefit 85 (\$) |
|----------|--------------------------|--------------------------|-----------------|--------------|-----------|----------|---|------------------|-------------|-------------------|------------------|-----------------|
| 30608    | Digestive system         | Type A Advanced Surgical | 01.09.2015      | 3            | T8        | N        | Small intestine, resection of, with anastomosis, on a patient under 10 years of age (Anaes.) (Assist.)  | 1330.2           |             |                   | 997.65           |                 |
| 30611    | Common list              | Type A Surgical          | 01.09.2015      | 3            | T8        | N        | 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.) | 595.6            |             |                   | 446.7            | 506.3           |
| 30615    | Hernia and appendix      | Type A Surgical          | 01.11.1992      | 3            | T8        | N        | Strangulated, incarcerated or obstructed hernia, repair of, without bowel resection, on a patient 10 years of age or over (Anaes.) (Assist.)  | 551.1            |             |                   | 413.35           |                 |
| 30618    | Ear, nose and throat     | Type A Surgical          | 01.09.2015      | 3            | T8        | N        | 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.)   | 552.1            |             |                   | 414.1            | 469.3           |
| 30619    | Digestive system         | Type A Surgical          | 01.09.2015      | 3            | T8        | N        | Laparoscopic splenectomy, on a patient under 10 years of age (Anaes.) (Assist.)   | 989.8            |             |                   | 742.35           |                 |
| 30621    | Digestive system         | Type A Surgical          | 01.12.1991      | 3            | T8        | N        | 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 (Anaes.) (Assist.)   | 430.8            |             |                   | 323.1            |                 |
| 30622    | Digestive system         | Type A Surgical          | 01.09.2015      | 3            | T8        | N        | 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 (Anaes.) (Assist.)             | 716.45           |             |                   | 537.35           |                 |
| 30623    | Digestive system         | Type A Surgical          | 01.09.2015      | 3            | T8        | N        | Laparotomy involving division of peritoneal adhesions (if no other intra-abdominal procedure is performed), on a patient under 10 years of age (Anaes.) (Assist.)   | 716.45           |             |                   | 537.35           |                 |
| 30626    | Digestive system         | Type A Surgical          | 01.09.2015      | 3            | T8        | N        | 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 (Anaes.) (Assist.)   | 719.75           |             |                   | 539.85           |                 |
| 30627    | Digestive system         | Type B Non-band specific | 01.09.2015      | 3            | T8        | N        | Laparoscopy, diagnostic, if no other intra-abdominal procedure is performed, on a patient under 10 years of age (H) (Anaes.)  | 302.3            |             |                   | 226.75           |                 |
| 30628    | Male reproductive system | Type C                   | 01.12.1991      | 3            | T8        | N        | HYDROCELE, tapping of   | 37.65            |             |                   | 28.25            | 32.05           |
| 30629    | Male reproductive system | Type A Surgical          | 01.11.2020      | 3            | T8        | N        | 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 (Anaes.) (Assist.)   | 551.1            |             |                   | 413.35           |                 |
| 30630    | Male reproductive system | Type B Non-band specific | 01.11.2020      | 3            | T8        | N        | Insertion of testicular prosthesis,at least 6 months following orchidectomy (Anaes.) (Assist.)  | 500.85           |             |                   | 375.65           |                 |
| 30631    | Male reproductive system | Unlisted                 | 01.12.1991      | 3            | T8        | N        | Hydrocele, removal of, other than a service associated with a service to which item 30641, 30642 or 30644 applies (Anaes.)  | 250.2            |             |                   | 187.65           | 212.7           |
| 30635    | Male reproductive system | Type A Surgical          | 01.12.1991      | 3            | T8        | N        | 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 (Anaes.) (Assist.)   | 308.45           |             |                   | 231.35           |                 |
| 30636    | Digestive system         | Unlisted                 | 01.09.2015      | 3            | T8        | N        | 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.)  | 246.5            |             |                   | 184.9            | 209.55          |
| 30637    | Digestive system         | Type A Surgical          | 01.09.2015      | 3            | T8        | N        | Enterostomy or colostomy, closure of (not involving resection of bowel), on a patient under 10 years of age (Anaes.) (Assist.)  | 817.8            |             |                   | 613.35           |                 |
| 30639    | Digestive system         | Type A Surgical          | 01.09.2015      | 3            | T8        | N        | Colostomy or ileostomy, refashioning of, on a patient under 10 years of age (Anaes.) (Assist.)  | 817.8            |             |                   | 613.35           | 724.6           |
| 30640    | Hernia and appendix      | Type A Advanced Surgical | 01.05.2016      | 3            | T8        | N        | 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 (Anaes.) (Assist.)   | 967.3            |             |                   | 725.5            |                 |
| 30641    | Male reproductive system | Type A Surgical          | 01.12.1991      | 3            | T8        | N        | Orchidectomy, simple or subcapsular, unilateral with or without insertion of testicular prosthesis (H) (Anaes.) (Assist.)   | 430.8            |             |                   | 323.1            |                 |
| 30642    | Male reproductive system | Type A Surgical          | 01.05.2017      | 3            | T8        | N        | 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 (Anaes.) (Assist.)   | 801.5            |             |                   | 601.15           |                 |
| 30643    | Male reproductive system | Type A Surgical          | 01.09.2015      | 3            | T8        | N        | 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 (Anaes.) (Assist.)  | 716.45           |             |                   | 537.35           |                 |
| 30644    | Male reproductive system | Type A Surgical          | 01.12.1991      | 3            | T8        | N        | 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 (Anaes.) (Assist.)   | 551.1            |             |                   | 413.35           |                 |
| 30645    | Hernia and appendix      | Type A Surgical          | 01.09.2015      | 3            | T8        | N        | Appendicectomy, on a patient under 10 years of age, other than a service to which item 30574 applies (Anaes.) (Assist.)   | 612.05           |             |                   | 459.05           |                 |
| 30646    | Hernia and appendix      | Type A Surgical          | 01.09.2015      | 3            | T8        | N        | Laparoscopic appendicectomy, on a patient under 10 years of age (Anaes.) (Assist.)  | 612.05           |             |                   | 459.05           |                 |
| 30648    | Hernia and appendix      | Type A Surgical          | 01.07.2021      | 3            | T8        | N        | Femoral or inguinal hernia or infantile hydrocele, repair of, by open or minimally invasive approach, on a patient 10 years of age or over,otherthan a service to which item 30615 or 30651 applies (Anaes.) (Assist.)  | 491.1            |             |                   | 368.35           |                 |

| MBS item | Clinical Category          | Procedure Type           | Item Start Date | MBS Category | MBS Group | New Item | MBS Description   | MBS Schedule Fee | Derived Fee | Benefit 100% (\$) | Benefit 75% (\$) | Benefit 85 (\$) |
|----------|----------------------------|--------------------------|-----------------|--------------|-----------|----------|---|------------------|-------------|-------------------|------------------|-----------------|
| 30649    | Male reproductive system   | Unlisted                 | 01.09.2015      | 3            | T8        | N        | Haemorrhage, arrest of, following circumcision requiring general anaesthesia, on a patient under 10 years of age (Anaes.)   | 198.35           |             |                   | 148.8            | 168.6           |
| 30651    | Common list                | Type A Surgical          | 01.07.2021      | 3            | T8        | N        | 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 to which item 30621, 30655 or 30657 applies (Anaes.) (Assist.)  | 551.1            |             |                   | 413.35           |                 |
| 30652    | Common list                | Type A Surgical          | 01.07.2021      | 3            | T8        | N        | 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 (Anaes.) (Assist.)   | 551.1            |             |                   | 413.35           |                 |
| 30654    | Male reproductive system   | Type C                   | 01.11.2016      | 3            | T8        | N        | Circumcision of the penis, with topical or local analgesia, other than a service to which item 30658 applies  | 49.15            |             |                   | 36.9             | 41.8            |
| 30655    | Digestive system           | Type A Advanced Surgical | 01.07.2021      | 3            | T8        | N        | 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 to which item 30621 or 30651 applies (Anaes.) (Assist.)   | 967.3            |             |                   | 725.5            |                 |
| 30657    | Digestive system           | Type A Advanced Surgical | 01.07.2021      | 3            | T8        | N        | 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 (Anaes.) (Assist.)  | 1377.35          |             |                   | 1033.05          |                 |
| 30658    | Male reproductive system   | Type B Non-band specific | 01.11.2016      | 3            | T8        | N        | 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.)  | 150.05           |             |                   | 112.55           | 127.55          |
| 30661    | Male reproductive system   | Type B Non-band specific | 01.11.2022      | 3            | T8        | N        | 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.)  | 405.5            |             |                   | 304.15           |                 |
| 30662    | Male reproductive system   | Type A Surgical          | 01.11.2022      | 3            | T8        | N        | 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.)   | 810.9            |             |                   | 608.2            |                 |
| 30663    | Male reproductive system   | Unlisted                 | 01.12.1991      | 3            | T8        | N        | Haemorrhage, arrest of, following circumcision requiring general anaesthesia, on a patient 10 years of age or over (Anaes.)   | 152.6            |             |                   | 114.45           | 129.75          |
| 30666    | Male reproductive system   | Unlisted                 | 01.12.1991      | 3            | T8        | N        | PARAPHIMOSIS or PHIMOSIS, reduction of, under general anaesthesia, with or without dorsal incision, not being a service associated with a service to which another item in this Group applies (Anaes.)  | 50.15            |             |                   | 37.65            | 42.65           |
| 30672    | Back, neck and spine       | Type A Surgical          | 01.12.1991      | 3            | T8        | N        | COCCYX, excision of (Anaes.) (Assist.)  | 470.9            |             |                   | 353.2            |                 |
| 30676    | Skin                       | Type A Surgical          | 01.12.1991      | 3            | T8        | N        | Pilonidal sinus or cyst, or sacral sinus or cyst, definitive excision of (Anaes.)   | 400.7            |             |                   | 300.55           | 340.6           |
| 30679    | Skin                       | Type B Band 1            | 01.12.1991      | 3            | T8        | N        | PILONIDAL SINUS, injection of sclerosant fluid under anaesthesia (Anaes.)   | 101.8            |             |                   | 76.35            | 86.55           |
| 30680    | Gastrointestinal endoscopy | Type A Advanced Surgical | 01.07.2007      | 3            | T8        | N        | Balloon enteroscopy, examination of the small bowel (oral approach), with or without biopsy, WITHOUT intraprocedural therapy, for diagnosis of patients with obscure gastrointestinal bleeding, not in association with another item in this subgroup(with the exception of item 30682 or 30686) The patient to whom the service is provided must: (i)have recurrent or persistent bleeding; and (ii)be anaemic or have active bleeding; and (iii)have had an upper gastrointestinal endoscopy and a colonoscopy performed which did not identify the cause of the bleeding. (Anaes.)   | 1236.9           |             |                   | 927.7            | 1143.7          |
| 30682    | Gastrointestinal endoscopy | Type A Advanced Surgical | 01.07.2007      | 3            | T8        | N        | Balloon enteroscopy, examination of the small bowel (anal approach), with or without biopsy, WITHOUT intraprocedural therapy, for diagnosis of patients with obscure gastrointestinal bleeding, not in association with another item in this subgroup (with the exception of item 30680 or 30684) The patient to whom the service is provided must: (i)have recurrent or persistent bleeding; and (ii)be anaemic or have active bleeding; and (iii)have had an upper gastrointestinal endoscopy and a colonoscopy performed which did not identify the cause ofthe bleeding. (Anaes.)   | 1236.9           |             |                   | 927.7            | 1143.7          |
| 30684    | Gastrointestinal endoscopy | Type A Advanced Surgical | 01.07.2007      | 3            | T8        | N        | Balloon enteroscopy, examination of the small bowel (oral approach), with or without biopsy, WITH 1 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, not in association with another item in this subgroup (with the exception of item 30682 or 30686) The patient to whom the service is provided must: (i)have recurrent or persistent bleeding; and (ii)be anaemic or have active bleeding; and (iii)have had an upper gastrointestinal endoscopy and a colonoscopy performed which did not identify the cause of the bleeding. (Anaes.) | 1522.15          |             |                   | 1141.65          | 1428.95         |
| 30686    | Gastrointestinal endoscopy | Type A Advanced Surgical | 01.07.2007      | 3            | T8        | N        | Balloon enteroscopy, examination of the small bowel (anal approach), with or without biopsy, WITH 1 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, not in association with another item in this subgroup (with the exception of item 30680 or 30684) The patient to whom the service is provided must: (i)have recurrent or persistent bleeding; and (ii)be anaemic or have active bleeding; and (iii)have had an upper gastrointestinal endoscopy and a colonoscopy performed which did not identify the cause of the bleeding. (Anaes.) | 1522.15          |             |                   | 1141.65          | 1428.95         |

| MBS item | Clinical Category          | Procedure Type           | Item Start Date | MBS Category | MBS Group | New Item | MBS Description  | MBS Schedule Fee | Derived Fee | Benefit 100% (\$) | Benefit 75% (\$) | Benefit 85 (\$) |
|----------|----------------------------|--------------------------|-----------------|--------------|-----------|----------|--|------------------|-------------|-------------------|------------------|-----------------|
| 30687    | Gastrointestinal endoscopy | Type B Non-band specific | 01.11.2012      | 3            | T8        | N        | 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.)   | 503.3            |             |                   | 377.5            | 427.85          |
| 30688    | Gastrointestinal endoscopy | Type A Surgical          | 01.07.2007      | 3            | T8        | N        | Endoscopicultrasound(endoscopy with ultrasound imaging), with or without biopsy, for the staging of 1 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) andother thana service associated with the routine monitoring of chronic pancreatitis. (Anaes.)   | 385.8            |             |                   | 289.35           | 327.95          |
| 30690    | Gastrointestinal endoscopy | Type A Surgical          | 01.07.2007      | 3            | T8        | N        | 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 1 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 thana service associated with the routine monitoring of chronic pancreatitis. (Anaes.)   | 595.55           |             |                   | 446.7            | 506.25          |
| 30692    | Gastrointestinal endoscopy | Type A Surgical          | 01.07.2007      | 3            | T8        | N        | Endoscopic ultrasound(endoscopy with ultrasound imaging), with or without biopsy, for the diagnosis of 1 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 thana service associated with the routine monitoring of chronic pancreatitis. (Anaes.)  | 385.8            |             |                   | 289.35           | 327.95          |
| 30694    | Gastrointestinal endoscopy | Type A Surgical          | 01.07.2007      | 3            | T8        | N        | Endoscopic ultrasound(endoscopy with ultrasound imaging), with or without biopsy,with fine needle aspiration,for the diagnosis of 1 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 thana service associated with the routine monitoring of chronic pancreatitis. (Anaes.)  | 595.55           |             |                   | 446.7            | 506.25          |
| 30720    | Hernia and appendix        | Type A Surgical          | 01.07.2021      | 3            | T8        | N        | 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 (Anaes.) (Assist.)   | 470.9            |             |                   | 353.2            |                 |
| 30721    | Digestive system           | Type A Surgical          | 01.07.2021      | 3            | T8        | N        | 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 (Anaes.) (Assist.)  | 510.9            |             |                   | 383.2            |                 |
| 30722    | Digestive system           | Type A Surgical          | 01.07.2021      | 3            | T8        | N        | 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 (Anaes.) (Assist.) | 551.1            |             |                   | 413.35           |                 |
| 30723    | Digestive system           | Type A Surgical          | 01.07.2021      | 3            | T8        | N        | Laparotomy, laparoscopy or extra-peritoneal approach, for drainage of an intra-abdominal, pancreatic or retroperitoneal collection or abscess (Anaes.) (Assist.)   | 551.1            |             |                   | 413.35           |                 |
| 30724    | Digestive system           | Type A Surgical          | 01.07.2021      | 3            | T8        | N        | 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 primary procedure—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) (Anaes.) (Assist.)  | 553.65           |             |                   | 415.25           |                 |
| 30725    | Digestive system           | Type A Advanced Surgical | 01.07.2021      | 3            | T8        | N        | Laparotomy or laparoscopy for intestinal obstruction or division of extensive, complex adhesions, lasting 2 hours or more, performed either:(a) as a primary procedure; orb) 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 (Anaes.) (Assist.)   | 981.2            |             |                   | 735.9            |                 |
| 30730    | Digestive system           | Type A Advanced Surgical | 01.07.2021      | 3            | T8        | N        | Small intestine, resection of, including either of the following:(a) a small bowel diverticulum (such as Meckel's procedure) with anastomosis;(b) stricturoplasty (Anaes.) (Assist.)   | 1023.2           |             |                   | 767.4            |                 |
| 30731    | Gastrointestinal endoscopy | Type A Surgical          | 01.07.2021      | 3            | T8        | N        | Intraoperative enterotomy for visualisation of the small intestine by endoscopy, including endoscopic examination using a flexible endoscope, with or without biopsies (Anaes.) (Assist.)  | 767.55           |             |                   | 575.7            |                 |
| 30732    | Common list                | Type A Advanced Surgical | 01.07.2021      | 3            | T8        | N        | Peritonectomy, lasting more than 5 hours, including hyperthermic intra-peritoneal chemotherapy (Anaes.) (Assist.)  | 4202.3           |             |                   | 3151.75          |                 |
| 30750    | Digestive system           | Type A Advanced Surgical | 01.07.2021      | 3            | T8        | N        | 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 (Anaes.) (Assist.)  | 2180.15          |             |                   | 1635.15          |                 |
| 30751    | Digestive system           | Type A Advanced Surgical | 01.07.2021      | 3            | T8        | N        | 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 (Anaes.) (Assist.)  | 2180.15          |             |                   | 1635.15          |                 |
| 30752    | Digestive system           | Type A Advanced Surgical | 01.07.2021      | 3            | T8        | N        | 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 (Anaes.) (Assist.)   | 1635.1           |             |                   | 1226.35          |                 |
| 30753    | Digestive system           | Type A Advanced Surgical | 01.07.2021      | 3            | T8        | N        | Oesophagectomy, by any approach, including:(a) gastric reconstruction by abdominal mobilisation, thoracotomy or thoracoscopy; and(b) anastomosis in the neck or chestOne surgeon (Anaes.) (Assist.)  | 1819.3           |             |                   | 1364.5           |                 |
| 30754    | Digestive system           | Type A Advanced Surgical | 01.07.2021      | 3            | T8        | N        | Oesophagectomy, by any approach, including:(a) gastric reconstruction by abdominal mobilisation, thoracotomy or thoracoscopy; and(b) anastomosis in the neck or chestConjoint surgery, principal surgeon (Anaes.) (Assist.)  | 1819.3           |             |                   | 1364.5           |                 |

| MBS item | Clinical Category    | Procedure Type           | Item Start Date | MBS Category | MBS Group | New Item | MBS Description   | MBS Schedule Fee | Derived Fee | Benefit 100% (\$) | Benefit 75% (\$) | Benefit 85 (\$) |
|----------|----------------------|--------------------------|-----------------|--------------|-----------|----------|---|------------------|-------------|-------------------|------------------|-----------------|
| 30755    | Digestive system     | Type A Advanced Surgical | 01.07.2021      | 3            | T8        | N        | Oesophagectomy by any approach, including:(a) gastric reconstruction by abdominal mobilisation, thoracotomy or thoracoscopy; and(b) anastomosis in the neck or chestConjoint surgery, co-surgeon (Anaes.) (Assist.)   | 1364.5           |             |                   | 1023.4           |                 |
| 30756    | Digestive system     | Type A Advanced Surgical | 01.07.2021      | 3            | T8        | N        | 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 (Anaes.) (Assist.)  | 921.15           |             |                   | 690.9            |                 |
| 30760    | Digestive system     | Type A Surgical          | 01.07.2021      | 3            | T8        | N        | Vagotomy, with or without gastroenterostomy, pyloroplasty or other drainage procedure (Anaes.) (Assist.)  | 621.75           |             |                   | 466.35           |                 |
| 30761    | Digestive system     | Type A Surgical          | 01.07.2021      | 3            | T8        | N        | 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 (Anaes.) (Assist.)  | 802.1            |             |                   | 601.6            |                 |
| 30762    | Digestive system     | Type A Advanced Surgical | 01.07.2021      | 3            | T8        | N        | 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 (Anaes.) (Assist.)  | 1757.75          |             |                   | 1318.35          |                 |
| 30763    | Digestive system     | Type A Surgical          | 01.07.2021      | 3            | T8        | N        | 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 (Anaes.) (Assist.)   | 713.95           |             |                   | 535.5            |                 |
| 30770    | Digestive system     | Type A Surgical          | 01.07.2021      | 3            | T8        | N        | Hydatid cyst of liver, peritoneum or viscus, complete removal of contents of, with or without suture of biliary radicles, with omentoplasty or myeloplasty (Anaes.) (Assist.)   | 884.15           |             |                   | 663.15           |                 |
| 30771    | Digestive system     | Type A Advanced Surgical | 01.07.2021      | 3            | T8        | N        | Portal hypertension, porto-caval, meso-caval or selective spleno-renal shunt for (Anaes.) (Assist.)   | 1783.3           |             |                   | 1337.5           |                 |
| 30780    | Digestive system     | Type A Advanced Surgical | 01.07.2021      | 3            | T8        | N        | Intrahepatic biliary bypass of left or right hepatic ductal system by Roux-en-Y loop to peripheral ductal system (Anaes.) (Assist.)   | 1485.25          |             |                   | 1113.95          |                 |
| 30790    | Digestive system     | Type A Surgical          | 01.07.2021      | 3            | T8        | N        | Pancreatic cyst anastomosis to stomach, duodenum or small intestine, by endoscopic, open or minimally invasive approach, with or without the use of endoscopic or intraoperative ultrasound (Anaes.) (Assist.)  | 741.4            |             |                   | 556.05           |                 |
| 30791    | Digestive system     | Type A Surgical          | 01.07.2021      | 3            | T8        | N        | Pancreatic necrosectomy, by open, laparoscopic or endoscopic approach, excluding aftercare, subsequent procedure (Anaes.) (Assist.)   | 460.6            |             |                   | 345.45           |                 |
| 30792    | Digestive system     | Type A Advanced Surgical | 01.07.2021      | 3            | T8        | N        | Distal pancreatectomy with splenectomy, by open or minimally invasive approach (Anaes.) (Assist.)   | 1262.55          |             |                   | 946.95           |                 |
| 30800    | Digestive system     | Type A Surgical          | 01.07.2021      | 3            | T8        | N        | Splenectomy, by open or minimally invasive approach, other than a service to which item 30792 applies (Anaes.) (Assist.)  | 761.4            |             |                   | 571.05           |                 |
| 30810    | Digestive system     | Type A Advanced Surgical | 01.07.2021      | 3            | T8        | N        | 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 (Anaes.) (Assist.)   | 1212.8           |             |                   | 909.6            |                 |
| 30820    | Ear, nose and throat | Type B Non-band specific | 01.07.2021      | 3            | T8        | N        | Lymph node of neck, biopsy of, by open procedure, if the specimen excised is sent for pathological examination (Anaes.)   | 194.4            |             |                   | 145.8            | 165.25          |
| 31000    | Skin                 | Type A Surgical          | 01.03.1992      | 3            | T8        | N        | 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.)                            | 614.1            |             |                   | 460.6            | 522             |
| 31001    | Skin                 | Type A Surgical          | 01.03.1992      | 3            | T8        | N        | 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.)                   | 767.55           |             |                   | 575.7            | 674.35          |
| 31002    | Skin                 | Type A Advanced Surgical | 01.03.1992      | 3            | T8        | N        | 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.)                            | 921.15           |             |                   | 690.9            | 827.95          |
| 31003    | Skin                 | Type A Surgical          | 01.11.2018      | 3            | T8        | N        | 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.)          | 614.1            |             |                   | 460.6            | 522             |
| 31004    | Skin                 | Type A Surgical          | 01.11.2018      | 3            | T8        | N        | 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.) | 767.55           |             |                   | 575.7            | 674.35          |
| 31005    | Skin                 | Type A Surgical          | 01.11.2018      | 3            | T8        | N        | 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.)          | 921.15           |             |                   | 690.9            | 827.95          |
| 31206    | Skin                 | Type C                   | 01.11.2016      | 3            | T8        | N        | 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.)  | 100.95           |             |                   | 75.75            | 85.85           |

| MBS item | Clinical Category                             | Procedure Type                               | Item Start Date | MBS Category | MBS Group | New Item | MBS Description   | MBS Schedule Fee | Derived Fee                                     | Benefit 100% (\$) | Benefit 75% (\$) | Benefit 85 (\$) |
|----------|---|--|-----------------|--------------|-----------|----------|---|------------------|---|-------------------|------------------|-----------------|
| 31211    | Skin  | Type C                                       | 01.11.2016      | 3            | T8        | N        | 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.)  | 130.15           |   |                   | 97.65            | 110.65          |
| 31216    | Skin  | Type C                                       | 01.11.2016      | 3            | T8        | N        | 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.)  | 151.8            |   |                   | 113.85           | 129.05          |
| 31220    | Skin  | Type C                                       | 01.05.1997      | 3            | T8        | N        | Tumours (other than viral verrucae (common warts) and seborrheic keratoses), 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.)  | 226.8            |   |                   | 170.1            | 192.8           |
| 31221    | Skin  | Type C                                       | 01.11.2016      | 3            | T8        | N        | 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.)   | 226.8            |   |                   | 170.1            | 192.8           |
| 31225    | Skin  | Type A Surgical and Type B Non-band specific | 01.05.1997      | 3            | T8        | N        | Tumours (other than viral verrucae (common warts) and seborrheic keratoses), 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.)        | 403.1            |   |                   | 302.35           | 342.65          |
| 31245    | Skin  | Type A Surgical                              | 01.05.1997      | 3            | T8        | N        | SKIN AND SUBCUTANEOUS TISSUE, extensive excision of, in the treatment of SUPPURATIVE HIDRADENITIS (excision from axilla, groin or natal cleft) or SYCOSIS BARBAE or NUCHAE (excision from face or neck) (Anaes.)  | 390.05           |   |                   | 292.55           | 331.55          |
| 31250    | Skin  | Type A Surgical                              | 01.05.1997      | 3            | T8        | N        | GIANT HAIRY or COMPOUND NAEVUS, excision of an area at least 1 percent of body surface where the specimen excised is sent for histological confirmation of diagnosis (Anaes.)   | 390.05           |   |                   | 292.55           | 331.55          |
| 31340    | Skin  | Type A Surgical and Type B Non-band specific | 01.05.1997      | 3            | T8        | N        | 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 or 31376 is excised (Anaes.)   |                  | 75% of the fee for excision of malignant tumour |                   |                  |                 |
| 31345    | Skin  | Type B Non-band specific                     | 01.05.1997      | 3            | T8        | N        | LIPOMA, removal of by surgical excision or liposuction, where lesion is subcutaneous and 50mm or more in diameter, or is sub-fascial, where the specimen is sent for histological confirmation of diagnosis (Anaes.)  | 223              |   |                   | 167.25           | 189.55          |
| 31346    | Diabetes management (excluding insulin pumps) | Type B Non-band specific                     | 01.05.2003      | 3            | T8        | N        | 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.)  | 223              |   |                   | 167.25           | 189.55          |
| 31350    | Common list                                   | Type A Surgical and Type B Non-band specific | 01.05.1997      | 3            | T8        | N        | 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.)   | 458.1            |   |                   | 343.6            | 389.4           |
| 31355    | Common list                                   | Type A Surgical and Type B Non-band specific | 01.05.1997      | 3            | T8        | N        | MALIGNANT TUMOUR of SOFT TISSUE, excluding tumours of skin, cartilage and bone, removal of by surgical excision, where histological proof of malignancy has been obtained, not being a service to which another item in this Group applies (Anaes.) (Assist.)   | 755.35           |   |                   | 566.55           | 662.15          |
| 31356    | Skin  | Type B Non-band specific                     | 01.11.2016      | 3            | T8        | N        | Malignant skin lesion (other than a malignant skin lesion covered by item 31371, 31372, 31373, 31374, 31375 or 31376), 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.)     | 234              |   |                   | 175.5            | 198.9           |
| 31357    | Skin  | Type C                                       | 01.11.2016      | 3            | T8        | N        | 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.) | 115.95           |   |                   | 87               | 98.6            |
| 31358    | Skin  | Type B Non-band specific                     | 01.11.2016      | 3            | T8        | N        | Malignant skin lesion (other than a malignant skin lesion covered by item 31371, 31372, 31373, 31374, 31375 or 31376), 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.)   | 286.35           |   |                   | 214.8            | 243.4           |

| MBS item | Clinical Category | Procedure Type           | Item Start Date | MBS Category | MBS Group | New Item | MBS Description   | MBS Schedule Fee | Derived Fee | Benefit 100% (\$) | Benefit 75% (\$) | Benefit 85 (\$) |
|----------|-------------------|--------------------------|-----------------|--------------|-----------|----------|---|------------------|-------------|-------------------|------------------|-----------------|
| 31359    | Skin              | Type B Non-band specific | 01.11.2016      | 3            | T8        | N        | Malignant skin lesion (other than a malignant skin lesion covered by item 31371, 31372, 31373, 31374, 31375 or 31376), 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.)   | 349.05           |             |                   | 261.8            |                 |
| 31360    | Skin              | Type B Non-band specific | 01.11.2016      | 3            | T8        | N        | 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.)   | 177.65           |             |                   | 133.25           | 151.05          |
| 31361    | Skin              | Type B Non-band specific | 01.11.2016      | 3            | T8        | N        | Malignant skin lesion (other than a malignant skin lesion covered by item 31371, 31372, 31373, 31374, 31375 or 31376), 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.)     | 197.4            |             |                   | 148.05           | 167.8           |
| 31362    | Skin              | Type C                   | 01.11.2016      | 3            | T8        | N        | 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.) | 141.6            |             |                   | 106.2            | 120.4           |
| 31363    | Skin              | Type B Non-band specific | 01.11.2016      | 3            | T8        | N        | Malignant skin lesion (other than a malignant skin lesion covered by item 31371, 31372, 31373, 31374, 31375 or 31376), 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.)   | 258.2            |             |                   | 193.65           | 219.5           |
| 31364    | Skin              | Type B Non-band specific | 01.11.2016      | 3            | T8        | N        | 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.)                                       | 177.65           |             |                   | 133.25           | 151.05          |
| 31365    | Skin              | Type C                   | 01.11.2016      | 3            | T8        | N        | Malignant skin lesion (other than a malignant skin lesion covered by item 31369, 31370, 31371, 31372 or 31373), 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.)   | 167.35           |             |                   | 125.55           | 142.25          |
| 31366    | Skin              | Type C                   | 01.11.2016      | 3            | T8        | N        | 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.)   | 100.95           |             |                   | 75.75            | 85.85           |
| 31367    | Skin              | Type B Non-band specific | 01.11.2016      | 3            | T8        | N        | Malignant skin lesion (other than a malignant skin lesion covered by item 31371, 31372, 31373, 31374, 31375 or 31376), 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.)   | 225.8            |             |                   | 169.35           | 191.95          |
| 31368    | Skin              | Type C                   | 01.11.2016      | 3            | T8        | N        | 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.)   | 132.7            |             |                   | 99.55            | 112.8           |
| 31369    | Skin              | Type B Non-band specific | 01.11.2016      | 3            | T8        | N        | Malignant skin lesion (other than a malignant skin lesion covered by item 31371, 31372, 31373, 31374, 31375 or 31376), 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.)  | 260              |             |                   | 195              | 221             |

| MBS item | Clinical Category | Procedure Type           | Item Start Date | MBS Category | MBS Group | New Item | MBS Description  | MBS Schedule Fee | Derived Fee | Benefit 100% (\$) | Benefit 75% (\$) | Benefit 85 (\$) |
|----------|-------------------|--------------------------|-----------------|--------------|-----------|----------|--|------------------|-------------|-------------------|------------------|-----------------|
| 31370    | Skin              | Type C                   | 01.11.2016      | 3            | T8        | N        | 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.)  | 151.8            |             |                   | 113.85           | 129.05          |
| 31371    | Skin              | Type B Non-band specific | 01.11.2016      | 3            | T8        | N        | 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.)  | 377.4            |             |                   | 283.05           | 320.8           |
| 31372    | Skin              | Type B Non-band specific | 01.11.2016      | 3            | T8        | N        | 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.) | 326.35           |             |                   | 244.8            | 277.4           |
| 31373    | Skin              | Type B Non-band specific | 01.11.2016      | 3            | T8        | N        | 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.)  | 377.2            |             |                   | 282.9            | 320.65          |
| 31374    | Skin              | Type B Non-band specific | 01.11.2016      | 3            | T8        | N        | 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.)  | 298              |             |                   | 223.5            | 253.3           |
| 31375    | Skin              | Type B Non-band specific | 01.11.2016      | 3            | T8        | N        | 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.)   | 320.7            |             |                   | 240.55           | 272.6           |
| 31376    | Skin              | Type B Non-band specific | 01.11.2016      | 3            | T8        | N        | 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.)   | 371.7            |             |                   | 278.8            | 315.95          |
| 31377    | Skin              | Type B Non-band specific | 01.11.2022      | 3            | T8        | N        | 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           |             |                   | 87               | 98.6            |
| 31378    | Skin              | Type B Non-band specific | 01.11.2022      | 3            | T8        | N        | 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           |             |                   | 133.25           | 151.05          |
| 31379    | Skin              | Type B Non-band specific | 01.11.2022      | 3            | T8        | N        | 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.)   | 141.6            |             |                   | 106.2            | 120.4           |
| 31380    | Skin              | Type B Non-band specific | 01.11.2022      | 3            | T8        | N        | 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           |             |                   | 133.25           | 151.05          |

| MBS item | Clinical Category                    | Procedure Type           | Item Start Date | MBS Category | MBS Group | New Item | MBS Description   | MBS Schedule Fee | Derived Fee | Benefit 100% (\$) | Benefit 75% (\$) | Benefit 85 (\$) |
|----------|--------------------------------------|--------------------------|-----------------|--------------|-----------|----------|---|------------------|-------------|-------------------|------------------|-----------------|
| 31381    | Skin                                 | Type B Non-band specific | 01.11.2022      | 3            | T8        | N        | 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           |             |                   | 75.75            | 85.85           |
| 31382    | Skin                                 | Type B Non-band specific | 01.11.2022      | 3            | T8        | N        | 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.) | 132.7            |             |                   | 99.55            | 112.8           |
| 31383    | Skin                                 | Type B Non-band specific | 01.11.2022      | 3            | T8        | N        | 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.)   | 151.8            |             |                   | 113.85           | 129.05          |
| 31400    | Ear, nose and throat                 | Type A Surgical          | 01.07.1998      | 3            | T8        | N        | MALIGNANT UPPER AERODIGESTIVE TRACT TUMOUR up to and including 20mm in diameter (excluding tumour of the lip), excision of, where histological confirmation of malignancy has been obtained (Anaes.) (Assist.)  | 276              |             |                   | 207              | 234.6           |
| 31403    | Ear, nose and throat                 | Type A Surgical          | 01.07.1998      | 3            | T8        | N        | MALIGNANT UPPER AERODIGESTIVE TRACT TUMOUR more than 20mm and up to and including 40mm in diameter (excluding tumour of the lip), excision of, where histological confirmation of malignancy has been obtained (Anaes.) (Assist.)   | 318.55           |             |                   | 238.95           |                 |
| 31406    | Ear, nose and throat                 | Type A Surgical          | 01.07.1998      | 3            | T8        | N        | MALIGNANT UPPER AERODIGESTIVE TRACT TUMOUR more than 40mm in diameter (excluding tumour of the lip), excision of, where histological confirmation of malignancy has been obtained (Anaes.) (Assist.)  | 530.85           |             |                   | 398.15           | 451.25          |
| 31409    | Ear, nose and throat                 | Type A Advanced Surgical | 01.07.1998      | 3            | T8        | N        | PARAPHARYNGEAL TUMOUR, excision of, by cervical approach (Anaes.) (Assist.)   | 1649.35          |             |                   | 1237.05          |                 |
| 31412    | Ear, nose and throat                 | Type A Advanced Surgical | 01.07.1998      | 3            | T8        | N        | RECURRENT OR PERSISTENT PARAPHARYNGEAL TUMOUR, excision of, by cervical approach (Anaes.) (Assist.)   | 2031.65          |             |                   | 1523.75          |                 |
| 31423    | Ear, nose and throat                 | Type A Surgical          | 01.07.1998      | 3            | T8        | N        | 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.)   | 424.75           |             |                   | 318.6            | 361.05          |
| 31426    | Ear, nose and throat                 | Type A Surgical          | 01.07.1998      | 3            | T8        | N        | 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.)   | 849.4            |             |                   | 637.05           |                 |
| 31429    | Ear, nose and throat                 | Type A Advanced Surgical | 01.07.1998      | 3            | T8        | N        | 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.)   | 1323.7           |             |                   | 992.8            |                 |
| 31432    | Ear, nose and throat                 | Type A Advanced Surgical | 01.07.1998      | 3            | T8        | N        | 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.)   | 1415.75          |             |                   | 1061.85          |                 |
| 31435    | Ear, nose and throat                 | Type A Advanced Surgical | 01.07.1998      | 3            | T8        | N        | 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.)  | 1040.6           |             |                   | 780.45           |                 |
| 31438    | Ear, nose and throat                 | Type A Advanced Surgical | 01.07.1998      | 3            | T8        | N        | 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.)   | 1649.35          |             |                   | 1237.05          |                 |
| 31454    | Digestive system                     | Type A Surgical          | 01.11.2000      | 3            | T8        | N        | Laparoscopy or laparotomy with drainage of bile, as an independent procedure (H) (Anaes.) (Assist.)   | 595.55           |             |                   | 446.7            |                 |
| 31456    | Digestive system                     | Type B Non-band specific | 01.11.2000      | 3            | T8        | N        | GASTROSCOPY and insertion of nasogastric or nasoenteral feeding tube, where blind insertion of the feeding tube has failed or is inappropriate due to the patient's medical condition (Anaes.)  | 259.65           |             |                   | 194.75           |                 |
| 31458    | Digestive system                     | Type B Non-band specific | 01.11.2000      | 3            | T8        | N        | GASTROSCOPY and insertion of nasogastric or nasoenteral feeding tube, where blind insertion of the feeding tube has failed or is inappropriate due to the patient's medical condition, and where the use of imaging intensification is clinically indicated (Anaes.)  | 311.5            |             |                   | 233.65           |                 |
| 31460    | Digestive system                     | Type A Surgical          | 01.11.2000      | 3            | T8        | N        | PERCUTANEOUS GASTROSTOMY TUBE, jejunal extension to, including any associated imaging services (Anaes.) (Assist.)   | 377.4            |             |                   | 283.05           |                 |
| 31462    | Digestive system                     | Type A Surgical          | 01.11.2000      | 3            | T8        | N        | OPERATIVE FEEDING JEJUNOSTOMY performed in conjunction with major upper gastro-intestinal resection (Anaes.) (Assist.)  | 551.1            |             |                   | 413.35           |                 |
| 31466    | Digestive system                     | Type A Advanced Surgical | 01.11.2000      | 3            | T8        | N        | ANTIREFLUX OPERATION BY FUNDOPLASTY, via abdominal or thoracic approach, with or without closure of the diaphragmatic hiatus, revision procedure, by laparoscopy or open operation (Anaes.) (Assist.)   | 1381.65          |             |                   | 1036.25          |                 |
| 31468    | Digestive system                     | Type A Advanced Surgical | 01.11.2000      | 3            | T8        | N        | 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 (Anaes.) (Assist.)   | 1517.95          |             |                   | 1138.5           |                 |
| 31472    | Digestive system                     | Type A Advanced Surgical | 01.11.2000      | 3            | T8        | N        | Cholecystoduodenostomy, cholecystoenterostomy, choledochojejunostomy or Roux-en-y loop to provide biliary drainage or bypass, other than a service associated with a service to which item 30584 applies (Anaes.) (Assist.)   | 1422.2           |             |                   | 1066.65          |                 |
| 31500    | Breast surgery (medically necessary) | Type A Surgical          | 01.11.2002      | 3            | T8        | N        | BREAST, BENIGN LESION up to and including 50mm in diameter, including simple cyst, fibroadenoma or fibrocystic disease, open surgical biopsy or excision of, with or without frozen section histology (Anaes.)  | 274.9            |             |                   | 206.2            | 233.7           |
| 31503    | Breast surgery (medically necessary) | Type A Surgical          | 01.11.2002      | 3            | T8        | N        | BREAST, BENIGN LESION more than 50mm in diameter, excision of (Anaes.) (Assist.)  | 366.55           |             |                   | 274.95           | 311.6           |

| MBS item | Clinical Category                    | Procedure Type           | Item Start Date | MBS Category | MBS Group | New Item | MBS Description   | MBS Schedule Fee | Derived Fee | Benefit 100% (\$) | Benefit 75% (\$) | Benefit 85 (\$) |
|----------|--------------------------------------|--------------------------|-----------------|--------------|-----------|----------|---|------------------|-------------|-------------------|------------------|-----------------|
| 31506    | Breast surgery (medically necessary) | Type A Surgical          | 01.11.2002      | 3            | T8        | N        | BREAST, ABNORMALITY detected by mammography or ultrasound where guidewire or other localisation procedure is performed, excision biopsy of (Anaes.) (Assist.)   | 412.4            |             |                   | 309.3            |                 |
| 31509    | Breast surgery (medically necessary) | Type A Surgical          | 01.11.2002      | 3            | T8        | N        | BREAST, MALIGNANT TUMOUR, open surgical biopsy of, with or without frozen section histology (Anaes.)  | 366.55           |             |                   | 274.95           | 311.6           |
| 31512    | Breast surgery (medically necessary) | Type A Surgical          | 01.11.2002      | 3            | T8        | N        | BREAST, MALIGNANT TUMOUR, complete local excision of, with or without frozen section histology (Anaes.) (Assist.)   | 687.3            |             |                   | 515.5            |                 |
| 31515    | Breast surgery (medically necessary) | Type A Surgical          | 01.11.2002      | 3            | T8        | N        | BREAST, TUMOUR SITE, re-excision of following open biopsy or incomplete excision of malignant tumour (Anaes.) (Assist.)   | 461.1            |             |                   | 345.85           |                 |
| 31516    | Breast surgery (medically necessary) | Type A Advanced Surgical | 01.09.2015      | 3            | T8        | N        | BREAST, MALIGNANT TUMOUR, complete local excision of, with or without frozen section histology when targeted intraoperative radiation therapy(using an Intrabeam® or Xofig® Axcent® 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.)  | 916.55           |             |                   | 687.45           |                 |
| 31519    | Breast surgery (medically necessary) | Type A Surgical          | 01.07.2014      | 3            | T8        | N        | BREAST, total mastectomy (H) (Anaes.) (Assist.)   | 778.15           |             |                   | 583.65           |                 |
| 31524    | Breast surgery (medically necessary) | Type A Advanced Surgical | 01.11.2002      | 3            | T8        | N        | BREAST, subcutaneous mastectomy (H) (Anaes.) (Assist.)  | 1099.7           |             |                   | 824.8            |                 |
| 31525    | Breast surgery (medically necessary) | Type A Surgical          | 01.07.2014      | 3            | T8        | N        | BREAST, mastectomy for gynecomastia, with or without liposuction (suction assisted lipolysis), not being a service associated with a service to which item 45585 applies (H) (Anaes.) (Assist.)   | 549.7            |             |                   | 412.3            |                 |
| 31530    | Breast surgery (medically necessary) | Type B Non-band specific | 01.11.2002      | 3            | T8        | N        | 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   | 629.75           |             |                   | 472.35           | 536.55          |
| 31533    | Breast surgery (medically necessary) | Unlisted                 | 01.11.2002      | 3            | T8        | N        | FINE NEEDLE ASPIRATION of an impalpable breast lesion detected by mammography or ultrasound, imaging guided - but not including imaging (Anaes.)  | 145.8            |             |                   | 109.35           | 123.95          |
| 31536    | Breast surgery (medically necessary) | Unlisted                 | 01.11.2002      | 3            | T8        | N        | Breast, preoperative localisation of lesion of, by hookwire or similar device, using interventional imaging techniques, but not including imaging (Anaes.) (Anaes.)   | 200.25           |             |                   | 150.2            | 170.25          |
| 31548    | Breast surgery (medically necessary) | Unlisted                 | 01.11.2002      | 3            | T8        | N        | 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.) (Anaes.)   | 211.45           |             |                   | 158.6            | 179.75          |
| 31551    | Breast surgery (medically necessary) | Type B Non-band specific | 01.11.2002      | 3            | T8        | N        | BREAST, HAEMATOMA, SEROMA OR INFLAMMATORY CONDITION including abscess, granulomatous mastitis or similar, exploration and drainage of when undertaken in the operating theatre of a hospital, excluding aftercare (Anaes.)  | 229.1            |             |                   | 171.85           |                 |
| 31554    | Breast surgery (medically necessary) | Type A Surgical          | 01.11.2002      | 3            | T8        | N        | BREAST, microdochotomy of, for benign or malignant condition (Anaes.) (Assist.)   | 458.25           |             |                   | 343.7            |                 |
| 31557    | Breast surgery (medically necessary) | Type B Non-band specific | 01.11.2002      | 3            | T8        | N        | BREAST CENTRAL DUCTS, excision of, for benign condition (Anaes.) (Assist.)  | 366.55           |             |                   | 274.95           | 311.6           |
| 31560    | Breast surgery (medically necessary) | Type B Non-band specific | 01.11.2002      | 3            | T8        | N        | ACCESSORY BREAST TISSUE, excision of (Anaes.) (Assist.)   | 366.55           |             |                   | 274.95           | 311.6           |
| 31563    | Breast surgery (medically necessary) | Type B Non-band specific | 01.11.2002      | 3            | T8        | N        | INVERTED NIPPLE, surgical eversion of (Anaes.)  | 274.55           |             |                   | 205.95           | 233.4           |
| 31566    | Breast surgery (medically necessary) | Type B Non-band specific | 01.11.2002      | 3            | T8        | N        | ACCESSORY NIPPLE, excision of (Anaes.)  | 137.4            |             |                   | 103.05           | 116.8           |
| 31569    | Weight loss surgery                  | Type A Surgical          | 01.07.2013      | 3            | T8        | N        | Adjustable gastric band, placement of, with or without crural repair taking 45 minutes or less, for a patient with clinically severe obesity (Anaes.) (Assist.)   | 898.15           |             |                   | 673.65           |                 |
| 31572    | Weight loss surgery                  | Type A Advanced Surgical | 01.07.2013      | 3            | T8        | N        | Gastric bypass by Roux-en-Y 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 (Anaes.) (Assist.)  | 1105.2           |             |                   | 828.9            |                 |
| 31575    | Weight loss surgery                  | Type A Surgical          | 01.07.2013      | 3            | T8        | N        | Sleeve gastrectomy, with or without crural repair taking 45 minutes or less, for a patient with clinically severe obesity (Anaes.) (Assist.)  | 898.15           |             |                   | 673.65           |                 |
| 31578    | Weight loss surgery                  | Type A Surgical          | 01.07.2013      | 3            | T8        | N        | Gastroplasty (excluding by gastric plication), with or without crural repair taking 45 minutes or less, for a patient with clinically severe obesity (Anaes.) (Assist.)   | 898.15           |             |                   | 673.65           |                 |
| 31581    | Weight loss surgery                  | Type A Advanced Surgical | 01.07.2013      | 3            | T8        | N        | Gastric bypass by biliopancreatic diversion with or without duodenal switch including gastric resection and anastomoses, with or without crural repair taking 45 minutes or less, for a patient with clinically severe obesity (Anaes.) (Assist.)   | 1105.2           |             |                   | 828.9            |                 |
| 31584    | Weight loss surgery                  | Type A Advanced Surgical | 01.07.2013      | 3            | T8        | N        | 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 procedureother than a service associated with a service to which item 31585 applies (Anaes.) (Assist.) | 1627.1           |             |                   | 1220.35          |                 |

| MBS item | Clinical Category          | Procedure Type           | Item Start Date | MBS Category | MBS Group | New Item | MBS Description  | MBS Schedule Fee | Derived Fee | Benefit 100% (\$) | Benefit 75% (\$) | Benefit 85 (\$) |
|----------|----------------------------|--------------------------|-----------------|--------------|-----------|----------|--|------------------|-------------|-------------------|------------------|-----------------|
| 31585    | Weight loss surgery        | Type A Surgical          | 01.07.2021      | 3            | T8        | N        | Removal of adjustable gastric band (Anaes.) (Assist.)  | 879.7            |             |                   | 659.8            |                 |
| 31587    | Weight loss surgery        | Type C                   | 01.07.2013      | 3            | T8        | N        | Adjustment of gastric band as an independent procedure including any associated consultation   | 103.55           |             |                   | 77.7             | 88.05           |
| 31590    | Weight loss surgery        | Type B Non-band specific | 01.07.2013      | 3            | T8        | N        | Adjustment of gastric band reservoir, repair, revision or replacement of (Anaes.) (Assist.)  | 266.15           |             |                   | 199.65           | 226.25          |
| 32000    | Digestive system           | Type A Advanced Surgical | 01.12.1991      | 3            | T8        | N        | LARGE INTESTINE, resection of, without anastomosis, including right hemicolectomy (including formation of stoma) (Anaes.) (Assist.)  | 1090.25          |             |                   | 817.7            |                 |
| 32003    | Digestive system           | Type A Advanced Surgical | 01.12.1991      | 3            | T8        | N        | LARGE INTESTINE, resection of, with anastomosis, including right hemicolectomy (Anaes.) (Assist.)  | 1140.45          |             |                   | 855.35           |                 |
| 32004    | Digestive system           | Type A Advanced Surgical | 01.11.1992      | 3            | T8        | N        | LARGE INTESTINE, subtotal colectomy (resection of right colon, transverse colon and splenic flexure) without anastomosis, not being a service associated with a service to which item 32000, 32003, 32005, 32006 or 32030 applies (H) (Anaes.) (Assist.)   | 1216.15          |             |                   | 912.15           |                 |
| 32005    | Digestive system           | Type A Advanced Surgical | 01.11.1992      | 3            | T8        | N        | LARGE INTESTINE, subtotal colectomy (resection of right colon, transverse colon and splenic flexure) with anastomosis, not being a service associated with a service to which item 32000, 32003, 32004, 32006 or 32030 applies (H) (Anaes.) (Assist.)  | 1373.85          |             |                   | 1030.4           |                 |
| 32006    | Digestive system           | Type A Advanced Surgical | 01.12.1991      | 3            | T8        | N        | 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.)  | 1216.15          |             |                   | 912.15           |                 |
| 32009    | Digestive system           | Type A Advanced Surgical | 01.12.1991      | 3            | T8        | N        | TOTAL COLECTOMY AND ILEOSTOMY (Anaes.) (Assist.)   | 1442.6           |             |                   | 1081.95          |                 |
| 32012    | Digestive system           | Type A Advanced Surgical | 01.12.1991      | 3            | T8        | N        | TOTAL COLECTOMY AND ILEORECTAL ANASTOMOSIS (Anaes.) (Assist.)  | 1593.55          |             |                   | 1195.2           |                 |
| 32015    | Digestive system           | Type A Advanced Surgical | 01.12.1991      | 3            | T8        | N        | TOTAL COLECTOMY WITH EXCISION OF RECTUM AND ILEOSTOMY1 surgeon (Anaes.) (Assist.)  | 1958.45          |             |                   | 1468.85          |                 |
| 32018    | Digestive system           | Type A Advanced Surgical | 01.12.1991      | 3            | T8        | N        | TOTAL COLECTOMY WITH EXCISION OF RECTUM AND ILEOSTOMY, COMBINED SYNCHRONOUS OPERATION; ABDOMINAL RESECTION (including aftercare) (Anaes.) (Assist.)  | 1660.7           |             |                   | 1245.55          |                 |
| 32021    | Digestive system           | Type A Surgical          | 01.12.1991      | 3            | T8        | N        | TOTAL COLECTOMY WITH EXCISION OF RECTUM AND ILEOSTOMY, COMBINED SYNCHRONOUS OPERATION; PERINEAL RESECTION (Assist.)  | 595.55           |             |                   | 446.7            |                 |
| 32023    | Gastrointestinal endoscopy | Type A Surgical          | 01.03.2013      | 3            | T8        | N        | Endoscopic insertion of stent or stents for large bowel obstruction, stricture or stenosis, including colonoscopy and any image intensification, where 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 (Anaes.)                                   | 587.1            |             |                   | 440.35           |                 |
| 32024    | Digestive system           | Type A Advanced Surgical | 01.12.1991      | 3            | T8        | N        | RECTUM, HIGH RESTORATIVE ANTERIOR RESECTION WITH INTRAPERITONEAL ANASTOMOSIS (of the rectum) greater than 10 centimetres from the anal vergeexcluding resection of sigmoid colon alone not being a service associated with a service to which item 32000, 32030, 32106 or 32232 applies (H) (Anaes.) (Assist.)                             | 1442.6           |             |                   | 1081.95          |                 |
| 32025    | Digestive system           | Type A Advanced Surgical | 01.05.1994      | 3            | T8        | N        | RECTUM, LOW RESTORATIVE ANTERIOR RESECTION WITH EXTRAPERITONEAL ANASTOMOSIS (of the rectum) less than 10 centimetres from the anal verge, with or without covering stoma not being a service associated with a service to which item 32000, 32030, 32106 or 32232 applies (H) (Anaes.) (Assist.)   | 1929.65          |             |                   | 1447.25          |                 |
| 32026    | Digestive system           | Type A Advanced Surgical | 01.05.1994      | 3            | T8        | N        | 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.) | 2160.65          |             |                   | 1620.5           |                 |
| 32028    | Digestive system           | Type A Advanced Surgical | 01.05.1994      | 3            | T8        | N        | 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.)   | 2295.15          |             |                   | 1721.4           |                 |
| 32030    | Digestive system           | Type A Advanced Surgical | 01.12.1991      | 3            | T8        | N        | RECTOSIGMOIDECTOMY, including formation of stoma (H) (Anaes.) (Assist.)  | 1090.25          |             |                   | 817.7            |                 |
| 32033    | Digestive system           | Type A Advanced Surgical | 01.12.1991      | 3            | T8        | N        | RESTORATION OF BOWEL continuity following rectosigmoidectomy or similar operation, including dismantling of the stoma (H) (Anaes.) (Assist.)   | 1593.55          |             |                   | 1195.2           |                 |
| 32036    | Bone, joint and muscle     | Type A Advanced Surgical | 01.12.1991      | 3            | T8        | N        | SACROCOCCYGEAL AND PRESACRAL TUMOURexcision of (Anaes.) (Assist.)  | 2021.15          |             |                   | 1515.9           |                 |
| 32039    | Digestive system           | Type A Advanced Surgical | 01.12.1991      | 3            | T8        | N        | RECTUM AND ANUS, ABDOMINOPERINEAL RESECTION OF1 surgeon (Anaes.) (Assist.)   | 1622.8           |             |                   | 1217.1           |                 |
| 32042    | Digestive system           | Type A Advanced Surgical | 01.12.1991      | 3            | T8        | N        | RECTUM AND ANUS, ABDOMINOPERINEAL RESECTION OF, COMBINED SYNCHRONOUS OPERATIONabdominal resection (Anaes.) (Assist.)   | 1367.1           |             |                   | 1025.35          |                 |
| 32045    | Digestive system           | Type A Surgical          | 01.12.1991      | 3            | T8        | N        | RECTUM AND ANUS, ABDOMINOPERINEAL RESECTION OF, COMBINED SYNCHRONOUS OPERATIONperineal resection (Assist.)   | 511.65           |             |                   | 383.75           |                 |
| 32046    | Digestive system           | Type A Surgical          | 01.11.1992      | 3            | T8        | N        | RECTUM and ANUS, abdomino-perineal resection of, combined synchronous operation - perineal resection where the perineal surgeon also provides assistance to the abdominal surgeon (Assist.)  | 790.65           |             |                   | 593              |                 |
| 32047    | Digestive system           | Type A Advanced Surgical | 01.11.1992      | 3            | T8        | N        | PERINEAL PROCTECTOMY (Anaes.) (Assist.)  | 921.15           |             |                   | 690.9            |                 |
| 32051    | Digestive system           | Type A Advanced Surgical | 01.12.1991      | 3            | T8        | N        | TOTAL COLECTOMY with excision of rectum and ileoanal anastomosis with formation of ileal reservoir, with or without creation of temporary ileostomy1 surgeon (Anaes.) (Assist.)  | 2449             |             |                   | 1836.75          |                 |
| 32054    | Digestive system           | Type A Advanced Surgical | 01.12.1991      | 3            | T8        | N        | TOTAL COLECTOMY with excision of rectum and ileoanal anastomosis with formation of ileal reservoir, with or without creation of temporary ileostomyconjoint surgery, abdominal surgeon (including aftercare) (Anaes.) (Assist.)  | 2247.75          |             |                   | 1685.85          |                 |
| 32057    | Digestive system           | Type A Surgical          | 01.12.1991      | 3            | T8        | N        | TOTAL COLECTOMY with excision of rectum and ileoanal anastomosis with formation of ileal reservoirconjoint surgery, perineal surgeon (Assist.)   | 595.55           |             |                   | 446.7            |                 |

| MBS item | Clinical Category          | Procedure Type                               | Item Start Date | MBS Category | MBS Group | New Item | MBS Description   | MBS Schedule Fee | Derived Fee | Benefit 100% (\$) | Benefit 75% (\$) | Benefit 85 (\$) |
|----------|----------------------------|--|-----------------|--------------|-----------|----------|---|------------------|-------------|-------------------|------------------|-----------------|
| 32060    | Digestive system           | Type A Advanced Surgical                     | 01.12.1991      | 3            | T8        | N        | 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.)   | 2449             |             |                   | 1836.75          |                 |
| 32063    | Digestive system           | Type A Advanced Surgical                     | 01.12.1991      | 3            | T8        | N        | ILEOSTOMY CLOSURE with rectal resection and mucosectomy and ileoanal anastomosis with formation of ileal reservoir, with or without temporary loop ileostomyconjoint surgery, abdominal surgeon (including aftercare) (Anaes.) (Assist.)  | 2247.75          |             |                   | 1685.85          |                 |
| 32066    | Digestive system           | Type A Surgical                              | 01.12.1991      | 3            | T8        | N        | ILEOSTOMY CLOSURE with rectal resection and mucosectomy and ileoanal anastomosis with formation of ileal reservoir, with or without temporary loop ileostomyconjoint surgery, perineal surgeon (Assist.)  | 595.55           |             |                   | 446.7            |                 |
| 32069    | Digestive system           | Type A Advanced Surgical                     | 01.12.1991      | 3            | T8        | N        | ILEOSTOMY RESERVOIR, continent type, creation of, including conversion of existing ileostomy where appropriate (Anaes.)   | 1811.6           |             |                   | 1358.7           |                 |
| 32072    | Gastrointestinal endoscopy | Type C                                       | 01.12.1991      | 3            | T8        | N        | SIGMOIDOSCOPIC EXAMINATION (with rigid sigmoidoscope), with or without biopsy   | 50.6             |             |                   | 37.95            | 43.05           |
| 32075    | Gastrointestinal endoscopy | Type B Band 1                                | 01.12.1991      | 3            | T8        | N        | SIGMOIDOSCOPIC EXAMINATION (with rigid sigmoidoscope), UNDER GENERAL ANAESTHESIA, with or without biopsy, not being a service associated with a service to which another item in this Group applies (Anaes.)  | 79.35            |             |                   | 59.55            | 67.45           |
| 32084    | Gastrointestinal endoscopy | Type B Band 1                                | 01.12.1991      | 3            | T8        | N        | Sigmoidoscopy or colonoscopy up to the hepatic flexure, with or without biopsy,other thana service associated with a service to whichany of items 32222 to 32228applies. (Anaes.)   | 117.75           |             |                   | 88.35            | 100.1           |
| 32087    | Gastrointestinal endoscopy | Type B Band 1                                | 01.12.1991      | 3            | T8        | N        | 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.) (Anaes.)  | 216.4            |             |                   | 162.3            | 183.95          |
| 32094    | Gastrointestinal endoscopy | Type A Surgical and Type B Non-band specific | 01.11.1992      | 3            | T8        | N        | ENDOSCOPIC DILATATION OF COLORECTAL STRICTURES including colonoscopy (Anaes.)   | 583.4            |             |                   | 437.55           |                 |
| 32095    | Gastrointestinal endoscopy | Type B Band 1                                | 01.11.1992      | 3            | T8        | N        | ENDOSCOPIC EXAMINATION of SMALL BOWEL with flexible endoscope passed by stoma, with or without biopsies (Anaes.)  | 135.15           |             |                   | 101.4            | 114.9           |
| 32096    | Digestive system           | Type A Surgical                              | 01.12.1991      | 3            | T8        | N        | RECTAL BIOPSY, full thickness, to diagnose or exclude Hirschsprung's Disease, under general anaesthesia, or under epidural or spinal (intrathecal) nerve block where undertaken in a hospital (Anaes.) (Assist.)  | 271.65           |             |                   | 203.75           |                 |
| 32105    | Digestive system           | Type A Surgical                              | 01.12.1991      | 3            | T8        | N        | ANORECTAL CARCINOMaper anal full thickness excision of (Anaes.) (Assist.)   | 511.65           |             |                   | 383.75           | 434.95          |
| 32106    | Digestive system           | Type A Advanced Surgical                     | 01.05.2004      | 3            | T8        | N        | 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.) | 1442.6           |             |                   | 1081.95          | 1349.4          |
| 32108    | Digestive system           | Type A Advanced Surgical                     | 01.12.1991      | 3            | T8        | N        | RECTAL TUMOUR, transsphincteric excision of (Kraske or similar operation) (Anaes.) (Assist.)  | 1056.85          |             |                   | 792.65           |                 |
| 32117    | Digestive system           | Type A Advanced Surgical                     | 01.12.1991      | 3            | T8        | N        | 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.)  | 1328             |             |                   | 996              |                 |
| 32118    | Digestive system           | Type A Advanced Surgical                     | 06.07.2022      | 3            | T8        | N        | Rectal prolapse, ventral mesh rectopexy of, not being a service associated with a service to which item 32025, 32026 or 32117 applies (H) (Anaes.) (Assist.)  | 1328             |             |                   | 996              |                 |
| 32123    | Digestive system           | Type A Surgical                              | 01.12.1991      | 3            | T8        | N        | ANAL STRICTURE, anoplasty for (Anaes.) (Assist.)  | 352.3            |             |                   | 264.25           | 299.5           |
| 32129    | Digestive system           | Type A Surgical                              | 01.12.1991      | 3            | T8        | N        | ANAL SPHINCTER, repair (H) (Anaes.) (Assist.)   | 670.95           |             |                   | 503.25           |                 |
| 32131    | Digestive system           | Type A Surgical                              | 01.05.1994      | 3            | T8        | N        | RECTOCELE, transanal repair of rectocele (Anaes.) (Assist.)   | 564.15           |             |                   | 423.15           |                 |
| 32135    | Digestive system           | Type C                                       | 01.12.1991      | 3            | T8        | N        | Treatment of haemorrhoids or rectal prolapse, including rubber band ligation or sclerotherapy for, not being a service to which item 32139 applies (Anaes.)   | 71.4             |             |                   | 53.55            | 60.7            |
| 32139    | Digestive system           | Type A Surgical                              | 01.05.1997      | 3            | T8        | N        | 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.)  | 388.75           |             |                   | 291.6            |                 |
| 32147    | Digestive system           | Type B Non-band specific                     | 01.12.1991      | 3            | T8        | N        | PERIANAL THROMBOSIS, incision of (Anaes.)   | 47.65            |             |                   | 35.75            | 40.55           |
| 32150    | Digestive system           | Type A Surgical and Type B Non-band specific | 01.12.1991      | 3            | T8        | N        | Operation for anal fissure, including excision, injection of Botulinum toxin or sphincterotomy, excluding dilatation (Anaes.) (Assist.)   | 271.65           |             |                   | 203.75           | 230.95          |
| 32156    | Digestive system           | Type B Non-band specific                     | 01.12.1991      | 3            | T8        | N        | Anal fistula, subcutaneous, excision of (Anaes.)  | 139.25           |             |                   | 104.45           | 118.4           |
| 32159    | Digestive system           | Type A Surgical                              | 01.12.1991      | 3            | T8        | N        | 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 (Anaes.) (Assist.)   | 352.3            |             |                   | 264.25           |                 |
| 32162    | Digestive system           | Type A Surgical                              | 01.12.1991      | 3            | T8        | N        | 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 (Anaes.) (Assist.)   | 511.65           |             |                   | 383.75           |                 |
| 32165    | Digestive system           | Type A Surgical                              | 01.12.1991      | 3            | T8        | N        | Operative treatment of anal fistula, repair by mucosal advancement flap, including ligation of inter-sphincteric fistula tract (LIFT) or other complex sphincter sparing surgery (Anaes.) (Assist.)   | 670.95           |             |                   | 503.25           | 577.75          |
| 32166    | Digestive system           | Unlisted                                     | 01.11.1992      | 3            | T8        | N        | ANAL FISTULA - readjustment of Seton (Anaes.)   | 218              |             |                   | 163.5            | 185.3           |
| 32171    | Digestive system           | Type B Non-band specific                     | 01.12.1991      | 3            | T8        | N        | 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.)   | 93.85            |             |                   | 70.4             |                 |
| 32174    | Digestive system           | Unlisted                                     | 01.12.1991      | 3            | T8        | N        | INTR-AANAL, perianal or ischiorectal abscess, drainage of (excluding aftercare) (Anaes.)  | 93.85            |             |                   | 70.4             | 79.8            |
| 32175    | Digestive system           | Unlisted                                     | 01.11.1992      | 3            | T8        | N        | INTRA-ANAL, PERIANAL or ISCHIO-RECTAL ABSCESS, draining of, undertaken in the operating theatre of a hospital (excluding aftercare) (Anaes.)  | 171.95           |             |                   | 129              |                 |
| 32183    | Digestive system           | Type A Surgical                              | 01.12.1991      | 3            | T8        | N        | INTESTINAL SLING PROCEDURE prior to radiotherapy (Anaes.) (Assist.)   | 593.75           |             |                   | 445.35           |                 |
| 32186    | Digestive system           | Type A Surgical                              | 01.12.1991      | 3            | T8        | N        | COLONIC LAVAGE, total, intra operative (Anaes.) (Assist.)   | 593.75           |             |                   | 445.35           |                 |

| MBS item | Clinical Category          | Procedure Type           | Item Start Date | MBS Category | MBS Group | New Item | MBS Description  | MBS Schedule Fee | Derived Fee | Benefit 100% (\$) | Benefit 75% (\$) | Benefit 85 (\$) |
|----------|----------------------------|--------------------------|-----------------|--------------|-----------|----------|--|------------------|-------------|-------------------|------------------|-----------------|
| 32212    | Digestive system           | Unlisted                 | 01.05.1997      | 3            | T8        | N        | ANO-RECTAL APPLICATION OF FORMALIN in the treatment of radiation proctitis, where performed in the operating theatre of a hospital, excluding aftercare (Anaes.)   | 144.05           |             |                   | 108.05           |                 |
| 32213    | Digestive system           | Type A Surgical          | 01.11.2005      | 3            | T8        | N        | Sacral nerve lead or leads, placement of, percutaneous or open, including intraoperative test stimulation and programming, for the management of faecal incontinence (H) (Anaes.)  | 698.75           |             |                   | 524.1            |                 |
| 32215    | Digestive system           | Type B Band 1            | 01.11.2005      | 3            | T8        | N        | 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   | 132.55           |             |                   | 99.45            | 112.7           |
| 32216    | Digestive system           | Type A Surgical          | 01.11.2005      | 3            | T8        | N        | 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.)  | 627.5            |             |                   | 470.65           |                 |
| 32218    | Digestive system           | Type B Non-band specific | 01.11.2005      | 3            | T8        | N        | Sacral nerve lead or leads, removal (H) (Anaes.)   | 165.25           |             |                   | 123.95           |                 |
| 32221    | Digestive system           | Type A Advanced Surgical | 01.03.2009      | 3            | T8        | N        | Removal or revision of an artificial bowel sphincter (with or without replacement) for severe faecal incontinence in the treatment of a patient for whom conservative and other less invasive forms of treatment are contraindicated or have failed.Contraindicated in: (a)patients with inflammatory bowel disease, pelvic sepsis, pregnancy, progressive degenerative diseases or a scarred or fragile perineum; and (b)patients who have had an adverse reaction to radiopaque solution; and (c)patients who engage in receptive anal intercourse (Anaes.) (Assist.)  | 955.6            |             |                   | 716.7            | 862.4           |
| 32222    | Gastrointestinal endoscopy | Type B Non-band specific | 01.11.2019      | 3            | T8        | N        | 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) with 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.)  | 353.45           |             |                   | 265.1            | 300.45          |
| 32223    | Gastrointestinal endoscopy | Type B Non-band specific | 01.11.2019      | 3            | T8        | N        | 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) with a moderate risk of colorectal cancer due to family history; or (c) with a history of colorectal cancer, who 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.)   | 353.45           |             |                   | 265.1            | 300.45          |
| 32224    | Gastrointestinal endoscopy | Type B Non-band specific | 01.11.2019      | 3            | T8        | N        | Endoscopic examination of the colon to the caecum by colonoscopy, for a patient with 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.) | 353.45           |             |                   | 265.1            | 300.45          |
| 32225    | Gastrointestinal endoscopy | Type B Non-band specific | 01.11.2019      | 3            | T8        | N        | Endoscopic examination of the colon to the caecum by colonoscopy, for a patient with 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.)  | 353.45           |             |                   | 265.1            | 300.45          |
| 32226    | Gastrointestinal endoscopy | Type B Non-band specific | 01.11.2019      | 3            | T8        | N        | 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.)  | 353.45           |             |                   | 265.1            | 300.45          |
| 32227    | Gastrointestinal endoscopy | Type B Non-band specific | 01.11.2019      | 3            | T8        | N        | 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.)  | 496              |             |                   | 372              | 421.6           |
| 32228    | Gastrointestinal endoscopy | Type B Non-band specific | 01.11.2019      | 3            | T8        | N        | Endoscopic examination of the colon to the caecum by colonoscopy, other than a service to which item 32222, 32223, 32224, 32225, 32226, or 32228 applies. Applicable only once (Anaes.)  | 353.45           |             |                   | 265.1            | 300.45          |
| 32229    | Gastrointestinal endoscopy | Type B Non-band specific | 01.11.2019      | 3            | T8        | N        | 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.)   | 285.1            |             |                   | 213.85           | 242.35          |

| MBS item | Clinical Category          | Procedure Type                               | Item Start Date | MBS Category | MBS Group | New Item | MBS Description   | MBS Schedule Fee | Derived Fee | Benefit 100% (\$) | Benefit 75% (\$) | Benefit 85 (\$) |
|----------|----------------------------|--|-----------------|--------------|-----------|----------|---|------------------|-------------|-------------------|------------------|-----------------|
| 32230    | Gastrointestinal endoscopy | Type A Surgical and Type B Non-band specific | 01.11.2021      | 3            | T8        | N        | 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.)  | 706.35           |             | 529.8             |                  |                 |
| 32231    | Digestive system           | Type A Surgical                              | 01.07.2022      | 3            | T8        | N        | Rectal tumour, per anal excision of (H) (Anaes.) (Assist.)  | 352.3            |             |                   | 264.25           |                 |
| 32232    | Digestive system           | Type A Advanced Surgical                     | 01.07.2022      | 3            | T8        | N        | 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.)  | 955.15           |             |                   | 716.4            |                 |
| 32233    | Digestive system           | Type A Surgical                              | 01.07.2022      | 3            | T8        | N        | Perineal repair of rectal prolapse, not being a service associated with a service to which item 32139 applies (H) (Anaes.) (Assist.)  | 678.4            |             |                   | 508.8            |                 |
| 32234    | Digestive system           | Unlisted                                     | 01.07.2022      | 3            | T8        | N        | Rectal stricture, treatment of (H) (Anaes.)   | 134.15           |             |                   | 100.65           |                 |
| 32235    | Digestive system           | Type B Non-band specific                     | 01.07.2022      | 3            | T8        | N        | Anal skin tags or anal polyps, excision of one or more of (Anaes.)  | 129.5            |             |                   | 97.15            | 110.1           |
| 32236    | Digestive system           | Type B Non-band specific                     | 01.07.2022      | 3            | T8        | N        | 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.)   | 184.2            |             |                   | 138.15           |                 |
| 32237    | Digestive system           | Type A Surgical and Type B Non-band specific | 01.07.2022      | 3            | T8        | N        | 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.)  | 298.75           |             |                   | 224.1            |                 |
| 32500    | Heart and vascular system  | Type C                                       | 01.12.1991      | 3            | T8        | N        | 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.)  | 116.05           |             |                   | 87.05            | 98.65           |
| 32504    | Heart and vascular system  | Type A Surgical and Type B Non-band specific | 01.11.1994      | 3            | T8        | N        | VARICOSE VEINS, multiple excision of tributaries, with or without division of 1 or more perforating veins - 1 leg - not being a service associated with a service to which item 32507, 32508, 32511, 32514 or 32517 applies on the same leg (Anaes.)  | 283              |             |                   | 212.25           | 240.55          |
| 32507    | Heart and vascular system  | Type A Surgical                              | 01.07.1998      | 3            | T8        | N        | 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.) | 564.15           |             |                   | 423.15           |                 |
| 32508    | Heart and vascular system  | Type A Surgical                              | 01.11.1994      | 3            | T8        | N        | 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.)  | 564.15           |             |                   | 423.15           |                 |
| 32511    | Heart and vascular system  | Type A Surgical                              | 01.11.1994      | 3            | T8        | N        | 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.)   | 838.65           |             |                   | 629              |                 |
| 32514    | Heart and vascular system  | Type A Advanced Surgical                     | 01.11.1994      | 3            | T8        | N        | 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.)   | 979.8            |             |                   | 734.85           |                 |
| 32517    | Heart and vascular system  | Type A Advanced Surgical                     | 01.11.1994      | 3            | T8        | N        | 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.)  | 1261.65          |             |                   | 946.25           |                 |

| MBS item | Clinical Category         | Procedure Type | Item Start Date | MBS Category | MBS Group | New Item | MBS Description   | MBS Schedule Fee | Derived Fee | Benefit 100% (\$) | Benefit 75% (\$) | Benefit 85 (\$) |
|----------|---------------------------|----------------|-----------------|--------------|-----------|----------|---|------------------|-------------|-------------------|------------------|-----------------|
| 32520    | Heart and vascular system | Type C         | 01.11.2011      | 3            | T8        | N        | 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.) | 564.15           |             |                   | 423.15           | 479.55          |
| 32522    | Heart and vascular system | Type C         | 01.11.2011      | 3            | T8        | N        | 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.)                            | 838.65           |             |                   | 629              | 745.45          |
| 32523    | Heart and vascular system | Type C         | 01.05.2013      | 3            | T8        | N        | 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.)                             | 564.15           |             |                   | 423.15           | 479.55          |
| 32526    | Heart and vascular system | Type C         | 01.05.2013      | 3            | T8        | N        | 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.)  | 838.65           |             |                   | 629              | 745.45          |
| 32528    | Heart and vascular system | Type C         | 01.05.2018      | 3            | T8        | N        | 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 include all preparation and immediate clinical aftercare (including excision or injection of either tributaries or incompetent perforating veins, or both) (Anaes.)   | 564.15           |             |                   | 423.15           | 479.55          |

| MBS item | Clinical Category         | Procedure Type           | Item Start Date | MBS Category | MBS Group | New Item | MBS Description   | MBS Schedule Fee | Derived Fee | Benefit 100% (\$) | Benefit 75% (\$) | Benefit 85 (\$) |
|----------|---------------------------|--------------------------|-----------------|--------------|-----------|----------|---|------------------|-------------|-------------------|------------------|-----------------|
| 32529    | Heart and vascular system | Type C                   | 01.05.2018      | 3            | T8        | N        | 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.) | 838.65           |             |                   | 629              | 745.45          |
| 32700    | Heart and vascular system | Type A Advanced Surgical | 01.12.1991      | 3            | T8        | N        | ARTERY OF NECK, bypass using vein or synthetic material (Anaes.) (Assist.)  | 1518.45          |             |                   | 1138.85          |                 |
| 32703    | Heart and vascular system | Type A Advanced Surgical | 01.12.1991      | 3            | T8        | N        | INTERNAL CAROTID ARTERY, transection and reanastomosis of, or resection of small length and reanastomosis of - with or without endarterectomy (Anaes.) (Assist.)  | 1256.15          |             |                   | 942.15           |                 |
| 32708    | Heart and vascular system | Type A Advanced Surgical | 01.07.1996      | 3            | T8        | N        | AORTIC BYPASS for occlusive disease using a straight non-bifurcated graft (Anaes.) (Assist.)  | 1502.6           |             |                   | 1126.95          |                 |
| 32710    | Heart and vascular system | Type A Advanced Surgical | 01.07.1996      | 3            | T8        | N        | AORTIC BYPASS for occlusive disease using a bifurcated graft with 1 or both anastomoses to the iliac arteries (Anaes.) (Assist.)  | 1669.55          |             |                   | 1252.2           |                 |
| 32711    | Heart and vascular system | Type A Advanced Surgical | 01.07.1996      | 3            | T8        | N        | AORTIC BYPASS for occlusive disease using a bifurcated graft with 1 or both anastomoses to the common femoral or profunda femoris arteries (Anaes.) (Assist.)   | 1836.55          |             |                   | 1377.45          |                 |
| 32712    | Heart and vascular system | Type A Advanced Surgical | 01.12.1991      | 3            | T8        | N        | ILIO-FEMORAL BYPASS GRAFTING (Anaes.) (Assist.)   | 1327.6           |             |                   | 995.7            |                 |
| 32715    | Heart and vascular system | Type A Advanced Surgical | 01.12.1991      | 3            | T8        | N        | AXILLARY or SUBCLAVIAN TO FEMORAL BYPASS GRAFTING to 1 or both FEMORAL ARTERIES (Anaes.) (Assist.)  | 1327.6           |             |                   | 995.7            |                 |
| 32718    | Heart and vascular system | Type A Advanced Surgical | 01.12.1991      | 3            | T8        | N        | FEMORO-FEMORAL OR ILIO-FEMORAL CROSS-OVER BYPASS GRAFTING (Anaes.) (Assist.)  | 1256.15          |             |                   | 942.15           |                 |
| 32721    | Heart and vascular system | Type A Advanced Surgical | 01.12.1991      | 3            | T8        | N        | RENAL ARTERY, bypass grafting to (Anaes.) (Assist.)   | 1995.2           |             |                   | 1496.4           |                 |
| 32724    | Heart and vascular system | Type A Advanced Surgical | 01.12.1991      | 3            | T8        | N        | RENAL ARTERIES (both), bypass grafting to (Anaes.) (Assist.)  | 2265.65          |             |                   | 1699.25          |                 |
| 32730    | Heart and vascular system | Type A Advanced Surgical | 01.12.1991      | 3            | T8        | N        | MESENTERIC VESSEL (single), bypass grafting to (Anaes.) (Assist.)   | 1717.2           |             |                   | 1287.9           |                 |
| 32733    | Heart and vascular system | Type A Advanced Surgical | 01.12.1991      | 3            | T8        | N        | MESENTERIC VESSELS (multiple), bypass grafting to (Anaes.) (Assist.)  | 1995.2           |             |                   | 1496.4           |                 |
| 32736    | Heart and vascular system | Type A Surgical          | 01.12.1991      | 3            | T8        | N        | INFERIOR MESENTERIC ARTERY, operation on, when performed in conjunction with another intra-abdominal vascular operation (Anaes.) (Assist.)  | 437.2            |             |                   | 327.9            |                 |
| 32739    | Heart and vascular system | Type A Advanced Surgical | 01.12.1991      | 3            | T8        | N        | FEMORAL ARTERY BYPASS GRAFTING using vein, including harvesting of vein (when it is the ipsilateral long saphenous vein) with above knee anastomosis (Anaes.) (Assist.)   | 1367.35          |             |                   | 1025.55          |                 |
| 32742    | Heart and vascular system | Type A Advanced Surgical | 01.12.1991      | 3            | T8        | N        | 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 (Anaes.) (Assist.)  | 1566.2           |             |                   | 1174.65          |                 |
| 32745    | Heart and vascular system | Type A Advanced Surgical | 01.12.1991      | 3            | T8        | N        | 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 (Anaes.) (Assist.)  | 1788.65          |             |                   | 1341.5           |                 |
| 32748    | Heart and vascular system | Type A Advanced Surgical | 01.12.1991      | 3            | T8        | N        | FEMORAL ARTERY BYPASS GRAFTING using vein, including harvesting of vein (when it is the ipsilateral long saphenous vein) with distal anastomosis within 5cms of the ankle joint (Anaes.) (Assist.)  | 1939.7           |             |                   | 1454.8           |                 |
| 32751    | Heart and vascular system | Type A Advanced Surgical | 01.12.1991      | 3            | T8        | N        | FEMORAL ARTERY BYPASS GRAFTING using synthetic graft, with lower anastomosis above or below the knee (Anaes.) (Assist.)   | 1256.15          |             |                   | 942.15           |                 |
| 32754    | Heart and vascular system | Type A Advanced Surgical | 01.12.1991      | 3            | T8        | N        | FEMORAL ARTERY BYPASS GRAFTING, using a composite graft (synthetic material and vein) with lower anastomosis above or below the knee, including use of a cuff or sleeve of vein at 1 or both anastomoses (Anaes.) (Assist.)   | 1566.2           |             |                   | 1174.65          |                 |
| 32757    | Heart and vascular system | Type A Surgical          | 01.12.1991      | 3            | T8        | N        | FEMORAL ARTERY SEQUENTIAL BYPASS GRAFTING, (using a vein or synthetic material) where an additional anastomosis is made to separately revascularise more than 1 artery - each additional artery revascularised beyond a femoral bypass (Anaes.) (Assist.)   | 437.2            |             |                   | 327.9            |                 |
| 32760    | Heart and vascular system | Type A Surgical          | 01.12.1991      | 3            | T8        | N        | 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 (Anaes.) (Assist.)  | 429.25           |             |                   | 321.95           |                 |
| 32763    | Heart and vascular system | Type A Advanced Surgical | 01.12.1991      | 3            | T8        | N        | ARTERIAL BYPASS GRAFTING, using vein or synthetic material, not being a service to which another item in this Sub-group applies (Anaes.) (Assist.)  | 1256.15          |             |                   | 942.15           |                 |
| 32766    | Heart and vascular system | Type A Surgical          | 01.12.1991      | 3            | T8        | N        | ARTERIAL OR VENOUS ANASTOMOSIS, not being a service to which another item in this Sub-group applies, as an independent procedure (Anaes.) (Assist.)   | 834.85           |             |                   | 626.15           |                 |
| 32769    | Heart and vascular system | Type A Surgical          | 01.12.1991      | 3            | T8        | N        | ARTERIAL OR VENOUS ANASTOMOSIS not being a service to which another item in this Sub-group applies, when performed in combination with another vascular operation (including graft to graft anastomosis) (Anaes.) (Assist.)   | 289.3            |             |                   | 217              |                 |
| 33050    | Heart and vascular system | Type A Advanced Surgical | 01.07.1996      | 3            | T8        | N        | BYPASS GRAFTING to replace a popliteal aneurysm using vein, including harvesting vein (when it is the ipsilateral long saphenous vein) (Anaes.) (Assist.)   | 1538.55          |             |                   | 1153.95          |                 |
| 33055    | Heart and vascular system | Type A Advanced Surgical | 01.07.1996      | 3            | T8        | N        | BYPASS GRAFTING to replace a popliteal aneurysm using a synthetic graft (Anaes.) (Assist.)  | 1233.8           |             |                   | 925.35           |                 |
| 33070    | Heart and vascular system | Type A Surgical          | 01.07.1996      | 3            | T8        | N        | ANEURYSM IN THE EXTREMITIES, ligation, suture closure or excision of, without bypass grafting (Anaes.) (Assist.)  | 890.1            |             |                   | 667.6            | 796.9           |

| MBS Item | Clinical Category         | Procedure Type           | Item Start Date | MBS Category | MBS Group | New Item | MBS Description  | MBS Schedule Fee | Derived Fee | Benefit 100% (\$) | Benefit 75% (\$) | Benefit 85 (\$) |
|----------|---------------------------|--------------------------|-----------------|--------------|-----------|----------|--|------------------|-------------|-------------------|------------------|-----------------|
| 33075    | Heart and vascular system | Type A Advanced Surgical | 01.07.1996      | 3            | T8        | N        | ANEURYSM IN THE NECK, ligation, suture closure or excision of, without bypass grafting (Anaes.) (Assist.)  | 1132.3           |             |                   | 849.25           |                 |
| 33080    | Heart and vascular system | Type A Advanced Surgical | 01.07.1996      | 3            | T8        | N        | INTRA-ABDOMINAL OR PELVIC ANEURYSM, ligation, suture closure or excision of, without bypass grafting (Anaes.) (Assist.)  | 1382.2           |             |                   | 1036.65          |                 |
| 33100    | Heart and vascular system | Type A Advanced Surgical | 01.12.1991      | 3            | T8        | N        | ANEURYSM OF COMMON OR INTERNAL CAROTID ARTERY, OR BOTH, replacement by graft of vein or synthetic material (Anaes.) (Assist.)  | 1518.45          |             |                   | 1138.85          | 1425.25         |
| 33103    | Heart and vascular system | Type A Advanced Surgical | 01.12.1991      | 3            | T8        | N        | THORACIC ANEURYSM, replacement by graft (Anaes.) (Assist.)   | 2130.5           |             |                   | 1597.9           |                 |
| 33109    | Heart and vascular system | Type A Advanced Surgical | 01.12.1991      | 3            | T8        | N        | THORACO-ABDOMINAL ANEURYSM, replacement by graft including re-implantation of arteries (Anaes.) (Assist.)  | 2575.8           |             |                   | 1931.85          | 2482.6          |
| 33112    | Heart and vascular system | Type A Advanced Surgical | 01.12.1991      | 3            | T8        | N        | SUPRARENAL ABDOMINAL AORTIC ANEURYSM, replacement by graft including re-implantation of arteries (Anaes.) (Assist.)  | 2233.9           |             |                   | 1675.45          |                 |
| 33115    | Heart and vascular system | Type A Advanced Surgical | 01.12.1991      | 3            | T8        | N        | INFRARENAL ABDOMINAL AORTIC ANEURYSM, replacement by tube graft, not being a service associated with a service to which item 33116 applies (Anaes.) (Assist.)  | 1502.6           |             |                   | 1126.95          |                 |
| 33116    | Heart and vascular system | Type A Advanced Surgical | 01.11.1999      | 3            | T8        | N        | INFRARENAL ABDOMINAL AORTIC ANEURYSM, replacement by tube graft using endovascular repair procedure, excluding associated radiological services (Anaes.) (Assist.)   | 1479             |             |                   | 1109.25          | 1385.8          |
| 33118    | Heart and vascular system | Type A Advanced Surgical | 01.12.1991      | 3            | T8        | N        | INFRARENAL ABDOMINAL AORTIC ANEURYSM, replacement by bifurcation graft to iliac arteries (with or without excision of common iliac aneurysms) not being a service associated with a service to which item 33119 applies (Anaes.) (Assist.) | 1669.55          |             |                   | 1252.2           |                 |
| 33119    | Heart and vascular system | Type A Advanced Surgical | 01.11.1999      | 3            | T8        | N        | INFRARENAL ABDOMINAL AORTIC ANEURYSM, replacement by bifurcation graft to one or both iliac arteries using endovascular repair procedure, excluding associated radiological services (Anaes.) (Assist.)                                    | 1643.45          |             |                   | 1232.6           | 1550.25         |
| 33121    | Heart and vascular system | Type A Advanced Surgical | 01.12.1991      | 3            | T8        | N        | INFRARENAL ABDOMINAL AORTIC ANEURYSM, replacement by bifurcation graft to 1 or both femoral arteries (with or without excision or bypass of common iliac aneurysms) (Anaes.) (Assist.)   | 1836.55          |             |                   | 1377.45          |                 |
| 33124    | Heart and vascular system | Type A Advanced Surgical | 01.12.1991      | 3            | T8        | N        | ANEURYSM OF ILIAC ARTERY (common, external or internal), replacement by graft - unilateral (Anaes.) (Assist.)  | 1280             |             |                   | 960              |                 |
| 33127    | Heart and vascular system | Type A Advanced Surgical | 01.12.1991      | 3            | T8        | N        | ANEURYSMS OF ILIAC ARTERIES (common, external or internal), replacement by graft - bilateral (Anaes.) (Assist.)  | 1677.5           |             |                   | 1258.15          | 1584.3          |
| 33130    | Heart and vascular system | Type A Advanced Surgical | 01.12.1991      | 3            | T8        | N        | ANEURYSM OF VISCERAL ARTERY, excision and repair by direct anastomosis or replacement by graft (Anaes.) (Assist.)  | 1462.8           |             |                   | 1097.1           |                 |
| 33133    | Heart and vascular system | Type A Advanced Surgical | 01.12.1991      | 3            | T8        | N        | ANEURYSM OF VISCERAL ARTERY, dissection and ligation of arteries without restoration of continuity (Anaes.) (Assist.)  | 1097             |             |                   | 822.75           |                 |
| 33136    | Heart and vascular system | Type A Advanced Surgical | 01.12.1991      | 3            | T8        | N        | FALSE ANEURYSM, repair of, at aortic anastomosis following previous aortic surgery (Anaes.) (Assist.)  | 2766.35          |             |                   | 2074.8           |                 |
| 33139    | Heart and vascular system | Type A Advanced Surgical | 01.12.1991      | 3            | T8        | N        | FALSE ANEURYSM, repair of, in iliac artery and restoration of arterial continuity (Anaes.) (Assist.)   | 1677.5           |             |                   | 1258.15          |                 |
| 33142    | Heart and vascular system | Type A Advanced Surgical | 01.12.1991      | 3            | T8        | N        | FALSE ANEURYSM, repair of, in femoral artery and restoration of arterial continuity (Anaes.) (Assist.)   | 1566.2           |             |                   | 1174.65          | 1473            |
| 33145    | Heart and vascular system | Type A Advanced Surgical | 01.12.1991      | 3            | T8        | N        | RUPTURED THORACIC AORTIC ANEURYSM, replacement by graft (Anaes.) (Assist.)   | 2694.95          |             |                   | 2021.25          |                 |
| 33148    | Heart and vascular system | Type A Advanced Surgical | 01.12.1991      | 3            | T8        | N        | RUPTURED THORACO-ABDOMINAL AORTIC ANEURYSM, replacement by graft (Anaes.) (Assist.)  | 3346.8           |             |                   | 2510.1           |                 |
| 33151    | Heart and vascular system | Type A Advanced Surgical | 01.12.1991      | 3            | T8        | N        | RUPTURED SUPRARENAL ABDOMINAL AORTIC ANEURYSM, replacement by graft (Anaes.) (Assist.)   | 3179.9           |             |                   | 2384.95          |                 |
| 33154    | Heart and vascular system | Type A Advanced Surgical | 01.12.1991      | 3            | T8        | N        | RUPTURED INFRARENAL ABDOMINAL AORTIC ANEURYSM, replacement by tube graft (Anaes.) (Assist.)  | 2353.1           |             |                   | 1764.85          |                 |
| 33157    | Heart and vascular system | Type A Advanced Surgical | 01.12.1991      | 3            | T8        | N        | RUPTURED INFRARENAL ABDOMINAL AORTIC ANEURYSM, replacement by bifurcation graft to iliac arteries (with or without excision or bypass of common iliac aneurysms) (Anaes.) (Assist.)  | 2623.35          |             |                   | 1967.55          |                 |
| 33160    | Heart and vascular system | Type A Advanced Surgical | 01.12.1991      | 3            | T8        | N        | RUPTURED INFRARENAL ABDOMINAL AORTIC ANEURYSM, replacement by bifurcation graft to 1 or both femoral arteries (Anaes.) (Assist.)   | 2623.35          |             |                   | 1967.55          |                 |
| 33163    | Heart and vascular system | Type A Advanced Surgical | 01.12.1991      | 3            | T8        | N        | RUPTURED ILIAC ARTERY ANEURYSM, replacement by graft (Anaes.) (Assist.)  | 2226.1           |             |                   | 1669.6           |                 |
| 33166    | Heart and vascular system | Type A Advanced Surgical | 01.12.1991      | 3            | T8        | N        | RUPTURED ANEURYSM OF VISCERAL ARTERY, replacement by anastomosis or graft (Anaes.) (Assist.)   | 2226.1           |             |                   | 1669.6           | 2132.9          |
| 33169    | Heart and vascular system | Type A Advanced Surgical | 01.12.1991      | 3            | T8        | N        | RUPTURED ANEURYSM OF VISCERAL ARTERY, simple ligation of (Anaes.) (Assist.)  | 1733.1           |             |                   | 1299.85          |                 |
| 33172    | Heart and vascular system | Type A Advanced Surgical | 01.12.1991      | 3            | T8        | N        | ANEURYSM OF MAJOR ARTERY, replacement by graft, not being a service to which another item in this Sub-group applies (Anaes.) (Assist.)   | 1351.45          |             |                   | 1013.6           |                 |
| 33175    | Heart and vascular system | Type A Advanced Surgical | 01.07.1996      | 3            | T8        | N        | RUPTURED ANEURYSM IN THE EXTREMITIES, ligation, suture closure or excision of, without bypass grafting (Anaes.) (Assist.)  | 1245.45          |             |                   | 934.1            |                 |
| 33178    | Heart and vascular system | Type A Advanced Surgical | 01.07.1996      | 3            | T8        | N        | RUPTURED ANEURYSM IN THE NECK, ligation, suture closure or excision of, without bypass grafting (Anaes.) (Assist.)   | 1583.85          |             |                   | 1187.9           |                 |
| 33181    | Heart and vascular system | Type A Advanced Surgical | 01.07.1996      | 3            | T8        | N        | RUPTURED INTRA-ABDOMINAL OR PELVIC ANEURYSM, ligation, suture closure or excision of, without bypass grafting (Anaes.) (Assist.)   | 1936.4           |             |                   | 1452.3           |                 |
| 33500    | Heart and vascular system | Type A Advanced Surgical | 01.12.1991      | 3            | T8        | N        | ARTERY OR ARTERIES OF NECK, endarterectomy of, including closure by suture (where endarterectomy of 1 or more arteries is undertaken through 1 arteriotomy incision) (Anaes.) (Assist.)  | 1200.3           |             |                   | 900.25           |                 |
| 33506    | Heart and vascular system | Type A Advanced Surgical | 01.12.1991      | 3            | T8        | N        | INNOMINATE OR SUBCLAVIAN ARTERY, endarterectomy of, including closure by suture (Anaes.) (Assist.)   | 1343.55          |             |                   | 1007.7           |                 |
| 33509    | Heart and vascular system | Type A Advanced Surgical | 01.12.1991      | 3            | T8        | N        | AORTIC ENDARTERECTOMY, including closure by suture, not being a service associated with another procedure on the aorta (Anaes.) (Assist.)  | 1502.6           |             |                   | 1126.95          |                 |
| 33512    | Heart and vascular system | Type A Advanced Surgical | 01.12.1991      | 3            | T8        | N        | AORTO-ILIAC ENDARTERECTOMY (1 or both iliac arteries), including closure by suture not being a service associated with a service to which item 33515 applies (Anaes.) (Assist.)  | 1669.55          |             |                   | 1252.2           |                 |

| MBS Item | Clinical Category         | Procedure Type           | Item Start Date | MBS Category | MBS Group | New Item | MBS Description  | MBS Schedule Fee | Derived Fee | Benefit 100% (\$) | Benefit 75% (\$) | Benefit 85 (\$) |
|----------|---------------------------|--------------------------|-----------------|--------------|-----------|----------|--|------------------|-------------|-------------------|------------------|-----------------|
| 33515    | Heart and vascular system | Type A Advanced Surgical | 01.12.1991      | 3            | T8        | N        | AORTO-FEMORAL ENDARTERECTOMY (1 or both femoral arteries) or BILATERAL ILIO-FEMORAL ENDARTERECTOMY, including closure by suture, not being a service associated with a service to which item 33512 applies (Anaes.) (Assist.)  | 1836.55          |             |                   | 1377.45          |                 |
| 33518    | Heart and vascular system | Type A Advanced Surgical | 01.12.1991      | 3            | T8        | N        | ILIAC ENDARTERECTOMY, including closure by suture, not being a service associated with another procedure on the iliac artery (Anaes.) (Assist.)  | 1343.55          |             |                   | 1007.7           | 1250.35         |
| 33521    | Heart and vascular system | Type A Advanced Surgical | 01.12.1991      | 3            | T8        | N        | ILIO-FEMORAL ENDARTERECTOMY (1 side), including closure by suture (Anaes.) (Assist.)   | 1454.7           |             |                   | 1091.05          |                 |
| 33524    | Heart and vascular system | Type A Advanced Surgical | 01.12.1991      | 3            | T8        | N        | RENAL ARTERY, endarterectomy of (Anaes.) (Assist.)   | 1717.2           |             |                   | 1287.9           |                 |
| 33527    | Heart and vascular system | Type A Advanced Surgical | 01.12.1991      | 3            | T8        | N        | RENAL ARTERIES (both), endarterectomy of (Anaes.) (Assist.)  | 1995.2           |             |                   | 1496.4           |                 |
| 33530    | Heart and vascular system | Type A Advanced Surgical | 01.12.1991      | 3            | T8        | N        | COELIAC OR SUPERIOR MESENTERIC ARTERY, endarterectomy of (Anaes.) (Assist.)  | 1717.2           |             |                   | 1287.9           |                 |
| 33533    | Heart and vascular system | Type A Advanced Surgical | 01.12.1991      | 3            | T8        | N        | COELIAC AND SUPERIOR MESENTERIC ARTERY, endarterectomy of (Anaes.) (Assist.)   | 1995.2           |             |                   | 1496.4           |                 |
| 33536    | Heart and vascular system | Type A Advanced Surgical | 01.12.1991      | 3            | T8        | N        | INFERIOR MESENTERIC ARTERY, endarterectomy of, not being a service associated with a service to which another item in this Sub-group applies (Anaes.) (Assist.)  | 1423.05          |             |                   | 1067.3           |                 |
| 33539    | Heart and vascular system | Type A Advanced Surgical | 01.12.1991      | 3            | T8        | N        | ARTERY OF EXTREMITIES, endarterectomy of, including closure by suture (Anaes.) (Assist.)   | 1025.5           |             |                   | 769.15           |                 |
| 33542    | Heart and vascular system | Type A Advanced Surgical | 01.12.1991      | 3            | T8        | N        | EXTENDED DEEP FEMORAL ENDARTERECTOMY where the endarterectomy is at least 7cms long (Anaes.) (Assist.)   | 1462.8           |             |                   | 1097.1           |                 |
| 33545    | Heart and vascular system | Type A Surgical          | 01.12.1991      | 3            | T8        | N        | ARTERY, VEIN OR BYPASS GRAFT, patch grafting to by vein or synthetic material where patch is less than 3cm long (Anaes.) (Assist.)   | 289.3            |             |                   | 217              |                 |
| 33548    | Heart and vascular system | Type A Surgical          | 01.12.1991      | 3            | T8        | N        | ARTERY, VEIN OR BYPASS GRAFT, patch grafting to by vein or synthetic material where patch is 3cm long or greater (Anaes.) (Assist.)  | 588.4            |             |                   | 441.3            |                 |
| 33551    | Heart and vascular system | Type A Surgical          | 01.12.1991      | 3            | T8        | N        | VEIN, harvesting of from leg or arm for patch when not performed through same incision as operation (Anaes.) (Assist.)   | 289.3            |             |                   | 217              |                 |
| 33554    | Heart and vascular system | Type A Surgical          | 01.12.1991      | 3            | T8        | N        | ENDARTERECTOMY, in conjunction with an arterial bypass operation to prepare the site for anastomosis - each site (Anaes.) (Assist.)  | 288              |             |                   | 216              |                 |
| 33800    | Heart and vascular system | Type A Advanced Surgical | 01.12.1991      | 3            | T8        | N        | EMBOLUS, removal of, from artery of neck (Anaes.) (Assist.)  | 1248.1           |             |                   | 936.1            | 1154.9          |
| 33803    | Heart and vascular system | Type A Advanced Surgical | 01.12.1991      | 3            | T8        | N        | EMBOLECTOMY or THROMBECTOMY, by abdominal approach, of an artery or bypass graft of trunk (Anaes.) (Assist.)   | 1192.55          |             |                   | 894.45           |                 |
| 33806    | Heart and vascular system | Type A Surgical          | 01.12.1991      | 3            | T8        | N        | 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.)   | 858.6            |             |                   | 643.95           | 765.4           |
| 33810    | Heart and vascular system | Type A Surgical          | 01.07.1996      | 3            | T8        | N        | INFERIOR VENA CAVA OR ILIAC VEIN, closed thrombectomy by catheter via the femoral vein (Anaes.) (Assist.)  | 626.35           |             |                   | 469.8            | 533.15          |
| 33811    | Heart and vascular system | Type A Advanced Surgical | 01.07.1996      | 3            | T8        | N        | INFERIOR VENA CAVA OR ILIAC VEIN, open removal of thrombus or tumour (Anaes.) (Assist.)  | 1864.6           |             |                   | 1398.45          |                 |
| 33812    | Heart and vascular system | Type A Advanced Surgical | 01.12.1991      | 3            | T8        | N        | THROMBUS, removal of, from femoral or other similar large vein (Anaes.) (Assist.)  | 985.7            |             |                   | 739.3            | 892.5           |
| 33815    | Heart and vascular system | Type A Advanced Surgical | 01.12.1991      | 3            | T8        | N        | MAJOR ARTERY OR VEIN OF EXTREMITY, repair of wound of, with restoration of continuity, by lateral suture (Anaes.) (Assist.)  | 906.25           |             |                   | 679.7            |                 |
| 33818    | Heart and vascular system | Type A Advanced Surgical | 01.12.1991      | 3            | T8        | N        | MAJOR ARTERY OR VEIN OF EXTREMITY, repair of wound of, with restoration of continuity, by direct anastomosis (Anaes.) (Assist.)  | 1057.35          |             |                   | 793.05           |                 |
| 33821    | Heart and vascular system | Type A Advanced Surgical | 01.12.1991      | 3            | T8        | N        | MAJOR ARTERY OR VEIN OF EXTREMITY, repair of wound of, with restoration of continuity, by interposition graft of synthetic material or vein (Anaes.) (Assist.)   | 1208.35          |             |                   | 906.3            |                 |
| 33824    | Heart and vascular system | Type A Advanced Surgical | 01.12.1991      | 3            | T8        | N        | MAJOR ARTERY OR VEIN OF NECK, repair of wound of, with restoration of continuity, by lateral suture (Anaes.) (Assist.)   | 1152.65          |             |                   | 864.5            |                 |
| 33827    | Heart and vascular system | Type A Advanced Surgical | 01.12.1991      | 3            | T8        | N        | MAJOR ARTERY OR VEIN OF NECK, repair of wound of, with restoration of continuity, by direct anastomosis (Anaes.) (Assist.)   | 1351.45          |             |                   | 1013.6           |                 |
| 33830    | Heart and vascular system | Type A Advanced Surgical | 01.12.1991      | 3            | T8        | N        | MAJOR ARTERY OR VEIN OF NECK, repair of wound of, with restoration of continuity, by interposition graft of synthetic material or vein (Anaes.) (Assist.)  | 1550.1           |             |                   | 1162.6           |                 |
| 33833    | Heart and vascular system | Type A Advanced Surgical | 01.12.1991      | 3            | T8        | N        | MAJOR ARTERY OR VEIN OF ABDOMEN, repair of wound of, with restoration of continuity by lateral suture (Anaes.) (Assist.)   | 1407.25          |             |                   | 1055.45          |                 |
| 33836    | Heart and vascular system | Type A Advanced Surgical | 01.12.1991      | 3            | T8        | N        | MAJOR ARTERY OR VEIN OF ABDOMEN, repair of wound of, with restoration of continuity by direct anastomosis (Anaes.) (Assist.)   | 1677.5           |             |                   | 1258.15          |                 |
| 33839    | Heart and vascular system | Type A Advanced Surgical | 01.12.1991      | 3            | T8        | N        | MAJOR ARTERY OR VEIN OF ABDOMEN, repair of wound of, with restoration of continuity by means of interposition graft (Anaes.) (Assist.)   | 1963.55          |             |                   | 1472.7           |                 |
| 33842    | Heart and vascular system | Type A Advanced Surgical | 01.12.1991      | 3            | T8        | N        | ARTERY OF NECK, re-operation for bleeding or thrombosis after carotid or vertebral artery surgery (Anaes.) (Assist.)   | 969.85           |             |                   | 727.4            |                 |
| 33845    | Heart and vascular system | Type A Surgical          | 01.12.1991      | 3            | T8        | N        | LAPAROTOMY for control of post operative bleeding or thrombosis after intra-abdominal vascular procedure, where no other procedure is performed (Anaes.) (Assist.)   | 675.8            |             |                   | 506.85           |                 |
| 33848    | Heart and vascular system | Type A Surgical          | 01.12.1991      | 3            | T8        | N        | EXTREMITY, re-operation on, for control of bleeding or thrombosis after vascular procedure, where no other procedure is performed (Anaes.) (Assist.)   | 675.8            |             |                   | 506.85           |                 |
| 34100    | Heart and vascular system | Type A Surgical          | 01.12.1991      | 3            | T8        | N        | MAJOR ARTERY OF NECK, elective ligation or exploration of, not being a service associated with any other vascular procedure (Anaes.) (Assist.)   | 747.35           |             |                   | 560.55           |                 |
| 34103    | Heart and vascular system | Type A Surgical          | 01.12.1991      | 3            | T8        | N        | 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.) | 437.2            |             |                   | 327.9            |                 |

| MBS item | Clinical Category                                       | Procedure Type                               | Item Start Date | MBS Category | MBS Group | New Item | MBS Description  | MBS Schedule Fee | Derived Fee | Benefit 100% (\$) | Benefit 75% (\$) | Benefit 85 (\$) |
|----------|---|--|-----------------|--------------|-----------|----------|--|------------------|-------------|-------------------|------------------|-----------------|
| 34106    | Heart and vascular system                               | Type A Surgical                              | 01.12.1991      | 3            | T8        | N        | ARTERY OR VEIN (including brachial, radial, ulnar or tibial), ligation of, by elective operation, or exploration of, not being a service associated with any other vascular procedure except those services to which items 32508, 32511, 32514 or 32517 apply (Anaes.) (Assist.) | 308.35           |             |                   | 231.3            | 262.1           |
| 34109    | Heart and vascular system                               | Type A Surgical and Type B Non-band specific | 01.12.1991      | 3            | T8        | N        | TEMPORAL ARTERY, biopsy of (Anaes.) (Assist.)  | 357.7            |             |                   | 268.3            | 304.05          |
| 34112    | Heart and vascular system                               | Type A Advanced Surgical                     | 01.12.1991      | 3            | T8        | N        | ARTERIO-VEINUS FISTULA OF AN EXTREMITY, dissection and ligation (Anaes.) (Assist.)   | 906.25           |             |                   | 679.7            |                 |
| 34115    | Heart and vascular system                               | Type A Advanced Surgical                     | 01.12.1991      | 3            | T8        | N        | ARTERIO-VEINUS FISTULA OF THE NECK, dissection and ligation (Anaes.) (Assist.)   | 1025.5           |             |                   | 769.15           |                 |
| 34118    | Heart and vascular system                               | Type A Advanced Surgical                     | 01.12.1991      | 3            | T8        | N        | ARTERIO-VEINUS FISTULA OF THE ABDOMEN, dissection and ligation (Anaes.) (Assist.)  | 1462.8           |             |                   | 1097.1           | 1369.6          |
| 34121    | Heart and vascular system                               | Type A Advanced Surgical                     | 01.12.1991      | 3            | T8        | N        | ARTERIO-VEINUS FISTULA OF AN EXTREMITY, dissection and repair of, with restoration of continuity (Anaes.) (Assist.)  | 1168.55          |             |                   | 876.45           |                 |
| 34124    | Heart and vascular system                               | Type A Advanced Surgical                     | 01.12.1991      | 3            | T8        | N        | ARTERIO-VEINUS FISTULA OF THE NECK, dissection and repair of, with restoration of continuity (Anaes.) (Assist.)  | 1280             |             |                   | 960              |                 |
| 34127    | Heart and vascular system                               | Type A Advanced Surgical                     | 01.12.1991      | 3            | T8        | N        | ARTERIO-VEINUS FISTULA OF THE ABDOMEN, dissection and repair of, with restoration of continuity (Anaes.) (Assist.)   | 1677.5           |             |                   | 1258.15          |                 |
| 34130    | Heart and vascular system                               | Type A Surgical and Type B Non-band specific | 01.12.1991      | 3            | T8        | N        | SURGICALLY CREATED ARTERIO-VEINUS FISTULA OF AN EXTREMITY, closure of (Anaes.) (Assist.)   | 524.65           |             |                   | 393.5            | 446             |
| 34133    | Lung and chest  | Type A Surgical                              | 01.12.1991      | 3            | T8        | N        | SCALENOTOMY (Anaes.) (Assist.)   | 588.4            |             |                   | 441.3            |                 |
| 34136    | Lung and chest  | Type A Advanced Surgical                     | 01.12.1991      | 3            | T8        | N        | FIRST RIB, resection of portion of (Anaes.) (Assist.)  | 945.9            |             |                   | 709.45           |                 |
| 34139    | Lung and chest  | Type A Advanced Surgical                     | 01.12.1991      | 3            | T8        | N        | CERVICAL RIB, removal of, or other operation for removal of thoracic outlet compression, not being a service to which another item in this Sub-group applies (Anaes.) (Assist.)  | 945.9            |             |                   | 709.45           |                 |
| 34142    | Heart and vascular system                               | Type A Advanced Surgical                     | 01.12.1991      | 3            | T8        | N        | COELIAC ARTERY, decompression of, for coeliac artery compression syndrome, as an independent procedure (Anaes.) (Assist.)  | 1168.55          |             |                   | 876.45           |                 |
| 34145    | Heart and vascular system                               | Type A Surgical                              | 01.12.1991      | 3            | T8        | N        | POPLITEAL ARTERY, exploration of, for popliteal entrapment, with or without division of fibrous tissue and muscle (Anaes.) (Assist.)   | 850.6            |             |                   | 637.95           |                 |
| 34148    | Heart and vascular system                               | Type A Advanced Surgical                     | 01.12.1991      | 3            | T8        | N        | CAROTID ASSOCIATED TUMOUR, resection of, with or without repair or reconstruction of internal or common carotid arteries, when tumour is 4cm or less in maximum diameter (Anaes.) (Assist.)  | 1518.45          |             |                   | 1138.85          |                 |
| 34151    | Heart and vascular system                               | Type A Advanced Surgical                     | 01.12.1991      | 3            | T8        | N        | CAROTID ASSOCIATED TUMOUR, resection of, with or without repair or reconstruction of internal or common carotid arteries, when tumour is greater than 4cm in maximum diameter (Anaes.) (Assist.)   | 2074.8           |             |                   | 1556.1           |                 |
| 34154    | Heart and vascular system                               | Type A Advanced Surgical                     | 01.12.1991      | 3            | T8        | N        | RECURRENT CAROTID ASSOCIATED TUMOUR, resection of, with or without repair or replacement of portion of internal or common carotid arteries (Anaes.) (Assist.)  | 2472.45          |             |                   | 1854.35          | 2379.25         |
| 34157    | Heart and vascular system                               | Type A Advanced Surgical                     | 01.12.1991      | 3            | T8        | N        | NECK, excision of infected bypass graft, including closure of vessel or vessels (Anaes.) (Assist.)   | 1256.15          |             |                   | 942.15           |                 |
| 34160    | Heart and vascular system                               | Type A Advanced Surgical                     | 01.12.1991      | 3            | T8        | N        | AORTO-DUODENAL FISTULA, repair of, by suture of aorta and repair of duodenum (Anaes.) (Assist.)  | 2353.1           |             |                   | 1764.85          |                 |
| 34163    | Heart and vascular system                               | Type A Advanced Surgical                     | 01.12.1991      | 3            | T8        | N        | AORTO-DUODENAL FISTULA, repair of, by insertion of aortic graft and repair of duodenum (Anaes.) (Assist.)  | 3020.85          |             |                   | 2265.65          |                 |
| 34166    | Heart and vascular system                               | Type A Advanced Surgical                     | 01.12.1991      | 3            | T8        | N        | AORTO-DUODENAL FISTULA, repair of, by oversewing of abdominal aorta, repair of duodenum and axillo-bifemoral grafting (Anaes.) (Assist.)   | 3020.85          |             |                   | 2265.65          |                 |
| 34169    | Heart and vascular system                               | Type A Advanced Surgical                     | 01.12.1991      | 3            | T8        | N        | INFECTED BYPASS GRAFT FROM TRUNK, excision of, including closure of arteries (Anaes.) (Assist.)  | 1677.5           |             |                   | 1258.15          |                 |
| 34172    | Heart and vascular system                               | Type A Advanced Surgical                     | 01.12.1991      | 3            | T8        | N        | INFECTED AXILLO-FEMORAL OR FEMORO-FEMORAL GRAFT, excision of, including closure of arteries (Anaes.) (Assist.)   | 1367.35          |             |                   | 1025.55          |                 |
| 34175    | Heart and vascular system                               | Type A Advanced Surgical                     | 01.12.1991      | 3            | T8        | N        | INFECTED BYPASS GRAFT FROM EXTREMITIES, excision of including closure of arteries (Anaes.) (Assist.)   | 1256.15          |             |                   | 942.15           |                 |
| 34500    | Heart and vascular system                               | Type A Surgical and Type B Non-band specific | 01.12.1991      | 3            | T8        | N        | ARTERIOVENOUS SHUNT, EXTERNAL, insertion of (Anaes.) (Assist.)   | 326.05           |             |                   | 244.55           | 277.15          |
| 34503    | Heart and vascular system                               | Type A Surgical and Type B Non-band specific | 01.12.1991      | 3            | T8        | N        | ARTERIOVENOUS ANASTOMOSIS OF UPPER OR LOWER LIMB, in conjunction with another venous or arterial operation (Anaes.) (Assist.)  | 437.2            |             |                   | 327.9            |                 |
| 34506    | Heart and vascular system                               | Type B Non-band specific                     | 01.12.1991      | 3            | T8        | N        | ARTERIOVENOUS SHUNT, EXTERNAL, removal of (Anaes.) (Assist.)   | 222.45           |             |                   | 166.85           |                 |
| 34509    | Heart and vascular system                               | Type A Advanced Surgical                     | 01.12.1991      | 3            | T8        | N        | ARTERIOVENOUS ANASTOMOSIS OF UPPER OR LOWER LIMB, not in conjunctionwith another venous or arterial operation (Anaes.) (Assist.)   | 1033.4           |             |                   | 775.05           |                 |
| 34512    | Heart and vascular system                               | Type A Advanced Surgical                     | 01.12.1991      | 3            | T8        | N        | ARTERIOVENOUS ACCESS DEVICE, insertion of (Anaes.) (Assist.)   | 1136.9           |             |                   | 852.7            |                 |
| 34515    | Heart and vascular system                               | Type A Surgical                              | 01.12.1991      | 3            | T8        | N        | ARTERIOVENOUS ACCESS DEVICE, thrombectomy of (Anaes.) (Assist.)  | 810.8            |             |                   | 608.1            |                 |
| 34518    | Heart and vascular system                               | Type A Advanced Surgical                     | 01.12.1991      | 3            | T8        | N        | STENOSIS OF ARTERIOVENOUS FISTULA OR PROSTHETIC ARTERIOVENOUS ACCESS DEVICE, correction of (Anaes.) (Assist.)  | 1359.25          |             |                   | 1019.45          |                 |
| 34521    | Chemotherapy, radiotherapy and immunotherapy for cancer | Type A Surgical                              | 01.12.1991      | 3            | T8        | N        | INTRA-ABDOMINAL ARTERY OR VEIN, cannulation of, for infusion chemotherapy, by open operation (excluding aftercare) (Anaes.) (Assist.)  | 835.15           |             |                   | 626.4            |                 |

| MBS Item | Clinical Category                                       | Procedure Type                               | Item Start Date | MBS Category | MBS Group | New Item | MBS Description   | MBS Schedule Fee | Derived Fee | Benefit 100% (\$) | Benefit 75% (\$) | Benefit 85 (\$) |
|----------|---|--|-----------------|--------------|-----------|----------|---|------------------|-------------|-------------------|------------------|-----------------|
| 34524    | Chemotherapy, radiotherapy and immunotherapy for cancer | Type A Surgical and Type B Non-band specific | 01.12.1991      | 3            | T8        | N        | ARTERIAL CANNULATION for infusion chemotherapy by open operation, not being a service to which item 34521 applies (excluding after-care) (Anaes.) (Assist.)   | 437.2            |             |                   | 327.9            |                 |
| 34527    | Chemotherapy, radiotherapy and immunotherapy for cancer | Type A Surgical                              | 01.12.1991      | 3            | T8        | N        | 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 apatient 10 years of age or over (Anaes.) | 583.15           |             |                   | 437.4            | 495.7           |
| 34528    | Chemotherapy, radiotherapy and immunotherapy for cancer | Type A Surgical                              | 01.07.1996      | 3            | T8        | N        | 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.)  | 288              |             |                   | 216              | 244.8           |
| 34529    | Chemotherapy, radiotherapy and immunotherapy for cancer | Type A Surgical                              | 01.09.2015      | 3            | T8        | N        | 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 apatient under 10 years of age (Anaes.)   | 758.1            |             |                   | 568.6            | 664.9           |
| 34530    | Chemotherapy, radiotherapy and immunotherapy for cancer | Unlisted                                     | 01.12.1991      | 3            | T8        | N        | CENTRAL VENOUS LINE, OR OTHER CHEMOTHERAPY DEVICE, removal of, by open surgical procedure in the operating theatre of a hospital on apatient 10 years of age or over (Anaes.)   | 215.9            |             |                   | 161.95           | 183.55          |
| 34533    | Chemotherapy, radiotherapy and immunotherapy for cancer | Type A Advanced Surgical                     | 01.12.1991      | 3            | T8        | N        | ISOLATED LIMB PERFUSION, including cannulation of artery and vein at commencement of procedure, regional perfusion for chemotherapy, or other therapy, repair of arteriotomy and venotomy at conclusion of procedure (excluding aftercare) (Anaes.) (Assist.)                                   | 1311.55          |             |                   | 983.7            | 1218.35         |
| 34534    | Chemotherapy, radiotherapy and immunotherapy for cancer | Type A Surgical                              | 01.09.2015      | 3            | T8        | N        | 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.)  | 374.35           |             |                   | 280.8            | 318.2           |
| 34538    | Common list   | Type A Surgical                              | 01.05.2004      | 3            | T8        | N        | CENTRAL VEIN CATHETERISATION by percutaneous technique, using subcutaneous tunnelled cuffed catheter or similar device, for the administration of haemodialysis or parenteral nutrition (Anaes.)  | 288              |             |                   | 216              | 244.8           |
| 34539    | Chemotherapy, radiotherapy and immunotherapy for cancer | Type B Non-band specific                     | 01.05.2004      | 3            | T8        | N        | TUNNELLED CUFFED CATHETER, OR SIMILAR DEVICE, removal of, by open surgical procedure (Anaes.)   | 215.9            |             |                   | 161.95           | 183.55          |
| 34540    | Chemotherapy, radiotherapy and immunotherapy for cancer | Unlisted                                     | 01.09.2015      | 3            | T8        | N        | 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.)   | 280.65           |             |                   | 210.5            | 238.6           |
| 34800    | Heart and vascular system                               | Type A Surgical                              | 01.12.1991      | 3            | T8        | N        | INFERIOR VENA CAVA, plication, ligation, or application of caval clip (Anaes.) (Assist.)  | 858.6            |             |                   | 643.95           | 765.4           |
| 34803    | Heart and vascular system                               | Type A Advanced Surgical                     | 01.12.1991      | 3            | T8        | N        | INFERIOR VENA CAVA, reconstruction of or bypass by vein or synthetic material (Anaes.) (Assist.)  | 1892.2           |             |                   | 1419.15          |                 |
| 34806    | Heart and vascular system                               | Type A Advanced Surgical                     | 01.12.1991      | 3            | T8        | N        | CROSS LEG BYPASS GRAFTING, saphenous to iliac or femoral vein (Anaes.) (Assist.)  | 1025.5           |             |                   | 769.15           |                 |
| 34809    | Heart and vascular system                               | Type A Advanced Surgical                     | 01.12.1991      | 3            | T8        | N        | SAPHENOUS VEIN ANASTOMOSIS to femoral or popliteal vein for femoral vein bypass (Anaes.) (Assist.)  | 1025.5           |             |                   | 769.15           |                 |
| 34812    | Heart and vascular system                               | Type A Advanced Surgical                     | 01.12.1991      | 3            | T8        | N        | VENOUS STENOSIS OR OCCLUSION, vein bypass for, using vein or synthetic material, not being a service associated with a service to which item 34806 or 34809 applies (Anaes.) (Assist.)  | 1240.15          |             |                   | 930.15           |                 |
| 34815    | Heart and vascular system                               | Type A Advanced Surgical                     | 01.12.1991      | 3            | T8        | N        | VEIN STENOSIS, patch angioplasty for, (excluding vein graft stenosis)-using vein or synthetic material (Anaes.) (Assist.)   | 1025.5           |             |                   | 769.15           |                 |
| 34818    | Heart and vascular system                               | Type A Advanced Surgical                     | 01.12.1991      | 3            | T8        | N        | VENOUS VALVE, plication or repair to restore valve competency (Anaes.) (Assist.)  | 1128.85          |             |                   | 846.65           |                 |
| 34821    | Heart and vascular system                               | Type A Advanced Surgical                     | 01.12.1991      | 3            | T8        | N        | VEIN TRANSPLANT to restore valvular function (Anaes.) (Assist.)   | 1534.35          |             |                   | 1150.8           | 1441.15         |
| 34824    | Heart and vascular system                               | Type A Surgical                              | 01.12.1991      | 3            | T8        | N        | EXTERNAL STENT, application of, to restore venous valve competency to superficial vein - 1 stent (Anaes.) (Assist.)   | 524.65           |             |                   | 393.5            |                 |
| 34827    | Heart and vascular system                               | Type A Surgical                              | 01.12.1991      | 3            | T8        | N        | EXTERNAL STENTS, application of, to restore venous valve competency to superficial vein or veins - more than 1 stent (Anaes.) (Assist.)   | 636.05           |             |                   | 477.05           |                 |
| 34830    | Heart and vascular system                               | Type A Surgical                              | 01.12.1991      | 3            | T8        | N        | EXTERNAL STENT, application of, to restore venous valve competency to deep vein (1 stent) (Anaes.) (Assist.)  | 747.35           |             |                   | 560.55           | 654.15          |
| 34833    | Heart and vascular system                               | Type A Advanced Surgical                     | 01.12.1991      | 3            | T8        | N        | EXTERNAL STENTS, application of, to restore venous valve competency to deep vein or veins (more than 1 stent) (Anaes.) (Assist.)  | 969.85           |             |                   | 727.4            |                 |
| 35000    | Brain and nervous system                                | Type A Surgical                              | 01.12.1991      | 3            | T8        | N        | LUMBAR SYMPATHECTOMY (Anaes.) (Assist.)   | 747.35           |             |                   | 560.55           | 654.15          |
| 35003    | Brain and nervous system                                | Type A Advanced Surgical                     | 01.12.1991      | 3            | T8        | N        | CERVICAL OR UPPER THORACIC SYMPATHECTOMY by any surgical approach (Anaes.) (Assist.)  | 969.85           |             |                   | 727.4            |                 |
| 35006    | Brain and nervous system                                | Type A Advanced Surgical                     | 01.12.1991      | 3            | T8        | N        | CERVICAL OR UPPER THORACIC SYMPATHECTOMY, where operation is a reoperation for previous incomplete sympathectomy by any surgical approach (Anaes.) (Assist.)  | 1216.35          |             |                   | 912.3            |                 |
| 35009    | Brain and nervous system                                | Type A Advanced Surgical                     | 01.12.1991      | 3            | T8        | N        | LUMBAR SYMPATHECTOMY, where operation is following chemical sympathectomy or for previous incomplete surgical sympathectomy (Anaes.) (Assist.)  | 945.9            |             |                   | 709.45           |                 |
| 35012    | Brain and nervous system                                | Type A Surgical                              | 01.05.1994      | 3            | T8        | N        | SACRAL or PRE-SACRAL SYMPATHECTOMY (Anaes.) (Assist.)   | 747.35           |             |                   | 560.55           |                 |
| 35100    | Heart and vascular system                               | Type A Surgical                              | 01.12.1991      | 3            | T8        | N        | 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 (Anaes.) (Assist.)  | 389.6            |             |                   | 292.2            |                 |

| MBS item | Clinical Category         | Procedure Type                               | Item Start Date | MBS Category | MBS Group | New Item | MBS Description  | MBS Schedule Fee | Derived Fee | Benefit 100% (\$) | Benefit 75% (\$) | Benefit 85 (\$) |
|----------|---------------------------|--|-----------------|--------------|-----------|----------|--|------------------|-------------|-------------------|------------------|-----------------|
| 35103    | Heart and vascular system | Unlisted                                     | 01.12.1991      | 3            | T8        | N        | ISCHAEMIC LIMB, debridement of necrotic material, gangrenous tissue, or slough in, in the operating theatre of a hospital, superficial tissue only (Anaes.)  | 247.95           |             |                   | 186              |                 |
| 35200    | Heart and vascular system | Unlisted                                     | 01.12.1991      | 3            | T8        | N        | OPERATIVE ARTERIOGRAPHY OR VENOGRAPHY, 1 or more of, performed during the course of an operative procedure on an artery or vein, 1 site (Anaes.)   | 181.3            |             |                   | 136              |                 |
| 35202    | Heart and vascular system | Type A Surgical                              | 01.07.1996      | 3            | T8        | N        | MAJOR ARTERIES OR VEINS IN THE NECK, ABDOMEN OR EXTREMITIES, access to, as part of RE-OPERATION after prior surgery on these vessels (Anaes.) (Assist.)  | 863.8            |             |                   | 647.85           |                 |
| 35300    | Heart and vascular system | Type A Surgical                              | 01.04.1992      | 3            | T8        | N        | TRANSLUMINAL BALLOON ANGIOPLASTY of 1 peripheral artery or vein of 1 limb, percutaneous or by open exposure, excluding associated radiological services or preparation, and excluding aftercare (Anaes.) (Assist.)   | 544.85           |             |                   | 408.65           | 463.15          |
| 35303    | Heart and vascular system | Type A Surgical                              | 01.04.1992      | 3            | T8        | N        | TRANSLUMINAL BALLOON ANGIOPLASTY of aortic arch branches, aortic visceral branches, or more than 1 peripheral artery or vein of 1 limb, percutaneous or by open exposure, excluding associated radiological services or preparation, and excluding aftercare (Anaes.) (Assist.)  | 698.55           |             |                   | 523.95           | 605.35          |
| 35306    | Heart and vascular system | Type A Surgical                              | 01.04.1992      | 3            | T8        | N        | TRANSLUMINAL STENT INSERTION, 1 or more stents, including associated balloon dilatation for 1 peripheral artery or vein of 1 limb, percutaneous or by open exposure, excluding associated radiological services or preparation, and excluding aftercare. (Anaes.) (Assist.)  | 644.75           |             |                   | 483.6            | 551.55          |
| 35307    | Heart and vascular system | Type A Advanced Surgical                     | 01.11.2005      | 3            | T8        | N        | TRANSLUMINAL STENT INSERTION, 1 or more stents (not drug-eluting), with or without associated balloon dilatation, for 1 carotid artery, percutaneous (not direct), with or without the use of an embolic protection device, in patients who: -meet the indications for carotid endarterectomy; and -have medical or surgical comorbidities that would make them at high risk of perioperative complications from carotid endarterectomy, excluding associated radiological services or preparation, and excluding aftercare (Anaes.) (Assist.) | 1185.25          |             |                   | 888.95           |                 |
| 35309    | Heart and vascular system | Type A Surgical                              | 01.04.1992      | 3            | T8        | N        | TRANSLUMINAL STENT INSERTION, 1 or more stents, including associated balloon dilatation for visceral arteries or veins, or more than 1 peripheral artery or vein of 1 limb, percutaneous or by open exposure, excluding associated radiological services or preparation, and excluding aftercare. (Anaes.) (Assist.)   | 805.95           |             |                   | 604.5            | 712.75          |
| 35312    | Heart and vascular system | Type A Advanced Surgical                     | 01.04.1992      | 3            | T8        | N        | PERIPHERAL ARTERIAL ATHERECTOMY including associated balloon dilatation of 1 limb, percutaneous or by open exposure, excluding associated radiological services or preparation, and excluding aftercare (Anaes.) (Assist.)   | 913.4            |             |                   | 685.05           |                 |
| 35315    | Heart and vascular system | Type A Advanced Surgical                     | 01.04.1992      | 3            | T8        | N        | PERIPHERAL LASER ANGIOPLASTY including associated balloon dilatation of 1 limb, percutaneous or by open exposure, excluding associated radiological services or preparation, and excluding aftercare (Anaes.) (Assist.)  | 913.4            |             |                   | 685.05           |                 |
| 35317    | Heart and vascular system | Type A Surgical                              | 01.07.1996      | 3            | T8        | N        | 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 aftercare (not being a service associated with a service to which another item in Subgroup 11 of Group T1 or items 35319 or 35320 applies and not being a service associated with photodynamic therapy with verteporfin) (Anaes.) (Assist.)  | 376.1            |             |                   | 282.1            | 319.7           |
| 35319    | Heart and vascular system | Type A Surgical                              | 01.07.1996      | 3            | T8        | N        | 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 aftercare (not being a service associated with a service to which another item in Subgroup 11 of Group T1 or items 35317 or 35320 applies and not being a service associated with photodynamic therapy with verteporfin) (Anaes.) (Assist.)  | 674.2            |             |                   | 505.65           | 581             |
| 35320    | Heart and vascular system | Type A Advanced Surgical                     | 01.07.1996      | 3            | T8        | N        | PERIPHERAL ARTERIAL OR VENOUS CATHETERISATION with administration of thrombolytic or chemotherapeutic agents, BY OPEN EXPOSURE, excluding associated radiological services or preparation, and excluding aftercare (not being a service associated with a service to which another item in Subgroup 11 of Group T1 or items 35317 or 35319 applies and not being a service associated with photodynamic therapy with verteporfin) (Anaes.) (Assist.)   | 905.65           |             |                   | 679.25           | 812.45          |
| 35321    | Heart and vascular system | Type A Surgical                              | 01.04.1992      | 3            | T8        | N        | 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 aftercare, not being a service associated with photodynamic therapy with verteporfin (Anaes.) (Assist.)  | 859.8            |             |                   | 644.85           | 766.6           |
| 35324    | Heart and vascular system | Type A Surgical and Type B Non-band specific | 01.04.1992      | 3            | T8        | N        | ANGIOSCOPY not combined with any other procedure, excluding associated radiological services or preparation, and excluding aftercare (Anaes.) (Assist.)  | 322.45           |             |                   | 241.85           |                 |
| 35327    | Heart and vascular system | Type A Surgical                              | 01.04.1992      | 3            | T8        | N        | ANGIOSCOPY combined with any other procedure, excluding associated radiological services or preparation, and excluding aftercare (Anaes.) (Assist.)  | 432.1            |             |                   | 324.1            |                 |
| 35330    | Heart and vascular system | Type A Surgical                              | 01.04.1992      | 3            | T8        | N        | INSERTION of INFERIOR VENA CAVAL FILTER, percutaneous or by open exposure, excluding associated radiological services or preparation, and excluding aftercare (Anaes.) (Assist.)   | 544.85           |             |                   | 408.65           | 463.15          |
| 35331    | Heart and vascular system | Type A Surgical                              | 01.05.2005      | 3            | T8        | N        | RETRIEVAL OF INFERIOR VENA CAVAL FILTER, percutaneous or by open exposure, not including associated radiological services or preparation, and not including aftercare (Anaes.)   | 626.35           |             |                   | 469.8            |                 |
| 35360    | Heart and vascular system | Type A Surgical                              | 01.05.2005      | 3            | T8        | N        | Retrieval of foreign body in PULMONARY ARTERY, percutaneous or by open exposure, not including associated radiological services or preparation, and not including aftercare (foreign body does not include an instrument inserted for the purpose of a service being rendered) (Anaes.) (Assist.)  | 875.55           |             |                   | 656.7            |                 |
| 35361    | Heart and vascular system | Type A Surgical                              | 01.05.2005      | 3            | T8        | N        | Retrieval of foreign body in RIGHT ATRIUM, percutaneous or by open exposure, not including associated radiological services or preparation, and not including aftercare (foreign body does not include an instrument inserted for the purpose of a service being rendered) (Anaes.) (Assist.)  | 750.85           |             |                   | 563.15           |                 |

| MBS item | Clinical Category                                       | Procedure Type                               | Item Start Date | MBS Category | MBS Group | New Item | MBS Description   | MBS Schedule Fee | Derived Fee | Benefit 100% (\$) | Benefit 75% (\$) | Benefit 85 (\$) |
|----------|---|--|-----------------|--------------|-----------|----------|---|------------------|-------------|-------------------|------------------|-----------------|
| 35362    | Heart and vascular system                               | Type A Surgical                              | 01.05.2005      | 3            | T8        | N        | 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 (foreign body does not include an instrument inserted for the purpose of a service being rendered) (Anaes.) (Assist.)  | 626.35           |             |                   | 469.8            |                 |
| 35363    | Heart and vascular system                               | Type A Surgical                              | 01.05.2005      | 3            | T8        | N        | 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 (foreign body does not include an instrument inserted for the purpose of a service being rendered) (Anaes.) (Assist.)   | 501.8            |             |                   | 376.35           |                 |
| 35401    | Back, neck and spine                                    | Type A Surgical                              | 01.11.2021      | 3            | T8        | N        | 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.)  | 721.85           |             |                   | 541.4            |                 |
| 35404    | Chemotherapy, radiotherapy and immunotherapy for cancer | Type A Surgical                              | 01.05.2006      | 3            | T8        | N        | DOSIMETRY, HANDLING AND INJECTION OF SIR-SPHERES for selective internal radiation therapy of hepatic metastases which are secondary to colorectal cancer and are not suitable for resection or ablation, used in combination with systemic chemotherapy using 5-fluorouracil (5FU) and leucovorin, not being a service to which item 35317, 35319, 35320 or 35321 applies The procedure must be performed by a specialist or consultant physician recognised in the specialties of nuclear medicine or radiation oncology on an admitted patient in a hospital. To be claimed once in the patient's lifetime only.  | 366.4            |             |                   | 274.8            |                 |
| 35406    | Chemotherapy, radiotherapy and immunotherapy for cancer | Type A Surgical                              | 01.05.2006      | 3            | T8        | N        | Trans-femoral catheterisation of the hepatic artery to administer SIR-Spheres to embolise the microvasculature of hepatic metastases which are secondary to colorectal cancer and are not suitable for resection or ablation, for selective internal radiation therapy used in combination with systemic chemotherapy using 5-fluorouracil (5FU) and leucovorin, not being a service to which item 35317, 35319, 35320 or 35321 applies excluding associated radiological services or preparation, and excluding aftercare (Anaes.) (Assist.)   | 859.8            |             |                   | 644.85           |                 |
| 35408    | Chemotherapy, radiotherapy and immunotherapy for cancer | Type A Surgical                              | 01.05.2006      | 3            | T8        | N        | Catheterisation of the hepatic artery via a permanently implanted hepatic artery port to administer SIR-Spheres to embolise the microvasculature of hepatic metastases which are secondary to colorectal cancer and are not suitable for resection or ablation, for selective internal radiation therapy used in combination with systemic chemotherapy using 5-fluorouracil (5FU) and leucovorin, not being a service to which item 35317, 35319, 35320 or 35321 applies excluding associated radiological services or preparation, and excluding aftercare (Anaes.) (Assist.)   | 644.95           |             |                   | 483.75           |                 |
| 35410    | Gynaecology   | Type A Surgical                              | 01.11.2006      | 3            | T8        | N        | 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.)  | 859.8            |             |                   | 644.85           | 766.6           |
| 35412    | Brain and nervous system                                | Type A Advanced Surgical                     | 01.11.2006      | 3            | T8        | N        | 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.)   | 3020.85          |             |                   | 2265.65          | 2927.65         |
| 35414    | Brain and nervous system                                | Type A Advanced Surgical                     | 01.11.2017      | 3            | T8        | N        | 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 (Anaes.) (Assist.) | 3700.1           |             |                   | 2775.1           |                 |
| 35500    | Gynaecology   | Type B Band 1                                | 01.12.1991      | 3            | T8        | N        | GYNAECOLOGICAL EXAMINATION UNDER ANAESTHESIA, not being a service associated with a service to which another item in this Group applies (Anaes.)  | 85.95            |             |                   | 64.5             | 73.1            |
| 35503    | Gynaecology   | Type C                                       | 01.12.1991      | 3            | T8        | N        | 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.)  | 84.75            |             |                   | 63.6             | 72.05           |
| 35506    | Gynaecology   | Unlisted                                     | 01.12.1991      | 3            | T8        | N        | 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.)  | 56.75            |             |                   | 42.6             | 48.25           |
| 35507    | Gynaecology   | Type B Non-band specific                     | 01.04.1992      | 3            | T8        | N        | 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.)   | 184.4            |             |                   | 138.3            |                 |
| 35508    | Gynaecology   | Type A Surgical and Type B Non-band specific | 01.04.1992      | 3            | T8        | N        | 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.)  | 271.65           |             |                   | 203.75           |                 |
| 35509    | Gynaecology   | Type B Non-band specific                     | 01.12.1991      | 3            | T8        | N        | HYMENECTOMY (Anaes.)  | 94.6             |             |                   | 70.95            | 80.45           |

| MBS item | Clinical Category | Procedure Type  | Item Start Date | MBS Category | MBS Group | New Item | MBS Description  | MBS Schedule Fee | Derived Fee | Benefit 100% (\$) | Benefit 75% (\$) | Benefit 85 (\$) |
|----------|-------------------|---|-----------------|--------------|-----------|----------|--|------------------|-------------|-------------------|------------------|-----------------|
| 35513    | Gynaecology       | Type B Non-band specific                              | 01.12.1991      | 3            | T8        | N        | Bartholin's abscess, cyst or gland, excision of (Anaes.)   | 234.4            |             |                   | 175.8            | 199.25          |
| 35517    | Gynaecology       | Type B Non-band specific                              | 01.12.1991      | 3            | T8        | N        | Bartholin's abscess, cyst or gland, marsupialisation of (Anaes.)   | 154.4            |             |                   | 115.8            | 131.25          |
| 35518    | Gynaecology       | Unlisted  | 01.07.1995      | 3            | T8        | N        | 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.) | 219.75           |             |                   | 164.85           | 186.8           |
| 35527    | Gynaecology       | Type B Non-band specific                              | 01.12.1991      | 3            | T8        | N        | Urethral caruncle, symptomatic excision of, if:(a) conservative management has failed; or(b) there is a suspicion of malignancy (Anaes.)   | 154.4            |             |                   | 115.8            | 131.25          |
| 35533    | Gynaecology       | Type A Surgical                                       | 01.12.1991      | 3            | T8        | N        | 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 (Anaes.)  | 369.85           |             |                   | 277.4            |                 |
| 35534    | Gynaecology       | Type A Surgical                                       | 01.11.2014      | 3            | T8        | N        | 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 (Anaes.)           | 369.85           |             |                   | 277.4            |                 |
| 35536    | Gynaecology       | Type A Surgical and Type B Non-band specific          | 01.12.1991      | 3            | T8        | N        | Vulva, wide local excision or hemivulvectomy, one or both procedures, for suspected malignancy or vulval lesions with a high risk of malignancy (Anaes.) (Assist.)   | 368.4            |             |                   | 276.3            | 313.15          |
| 35539    | Gynaecology       | Type B Non-band specific                              | 01.12.1991      | 3            | T8        | N        | 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.)  | 288.55           |             |                   | 216.45           | 245.3           |
| 35545    | Gynaecology       | Type B Non-band specific                              | 01.12.1991      | 3            | T8        | N        | Colposcopically directed laser therapy for condylomata, unsuccessfully treated by other methods (Anaes.)   | 194.1            |             |                   | 145.6            | 165             |
| 35548    | Gynaecology       | Type A Advanced Surgical and Type B Non-band specific | 01.12.1991      | 3            | T8        | N        | VULVECTOMY, radical, for malignancy (H) (Anaes.) (Assist.)   | 1322.6           |             |                   | 991.95           |                 |
| 35551    | Common list       | Type A Advanced Surgical                              | 01.12.1991      | 3            | T8        | N        | Pelvic lymph nodes, radical excision of, unilateral, or sentinel node dissection (including any pre-operative injection) (Anaes.) (Assist.)  | 977.6            |             |                   | 733.2            |                 |
| 35552    | Common list       | Type A Advanced Surgical                              | 01.11.2020      | 3            | T8        | N        | Pelvic lymph nodes, radical excision of, unilateral or sentinel node dissection, following similar previous dissection, radiation or chemotherapy (H) (Anaes.) (Assist.)   | 1470.65          |             |                   | 1103             |                 |
| 35554    | Gynaecology       | Type C  | 01.12.1991      | 3            | T8        | N        | VAGINA, DILATATION OF, as an independent procedure including any associated consultation (Anaes.)  | 45.95            |             |                   | 34.5             | 39.1            |
| 35557    | Gynaecology       | Type B Non-band specific                              | 01.12.1991      | 3            | T8        | N        | Vagina, complete excision of benign tumour (including Gartner duct cyst), with histological documentation (Anaes.)   | 226.75           |             |                   | 170.1            | 192.75          |
| 35560    | Gynaecology       | Type A Surgical and Type B Non-band specific          | 01.12.1991      | 3            | T8        | N        | 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.)  | 723              |             |                   | 542.25           |                 |
| 35561    | Gynaecology       | Type A Advanced Surgical                              | 01.11.1992      | 3            | T8        | N        | VAGINECTOMY, radical, for proven invasive malignancy - 1 surgeon (H) (Anaes.) (Assist.)  | 1622.8           |             |                   | 1217.1           |                 |
| 35562    | Gynaecology       | Type A Advanced Surgical                              | 01.11.1992      | 3            | T8        | N        | VAGINECTOMY, radical, for proven invasive malignancy, conjoint surgery - abdominal surgeon (including aftercare) (H) (Anaes.) (Assist.)  | 1367.1           |             |                   | 1025.35          |                 |
| 35564    | Gynaecology       | Type A Surgical                                       | 01.11.1992      | 3            | T8        | N        | VAGINECTOMY, radical, for proven invasive malignancy, conjoint surgery - perineal surgeon (H) (Assist.)  | 683.55           |             |                   | 512.7            |                 |
| 35565    | Gynaecology       | Type A Surgical                                       | 01.11.1992      | 3            | T8        | N        | VAGINAL RECONSTRUCTION for congenital absence, gynatresia or urogenital sinus (Anaes.) (Assist.)   | 723              |             |                   | 542.25           |                 |
| 35566    | Gynaecology       | Type A Surgical                                       | 01.12.1991      | 3            | T8        | N        | VAGINAL SEPTUM, excision of, for correction of double vagina (Anaes.) (Assist.)  | 419.95           |             |                   | 315              |                 |
| 35568    | Gynaecology       | Type A Surgical                                       | 01.05.2005      | 3            | T8        | N        | Procedures for the management of symptomatic upper vaginal (vault or cervical) prolapse by sacrospinous or ilococcygeus fixation (H) (Anaes.) (Assist.)  | 660.3            |             |                   | 495.25           |                 |
| 35569    | Gynaecology       | Type B Non-band specific                              | 01.12.1991      | 3            | T8        | N        | PLASTIC REPAIR TO ENLARGE VAGINAL ORIFICE (Anaes.)   | 170.05           |             |                   | 127.55           |                 |
| 35570    | Gynaecology       | Type A Surgical                                       | 01.05.2005      | 3            | T8        | N        | 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 (Anaes.) (Assist.)   | 585.5            |             |                   | 439.15           |                 |
| 35571    | Gynaecology       | Type A Surgical                                       | 01.05.2005      | 3            | T8        | N        | Posterior vaginal compartment repair by vaginal approach for pelvic organ prolapse: (a) involving repair of one or more of the following: (i) perineum; (ii) rectocele; (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 (Anaes.) (Assist.)                        | 585.5            |             |                   | 439.15           |                 |
| 35573    | Gynaecology       | Type A Surgical                                       | 01.05.2005      | 3            | T8        | N        | 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 (Anaes.) (Assist.)   | 878.4            |             |                   | 658.8            |                 |
| 35577    | Gynaecology       | Type A Surgical                                       | 01.05.2005      | 3            | T8        | N        | 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 (Anaes.) (Assist.)   | 713.1            |             |                   | 534.85           |                 |
| 35578    | Gynaecology       | Type A Surgical                                       | 01.05.2005      | 3            | T8        | N        | 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.)  | 713.1            |             |                   | 534.85           |                 |

| MBS item | Clinical Category | Procedure Type                               | Item Start Date | MBS Category | MBS Group | New Item | MBS Description  | MBS Schedule Fee | Derived Fee | Benefit 100% (\$) | Benefit 75% (\$) | Benefit 85 (\$) |
|----------|-------------------|--|-----------------|--------------|-----------|----------|--|------------------|-------------|-------------------|------------------|-----------------|
| 35581    | Gynaecology       | Type A Surgical                              | 01.07.2018      | 3            | T8        | N        | 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 (Anaes.) (Assist.)  | 585.5            |             |                   | 439.15           |                 |
| 35582    | Gynaecology       | Type A Surgical                              | 01.07.2018      | 3            | T8        | N        | 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),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 (Anaes.) (Assist.)   | 878.4            |             |                   | 658.8            |                 |
| 35585    | Gynaecology       | Type A Advanced Surgical                     | 01.07.2018      | 3            | T8        | N        | 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 (Anaes.) (Assist.) | 1557.4           |             |                   | 1168.05          |                 |
| 35591    | Gynaecology       | Type A Advanced Surgical                     | 01.03.2022      | 3            | T8        | N        | 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.)  | 977.6            |             |                   | 733.2            |                 |
| 35592    | Gynaecology       | Type A Advanced Surgical                     | 01.03.2022      | 3            | T8        | N        | 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.)  | 977.6            |             |                   | 733.2            |                 |
| 35595    | Gynaecology       | Type A Surgical                              | 01.05.2005      | 3            | T8        | N        | 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.)   | 660.3            |             |                   | 495.25           |                 |
| 35596    | Gynaecology       | Type A Advanced Surgical                     | 01.12.1991      | 3            | T8        | N        | 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.)   | 977.6            |             |                   | 733.2            |                 |
| 35597    | Gynaecology       | Type A Advanced Surgical                     | 01.05.2005      | 3            | T8        | N        | 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.)   | 1557.4           |             |                   | 1168.05          |                 |
| 35599    | Gynaecology       | Type A Surgical                              | 01.12.1991      | 3            | T8        | N        | 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.)   | 801.2            |             |                   | 600.9            |                 |
| 35608    | Gynaecology       | Type C                                       | 01.12.1991      | 3            | T8        | N        | Cervix, one or more biopsies, cauterisation (other than by chemical means), ionisation, diathermy or endocervical curettage of, with or without dilatation of cervix (Anaes.)  | 67.6             |             |                   | 50.7             | 57.5            |
| 35609    | Gynaecology       | Type B Non-band specific                     | 01.03.2022      | 3            | T8        | N        | Cervix, cone biopsy or amputation (Anaes.)   | 230.45           |             |                   | 172.85           | 195.9           |
| 35610    | Gynaecology       | Type A Surgical                              | 01.03.2022      | 3            | T8        | N        | Cervix, cone biopsy for histologically proven malignancy (Anaes.)  | 403.3            |             |                   | 302.5            | 342.85          |
| 35611    | Gynaecology       | Unlisted                                     | 01.12.1991      | 3            | T8        | N        | 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.)   | 67.6             |             |                   | 50.7             | 57.5            |
| 35612    | Gynaecology       | Type A Surgical and Type B Non-band specific | 01.05.1997      | 3            | T8        | N        | Cervix, residual stump, removal of, by abdominal approach for non-malignant lesions (Anaes.) (Assist.)   | 534.9            |             |                   | 401.2            | 454.7           |
| 35614    | Gynaecology       | Type C                                       | 01.12.1991      | 3            | T8        | N        | 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  | 67.5             |             |                   | 50.65            | 57.4            |
| 35615    | Gynaecology       | Unlisted                                     | 01.04.1992      | 3            | T8        | N        | Vulva or vagina, biopsy of, when performed in conjunction with a service to which item 35614 applies   | 74.4             |             |                   | 55.8             | 63.25           |
| 35616    | Gynaecology       | Type A Surgical and Type B Non-band specific | 01.05.2001      | 3            | T8        | N        | 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.)   | 475.3            |             |                   | 356.5            |                 |
| 35620    | Gynaecology       | Type C                                       | 01.05.1994      | 3            | T8        | N        | Endometrial biopsy for pathological assessment in women with abnormal uterine bleeding or post-menopausal bleeding (Anaes.)  | 56.4             |             |                   | 42.3             | 47.95           |
| 35622    | Gynaecology       | Type A Surgical and Type B Non-band specific | 01.05.1994      | 3            | T8        | N        | 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.)  | 636.95           |             |                   | 477.75           |                 |
| 35623    | Gynaecology       | Type A Surgical and Type B Non-band specific | 01.05.1994      | 3            | T8        | N        | 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.)   | 866.1            |             |                   | 649.6            |                 |
| 35626    | Gynaecology       | Type C                                       | 01.04.1992      | 3            | T8        | N        | 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  | 236.85           |             |                   | 177.65           | 201.35          |
| 35630    | Gynaecology       | Type B Non-band specific                     | 01.12.1991      | 3            | T8        | N        | 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.)   | 193.5            |             |                   | 145.15           |                 |
| 35631    | Gynaecology       | Type A Surgical                              | 01.03.2022      | 3            | T8        | N        | 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.)  | 752.2            |             |                   | 564.15           |                 |

| MBS item | Clinical Category                        | Procedure Type  | Item Start Date | MBS Category | MBS Group | New Item | MBS Description  | MBS Schedule Fee | Derived Fee | Benefit 100% (\$) | Benefit 75% (\$) | Benefit 85 (\$) |
|----------|--|---|-----------------|--------------|-----------|----------|--|------------------|-------------|-------------------|------------------|-----------------|
| 35632    | Gynaecology                              | Type A Advanced Surgical                              | 01.03.2022      | 3            | T8        | N        | 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.)   | 940.2            |             | 705.15            |                  |                 |
| 35633    | Gynaecology                              | Type B Non-band specific                              | 01.12.1991      | 3            | T8        | N        | 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.)   | 230.45           |             | 172.85            | 195.9            |                 |
| 35635    | Gynaecology                              | Type A Surgical and Type B Non-band specific          | 01.11.2000      | 3            | T8        | N        | Hysteroscopy involving division of:(a) a uterine septum; or(b) moderate to severe intrauterine adhesions (H) (Anaes.)  | 316.6            |             | 237.45            |                  |                 |
| 35636    | Gynaecology                              | Type A Surgical and Type B Non-band specific          | 01.12.1991      | 3            | T8        | N        | Hysteroscopy, resection of myoma or myoma and uterine septum (if both are performed) (H) (Anaes.)  | 457.75           |             | 343.35            |                  |                 |
| 35637    | Gynaecology                              | Type A Surgical and Type B Non-band specific          | 01.04.1992      | 3            | T8        | N        | 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) NOTE: Strict legal requirements apply in relation to sterilisation procedures on minors. Medicare benefits are not payable for services not rendered in accordance with relevant Commonwealth and State and Territory law. Observe the explanatory note before submitting a claim. (Anaes.) (Assist.)   | 429.85           |             | 322.4             |                  |                 |
| 35640    | Miscarriage and termination of pregnancy | Type B Non-band specific                              | 01.12.1991      | 3            | T8        | N        | 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.)  | 193.5            |             | 145.15            | 164.5            |                 |
| 35641    | Gynaecology                              | Type A Advanced Surgical and Type B Non-band specific | 01.11.2000      | 3            | T8        | N        | 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.)  | 1313.75          |             | 985.35            |                  |                 |
| 35643    | Miscarriage and termination of pregnancy | Type B Non-band specific                              | 01.12.1991      | 3            | T8        | N        | 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.)   | 230.45           |             | 172.85            | 195.9            |                 |
| 35644    | Gynaecology                              | Type B Non-band specific                              | 01.04.1992      | 3            | T8        | N        | 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.)  | 215.3            |             | 161.5             | 183.05           |                 |
| 35645    | Gynaecology                              | Type A Surgical and Type B Non-band specific          | 01.04.1992      | 3            | T8        | N        | 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.) | 336.9            |             | 252.7             | 286.4            |                 |
| 35647    | Gynaecology                              | Type B Non-band specific                              | 01.04.1992      | 3            | T8        | N        | Cervix, complete excision of the endocervical transformation zone, using large loop or laser therapy, including any local anaesthesia and biopsies (Anaes.)  | 215.3            |             | 161.5             | 183.05           |                 |
| 35648    | Gynaecology                              | Type B Non-band specific                              | 01.04.1992      | 3            | T8        | N        | 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.)   | 336.9            |             | 252.7             | 286.4            |                 |
| 35649    | Gynaecology                              | Type A Surgical                                       | 01.12.1991      | 3            | T8        | N        | Myomectomy, one or more myomas, when undertaken by an open abdominal approach (H) (Anaes.) (Assist.)   | 566.6            |             | 424.95            |                  |                 |
| 35653    | Gynaecology                              | Type A Surgical                                       | 01.12.1991      | 3            | T8        | N        | Hysterectomy, abdominal, with or without removal of fallopian tubes and ovaries (H) (Anaes.) (Assist.)   | 713.3            |             | 535               |                  |                 |
| 35657    | Gynaecology                              | Type A Surgical                                       | 01.12.1991      | 3            | T8        | N        | 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.)   | 713.3            |             | 535               |                  |                 |
| 35658    | Gynaecology                              | Type A Surgical                                       | 01.11.1995      | 3            | T8        | N        | 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.)  | 439.85           |             | 329.9             |                  |                 |
| 35661    | Gynaecology                              | Type A Advanced Surgical                              | 01.12.1991      | 3            | T8        | N        | 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.)  | 1783.45          |             | 1337.6            |                  |                 |
| 35667    | Gynaecology                              | Type A Advanced Surgical                              | 01.12.1991      | 3            | T8        | N        | 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.)  | 1684.55          |             | 1263.45           |                  |                 |

| MBS Item | Clinical Category                        | Procedure Type  | Item Start Date | MBS Category | MBS Group | New Item | MBS Description  | MBS Schedule Fee | Derived Fee | Benefit 100% (\$) | Benefit 75% (\$) | Benefit 85 (\$) |
|----------|--|---|-----------------|--------------|-----------|----------|--|------------------|-------------|-------------------|------------------|-----------------|
| 35668    | Gynaecology                              | Type A Advanced Surgical                              | 01.03.2022      | 3            | T8        | N        | 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.)  | 1957.15          |             |                   | 1467.9           |                 |
| 35669    | Gynaecology                              | Type A Advanced Surgical                              | 01.03.2022      | 3            | T8        | N        | 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.)   | 1957.15          |             |                   | 1467.9           |                 |
| 35671    | Gynaecology                              | Type A Advanced Surgical                              | 01.03.2022      | 3            | T8        | N        | 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.)  | 1535.3           |             |                   | 1151.5           |                 |
| 35673    | Gynaecology                              | Type A Surgical                                       | 01.12.1991      | 3            | T8        | N        | 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.)   | 801.1            |             |                   | 600.85           |                 |
| 35674    | Miscarriage and termination of pregnancy | Unlisted  | 01.07.1995      | 3            | T8        | N        | ULTRASOUND GUIDED NEEDLING and injection of ectopic pregnancy  | 219.75           |             |                   | 164.85           | 186.8           |
| 35680    |  | Type A Surgical                                       | 01.12.1991      | 3            | T8        | N        | BICORNUATE UTERUS, plastic reconstruction for (Anaes.) (Assist.)   | 615.3            |             |                   | 461.5            | 523.05          |
| 35691    | Gynaecology                              | Unlisted  | 01.12.1991      | 3            | T8        | N        | STERILISATION BY INTERRUPTION OF FALLOPIAN TUBES, when performed in conjunction with Caesarean section NOTE:Strict legal requirements apply in relation to sterilisation procedures on minors.Medicare benefits are not payable for services not rendered in accordance with relevant Commonwealth and State and Territory law.Observe the explanatory note before submitting a claim. (Anaes.) (Assist.)  | 167.75           |             |                   | 125.85           |                 |
| 35694    | Gynaecology                              | Type A Surgical and Type B Non-band specific          | 01.12.1991      | 3            | T8        | N        | Tuboplasty (salpingostomy or salpingolysis), unilateral or bilateral, one or more procedures (H) (Anaes.) (Assist.)  | 674.1            |             |                   | 505.6            |                 |
| 35697    | Gynaecology                              | Type A Advanced Surgical and Type B Non-band specific | 01.12.1991      | 3            | T8        | N        | Microsurgical or laparoscopic tuboplasty (salpingostomy, salpingolysis or tubal implantation into uterus), UNILATERAL or BILATERAL, 1 or more procedures (Anaes.) (Assist.)  | 1000.3           |             |                   | 750.25           |                 |
| 35700    | Gynaecology                              | Type A Surgical                                       | 01.12.1991      | 3            | T8        | N        | FALLOPIAN TUBES, unilateral microsurgical or laparoscopic anastomosis of (H) (Anaes.) (Assist.)  | 771.85           |             |                   | 578.9            |                 |
| 35703    | Gynaecology                              | Type C  | 01.12.1991      | 3            | T8        | N        | HYDROTUBATION OF FALLOPIAN TUBES as a nonrepetitive procedure (Anaes.)   | 71.4             |             |                   | 53.55            | 60.7            |
| 35717    | Gynaecology                              | Type A Advanced Surgical                              | 01.12.1991      | 3            | T8        | N        | 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.)  | 901.95           |             |                   | 676.5            |                 |
| 35720    | Gynaecology                              | Type A Advanced Surgical                              | 01.12.1991      | 3            | T8        | N        | 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.)  | 1686.1           |             |                   | 1264.6           |                 |
| 35721    | Gynaecology                              | Type A Advanced Surgical                              | 01.03.2022      | 3            | T8        | N        | 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) cytorreduction of recurrent gynaecological malignancy from the abdominal cavity following previous abdominal surgery, radiation or chemotherapy;(c) cytorreduction 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.) | 3372.25          |             |                   | 2529.2           |                 |
| 35723    | Gynaecology                              | Type A Advanced Surgical                              | 01.12.1991      | 3            | T8        | N        | Para-aortic lymph node dissection from above the level of the aortic bifurcation (unilateral), for staging or restaging of gynaecological malignancy (H) (Anaes.) (Assist.)  | 1466.35          |             |                   | 1099.8           |                 |
| 35724    | Gynaecology                              | Type A Advanced Surgical                              | 01.03.2022      | 3            | T8        | N        | Para-aortic lymph node dissection (pelvic or above the aortic bifurcation) after prior similar dissection, radiotherapy or chemotherapy for malignancy (H) (Anaes.) (Assist.)  | 2206.05          |             |                   | 1654.55          |                 |
| 35726    | Gynaecology                              | Type A Surgical                                       | 01.12.1991      | 3            | T8        | N        | 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.)   | 510.75           |             |                   | 383.1            |                 |
| 35729    | Gynaecology                              | Unlisted  | 01.11.1992      | 3            | T8        | N        | OVARIAN TRANSPOSITION out of the pelvis, in conjunction with radical hysterectomy for invasive malignancy (Anaes.)   | 230.25           |             |                   | 172.7            |                 |
| 35730    | Gynaecology                              | Type B Non-band specific                              | 01.05.2017      | 3            | T8        | N        | 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 (Anaes.)  | 230.25           |             |                   | 172.7            |                 |
| 35750    | Gynaecology                              | Type A Surgical                                       | 01.05.1997      | 3            | T8        | N        | 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.)  | 829.45           |             |                   | 622.1            |                 |
| 35751    | Gynaecology                              | Type A Surgical                                       | 01.03.2022      | 3            | T8        | N        | 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.)  | 829.45           |             |                   | 622.1            |                 |

| MBS item | Clinical Category  | Procedure Type           | Item Start Date | MBS Category | MBS Group | New Item | MBS Description  | MBS Schedule Fee | Derived Fee | Benefit 100% (\$) | Benefit 75% (\$) | Benefit 85 (\$) |
|----------|--------------------|--------------------------|-----------------|--------------|-----------|----------|--|------------------|-------------|-------------------|------------------|-----------------|
| 35753    | Gynaecology        | Type A Advanced Surgical | 01.05.1997      | 3            | T8        | N        | 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.)   | 917.2            |             |                   | 687.9            |                 |
| 35754    | Gynaecology        | Type A Advanced Surgical | 01.05.2001      | 3            | T8        | N        | 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.) | 1772.25          |             |                   | 1329.2           |                 |
| 35756    | Gynaecology        | Type A Advanced Surgical | 01.05.1997      | 3            | T8        | N        | 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.)  | 1512.7           |             |                   | 1134.55          |                 |
| 35759    | Gynaecology        | Type A Surgical          | 01.11.2000      | 3            | T8        | N        | 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.)   | 595.55           |             |                   | 446.7            |                 |
| 36502    | Common list        | Type A Surgical          | 01.11.1997      | 3            | T8        | N        | PELVIC LYMPHADENECTOMY, open or laparoscopic, or both, unilateral or bilateral (Anaes.) (Assist.)  | 723              |             |                   | 542.25           |                 |
| 36503    | Kidney and bladder | Type A Advanced Surgical | 01.12.1991      | 3            | T8        | N        | RENAL TRANSPLANT (not being a service to which item 36506 or 36509 applies) (Anaes.) (Assist.)   | 1470.65          |             |                   | 1103             |                 |
| 36504    | Kidney and bladder | Type B Non-band specific | 01.05.2019      | 3            | T8        | N        | 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.)   | 311.7            |             |                   | 233.8            | 264.95          |
| 36505    | Kidney and bladder | Type B Non-band specific | 01.05.2019      | 3            | T8        | N        | 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.)  | 244.95           |             |                   | 183.75           | 208.25          |
| 36506    | Kidney and bladder | Type A Advanced Surgical | 01.12.1991      | 3            | T8        | N        | RENAL TRANSPLANT, performed by vascular surgeon and urologist operating togethervascular anastomosis including aftercare (Anaes.) (Assist.)  | 977.6            |             |                   | 733.2            |                 |
| 36507    | Kidney and bladder | Type B Non-band specific | 01.05.2019      | 3            | T8        | N        | RIGID CYSTOSCOPY using blue light with hexaminolevulinate as an adjunct to white light, including catheterisation, with resection, diathermy 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.)  | 410.35           |             |                   | 307.8            | 348.8           |
| 36508    | Kidney and bladder | Type A Surgical          | 01.05.2019      | 3            | T8        | N        | 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 2cm in diameter, not being a service to which item 36845 applies. (Anaes.)  | 799.65           |             |                   | 599.75           | 706.45          |
| 36509    | Kidney and bladder | Type A Surgical          | 01.12.1991      | 3            | T8        | N        | RENAL TRANSPLANT, performed by vascular surgeon and urologist operating togetherureterovesical anastomosis including aftercare (Assist.)   | 827.75           |             |                   | 620.85           |                 |
| 36516    | Kidney and bladder | Type A Advanced Surgical | 01.12.1991      | 3            | T8        | N        | Nephrectomy, complete, by open, laparoscopic or robot-assisted approach, other than a service associated with a service to which item 30390 or 30627 applies (Anaes.) (Assist.)  | 977.6            |             |                   | 733.2            |                 |
| 36519    | Kidney and bladder | Type A Advanced Surgical | 01.12.1991      | 3            | T8        | N        | 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 (Anaes.) (Assist.)  | 1364.95          |             |                   | 1023.75          |                 |
| 36522    | Kidney and bladder | Type A Advanced Surgical | 01.12.1991      | 3            | T8        | N        | Nephrectomy, partial,by open, laparoscopic or robot-assisted approach, other than a service associated with a service to which item 30390 or 30627 applies (Anaes.) (Assist.)  | 1171.35          |             |                   | 878.55           |                 |
| 36525    | Kidney and bladder | Type A Advanced Surgical | 01.12.1991      | 3            | T8        | N        | 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 (Anaes.) (Assist.)  | 1664.45          |             |                   | 1248.35          |                 |
| 36528    | Kidney and bladder | Type A Advanced Surgical | 01.12.1991      | 3            | T8        | N        | 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 (Anaes.) (Assist.)   | 1364.95          |             |                   | 1023.75          |                 |
| 36529    | Kidney and bladder | Type A Advanced Surgical | 01.05.2001      | 3            | T8        | N        | 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 (Anaes.) (Assist.)  | 1684.55          |             |                   | 1263.45          |                 |
| 36530    | Kidney and bladder | Type A Surgical          | 01.11.2022      | 3            | T8        | N        | 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.)  | 856.1            |             |                   | 642.1            |                 |
| 36531    | Kidney and bladder | Type A Advanced Surgical | 01.12.1991      | 3            | T8        | N        | 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 (Anaes.) (Assist.)  | 1224.1           |             |                   | 918.1            |                 |

| MBS item | Clinical Category  | Procedure Type           | Item Start Date | MBS Category | MBS Group | New Item | MBS Description   | MBS Schedule Fee | Derived Fee | Benefit 100% (\$) | Benefit 75% (\$) | Benefit 85 (\$) |
|----------|--------------------|--------------------------|-----------------|--------------|-----------|----------|---|------------------|-------------|-------------------|------------------|-----------------|
| 36532    | Kidney and bladder | Type A Advanced Surgical | 01.05.2001      | 3            | T8        | N        | 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 (Anaes.) (Assist.)  | 1756.85          |             |                   | 1317.65          |                 |
| 36533    | Kidney and bladder | Type A Advanced Surgical | 01.05.2001      | 3            | T8        | N        | 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 (Anaes.) (Assist.) | 2076.5           |             |                   | 1557.4           |                 |
| 36537    | Kidney and bladder | Type A Surgical          | 01.12.1991      | 3            | T8        | N        | KIDNEY OR PERINEPHRIC AREA, EXPLORATION OF, with or without drainage of, by open exposure, not being a service to which another item in this Sub-group applies (Anaes.) (Assist.)   | 730.9            |             |                   | 548.2            |                 |
| 36543    | Kidney and bladder | Type A Advanced Surgical | 01.12.1991      | 3            | T8        | N        | 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.)  | 1364.95          |             |                   | 1023.75          | 1271.75         |
| 36546    | Kidney and bladder | Type A Surgical          | 01.12.1991      | 3            | T8        | N        | EXTRACORPOREAL SHOCK WAVE LITHOTRIPSY (ESWL) to urinary tract and posttreatment care for 3 days, including pretreatment consultation, unilateral (Anaes.)   | 730.9            |             |                   | 548.2            | 637.7           |
| 36549    | Kidney and bladder | Type A Surgical          | 01.12.1991      | 3            | T8        | N        | Ureterolithotomy, by open, laparoscopic or robot-assisted approach (Anaes.) (Assist.)   | 880.75           |             |                   | 660.6            |                 |
| 36552    | Kidney and bladder | Type A Surgical          | 01.12.1991      | 3            | T8        | N        | NEPHROSTOMY or pyelostomy, open, as an independent procedure (Anaes.) (Assist.)   | 783.9            |             |                   | 587.95           |                 |
| 36558    | Kidney and bladder | Type A Surgical          | 01.12.1991      | 3            | T8        | N        | RENAL CYST OR CYSTS, excision or unroofing of (Anaes.) (Assist.)  | 686.95           |             |                   | 515.25           | 593.75          |
| 36561    | Kidney and bladder | Type B Non-band specific | 01.12.1991      | 3            | T8        | N        | Renal biopsy, performed under image guidance (closed) (Anaes.)  | 182.35           |             |                   | 136.8            | 155             |
| 36564    | Kidney and bladder | Type A Advanced Surgical | 01.12.1991      | 3            | T8        | N        | Pyeloplasty, (plastic reconstruction of the pelvi-ureteric junction) by open, laparoscopic or robot-assisted approach, with or without the use of a retroperitoneal approach (Anaes.) (Assist.)   | 977.6            |             |                   | 733.2            |                 |
| 36567    | Kidney and bladder | Type A Advanced Surgical | 01.12.1991      | 3            | T8        | N        | Pyeloplasty in a kidney that is congenitally abnormal (in addition to the presence of pelvi-ureteric junction obstruction), or in a solitary kidney, by open, laparoscopic or robot-assisted approach, with or without the use of a retroperitoneal approach (Anaes.) (Assist.)   | 1074.4           |             |                   | 805.8            |                 |
| 36570    | Kidney and bladder | Type A Advanced Surgical | 01.12.1991      | 3            | T8        | N        | 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 (Anaes.) (Assist.)  | 1364.95          |             |                   | 1023.75          |                 |
| 36573    | Kidney and bladder | Type A Advanced Surgical | 01.12.1991      | 3            | T8        | N        | DIVIDED URETER, repair of (Anaes.) (Assist.)  | 977.6            |             |                   | 733.2            |                 |
| 36576    | Kidney and bladder | Type A Advanced Surgical | 01.12.1991      | 3            | T8        | N        | 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 (Anaes.) (Assist.)  | 1224.1           |             |                   | 918.1            |                 |
| 36579    | Kidney and bladder | Type A Surgical          | 01.12.1991      | 3            | T8        | N        | 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 (Anaes.) (Assist.)   | 783.9            |             |                   | 587.95           |                 |
| 36585    | Kidney and bladder | Type A Surgical          | 01.12.1991      | 3            | T8        | N        | URETER, transplantation of, into skin (Anaes.) (Assist.)  | 783.9            |             |                   | 587.95           |                 |
| 36588    | Kidney and bladder | Type A Advanced Surgical | 01.12.1991      | 3            | T8        | N        | URETER, reimplantation into bladder (Anaes.) (Assist.)  | 977.6            |             |                   | 733.2            |                 |
| 36591    | Kidney and bladder | Type A Advanced Surgical | 01.12.1991      | 3            | T8        | N        | URETER, reimplantation into bladder with psoas hitch or Boari flap or both (Anaes.) (Assist.)   | 1171.35          |             |                   | 878.55           |                 |
| 36594    | Kidney and bladder | Type A Advanced Surgical | 01.12.1991      | 3            | T8        | N        | URETER, transplantation of, into intestine (Anaes.) (Assist.)   | 977.6            |             |                   | 733.2            |                 |
| 36597    | Kidney and bladder | Type A Advanced Surgical | 01.12.1991      | 3            | T8        | N        | URETER, transplantation of, into another ureter (Anaes.) (Assist.)  | 977.6            |             |                   | 733.2            |                 |
| 36600    | Kidney and bladder | Type A Advanced Surgical | 01.12.1991      | 3            | T8        | N        | URETER, transplantation of, into isolated intestinal segment, unilateral (Anaes.) (Assist.)   | 1171.35          |             |                   | 878.55           | 1078.15         |
| 36603    | Kidney and bladder | Type A Advanced Surgical | 01.12.1991      | 3            | T8        | N        | URETERS, transplantation of, into isolated intestinal segment, bilateral (Anaes.) (Assist.)   | 1364.95          |             |                   | 1023.75          |                 |
| 36604    | Kidney and bladder | Type A Surgical          | 01.05.1997      | 3            | T8        | N        | Ureteric stent, passage of through percutaneous nephrostomy tube, using interventional radiology techniques, but not including imaging (Anaes.)   | 283              |             |                   | 212.25           | 240.55          |
| 36606    | Kidney and bladder | Type A Advanced Surgical | 01.12.1991      | 3            | T8        | N        | INTESTINAL URINARY RESERVOIR, continent, formation of, including formation of nonreturn valves and implantation of ureters (1 or both) into reservoir (Anaes.) (Assist.)  | 2448.2           |             |                   | 1836.15          |                 |
| 36607    | Kidney and bladder | Type A Surgical          | 01.05.2005      | 3            | T8        | N        | 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 interventionalradiology techniques, but not including imaging (Anaes.)   | 730.2            |             |                   | 547.65           |                 |
| 36608    | Kidney and bladder | Type A Surgical          | 01.05.2005      | 3            | T8        | N        | Ureteric stent, exchange of, percutaneously through either the ileal conduit or bladder, using interventional radiology techniques, but not including imaging, not being a service associated with a service to which items 36811 to 36854 apply (Anaes.)   | 283              |             |                   | 212.25           |                 |
| 36609    | Kidney and bladder | Type A Surgical          | 01.12.1991      | 3            | T8        | N        | Intestinal urinary conduit, reservoir or ureterostomy, revision of (Anaes.) (Assist.)   | 783.9            |             |                   | 587.95           |                 |
| 36610    | Kidney and bladder | Type A Advanced Surgical | 01.11.2020      | 3            | T8        | N        | Intestinal urinary conduit, incontinent, formation of (including associated small bowel resection and anastomosis), including implantation of one or both ureters into reservoir (Anaes.) (Assist.)   | 1876.5           |             |                   | 1407.4           |                 |

| MBS item | Clinical Category  | Procedure Type           | Item Start Date | MBS Category | MBS Group | New Item | MBS Description  | MBS Schedule Fee | Derived Fee | Benefit 100% (\$) | Benefit 75% (\$) | Benefit 85 (\$) |
|----------|--------------------|--------------------------|-----------------|--------------|-----------|----------|--|------------------|-------------|-------------------|------------------|-----------------|
| 36611    | Kidney and bladder | Type A Advanced Surgical | 01.11.2020      | 3            | T8        | N        | 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 (Anaes.) (Assist.)   | 2959.8           |             |                   | 2219.85          |                 |
| 36612    | Kidney and bladder | Type A Surgical          | 01.12.1991      | 3            | T8        | N        | URETER, exploration of, with or without drainage of, as an independent procedure (Anaes.) (Assist.)  | 686.95           |             |                   | 515.25           |                 |
| 36615    | Kidney and bladder | Type A Surgical          | 01.12.1991      | 3            | T8        | N        | 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 (Anaes.) (Assist.)  | 783.9            |             |                   | 587.95           |                 |
| 36618    | Kidney and bladder | Type A Surgical          | 01.12.1991      | 3            | T8        | N        | REDUCTION URETEROPLASTY (Anaes.) (Assist.)   | 686.95           |             |                   | 515.25           |                 |
| 36621    | Kidney and bladder | Type A Surgical          | 01.12.1991      | 3            | T8        | N        | CLOSURE OF CUTANEOUS URETEROSTOMY (Anaes.) (Assist.)   | 491.1            |             |                   | 368.35           |                 |
| 36624    | Kidney and bladder | Type A Surgical          | 01.12.1991      | 3            | T8        | N        | Nephrostomy, percutaneous, using interventional radiology techniques, but not including imaging (Anaes.) (Assist.)   | 590.05           |             |                   | 442.55           | 501.55          |
| 36627    | Kidney and bladder | Type A Surgical          | 01.12.1991      | 3            | T8        | N        | Nephroscopy, percutaneous, with or without any one or more of; stone extraction, biopsy or diathermy, not being a service to which item 36639 or 36645 applies (Anaes.)  | 730.9            |             |                   | 548.2            |                 |
| 36633    | Kidney and bladder | Type A Surgical          | 01.12.1991      | 3            | T8        | N        | Nephroscopy, percutaneous, with incision of any one or more of; renal pelvis, calyx or calyces or ureter and including antegrade insertion of ureteric stent, not being a service associated with a service to which item 36627, 36639 or 36645 applies (Anaes.) (Assist.)   | 783.9            |             |                   | 587.95           | 690.7           |
| 36636    | Kidney and bladder | Type A Surgical          | 01.12.1991      | 3            | T8        | N        | 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 (Anaes.) (Assist.)   | 422.75           |             |                   | 317.1            |                 |
| 36639    | Kidney and bladder | Type A Surgical          | 01.12.1991      | 3            | T8        | N        | Nephroscopy, percutaneous, with destruction and extraction of one or two stones using ultrasound or electrohydraulic shock waves or lasers, other than a service to which item 36645 applies (Anaes.)  | 880.75           |             |                   | 660.6            |                 |
| 36645    | Kidney and bladder | Type A Advanced Surgical | 01.12.1991      | 3            | T8        | N        | NEPHROSCOPY, percutaneous, with removal or destruction of a stone greater than 3 cm in any dimension, or for 3 or more stones (Anaes.) (Assist.)   | 1127.25          |             |                   | 845.45           |                 |
| 36649    | Kidney and bladder | Type A Surgical          | 01.04.1992      | 3            | T8        | N        | Nephrostomy drainage tube, exchange of, using interventional radiology techniques, but not including imaging (Anaes.) (Assist.)  | 283              |             |                   | 212.25           | 240.55          |
| 36650    | Kidney and bladder | Type B Non-band specific | 01.05.2005      | 3            | T8        | N        | 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 (Anaes.)   | 158.3            |             |                   | 118.75           |                 |
| 36652    | Kidney and bladder | Type A Surgical          | 01.05.2001      | 3            | T8        | N        | PYELOSCOPY, retrograde, of one collecting system, with or without any one or more of, cystoscopy, ureteric meatotomy, ureteric dilatation, not being a service associated with a service to which item 36803, 36812 or 36824 applies (Anaes.) (Assist.)  | 686.95           |             |                   | 515.25           |                 |
| 36654    | Kidney and bladder | Type A Surgical          | 01.05.2001      | 3            | T8        | N        | PYELOSCOPY, retrograde, of one collecting system, being a service to which item 36652 applies, plus 1 or more of extraction of stone from the renal pelvis or calyces, or biopsy or diathermy of the renal pelvis or calyces, not being a service associated with a service to which item 36656 applies to a procedure performed in the same collecting system (Anaes.) (Assist.)  | 880.75           |             |                   | 660.6            |                 |
| 36656    | Kidney and bladder | Type A Advanced Surgical | 01.05.2001      | 3            | T8        | N        | 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, not being a service associated with a service to which item 36654 applies to a procedure performed in the same collecting system (Anaes.) (Assist.)  | 1127.25          |             |                   | 845.45           |                 |
| 36663    | Kidney and bladder | Type A Surgical          | 01.05.2010      | 3            | T8        | N        | 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.)  | 698.75           |             |                   | 524.1            | 605.55          |
| 36664    | Kidney and bladder | Type A Surgical          | 01.05.2010      | 3            | T8        | N        | 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.) | 627.5            |             |                   | 470.65           | 534.3           |
| 36665    | Kidney and bladder | Type B Band 1            | 01.05.2010      | 3            | T8        | N        | Sacral nerve electrode or electrodes, management and adjustment of the pulse generator by a medical practitioner, to manage detrusor overactivity or non obstructive urinary retention - each day  | 132.55           |             |                   | 99.45            | 112.7           |
| 36666    | Kidney and bladder | Type A Surgical          | 01.05.2010      | 3            | T8        | N        | 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.)   | 353.1            |             |                   | 264.85           | 300.15          |
| 36667    | Kidney and bladder | Type B Non-band specific | 01.05.2010      | 3            | T8        | N        | 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.)   | 165.25           |             |                   | 123.95           | 140.5           |

| MBS item | Clinical Category  | Procedure Type                               | Item Start Date | MBS Category | MBS Group | New Item | MBS Description  | MBS Schedule Fee | Derived Fee | Benefit 100% (\$) | Benefit 75% (\$) | Benefit 85 (\$) |
|----------|--------------------|--|-----------------|--------------|-----------|----------|--|------------------|-------------|-------------------|------------------|-----------------|
| 36668    | Kidney and bladder | Type B Non-band specific                     | 01.05.2010      | 3            | T8        | N        | 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.)   | 165.25           |             |                   | 123.95           | 140.5           |
| 36671    | Kidney and bladder | Type C                                       | 01.11.2018      | 3            | T8        | N        | 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. For each patient—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 for a service associated with a service to which item 36672 or 36673 applies | 211.45           |             |                   | 158.6            | 179.75          |
| 36672    | Kidney and bladder | Type C                                       | 01.11.2018      | 3            | T8        | N        | 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 for a service associated with a service to which item 36671 or 36673 applies  | 211.45           |             |                   | 158.6            | 179.75          |
| 36673    | Kidney and bladder | Type C                                       | 01.11.2018      | 3            | T8        | N        | 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 for service associated with a service to which item 36671 or 36672 applies  | 211.45           |             |                   | 158.6            | 179.75          |
| 36800    | Kidney and bladder | Type C                                       | 01.12.1991      | 3            | T8        | N        | BLADDER, catheterisation of, where no other procedure is performed (Anaes.)  | 29.15            |             |                   | 21.9             | 24.8            |
| 36803    | Kidney and bladder | Type A Surgical                              | 01.12.1991      | 3            | T8        | N        | Ureteroscopy, of one ureter, with or without any one or more of; cystoscopy, ureteric meatotomy or ureteric dilatation, not being a service associated with a service to which item 36652, 36654, 36656,36806, 36809, 36812, 36824 or 36848 applies (Anaes.) (Assist.)   | 493              |             |                   | 369.75           | 419.05          |
| 36806    | Kidney and bladder | Type A Surgical                              | 01.12.1991      | 3            | T8        | N        | 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 (Anaes.) (Assist.)   | 686.95           |             |                   | 515.25           |                 |
| 36809    | Kidney and bladder | Type A Surgical                              | 01.12.1991      | 3            | T8        | N        | 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, not being 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 (Anaes.) (Assist.)   | 880.75           |             |                   | 660.6            |                 |
| 36811    | Kidney and bladder | Type A Surgical                              | 01.05.1997      | 3            | T8        | N        | 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.)  | 341.9            |             |                   | 256.45           | 290.65          |
| 36812    | Kidney and bladder | Type B Non-band specific                     | 01.12.1991      | 3            | T8        | N        | Either or both of cystoscopy and urethroscopy, with or without urethral dilatation, other than a service associated with any other urological endoscopic procedure on the lower urinary tract (Anaes.)   | 176.25           |             |                   | 132.2            | 149.85          |
| 36815    | Kidney and bladder | Type B Non-band specific                     | 01.12.1991      | 3            | T8        | N        | CYSTOSCOPY, with or without urethroscopy, for the treatment of penile warts or urethral warts, not being a service associated with a service to which item 30189 applies (Anaes.)  | 251.5            |             |                   | 188.65           | 213.8           |
| 36818    | Kidney and bladder | Type A Surgical and Type B Non-band specific | 01.12.1991      | 3            | T8        | N        | 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.)  | 292.4            |             |                   | 219.3            | 248.55          |
| 36821    | Kidney and bladder | Type A Surgical and Type B Non-band specific | 01.12.1991      | 3            | T8        | N        | Cystoscopy with one or more of; ureteric dilatation, insertion of ureteric stent, or brush biopsy of ureter or renal pelvis, unilateral (Anaes.) (Assist.)   | 341.7            |             |                   | 256.3            | 290.45          |
| 36822    | Kidney and bladder | Type A Surgical and Type B Non-band specific | 01.11.2020      | 3            | T8        | N        | Cystoscopy, with ureteric catheterisation, unilateral: (a) guided by fluoroscopic 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.)   | 487.95           |             |                   | 366              | 414.8           |

| MBS item | Clinical Category  | Procedure Type                               | Item Start Date | MBS Category | MBS Group | New Item | MBS Description  | MBS Schedule Fee | Derived Fee | Benefit 100% (\$) | Benefit 75% (\$) | Benefit 85 (\$) |
|----------|--------------------|--|-----------------|--------------|-----------|----------|--|------------------|-------------|-------------------|------------------|-----------------|
| 36823    | Kidney and bladder | Type A Surgical and Type B Non-band specific | 01.11.2020      | 3            | T8        | N        | Cystoscopy, with removal of ureteric stent and ureteric catheterisation, unilateral: (a) guided by fluoroscopic imaging of the upper urinary tract; and (b) including either or both of the following: (i) ureteric dilatation; or (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.) | 561.05           |             |                   | 420.8            | 476.9           |
| 36824    | Kidney and bladder | Type B Non-band specific                     | 01.12.1991      | 3            | T8        | N        | Cystoscopy, with ureteric catheterisation, unilateral or bilateral, other than a service associated with a service to which item 36818 applies (Anaes.)  | 225.35           |             |                   | 169.05           | 191.55          |
| 36827    | Kidney and bladder | Type B Non-band specific                     | 01.12.1991      | 3            | T8        | N        | Cystoscopy, with controlled hydrodilatation of the bladder, other than a service associated with a service to which item 37011 or 37245 applies (Anaes.)   | 243.05           |             |                   | 182.3            | 206.6           |
| 36830    | Kidney and bladder | Type B Non-band specific                     | 01.12.1991      | 3            | T8        | N        | CYSTOSCOPY, with ureteric meatotomy (Anaes.)   | 214.9            |             |                   | 161.2            |                 |
| 36833    | Kidney and bladder | Type A Surgical and Type B Non-band specific | 01.12.1991      | 3            | T8        | N        | Cystoscopy, with removal of ureteric stent or other foreign body in the lower urinary tract, unilateral (Anaes.)   | 292.4            |             |                   | 219.3            | 248.55          |
| 36836    | Kidney and bladder | Type B Non-band specific                     | 01.12.1991      | 3            | T8        | N        | CYSTOSCOPY, with biopsy of bladder, not being a service associated with a service to which item 36812, 36830, 36840, 36845, 36848, 36854, 37203, 37206, 37215, 37230 or 37233 applies (Anaes.)   | 243.05           |             |                   | 182.3            | 206.6           |
| 36840    | Kidney and bladder | Type A Surgical and Type B Non-band specific | 01.05.2003      | 3            | T8        | N        | 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.)   | 341.7            |             |                   | 256.3            | 290.45          |
| 36842    | Kidney and bladder | Type A Surgical                              | 01.12.1991      | 3            | T8        | N        | 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 (Anaes.)   | 343.75           |             |                   | 257.85           |                 |
| 36845    | Kidney and bladder | Type A Surgical                              | 01.12.1991      | 3            | T8        | N        | Cystoscopy, with diathermy, resection or visual laser destruction of: (a) multiple tumours in 2 or more quadrants of the bladder; or (b) a solitary bladder tumour of more than 2 cm in diameter (Anaes.)  | 730.9            |             |                   | 548.2            | 637.7           |
| 36848    | Kidney and bladder | Unlisted                                     | 01.12.1991      | 3            | T8        | N        | CYSTOSCOPY, with resection of ureterocele (Anaes.)   | 243.05           |             |                   | 182.3            |                 |
| 36851    | Kidney and bladder | Unlisted                                     | 01.12.1991      | 3            | T8        | N        | Cystoscopy, with injection into bladder wall, other than a service associated with a service to which item 18375 or 18379 applies (H) (Anaes.)   | 243.05           |             |                   | 182.3            |                 |
| 36854    | Kidney and bladder | Type A Surgical                              | 01.12.1991      | 3            | T8        | N        | CYSTOSCOPY, with endoscopic incision or resection of external sphincter, bladder neck or both (Anaes.)   | 493              |             |                   | 369.75           |                 |
| 36860    | Kidney and bladder | Type B Non-band specific                     | 01.12.1991      | 3            | T8        | N        | ENDOSCOPIC EXAMINATION of intestinal conduit or reservoir (Anaes.)   | 176.25           |             |                   | 132.2            | 149.85          |
| 36863    | Kidney and bladder | Type A Surgical                              | 01.12.1991      | 3            | T8        | N        | Litholapaxy, with or without cystoscopy (Anaes.)   | 493              |             |                   | 369.75           |                 |
| 37000    | Kidney and bladder | Type A Surgical                              | 01.12.1991      | 3            | T8        | N        | BLADDER, partial excision of (Anaes.) (Assist.)  | 783.9            |             |                   | 587.95           |                 |
| 37004    | Kidney and bladder | Type A Surgical                              | 01.12.1991      | 3            | T8        | N        | BLADDER, repair of rupture (Anaes.) (Assist.)  | 686.95           |             |                   | 515.25           |                 |
| 37008    | Kidney and bladder | Type A Surgical                              | 01.12.1991      | 3            | T8        | N        | 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.)  | 440.25           |             |                   | 330.2            | 374.25          |
| 37011    | Kidney and bladder | Type B Non-band specific                     | 01.12.1991      | 3            | T8        | N        | Suprapubic stab cystotomy, other than a service associated with a service to which item 36827 applies (Anaes.)   | 98.65            |             |                   | 74               | 83.9            |
| 37014    | Kidney and bladder | Type A Advanced Surgical                     | 01.12.1991      | 3            | T8        | N        | BLADDER, total excision of (Anaes.) (Assist.)  | 1127.25          |             |                   | 845.45           |                 |
| 37015    | Kidney and bladder | Type A Advanced Surgical                     | 01.11.2020      | 3            | T8        | N        | Bladder, total excision of, following previous open, laparoscopic or robot-assisted surgery, or radiation therapy or chemotherapy to the pelvis (Anaes.) (Assist.)   | 1352.7           |             |                   | 1014.55          |                 |
| 37016    | Kidney and bladder | Type A Advanced Surgical                     | 01.11.2020      | 3            | T8        | N        | Cystectomy, including prostatectomy and pelvic lymph node dissection, other than a service associated with a service to which items 37000, 37014, 37015, 37209, 35551 or 36502 applies (Anaes.) (Assist.)  | 2109.25          |             |                   | 1581.95          |                 |
| 37018    | Kidney and bladder | Type A Advanced Surgical                     | 01.11.2020      | 3            | T8        | N        | 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 items 37000, 37014, 37015, 37016, 37209, 35551 or 36502 applies (Anaes.) (Assist.)  | 3164             |             |                   | 2373             |                 |
| 37019    | Kidney and bladder | Type A Advanced Surgical                     | 01.11.2020      | 3            | T8        | N        | 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 (Anaes.) (Assist.)  | 2106.9           |             |                   | 1580.2           |                 |
| 37020    | Kidney and bladder | Type A Surgical                              | 01.12.1991      | 3            | T8        | N        | BLADDER DIVERTICULUM, excision or obliteration of (Anaes.) (Assist.)   | 783.9            |             |                   | 587.95           |                 |
| 37021    | Kidney and bladder | Type A Advanced Surgical                     | 01.11.2020      | 3            | T8        | N        | Cystectomy, including anterior exenteration and pelvic lymph node dissection, following previous open, laparoscopic or robot-assisted surgery, 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 (Anaes.) (Assist.)   | 3160.3           |             |                   | 2370.25          |                 |
| 37023    | Kidney and bladder | Type A Surgical                              | 01.12.1991      | 3            | T8        | N        | VESICAL FISTULA, cutaneous, operation for (Anaes.)   | 440.25           |             |                   | 330.2            |                 |
| 37026    | Kidney and bladder | Type A Surgical                              | 01.12.1991      | 3            | T8        | N        | CUTANEOUS VESICOSTOMY, establishment of (Anaes.) (Assist.)   | 440.25           |             |                   | 330.2            |                 |
| 37029    | Kidney and bladder | Type A Advanced Surgical                     | 01.12.1991      | 3            | T8        | N        | VESICOVAGINAL FISTULA, closure of, by abdominal approach (Anaes.) (Assist.)  | 977.6            |             |                   | 733.2            |                 |
| 37038    | Kidney and bladder | Type A Surgical                              | 01.12.1991      | 3            | T8        | N        | VESICOINTESTINAL FISTULA, closure of, excluding bowel resection (Anaes.) (Assist.)   | 731.25           |             |                   | 548.45           |                 |
| 37039    | Kidney and bladder | Type A Surgical                              | 01.11.2020      | 3            | T8        | N        | Bladder stress incontinence, sling procedure for, using a non-autologous biological sling (Anaes.) (Assist.)   | 713.1            |             |                   | 534.85           |                 |

| MBS item | Clinical Category        | Procedure Type           | Item Start Date | MBS Category | MBS Group | New Item | MBS Description   | MBS Schedule Fee | Derived Fee | Benefit 100% (\$) | Benefit 75% (\$) | Benefit 85 (\$) |
|----------|--------------------------|--------------------------|-----------------|--------------|-----------|----------|---|------------------|-------------|-------------------|------------------|-----------------|
| 37040    | Kidney and bladder       | Type A Advanced Surgical | 01.05.2016      | 3            | T8        | N        | 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.)   | 963.4            |             |                   | 722.55           |                 |
| 37041    | Kidney and bladder       | Type C                   | 01.12.1991      | 3            | T8        | N        | BLADDER ASPIRATION by needle  | 49.3             |             |                   | 37               | 41.95           |
| 37042    | Kidney and bladder       | Type A Advanced Surgical | 01.05.2001      | 3            | T8        | N        | 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.)   | 963.4            |             |                   | 722.55           |                 |
| 37044    | Kidney and bladder       | Type A Surgical          | 01.12.1991      | 3            | T8        | N        | 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.)  | 819.4            |             |                   | 614.55           |                 |
| 37045    | Kidney and bladder       | Type A Advanced Surgical | 01.05.1997      | 3            | T8        | N        | CONTINENT CATHETERISATION BLADDER STOMAS (eg. Mitrofanoff), formation of (Anaes.) (Assist.)   | 1510.4           |             |                   | 1132.8           |                 |
| 37046    | Kidney and bladder       | Type A Surgical          | 01.11.2020      | 3            | T8        | N        | 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 (Anaes.) (Assist.)  | 732.05           |             |                   | 549.05           |                 |
| 37047    | Kidney and bladder       | Type A Advanced Surgical | 01.12.1991      | 3            | T8        | N        | BLADDER ENLARGEMENT using intestine (Anaes.) (Assist.)  | 1761.3           |             |                   | 1321             |                 |
| 37048    | Kidney and bladder       | Type A Advanced Surgical | 01.11.2020      | 3            | T8        | N        | Bladder neck closure for the management of urinary incontinence (Anaes.) (Assist.)  | 977.6            |             |                   | 733.2            |                 |
| 37050    | Kidney and bladder       | Type A Surgical          | 01.12.1991      | 3            | T8        | N        | BLADDER EXSTROPHY CLOSURE, not involving sphincter reconstruction (Anaes.) (Assist.)  | 783.9            |             |                   | 587.95           |                 |
| 37053    | Kidney and bladder       | Type A Advanced Surgical | 01.12.1991      | 3            | T8        | N        | BLADDER TRANSECTION AND RE-ANASTOMOSIS TO TRIGONE (Anaes.) (Assist.)  | 905.65           |             |                   | 679.25           |                 |
| 37200    | Male reproductive system | Type A Advanced Surgical | 01.12.1991      | 3            | T8        | N        | Prostatectomy, by open, laparoscopic or robot-assisted approach (Anaes.) (Assist.)  | 1074.4           |             |                   | 805.8            |                 |
| 37201    | Male reproductive system | Type A Surgical          | 01.11.2002      | 3            | T8        | N        | PROSTATE, transurethral radio-frequency needle ablation of, with or without cystoscopy and with or without urethrosocopy, 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 services to which item 36854, 37203, 37206, 37207, 37208, 37245, 37303, 37321 or 37324 applies (Anaes.)   | 876.25           |             |                   | 657.2            |                 |
| 37202    | Male reproductive system | Type A Surgical          | 01.11.2002      | 3            | T8        | N        | PROSTATE, transurethral radio-frequency needle ablation of, with or without cystoscopy and with or without urethrosocopy, 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 services 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.) | 439.85           |             |                   | 329.9            | 373.9           |
| 37203    | Male reproductive system | Type A Advanced Surgical | 01.12.1991      | 3            | T8        | N        | Prostatectomy, transurethral resection using cautery, with or without cystoscopy and with or without urethrosocopy, and including services to which item 36854, 37201, 37202, 37207, 37208, 37245, 37303, 37321 or 37324 applies (Anaes.)   | 1101.7           |             |                   | 826.3            |                 |
| 37206    | Male reproductive system | Type A Surgical          | 01.12.1991      | 3            | T8        | N        | Prostatectomy, endoscopic, using diathermy or other ablative techniques: (a) with or without cystoscopy and with or without urethrosocopy; 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 (Anaes.)  | 590.05           |             |                   | 442.55           |                 |
| 37207    | Male reproductive system | Type A Advanced Surgical | 01.07.1995      | 3            | T8        | N        | PROSTATE, endoscopic non-contact (side firing) visual laser ablation, with or without cystoscopy and with or without urethrosocopy, and including services to which items 36854, 37201, 37202, 37203, 37206, 37245, 37303, 37321 or 37324 applies (Anaes.)  | 1101.7           |             |                   | 826.3            |                 |
| 37208    | Male reproductive system | Type A Surgical          | 01.07.1995      | 3            | T8        | N        | PROSTATE, endoscopic non-contact (side firing) visual laser ablation, with or without cystoscopy and with or without urethrosocopy, and including services to which item 36854, 37303, 37321 or 37324 applies, continuation of, within 10 days of the procedure described by items 37201, 37203, 37207 or 37245 which had to be discontinued for medical reasons (Anaes.)   | 590.05           |             |                   | 442.55           |                 |
| 37209    | Male reproductive system | Type A Advanced Surgical | 01.12.1991      | 3            | T8        | N        | PROSTATE, and/or SEMINAL VESICLE/AMPULLA OF VAS, unilateral or bilateral, total excision of, not being a service associated with a service to which item number 37210 or 37211 applies (Anaes.) (Assist.)   | 1364.95          |             |                   | 1023.75          |                 |
| 37210    | Male reproductive system | Type A Advanced Surgical | 01.11.1997      | 3            | T8        | N        | 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 (Anaes.) (Assist.)   | 1684.55          |             |                   | 1263.45          |                 |
| 37211    | Male reproductive system | Type A Advanced Surgical | 01.11.1997      | 3            | T8        | N        | 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 (Anaes.) (Assist.)   | 2045.8           |             |                   | 1534.35          |                 |
| 37213    | Male reproductive system | Type A Advanced Surgical | 01.11.2020      | 3            | T8        | N        | 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 (Anaes.) (Assist.)   | 2526.65          |             |                   | 1895             |                 |

| MBS item | Clinical Category        | Procedure Type                               | Item Start Date | MBS Category | MBS Group | New Item | MBS Description   | MBS Schedule Fee | Derived Fee | Benefit 100% (\$) | Benefit 75% (\$) | Benefit 85 (\$) |
|----------|--------------------------|--|-----------------|--------------|-----------|----------|---|------------------|-------------|-------------------|------------------|-----------------|
| 37214    | Male reproductive system | Type A Advanced Surgical                     | 01.11.2020      | 3            | T8        | N        | 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 (Anaes.) (Assist.)  | 3069             |             |                   | 2301.75          |                 |
| 37215    | Male reproductive system | Type A Surgical and Type B Non-band specific | 01.12.1991      | 3            | T8        | N        | Prostate, biopsy of, endoscopic, with or without cystoscopy (Anaes.)  | 440.25           |             |                   | 330.2            | 374.25          |
| 37216    | Male reproductive system | Type B Non-band specific                     | 01.11.2020      | 3            | T8        | N        | 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.)  | 148.5            |             |                   | 111.4            | 126.25          |
| 37217    | Male reproductive system | Type B Non-band specific                     | 01.07.2011      | 3            | T8        | N        | 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.)   | 146.2            |             |                   | 109.65           | 124.3           |
| 37218    | Male reproductive system | Type B Non-band specific                     | 01.12.1991      | 3            | T8        | N        | Prostate, injection into, one or more, excluding insertion of fiduciary markers (Anaes.)  | 146.2            |             |                   | 109.65           | 124.3           |
| 37219    | Male reproductive system | Type B Non-band specific                     | 01.05.1994      | 3            | T8        | N        | 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.)   | 356.35           |             |                   | 267.3            | 302.9           |
| 37220    | Male reproductive system | Type A Advanced Surgical                     | 01.11.2001      | 3            | T8        | N        | 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 (Anaes.) | 1103.9           |             |                   | 827.95           |                 |
| 37221    | Male reproductive system | Type A Surgical                              | 01.12.1991      | 3            | T8        | N        | Prostatic abscess, endoscopic drainage of (Anaes.)  | 493              |             |                   | 369.75           |                 |
| 37223    | Male reproductive system | Unlisted                                     | 01.05.1997      | 3            | T8        | N        | PROSTATIC COIL, insertion of, under ultrasound control (Anaes.)   | 218.05           |             |                   | 163.55           |                 |
| 37224    | Male reproductive system | Type A Surgical                              | 01.05.2003      | 3            | T8        | N        | Prostate, diathermy or cauterisation, other than a service associated with a service to which item 37201, 37202, 37203, 37206, 37207, 37208 or 37215 applies (Anaes.)   | 341.7            |             |                   | 256.3            | 290.45          |
| 37226    | Male reproductive system | Type B Non-band specific                     | 01.05.2020      | 3            | T8        | N        | Prostate or prostatic bed, needle biopsy of, using prostatic magnetic resonance imaging techniques and obtaining 1 or more prostatic specimens. (Anaes.) (Anaes.)   | 296.95           |             |                   | 222.75           | 252.45          |
| 37227    | Male reproductive system | Type A Surgical                              | 01.11.2006      | 3            | T8        | N        | PROSTATE, transperineal insertion of catheters into, for high dose rate brachytherapy using ultrasound guidance including any associated cystoscopy. The procedure must be performed at an approved site in association with a radiation oncologist, and be associated with a service to which item 15331 or 15332 applies. (Anaes.)  | 598.15           |             |                   | 448.65           | 508.45          |
| 37230    | Male reproductive system | Type A Advanced Surgical                     | 01.05.2006      | 3            | T8        | N        | Prostate, ablation by electrocautery or high-energy transurethral microwave thermotherapy, with or without cystoscopy and with or without urethroscopy (Anaes.)   | 1101.7           |             |                   | 826.3            | 1008.5          |
| 37233    | Male reproductive system | Type A Surgical                              | 01.05.2006      | 3            | T8        | N        | 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.)  | 590.05           |             |                   | 442.55           | 501.55          |
| 37245    | Male reproductive system | Type A Advanced Surgical                     | 01.03.2013      | 3            | T8        | N        | 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; and 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 (Anaes.)  | 1334.3           |             |                   | 1000.75          |                 |
| 37300    | Kidney and bladder       | Type C                                       | 01.12.1991      | 3            | T8        | N        | URETHRAL SOUNDS, passage of, as an independent procedure (Anaes.)   | 49.3             |             |                   | 37               | 41.95           |
| 37303    | Kidney and bladder       | Type C                                       | 01.12.1991      | 3            | T8        | N        | URETHRAL STRICTURE, dilatation of (Anaes.)  | 78.35            |             |                   | 58.8             | 66.6            |
| 37306    | Kidney and bladder       | Type A Surgical                              | 01.12.1991      | 3            | T8        | N        | URETHRA, repair of rupture of distal section (Anaes.) (Assist.)   | 686.95           |             |                   | 515.25           |                 |
| 37309    | Kidney and bladder       | Type A Advanced Surgical                     | 01.12.1991      | 3            | T8        | N        | URETHRA, repair of rupture of prostatic or membranous segment (Anaes.) (Assist.)  | 977.6            |             |                   | 733.2            |                 |
| 37318    | Kidney and bladder       | Type A Surgical and Type B Non-band specific | 01.12.1991      | 3            | T8        | N        | 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.)  | 292.4            |             |                   | 219.3            | 248.55          |
| 37321    | Kidney and bladder       | Type B Non-band specific                     | 01.12.1991      | 3            | T8        | N        | URETHRAL MEATOTOMY, EXTERNAL (Anaes.)   | 98.65            |             |                   | 74               | 83.9            |
| 37324    | Kidney and bladder       | Type B Non-band specific                     | 01.12.1991      | 3            | T8        | N        | Urethrotomy or urethrostomy, internal or external (Anaes.) (Assist.)  | 243.05           |             |                   | 182.3            |                 |
| 37327    | Kidney and bladder       | Type A Surgical                              | 01.12.1991      | 3            | T8        | N        | URETHROTOMY, optical, for urethral stricture (Anaes.) (Assist.)   | 341.7            |             |                   | 256.3            |                 |
| 37330    | Kidney and bladder       | Type A Surgical                              | 01.12.1991      | 3            | T8        | N        | URETHRECTOMY, partial or complete, for removal of tumour (Anaes.) (Assist.)   | 686.95           |             |                   | 515.25           |                 |

| MBS item | Clinical Category        | Procedure Type                               | Item Start Date | MBS Category | MBS Group | New Item | MBS Description  | MBS Schedule Fee | Derived Fee | Benefit 100% (\$) | Benefit 75% (\$) | Benefit 85 (\$) |
|----------|--------------------------|--|-----------------|--------------|-----------|----------|--|------------------|-------------|-------------------|------------------|-----------------|
| 37333    | Kidney and bladder       | Type A Surgical                              | 01.12.1991      | 3            | T8        | N        | URETHROVAGINAL FISTULA, closure of (Anaes.) (Assist.)  | 590.05           |             |                   | 442.55           |                 |
| 37336    | Kidney and bladder       | Type A Surgical                              | 01.12.1991      | 3            | T8        | N        | URETHRORECTAL FISTULA, closure of (Anaes.) (Assist.)   | 783.9            |             |                   | 587.95           |                 |
| 37338    | Kidney and bladder       | Type A Advanced Surgical                     | 01.05.2016      | 3            | T8        | N        | 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 (Anaes.) (Assist.)  | 963.4            |             |                   | 722.55           |                 |
| 37339    | Kidney and bladder       | Type B Non-band specific                     | 01.12.1991      | 3            | T8        | N        | 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.)  | 253.6            |             |                   | 190.2            | 215.6           |
| 37340    | Kidney and bladder       | Type A Advanced Surgical                     | 01.05.2001      | 3            | T8        | N        | 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 (Anaes.) (Assist.)   | 963.4            |             |                   | 722.55           |                 |
| 37341    | Kidney and bladder       | Type A Advanced Surgical                     | 01.05.2001      | 3            | T8        | N        | 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 (Anaes.) (Assist.) | 963.4            |             |                   | 722.55           |                 |
| 37342    | Kidney and bladder       | Type A Surgical                              | 01.12.1991      | 3            | T8        | N        | URETHROPLASTYsingle stage operation (Anaes.) (Assist.)   | 880.75           |             |                   | 660.6            |                 |
| 37343    | Kidney and bladder       | Type A Advanced Surgical                     | 01.05.2001      | 3            | T8        | N        | 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 (Anaes.) (Assist.)   | 1470.65          |             |                   | 1103             |                 |
| 37344    | Kidney and bladder       | Type A Advanced Surgical                     | 01.11.2020      | 3            | T8        | N        | 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 (Anaes.) (Assist.)   | 963.4            |             |                   | 722.55           |                 |
| 37345    | Kidney and bladder       | Type A Surgical                              | 01.12.1991      | 3            | T8        | N        | URETHROPLASTY2 stage operationfirst stage (Anaes.) (Assist.)   | 730.9            |             |                   | 548.2            |                 |
| 37348    | Kidney and bladder       | Type A Surgical                              | 01.12.1991      | 3            | T8        | N        | URETHROPLASTY2 stage operationsecond stage (Anaes.) (Assist.)  | 730.9            |             |                   | 548.2            |                 |
| 37351    | Kidney and bladder       | Type A Surgical                              | 01.12.1991      | 3            | T8        | N        | URETHROPLASTY, not being a service to which another item in this Group applies (Anaes.) (Assist.)  | 292.4            |             |                   | 219.3            |                 |
| 37354    | Kidney and bladder       | Type A Surgical and Type B Non-band specific | 01.12.1991      | 3            | T8        | N        | HYPOSPADIAS, meatotomy and hemircircumcision (Anaes.) (Assist.)  | 341.7            |             |                   | 256.3            |                 |
| 37369    | Kidney and bladder       | Type B Non-band specific                     | 01.12.1991      | 3            | T8        | N        | URETHRA, excision of prolapse of (Anaes.)  | 197.3            |             |                   | 148              |                 |
| 37372    | Kidney and bladder       | Type A Advanced Surgical                     | 01.12.1991      | 3            | T8        | N        | Urethral diverticulum, excision of (Anaes.) (Assist.)  | 977.6            |             |                   | 733.2            |                 |
| 37375    | Kidney and bladder       | Type A Advanced Surgical                     | 01.12.1991      | 3            | T8        | N        | URETHRAL SPHINCTER, reconstruction by bladder tubularisation technique or similar procedure (Anaes.) (Assist.)   | 1224.1           |             |                   | 918.1            |                 |
| 37381    | Kidney and bladder       | Type A Surgical                              | 01.12.1991      | 3            | T8        | N        | ARTIFICIAL URINARY SPHINCTER, insertion of cuff, perineal approach (Anaes.) (Assist.)  | 783.9            |             |                   | 587.95           |                 |
| 37384    | Kidney and bladder       | Type A Advanced Surgical                     | 01.12.1991      | 3            | T8        | N        | ARTIFICIAL URINARY SPHINCTER, insertion of cuff, abdominal approach (Anaes.) (Assist.)   | 1224.1           |             |                   | 918.1            |                 |
| 37387    | Kidney and bladder       | Type A Surgical                              | 01.12.1991      | 3            | T8        | N        | ARTIFICIAL URINARY SPHINCTER, insertion of pressure regulating balloon and pump (Anaes.) (Assist.)   | 341.7            |             |                   | 256.3            |                 |
| 37388    | Kidney and bladder       | Type C                                       | 01.11.2020      | 3            | T8        | N        | Artificial urinary sphincter, sterile, percutaneous adjustment of filling volume   | 103.55           |             |                   | 77.7             | 88.05           |
| 37390    | Kidney and bladder       | Type A Advanced Surgical                     | 01.12.1991      | 3            | T8        | N        | ARTIFICIAL URINARY SPHINCTER, revision or removal of, with or without replacement (Anaes.) (Assist.)   | 977.6            |             |                   | 733.2            |                 |
| 37393    | Male reproductive system | Unlisted                                     | 01.12.1991      | 3            | T8        | N        | PRIAPISM, decompression by glanular stab cavernospongiosum shunt or penile aspiration with or without lavage (Anaes.)  | 243.05           |             |                   | 182.3            | 206.6           |
| 37396    | Male reproductive system | Type A Surgical                              | 01.12.1991      | 3            | T8        | N        | PRIAPISM, shunt operation for, not being a service to which item 37393 applies (Anaes.) (Assist.)  | 783.9            |             |                   | 587.95           |                 |
| 37402    | Male reproductive system | Type A Surgical                              | 01.12.1991      | 3            | T8        | N        | PENIS, partial amputation of (Anaes.) (Assist.)  | 493              |             |                   | 369.75           |                 |
| 37405    | Male reproductive system | Type A Advanced Surgical                     | 01.12.1991      | 3            | T8        | N        | PENIS, complete or radical amputation of (Anaes.) (Assist.)  | 977.6            |             |                   | 733.2            |                 |
| 37408    | Male reproductive system | Type A Surgical                              | 01.12.1991      | 3            | T8        | N        | PENIS, repair of laceration of cavernous tissue, or fracture involving cavernous tissue (Anaes.) (Assist.)   | 493              |             |                   | 369.75           |                 |
| 37411    | Male reproductive system | Type A Advanced Surgical                     | 01.12.1991      | 3            | T8        | N        | PENIS, repair of avulsion (Anaes.) (Assist.)   | 977.6            |             |                   | 733.2            | 884.4           |
| 37415    | Male reproductive system | Type C                                       | 01.07.1996      | 3            | T8        | N        | Penis, injection of, for the investigation and treatment of erectile dysfunction. Applicable not more than twice in a 36-month period  | 49.3             |             |                   | 37               | 41.95           |

| MBS item | Clinical Category              | Procedure Type                               | Item Start Date | MBS Category | MBS Group | New Item | MBS Description   | MBS Schedule Fee | Derived Fee | Benefit 100% (\$) | Benefit 75% (\$) | Benefit 85 (\$) |
|----------|--------------------------------|--|-----------------|--------------|-----------|----------|---|------------------|-------------|-------------------|------------------|-----------------|
| 37417    | Male reproductive system       | Type A Surgical                              | 01.12.1991      | 3            | T8        | N        | Penis, correction of chordee by plication techniques including Nesbit's corporoplasty (Anaes.) (Assist.)  | 590.05           |             |                   | 442.55           |                 |
| 37418    | Male reproductive system       | Type A Surgical                              | 01.05.2001      | 3            | T8        | N        | 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 and urethra (Anaes.) (Assist.)  | 783.9            |             |                   | 587.95           | 690.7           |
| 37423    | Male reproductive system       | Type A Advanced Surgical                     | 01.12.1991      | 3            | T8        | N        | Penis, lengthening by translocation of corpora, in conjunction with partial penectomy or penile epispadias secondary repair, either as primary or secondary procedures (Anaes.) (Assist.)   | 977.6            |             |                   | 733.2            |                 |
| 37426    | Male reproductive system       | Type A Advanced Surgical                     | 01.12.1991      | 3            | T8        | N        | PENIS, artificial erection device, insertion of, into 1 or both corpora (Anaes.) (Assist.)  | 1030.25          |             |                   | 772.7            |                 |
| 37429    | Male reproductive system       | Type A Surgical                              | 01.12.1991      | 3            | T8        | N        | PENIS, artificial erection device, insertion of pump and pressure regulating reservoir (Anaes.) (Assist.)   | 341.7            |             |                   | 256.3            |                 |
| 37432    | Male reproductive system       | Type A Advanced Surgical                     | 01.12.1991      | 3            | T8        | N        | PENIS, artificial erection device, complete or partial revision or removal of components, with or without replacement (Anaes.) (Assist.)  | 977.6            |             |                   | 733.2            |                 |
| 37435    | Male reproductive system       | Type B Non-band specific                     | 01.12.1991      | 3            | T8        | N        | PENIS, frenuloplasty as an independent procedure (Anaes.)   | 98.65            |             |                   | 74               | 83.9            |
| 37438    | Male reproductive system       | Type A Surgical                              | 01.12.1991      | 3            | T8        | N        | Scrotum, partial excision of, for histologically proven malignancy or infection (Anaes.) (Assist.)  | 292.4            |             |                   | 219.3            | 248.55          |
| 37601    | Male reproductive system       | Type A Surgical                              | 01.12.1991      | 3            | T8        | N        | SPERMATOCELE OR EPIDIDYMAL CYST, excision of, 1 or more of, on 1 side (Anaes.)  | 292.4            |             |                   | 219.3            | 248.55          |
| 37604    | Male reproductive system       | Type A Surgical                              | 01.12.1991      | 3            | T8        | N        | 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.)   | 292.4            |             |                   | 219.3            | 248.55          |
| 37605    | Assisted reproductive services | Type A Surgical                              | 01.05.2007      | 3            | T8        | N        | Transcutaneous sperm retrieval, unilateral, from either the testis or the epididymis, for the purposes of intracytoplasmic sperm injection, for male factor infertility, excluding a service to which item 13218 applies. (Anaes.)  | 394.8            |             |                   | 296.1            | 335.6           |
| 37606    | Assisted reproductive services | Type A Surgical                              | 01.05.2007      | 3            | T8        | N        | Open surgical sperm retrieval, unilateral, including the exploration of scrotal contents, with our without biopsy, for the purposes of intracytoplasmic sperm injection, for male factor infertility, performed in a hospital, excluding a service to which item 13218 or 37604 applies. (Anaes.)                                       | 586.25           |             |                   | 439.7            | 498.35          |
| 37607    | Male reproductive system       | Type A Advanced Surgical                     | 01.12.1991      | 3            | T8        | N        | Bilateral retroperitoneal lymph node dissection, for testicular tumour, other than a service associated with a service to which item 30390 or 30627 applies (Anaes.) (Assist.)  | 1466.35          |             |                   | 1099.8           |                 |
| 37610    | Male reproductive system       | Type A Advanced Surgical                     | 01.12.1991      | 3            | T8        | N        | 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 (Anaes.) (Assist.)  | 2206.05          |             |                   | 1654.55          |                 |
| 37613    | Male reproductive system       | Type A Surgical                              | 01.12.1991      | 3            | T8        | N        | EPIDIDYMECTOMY (Anaes.)   | 292.4            |             |                   | 219.3            | 248.55          |
| 37616    | Male reproductive system       | Type A Surgical                              | 01.12.1991      | 3            | T8        | N        | VASOVASOSTOMY or VASOEPIDIDYMOSTOMY, unilateral, using operating microscope, not being a service associated with sperm harvesting for IVF (Anaes.) (Assist.)  | 730.9            |             |                   | 548.2            |                 |
| 37619    | Male reproductive system       | Type A Surgical                              | 01.12.1991      | 3            | T8        | N        | VASOVASOSTOMY or VASOEPIDIDYMOSTOMY, unilateral, not being a service associated with sperm harvesting for IVF (Anaes.) (Assist.)  | 292.4            |             |                   | 219.3            | 248.55          |
| 37623    | Male reproductive system       | Type B Non-band specific                     | 01.12.1991      | 3            | T8        | N        | VASOTOMY OR VASECTOMY, unilateral or bilateral NOTE:Strict legal requirements apply in relation to sterilisation procedures on minors.Medicare benefits are not payable for services not rendered in accordance with relevant Commonwealth and State and Territory law.Observe the explanatory note before submitting a claim. (Anaes.) | 243.05           |             |                   | 182.3            | 206.6           |
| 37800    | Kidney and bladder             | Type A Surgical                              | 01.11.1994      | 3            | T8        | N        | PATENT URACHUS, excision of, on a patient 10 years of age or over. (Anaes.) (Assist.)   | 551.1            |             |                   | 413.35           |                 |
| 37801    | Kidney and bladder             | Type A Surgical                              | 01.09.2015      | 3            | T8        | N        | PATENT URACHUS, excision of, when performed on a patient under 10 years of age (Anaes.) (Assist.)   | 716.45           |             |                   | 537.35           |                 |
| 37803    | Male reproductive system       | Type A Surgical and Type B Non-band specific | 01.11.1994      | 3            | T8        | N        | UNDESCENDED TESTIS, orchidopexy for, not being a service to which item 37806 applies, on a patient 10 years of age or over. (Anaes.) (Assist.)  | 551.1            |             |                   | 413.35           |                 |
| 37804    | Male reproductive system       | Type A Surgical                              | 01.09.2015      | 3            | T8        | N        | UNDESCENDED TESTIS, orchidopexy for, not being a service to which item 37807 applies, on a patient under 10 years of age (Anaes.) (Assist.)   | 716.45           |             |                   | 537.35           |                 |
| 37806    | Male reproductive system       | Type A Surgical and Type B Non-band specific | 01.11.1994      | 3            | T8        | N        | 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.)   | 636.75           |             |                   | 477.6            | 543.55          |
| 37807    | Male reproductive system       | Type A Surgical                              | 01.09.2015      | 3            | T8        | N        | 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.)   | 827.75           |             |                   | 620.85           | 734.55          |
| 37809    | Male reproductive system       | Type A Surgical and Type B Non-band specific | 01.11.1994      | 3            | T8        | N        | UNDESCENDED TESTIS, revision orchidopexy for, on a patient 10 years of age or over. (Anaes.) (Assist.)  | 636.75           |             |                   | 477.6            |                 |

| MBS item | Clinical Category         | Procedure Type                               | Item Start Date | MBS Category | MBS Group | New Item | MBS Description  | MBS Schedule Fee | Derived Fee | Benefit 100% (\$) | Benefit 75% (\$) | Benefit 85 (\$) |
|----------|---------------------------|--|-----------------|--------------|-----------|----------|--|------------------|-------------|-------------------|------------------|-----------------|
| 37810    | Male reproductive system  | Type A Surgical                              | 01.09.2015      | 3            | T8        | N        | UNDESCENDED TESTIS, revision orchidopexy for, on a patient under 10 years of age (Anaes.) (Assist.)  | 827.75           |             |                   | 620.85           |                 |
| 37812    | Male reproductive system  | Type A Surgical and Type B Non-band specific | 01.11.1994      | 3            | T8        | N        | IMPALPABLE TESTIS, exploration of groin for, not being a service associated with a service to which items 37803, 37806 and 37809 applies, on a patient 10 years of age or over. (Anaes.) (Assist.)   | 587.75           |             |                   | 440.85           |                 |
| 37813    | Male reproductive system  | Type A Surgical                              | 01.09.2015      | 3            | T8        | N        | IMPALPABLE TESTIS, exploration of groin for, not being a service associated with a service to which items 37804, 37807 and 37810 applies, on a patient under 10 years of age (Anaes.) (Assist.)  | 764.1            |             |                   | 573.1            |                 |
| 37815    | Male reproductive system  | Type B Non-band specific                     | 01.11.1994      | 3            | T8        | N        | HYPOSPADIAS, examination under anaesthesia with erection test on a patient 10 years of age or over. (Anaes.)   | 98.05            |             |                   | 73.55            |                 |
| 37816    | Male reproductive system  | Type B Non-band specific                     | 01.09.2015      | 3            | T8        | N        | HYPOSPADIAS, examination under anaesthesia with erection test, on apatient under 10 years of age (Anaes.)  | 127.5            |             |                   | 95.65            |                 |
| 37818    | Male reproductive system  | Type A Surgical                              | 01.11.1994      | 3            | T8        | N        | HYPOSPADIAS, glanuloplasty incorporating meatal advancement, on a patient 10 years of age or over (Anaes.) (Assist.)   | 519.55           |             |                   | 389.7            | 441.65          |
| 37819    | Male reproductive system  | Type A Surgical                              | 01.09.2015      | 3            | T8        | N        | HYPOSPADIAS, glanuloplasty incorporating meatal advancement, on a patient under 10 years of age (Anaes.) (Assist.)   | 675.45           |             |                   | 506.6            | 582.25          |
| 37821    | Male reproductive system  | Type A Surgical                              | 01.11.1994      | 3            | T8        | N        | HYPOSPADIAS, distal, 1 stage repair, on a patient 10 years of age or over. (Anaes.) (Assist.)  | 880.75           |             |                   | 660.6            |                 |
| 37822    | Male reproductive system  | Type A Surgical                              | 01.09.2015      | 3            | T8        | N        | HYPOSPADIAS, distal, 1 stage repair, on a patient under 10 years of age (Anaes.) (Assist.)   | 1145             |             |                   | 858.75           |                 |
| 37824    | Male reproductive system  | Type A Advanced Surgical                     | 01.11.1994      | 3            | T8        | N        | HYPOSPADIAS, proximal, 1 stage repair, on a patient 10 years of age or over (Anaes.) (Assist.)   | 1224.55          |             |                   | 918.45           |                 |
| 37825    | Male reproductive system  | Type A Advanced Surgical                     | 01.09.2015      | 3            | T8        | N        | HYPOSPADIAS, proximal, 1 stage repair, on a patient under 10 years of age (Anaes.) (Assist.)   | 1591.9           |             |                   | 1193.95          |                 |
| 37827    | Male reproductive system  | Type A Surgical                              | 01.11.1994      | 3            | T8        | N        | HYPOSPADIAS, staged repair, first stage, on a patient 10 years of age or over (Anaes.) (Assist.)   | 564.15           |             |                   | 423.15           |                 |
| 37828    | Male reproductive system  | Type A Surgical                              | 01.09.2015      | 3            | T8        | N        | HYPOSPADIAS, staged repair, first stage, on a patient under 10 years of age (Anaes.) (Assist.)   | 733.35           |             |                   | 550.05           |                 |
| 37830    | Male reproductive system  | Type A Surgical                              | 01.11.1994      | 3            | T8        | N        | HYPOSPADIAS, staged repair, second stage, on a patient 10 years of age or over (Anaes.) (Assist.)  | 730.9            |             |                   | 548.2            | 637.7           |
| 37831    | Male reproductive system  | Type A Advanced Surgical                     | 01.11.2015      | 3            | T8        | N        | HYPOSPADIAS, staged repair, second stage, on a patient under 10 years of age (Anaes.) (Assist.)  | 950.3            |             |                   | 712.75           | 857.1           |
| 37833    | Male reproductive system  | Type A Surgical                              | 01.11.1994      | 3            | T8        | N        | Hypospadias, repair of urethral fistula, on apatient 10 years of age or over (Anaes.) (Assist.)  | 348.85           |             |                   | 261.65           |                 |
| 37834    | Male reproductive system  | Type A Surgical                              | 01.09.2015      | 3            | T8        | N        | Hypospadias, repair of urethral fistula, on a patient under 10 years of age (Anaes.) (Assist.)   | 453.5            |             |                   | 340.15           |                 |
| 37836    | Male reproductive system  | Type A Surgical                              | 01.11.1994      | 3            | T8        | N        | EPISPADIAS, staged repair, first stage (Anaes.) (Assist.)  | 734.7            |             |                   | 551.05           |                 |
| 37839    | Male reproductive system  | Type A Surgical                              | 01.11.1994      | 3            | T8        | N        | EPISPADIAS, staged repair, second stage (Anaes.) (Assist.)   | 832.6            |             |                   | 624.45           |                 |
| 37842    | Kidney and bladder        | Type A Advanced Surgical                     | 01.11.1994      | 3            | T8        | N        | Exstrophy of bladder or epispadias, primary or secondary repair with or without bladder neck tightening, with or without ureteric reimplantation (Anaes.) (Assist.)  | 1616.5           |             |                   | 1212.4           |                 |
| 37845    | Kidney and bladder        | Type A Surgical                              | 01.11.1994      | 3            | T8        | N        | Congenital disorder of sexual differentiation with urogenital sinus, external genitoplasty, with or without endoscopy (Anaes.) (Assist.)   | 734.7            |             |                   | 551.05           |                 |
| 37848    | Kidney and bladder        | Type A Advanced Surgical                     | 01.11.1994      | 3            | T8        | N        | Congenital disorder of sexual differentiation with urogenital sinus, external genitoplasty with endoscopy and vaginoplasty (Anaes.) (Assist.)  | 1322.55          |             |                   | 991.95           |                 |
| 37851    | Kidney and bladder        | Type A Advanced Surgical                     | 01.11.1994      | 3            | T8        | N        | Congenital disorder of sexual differentiation, vaginoplasty for, with or without endoscopy (Anaes.) (Assist.)  | 979.8            |             |                   | 734.85           |                 |
| 37854    | Kidney and bladder        | Type A Surgical and Type B Non-band specific | 01.11.1994      | 3            | T8        | N        | Urethral valve, destruction of, including cystoscopy and urethroscopy (Anaes.)   | 387.4            |             |                   | 290.55           |                 |
| 38200    | Heart and vascular system | Type A Surgical and Type B Non-band specific | 01.12.1991      | 3            | T8        | N        | 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.) | 470.9            |             |                   | 353.2            | 400.3           |

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|----------|---------------------------|--------------------------|-----------------|--------------|-----------|----------|--|------------------|-------------|-------------------|------------------|-----------------|
| 38203    | Heart and vascular system | Type A Surgical          | 01.12.1991      | 3            | T8        | N        | 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.)  | 561.95           |             |                   | 421.5            | 477.7           |
| 38206    | Heart and vascular system | Type A Surgical          | 01.12.1991      | 3            | T8        | N        | 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.)  | 679.4            |             |                   | 509.55           | 586.2           |
| 38209    | Heart and vascular system | Type A Surgical          | 01.12.1991      | 3            | T8        | N        | CARDIAC ELECTROPHYSIOLOGICAL STUDYup to and including 3 catheter investigation of any 1 or more ofsyncope, atrioventricular conduction, sinus node function or simple ventricular tachycardia studies, not being a service associated with a service to which item 38212 or 38213 applies (Anaes.)   | 872.35           |             |                   | 654.3            | 779.15          |
| 38212    | Heart and vascular system | Type A Advanced Surgical | 01.12.1991      | 3            | T8        | N        | 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.)   | 1450.9           |             |                   | 1088.2           | 1357.7          |
| 38213    | Heart and vascular system | Type A Surgical          | 01.11.1996      | 3            | T8        | N        | 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.)   | 432.1            |             |                   | 324.1            | 367.3           |
| 38241    | Heart and vascular system | Unlisted                 | 01.11.2006      | 3            | T8        | N        | 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.)  | 496.5            |             |                   | 372.4            | 422.05          |
| 38244    | Heart and Vascular system | Type A Advanced surgical | 01.07.2021      | 3            | T8        | N        | Note: (acute coronary syndrome)the service only applies if the patient meets the requirements of the descriptor and the requirements of Note: TR.8.2 and TR.8.5 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.)   | 934.7            |             |                   | 701.05           | 841.5           |
| 38247    | Heart and Vascular system | Type A Advanced surgical | 01.07.2021      | 3            | T8        | N        | Note: (acute coronary syndrome - graft) the service only applies if the patient meets the requirements of the descriptor and the requirements of Note: TR.8.2 and TR.8.5 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.)   | 1497.55          |             |                   | 1123.2           | 1404.35         |
| 38248    | Heart and Vascular system | Type A Advanced surgical | 01.07.2021      | 3            | T8        | N        | Note: (stable coronary syndrome) the service only applies if the patient meets the requirements of the descriptor and the of Note: TR.8.3 and TR.8.5 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.)  | 934.7            |             |                   | 701.05           | 841.5           |
| 38249    | Heart and Vascular system | Type A Advanced surgical | 01.07.2021      | 3            | T8        | N        | Note: (stable coronary syndrome - graft) the service only applies if the patient meets the requirements of the descriptor and the requirements of Note: TR.8.3 and TR.8.5 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 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.) | 1497.55          |             |                   | 1123.2           | 1404.35         |

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|----------|---------------------------|---|-----------------|--------------|-----------|----------|---|------------------|-------------|-------------------|------------------|-----------------|
| 38251    | Heart and Vascular system | Type A Advanced surgical                              | 01.07.2021      | 3            | T8        | N        | Note: (pre-operative assessment) the service only applies if the patient meets the requirements of the descriptor and the requirements of Note: TR.8.5 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.)   | 934.7            |             |                   | 701.05           | 841.5           |
| 38252    | Heart and Vascular system | Type A Advanced surgical                              | 01.07.2021      | 3            | T8        | N        | Note: (pre-operative assessment - graft) the service only applies if the patient meets the requirements of the descriptor and the requirements of Note: TR.8.5 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.) | 1497.55          |             |                   | 1123.2           | 1404.35         |
| 38254    | Heart and Vascular system | Unlisted  | 01.07.2021      | 3            | T8        | N        | 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.)   | 470.9            |             |                   | 353.2            | 400.3           |
| 38256    | Heart and vascular system | Type A Surgical                                       | 01.07.1993      | 3            | T8        | N        | TEMPORARY TRANSVENOUS PACEMAKING ELECTRODE, insertion of (Anaes.)   | 282.55           |             |                   | 211.95           | 240.2           |
| 38270    | Heart and vascular system | Type A Advanced Surgical                              | 01.05.1997      | 3            | T8        | N        | BALLOON VALVULOPLASTY OR ISOLATED ATRIAL SEPTOSTOMY, including cardiac catheterisations before and after balloon dilatation (Anaes.) (Assist.)  | 964.45           |             |                   | 723.35           | 871.25          |
| 38272    | Heart and vascular system | Type A Advanced Surgical and Type B Non-band specific | 01.11.2005      | 3            | T8        | N        | 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.)   | 964.45           |             |                   | 723.35           | 871.25          |
| 38273    | Heart and vascular system | Type A Advanced Surgical                              | 01.07.2014      | 3            | T8        | N        | Patent ductus arteriosus, transcatheter closure of, including cardiac catheterisation and any imaging associated with the service (Anaes.) (Assist.)  | 964.45           |             |                   | 723.35           |                 |
| 38274    | Heart and vascular system | Type A Surgical                                       | 01.07.2014      | 3            | T8        | N        | Ventricular septal defect, transcatheter closure of, with cardiac catheterisation, excluding imaging (H) (Anaes.) (Assist.)   | 790.05           |             |                   | 592.55           |                 |
| 38275    | Heart and vascular system | Type A Surgical                                       | 01.05.1997      | 3            | T8        | N        | MYOCARDIAL BIOPSY, by cardiac catheterisation (Anaes.)  | 315.2            |             |                   | 236.4            | 267.95          |
| 38276    | Heart and vascular system | Type A Advanced Surgical                              | 01.11.2017      | 3            | T8        | N        | 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.)  | 964.45           |             |                   | 723.35           |                 |
| 38285    | Heart and vascular system | Type B Non-band specific                              | 01.11.2004      | 3            | T8        | N        | 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.)  | 163.1            |             |                   | 122.35           | 138.65          |
| 38286    | Heart and vascular system | Type B Non-band specific                              | 01.11.2004      | 3            | T8        | N        | Removal of implantable ECG loop recorder (Anaes.)   | 146.9            |             |                   | 110.2            | 124.9           |
| 38287    | Heart and vascular system | Type A Advanced Surgical                              | 01.07.1998      | 3            | T8        | N        | ABLATION OF ARRHYTHMIA CIRCUIT OR FOCUS or isolation procedure involving 1 atrial chamber (Anaes.) (Assist.)  | 2218.5           |             |                   | 1663.9           | 2125.3          |

| MBS item | Clinical Category         | Procedure Type           | Item Start Date | MBS Category | MBS Group | New Item | MBS Description  | MBS Schedule Fee | Derived Fee | Benefit 100% (\$) | Benefit 75% (\$) | Benefit 85 (\$) |
|----------|---------------------------|--------------------------|-----------------|--------------|-----------|----------|--|------------------|-------------|-------------------|------------------|-----------------|
| 38288    | Heart and vascular system | Type B Non-band specific | 01.05.2018      | 3            | T8        | N        | 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.)  | 203.95           |             |                   | 153              | 173.4           |
| 38290    | Heart and vascular system | Type A Advanced Surgical | 01.07.1998      | 3            | T8        | N        | ABLATION OF ARRHYTHMIA CIRCUITS OR FOCI, or isolation procedure involving both atrial chambers and including curative procedures for atrial fibrillation (Anaes.) (Assist.)  | 2824.7           |             |                   | 2118.55          |                 |
| 38293    | Heart and vascular system | Type A Advanced Surgical | 01.07.1998      | 3            | T8        | N        | VENTRICULAR ARRHYTHMIA with mapping and ablation, including all associated electrophysiological studies performed on the same day (Anaes.) (Assist.)   | 3032             |             |                   | 2274             | 2938.8          |
| 38307    | Heart and Vascular system | Type A Advanced surgical | 01.07.2021      | 3            | T8        | N        | Note: (acute coronary syndrome -1 coronary territory with selective coronary angiography) the service only applies if the patient meets the requirements of the descriptor and the requirements of Note: TR.8.2 and TR.8.5 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.)                                       | 1874.1           |             |                   | 1405.6           | 1780.9          |
| 38308    | Heart and Vascular system | Type A Advanced surgical | 01.07.2021      | 3            | T8        | N        | Note:(acute coronary syndrome -2 coronary territories with selective coronary angiography) the service only applies if the patient meets the requirements of the descriptor and the requirements of Note: TR.8.2 and TR.8.5 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.)                                  | 2156.2           |             |                   | 1617.15          | 2063            |
| 38309    | Heart and vascular system | Type A Advanced Surgical | 01.11.2005      | 3            | T8        | N        | 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.)  | 1270.7           |             |                   | 953.05           | 1177.5          |
| 38310    | Heart and Vascular system | Type A Advanced surgical | 01.07.2021      | 3            | T8        | N        | Note: (acute coronary syndrome -3 coronary territories with selective coronary angiography)the service only applies if the patient meets the requirements of the descriptor and the requirements of Note: TR.8.2 and TR.8.5 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.)                                  | 2438.3           |             |                   | 1828.75          | 2345.1          |
| 38311    | Heart and Vascular system | Type A Advanced surgical | 01.07.2021      | 3            | T8        | N        | Note: (stablemulti-vessel disease-1 coronary territory with selective angiography)the service only applies if the patient meets the requirements of the descriptor and the requirements of Note: TR.8.4 and TR.8.5 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.) | 1874.1           |             |                   | 1405.6           | 1780.9          |

| MBS item | Clinical Category         | Procedure Type           | Item Start Date | MBS Category | MBS Group | New Item | MBS Description  | MBS Schedule Fee | Derived Fee | Benefit 100% (\$) | Benefit 75% (\$) | Benefit 85 (\$) |
|----------|---------------------------|--------------------------|-----------------|--------------|-----------|----------|--|------------------|-------------|-------------------|------------------|-----------------|
| 38313    | Heart and Vascular system | Type A Advanced surgical | 01.07.2021      | 3            | T8        | N        | Note: (stablemulti-vessel disease-2 coronary territories with selective angiography)the service only applies if the patient meets the requirements of the descriptor and the requirements of Note: TR.8.4 and TR.8.5 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.) | 2156.2           |             |                   | 1617.15          | 2063            |
| 38314    | Heart and Vascular system | Type A Advanced surgical | 01.07.2021      | 3            | T8        | N        | Note: (stable multi-vessel disease - 3 coronary territory with selective angiography) the service only applies if the patient meets the requirements of the descriptor and the requirements of Note: TR.8.4 and TR.8.5Percutaneous 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 (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, 38316, 38317, 38319, 38320, 38322 or 38323 applies (Anaes.) (Assist.)  | 2438.3           |             |                   | 1828.75          | 2345.1          |
| 38316    | Heart and Vascular system | Type A Advanced surgical | 01.07.2021      | 3            | T8        | N        | Note: (acute coronary syndrome -1 coronary territory without selective angiography) the service only applies if the patient meets the requirements of the descriptor and the requirements of Note: TR.8.2 and TR.8.5 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.)  | 1675.35          |             |                   | 1256.55          | 1582.15         |
| 38317    | Heart and Vascular system | Type A Advanced surgical | 01.07.2021      | 3            | T8        | N        | Note: (acute coronary syndrome -2 coronary territories without selective angiography) the service only applies if the patient meets the requirements of the descriptor and the requirements of Note: TR.8.2 and TR.8.5 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, 3808, 38310, 38311, 38313, 38314, 38316, 38319, 38320, 38322 or 38323 applies (Anaes.) (Assist.)   | 2122.2           |             |                   | 1591.65          | 2029            |
| 38319    | Heart and Vascular system | Type A Advanced surgical | 01.07.2021      | 3            | T8        | N        | Note: (acute coronary syndrome -3 coronary territories without selective angiography) the service only applies if the patient meets the requirements of the descriptor and the requirements of Note: TR.8.2 and TR.8.5 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.)  | 2404.3           |             |                   | 1803.25          | 2311.1          |
| 38320    | Heart and Vascular system | Type A Advanced surgical | 01.07.2021      | 3            | T8        | N        | Note: (stablemulti-vessel disease-1 coronary territory without selective angiography) the service only applies if the patient meets the requirements of the descriptor and the requirements of Note: TR.8.4 and TR.8.5 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.)  | 1675.35          |             |                   | 1256.55          | 1582.15         |

| MBS item | Clinical Category         | Procedure Type           | Item Start Date | MBS Category | MBS Group | New Item | MBS Description  | MBS Schedule Fee | Derived Fee | Benefit 100% (\$) | Benefit 75% (\$) | Benefit 85 (\$) |
|----------|---------------------------|--------------------------|-----------------|--------------|-----------|----------|--|------------------|-------------|-------------------|------------------|-----------------|
| 38322    | Heart and Vascular system | Type A Advanced surgical | 01.07.2021      | 3            | T8        | N        | Note: (stablemulti-vessel disease-2 coronary territories with selective angiography) the service only applies if the patient meets the requirements of the descriptor and the requirements of Note: TR.8.4 and TR.8.5 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.) | 2122.2           |             | 1591.65           | 2029             |                 |
| 38323    | Heart and Vascular system | Type A Advanced surgical | 01.07.2021      | 3            | T8        | N        | Note: (stablemulti-vessel disease-3 coronary territories with selective angiography) the service only applies if the patient meets the requirements of the descriptor and the requirements of Note: TR.8.4 and TR.8.5 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.)   | 2404.3           |             | 1803.25           | 2311.1           |                 |
| 38350    | Heart and vascular system | Type A Surgical          | 01.11.2005      | 3            | T8        | N        | SINGLE CHAMBER PERMANENT TRANSVENOUS ELECTRODE, insertion, removal or replacement of, including cardiac electrophysiological services where used for pacemaker implantation (Anaes.)   | 675.2            |             | 506.4             |                  |                 |
| 38353    | Heart and vascular system | Type A Surgical          | 01.11.2005      | 3            | T8        | N        | PERMANENT CARDIAC PACEMAKER, insertion, removal or replacement of, not for cardiac resynchronisation therapy, including cardiac electrophysiological services where used for pacemaker implantation (Anaes.)   | 270.05           |             | 202.55            |                  |                 |
| 38356    | Heart and vascular system | Type A Surgical          | 01.11.2005      | 3            | T8        | N        | DUAL CHAMBER PERMANENT TRANSVENOUS ELECTRODES, insertion, removal or replacement of, including cardiac electrophysiological services where used for pacemaker implantation (Anaes.)  | 885.2            |             | 663.9             |                  |                 |
| 38358    | Heart and vascular system | Type A Advanced Surgical | 01.11.2005      | 3            | T8        | N        | 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) the leads 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.)   | 3032             |             | 2274              |                  |                 |
| 38359    | Heart and vascular system | Unlisted                 | 01.11.2005      | 3            | T8        | N        | PERICARDIUM, paracentesis of (excluding aftercare) (Anaes.)  | 141.2            |             | 105.9             | 120.05           |                 |
| 38362    | Heart and vascular system | Type A Surgical          | 01.11.2005      | 3            | T8        | N        | INTRA-AORTIC BALLOON PUMP, percutaneous insertion of (Anaes.)  | 406.9            |             | 305.2             | 345.9            |                 |
| 38365    | Heart and vascular system | Type A Surgical          | 01.05.2006      | 3            | T8        | N        | 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.)  | 270.05           |             | 202.55            |                  |                 |
| 38368    | Heart and vascular system | Type A Advanced Surgical | 01.05.2006      | 3            | T8        | N        | 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.)   | 1294.6           |             | 970.95            |                  |                 |
| 38416    | Lung and chest            | Type A Surgical          | 01.03.2021      | 3            | T8        | N        | 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 with a service to which an item in Subgroup 1 of this Group, or item 38417 or 55054, applies (Anaes.)  | 595.55           |             | 446.7             | 506.25           |                 |
| 38417    | Lung and chest            | Type A Surgical          | 01.03.2021      | 3            | T8        | N        | 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 I5 of Group I3, applies (Anaes.)   | 595.55           |             | 446.7             | 506.25           |                 |
| 38419    | Ear, nose and throat      | Type B Non-band specific | 01.03.2021      | 3            | T8        | N        | Bronchoscopy, as an independent procedure (Anaes.)   | 188.2            |             | 141.15            | 160              |                 |

| MBS item | Clinical Category         | Procedure Type                               | Item Start Date | MBS Category | MBS Group | New Item | MBS Description  | MBS Schedule Fee | Derived Fee | Benefit 100% (\$) | Benefit 75% (\$) | Benefit 85 (\$) |
|----------|---------------------------|--|-----------------|--------------|-----------|----------|--|------------------|-------------|-------------------|------------------|-----------------|
| 38420    | Ear, nose and throat      | Type B Non-band specific                     | 01.03.2021      | 3            | T8        | N        | Bronchoscopy with one or more endobronchial biopsies or other diagnostic or therapeutic procedures (Anaes.)  | 248.5            |             |                   | 186.4            | 211.25          |
| 38422    | Ear, nose and throat      | Type A Surgical                              | 01.03.2021      | 3            | T8        | N        | Bronchus, removal of foreign body in (Anaes.) (Assist.)  | 388.75           |             |                   | 291.6            |                 |
| 38423    | Ear, nose and throat      | Type A Surgical and Type B Non-band specific | 01.03.2021      | 3            | T8        | N        | 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.)  | 271.65           |             |                   | 203.75           | 230.95          |
| 38425    | Ear, nose and throat      | Type A Surgical                              | 01.03.2021      | 3            | T8        | N        | Endoscopic laser resection of endobronchial tumours for relief of obstruction including any associated endoscopic procedures (Anaes.) (Assist.)  | 638.8            |             |                   | 479.1            |                 |
| 38426    | Ear, nose and throat      | Type A Surgical                              | 01.03.2021      | 3            | T8        | N        | Trachea or bronchus, dilatation of stricture and endoscopic insertion of stent (Anaes.) (Assist.)  | 479.25           |             |                   | 359.45           |                 |
| 38428    | Ear, Nose and Throat      | Type B Non-band specific                     | 01.11.2021      | 3            | T8        | N        | Bronchoscopy with treatment of tracheal stricture (Anaes.)   | 260.6            |             |                   | 195.45           | 221.55          |
| 38429    | Lung and chest            | Type A Advanced Surgical                     | 01.03.2023      | 3            | T8        | Y        | Tracheal excision and repair of, without cardiopulmonary bypass (H) (Anaes.) (Assist.)   | 1819.3           |             |                   | 1364.5           |                 |
| 38431    | Lung and chest            | Type A Advanced Surgical                     | 01.03.2023      | 3            | T8        | Y        | Tracheal excision and repair of, with cardiopulmonary bypass (H) (Anaes.) (Assist.)  | 2460.75          |             |                   | 1845.6           |                 |
| 38461    | Heart and Vascular system | Type A Advanced surgical                     | 01.07.2021      | 3            | T8        | N        | TMVr, by transvenous or transeptal techniques, for permanent coaptation of mitral valve leaflets using one or more Mitraclips™, including intra-operative diagnostic imaging, if: (a) the patient has each of the following risk factors: (i) moderate to severe, or severe, symptomatic degenerative (primary) mitral valve regurgitation (grade 3+ or 4+); (ii) left ventricular ejection fraction of 20% or more; (iii) symptoms of mild, moderate or severe chronic heart failure (New York Heart Association class II, III or IV); and (b) as a result of a TMVr suitability case conference, the patient has been: (i) assessed as having an unacceptably high risk for surgical mitral valve replacement; and (ii) recommended as being suitable for the service; and (c) the service is performed: (i) by a cardiothoracic surgeon, or an interventional cardiologist, accredited by the TMVr accreditation committee to perform the service; and (ii) via transfemoral venous delivery, unless transfemoral venous delivery is contraindicated or not feasible; and (iii) in a hospital that is accredited by the TMVr accreditation committee as a suitable hospital for the service; and (d) a service to which this item, or item 38463, applies has not been provided to the patient in the previous 5 years (H) (Anaes.) (Assist.)   | 1514.1           |             |                   | 1135.6           |                 |
| 38463    | Heart and Vascular system | Type A Advanced surgical                     | 01.07.2021      | 3            | T8        | N        | TMVr, by transvenous or transeptal techniques, for permanent coaptation of mitral valve leaflets using one or more Mitraclips™, including intra-operative diagnostic imaging, if: (a) the patient has each of the following risk factors: (i) moderate to severe, or severe, symptomatic functional (secondary) mitral valve regurgitation (grade 3+ or 4+); (ii) left ventricular ejection fraction of 20% to 50%; (iii) left ventricular end systolic diameter of not more than 70mm; (iv) symptoms of mild, moderate or severe chronic heart failure (New York Heart Association class II, III or IV) that persist despite maximally tolerated guideline directed medical therapy; and (b) as a result of a TMVr suitability case conference, the patient has been: (i) assessed as having an unacceptably high risk for surgical mitral valve replacement; and (ii) recommended as being suitable for the service; and (c) the service is performed: (i) by a cardiothoracic surgeon, or an interventional cardiologist, accredited by the TMVr accreditation committee to perform the service; and (ii) via transfemoral venous delivery, unless transfemoral venous delivery is contraindicated or not feasible; and (iii) in a hospital that is accredited by the TMVr accreditation committee as a suitable hospital for the service; and (d) a service to which this item, or item 38461, applies has not been provided to the patient in the previous 5 years (H) (Anaes.) (Assist.) | 1514.1           |             |                   | 1135.6           |                 |
| 38467    | Heart and Vascular system | Type A Advanced surgical                     | 01.07.2021      | 3            | T8        | N        | 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.)  | 1013.2           |             |                   | 759.9            |                 |
| 38471    | Heart and Vascular system | Type A Advanced surgical                     | 01.07.2021      | 3            | T8        | N        | 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.)  | 1112.8           |             |                   | 834.6            |                 |
| 38472    | Heart and Vascular system | Type A Surgical                              | 01.07.2021      | 3            | T8        | N        | 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.)   | 304.3            |             |                   | 228.25           |                 |
| 38474    | Heart and Vascular system | Type A Advanced surgical                     | 01.07.2021      | 3            | T8        | N        | 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.)   | 2293.2           |             |                   | 1719.9           |                 |
| 38477    | Heart and vascular system | Type A Advanced Surgical                     | 01.11.1995      | 3            | T8        | N        | 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.)  | 2117.9           |             |                   | 1588.45          |                 |

| MBS item | Clinical Category         | Procedure Type           | Item Start Date | MBS Category | MBS Group | New Item | MBS Description  | MBS Schedule Fee | Derived Fee | Benefit 100% (\$) | Benefit 75% (\$) | Benefit 85 (\$) |
|----------|---------------------------|--------------------------|-----------------|--------------|-----------|----------|--|------------------|-------------|-------------------|------------------|-----------------|
| 38484    | Heart and Vascular system | Type A Advanced surgical | 01.07.2021      | 3            | T8        | N        | 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.)  | 2146             |             |                   | 1609.5           |                 |
| 38485    | Heart and vascular system | Type A Surgical          | 01.11.1992      | 3            | T8        | N        | MITRAL ANNULUS, reconstruction of, after decalcification, when performed in association with valve surgery (Anaes.) (Assist.)  | 863.8            |             |                   | 647.85           |                 |
| 38487    | Heart and vascular system | Type A Advanced Surgical | 01.07.1993      | 3            | T8        | N        | MITRAL VALVE, open valvotomy of (Anaes.) (Assist.)   | 1819.3           |             |                   | 1364.5           |                 |
| 38490    | Heart and vascular system | Unlisted                 | 01.11.1995      | 3            | T8        | N        | Reconstruction and re-implantation of sub-valvular structures, if performed in conjunction with a service to which item 38499 applies (H) (Anaes.) (Assist.)   | 586.25           |             |                   | 439.7            |                 |
| 38493    | Heart and vascular system | Type A Advanced Surgical | 01.11.1998      | 3            | T8        | N        | OPERATIVE MANAGEMENT of acute infective endocarditis, in association with heart valve surgery (Anaes.) (Assist.)   | 2069.5           |             |                   | 1552.15          |                 |
| 38495    | Heart and vascular system | Type A Advanced Surgical | 01.11.2017      | 3            | T8        | N        | TAVI, for the treatment of symptomatic severe aortic stenosis, performed via transfemoral delivery, unless transfemoral delivery is contraindicated or not feasible, if: the TAVI patient is at high risk for surgery; and the service: (i) is performed by a TAVI Practitioner in a TAVI Hospital ; and (ii) includes all intraoperative diagnostic imaging that the TAVI Practitioner performs upon the TAVI Patient; not being a service which has been rendered within 5 years of a service to which this item or item 38514 or 38522 applies (H) (Anaes.) (Assist.) | 1514.1           |             |                   | 1135.6           |                 |
| 38499    | Heart and Vascular system | Type A Advanced surgical | 01.07.2021      | 3            | T8        | N        | Mitral or tricuspid valve replacement with bioprothesis 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.)   | 2146             |             |                   | 1609.5           |                 |
| 38502    | Heart and Vascular system | Type A Advanced surgical | 01.07.2021      | 3            | T8        | N        | 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.)  | 2490.75          |             |                   | 1868.1           |                 |
| 38508    | Heart and vascular system | Type A Advanced Surgical | 01.11.1995      | 3            | T8        | N        | 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.)  | 2028.15          |             |                   | 1521.15          |                 |
| 38509    | Heart and vascular system | Type A Advanced Surgical | 01.11.1992      | 3            | T8        | N        | 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.)   | 2525.2           |             |                   | 1893.9           |                 |
| 38510    | Heart and Vascular system | Unlisted                 | 01.07.2021      | 3            | T8        | N        | 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 withcoronary artery bypass surgery performed by any medical practitioner (H) (Anaes.) (Assist.)   | 659.65           |             |                   | 494.75           |                 |
| 38511    | Heart and Vascular system | Unlisted                 | 01.07.2021      | 3            | T8        | N        | 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.)  | 634.3            |             |                   | 475.75           |                 |
| 38512    | Heart and vascular system | Type A Advanced Surgical | 01.11.1992      | 3            | T8        | N        | 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.)  | 2218.5           |             |                   | 1663.9           |                 |
| 38513    | Heart and Vascular system | Unlisted                 | 01.07.2021      | 3            | T8        | N        | 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.)  | 1057.2           |             |                   | 792.9            |                 |
| 38514    | Heart and vascular system | Type A Advanced Surgical | 01.03.2022      | 3            | T8        | N        | TAVI, for the treatment of symptomatic severe aortic stenosis, performed via transfemoral delivery, unless transfemoral delivery is contraindicated or not feasible, if: the TAVI patient is at intermediate risk for surgery; and the service: is performed by a TAVI practitioner in a TAVI Hospital; and includes all intraoperative diagnostic imaging that the TAVI Practitioner performs upon the TAVI Patient; not being a service which has been rendered within 5 years of a service to which this item or item 38495or 38522 applies (H) (Anaes.) (Assist.)    | 1514.1           |             |                   | 1135.6           |                 |
| 38515    | Heart and vascular system | Type A Advanced Surgical | 01.11.1992      | 3            | T8        | N        | 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.)   | 2824.7           |             |                   | 2118.55          |                 |
| 38516    | Heart and Vascular system | Type A Advanced surgical | 01.07.2021      | 3            | T8        | N        | 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.)  | 2641.6           |             |                   | 1981.2           |                 |
| 38517    | Heart and Vascular system | Type A Advanced surgical | 01.07.2021      | 3            | T8        | N        | Complex valve repair: (a) with or without annuloplasty; and (b) including retrograde cardioplegia (if performed); and (c) including one of the following: (i) neochoords; (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.)  | 3251.2           |             |                   | 2438.4           |                 |
| 38518    | Heart and vascular system | Type A Advanced Surgical | 01.11.1992      | 3            | T8        | N        | 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.)  | 3032             |             |                   | 2274             |                 |
| 38519    | Heart and Vascular system | Unlisted                 | 01.07.2021      | 3            | T8        | N        | 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.)  | 1117.6           |             |                   | 838.2            |                 |

| MBS item | Clinical Category         | Procedure Type           | Item Start Date | MBS Category | MBS Group | New Item | MBS Description   | MBS Schedule Fee | Derived Fee | Benefit 100% (\$) | Benefit 75% (\$) | Benefit 85 (\$) |
|----------|---------------------------|--------------------------|-----------------|--------------|-----------|----------|---|------------------|-------------|-------------------|------------------|-----------------|
| 38522    | Heart and vascular system | Type A Advanced Surgical | 01.07.2022      | 3            | T8        | N        | TAVI, for the treatment of symptomatic severe native calcific aortic stenosis,performed via transfemoral delivery, unless transfemoral delivery is contraindicated or not feasible;if: the TAVI Patient is at low risk for surgery; and the service: is performed by a TAVI Practitioner in a TAVI Hospital; and includes all intraoperative diagnostic imaging that the TAVI Practitioner performs upon the TAVI Patient; not being a service which has been rendered within 5 years of a service to which this item or item 38495 or 38514 applies (H) (Anaes.) (Assist.) | 1514.1           |             |                   | 1135.6           |                 |
| 38523    | Heart and vascular system | Type A Surgical          | 01.07.2022      | 3            | T8        | N        | Percutaneous transcatheter delivery of dual-filter cerebral embolic protection system during a TAVI procedure, for the reduction of postoperative embolic ischaemic strokes, if: the service is performed upon a TAVI Patient in a TAVI Hospital; and where the service is performed by the practitioner performing the TAVI procedure, the service includes all intraoperative diagnostic imaging that the TAVI Practitioner performs upon the TAVI Patient (H) (Anaes.) (Assist.)   | 275.2            |             |                   | 206.4            |                 |
| 38550    | Heart and vascular system | Type A Advanced Surgical | 01.11.1992      | 3            | T8        | N        | 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.)  | 2374.9           |             |                   | 1781.2           |                 |
| 38553    | Heart and vascular system | Type A Advanced Surgical | 01.11.1992      | 3            | T8        | N        | 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.)  | 2990             |             |                   | 2242.5           |                 |
| 38554    | Heart and Vascular system | Type A Advanced surgical | 01.07.2021      | 3            | T8        | N        | 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.)  | 4304.25          |             |                   | 3228.2           |                 |
| 38555    | Heart and Vascular system | Type A Advanced surgical | 01.07.2021      | 3            | T8        | N        | 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.)   | 2641.6           |             |                   | 1981.2           |                 |
| 38556    | Heart and vascular system | Type A Advanced Surgical | 01.11.1992      | 3            | T8        | N        | 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, 38603, 38816, 38828 or 45503 applies (H) (Anaes.) (Assist.)   | 3282.2           |             |                   | 2461.65          |                 |
| 38557    | Heart and Vascular system | Type A Advanced surgical | 01.07.2021      | 3            | T8        | N        | 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.)      | 4572             |             |                   | 3429             |                 |
| 38558    | Heart and Vascular system | Type A Advanced surgical | 01.07.2021      | 3            | T8        | N        | 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.)   | 5165.05          |             |                   | 3873.8           |                 |
| 38568    | Heart and vascular system | Type A Advanced Surgical | 01.11.1992      | 3            | T8        | N        | 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, 38828or 45503 applies (H) (Anaes.) (Assist.)  | 1969.45          |             |                   | 1477.1           |                 |
| 38571    | Heart and vascular system | Type A Advanced Surgical | 01.11.1992      | 3            | T8        | N        | 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.)  | 2245             |             |                   | 1683.75          |                 |
| 38572    | Heart and vascular system | Unlisted                 | 01.07.1993      | 3            | T8        | N        | 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.)   | 2100.7           |             |                   | 1575.55          |                 |
| 38600    | Heart and vascular system | Type A Advanced Surgical | 01.11.1992      | 3            | T8        | N        | CENTRAL CANNULATION for cardiopulmonary bypass excluding post-operative management, not being a service associated with a service to which another item in this Subgroup applies (Anaes.) (Assist.)   | 1619.55          |             |                   | 1214.7           |                 |
| 38603    | Heart and vascular system | Unlisted                 | 01.11.1992      | 3            | T8        | N        | 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.)  | 1013.2           |             |                   | 759.9            |                 |
| 38609    | Heart and vascular system | Type A Surgical          | 01.11.1992      | 3            | T8        | N        | 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.)   | 506.55           |             |                   | 379.95           |                 |
| 38612    | Heart and vascular system | Type A Surgical          | 01.11.1992      | 3            | T8        | N        | 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, 338816, 38828 or 45503 applies(H) (Anaes.) (Assist.)  | 567.85           |             |                   | 425.9            |                 |

| MBS item | Clinical Category         | Procedure Type           | Item Start Date | MBS Category | MBS Group | New Item | MBS Description  | MBS Schedule Fee | Derived Fee | Benefit 100% (\$) | Benefit 75% (\$) | Benefit 85 (\$) |
|----------|---------------------------|--------------------------|-----------------|--------------|-----------|----------|--|------------------|-------------|-------------------|------------------|-----------------|
| 38615    | Heart and vascular system | Type A Advanced Surgical | 01.11.1992      | 3            | T8        | N        | 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 ventricularassist 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 6weeks; 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.)  | 1619.55          |             |                   | 1214.7           |                 |
| 38618    | Heart and vascular system | Type A Advanced Surgical | 01.11.1992      | 3            | T8        | N        | 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.) | 2018.75          |             |                   | 1514.1           |                 |
| 38621    | Heart and vascular system | Type A Surgical          | 01.11.1992      | 3            | T8        | N        | 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.)  | 805.95           |             |                   | 604.5            |                 |
| 38624    | Heart and vascular system | Type A Advanced Surgical | 01.11.1992      | 3            | T8        | N        | 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.)  | 905.6            |             |                   | 679.2            |                 |
| 38627    | Heart and vascular system | Type A Surgical          | 01.07.1998      | 3            | T8        | N        | 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, 38627, 38816, 38828 or 45503 applies (H) (Anaes.) (Assist.)  | 707.85           |             |                   | 530.9            |                 |
| 38637    | Heart and vascular system | Type A Surgical          | 01.11.1995      | 3            | T8        | N        | 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.)   | 586.25           |             |                   | 439.7            |                 |
| 38653    | Heart and vascular system | Type A Advanced Surgical | 01.11.1992      | 3            | T8        | N        | 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, 38828or 45503 applies (H) (Anaes.) (Assist.)   | 2123.95          |             |                   | 1593             |                 |
| 38670    | Heart and vascular system | Type A Advanced Surgical | 01.11.1995      | 3            | T8        | N        | 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.)  | 2018.35          |             |                   | 1513.8           |                 |
| 38673    | Heart and vascular system | Type A Advanced Surgical | 01.11.1995      | 3            | T8        | N        | 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.)   | 2271.75          |             |                   | 1703.85          |                 |
| 38677    | Heart and vascular system | Type A Advanced Surgical | 01.11.1995      | 3            | T8        | N        | 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.)  | 2125.25          |             |                   | 1593.95          |                 |
| 38680    | Heart and vascular system | Type A Advanced Surgical | 01.11.1995      | 3            | T8        | N        | 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 (Anaes.) (Assist.)  | 2520.9           |             |                   | 1890.7           | 2427.7          |
| 38700    | Heart and vascular system | Type A Advanced Surgical | 01.11.1992      | 3            | T8        | N        | 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.)  | 1128.4           |             |                   | 846.3            |                 |
| 38703    | Heart and vascular system | Type A Advanced Surgical | 01.11.1992      | 3            | T8        | N        | 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.)   | 2041             |             |                   | 1530.75          |                 |
| 38706    | Heart and vascular system | Type A Advanced Surgical | 01.11.1992      | 3            | T8        | N        | 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.)  | 1926.55          |             |                   | 1444.95          |                 |
| 38709    | Heart and vascular system | Type A Advanced Surgical | 01.11.1992      | 3            | T8        | N        | 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.)  | 2271.2           |             |                   | 1703.4           |                 |
| 38715    | Heart and vascular system | Type A Advanced Surgical | 01.11.1992      | 3            | T8        | N        | 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.)  | 1803.85          |             |                   | 1352.9           |                 |
| 38718    | Heart and vascular system | Type A Advanced Surgical | 01.11.1992      | 3            | T8        | N        | 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.)   | 2281.65          |             |                   | 1711.25          |                 |

| MBS item | Clinical Category         | Procedure Type           | Item Start Date | MBS Category | MBS Group | New Item | MBS Description   | MBS Schedule Fee | Derived Fee | Benefit 100% (\$) | Benefit 75% (\$) | Benefit 85 (\$) |
|----------|---------------------------|--------------------------|-----------------|--------------|-----------|----------|---|------------------|-------------|-------------------|------------------|-----------------|
| 38721    | Heart and vascular system | Type A Advanced Surgical | 01.11.1992      | 3            | T8        | N        | 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.)   | 1581.35          |             |                   | 1186.05          |                 |
| 38724    | Heart and vascular system | Type A Advanced Surgical | 01.11.1992      | 3            | T8        | N        | 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.)  | 2300.8           |             |                   | 1725.6           |                 |
| 38727    | Heart and vascular system | Type A Advanced Surgical | 01.11.1992      | 3            | T8        | N        | 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.)  | 1581.35          |             |                   | 1186.05          |                 |
| 38730    | Heart and vascular system | Type A Advanced Surgical | 01.11.1992      | 3            | T8        | N        | 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.)  | 2256.55          |             |                   | 1692.45          |                 |
| 38733    | Heart and vascular system | Type A Advanced Surgical | 01.11.1992      | 3            | T8        | N        | 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.)  | 1581.35          |             |                   | 1186.05          |                 |
| 38736    | Heart and vascular system | Type A Advanced Surgical | 01.11.1992      | 3            | T8        | N        | 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.)  | 2256.55          |             |                   | 1692.45          |                 |
| 38739    | Heart and vascular system | Type A Advanced Surgical | 01.11.1992      | 3            | T8        | N        | 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.)   | 2069.15          |             |                   | 1551.9           |                 |
| 38742    | Heart and vascular system | Type A Advanced Surgical | 01.11.1992      | 3            | T8        | N        | 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.) | 2034.1           |             |                   | 1525.6           |                 |
| 38745    | Heart and vascular system | Type A Advanced Surgical | 01.11.1992      | 3            | T8        | N        | 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.)   | 2256.55          |             |                   | 1692.45          |                 |
| 38748    | Heart and vascular system | Type A Advanced Surgical | 01.11.1992      | 3            | T8        | N        | 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.)  | 2256.55          |             |                   | 1692.45          |                 |
| 38751    | Heart and vascular system | Type A Advanced Surgical | 01.11.1992      | 3            | T8        | N        | 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, 38828or 45503 applies (H) (Anaes.) (Assist.)   | 2256.55          |             |                   | 1692.45          |                 |
| 38754    | Heart and vascular system | Type A Advanced Surgical | 01.11.1992      | 3            | T8        | N        | 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.)   | 2824.7           |             |                   | 2118.55          |                 |
| 38757    | Heart and vascular system | Type A Advanced Surgical | 01.11.1992      | 3            | T8        | N        | 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.)  | 2256.55          |             |                   | 1692.45          |                 |
| 38760    | Heart and vascular system | Type A Advanced Surgical | 01.11.1992      | 3            | T8        | N        | 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.)  | 2256.55          |             |                   | 1692.45          |                 |
| 38764    | Heart and Vascular system | Type A Advanced surgical | 01.07.2021      | 3            | T8        | N        | 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.)   | 2256.55          |             |                   | 1692.45          |                 |
| 38766    | Heart and vascular system | Type A Advanced Surgical | 01.11.1992      | 3            | T8        | N        | 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.)   | 2256.55          |             |                   | 1692.45          |                 |
| 38800    | Lung and chest            | Type C                   | 01.11.2005      | 3            | T8        | N        | THORACIC CAVITY, aspiration of, for diagnostic purposes, not being a service associated with a service to which item 38803 applies  | 40.7             |             |                   | 30.55            | 34.6            |
| 38803    | Lung and chest            | Unlisted                 | 01.11.2005      | 3            | T8        | N        | THORACIC CAVITY, aspiration of, with therapeutic drainage (paracentesis), with or without diagnostic sample   | 81.3             |             |                   | 61               | 69.15           |
| 38812    | Lung and chest            | Unlisted                 | 01.11.2005      | 3            | T8        | N        | PERCUTANEOUS NEEDLE BIOPSY of lung (Anaes.)   | 221.15           |             |                   | 165.9            | 188             |
| 38815    | Lung and chest            | Unlisted                 | 01.03.2023      | 3            | T8        | Y        | 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              |             |                   | 198              |                 |
| 38816    | Lung and chest            | Type A Advanced Surgical | 01.03.2023      | 3            | T8        | Y        | 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.)  | 1013.2           |             |                   | 759.9            |                 |
| 38817    | Lung and chest            | Type A Advanced Surgical | 01.03.2023      | 3            | T8        | Y        | 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.) | 1592.75          |             |                   | 1194.6           |                 |
| 38818    | Lung and chest            | Type A Advanced Surgical | 01.03.2023      | 3            | T8        | Y        | 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.)  | 1013.2           |             |                   | 759.9            |                 |
| 38820    | Lung and chest            | Type A Advanced Surgical | 01.03.2023      | 3            | T8        | Y        | 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.)   | 1212.8           |             |                   | 909.6            |                 |

| MBS item | Clinical Category  | Procedure Type           | Item Start Date | MBS Category | MBS Group | New Item | MBS Description   | MBS Schedule Fee | Derived Fee | Benefit 100% (\$) | Benefit 75% (\$) | Benefit 85 (\$) |
|----------|--|--------------------------|-----------------|--------------|-----------|----------|---|------------------|-------------|-------------------|------------------|-----------------|
| 38821    | Lung and chest   | Type A Advanced Surgical | 01.03.2023      | 3            | T8        | Y        | 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.)  | 1819.2           |             |                   | 1364.4           |                 |
| 38822    | Lung and chest   | Type A Advanced Surgical | 01.03.2023      | 3            | T8        | Y        | 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.)   | 1619.55          |             |                   | 1214.7           |                 |
| 38823    | Lung and chest   | Type A Advanced Surgical | 01.03.2023      | 3            | T8        | Y        | 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.)  | 2001.1           |             |                   | 1500.85          |                 |
| 38824    | Lung and chest   | Type A Advanced Surgical | 01.03.2023      | 3            | T8        | Y        | 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.) | 2501.35          |             |                   | 1876.05          |                 |
| 38828    | Lung and chest   | Unlisted                 | 01.03.2023      | 3            | T8        | Y        | 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.)  | 141.2            |             |                   | 105.9            | 120.05          |
| 38829    | Lung and chest   | Unlisted                 | 01.03.2023      | 3            | T8        | Y        | 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              |             |                   | 130.5            | 147.9           |
| 38830    | Lung and chest   | Type A Surgical          | 01.03.2023      | 3            | T8        | Y        | 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.)  | 422.2            |             |                   | 316.65           |                 |
| 38831    | Lung and chest   | Type A Advanced Surgical | 01.03.2023      | 3            | T8        | Y        | 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.)  | 1519.8           |             |                   | 1139.85          |                 |
| 38832    | Lung and chest   | Type A Advanced Surgical | 01.03.2023      | 3            | T8        | Y        | 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.)   | 1619.55          |             |                   | 1214.7           |                 |
| 38833    | Lung and chest   | Type A Advanced Surgical | 01.03.2023      | 3            | T8        | Y        | 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.)  | 1013.2           |             |                   | 759.9            |                 |
| 38834    | Lung and chest   | Type A Advanced Surgical | 01.03.2023      | 3            | T8        | Y        | 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.)                                 | 3752.1           |             |                   | 2814.1           |                 |
| 38837    | Lung and chest   | Type A Surgical          | 01.03.2023      | 3            | T8        | Y        | 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.)   | 383.8            |             |                   | 287.85           |                 |
| 38838    | Lung and chest   | Type A Advanced Surgical | 01.03.2023      | 3            | T8        | Y        | 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.)   | 1251.1           |             |                   | 938.35           |                 |
| 38839    | Heart and vascular system                                | Type A Surgical          | 01.03.2023      | 3            | T8        | Y        | 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.)   | 606.5            |             |                   | 454.9            |                 |
| 38840    | Heart and vascular system                                | Type A Advanced Surgical | 01.03.2023      | 3            | T8        | Y        | 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.)  | 905.6            |             |                   | 679.2            |                 |
| 38841    | Heart and vascular system                                | Type A Advanced Surgical | 01.03.2023      | 3            | T8        | Y        | 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.)   | 1619.55          |             |                   | 1214.7           |                 |
| 38842    | Heart and vascular system                                | Type A Advanced Surgical | 01.03.2023      | 3            | T8        | Y        | 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.)  | 2265.75          |             |                   | 1699.35          |                 |
| 38845    | Lung and chest   | Type A Surgical          | 01.03.2023      | 3            | T8        | Y        | 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           |             |                   | 218.4            |                 |
| 38846    | Plastic and reconstructive surgery (medically necessary) | Type A Advanced Surgical | 01.03.2023      | 3            | T8        | Y        | 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.)   | 1512             |             |                   | 1134             |                 |
| 38847    | Plastic and reconstructive surgery (medically necessary) | Type A Surgical          | 01.03.2023      | 3            | T8        | Y        | 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           |             |                   | 604.5            |                 |
| 38848    | Plastic and reconstructive surgery (medically necessary) | Type A Advanced Surgical | 01.03.2023      | 3            | T8        | Y        | 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.)  | 1209.6           |             |                   | 907.2            |                 |
| 38849    | Plastic and reconstructive surgery (medically necessary) | Type A Surgical          | 01.03.2023      | 3            | T8        | Y        | 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           |             |                   | 453.6            |                 |

| MBS item | Clinical Category  | Procedure Type                               | Item Start Date | MBS Category | MBS Group | New Item | MBS Description   | MBS Schedule Fee | Derived Fee | Benefit 100% (\$) | Benefit 75% (\$) | Benefit 85 (\$) |
|----------|--|--|-----------------|--------------|-----------|----------|---|------------------|-------------|-------------------|------------------|-----------------|
| 38850    | Lung and chest   | Type A Surgical                              | 01.03.2023      | 3            | T8        | Y        | 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.)  | 345.1            |             |                   | 258.85           |                 |
| 38851    | Lung and chest   | Type A Surgical                              | 01.03.2023      | 3            | T8        | Y        | 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.)                                      | 375.1            |             |                   | 281.35           |                 |
| 38852    | Lung and chest   | Type A Advanced Surgical                     | 01.03.2023      | 3            | T8        | Y        | 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.)   | 1012.8           |             |                   | 759.6            |                 |
| 38853    | Lung and chest   | Type A Advanced Surgical                     | 01.03.2023      | 3            | T8        | Y        | 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.)  | 1587.8           |             |                   | 1190.85          |                 |
| 38857    | Plastic and reconstructive surgery (medically necessary) | Type A Advanced Surgical                     | 01.03.2023      | 3            | T8        | Y        | 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.)   | 1918.95          |             |                   | 1439.25          |                 |
| 38858    | Plastic and reconstructive surgery (medically necessary) | Type A Advanced Surgical                     | 01.03.2023      | 3            | T8        | Y        | 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.)  | 2501.35          |             |                   | 1876.05          |                 |
| 38859    | Lung and chest   | Type A Advanced Surgical                     | 01.03.2023      | 3            | T8        | Y        | 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.)   | 1013.2           |             |                   | 759.9            |                 |
| 38864    | Common list  | Type A Advanced Surgical                     | 01.03.2023      | 3            | T8        | Y        | 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.) | 1619.55          |             |                   | 1214.7           |                 |
| 39000    | Common list  | Type B Band 1                                | 01.12.1991      | 3            | T8        | N        | LUMBAR PUNCTURE (Anaes.)  | 79.6             |             |                   | 59.7             | 67.7            |
| 39007    | Brain and nervous system                                 | Unlisted                                     | 01.11.2020      | 3            | T8        | N        | Procedure to obtain access to intracranial space (including subdural space, ventricle or basal cistern), percutaneously or by burr-hole (Anaes.)  | 168.55           |             |                   | 126.45           | 143.3           |
| 39013    | Pain management  | Type B Non-band specific                     | 01.07.1993      | 3            | T8        | N        | 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.)   | 115.35           |             |                   | 86.55            | 98.05           |
| 39014    | Pain management  | Type B Non-band specific                     | 01.03.2022      | 3            | T8        | N        | Medial branch block of one or more primary posterior rami, injection of an anaesthetic agent under image guidance (Anaes.)  | 132              |             |                   | 99               | 112.2           |
| 39015    | Brain and nervous system                                 | Type A Surgical                              | 01.12.1991      | 3            | T8        | N        | Intracranial parenchymal pressure monitoring device, insertion of—including burr hole (excluding after care) (Anaes.)   | 397.5            |             |                   | 298.15           |                 |
| 39018    | Brain and nervous system                                 | Type A Surgical                              | 01.12.1991      | 3            | T8        | N        | Cerebrospinal reservoir, ventricular reservoir or external ventricular drain, insertion of, with or without stereotaxy (Anaes.) (Assist.)   | 873.9            |             |                   | 655.45           |                 |
| 39100    | Pain management  | Type B Non-band specific                     | 01.12.1991      | 3            | T8        | N        | Injection of primary branch of trigeminal nerve (ophthalmic, maxillary or mandibular branches) with alcohol, cortisone, phenol, or similar neurolytic substance, under image guidance (Anaes.)  | 251.15           |             |                   | 188.4            | 213.5           |
| 39109    | Pain management  | Type A Advanced Surgical                     | 01.12.1991      | 3            | T8        | N        | Trigeminal gangliotomy by radiofrequency, balloon or glycerol, including stereotaxy (Anaes.) (Assist.)  | 1498.65          |             |                   | 1124             | 1405.45         |
| 39110    | Pain management  | Type A Surgical and Type B Non-band specific | 01.03.2022      | 3            | T8        | N        | 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.)   | 283.35           |             |                   | 212.55           | 240.85          |
| 39111    | Pain management  | Type A Surgical and Type B Non-band specific | 01.03.2022      | 3            | T8        | N        | 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.)  | 283.35           |             |                   | 212.55           | 240.85          |
| 39113    | Brain and nervous system                                 | Type A Advanced Surgical                     | 01.11.2020      | 3            | T8        | N        | Cranial nerve, neurectomy or intracranial decompression of, using microsurgical techniques, including stereotaxy and cranioplasty (Anaes.) (Assist.)  | 2514.05          |             |                   | 1885.55          |                 |
| 39116    | Pain management  | Type A Surgical and Type B Non-band specific | 01.03.2022      | 3            | T8        | N        | 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.)   | 314.85           |             |                   | 236.15           | 267.65          |
| 39117    | Pain management  | Type A Surgical and Type B Non-band specific | 01.03.2022      | 3            | T8        | N        | 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.)  | 314.85           |             |                   | 236.15           | 267.65          |
| 39118    | Pain management  | Type A Surgical and Type B Non-band specific | 01.12.1991      | 3            | T8        | N        | 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.)   | 346.35           |             |                   | 259.8            | 294.4           |
| 39119    | Pain management  | Type A Surgical and Type B Non-band specific | 01.03.2022      | 3            | T8        | N        | 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.)  | 346.35           |             |                   | 259.8            | 294.4           |
| 39121    | Pain management  | Type A Surgical                              | 01.12.1991      | 3            | T8        | N        | PERCUTANEOUS CORDOTOMY (Anaes.) (Assist.)   | 667.85           |             |                   | 500.9            | 574.65          |
| 39124    | Pain management  | Type A Advanced Surgical                     | 01.12.1991      | 3            | T8        | N        | CORDOTOMY OR MYELOTOMY, partial or total laminectomy for, or operation for dorsal root entry zone (Drez) lesion (Anaes.) (Assist.)  | 1709.2           |             |                   | 1281.9           |                 |

| MBS item | Clinical Category           | Procedure Type                               | Item Start Date | MBS Category | MBS Group | New Item | MBS Description  | MBS Schedule Fee | Derived Fee | Benefit 100% (\$) | Benefit 75% (\$) | Benefit 85 (\$) |
|----------|-----------------------------|--|-----------------|--------------|-----------|----------|--|------------------|-------------|-------------------|------------------|-----------------|
| 39125    | Pain management with device | Type A Surgical                              | 01.07.1993      | 3            | T8        | N        | 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.)   | 315.05           |             |                   | 236.3            |                 |
| 39126    | Pain management with device | Type A Surgical                              | 01.07.1993      | 3            | T8        | N        | 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.)   | 382.55           |             |                   | 286.95           |                 |
| 39127    | Pain management with device | Type A Surgical                              | 01.12.1991      | 3            | T8        | N        | Subcutaneous reservoir and spinal catheter, insertion of, for the management of chronic pain, including cancer pain (H) (Anaes.)   | 500.75           |             |                   | 375.6            |                 |
| 39128    | Pain management with device | Type A Surgical                              | 01.07.1993      | 3            | T8        | N        | 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.)   | 697.65           |             |                   | 523.25           |                 |
| 39129    | Pain management with device | Type A Surgical                              | 01.03.2022      | 3            | T8        | N        | Peripheral lead or leads, percutaneous placement of, including intraoperative test stimulation, for the management of chronic neuropathic pain (H) (Anaes.) (Assist.)  | 641.4            |             |                   | 481.05           |                 |
| 39130    | Pain management with device | Type A Surgical                              | 01.12.1991      | 3            | T8        | N        | 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.)  | 712.65           |             |                   | 534.5            |                 |
| 39131    | Pain management with device | Unlisted                                     | 01.07.1993      | 3            | T8        | N        | Epidural or peripheral nerve electrodes (management, adjustment, or reprogramming of neurostimulator), with a medical practitioner attending, for the management of chronic neuropathic pain or pain from refractory angina pectoris—each day  | 135.15           |             |                   | 101.4            | 114.9           |
| 39133    | Pain management with device | Type B Non-band specific                     | 01.12.1991      | 3            | T8        | N        | 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.)   | 168.55           |             |                   | 126.45           |                 |
| 39134    | Pain management with device | Type A Surgical                              | 01.07.1993      | 3            | T8        | N        | 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.)  | 360.05           |             |                   | 270.05           |                 |
| 39135    | Pain management with device | Type B Non-band specific                     | 01.11.2004      | 3            | T8        | N        | 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.)  | 168.55           |             |                   | 126.45           |                 |
| 39136    | Pain management with device | Unlisted                                     | 01.12.1991      | 3            | T8        | N        | 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.)   | 168.55           |             |                   | 126.45           |                 |
| 39137    | Pain management with device | Type A Surgical                              | 01.11.2004      | 3            | T8        | N        | 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.) | 640              |             |                   | 480              |                 |
| 39138    | Pain management with device | Type A Surgical                              | 01.11.2004      | 3            | T8        | N        | 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.)   | 712.65           |             |                   | 534.5            |                 |
| 39139    | Pain management with device | Type A Advanced Surgical                     | 01.12.1991      | 3            | T8        | N        | 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.)  | 956.85           |             |                   | 717.65           |                 |
| 39140    | Pain management             | Type A Surgical and Type B Non-band specific | 01.05.1997      | 3            | T8        | N        | EPIDURAL CATHETER, insertion of, under imaging control, with epidurogram and epidural therapeutic injection for lysis of adhesions (Anaes.)  | 309.6            |             |                   | 232.2            | 263.2           |
| 39141    | Pain management with device | Type C                                       | 01.11.2022      | 3            | T8        | N        | 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           |             |                   | 101.4            | 114.9           |
| 39300    | Brain and nervous system    | Type A Surgical                              | 01.12.1991      | 3            | T8        | N        | 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.)  | 373.6            |             |                   | 280.2            |                 |
| 39303    | Brain and nervous system    | Type A Surgical                              | 01.12.1991      | 3            | T8        | N        | Nerve, digital or cutaneous, 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.)                                 | 492.75           |             |                   | 369.6            |                 |
| 39306    | Brain and nervous system    | Type A Surgical                              | 01.12.1991      | 3            | T8        | N        | Nerve trunk, primary repair of, using microsurgical techniques, other than a service associated with a service to which item 39330 applies (H) (Anaes.) (Assist.)  | 715.5            |             |                   | 536.65           |                 |
| 39307    | Brain and nervous system    | Type A Surgical                              | 01.07.2021      | 3            | T8        | N        | 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.)   | 871.25           |             |                   | 653.45           | 778.05          |
| 39309    | Brain and nervous system    | Type A Surgical                              | 01.12.1991      | 3            | T8        | N        | 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.)  | 755.25           |             |                   | 566.45           |                 |
| 39312    | Brain and nervous system    | Type A Surgical                              | 01.12.1991      | 3            | T8        | N        | 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.)  | 421.35           |             |                   | 316.05           |                 |

| MBS item | Clinical Category        | Procedure Type                               | Item Start Date | MBS Category | MBS Group | New Item | MBS Description   | MBS Schedule Fee | Derived Fee | Benefit 100% (\$) | Benefit 75% (\$) | Benefit 85 (\$) |
|----------|--------------------------|--|-----------------|--------------|-----------|----------|---|------------------|-------------|-------------------|------------------|-----------------|
| 39315    | Brain and nervous system | Type A Advanced Surgical                     | 01.12.1991      | 3            | T8        | N        | 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.)  | 1089.1           |             | 816.85            |                  |                 |
| 39318    | Brain and nervous system | Type A Surgical                              | 01.12.1991      | 3            | T8        | N        | 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.)  | 675.8            |             | 506.85            |                  |                 |
| 39319    | Brain and nervous system | Type A Surgical                              | 01.07.2021      | 3            | T8        | N        | 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.)   | 492.75           |             | 369.6             | 418.85           |                 |
| 39321    | Brain and nervous system | Type A Surgical                              | 01.12.1991      | 3            | T8        | N        | 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.)   | 500.75           |             | 375.6             |                  |                 |
| 39323    | Pain management          | Type A Surgical and Type B Non-band specific | 01.07.1993      | 3            | T8        | N        | 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.)   | 292.6            |             | 219.45            | 248.75           |                 |
| 39324    | Brain and nervous system | Type A Surgical                              | 01.12.1991      | 3            | T8        | N        | Neurectomy or removal of tumour or neuroma from superficial peripheral nerve (Anaes.) (Assist.)   | 292.6            |             | 219.45            | 248.75           |                 |
| 39327    | Brain and nervous system | Type A Surgical                              | 01.12.1991      | 3            | T8        | N        | NEURECTOMY, NEUROTOMY or removal of tumour from deep peripheral or cranial nerve, by open operation, not being a service to which item 41575, 41576, 41578 or 41579 applies (Anaes.) (Assist.)  | 500.85           |             | 375.65            |                  |                 |
| 39328    | Brain and nervous system | Type A Surgical                              | 01.07.2021      | 3            | T8        | N        | Neurectomy, neurotomy or removal of tumour from deep peripheral nerve, by open operation, for upper limb surgery (H) (Anaes.) (Assist.)   | 500.85           |             | 375.65            |                  |                 |
| 39329    | Brain and nervous system | Type A Surgical                              | 01.07.2021      | 3            | T8        | N        | 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, 39327 or 39333 applies (Anaes.) (Assist.)  | 373.6            |             | 280.2             | 317.6            |                 |
| 39330    | Brain and nervous system | Type A Surgical                              | 01.12.1991      | 3            | T8        | N        | 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.)   | 292.6            |             | 219.45            |                  |                 |
| 39331    | Bone, joint and muscle   | Type A Surgical and Type B Non-band specific | 01.07.1993      | 3            | T8        | N        | 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.)   | 292.6            |             | 219.45            | 248.75           |                 |
| 39332    | Bone, joint and muscle   | Type A Surgical and Type B Non-band specific | 01.07.2021      | 3            | T8        | N        | Revision of 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.)   | 438.95           |             | 329.25            | 373.15           |                 |
| 39333    | Brain and nervous system | Type A Surgical                              | 01.12.1991      | 3            | T8        | N        | BRACHIAL PLEXUS, exploration of, not being a service to which another item in this Group applies (Anaes.) (Assist.)   | 421.35           |             | 316.05            | 358.15           |                 |
| 39336    | Bone, joint and muscle   | Type A Surgical and Type B Non-band specific | 01.07.2021      | 3            | T8        | N        | 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.)  | 292.6            |             | 219.45            | 248.75           |                 |
| 39339    | Bone, joint and muscle   | Type A Surgical and Type B Non-band specific | 01.07.2021      | 3            | T8        | N        | 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.)  | 438.95           |             | 329.25            | 373.15           |                 |
| 39342    | Bone, joint and muscle   | Type A Surgical and Type B Non-band specific | 01.07.2021      | 3            | T8        | N        | 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) ostectomy and reconstruction of the flexor origin; (e) neurolysis; other than a service associated with a service to which item 30023 applies (Anaes.) (Assist.)  | 575.8            |             | 431.85            | 489.45           |                 |
| 39345    | Bone, joint and muscle   | Type B Non-band specific                     | 01.07.2021      | 3            | T8        | N        | 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.)   | 292.6            |             | 219.45            | 248.75           |                 |
| 39503    | Brain and nervous system | Type A Advanced Surgical                     | 01.12.1991      | 3            | T8        | N        | Facio-hypoglossal nerve or facio-accessory nerve, anastomosis of (Anaes.) (Assist.)   | 1009.6           |             | 757.2             |                  |                 |
| 39604    | Brain and nervous system | Type A Advanced Surgical                     | 01.11.2020      | 3            | T8        | N        | 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; or(c) post-operative re-opening, including for swelling or post-operative cerebrospinal fluid leak. (Anaes.) (Assist.) | 1896.1           |             | 1422.1            |                  |                 |
| 39610    | Brain and nervous system | Type A Surgical                              | 01.11.2020      | 3            | T8        | N        | Fractured skull, without brain laceration or dural penetration, repair of (Anaes.) (Assist.)  | 1009.6           |             | 757.2             |                  |                 |
| 39612    | Brain and nervous system | Type A Advanced Surgical                     | 01.12.1991      | 3            | T8        | N        | Fractured skull, with brain laceration or dural penetration but without cerebrospinal fluid, rhinorrhoea or otorrhoea, repair of (Anaes.) (Assist.)   | 1184.55          |             | 888.45            |                  |                 |
| 39615    | Brain and nervous system | Type A Advanced Surgical                     | 01.12.1991      | 3            | T8        | N        | Fractured skull, after trauma, with cerebrospinal fluid rhinorrhoea or otorrhoea, repair of, including stereotaxy and dermofat graft (Anaes.) (Assist.)   | 2021.35          |             | 1516.05           |                  |                 |
| 39638    | Brain and nervous system | Type A Advanced Surgical                     | 01.11.2020      | 3            | T8        | N        | 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 (Anaes.) (Assist.)  | 4500.5           |             | 3375.4            |                  |                 |
| 39639    | Brain and nervous system | Type A Advanced Surgical                     | 01.11.2020      | 3            | T8        | N        | 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 (Assist.)  | 3596.4           |             | 2697.3            |                  |                 |
| 39641    | Brain and nervous system | Type A Advanced Surgical                     | 01.11.2020      | 3            | T8        | N        | Anterior or middle cranial fossa or cavernous sinus, tumour or vascular lesion, removal or radical excision of, including stereotaxy and cranioplasty - one surgeon (Anaes.) (Assist.)  | 4746.9           |             | 3560.2            |                  |                 |

| MBS item | Clinical Category        | Procedure Type           | Item Start Date | MBS Category | MBS Group | New Item | MBS Description   | MBS Schedule Fee | Derived Fee | Benefit 100% (\$) | Benefit 75% (\$) | Benefit 85 (\$) |
|----------|--------------------------|--------------------------|-----------------|--------------|-----------|----------|---|------------------|-------------|-------------------|------------------|-----------------|
| 39651    | Brain and nervous system | Type A Advanced Surgical | 01.11.2020      | 3            | T8        | N        | Petro-clival, clival or foramen magnum tumour or vascular lesion, removal or radical excision of, including stereotaxy and cranioplasty - one surgeon (Anaes.) (Assist.)  | 5856.5           |             |                   | 4392.4           |                 |
| 39654    | Brain and nervous system | Type A Advanced Surgical | 01.07.1995      | 3            | T8        | N        | Petro-clival, clival or foramen magnum tumour or vascular lesion, removal or radical excision of, including stereotaxy and cranioplasty—conjoint surgery, principal surgeon (Anaes.) (Assist.)  | 4500.5           |             |                   | 3375.4           |                 |
| 39656    | Brain and nervous system | Type A Advanced Surgical | 01.07.1995      | 3            | T8        | N        | Petro clival, clival or foramen magnum tumour or vascular lesion, removal or radical excision of, including stereotaxy and cranioplasty—conjoint surgery, co surgeon (Assist.)  | 3596.4           |             |                   | 2697.3           |                 |
| 39700    | Brain and nervous system | Type A Advanced Surgical | 01.12.1991      | 3            | T8        | N        | Skull tumour, benign or malignant, excision of, including stereotaxy and cranioplasty (Anaes.) (Assist.)  | 1915.95          |             |                   | 1437             |                 |
| 39703    | Brain and nervous system | Type A Advanced Surgical | 01.12.1991      | 3            | T8        | N        | Intracranial tumour, cyst or other brain tissue, either or both of: (a) burr hole and biopsy of; (b) drainage of; including stereotaxy (Anaes.) (Assist.)   | 1538.45          |             |                   | 1153.85          |                 |
| 39710    | Brain and nervous system | Type A Advanced Surgical | 01.11.2020      | 3            | T8        | N        | Intracranial tumour, one or more, biopsy, drainage, decompression or removal of, through a single craniotomy, including stereotaxy and cranioplasty (Anaes.) (Assist.)  | 2561.95          |             |                   | 1921.5           |                 |
| 39712    | Brain and nervous system | Type A Advanced Surgical | 01.12.1991      | 3            | T8        | N        | 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 (Anaes.) (Assist.) | 3913.3           |             |                   | 2935             |                 |
| 39715    | Brain and nervous system | Type A Advanced Surgical | 01.12.1991      | 3            | T8        | N        | 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 (Anaes.) (Assist.)   | 2856.05          |             |                   | 2142.05          |                 |
| 39718    | Brain and nervous system | Type A Advanced Surgical | 01.12.1991      | 3            | T8        | N        | Arachnoidal cyst, craniotomy for, including stereotaxy and neuroendoscopy (Anaes.) (Assist.)  | 1725.2           |             |                   | 1293.9           |                 |
| 39720    | Brain and nervous system | Type A Advanced Surgical | 01.11.2020      | 3            | T8        | N        | Awake craniotomy for functional neurosurgery (Anaes.) (Assist.)   | 3660.85          |             |                   | 2745.65          |                 |
| 39801    | Brain and nervous system | Type A Advanced Surgical | 01.11.2020      | 3            | T8        | N        | Aneurysm, clipping, proximal ligation, or reinforcement of sac, including stereotaxy and cranioplasty (Anaes.) (Assist.)  | 5856.5           |             |                   | 4392.4           |                 |
| 39803    | Brain and nervous system | Type A Advanced Surgical | 01.12.1991      | 3            | T8        | N        | Intracranial arteriovenous malformation or fistula, treatment through a craniotomy, including stereotaxy, cranioplasty and all angiography (Anaes.) (Assist.)   | 5856.5           |             |                   | 4392.4           |                 |
| 39815    | Brain and nervous system | Type A Advanced Surgical | 01.12.1991      | 3            | T8        | N        | CAROTID-CAVERNOUS FISTULA, obliteration of - combined cervical and intracranial procedure (Anaes.) (Assist.)  | 1931.7           |             |                   | 1448.8           | 1838.5          |
| 39818    | Brain and nervous system | Type A Advanced Surgical | 01.12.1991      | 3            | T8        | N        | Intracranial vascular bypass using indirect techniques, including stereotaxy (Anaes.) (Assist.)   | 2563.85          |             |                   | 1922.9           |                 |
| 39821    | Brain and nervous system | Type A Advanced Surgical | 01.07.1995      | 3            | T8        | N        | Intracranial vascular bypass using direct anastomosis techniques, including stereotaxy (Anaes.) (Assist.)   | 3652.95          |             |                   | 2739.75          |                 |
| 39900    | Brain and nervous system | Type A Advanced Surgical | 01.12.1991      | 3            | T8        | N        | Intracranial infection, treated by burr hole, including stereotaxy, other than a service associated with a service to which item 40600 applies (Anaes.) (Assist.)   | 1538.45          |             |                   | 1153.85          |                 |
| 39903    | Brain and nervous system | Type A Advanced Surgical | 01.12.1991      | 3            | T8        | N        | Intracranial infection, treated by craniotomy, including stereotaxy, other than a service associated with a service to which item 40600 applies (Anaes.) (Assist.)  | 2309.55          |             |                   | 1732.2           |                 |
| 39906    | Brain and nervous system | Type A Surgical          | 01.12.1991      | 3            | T8        | N        | Osteomyelitis of skull or removal of infected bone flap, craniectomy for, other than a service associated with a service to which item 40600 applies (Anaes.) (Assist.)   | 842.65           |             |                   | 632              |                 |
| 40004    | Brain and nervous system | Type A Advanced Surgical | 01.11.2020      | 3            | T8        | N        | Ventricular, lumbar or cisternal shunt diversion, insertion or revision of, including stereotaxy (Anaes.) (Assist.)   | 1749.05          |             |                   | 1311.8           |                 |
| 40012    | Brain and nervous system | Type A Advanced Surgical | 01.12.1991      | 3            | T8        | N        | Endoscopic ventriculostomy for treatment of cerebrospinal fluid circulation disorders, including stereotaxy (Anaes.) (Assist.)  | 1808.7           |             |                   | 1356.55          |                 |
| 40018    | Brain and nervous system | Unlisted                 | 01.12.1991      | 3            | T8        | N        | LUMBAR CEREBROSPINAL FLUID DRAIN, insertion of (Anaes.)   | 168.55           |             |                   | 126.45           | 143.3           |
| 40104    | Brain and nervous system | Type A Advanced Surgical | 01.11.2020      | 3            | T8        | N        | Spinal myelomeningocele or spinal meningocele, excision and closure of, other than a service associated with a service to which item 40600 applies (Anaes.) (Assist.)   | 1073.25          |             |                   | 804.95           |                 |
| 40106    | Brain and nervous system | Type A Advanced Surgical | 01.12.1991      | 3            | T8        | N        | 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 (Anaes.) (Assist.)  | 2547.9           |             |                   | 1910.95          |                 |
| 40109    | Brain and nervous system | Type A Advanced Surgical | 01.12.1991      | 3            | T8        | N        | Encephalocele or cranial meningocele, excision and closure of, including stereotaxy and dermofat graft (Anaes.) (Assist.)   | 1977.55          |             |                   | 1483.2           |                 |
| 40112    | Brain and nervous system | Type A Advanced Surgical | 01.12.1991      | 3            | T8        | N        | 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 (Anaes.) (Assist.)  | 2526.15          |             |                   | 1894.65          |                 |
| 40119    | Brain and nervous system | Type A Advanced Surgical | 01.11.2020      | 3            | T8        | N        | Craniostenosis, operation for, other than a service associated with a service to which item 40600 applies (Anaes.) (Assist.)  | 1009.6           |             |                   | 757.2            |                 |
| 40600    | Brain and nervous system | Type A Advanced Surgical | 01.12.1991      | 3            | T8        | N        | 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.)  | 1009.6           |             |                   | 757.2            |                 |
| 40700    | Brain and nervous system | Type A Advanced Surgical | 01.12.1991      | 3            | T8        | N        | Corpus callosotomy, for epilepsy, including stereotaxy (Anaes.) (Assist.)   | 2476.45          |             |                   | 1857.35          |                 |
| 40701    | Brain and nervous system | Type A Surgical          | 01.11.2017      | 3            | T8        | N        | 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 (Anaes.) (Assist.)   | 360.05           |             |                   | 270.05           |                 |
| 40702    | Brain and nervous system | Type B Non-band specific | 01.11.2017      | 3            | T8        | N        | 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 (Anaes.) (Assist.)  | 168.55           |             |                   | 126.45           |                 |
| 40703    | Brain and nervous system | Type A Advanced Surgical | 01.12.1991      | 3            | T8        | N        | Corticectomy, topectomy or partial lobectomy, for epilepsy, including stereotaxy and cranioplasty (Anaes.) (Assist.)  | 2561.95          |             |                   | 1921.5           |                 |

| MBS Item | Clinical Category        | Procedure Type           | Item Start Date | MBS Category | MBS Group | New Item | MBS Description  | MBS Schedule Fee | Derived Fee | Benefit 100% (\$) | Benefit 75% (\$) | Benefit 85 (\$) |
|----------|--------------------------|--------------------------|-----------------|--------------|-----------|----------|--|------------------|-------------|-------------------|------------------|-----------------|
| 40704    | Brain and nervous system | Type A Surgical          | 01.11.2017      | 3            | T8        | N        | 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 (Anaes.) (Assist.)   | 712.65           |             |                   | 534.5            |                 |
| 40705    | Brain and nervous system | Type A Surgical          | 01.11.2017      | 3            | T8        | N        | 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 (Anaes.) (Assist.)   | 640              |             |                   | 480              |                 |
| 40706    | Brain and nervous system | Type A Advanced Surgical | 01.12.1991      | 3            | T8        | N        | Hemispherectomy or functional hemispherectomy, for intractable epilepsy, including stereotaxy (Anaes.) (Assist.)   | 3660.9           |             |                   | 2745.7           |                 |
| 40707    | Brain and nervous system | Type C                   | 01.11.2017      | 3            | T8        | N        | 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  | 200.55           |             |                   | 150.45           | 170.5           |
| 40708    | Brain and nervous system | Type A Surgical          | 01.11.2017      | 3            | T8        | N        | 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) treating refractory focal epilepsy not suitable for resective epilepsy surgery (Anaes.) (Assist.)   | 360.05           |             |                   | 270.05           |                 |
| 40709    | Brain and nervous system | Type A Advanced Surgical | 01.12.1991      | 3            | T8        | N        | Intracranial electrode placement by burr hole, including stereotaxy (Anaes.) (Assist.)   | 1538.45          |             |                   | 1153.85          |                 |
| 40712    | Brain and nervous system | Type A Advanced Surgical | 01.12.1991      | 3            | T8        | N        | Intracranial electrode placement by craniotomy, single or multiple, including stereotactic EEG, including stereotaxy (Anaes.) (Assist.)  | 3660.9           |             |                   | 2745.7           |                 |
| 40801    | Brain and nervous system | Type A Advanced Surgical | 01.07.1993      | 3            | T8        | N        | 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 (Anaes.) (Assist.)  | 1845.6           |             |                   | 1384.2           |                 |
| 40803    | Brain and nervous system | Type A Advanced Surgical | 01.12.1991      | 3            | T8        | N        | 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.)  | 1264.05          |             |                   | 948.05           | 1170.85         |
| 40850    | Brain and nervous system | Type A Advanced Surgical | 01.02.2002      | 3            | T8        | N        | 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: Parkinson's disease where the patient's response to medical therapy is not sustained and is accompanied by unacceptable motor fluctuations; or Essential tremor or dystonia where the patient's symptoms cause severe disability (Anaes.) (Assist.) | 2393.9           |             |                   | 1795.45          |                 |
| 40851    | Brain and nervous system | Type A Advanced Surgical | 05.05.2003      | 3            | T8        | N        | 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: Parkinson's disease where the patient's response to medical therapy is not sustained and is accompanied by unacceptable motor fluctuations; or Essential tremor or dystonia where the patient's symptoms cause severe disability. (Anaes.) (Assist.) | 4189.6           |             |                   | 3142.2           |                 |
| 40852    | Brain and nervous system | Type A Surgical          | 01.02.2002      | 3            | T8        | N        | DEEP BRAIN STIMULATION (unilateral) subcutaneous placement of neurostimulator receiver or pulse generator for the treatment of: Parkinson's disease where the patient's response to medical therapy is not sustained and is accompanied by unacceptable motor fluctuations; or Essential tremor or dystonia where the patient's symptoms cause severe disability. (Anaes.) (Assist.)   | 360.05           |             |                   | 270.05           |                 |
| 40854    | Brain and nervous system | Type A Surgical          | 01.02.2002      | 3            | T8        | N        | DEEP BRAIN STIMULATION (unilateral) revision or removal of brain electrode for the treatment of: Parkinson's disease where the patient's response to medical therapy is not sustained and is accompanied by unacceptable motor fluctuations; or Essential tremor or dystonia where the patient's symptoms cause severe disability. (Anaes.)  | 556.45           |             |                   | 417.35           |                 |
| 40856    | Brain and nervous system | Type A Surgical          | 01.02.2002      | 3            | T8        | N        | DEEP BRAIN STIMULATION (unilateral) removal or replacement of neurostimulator receiver or pulse generator for the treatment of: Parkinson's disease where the patient's response to medical therapy is not sustained and is accompanied by unacceptable motor fluctuations; or Essential tremor or dystonia where the patient's symptoms cause severe disability. (Anaes.)   | 270.05           |             |                   | 202.55           |                 |
| 40858    | Brain and nervous system | Type A Surgical          | 01.02.2002      | 3            | T8        | N        | DEEP BRAIN STIMULATION (unilateral) placement, removal or replacement of extension lead for the treatment of: Parkinson's disease where the patient's response to medical therapy is not sustained and is accompanied by unacceptable motor fluctuations; or Essential tremor or dystonia where the patient's symptoms cause severe disability. (Anaes.)   | 556.45           |             |                   | 417.35           |                 |
| 40860    | Brain and nervous system | Type A Advanced Surgical | 01.02.2002      | 3            | T8        | N        | 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: Parkinson's disease where the patient's response to medical therapy is not sustained and is accompanied by unacceptable motor fluctuations; or Essential tremor or dystonia where the patient's symptoms cause severe disability. (Anaes.)                                     | 2138.3           |             |                   | 1603.75          |                 |
| 40862    | Brain and nervous system | Type C                   | 01.02.2002      | 3            | T8        | N        | DEEP BRAIN STIMULATION (unilateral) electronic analysis and programming of neurostimulator pulse generator for the treatment of: Parkinson's disease where the patient's response to medical therapy is not sustained and is accompanied by unacceptable motor fluctuations; or Essential tremor or dystonia where the patient's symptoms cause severe disability. (Anaes.)  | 200.55           |             |                   | 150.45           | 170.5           |

| MBS item | Clinical Category        | Procedure Type           | Item Start Date | MBS Category | MBS Group | New Item | MBS Description  | MBS Schedule Fee | Derived Fee | Benefit 100% (\$) | Benefit 75% (\$) | Benefit 85 (\$) |
|----------|--------------------------|--------------------------|-----------------|--------------|-----------|----------|--|------------------|-------------|-------------------|------------------|-----------------|
| 40863    | Brain and nervous system | Type C                   | 01.11.2022      | 3            | T8        | N        | 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           |             |                   | 150.45           | 170.5           |
| 40905    | Brain and nervous system | Type A Surgical          | 01.05.2004      | 3            | T8        | N        | Craniotomy, performed by a neurosurgeon in conjunction with the correction of craniofacial abnormalities (Anaes.) (Assist.)  | 636.1            |             |                   | 477.1            |                 |
| 41500    | Ear, nose and throat     | Type C                   | 01.12.1991      | 3            | T8        | N        | EAR, foreign body (other than ventilating tube) in, removal of, other than by simple syringing (Anaes.)  | 87.15            |             |                   | 65.4             | 74.1            |
| 41501    | Ear, nose and throat     | Type C                   | 01.11.2019      | 3            | T8        | N        | 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, including 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: dysphonia where non stroboscopic techniques of the visualising the larynx have failed to identify any frank abnormality of the vocal folds; or benign or malignant vocal fold lesions; or premalignant or malignant laryngeal lesions; or vocal fold motion impairment or glottal insufficiency; or evaluation of vocal fold function after treatment or phonosurgery other than a service associated with a service to which item 41764 applies or with a services associated with the administration of a general anaesthetic | 196.2            |             |                   | 147.15           | 166.8           |
| 41503    | Ear, nose and throat     | Type B Non-band specific | 01.12.1991      | 3            | T8        | N        | 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.)  | 252.45           |             |                   | 189.35           | 214.6           |
| 41506    | Ear, nose and throat     | Type B Non-band specific | 01.12.1991      | 3            | T8        | N        | AURAL POLYP, removal of (Anaes.)   | 152.25           |             |                   | 114.2            | 129.45          |
| 41509    | Ear, nose and throat     | Type B Non-band specific | 01.12.1991      | 3            | T8        | N        | 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.)  | 172.25           |             |                   | 129.2            |                 |
| 41512    | Ear, nose and throat     | Type A Surgical          | 01.12.1991      | 3            | T8        | N        | MEATOPLASTY involving removal of cartilage or bone or both cartilage and bone, not being a service to which item 41515 applies (Anaes.) (Assist.)  | 619.4            |             |                   | 464.55           |                 |
| 41515    | Ear, nose and throat     | Type A Surgical          | 01.12.1991      | 3            | T8        | N        | MEATOPLASTY involving removal of cartilage or bone or both cartilage and bone, being a service associated with a service to which item 41530, 41548, 41557, 41560 or 41563 applies (Anaes.) (Assist.)  | 406.5            |             |                   | 304.9            |                 |
| 41518    | Ear, nose and throat     | Type A Advanced Surgical | 01.12.1991      | 3            | T8        | N        | EXTERNAL AUDITORY MEATUS, removal of EXOSTOSES IN (Anaes.) (Assist.)   | 981.8            |             |                   | 736.35           |                 |
| 41521    | Ear, nose and throat     | Type A Advanced Surgical | 01.12.1991      | 3            | T8        | N        | 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.)   | 1045.35          |             |                   | 784.05           |                 |
| 41524    | Ear, nose and throat     | Type A Surgical          | 01.12.1991      | 3            | T8        | N        | Reconstruction of external auditory canal(H) (Anaes.) (Assist.)  | 302              |             |                   | 226.5            |                 |
| 41527    | Ear, nose and throat     | Type A Surgical          | 01.12.1991      | 3            | T8        | N        | Myringoplasty, by transcanal approach, other than a service associated with a service to which another item in this Subgroup applies (H) (Anaes.) (Assist.)  | 621.2            |             |                   | 465.9            |                 |
| 41530    | Ear, nose and throat     | Type A Advanced Surgical | 01.12.1991      | 3            | T8        | N        | 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.)  | 1012.05          |             |                   | 759.05           |                 |
| 41533    | Ear, nose and throat     | Type A Advanced Surgical | 01.12.1991      | 3            | T8        | N        | 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.)  | 1209.7           |             |                   | 907.3            |                 |
| 41536    | Ear, nose and throat     | Type A Advanced Surgical | 01.12.1991      | 3            | T8        | N        | 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.)   | 1355             |             |                   | 1016.25          |                 |
| 41539    | Ear, nose and throat     | Type A Advanced Surgical | 01.12.1991      | 3            | T8        | N        | Ossicular chain reconstruction, other than a service associated with a service to which item 41611 applies(H) (Anaes.) (Assist.)   | 1152.2           |             |                   | 864.15           |                 |
| 41542    | Ear, nose and throat     | Type A Advanced Surgical | 01.12.1991      | 3            | T8        | N        | Ossicular chain reconstruction and myringoplasty, other than a service associated with a service to which item 41611 applies(H) (Anaes.) (Assist.)   | 1262.55          |             |                   | 946.95           |                 |
| 41545    | Ear, nose and throat     | Type A Surgical          | 01.12.1991      | 3            | T8        | N        | Mastoidectomy (cortical),other than a service associated with a service to which another item in this Subgroup applies(H) (Anaes.) (Assist.)   | 551.1            |             |                   | 413.35           |                 |
| 41548    | Ear, nose and throat     | Type A Surgical          | 01.12.1991      | 3            | T8        | N        | OBLITERATION OF THE MASTOID CAVITY (Anaes.) (Assist.)  | 731.25           |             |                   | 548.45           |                 |
| 41551    | Ear, nose and throat     | Type A Advanced Surgical | 01.12.1991      | 3            | T8        | N        | 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.)   | 1684.15          |             |                   | 1263.15          |                 |
| 41554    | Ear, nose and throat     | Type A Advanced Surgical | 01.12.1991      | 3            | T8        | N        | 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.)  | 1984.25          |             |                   | 1488.2           |                 |
| 41557    | Ear, nose and throat     | Type A Advanced Surgical | 01.12.1991      | 3            | T8        | N        | Mastoidectomy (radical or modified radical),other than a service associated with a service to which another item in this Subgroup applies(H) (Anaes.) (Assist.)  | 1152.2           |             |                   | 864.15           |                 |
| 41560    | Ear, nose and throat     | Type A Advanced Surgical | 01.12.1991      | 3            | T8        | N        | 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.)  | 1262.55          |             |                   | 946.95           |                 |
| 41563    | Ear, nose and throat     | Type A Advanced Surgical | 01.12.1991      | 3            | T8        | N        | 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.)   | 1562.9           |             |                   | 1172.2           |                 |

| MBS Item | Clinical Category               | Procedure Type                               | Item Start Date | MBS Category | MBS Group | New Item | MBS Description  | MBS Schedule Fee | Derived Fee | Benefit 100% (\$) | Benefit 75% (\$) | Benefit 85 (\$) |
|----------|---------------------------------|--|-----------------|--------------|-----------|----------|--|------------------|-------------|-------------------|------------------|-----------------|
| 41564    | Ear, nose and throat            | Type A Advanced Surgical                     | 01.05.1997      | 3            | T8        | N        | 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.)  | 2021.15          |             |                   | 1515.9           |                 |
| 41566    | Ear, nose and throat            | Type A Advanced Surgical                     | 01.12.1991      | 3            | T8        | N        | 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.)  | 1152.2           |             |                   | 864.15           |                 |
| 41569    | Ear, nose and throat            | Type A Advanced Surgical                     | 01.12.1991      | 3            | T8        | N        | Decompression of facial nerve in its mastoid portion, other than a service associated with a service to which item 41617 applies (H) (Anaes.) (Assist.)  | 1262.55          |             |                   | 946.95           |                 |
| 41572    | Ear, nose and throat            | Type A Advanced Surgical                     | 01.12.1991      | 3            | T8        | N        | LABYRINTHOMY OR DESTRUCTION OF LABYRINTH (Anaes.) (Assist.)  | 1092.3           |             |                   | 819.25           |                 |
| 41575    | Ear, nose and throat            | Type A Advanced Surgical                     | 01.12.1991      | 3            | T8        | N        | CEREBELLOPONTINE ANGLE TUMOUR, removal of by 2 surgeons operating conjointly, by transmastoid, translabyrinthine or retromastoid approach; transmastoid, translabyrinthine or retromastoid procedure (including aftercare) (Anaes.) (Assist.)  | 2574.9           |             |                   | 1931.2           |                 |
| 41576    | Ear, nose and throat            | Type A Advanced Surgical                     | 01.11.1995      | 3            | T8        | N        | CEREBELLO - PONTINE ANGLE TUMOUR, removal of, by transmastoid, translabyrinthine or retromastoid approach - intracranial procedure (including aftercare) not being a service to which item 41578 or 41579 applies (Anaes.) (Assist.)   | 3862.5           |             |                   | 2896.9           |                 |
| 41578    | Ear, nose and throat            | Type A Advanced Surgical                     | 01.12.1991      | 3            | T8        | N        | CEREBELLOPONTINE ANGLE TUMOUR, removal of, by transmastoid, translabyrinthine or retromastoid approach, (intracranial procedure) - conjoint surgery, principal surgeon (Anaes.) (Assist.)  | 2574.9           |             |                   | 1931.2           |                 |
| 41579    | Ear, nose and throat            | Type A Advanced Surgical                     | 01.07.1995      | 3            | T8        | N        | CEREBELLO-PONTINE ANGLE TUMOUR, removal of, by transmastoid, translabyrinthine or retromastoid approach, (intracranial procedure) - conjoint surgery, co-surgeon (Assist.)   | 1931.2           |             |                   | 1448.4           |                 |
| 41581    | Ear, nose and throat            | Type A Advanced Surgical                     | 01.12.1991      | 3            | T8        | N        | TUMOUR INVOLVING INFRA-TEMPORAL FOSSA, removal of, involving craniotomy and radical excision of (Anaes.) (Assist.)   | 2961.7           |             |                   | 2221.3           |                 |
| 41584    | Ear, nose and throat            | Type A Advanced Surgical                     | 01.12.1991      | 3            | T8        | N        | PARTIAL TEMPORAL BONE RESECTION for removal of tumour involving mastoidectomy with or without decompression of facial nerve (Anaes.) (Assist.)   | 2032.55          |             |                   | 1524.45          |                 |
| 41587    | Ear, nose and throat            | Type A Advanced Surgical                     | 01.12.1991      | 3            | T8        | N        | TOTAL TEMPORAL BONE RESECTION for removal of tumour (Anaes.) (Assist.)   | 2768.3           |             |                   | 2076.25          |                 |
| 41590    | Ear, nose and throat            | Type A Advanced Surgical                     | 01.12.1991      | 3            | T8        | N        | ENDOLYMPHATIC SAC, TRANSMASTOID DECOMPRESSION with or without drainage of (Anaes.) (Assist.)   | 1262.55          |             |                   | 946.95           |                 |
| 41593    | Ear, nose and throat            | Type A Advanced Surgical                     | 01.12.1991      | 3            | T8        | N        | TRANSLABYRINTHINE VESTIBULAR NERVE SECTION (Anaes.) (Assist.)  | 1645.45          |             |                   | 1234.1           |                 |
| 41596    | Ear, nose and throat            | Type A Advanced Surgical                     | 01.12.1991      | 3            | T8        | N        | RETROLABYRINTHINE VESTIBULAR NERVE SECTION or COCHLEAR NERVE SECTION, or BOTH (Anaes.) (Assist.)   | 1838.95          |             |                   | 1379.25          |                 |
| 41599    | Ear, nose and throat            | Type A Advanced Surgical                     | 01.12.1991      | 3            | T8        | N        | INTERNAL AUDITORY MEATUS, exploration by middle cranial fossa approach with cranial nerve decompression (Anaes.) (Assist.)   | 1838.95          |             |                   | 1379.25          |                 |
| 41603    | Implantation of hearing devices | Type A Surgical                              | 01.11.2006      | 3            | T8        | N        | Osseointegration 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 (Anaes.)   | 631.3            |             |                   | 473.5            | 538.1           |
| 41608    | Ear, nose and throat            | Type A Advanced Surgical                     | 01.12.1991      | 3            | T8        | N        | STAPEDECTOMY (Anaes.) (Assist.)  | 1152.2           |             |                   | 864.15           |                 |
| 41611    | Ear, nose and throat            | Type A Surgical                              | 01.12.1991      | 3            | T8        | N        | Stapes mobilisation, other than a service associated with a service to which item 41539, 41542, or an item in Subgroup 18, applies (H) (Anaes.) (Assist.)  | 741.4            |             |                   | 556.05           |                 |
| 41614    | Ear, nose and throat            | Type A Advanced Surgical                     | 01.12.1991      | 3            | T8        | N        | Round window surgery including repair of cochleotomy, other than a service associated with a service to which item 41617 applies (Anaes.) (Assist.)  | 1152.2           |             |                   | 864.15           | 1059            |
| 41615    | Ear, nose and throat            | Type A Advanced Surgical                     | 01.05.1994      | 3            | T8        | N        | OVAL WINDOW SURGERY, including repair of fistula, not being a service associated with a service to which any other item in this Group applies (Anaes.) (Assist.)   | 1152.2           |             |                   | 864.15           | 1059            |
| 41617    | Implantation of hearing devices | Type A Advanced Surgical                     | 01.12.1991      | 3            | T8        | N        | 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.)   | 2003.55          |             |                   | 1502.7           |                 |
| 41618    | Implantation of hearing devices | Type A Advanced Surgical                     | 01.05.2017      | 3            | T8        | N        | 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 (Anaes.) (Assist.) | 1984.25          |             |                   | 1488.2           |                 |
| 41620    | Ear, nose and throat            | Type A Surgical                              | 01.12.1991      | 3            | T8        | N        | GLOMUS TUMOUR, trans tympanic removal of (Anaes.) (Assist.)  | 871.7            |             |                   | 653.8            |                 |
| 41623    | Ear, nose and throat            | Type A Advanced Surgical                     | 01.12.1991      | 3            | T8        | N        | GLOMUS TUMOUR, transmastoid removal of, including mastoidectomy (Anaes.) (Assist.)   | 1262.55          |             |                   | 946.95           |                 |
| 41626    | Ear, nose and throat            | Type B Non-band specific                     | 01.12.1991      | 3            | T8        | N        | 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.)   | 152.25           |             |                   | 114.2            | 129.45          |
| 41629    | Ear, nose and throat            | Type A Surgical and Type B Non-band specific | 01.12.1991      | 3            | T8        | N        | Middle ear, exploration of, other than a service associated with a service to which another item in this Subgroup applies (H) (Anaes.) (Assist.)   | 551.1            |             |                   | 413.35           |                 |
| 41632    | Tonsils, adenoids and grommets  | Type B Non-band specific                     | 01.12.1991      | 3            | T8        | N        | Middle ear, insertion of tube for drainage of (including myringotomy), other than a service associated with a service to which item 41626 applies (Anaes.)   | 252.45           |             |                   | 189.35           | 214.6           |
| 41635    | Ear, nose and throat            | Type A Advanced Surgical                     | 01.12.1991      | 3            | T8        | N        | 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.)   | 1209.7           |             |                   | 907.3            |                 |

| MBS item | Clinical Category    | Procedure Type           | Item Start Date | MBS Category | MBS Group | New Item | MBS Description  | MBS Schedule Fee | Derived Fee | Benefit 100% (\$) | Benefit 75% (\$) | Benefit 85 (\$) |
|----------|----------------------|--------------------------|-----------------|--------------|-----------|----------|--|------------------|-------------|-------------------|------------------|-----------------|
| 41638    | Ear, nose and throat | Type A Advanced Surgical | 01.12.1991      | 3            | T8        | N        | 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.)  | 1510             |             |                   | 1132.5           |                 |
| 41641    | Ear, nose and throat | Unlisted                 | 01.12.1991      | 3            | T8        | N        | PERFORATION OF TYMPANUM, cauterisation or diathermy of (Anaes.)  | 50.15            |             |                   | 37.65            | 42.65           |
| 41644    | Ear, nose and throat | Type B Non-band specific | 01.12.1991      | 3            | T8        | N        | EXCISION OF RIM OF EARDRUM PERFORATION, not being a service associated with myringoplasty (Anaes.)   | 151.05           |             |                   | 113.3            | 128.4           |
| 41647    | Ear, nose and throat | Type C                   | 01.12.1991      | 3            | T8        | N        | 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.) | 116.15           |             |                   | 87.15            | 98.75           |
| 41650    | Ear, nose and throat | Type B Non-band specific | 01.12.1991      | 3            | T8        | N        | TYMPANIC MEMBRANE, microinspection of 1 or both ears under general anaesthesia, not being a service associated with a service to which another item in this Group applies (Anaes.)   | 116.15           |             |                   | 87.15            | 98.75           |
| 41656    | Ear, nose and throat | Unlisted                 | 01.12.1991      | 3            | T8        | N        | NASAL HAEMORRHAGE, POSTERIOR, ARREST OF, with posterior nasal packing with or without cauterisation and with or without anterior pack (excluding aftercare) (Anaes.)   | 129.85           |             |                   | 97.4             | 110.4           |
| 41659    | Ear, nose and throat | Type C                   | 01.12.1991      | 3            | T8        | N        | NOSE, removal of FOREIGN BODY IN, other than by simple probing (Anaes.)  | 82               |             |                   | 61.5             | 69.7            |
| 41662    | Ear, nose and throat | Type C                   | 01.12.1991      | 3            | T8        | N        | 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  | 87.15            |             |                   | 65.4             | 74.1            |
| 41668    | Ear, nose and throat | Type C                   | 01.12.1991      | 3            | T8        | N        | Nasal polyp or polypi,removal of (Anaes.)  | 232.5            |             |                   | 174.4            | 197.65          |
| 41671    | Ear, nose and throat | Type A Surgical          | 01.12.1991      | 3            | T8        | N        | 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.)  | 554.5            |             |                   | 415.9            |                 |
| 41674    | Ear, nose and throat | Type B Band 1            | 01.12.1991      | 3            | T8        | N        | 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.)  | 106.25           |             |                   | 79.7             | 90.35           |
| 41677    | Ear, nose and throat | Type B Non-band specific | 01.12.1991      | 3            | T8        | N        | NASAL HAEMORRHAGE, arrest of during an episode of epistaxis by cauterisation or nasal cavity packing or both (Anaes.)  | 95.15            |             |                   | 71.4             | 80.9            |
| 41683    | Ear, nose and throat | Unlisted                 | 01.12.1991      | 3            | T8        | N        | DIVISION OF NASAL ADHESIONS, with or without stenting not being a service associated with any other operation on the nose and not performed during the postoperative period of a nasal operation (Anaes.)  | 123.95           |             |                   | 93               | 105.4           |
| 41686    | Ear, nose and throat | Unlisted                 | 01.12.1991      | 3            | T8        | N        | DISLOCATION OF TURBINATE OR TURBINATES, 1 or both sides, not being a service associated with a service to which another item in this Group applies (Anaes.)  | 76.05            |             |                   | 57.05            | 64.65           |
| 41689    | Ear, nose and throat | Type A Surgical          | 01.12.1991      | 3            | T8        | N        | 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.)  | 216.5            |             |                   | 162.4            | 184.05          |
| 41692    | Ear, nose and throat | Type A Surgical          | 01.12.1991      | 3            | T8        | N        | 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           |             |                   | 211.8            |                 |
| 41693    | Ear, nose and throat | Type B Non-band specific | 01.03.2023      | 3            | T8        | Y        | 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.)   | 810.9            |             |                   | 608.2            |                 |
| 41698    | Ear, nose and throat | Type C                   | 01.12.1991      | 3            | T8        | N        | 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.)  | 34.4             |             |                   | 25.8             | 29.25           |
| 41701    | Ear, nose and throat | Type B Non-band specific | 01.12.1991      | 3            | T8        | N        | MAXILLARY ANTRUM, proof puncture and lavage of, under general anaesthesia (requiring admission to hospital) not being a service associated with a service to which another item in this Group applies (Anaes.)   | 97.15            |             |                   | 72.9             |                 |
| 41702    | Ear, nose and throat | Type B Non-band specific | 01.03.2023      | 3            | T8        | Y        | 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.)  | 721.4            |             |                   | 541.05           |                 |
| 41703    | Ear, nose and throat | Type A Advanced Surgical | 01.03.2023      | 3            | T8        | Y        | 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.)   | 1066.5           |             |                   | 799.9            |                 |
| 41704    | Ear, nose and throat | Type C                   | 01.12.1991      | 3            | T8        | N        | MAXILLARY ANTRUM, LAVAGE OFEach attendance at which the procedure is performed, including any associated consultation (Anaes.)   | 38.4             |             |                   | 28.8             | 32.65           |
| 41705    | Ear, nose and throat | Type A Advanced Surgical | 01.03.2023      | 3            | T8        | Y        | 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.)                                     | 1735.3           |             |                   | 1301.5           |                 |
| 41707    | Ear, nose and throat | Type A Surgical          | 01.12.1991      | 3            | T8        | N        | Maxillaryor sphenopalatine artery, ligation of (H) (Anaes.) (Assist.)  | 474.2            |             |                   | 355.65           |                 |
| 41710    | Ear, nose and throat | Type A Surgical          | 01.12.1991      | 3            | T8        | N        | Antrostomyby any approach, other than a service associated with a service to which item 41702, 41703, 41705 or 41698 applies on the same side (H) (Anaes.) (Assist.)   | 374.05           |             |                   | 280.55           |                 |
| 41713    | Ear, nose and throat | Type A Surgical          | 01.12.1991      | 3            | T8        | N        | Vidian neurectomy or exposure of vidian canal (H) (Anaes.) (Assist.)   | 641.2            |             |                   | 480.9            |                 |
| 41719    | Ear, nose and throat | Unlisted                 | 01.12.1991      | 3            | T8        | N        | Antrum, drainage of, through tooth socket, other than a service associated with a service to which item 41722 applies (Anaes.)   | 124.3            |             |                   | 93.25            | 105.7           |
| 41722    | Ear, nose and throat | Type B Non-band specific | 01.12.1991      | 3            | T8        | N        | Oroantral fistula, plastic closure of,other than a service associated with a service to which item 41719 or 45009 applies (Anaes.) (Assist.)   | 621.2            |             |                   | 465.9            | 528.05          |

| MBS item | Clinical Category              | Procedure Type                               | Item Start Date | MBS Category | MBS Group | New Item | MBS Description   | MBS Schedule Fee | Derived Fee | Benefit 100% (\$) | Benefit 75% (\$) | Benefit 85 (\$) |
|----------|--------------------------------|--|-----------------|--------------|-----------|----------|---|------------------|-------------|-------------------|------------------|-----------------|
| 41725    | Ear, nose and throat           | Type A Surgical                              | 01.12.1991      | 3            | T8        | N        | Ligation of ethmoidal artery or arteries, anterior, posterior or both, by any approach (unilateral) (H) (Anaes.) (Assist.)  | 474.2            |             |                   | 355.65           |                 |
| 41728    | Ear, nose and throat           | Type A Advanced Surgical                     | 01.12.1991      | 3            | T8        | N        | Removal of sinonasal or nasopharyngeal tumour, excluding inflammatory nasal polyps, by any approach (H) (Anaes.) (Assist.)  | 948.6            |             |                   | 711.45           |                 |
| 41734    | Ear, nose and throat           | Type A Advanced Surgical                     | 01.12.1991      | 3            | T8        | N        | 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.)  | 1072             |             |                   | 804              |                 |
| 41737    | Ear, nose and throat           | Type A Surgical                              | 01.12.1991      | 3            | T8        | N        | 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.) | 510.9            |             |                   | 383.2            |                 |
| 41740    | Ear, nose and throat           | Unlisted                                     | 01.12.1991      | 3            | T8        | N        | Frontal sinus, catheterisation of, other than a service associated with a service to which item 41749 applies (Anaes.)  | 62.2             |             |                   | 46.65            |                 |
| 41743    | Ear, nose and throat           | Type A Surgical                              | 01.12.1991      | 3            | T8        | N        | Frontal sinus, trephine of, other than a service associated with a service to which item 41749 applies(H) (Anaes.) (Assist.)  | 356.75           |             |                   | 267.6            |                 |
| 41746    | Ear, nose and throat           | Type A Surgical                              | 01.12.1991      | 3            | T8        | N        | Paranasal sinus, radical obliteration of, including any graft harvest (Anaes.) (Assist.)  | 821.55           |             |                   | 616.2            | 728.35          |
| 41749    | Ear, nose and throat           | Type A Surgical                              | 01.12.1991      | 3            | T8        | N        | 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.)   | 641.2            |             |                   | 480.9            |                 |
| 41752    | Ear, nose and throat           | Type A Surgical                              | 01.12.1991      | 3            | T8        | N        | 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.)   | 312.6            |             |                   | 234.45           |                 |
| 41755    | Ear, nose and throat           | Type C                                       | 01.12.1991      | 3            | T8        | N        | EUSTACHIAN TUBE, catheterisation of (Anaes.)  | 49.15            |             |                   | 36.9             | 41.8            |
| 41764    | Support list                   | Type C                                       | 01.12.1991      | 3            | T8        | N        | Nasendoscopy or sinuscopy 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.)   | 129.85           |             |                   | 97.4             | 110.4           |
| 41770    | Ear, nose and throat           | Type A Surgical                              | 01.12.1991      | 3            | T8        | N        | PHARYNGEAL POUCH, removal of, with or without cricopharyngeal myotomy (Anaes.) (Assist.)  | 741.4            |             |                   | 556.05           |                 |
| 41776    | Ear, nose and throat           | Type A Surgical                              | 01.12.1991      | 3            | T8        | N        | Cricopharyngeal myotomyby any approach, including open inversion of pharyngeal pouch or endoscopic repair of pharyngeal pouch(H) (Anaes.) (Assist.)   | 620.25           |             |                   | 465.2            |                 |
| 41779    | Ear, nose and throat           | Type A Surgical                              | 01.12.1991      | 3            | T8        | N        | PHARYNGOTOMY (lateral), with or without total excision of tongue (Anaes.) (Assist.)   | 741.4            |             |                   | 556.05           |                 |
| 41785    | Ear, nose and throat           | Type A Advanced Surgical                     | 01.12.1991      | 3            | T8        | N        | Partial pharyngectomy, by any approach, with or without partial glossectomy (H) (Anaes.) (Assist.)  | 1205.6           |             |                   | 904.2            |                 |
| 41786    | Ear, nose and throat           | Type A Surgical                              | 01.12.1991      | 3            | T8        | N        | UVULOPALATOPHARYNGOPLASTY, with or without tonsillectomy, by any means (Anaes.) (Assist.)   | 779.15           |             |                   | 584.4            |                 |
| 41789    | Tonsils, adenoids and grommets | Type A Surgical                              | 01.12.1991      | 3            | T8        | N        | 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 (Anaes.)   | 312.6            |             |                   | 234.45           |                 |
| 41793    | Tonsils, adenoids and grommets | Type A Surgical                              | 01.12.1991      | 3            | T8        | N        | 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 (Anaes.)  | 392.75           |             |                   | 294.6            |                 |
| 41797    | Tonsils, adenoids and grommets | Unlisted                                     | 01.12.1991      | 3            | T8        | N        | TONSILS OR TONSILS AND ADENOIDS, ARREST OF HAEMORRHAGE requiring general anaesthesia, following removal of (Anaes.)   | 152.25           |             |                   | 114.2            |                 |
| 41801    | Tonsils, adenoids and grommets | Type B Non-band specific                     | 01.12.1991      | 3            | T8        | N        | 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 (Anaes.)   | 172.25           |             |                   | 129.2            |                 |
| 41804    | Ear, nose and throat           | Unlisted                                     | 01.12.1991      | 3            | T8        | N        | Removal of lingual tonsil (H) (Anaes.)  | 95.15            |             |                   | 71.4             |                 |
| 41807    | Ear, nose and throat           | Unlisted                                     | 01.12.1991      | 3            | T8        | N        | PERITONSILLAR ABSCESS (quinsy), incision of (Anaes.)  | 74.05            |             |                   | 55.55            | 62.95           |
| 41810    | Ear, nose and throat           | Unlisted                                     | 01.12.1991      | 3            | T8        | N        | UVULOTOMY or UVULECTOMY (Anaes.)  | 37.65            |             |                   | 28.25            | 32.05           |
| 41813    | Ear, nose and throat           | Type A Surgical                              | 01.12.1991      | 3            | T8        | N        | VALLECULAR OR PHARYNGEAL CYSTS, removal of (Anaes.) (Assist.)   | 376.75           |             |                   | 282.6            |                 |
| 41822    | Digestive system               | Type B Non-band specific                     | 01.12.1991      | 3            | T8        | N        | 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.)   | 203.2            |             |                   | 152.4            |                 |
| 41825    | Digestive system               | Type A Surgical                              | 01.12.1991      | 3            | T8        | N        | 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.)   | 376.75           |             |                   | 282.6            |                 |
| 41828    | Digestive system               | Type C                                       | 01.12.1991      | 3            | T8        | N        | OESOPHAGEAL STRICTURE, dilatation of, without oesophagoscopy (Anaes.)   | 55.2             |             |                   | 41.4             | 46.95           |
| 41831    | Digestive system               | Type A Surgical and Type B Non-band specific | 01.12.1991      | 3            | T8        | N        | Oesophagus, endoscopic pneumatic dilatation of,for treatment of achalasia (Anaes.) (Assist.)  | 377.4            |             |                   | 283.05           | 320.8           |
| 41832    | Digestive system               | Unlisted                                     | 01.05.1997      | 3            | T8        | N        | OESOPHAGUS, balloon dilatation of, using interventional imaging techniques (Anaes.)   | 241.55           |             |                   | 181.2            | 205.35          |
| 41834    | Ear, nose and throat           | Type A Advanced Surgical                     | 01.12.1991      | 3            | T8        | N        | Total laryngectomy, including cricopharyngeal myotomy and tracheo oesophageal puncture (H) (Anaes.) (Assist.)   | 1672.6           |             |                   | 1254.45          |                 |
| 41837    | Ear, nose and throat           | Type A Advanced Surgical                     | 01.12.1991      | 3            | T8        | N        | 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.)   | 1306.75          |             |                   | 980.1            |                 |
| 41840    | Ear, nose and throat           | Type A Advanced Surgical                     | 01.12.1991      | 3            | T8        | N        | 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.)  | 1606.65          |             |                   | 1205             |                 |
| 41843    | Ear, nose and throat           | Type A Advanced Surgical                     | 01.12.1991      | 3            | T8        | N        | LARYNGOPHARYNGECTOMY or PRIMARY RESTORATION OF ALIMENTARY CONTINUITY after laryngopharyngectomy USING STOMACH OR BOWEL (Anaes.) (Assist.)   | 1412.85          |             |                   | 1059.65          |                 |

| MBS Item | Clinical Category        | Procedure Type           | Item Start Date | MBS Category | MBS Group | New Item | MBS Description   | MBS Schedule Fee | Derived Fee | Benefit 100% (\$) | Benefit 75% (\$) | Benefit 85 (\$) |
|----------|--------------------------|--------------------------|-----------------|--------------|-----------|----------|---|------------------|-------------|-------------------|------------------|-----------------|
| 41855    | Ear, nose and throat     | Type B Non-band specific | 01.12.1991      | 3            | T8        | N        | Micro-laryngoscopy, by any approach, with or without biopsy(H) (Anaes.) (Assist.)   | 304.65           |             |                   | 228.5            |                 |
| 41861    | Ear, nose and throat     | Type B Non-band specific | 01.12.1991      | 3            | T8        | N        | Micro-laryngoscopy 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.)  | 638.8            |             |                   | 479.1            |                 |
| 41867    | Ear, nose and throat     | Type A Surgical          | 01.12.1991      | 3            | T8        | N        | Micro-laryngoscopy, with partial or complete arytenoidectomy or arytenoid repositioning(H) (Anaes.) (Assist.)   | 648.45           |             |                   | 486.35           |                 |
| 41870    | Ear, nose and throat     | Type B Non-band specific | 01.12.1991      | 3            | T8        | N        | Laryngeal augmentation or modification by injection techniques, other than a service associated with a service to which item 41861 or 41879 applies (Anaes.) (Assist.)  | 480.85           |             |                   | 360.65           | 408.75          |
| 41873    | Ear, nose and throat     | Type A Surgical          | 01.12.1991      | 3            | T8        | N        | Larynx, fractured, operation for(H) (Anaes.) (Assist.)  | 621.2            |             |                   | 465.9            |                 |
| 41876    | Ear, nose and throat     | Type A Surgical          | 01.12.1991      | 3            | T8        | N        | LARYNX, external operation on, OR LARYNGOFISSURE with or without cordectomy (Anaes.) (Assist.)  | 621.2            |             |                   | 465.9            | 528.05          |
| 41879    | Ear, nose and throat     | Type A Advanced Surgical | 01.12.1991      | 3            | T8        | N        | 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.)  | 1006.55          |             |                   | 754.95           |                 |
| 41880    | Ear, nose and throat     | Type A Surgical          | 23.11.1998      | 3            | T8        | N        | Tracheostomyby a percutaneous technique(H) (Anaes.)   | 268.65           |             |                   | 201.5            |                 |
| 41881    | Ear, nose and throat     | Type A Surgical          | 01.07.1998      | 3            | T8        | N        | Tracheostomyby open exposure of the trachea(H) (Anaes.) (Assist.)   | 424.75           |             |                   | 318.6            |                 |
| 41884    | Ear, nose and throat     | Unlisted                 | 01.07.1995      | 3            | T8        | N        | Cricothyrostomy(H) (Anaes.)   | 96.25            |             |                   | 72.2             |                 |
| 41885    | Ear, nose and throat     | Type A Surgical          | 01.07.1998      | 3            | T8        | N        | TRACHE-OESOPHAGEAL FISTULA, formation of, as a secondary procedure following laryngectomy, including associated endoscopic procedures (Anaes.) (Assist.)  | 304.35           |             |                   | 228.3            | 258.7           |
| 41886    | Ear, nose and throat     | Type B Non-band specific | 01.12.1991      | 3            | T8        | N        | TRACHEA, removal of foreign body in (Anaes.)  | 188.2            |             |                   | 141.15           | 160             |
| 41887    | Ear, nose and throat     | Type A Advanced Surgical | 01.03.2023      | 3            | T8        | Y        | 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.)   | 2856.05          |             |                   | 2142.05          |                 |
| 41888    | Brain and nervous system | Type A Advanced Surgical | 01.03.2023      | 3            | T8        | Y        | Fractured skull, after trauma only, or spontaneous defects with cerebrospinal fluid rhinorrhoea or otorrhoea, repair of, including stereotaxy and dermofat graft(H) (Anaes.) (Assist.)  | 2021.35          |             |                   | 1516.05          |                 |
| 41890    | Eye (not cataracts)      | Type A Advanced Surgical | 01.03.2023      | 3            | T8        | Y        | 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.)  | 1351.45          |             |                   | 1013.6           |                 |
| 41907    | Ear, nose and throat     | Unlisted                 | 01.12.1991      | 3            | T8        | N        | NASAL SEPTUM BUTTON, insertion of (Anaes.)  | 129.85           |             |                   | 97.4             | 110.4           |
| 41910    | Ear, nose and throat     | Type A Surgical          | 01.07.1993      | 3            | T8        | N        | DUCT OF MAJOR SALIVARY GLAND, transposition of (Anaes.) (Assist.)   | 412.55           |             |                   | 309.45           |                 |
| 42503    | Eye (not cataracts)      | Type B Non-band specific | 01.12.1991      | 3            | T8        | N        | OPHTHALMOLOGICAL EXAMINATION under general anaesthesia, not being a service associated with a service to which another item in this Group applies (Anaes.)  | 108.35           |             |                   | 81.3             |                 |
| 42504    | Eye (not cataracts)      | Type B Non-band specific | 01.05.2020      | 3            | T8        | N        | 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.) | 317.95           |             |                   | 238.5            | 270.3           |
| 42505    | Eye (not cataracts)      | Type A Surgical          | 01.11.2018      | 3            | T8        | N        | 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.)  | 317.95           |             |                   | 238.5            | 270.3           |
| 42506    | Eye (not cataracts)      | Type A Surgical          | 01.12.1991      | 3            | T8        | N        | EYE, ENUCLEATION OF, with or without sphere implant (Anaes.) (Assist.)  | 508.75           |             |                   | 381.6            | 432.45          |
| 42509    | Eye (not cataracts)      | Type A Surgical          | 01.12.1991      | 3            | T8        | N        | EYE, ENUCLEATION OF, with insertion of integrated implant (Anaes.) (Assist.)  | 643.9            |             |                   | 482.95           |                 |
| 42510    | Eye (not cataracts)      | Type A Surgical          | 01.05.1994      | 3            | T8        | N        | EYE, enucleation of, with insertion of hydroxy apatite implant or similar coralline implant (Anaes.) (Assist.)  | 742.2            |             |                   | 556.65           |                 |
| 42512    | Eye (not cataracts)      | Type A Surgical          | 01.12.1991      | 3            | T8        | N        | GLOBE, EVISCERATION OF (Anaes.) (Assist.)   | 508.75           |             |                   | 381.6            | 432.45          |
| 42515    | Eye (not cataracts)      | Type A Surgical          | 01.12.1991      | 3            | T8        | N        | GLOBE, EVISCERATION OF, AND INSERTION OF INTRASCLERAL BALL OR CARTILAGE (Anaes.) (Assist.)  | 643.9            |             |                   | 482.95           |                 |
| 42518    | Eye (not cataracts)      | Type A Surgical          | 01.12.1991      | 3            | T8        | N        | 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 an existing orbital implant (Anaes.) (Assist.)  | 373.6            |             |                   | 280.2            |                 |
| 42521    | Eye (not cataracts)      | Type A Advanced Surgical | 01.12.1991      | 3            | T8        | N        | ANOPHTHALMIC SOCKET, treatment of, by insertion of a wired-in conformer, integrated implant or dermofat graft, as a secondary procedure (Anaes.) (Assist.)  | 1272             |             |                   | 954              |                 |
| 42524    | Eye (not cataracts)      | Unlisted                 | 01.12.1991      | 3            | T8        | N        | ORBIT, SKIN GRAFT TO, as a delayed procedure (Anaes.)   | 216.25           |             |                   | 162.2            | 183.85          |
| 42527    | Eye (not cataracts)      | Type A Surgical          | 01.12.1991      | 3            | T8        | N        | CONTRACTED SOCKET, RECONSTRUCTION INCLUDING MUCOUS MEMBRANE GRAFTING AND STENT MOULD (Anaes.) (Assist.)   | 429.25           |             |                   | 321.95           |                 |
| 42530    | Eye (not cataracts)      | Type A Surgical          | 01.12.1991      | 3            | T8        | N        | ORBIT, EXPLORATION with or without biopsy, requiring REMOVAL OF BONE (Anaes.) (Assist.)   | 667.85           |             |                   | 500.9            |                 |
| 42533    | Eye (not cataracts)      | Type A Surgical          | 01.12.1991      | 3            | T8        | N        | ORBIT, EXPLORATION OF, with drainage or biopsy not requiring removal of bone (Anaes.) (Assist.)   | 429.25           |             |                   | 321.95           |                 |
| 42536    | Eye (not cataracts)      | Type A Surgical          | 01.12.1991      | 3            | T8        | N        | ORBIT, EXENTERATION OF, with or without skin graft and with or without temporalis muscle transplant (Anaes.) (Assist.)  | 882.3            |             |                   | 661.75           |                 |
| 42539    | Eye (not cataracts)      | Type A Advanced Surgical | 01.12.1991      | 3            | T8        | N        | ORBIT, EXPLORATION OF, with removal of tumour or foreign body, requiring removal of bone (Anaes.) (Assist.)   | 1256.15          |             |                   | 942.15           |                 |

| MBS Item | Clinical Category   | Procedure Type                               | Item Start Date | MBS Category | MBS Group | New Item | MBS Description   | MBS Schedule Fee | Derived Fee | Benefit 100% (\$) | Benefit 75% (\$) | Benefit 85 (\$) |
|----------|---------------------|--|-----------------|--------------|-----------|----------|---|------------------|-------------|-------------------|------------------|-----------------|
| 42542    | Eye (not cataracts) | Type A Surgical                              | 01.12.1991      | 3            | T8        | N        | ORBIT, exploration of anterior aspect with removal of tumour or foreign body (Anaes.) (Assist.)   | 532.7            |             |                   | 399.55           |                 |
| 42543    | Eye (not cataracts) | Type A Advanced Surgical                     | 01.07.1998      | 3            | T8        | N        | ORBIT, exploration of retrobulbar aspect with removal of tumour or foreign body (Anaes.) (Assist.)  | 934.35           |             |                   | 700.8            |                 |
| 42545    | Eye (not cataracts) | Type A Advanced Surgical                     | 01.12.1991      | 3            | T8        | N        | ORBIT, decompression of, for dysthyroid eye disease, by fenestrationof 2 or more walls, or by the removal of intraorbital peribulbar and retrobulbar fat from each quadrant of the orbit, 1 eye (Anaes.) (Assist.)  | 1351.45          |             |                   | 1013.6           |                 |
| 42548    | Eye (not cataracts) | Type A Surgical                              | 01.12.1991      | 3            | T8        | N        | OPTIC NERVE MENINGES, incision of (Anaes.) (Assist.)  | 802.8            |             |                   | 602.1            |                 |
| 42551    | Eye (not cataracts) | Type A Surgical                              | 01.12.1991      | 3            | T8        | N        | EYE, PENETRATING WOUND OR RUPTURE OF, not involving intraocular structures repair involving suture of cornea or sclera, or both, not being a service to which item 42632 applies (Anaes.) (Assist.)   | 667.85           |             |                   | 500.9            | 574.65          |
| 42554    | Eye (not cataracts) | Type A Surgical                              | 01.12.1991      | 3            | T8        | N        | EYE, PENETRATING WOUND OR RUPTURE OF, with incarceration or prolapse of uveal tissue repair (Anaes.) (Assist.)  | 779.15           |             |                   | 584.4            |                 |
| 42557    | Eye (not cataracts) | Type A Advanced Surgical                     | 01.12.1991      | 3            | T8        | N        | EYE, PENETRATING WOUND OR RUPTURE OF, with incarceration of lens or vitreous repair (Anaes.) (Assist.)  | 1089.1           |             |                   | 816.85           |                 |
| 42563    | Eye (not cataracts) | Type A Surgical                              | 01.12.1991      | 3            | T8        | N        | INTRAOCULAR FOREIGN BODY, removal from anterior segment (Anaes.) (Assist.)  | 548.65           |             |                   | 411.5            | 466.4           |
| 42569    | Eye (not cataracts) | Type A Advanced Surgical                     | 01.12.1991      | 3            | T8        | N        | INTRAOCULAR FOREIGN BODY, removal from posterior segment (Anaes.) (Assist.)   | 1089.1           |             |                   | 816.85           |                 |
| 42572    | Eye (not cataracts) | Type B Non-band specific                     | 01.12.1991      | 3            | T8        | N        | ORBITAL ABSCESS OR CYST, drainage of (Anaes.)   | 124.1            |             |                   | 93.1             | 105.5           |
| 42573    | Eye (not cataracts) | Type B Non-band specific                     | 01.11.1994      | 3            | T8        | N        | DERMOID, periorbital, excision of, on a patient 10 years of age or over (Anaes.)  | 240.45           |             |                   | 180.35           | 204.4           |
| 42574    | Eye (not cataracts) | Type A Surgical                              | 01.11.1994      | 3            | T8        | N        | DERMOID, orbital, excision of (Anaes.) (Assist.)  | 510.9            |             |                   | 383.2            | 434.3           |
| 42575    | Eye (not cataracts) | Type B Band 1                                | 01.12.1991      | 3            | T8        | N        | TARSAL CYST, extirpation of (Anaes.)  | 87.45            |             |                   | 65.6             | 74.35           |
| 42576    | Eye (not cataracts) | Type B Non-band specific                     | 01.09.2015      | 3            | T8        | N        | DERMOID, periorbital, excision of, on a patient under 10 years of age (Anaes.)  | 312.6            |             |                   | 234.45           | 265.75          |
| 42581    | Eye (not cataracts) | Unlisted                                     | 01.12.1991      | 3            | T8        | N        | ECTROPION OR ENTROPION, tarsal cauterisation of (Anaes.)  | 124.1            |             |                   | 93.1             | 105.5           |
| 42584    | Eye (not cataracts) | Type A Surgical and Type B Non-band specific | 01.12.1991      | 3            | T8        | N        | TARSORRHAPHY (Anaes.) (Assist.)   | 292.6            |             |                   | 219.45           | 248.75          |
| 42587    | Eye (not cataracts) | Type C                                       | 01.12.1991      | 3            | T8        | N        | TRICHIASIS (due to causes other than trachoma), treatment of by cryotherapy, laser or electrolysis - each eyelid (Anaes.)   | 54.95            |             |                   | 41.25            | 46.75           |
| 42588    | Eye (not cataracts) | Type C                                       | 01.11.2018      | 3            | T8        | N        | TRICHIASIS (due to trachoma), treatment of by cryotherapy, laser or electrolysis - each eyelid (Anaes.)   | 54.95            |             |                   | 41.25            | 46.75           |
| 42590    | Eye (not cataracts) | Type A Surgical                              | 01.12.1991      | 3            | T8        | N        | CANTHOPLASTY, medial or lateral (Anaes.) (Assist.)  | 357.7            |             |                   | 268.3            | 304.05          |
| 42593    | Eye (not cataracts) | Type B Non-band specific                     | 01.12.1991      | 3            | T8        | N        | LACRIMAL GLAND, excision of palpebral lobe (Anaes.)   | 216.25           |             |                   | 162.2            |                 |
| 42596    | Eye (not cataracts) | Type A Surgical                              | 01.12.1991      | 3            | T8        | N        | LACRIMAL SAC, excision of, or operation on (Anaes.) (Assist.)   | 532.7            |             |                   | 399.55           | 452.8           |
| 42599    | Eye (not cataracts) | Type A Surgical                              | 01.12.1991      | 3            | T8        | N        | LACRIMAL CANALICULAR SYSTEM, establishment of patency by closed operation using silicone tubes or similar, 1 eye (Anaes.) (Assist.)   | 667.85           |             |                   | 500.9            | 574.65          |
| 42602    | Eye (not cataracts) | Type A Surgical                              | 01.12.1991      | 3            | T8        | N        | LACRIMAL CANALICULAR SYSTEM, establishment of patency by open operation, 1 eye (Anaes.) (Assist.)   | 667.85           |             |                   | 500.9            | 574.65          |
| 42605    | Eye (not cataracts) | Type A Surgical                              | 01.12.1991      | 3            | T8        | N        | LACRIMAL CANALICULUS, immediate repair of (Anaes.) (Assist.)  | 492.75           |             |                   | 369.6            | 418.85          |
| 42608    | Eye (not cataracts) | Type A Surgical                              | 01.12.1991      | 3            | T8        | N        | LACRIMAL DRAINAGE by insertion of glass tube, as an independent procedure (Anaes.) (Assist.)  | 317.95           |             |                   | 238.5            | 270.3           |
| 42610    | Eye (not cataracts) | Type B Non-band specific                     | 01.05.1994      | 3            | T8        | N        | NASOLACRIMAL TUBE (unilateral), removal or replacement of, or LACRIMAL PASSAGES, probing for obstruction, unilateral, with or without lavage - under general anaesthesia (Anaes.)   | 101.75           |             |                   | 76.35            | 86.5            |
| 42611    | Eye (not cataracts) | Type B Non-band specific                     | 01.12.1991      | 3            | T8        | N        | NASOLACRIMAL TUBE (bilateral), removal or replacement of, or LACRIMAL PASSAGES, probing for obstruction, bilateral, with or without lavage - under general anaesthesia (Anaes.)   | 152.6            |             |                   | 114.45           | 129.75          |
| 42614    | Eye (not cataracts) | Type C                                       | 01.12.1991      | 3            | T8        | N        | NASOLACRIMAL TUBE (unilateral), removal or replacement of, or LACRIMAL PASSAGES, probing to establish patency of the lacrimal passage and/or site of obstruction, unilateral, including lavage, not being a service associated with a service to which item 42610 applies (excluding aftercare) | 51.05            |             |                   | 38.3             | 43.4            |
| 42615    | Eye (not cataracts) | Type C                                       | 01.05.1994      | 3            | T8        | N        | NASOLACRIMAL TUBE (bilateral), removal or replacement of, or LACRIMAL PASSAGES, probing to establish patency of the lacrimal passage and/or site of obstruction, bilateral, including lavage, not being a service associated with a service to which item 42611 applies (excluding aftercare)   | 76.35            |             |                   | 57.3             | 64.9            |
| 42617    | Eye (not cataracts) | Type C                                       | 01.12.1991      | 3            | T8        | N        | PUNCTUM SNIP operation (Anaes.)   | 144.8            |             |                   | 108.6            | 123.1           |
| 42620    | Eye (not cataracts) | Type C                                       | 01.12.1991      | 3            | T8        | N        | PUNCTUM, occlusion of, by use of a plug (Anaes.)  | 55.7             |             |                   | 41.8             | 47.35           |
| 42622    | Eye (not cataracts) | Unlisted                                     | 01.11.1996      | 3            | T8        | N        | PUNCTUM, permanent occlusion of, by use of electrical cautery (Anaes.)  | 87.45            |             |                   | 65.6             | 74.35           |
| 42623    | Eye (not cataracts) | Type A Surgical                              | 01.12.1991      | 3            | T8        | N        | DACRYOCYSTORRHINOSTOMY (Anaes.) (Assist.)   | 739.45           |             |                   | 554.6            |                 |
| 42626    | Eye (not cataracts) | Type A Advanced Surgical                     | 01.12.1991      | 3            | T8        | N        | DACRYOCYSTORRHINOSTOMY where a previous dacryocystorhinostomy has been performed (Anaes.) (Assist.)   | 1192.55          |             |                   | 894.45           | 1099.35         |

| MBS Item | Clinical Category   | Procedure Type                               | Item Start Date | MBS Category | MBS Group | New Item | MBS Description   | MBS Schedule Fee | Derived Fee | Benefit 100% (\$) | Benefit 75% (\$) | Benefit 85 (\$) |
|----------|---------------------|--|-----------------|--------------|-----------|----------|---|------------------|-------------|-------------------|------------------|-----------------|
| 42629    | Eye (not cataracts) | Type A Surgical                              | 01.12.1991      | 3            | T8        | N        | CONJUNCTIVORHINOSTOMY including dacryocystorhinostomy and fashioning of conjunctival flaps (Anaes.) (Assist.)   | 898.3            |             |                   | 673.75           |                 |
| 42632    | Eye (not cataracts) | Unlisted                                     | 01.12.1991      | 3            | T8        | N        | CONJUNCTIVAL PERITOMY OR REPAIR OF CORNEAL LACERATION by conjunctival flap (Anaes.)   | 124.1            |             |                   | 93.1             | 105.5           |
| 42635    | Eye (not cataracts) | Type A Surgical                              | 01.12.1991      | 3            | T8        | N        | CORNEAL PERFORATIONS, sealing of, with tissue adhesive (Anaes.) (Assist.)   | 317.95           |             |                   | 238.5            | 270.3           |
| 42638    | Eye (not cataracts) | Type A Surgical                              | 01.12.1991      | 3            | T8        | N        | CONJUNCTIVAL GRAFT OVER CORNEA (Anaes.) (Assist.)   | 397.5            |             |                   | 298.15           | 337.9           |
| 42641    | Eye (not cataracts) | Type A Surgical                              | 01.12.1991      | 3            | T8        | N        | AUTOCONJUNCTIVAL TRANSPLANT, or mucous membrane graft (Anaes.) (Assist.)  | 516.7            |             |                   | 387.55           | 439.2           |
| 42644    | Eye (not cataracts) | Type C                                       | 01.12.1991      | 3            | T8        | N        | CORNEA OR SCLERA, complete removal of embedded foreign body from - not more than once on the same day by the same practitioner (excluding aftercare) (Anaes.)   | 76.25            |             |                   | 57.2             | 64.85           |
| 42647    | Eye (not cataracts) | Unlisted                                     | 01.12.1991      | 3            | T8        | N        | CORNEAL SCARS, removal of, by partial keratectomy, not being a service associated with a service to which item 42686 applies (Anaes.)   | 216.25           |             |                   | 162.2            | 183.85          |
| 42650    | Eye (not cataracts) | Type C                                       | 01.12.1991      | 3            | T8        | N        | CORNEA, epithelial debridement for corneal ulcer or corneal erosion (excluding aftercare) (Anaes.)  | 76.25            |             |                   | 57.2             | 64.85           |
| 42651    | Eye (not cataracts) | Unlisted                                     | 01.07.1998      | 3            | T8        | N        | CORNEA, epithelial debridement for eliminating band keratopathy (Anaes.)  | 170              |             |                   | 127.5            | 144.5           |
| 42652    | Eye (not cataracts) | Type B Non-band specific                     | 01.05.2018      | 3            | T8        | N        | Corneal collagen cross linking, on a patient with a corneal ectatic disorder, with evidence of progression—per eye (Anaes.)   | 1268.65          |             |                   | 951.5            | 1175.45         |
| 42653    | Eye (not cataracts) | Type A Advanced Surgical                     | 01.12.1991      | 3            | T8        | N        | CORNEA transplantation of (Anaes.) (Assist.)  | 1382.5           |             |                   | 1036.9           |                 |
| 42656    | Eye (not cataracts) | Type A Advanced Surgical                     | 01.12.1991      | 3            | T8        | N        | CORNEA, transplantation of, second and subsequent procedures (Anaes.) (Assist.)   | 1764.9           |             |                   | 1323.7           |                 |
| 42662    | Eye (not cataracts) | Type A Advanced Surgical                     | 01.12.1991      | 3            | T8        | N        | SCLERA, transplantation of, full thickness, including collection of donor material (Anaes.) (Assist.)   | 953.85           |             |                   | 715.4            |                 |
| 42665    | Eye (not cataracts) | Type A Surgical                              | 01.12.1991      | 3            | T8        | N        | SCLERA, transplantation of, superficial or lamellar, including collection of donor material (Anaes.) (Assist.)  | 636.05           |             |                   | 477.05           | 542.85          |
| 42667    | Eye (not cataracts) | Type C                                       | 01.05.1997      | 3            | T8        | N        | RUNNING CORNEAL SUTURE, manipulation of, performed within 4 months of corneal grafting, to reduce astigmatism where a reduction of 2 dioptres of astigmatism is obtained, including any associated consultation   | 150              |             |                   | 112.5            | 127.5           |
| 42668    | Eye (not cataracts) | Type C                                       | 01.12.1991      | 3            | T8        | N        | CORNEAL SUTURES, removal of, not earlier than 6 weeks after operation requiring use of slit lamp or operating microscope (Anaes.)   | 79.6             |             |                   | 59.7             | 67.7            |
| 42672    | Eye (not cataracts) | Type A Advanced Surgical                     | 01.11.2003      | 3            | T8        | N        | 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.)  | 953.85           |             |                   | 715.4            | 860.65          |
| 42673    | Eye (not cataracts) | Type B Non-band specific                     | 01.11.2003      | 3            | T8        | N        | 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.)   | 476.85           |             |                   | 357.65           | 405.35          |
| 42676    | Eye (not cataracts) | Type C                                       | 01.05.1997      | 3            | T8        | N        | CONJUNCTIVA, biopsy of, as an independent procedure   | 122.3            |             |                   | 91.75            | 104             |
| 42677    | Eye (not cataracts) | Type C                                       | 01.12.1991      | 3            | T8        | N        | CONJUNCTIVA, CAUTERY OF, INCLUDING TREATMENT OF PANNUS each attendance at which treatment is given including any associated consultation (Anaes.)   | 64.45            |             |                   | 48.35            | 54.8            |
| 42680    | Eye (not cataracts) | Type A Surgical and Type B Non-band specific | 01.12.1991      | 3            | T8        | N        | CONJUNCTIVA, cryotherapy to, for melanotic lesions or similar using CO&#178; or N&#178;0 (Anaes.)   | 317.95           |             |                   | 238.5            | 270.3           |
| 42683    | Eye (not cataracts) | Type B Non-band specific                     | 01.12.1991      | 3            | T8        | N        | CONJUNCTIVAL CYSTS, removal of, requiring admission to hospital or approved day-hospital facility (Anaes.)  | 127.25           |             |                   | 95.45            |                 |
| 42686    | Eye (not cataracts) | Type A Surgical and Type B Non-band specific | 01.12.1991      | 3            | T8        | N        | PTERYGIUM, removal of (Anaes.)  | 289.3            |             |                   | 217              | 245.95          |
| 42689    | Eye (not cataracts) | Type B Non-band specific                     | 01.12.1991      | 3            | T8        | N        | PINGUECULA, removal of, not being a service associated with the fitting of contact lenses (Anaes.)  | 124.1            |             |                   | 93.1             | 105.5           |
| 42692    | Eye (not cataracts) | Type A Surgical and Type B Non-band specific | 01.12.1991      | 3            | T8        | N        | LIMBIC TUMOUR, removal of, excluding Pterygium (Anaes.) (Assist.)   | 292.6            |             |                   | 219.45           | 248.75          |
| 42695    | Eye (not cataracts) | Type A Surgical                              | 01.12.1991      | 3            | T8        | N        | LIMBIC TUMOUR, excision of, requiring keratectomy or sclerectomy, excluding Pterygium (Anaes.) (Assist.)  | 476.85           |             |                   | 357.65           | 405.35          |
| 42698    | Cataracts           | Type A Surgical                              | 01.12.1991      | 3            | T8        | N        | LENS EXTRACTION, 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 (Anaes.)  | 628.7            |             |                   | 471.55           | 535.5           |
| 42701    | Cataracts           | Type A Surgical                              | 01.12.1991      | 3            | T8        | N        | INTRAOCULAR LENS, insertion of, 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 (Anaes.)   | 350.65           |             |                   | 263              | 298.1           |
| 42702    | Cataracts           | Type A Surgical                              | 01.11.1996      | 3            | T8        | N        | 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 (Anaes.)  | 804.1            |             |                   | 603.1            | 710.9           |
| 42703    | Cataracts           | Type A Surgical                              | 01.11.1996      | 3            | T8        | N        | INTRAOCULAR LENS or IRIS PROSTHESIS insertion of, into the posterior chamber with fixation to the iris or sclera (Anaes.) (Assist.)   | 604.7            |             |                   | 453.55           | 514             |
| 42704    | Cataracts           | Type A Surgical                              | 01.12.1991      | 3            | T8        | N        | INTRAOCULAR LENS, REMOVAL or REPOSITIONING of by open operation, not being a service associated with a service to which item 42701 applies (Anaes.)   | 492.75           |             |                   | 369.6            | 418.85          |
| 42705    | Cataracts           | Type A Advanced Surgical                     | 01.05.2017      | 3            | T8        | N        | 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 insertion of 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.) | 963.2            |             |                   | 722.4            | 870             |

| MBS item | Clinical Category   | Procedure Type             | Item Start Date | MBS Category | MBS Group | New Item | MBS Description   | MBS Schedule Fee | Derived Fee | Benefit 100% (\$) | Benefit 75% (\$) | Benefit 85 (\$) |
|----------|---------------------|----------------------------|-----------------|--------------|-----------|----------|---|------------------|-------------|-------------------|------------------|-----------------|
| 42707    | Cataracts           | Type A Surgical            | 01.12.1991      | 3            | T8        | N        | INTRAOCCULAR LENS, REMOVAL of and REPLACEMENT with a different 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 (Anaes.)  | 842.65           |             |                   | 632              | 749.45          |
| 42710    | Cataracts           | Type A Advanced Surgical   | 01.12.1991      | 3            | T8        | N        | INTRAOCCULAR LENS, removal of, and replacement with a lens inserted into the posterior chamber and fixated to the iris or sclera (Anaes.) (Assist.)   | 953.85           |             |                   | 715.4            | 860.65          |
| 42713    | Cataracts           | Type A Surgical            | 01.12.1991      | 3            | T8        | N        | IRIS SUTURING, McCannell technique or similar, for fixation of intraocular lens or repair of iris defect (Anaes.) (Assist.)   | 397.5            |             |                   | 298.15           | 337.9           |
| 42716    | Cataracts           | Type A Advanced Surgical   | 01.12.1991      | 3            | T8        | N        | CATARACT, JUVENILE, removal of, including subsequent needlings (Anaes.) (Assist.)   | 1264.05          |             |                   | 948.05           | 1170.85         |
| 42719    | Eye (not cataracts) | Type A Surgical            | 01.12.1991      | 3            | T8        | N        | REMOVAL OF VITREOUS, and/or CAPSULAR or LENS MATERIAL, via a limbal approach,not being a service associated with a service to which item 42698, 42702, 42716, 42725 or 42731 applies (Anaes.) (Assist.)   | 548.65           |             |                   | 411.5            | 466.4           |
| 42725    | Eye (not cataracts) | Type A Advanced Surgical   | 01.12.1991      | 3            | T8        | N        | 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 (Anaes.) (Assist.)   | 1414.95          |             |                   | 1061.25          |                 |
| 42731    | Eye (not cataracts) | Type A Advanced Surgical   | 01.12.1991      | 3            | T8        | N        | LIMBAL OR PARS PLANA LENSECTOMY combined with vitrectomy, not being a service associated with items 42698, 42702, 42719, or 42725 (Anaes.) (Assist.)  | 1605.85          |             |                   | 1204.4           |                 |
| 42734    | Eye (not cataracts) | Type A Surgical            | 01.12.1991      | 3            | T8        | N        | Capsulotomy, other than by laser, and other than a service associated with a service to which item 42725 or 42731 applies (Anaes.) (Assist.)  | 317.95           |             |                   | 238.5            | 270.3           |
| 42738    | Eye (not cataracts) | Type B Non-band specific   | 01.03.2012      | 3            | T8        | N        | 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, 1 or more of, as an independent procedure.   | 317.95           |             |                   | 238.5            | 270.3           |
| 42739    | Eye (not cataracts) | Type B Non-band specific   | 01.03.2012      | 3            | T8        | N        | 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.) | 317.95           |             |                   | 238.5            | 270.3           |
| 42740    | Eye (not cataracts) | Type A Surgical            | 01.12.1991      | 3            | T8        | N        | INTRAVITREAL INJECTION OF THERAPEUTIC SUBSTANCES, or the removal of vitreous humour for diagnostic purposes, 1 or more of, as a procedure associated with other intraocular surgery. (Anaes.)   | 317.95           |             |                   | 238.5            | 270.3           |
| 42741    | Eye (not cataracts) | Type B Band 1              | 01.07.2008      | 3            | T8        | N        | Posterior juxtascleral depot injection of a therapeutic substance, for the treatment of subfoveal choroidal neovascularisation due to age-related macular degeneration, 1 or more of (Anaes.)   | 317.95           |             |                   | 238.5            | 270.3           |
| 42743    | Eye (not cataracts) | Type A Surgical            | 01.12.1991      | 3            | T8        | N        | ANTERIOR CHAMBER, IRRIGATION OF BLOOD FROM, as an independent procedure (Anaes.) (Assist.)  | 667.85           |             |                   | 500.9            | 574.65          |
| 42744    | Eye (not cataracts) | Type C                     | 01.11.2005      | 3            | T8        | N        | Needle revision of glaucoma filtration bleb, following glaucoma filtering procedure (Anaes.)  | 317.75           |             |                   | 238.35           | 270.1           |
| 42746    | Eye (not cataracts) | Type A Advanced Surgical   | 01.12.1991      | 3            | T8        | N        | GLAUCOMA, filtering operation for, where conservative therapies have failed, are likely to fail, or are contraindicated (Anaes.) (Assist.)  | 1009.6           |             |                   | 757.2            |                 |
| 42749    | Eye (not cataracts) | Type A Advanced Surgical   | 01.12.1991      | 3            | T8        | N        | GLAUCOMA, filtering operation for, where previous filtering operation has been performed (Anaes.) (Assist.)   | 1264.05          |             |                   | 948.05           |                 |
| 42752    | Eye (not cataracts) | Type A Advanced Surgical   | 01.12.1991      | 3            | T8        | N        | GLAUCOMA, insertion of drainage device incorporating an extraocular reservoir for, such as a Molteno device (Anaes.) (Assist.)  | 1414.95          |             |                   | 1061.25          |                 |
| 42755    | Eye (not cataracts) | Unlisted                   | 01.12.1991      | 3            | T8        | N        | GLAUCOMA, removal of drainage device incorporating an extraocular reservoir for, such as a Molteno device (Anaes.)  | 174.9            |             |                   | 131.2            | 148.7           |
| 42758    | Eye (not cataracts) | Type A Surgical            | 01.12.1991      | 3            | T8        | N        | Goniotomy for the treatment of primary congenital glaucoma, excluding the minimally invasive implantation of glaucoma drainage devices (Anaes.) (Assist.)   | 739.45           |             |                   | 554.6            |                 |
| 42761    | Eye (not cataracts) | Type A Surgical            | 01.12.1991      | 3            | T8        | N        | DIVISION OF ANTERIOR OR POSTERIOR SYNECHIAE, as an independent procedure, other than by laser (Anaes.) (Assist.)  | 548.65           |             |                   | 411.5            | 466.4           |
| 42764    | Eye (not cataracts) | Type A Surgical            | 01.12.1991      | 3            | T8        | N        | IRIDECTOMY (including excision of tumour of iris) OR IRIDOTOMY, as an independent procedure, other than by laser (Anaes.) (Assist.)   | 548.65           |             |                   | 411.5            | 466.4           |
| 42767    | Eye (not cataracts) | Type A Advanced Surgical   | 01.12.1991      | 3            | T8        | N        | TUMOUR, INVOLVING CILIARY BODY OR CILIARY BODY AND IRIS, excision of (Anaes.) (Assist.)   | 1152.65          |             |                   | 864.5            |                 |
| 42770    | Eye (not cataracts) | Type A Surgical            | 01.12.1991      | 3            | T8        | N        | CYCLODESTRUCTIVE procedures for the treatment of intractable glaucoma, treatment to 1 eye, to a maximum of 2 treatments to that eye in a 2 year period (Anaes.) (Assist.)   | 311.65           |             |                   | 233.75           | 264.95          |
| 42773    | Eye (not cataracts) | Type A Advanced Surgical   | 01.12.1991      | 3            | T8        | N        | DETACHED RETINA, pneumatic retinopexy for, not being a service associated with a service to which item 42776 applies (Anaes.) (Assist.)   | 953.85           |             |                   | 715.4            | 860.65          |
| 42776    | Eye (not cataracts) | Type A Advanced Surgical   | 01.12.1991      | 3            | T8        | N        | DETACHED RETINA, buckling or resection operation for (Anaes.) (Assist.)   | 1414.95          |             |                   | 1061.25          |                 |
| 42779    | Eye (not cataracts) | Type A Advanced Surgical   | 01.12.1991      | 3            | T8        | N        | DETACHED RETINA, revision of scleral buckling operation for (Anaes.) (Assist.)  | 1764.9           |             |                   | 1323.7           |                 |
| 42782    | Eye (not cataracts) | Type A Surgical and Type C | 01.12.1991      | 3            | T8        | N        | LASER TRABECULOPLASTY, for the treatment of glaucoma. Each treatment to 1 eye, to a maximum of 4 treatments to that eye in a 2 year period (Anaes.) (Assist.)   | 476.85           |             |                   | 357.65           | 405.35          |
| 42785    | Eye (not cataracts) | Type A Surgical and Type C | 01.12.1991      | 3            | T8        | N        | LASER IRIDOTOMY - each treatment episode to 1 eye, to a maximum of 3 treatments to that eye in a 2 year period (Anaes.) (Assist.)   | 373.6            |             |                   | 280.2            | 317.6           |
| 42788    | Eye (not cataracts) | Type A Surgical and Type C | 01.12.1991      | 3            | T8        | N        | 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.)  | 373.6            |             |                   | 280.2            | 317.6           |
| 42791    | Eye (not cataracts) | Type A Surgical and Type C | 01.12.1991      | 3            | T8        | N        | 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.)  | 373.6            |             |                   | 280.2            | 317.6           |
| 42794    | Eye (not cataracts) | Type C                     | 01.12.1991      | 3            | T8        | N        | DIVISION OF SUTURE BY LASER following glaucoma filtration surgery, each treatment to 1 eye, to a maximum of 2 treatments to that eye in a 2 year period (Anaes.)  | 71.6             |             |                   | 53.7             | 60.9            |
| 42801    | Eye (not cataracts) | Type A Advanced Surgical   | 01.11.2006      | 3            | T8        | N        | EPISCLERAL RADIOACTIVE PLAQUE (Ruthenium 106 or Iodine 125), for the treatment of choroidal melanomas, insertion of (Anaes.) (Assist.)  | 1109.75          |             |                   | 832.35           |                 |
| 42802    | Eye (not cataracts) | Type A Surgical            | 01.11.2006      | 3            | T8        | N        | EPISCLERAL RADIOACTIVE PLAQUE (Ruthenium 106 or Iodine 125), for the treatment of choroidal melanomas, removal of (Anaes.) (Assist.)  | 554.7            |             |                   | 416.05           |                 |

| MBS item | Clinical Category  | Procedure Type                               | Item Start Date | MBS Category | MBS Group | New Item | MBS Description  | MBS Schedule Fee | Derived Fee | Benefit 100% (\$) | Benefit 75% (\$) | Benefit 85 (\$) |
|----------|--|--|-----------------|--------------|-----------|----------|--|------------------|-------------|-------------------|------------------|-----------------|
| 42805    | Eye (not cataracts)                                      | Type A Surgical                              | 01.11.2005      | 3            | T8        | N        | TANTALUM MARKERS, surgical insertion to the sclera to localise the tumour base to assist in planning of radiotherapy of choroidal melanomas, 1 or more (Anaes.) (Assist.)  | 620.05           |             |                   | 465.05           | 527.05          |
| 42806    | Eye (not cataracts)                                      | Type A Surgical and Type C                   | 01.12.1991      | 3            | T8        | N        | IRIS TUMOUR, laser photocoagulation of (Anaes.) (Assist.)  | 373.6            |             |                   | 280.2            | 317.6           |
| 42807    | Eye (not cataracts)                                      | Type A Surgical and Type C                   | 01.05.1997      | 3            | T8        | N        | PHOTOMYDRIASIS, laser  | 376.1            |             |                   | 282.1            | 319.7           |
| 42808    | Eye (not cataracts)                                      | Type A Surgical and Type C                   | 01.05.1997      | 3            | T8        | N        | Laser peripheral iridoplasty   | 376.1            |             |                   | 282.1            | 319.7           |
| 42809    | Eye (not cataracts)                                      | Type A Surgical and Type C                   | 01.12.1991      | 3            | T8        | N        | RETINA, photocoagulation of, not being a service associated with photodynamic therapy with verteporfin (Anaes.) (Assist.)  | 476.85           |             |                   | 357.65           | 405.35          |
| 42810    | Eye (not cataracts)                                      | Type A Surgical                              | 01.11.1996      | 3            | T8        | N        | PHOTOTHERAPEUTIC KERATECTOMY, by laser, for corneal scarring or disease, excluding surgery for refractive error (Anaes.)   | 600.15           |             |                   | 450.15           | 510.15          |
| 42811    | Eye (not cataracts)                                      | Type C                                       | 01.11.2005      | 3            | T8        | N        | TRANSPUPILLARY THERMOTHERAPY, for treatment of choroidal and retinal tumours or vascular malformations (Anaes.)  | 476.85           |             |                   | 357.65           | 405.35          |
| 42812    | Eye (not cataracts)                                      | Type B Non-band specific                     | 01.12.1991      | 3            | T8        | N        | Removal of scleral buckling material, from an eye having undergone previous scleral buckling surgery (Anaes.)  | 174.9            |             |                   | 131.2            | 148.7           |
| 42815    | Eye (not cataracts)                                      | Type A Surgical                              | 01.12.1991      | 3            | T8        | N        | 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 (Anaes.) (Assist.)   | 667.85           |             |                   | 500.9            |                 |
| 42818    | Eye (not cataracts)                                      | Type A Surgical and Type B Non-band specific | 01.12.1991      | 3            | T8        | N        | RETINA, CRYOTHERAPY TO, as an independent procedure, or when performed in conjunction with item 42809 or 42770 (Anaes.)  | 620.05           |             |                   | 465.05           | 527.05          |
| 42821    | Eye (not cataracts)                                      | Unlisted                                     | 01.12.1991      | 3            | T8        | N        | OCULAR TRANSILLUMINATION, for the diagnosis and measurement of intraocular tumours (Anaes.)  | 95.55            |             |                   | 71.7             | 81.25           |
| 42824    | Eye (not cataracts)                                      | Unlisted                                     | 01.12.1991      | 3            | T8        | N        | RETROBULBAR INJECTION OF ALCOHOL OR OTHER DRUG, as an independent procedure  | 73.85            |             |                   | 55.4             | 62.8            |
| 42833    | Eye (not cataracts)                                      | Type A Surgical and Type B Non-band specific | 01.12.1991      | 3            | T8        | N        | SQUINT, OPERATION FOR, ON 1 OR BOTH EYES, the operation involving a total of 1 OR 2 MUSCLES on a patient aged 15 years or over (Anaes.) (Assist.)  | 620.05           |             |                   | 465.05           |                 |
| 42836    | Eye (not cataracts)                                      | Type A Surgical                              | 01.12.1991      | 3            | T8        | N        | SQUINT, OPERATION FOR, ON 1 OR BOTH EYES, the operation involving a total of 1 OR 2 MUSCLES, on a patient aged 14 years or under, or where the patient has had previous squint, retinal or extra ocular operations on the eye or eyes, or on a patient with concurrent thyroid eye disease (Anaes.) (Assist.)    | 771.1            |             |                   | 578.35           |                 |
| 42839    | Eye (not cataracts)                                      | Type A Surgical                              | 01.12.1991      | 3            | T8        | N        | SQUINT, OPERATION FOR, ON 1 OR BOTH EYES, the operation involving a total of 3 OR MORE MUSCLES on a patient aged 15 years or over (Anaes.) (Assist.)   | 739.45           |             |                   | 554.6            |                 |
| 42842    | Eye (not cataracts)                                      | Type A Advanced Surgical                     | 01.12.1991      | 3            | T8        | N        | SQUINT, OPERATION FOR, ON 1 OR BOTH EYES, the operation involving a total of 3 or MORE MUSCLES, on a patient aged 14 years or under, or where the patient has had previous squint, retinal or extra ocular operations on the eye or eyes, or on a patient with concurrent thyroid eye disease (Anaes.) (Assist.) | 922.15           |             |                   | 691.65           |                 |
| 42845    | Eye (not cataracts)                                      | Type B Non-band specific                     | 01.12.1991      | 3            | T8        | N        | READJUSTMENT OF ADJUSTABLE SUTURES, 1 or both eyes, as an independent procedure following an operation for correction of squint (Anaes.)   | 200.25           |             |                   | 150.2            | 170.25          |
| 42848    | Eye (not cataracts)                                      | Type A Surgical                              | 01.12.1991      | 3            | T8        | N        | SQUINT, muscle transplant for (Hummelsheim type, or similar operation) on a patient aged 15 years or over (Anaes.) (Assist.)   | 739.45           |             |                   | 554.6            |                 |
| 42851    | Eye (not cataracts)                                      | Type A Advanced Surgical                     | 01.12.1991      | 3            | T8        | N        | SQUINT, muscle transplant for (Hummelsheim type, or similar operation) on a patient aged 14 years or under, or where the patient has had previous squint, retinal or extra ocular operations on the eye or eyes, or on a patient with concurrent thyroid eye disease (Anaes.) (Assist.)                          | 922.15           |             |                   | 691.65           |                 |
| 42854    | Eye (not cataracts)                                      | Type A Surgical                              | 01.12.1991      | 3            | T8        | N        | RUPTURED MEDIAL PALPEBRAL LIGAMENT or ruptured EXTRAOCULAR MUSCLE, repair of (Anaes.) (Assist.)  | 429.25           |             |                   | 321.95           | 364.9           |
| 42857    | Eye (not cataracts)                                      | Type A Surgical                              | 01.12.1991      | 3            | T8        | N        | RESUTURING OF WOUND FOLLOWING INTRAOCULAR PROCEDURES with or without excision of prolapsed iris (Anaes.) (Assist.)   | 429.25           |             |                   | 321.95           | 364.9           |
| 42860    | Plastic and reconstructive surgery (medically necessary) | Type A Advanced Surgical                     | 01.12.1991      | 3            | T8        | N        | EYELID (upper or lower), scleral or Goretex or other non-autogenous graft to, with recession of the lid retractors (Anaes.) (Assist.)  | 953.85           |             |                   | 715.4            | 860.65          |
| 42863    | Plastic and reconstructive surgery (medically necessary) | Type A Surgical                              | 01.12.1991      | 3            | T8        | N        | EYELID, recession of (Anaes.) (Assist.)  | 818.85           |             |                   | 614.15           | 725.65          |
| 42866    | Plastic and reconstructive surgery (medically necessary) | Type A Surgical                              | 01.12.1991      | 3            | T8        | N        | 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.)  | 794.85           |             |                   | 596.15           | 701.65          |
| 42869    | Eye (not cataracts)                                      | Type A Surgical and Type B Non-band specific | 01.12.1991      | 3            | T8        | N        | EYELID closure in facial nerve paralysis, insertion of foreign implant for (Anaes.) (Assist.)  | 580.4            |             |                   | 435.3            | 493.35          |
| 42872    | Plastic and reconstructive surgery (medically necessary) | Unlisted                                     | 01.12.1991      | 3            | T8        | N        | EYEBROW, elevation of, by skin excision, to correct for a reduced field of vision caused by parietic, involutional, or traumatic eyebrow descent/ptosis to a position below the superior orbital rim (Anaes.)  | 254.45           |             |                   | 190.85           | 216.3           |
| 43021    | Eye (not cataracts)                                      | Type A Surgical                              | 01.08.2007      | 3            | T8        | N        | Photodynamic therapy, one eye, including the infusion of Verteporfin continuously through a peripheral vein, using a non-thermal laser at a wavelength of 689nm, for the treatment of choroidal neovascularisation.  | 481.1            |             |                   | 360.85           | 408.95          |

| MBS Item | Clinical Category      | Procedure Type           | Item Start Date | MBS Category | MBS Group | New Item | MBS Description   | MBS Schedule Fee | Derived Fee | Benefit 100% (\$) | Benefit 75% (\$) | Benefit 85 (\$) |
|----------|------------------------|--------------------------|-----------------|--------------|-----------|----------|---|------------------|-------------|-------------------|------------------|-----------------|
| 43022    | Eye (not cataracts)    | Type A Surgical          | 01.08.2007      | 3            | T8        | N        | Photodynamic therapy, both eyes, including the infusion of Verteporfin continuously through a peripheral vein, using a non-thermal laser at a wavelength of 689nm, for the treatment of choroidal neovascularisation.   | 577.35           |             |                   | 433.05           | 490.75          |
| 43023    | Eye (not cataracts)    | Unlisted                 | 01.08.2007      | 3            | T8        | N        | Infusion of Verteporfin for discontinued photodynamic therapy, where a session of therapy which would have been provided under item 43021 or 43022 has been discontinued on medical grounds.  | 93.5             |             |                   | 70.15            | 79.5            |
| 43521    | Bone, joint and muscle | Type A Surgical          | 01.12.1991      | 3            | T8        | N        | OPERATION ON SKULL (Anaes.) (Assist.)   | 491.1            |             |                   | 368.35           |                 |
| 43527    | Bone, joint and muscle | Type A surgical          | 01.07.2021      | 3            | T8        | N        | Operation on sternum, clavicle, rib, metacarpus, carpus, phalanx, metatarsus, tarsus, mandible or maxilla (other than alveolar margins), by open or arthroscopic means, for septic arthritis or osteomyelitis—one approach, inclusive of the adjoining joint (H) (Anaes.) (Assist.) | 376.75           |             |                   | 282.6            |                 |
| 43530    | Bone, joint and muscle | Type A surgical          | 01.07.2021      | 3            | T8        | N        | 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.)   | 376.75           |             |                   | 282.6            | 320.25          |
| 43533    | Bone, joint and muscle | Type A surgical          | 01.07.2021      | 3            | T8        | N        | 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.)  | 621.2            |             |                   | 465.9            | 528.05          |
| 43801    | Digestive system       | Type A Advanced Surgical | 01.11.1994      | 3            | T8        | N        | INTESTINAL MALROTATION with or without volvulus, laparotomy for, not involving bowel resection (Anaes.) (Assist.)   | 1012.05          |             |                   | 759.05           |                 |
| 43804    | Digestive system       | Type A Advanced Surgical | 01.11.1994      | 3            | T8        | N        | INTESTINAL MALROTATION with or without volvulus, laparotomy for, with bowel resection and anastomosis, with or without formation of stoma (Anaes.) (Assist.)  | 1077.5           |             |                   | 808.15           |                 |
| 43805    | Hernia and appendix    | Type A Surgical          | 01.09.2015      | 3            | T8        | N        | UMBILICAL, EPIGASTRIC OR LINEA ALBA HERNIA, repair of, on a patient under 10 years of age (Anaes.)  | 376.75           |             |                   | 282.6            |                 |
| 43807    | Digestive system       | Type A Advanced Surgical | 01.11.1994      | 3            | T8        | N        | DUODENAL ATRESIA or STENOSIS, duodenoduodenostomy or duodenojejunostomy for (Anaes.) (Assist.)  | 1175.55          |             |                   | 881.7            |                 |
| 43810    | Digestive system       | Type A Advanced Surgical | 01.11.1994      | 3            | T8        | N        | JEJUNAL ATRESIA, bowel resection and anastomosis for, with or without tapering (Anaes.) (Assist.)   | 1371.5           |             |                   | 1028.65          |                 |
| 43813    | Digestive system       | Type A Advanced Surgical | 01.11.1994      | 3            | T8        | N        | MECONIUM ILEUS, laparotomy for, complicated by 1 or more of associated volvulus, atresia, intesinal perforation with or without meconium peritonitis (Anaes.) (Assist.)   | 1371.5           |             |                   | 1028.65          |                 |
| 43816    | Digestive system       | Type A Advanced Surgical | 01.11.1994      | 3            | T8        | N        | ILEAL ATRESIA, COLONIC ATRESIA OR MECONIUM ILEUS not being a service associated with a service to which item 43813 applies, laparotomy for (Anaes.) (Assist.)   | 1273.45          |             |                   | 955.1            |                 |
| 43819    | Digestive system       | Type A Advanced Surgical | 01.11.1994      | 3            | T8        | N        | Agangliosis Coli, laparotomy for, with or without frozen section biopsies and formation of stoma (Anaes.) (Assist.)   | 1028.6           |             |                   | 771.45           |                 |
| 43822    | Digestive system       | Type A Advanced Surgical | 01.11.1994      | 3            | T8        | N        | ANORECTAL MALFORMATION, laparotomy and colostomy for (Anaes.) (Assist.)   | 1028.6           |             |                   | 771.45           |                 |
| 43825    | Digestive system       | Type A Advanced Surgical | 01.11.1994      | 3            | T8        | N        | NEONATAL ALIMENTARY OBSTRUCTION, laparotomy for, not being a service to which any other item in this Subgroup applies (Anaes.) (Assist.)  | 1175.55          |             |                   | 881.7            |                 |
| 43828    | Digestive system       | Type A Advanced Surgical | 01.11.1994      | 3            | T8        | N        | ACUTE NEONATAL NECROTISING ENTEROCOLITIS, laparotomy for, with resection, including any anastomoses or stoma formation (Anaes.) (Assist.)   | 1298.75          |             |                   | 974.1            |                 |
| 43831    | Digestive system       | Type A Advanced Surgical | 01.11.1994      | 3            | T8        | N        | ACUTE NEONATAL NECROTISING ENTEROCOLITIS where no definitive procedure is possible, laparotomy for (Anaes.) (Assist.)   | 1012.05          |             |                   | 759.05           |                 |
| 43832    | Ear, nose and throat   | Type A Surgical          | 01.09.2015      | 3            | T8        | N        | Branchial fistula, removal of, on a patient under 10 years of age (Anaes.) (Assist.)  | 690.25           |             |                   | 517.7            |                 |
| 43834    | Digestive system       | Type A Advanced Surgical | 01.11.1994      | 3            | T8        | N        | BOWEL RESECTION for necrotising enterocolitis stricture or strictures, including any anastomoses or stoma formation (Anaes.) (Assist.)  | 1175.55          |             |                   | 881.7            |                 |
| 43835    | Hernia and appendix    | Type A Surgical          | 01.09.2015      | 3            | T8        | N        | STRANGULATED, INCARCERATED OR OBSTRUCTED HERNIA, repair of, without bowel resection, on apatient under 10 years of age (Anaes.) (Assist.)   | 716.45           |             |                   | 537.35           |                 |
| 43837    | Hernia and appendix    | Type A Advanced Surgical | 01.11.1994      | 3            | T8        | N        | CONGENITAL DIAPHRAGMATIC HERNIA, repair by thoracic or abdominal approach, with diagnosis confirmed in the first 24 hours of life (Anaes.) (Assist.)  | 1469.4           |             |                   | 1102.05          |                 |
| 43838    | Hernia and appendix    | Type A Advanced Surgical | 01.09.2015      | 3            | T8        | N        | Diaphragmatic hernia, congenital repair of, by thoracic or abdominal approach, not being a service to which any of items 31569 to 31581 apply, on a patient under 10 years of age (Anaes.) (Assist.)  | 1315.6           |             |                   | 986.7            |                 |
| 43840    | Digestive system       | Type A Advanced Surgical | 01.11.1994      | 3            | T8        | N        | CONGENITAL DIAPHRAGMATIC HERNIA, repair by thoracic or abdominal approach, diagnosed after the first day of life and before 20 days of age (Anaes.) (Assist.)   | 1273.45          |             |                   | 955.1            |                 |
| 43841    | Hernia and appendix    | Type A Surgical          | 01.09.2015      | 3            | T8        | N        | 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.)  | 638.35           |             |                   | 478.8            |                 |
| 43843    | Digestive system       | Type A Advanced Surgical | 01.11.1994      | 3            | T8        | N        | OESOPHAGEAL ATRESIA (with or without repair of tracheo-oesophageal fistula), complete correction of, not being a service to which item 43846 applies (Anaes.) (Assist.)   | 1959.3           |             |                   | 1469.5           |                 |
| 43846    | Digestive system       | Type A Advanced Surgical | 01.11.1994      | 3            | T8        | N        | OESOPHAGEAL ATRESIA (with or without repair of tracheo-oesophageal fistula), complete correction of, in infant of birth weight less than 1500 grams (Anaes.) (Assist.)  | 2106.2           |             |                   | 1579.65          |                 |
| 43849    | Digestive system       | Type A Surgical          | 01.11.1994      | 3            | T8        | N        | OESOPHAGEAL ATRESIA, gastrostomy for (Anaes.) (Assist.)   | 538.8            |             |                   | 404.1            |                 |
| 43852    | Digestive system       | Type A Advanced Surgical | 01.11.1994      | 3            | T8        | N        | OESOPHAGEAL ATRESIA, thoracotomy for, and division of tracheo-oesophageal fistula without anastomosis (Anaes.) (Assist.)  | 1714.25          |             |                   | 1285.7           |                 |
| 43855    | Digestive system       | Type A Advanced Surgical | 01.11.1994      | 3            | T8        | N        | OESOPHAGEAL ATRESIA, delayed primary anastomosis for (Anaes.) (Assist.)   | 1812.4           |             |                   | 1359.3           |                 |
| 43858    | Digestive system       | Type A Surgical          | 01.11.1994      | 3            | T8        | N        | OESOPHAGEAL ATRESIA, cervical oesophagostomy for (Anaes.) (Assist.)   | 636.75           |             |                   | 477.6            |                 |
| 43861    | Lung and chest         | Type A Advanced Surgical | 01.11.1994      | 3            | T8        | N        | CONGENITAL CYSTADENOMATOID MALFORMATION OR CONGENITAL LOBAR EMPHYSEMA, thoracotomy and lung resection for (Anaes.) (Assist.)  | 1763.4           |             |                   | 1322.55          |                 |
| 43864    | Digestive system       | Type A Advanced Surgical | 01.11.1994      | 3            | T8        | N        | GASTROSCHISIS, operation for (Anaes.) (Assist.)   | 1322.55          |             |                   | 991.95           |                 |
| 43867    | Digestive system       | Type A Surgical          | 01.11.1994      | 3            | T8        | N        | GASTROSCHISIS or Exomphalos, secondary operation for, with removal of silo (Anaes.) (Assist.)   | 734.7            |             |                   | 551.05           |                 |
| 43870    | Digestive system       | Type A Advanced Surgical | 01.11.1994      | 3            | T8        | N        | EXOMPHALOS containing small bowel only, operation for (Anaes.) (Assist.)  | 1028.6           |             |                   | 771.45           |                 |
| 43873    | Digestive system       | Type A Advanced Surgical | 01.11.1994      | 3            | T8        | N        | EXOMPHALOS containing small bowel and other viscera, operation for (Anaes.) (Assist.)   | 1371.5           |             |                   | 1028.65          |                 |

| MBS item | Clinical Category  | Procedure Type                               | Item Start Date | MBS Category | MBS Group | New Item | MBS Description   | MBS Schedule Fee | Derived Fee | Benefit 100% (\$) | Benefit 75% (\$) | Benefit 85 (\$) |
|----------|--|--|-----------------|--------------|-----------|----------|---|------------------|-------------|-------------------|------------------|-----------------|
| 43876    | Bone, joint and muscle                                   | Type A Advanced Surgical                     | 01.11.1994      | 3            | T8        | N        | SACROCOCCYGEAL TERATOMA, excision of, by posterior approach (Anaes.) (Assist.)  | 1175.55          |             |                   | 881.7            |                 |
| 43879    | Bone, joint and muscle                                   | Type A Advanced Surgical                     | 01.11.1994      | 3            | T8        | N        | SACROCOCCYGEAL TERATOMA, excision of, by combined posterior and abdominal approach (Anaes.) (Assist.)   | 1371.5           |             |                   | 1028.65          |                 |
| 43882    | Plastic and reconstructive surgery (medically necessary) | Type A Advanced Surgical                     | 01.11.1994      | 3            | T8        | N        | Cloacal exstrophy, operation for (H) (Anaes.) (Assist.)   | 1763.4           |             |                   | 1322.55          |                 |
| 43900    | Digestive system   | Type A Advanced Surgical                     | 01.11.1994      | 3            | T8        | N        | TRACHEO-OESOPHAGEAL FISTULA without atresia, division and repair of (Anaes.) (Assist.)  | 1175.55          |             |                   | 881.7            |                 |
| 43903    | Digestive system   | Type A Advanced Surgical                     | 01.11.1994      | 3            | T8        | N        | OESOPHAGEAL ATRESIA or CORROSIVE OESOPHAGEAL STRICTURE, oesophageal replacement for, utilizing gastric tube, jejunum or colon (Anaes.) (Assist.)  | 1959.3           |             |                   | 1469.5           |                 |
| 43906    | Digestive system   | Type A Advanced Surgical                     | 01.11.1994      | 3            | T8        | N        | OESOPHAGUS, resection of congenital, anastomotic or corrosive stricture and anastomosis, not being a service to which item 43903 applies (Anaes.) (Assist.)   | 1714.25          |             |                   | 1285.7           |                 |
| 43909    | Lung and chest   | Type A Advanced Surgical                     | 01.11.1994      | 3            | T8        | N        | TRACHEOMALACIA, aortopexy for (Anaes.) (Assist.)  | 1714.25          |             |                   | 1285.7           |                 |
| 43912    | Lung and chest   | Type A Advanced Surgical                     | 01.11.1994      | 3            | T8        | N        | THORACOTOMY and excision of 1 or more of bronchogenic or enterogenous cyst or mediastinal teratoma (Anaes.) (Assist.)   | 1619.55          |             |                   | 1214.7           |                 |
| 43915    | Common list  | Type A Advanced Surgical                     | 01.11.1994      | 3            | T8        | N        | EVENTRATION, plication of diaphragm for (Anaes.) (Assist.)  | 1224.55          |             |                   | 918.45           |                 |
| 43930    | Digestive system   | Type A Surgical                              | 01.11.1994      | 3            | T8        | N        | HYPERTROPHIC PYLORIC STENOSIS, pyloromyotomy for (Anaes.) (Assist.)   | 470.9            |             |                   | 353.2            |                 |
| 43933    | Digestive system   | Type A Surgical                              | 01.11.1994      | 3            | T8        | N        | IDIOPATHIC INTUSSUSCEPTION, laparotomy and manipulative reduction of (Anaes.) (Assist.)   | 551.25           |             |                   | 413.45           |                 |
| 43936    | Digestive system   | Type A Advanced Surgical                     | 01.11.1994      | 3            | T8        | N        | INTUSSUSCEPTION, laparotomy and resection with anastomosis (Anaes.) (Assist.)   | 1028.6           |             |                   | 771.45           |                 |
| 43939    | Hernia and appendix                                      | Type A Surgical                              | 01.11.1994      | 3            | T8        | N        | VENTRAL HERNIA following neonatal closure of exomphalos or gastroschisis, repair of (Anaes.) (Assist.)  | 783.7            |             |                   | 587.8            |                 |
| 43942    | Digestive system   | Type B Non-band specific                     | 01.11.1994      | 3            | T8        | N        | ABDOMINAL WALL VITELLO INTESTINAL REMNANT, excision of (Anaes.)   | 244.95           |             |                   | 183.75           |                 |
| 43945    | Digestive system   | Type A Advanced Surgical                     | 01.11.1994      | 3            | T8        | N        | PATENT VITELLO INTESTINAL DUCT, excision of (Anaes.) (Assist.)  | 1028.6           |             |                   | 771.45           |                 |
| 43948    | Digestive system   | Type B Non-band specific                     | 01.11.1994      | 3            | T8        | N        | UMBILICAL GRANULOMA, excision of, under general anaesthesia (Anaes.)  | 147.05           |             |                   | 110.3            |                 |
| 43951    | Digestive system   | Type A Advanced Surgical                     | 01.11.1994      | 3            | T8        | N        | GASTRO-OESOPHAGEAL REFLUX with or without hiatus hernia, laparotomy and fundoplication for, without gastrostomy (Anaes.) (Assist.)  | 921.15           |             |                   | 690.9            |                 |
| 43954    | Digestive system   | Type A Advanced Surgical                     | 01.11.1994      | 3            | T8        | N        | GASTRO-OESOPHAGEAL REFLUX with or without hiatus hernia, laparotomy and fundoplication for, with gastrostomy (Anaes.) (Assist.)   | 1126.7           |             |                   | 845.05           |                 |
| 43957    | Digestive system   | Type A Advanced Surgical                     | 01.11.1994      | 3            | T8        | N        | GASTRO-OESOPHAGEAL REFLUX, LAPAROTOMY AND FUNDOPPLICATION for, with or without hiatus hernia, in child with neurological disease, with gastrostomy (Anaes.) (Assist.)   | 1224.55          |             |                   | 918.45           |                 |
| 43960    | Digestive system   | Type A Surgical                              | 01.11.1994      | 3            | T8        | N        | ANORECTAL MALFORMATION, perineal anoplasty of (Anaes.) (Assist.)  | 430.8            |             |                   | 323.1            |                 |
| 43963    | Digestive system   | Type A Advanced Surgical                     | 01.11.1994      | 3            | T8        | N        | ANORECTAL MALFORMATION, posterior sagittal anorectoplasty of (Anaes.) (Assist.)   | 1714.25          |             |                   | 1285.7           |                 |
| 43966    | Digestive system   | Type A Advanced Surgical                     | 01.11.1994      | 3            | T8        | N        | ANORECTAL MALFORMATION, posterior sagittal anorectoplasty of, with laparotomy (Anaes.) (Assist.)  | 1959.3           |             |                   | 1469.5           |                 |
| 43969    | Digestive system   | Type A Advanced Surgical                     | 01.11.1994      | 3            | T8        | N        | PERSISTENT CLOACA, total correction of, with genital repair using posterior sagittal approach, with or without laparotomy (Anaes.) (Assist.)  | 2694.05          |             |                   | 2020.55          |                 |
| 43972    | Digestive system   | Type A Advanced Surgical                     | 01.11.1994      | 3            | T8        | N        | CHOLEDOCHAL CYST, resection of, with 1 duct anastomosis (Anaes.) (Assist.)  | 1959.3           |             |                   | 1469.5           |                 |
| 43975    | Digestive system   | Type A Advanced Surgical                     | 01.11.1994      | 3            | T8        | N        | CHOLEDOCHAL CYST, resection of, with 2 duct anastomoses (Anaes.) (Assist.)  | 2302.2           |             |                   | 1726.65          |                 |
| 43978    | Digestive system   | Type A Advanced Surgical                     | 01.11.1994      | 3            | T8        | N        | BILIARY ATRESIA, portoenterostomy for (Anaes.) (Assist.)  | 1959.3           |             |                   | 1469.5           |                 |
| 43981    | Kidney and bladder                                       | Type A Surgical                              | 01.11.1994      | 3            | T8        | N        | NEPHROBLASTOMA, NEUROBLASTOMA OR OTHER MALIGNANT TUMOUR, laparotomy (exploratory), including associated biopsies, where no other intra-abdominal procedure is performed (Anaes.) (Assist.)  | 538.8            |             |                   | 404.1            |                 |
| 43984    | Kidney and bladder                                       | Type A Advanced Surgical                     | 01.11.1994      | 3            | T8        | N        | NEPHROBLASTOMA, radical nephrectomy for (Anaes.) (Assist.)  | 1371.5           |             |                   | 1028.65          |                 |
| 43987    | Brain and nervous system                                 | Type A Advanced Surgical                     | 01.11.1994      | 3            | T8        | N        | NEUROBLASTOMA, radical excision of (Anaes.) (Assist.)   | 1518.55          |             |                   | 1138.95          |                 |
| 43990    | Digestive system   | Type A Advanced Surgical                     | 01.11.1994      | 3            | T8        | N        | Aganglioneosis Coli, definitive resection with pull-through anastomosis, with or without frozen section biopsies, when aganglionic segment extends to sigmoid colon (Anaes.) (Assist.)  | 1861.4           |             |                   | 1396.05          |                 |
| 43993    | Digestive system   | Type A Advanced Surgical                     | 01.11.1994      | 3            | T8        | N        | Aganglioneosis 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 (Anaes.) (Assist.) | 2008.3           |             |                   | 1506.25          |                 |
| 43996    | Digestive system   | Type A Advanced Surgical                     | 01.11.1994      | 3            | T8        | N        | Aganglioneosis Coli, total colectomy for total colonic aganglioneosis with ileoanal pull-through, with or without side to side ileocolic anastomosis (Anaes.) (Assist.)   | 2253.25          |             |                   | 1689.95          |                 |
| 43999    | Digestive system   | Type A Surgical                              | 01.11.1994      | 3            | T8        | N        | Aganglioneosis Coli, anal sphincterotomy as an independent procedure for (Anaes.) (Assist.)   | 281.75           |             |                   | 211.35           |                 |
| 44101    | Digestive system   | Type A Surgical                              | 01.09.2015      | 3            | T8        | N        | RECTUM, examination of, on a patient under 2 years of age, under general anaesthesia with full thickness biopsy or removal of polyp or similar lesion (Anaes.) (Assist.)  | 353.15           |             |                   | 264.9            |                 |
| 44102    | Digestive system   | Type A Surgical and Type B Non-band specific | 01.11.1994      | 3            | T8        | N        | RECTUM, examination of, on a patient 2 years of age or over, under general anaesthesia with full thickness biopsy or removal of polyp or similar lesion (Anaes.) (Assist.)  | 271.65           |             |                   | 203.75           |                 |

| MBS item | Clinical Category  | Procedure Type                               | Item Start Date | MBS Category | MBS Group | New Item | MBS Description   | MBS Schedule Fee                   | Derived Fee | Benefit 100% (\$) | Benefit 75% (\$) | Benefit 85 (\$) |
|----------|--|--|-----------------|--------------|-----------|----------|---|------------------------------------|-------------|-------------------|------------------|-----------------|
| 44104    | Digestive system   | Type B Non-band specific                     | 01.09.2015      | 3            | T8        | N        | RECTAL PROLAPSE, SUBMUCOSAL or perirectal injection for, on a patient under 2 years of age, under general anaesthesia (Anaes.)  | 62.05                              |             |                   | 46.55            | 52.75           |
| 44105    | Digestive system   | Type B Non-band specific                     | 01.11.1994      | 3            | T8        | N        | RECTAL PROLAPSE, SUBMUCOSAL or perirectal injection for, on a patient 2 years of age or over, under general anaesthesia (Anaes.)  | 47.65                              |             |                   | 35.75            | 40.55           |
| 44108    | Hernia and appendix                                      | Type A Surgical                              | 01.11.1994      | 3            | T8        | N        | Inguinal hernia, laparoscopic or open repair of, at age less than 12 months (H) (Anaes.) (Assist.)  | 638.35                             |             |                   | 478.8            |                 |
| 44111    | Hernia and appendix                                      | Type A Surgical                              | 01.11.1994      | 3            | T8        | N        | 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                             |             |                   | 537.35           |                 |
| 44114    | Hernia and appendix                                      | Type A Surgical                              | 01.11.1994      | 3            | T8        | N        | Inguinal hernia, laparoscopic or open repair of, at age less than 12 months when orchidopexy also required (H) (Anaes.) (Assist.)   | 716.45                             |             |                   | 537.35           |                 |
| 44130    | Common list  | Type A Surgical                              | 01.11.1994      | 3            | T8        | N        | LYMPHADENECTOMY, for atypical mycobacterial infection or other granulomatous disease (Anaes.) (Assist.)   | 489.75                             |             |                   | 367.35           | 416.3           |
| 44133    | Back, neck and spine                                     | Type A Surgical                              | 01.11.1994      | 3            | T8        | N        | TORTICOLLIS, open division of sternomastoid muscle for (Anaes.) (Assist.)   | 388.75                             |             |                   | 291.6            |                 |
| 44136    | Skin   | Type B Non-band specific                     | 01.11.1994      | 3            | T8        | N        | INGROWN TOE NAIL, operation for, under general anaesthesia (Anaes.)   | 179.15                             |             |                   | 134.4            | 152.3           |
| 44325    | Bone, joint and muscle                                   | Type A Surgical                              | 01.12.1991      | 3            | T8        | N        | Amputation of hand, transcarpal (H) (Anaes.) (Assist.)  | 312.6                              |             |                   | 234.45           |                 |
| 44328    | Bone, joint and muscle                                   | Type A Surgical                              | 01.12.1991      | 3            | T8        | N        | Amputation of hand, proximal to wrist radiocarpal joint, through forearm (H) (Anaes.) (Assist.)   | 376.75                             |             |                   | 282.6            |                 |
| 44331    | Bone, joint and muscle                                   | Type A Surgical                              | 01.12.1991      | 3            | T8        | N        | AMPUTATION AT SHOULDER (Anaes.) (Assist.)   | 621.2                              |             |                   | 465.9            |                 |
| 44334    | Bone, joint and muscle                                   | Type A Advanced Surgical                     | 01.12.1991      | 3            | T8        | N        | INTERSCAPULOTHORACIC AMPUTATION (Anaes.) (Assist.)  | 1262.55                            |             |                   | 946.95           | 1169.35         |
| 44338    | Bone, joint and muscle                                   | Type B Non-band specific                     | 01.12.1991      | 3            | T8        | N        | 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.)  | 152.25                             |             |                   | 114.2            |                 |
| 44342    | Bone, joint and muscle                                   | Type B Non-band specific                     | 01.12.1991      | 3            | T8        | N        | 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.)   | 232.5                              |             |                   | 174.4            |                 |
| 44346    | Bone, joint and muscle                                   | Type A Surgical and Type B Non-band specific | 01.12.1991      | 3            | T8        | N        | 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.)   | 268.5                              |             |                   | 201.4            |                 |
| 44350    | Bone, joint and muscle                                   | Type A Surgical                              | 01.12.1991      | 3            | T8        | N        | 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.)   | 304.65                             |             |                   | 228.5            |                 |
| 44354    | Bone, joint and muscle                                   | Type A Surgical                              | 01.12.1991      | 3            | T8        | N        | 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.)   | 348.7                              |             |                   | 261.55           |                 |
| 44358    | Bone, joint and muscle                                   | Type B Non-band specific                     | 01.12.1991      | 3            | T8        | N        | Amputation of one ray 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.)  | 232.5                              |             |                   | 174.4            |                 |
| 44359    | Bone, joint and muscle                                   | Type A Surgical                              | 01.11.1999      | 3            | T8        | N        | 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.) | 279                                |             |                   | 209.25           |                 |
| 44361    | Bone, joint and muscle                                   | Type A Surgical                              | 01.12.1991      | 3            | T8        | N        | 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.)  | 461.35                             |             |                   | 346.05           |                 |
| 44364    | Bone, joint and muscle                                   | Type A Surgical                              | 01.12.1991      | 3            | T8        | N        | 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.)   | 312.6                              |             |                   | 234.45           |                 |
| 44367    | Bone, joint and muscle                                   | Type A Surgical                              | 01.12.1991      | 3            | T8        | N        | Amputation through thigh, at knee or below knee (H) (Anaes.) (Assist.)  | 551.8                              |             |                   | 413.85           |                 |
| 44370    | Bone, joint and muscle                                   | Type A Surgical                              | 01.12.1991      | 3            | T8        | N        | AMPUTATION AT HIP (Anaes.) (Assist.)  | 761.4                              |             |                   | 571.05           |                 |
| 44373    | Bone, joint and muscle                                   | Type A Advanced Surgical                     | 01.12.1991      | 3            | T8        | N        | HINDQUARTER, amputation of (Anaes.) (Assist.)   | 1562.9                             |             |                   | 1172.2           | 1469.7          |
| 44376    | Bone, joint and muscle                                   | Type B Non-band specific                     | 01.12.1991      | 3            | T8        | N        | Amputation stump, re-amputation of, to provide adequate skin and muscle cover (Anaes.) (Assist.)  | 75% of the original amputation fee |             |                   |                  |                 |
| 45000    | Plastic and reconstructive surgery (medically necessary) | Type A Surgical                              | 01.12.1991      | 3            | T8        | N        | 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 31376 (Anaes.)   | 572.25                             |             |                   | 429.2            | 486.45          |
| 45003    | Plastic and reconstructive surgery (medically necessary) | Type A Surgical                              | 01.12.1991      | 3            | T8        | N        | Single stage local myocutaneous flap repair to one defect, simple and small not in association with any of items 31356 to 31376 (Anaes.)  | 636.05                             |             |                   | 477.05           | 542.85          |
| 45006    | Plastic and reconstructive surgery (medically necessary) | Type A Advanced Surgical                     | 01.12.1991      | 3            | T8        | N        | SINGLE STAGE LARGE MYOCUTANEOUS FLAP REPAIR to 1 defect, (pectoralis major, latissimus dorsi, or similar large muscle) (Anaes.) (Assist.)   | 1097                               |             |                   | 822.75           |                 |

| MBS Item | Clinical Category  | Procedure Type                               | Item Start Date | MBS Category | MBS Group | New Item | MBS Description   | MBS Schedule Fee | Derived Fee | Benefit 100% (\$) | Benefit 75% (\$) | Benefit 85 (\$) |
|----------|--|--|-----------------|--------------|-----------|----------|---|------------------|-------------|-------------------|------------------|-----------------|
| 45009    | Plastic and reconstructive surgery (medically necessary) | Type A Surgical                              | 01.12.1991      | 3            | T8        | N        | Single stage localmuscle flap repair to 1 defect, simple and small,other than a service associated with a service to which item 30278, 30281 or 41722 applies (H) (Anaes.) (Assist.)  | 400.7            |             |                   | 300.55           |                 |
| 45012    | Plastic and reconstructive surgery (medically necessary) | Type A Surgical                              | 01.12.1991      | 3            | T8        | N        | SINGLE STAGE LARGE MUSCLE FLAP REPAIR to 1 defect, (pectoralis major, gastrocnemius, gracilis or similar large muscle) (Anaes.) (Assist.)   | 671.3            |             |                   | 503.5            |                 |
| 45015    | Plastic and reconstructive surgery (medically necessary) | Type A Surgical                              | 01.12.1991      | 3            | T8        | N        | MUSCLE OR MYOCUTANEOUS FLAP, delay of (Anaes.)  | 317.95           |             |                   | 238.5            |                 |
| 45018    | Plastic and reconstructive surgery (medically necessary) | Type A Surgical                              | 01.12.1991      | 3            | T8        | N        | 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.)  | 500.75           |             |                   | 375.6            | 425.65          |
| 45019    | Plastic and reconstructive surgery (medically necessary) | Type A Surgical and Type B Non-band specific | 19.06.1997      | 3            | T8        | N        | 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 speciality of dermatology or plastic surgery. Applicable once only in any 12 month period (Anaes.) | 419.4            |             |                   | 314.55           |                 |
| 45021    | Plastic and reconstructive surgery (medically necessary) | Type C                                       | 01.12.1991      | 3            | T8        | N        | ABRASIVE THERAPY for severely disfiguring scarring resulting from trauma, burns or acne - limited to 1 aesthetic area (Anaes.)  | 187.5            |             |                   | 140.65           | 159.4           |
| 45024    | Plastic and reconstructive surgery (medically necessary) | Type A Surgical                              | 01.12.1991      | 3            | T8        | N        | ABRASIVE THERAPY for severely disfiguring scarring resulting from trauma, burns or acne - more than 1 aesthetic area (Anaes.)   | 421.35           |             |                   | 316.05           | 358.15          |
| 45025    | Plastic and reconstructive surgery (medically necessary) | Type C                                       | 01.11.1995      | 3            | T8        | N        | CARBON DIOXIDE LASER OR ERBIUM LASER (not including fractional laser therapy) resurfacing of the face or neck for severely disfiguring scarring resulting from trauma, burns or acne - limited to 1 aesthetic area (Anaes.)   | 187.5            |             |                   | 140.65           | 159.4           |
| 45026    | Plastic and reconstructive surgery (medically necessary) | Type A Surgical and Type C                   | 01.11.1995      | 3            | T8        | N        | CARBON DIOXIDE LASER OR ERBIUM LASER (not including fractional laser therapy) resurfacing of the face or neck for severely disfiguring scarring resulting from trauma, burns or acne - more than 1 aesthetic area (Anaes.)  | 421.35           |             |                   | 316.05           | 358.15          |
| 45027    | Plastic and reconstructive surgery (medically necessary) | Type B Band 1                                | 01.12.1991      | 3            | T8        | N        | ANGIOMA, cauterisation of or injection into, where undertaken in the operating theatre of a hospital (Anaes.)   | 127.25           |             |                   | 95.45            | 108.2           |
| 45030    | Plastic and reconstructive surgery (medically necessary) | Type B Non-band specific                     | 01.12.1991      | 3            | T8        | N        | ANGIOMA (haemangioma or lymphangioma or both) of skin and subcutaneous tissue (excluding facial muscle or breast) or mucous surface, small, excision and suture of (Anaes.)   | 136.6            |             |                   | 102.45           | 116.15          |
| 45033    | Plastic and reconstructive surgery (medically necessary) | Type B Non-band specific                     | 01.12.1991      | 3            | T8        | N        | ANGIOMA, (haemangioma or lymphangioma or both), large or involving deeper tissue including facial muscle or breast, excision and suture of (Anaes.)   | 254.45           |             |                   | 190.85           | 216.3           |
| 45035    | Plastic and reconstructive surgery (medically necessary) | Type A Surgical                              | 01.11.1994      | 3            | T8        | N        | ANGIOMA (haemangioma or lymphangioma or both), large and deep, involving muscles or nerves, excision of (Anaes.) (Assist.)  | 742.2            |             |                   | 556.65           |                 |
| 45036    | Plastic and reconstructive surgery (medically necessary) | Type A Advanced Surgical                     | 01.12.1991      | 3            | T8        | N        | ANGIOMA (haemangioma or lymphangioma or both) of neck, deep, excision of (Anaes.) (Assist.)   | 1192.55          |             |                   | 894.45           |                 |

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|----------|--|--|-----------------|--------------|-----------|----------|--|------------------|-------------|-------------------|------------------|-----------------|
| 45039    | Plastic and reconstructive surgery (medically necessary) | Type B Non-band specific                     | 01.12.1991      | 3            | T8        | N        | ARTERIOVENOUS MALFORMATION (3 centimetres or less) of superficial tissue, excision of (Anaes.)   | 254.45           |             |                   | 190.85           | 216.3           |
| 45042    | Plastic and reconstructive surgery (medically necessary) | Type A Surgical                              | 01.12.1991      | 3            | T8        | N        | ARTERIOVENOUS MALFORMATION, (greater than 3 centimetres), excision of (Anaes.) (Assist.)   | 326.05           |             |                   | 244.55           | 277.15          |
| 45045    | Plastic and reconstructive surgery (medically necessary) | Type A Surgical                              | 01.12.1991      | 3            | T8        | N        | ARTERIOVENOUS MALFORMATION on eyelid, nose, lip, ear, neck, hand, thumb, finger or genitals, excision of (Anaes.)  | 326.05           |             |                   | 244.55           | 277.15          |
| 45048    | Plastic and reconstructive surgery (medically necessary) | Type A Surgical                              | 01.12.1991      | 3            | T8        | N        | LYMPHOEDEMATOUS tissue or lymphangiectasis, of lower leg and foot, or thigh, or upper arm, or forearm and hand, major excision of (Anaes.) (Assist.)   | 818.85           |             |                   | 614.15           |                 |
| 45051    | Plastic and reconstructive surgery (medically necessary) | Type A Surgical                              | 01.12.1991      | 3            | T8        | N        | 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 (Anaes.) (Assist.)      | 500.85           |             |                   | 375.65           |                 |
| 45054    | Plastic and reconstructive surgery (medically necessary) | Unlisted                                     | 01.11.1999      | 3            | T8        | N        | LIMB OR CHEST, decompression escharotomy of (including all incisions), for acute compartment syndrome secondary to burn (Anaes.) (Assist.)   | 260.2            |             |                   | 195.15           |                 |
| 45060    | Breast surgery (medically necessary)                     | Type A Advanced Surgical                     | 01.11.2018      | 3            | T8        | N        | 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 mammoplasty, 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 (Anaes.) (Assist.) | 1343.95          |             |                   | 1008             |                 |
| 45061    | Breast surgery (medically necessary)                     | Type A Advanced Surgical                     | 01.11.2018      | 3            | T8        | N        | 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 mammoplasty, 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 (Anaes.) (Assist.)   | 1343.95          |             |                   | 1008             |                 |
| 45062    | Breast surgery (medically necessary)                     | Type A Advanced Surgical                     | 01.11.2018      | 3            | T8        | N        | 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 mammoplasty, 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 (Anaes.) (Assist.)                                       | 972.55           |             |                   | 729.45           |                 |
| 45200    | Plastic and reconstructive surgery (medically necessary) | Type A Surgical and Type B Non-band specific | 01.12.1991      | 3            | T8        | N        | 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 31376 (Anaes.)  | 300.65           |             |                   | 225.5            | 255.6           |
| 45201    | Plastic and reconstructive surgery (medically necessary) | Type A Surgical                              | 01.11.2016      | 3            | T8        | N        | Muscle, myocutaneous or skin flap, where 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 or 31376)-may be claimed only once per defect (Anaes.)   | 437.6            |             |                   | 328.2            | 372             |

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|----------|--|--|-----------------|--------------|-----------|----------|--|------------------|-------------|-------------------|------------------|-----------------|
| 45202    | Plastic and reconstructive surgery (medically necessary) | Type A Surgical                              | 01.11.2016      | 3            | T8        | N        | Muscle, myocutaneous or skin flap, where 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.) | 437.6            |             |                   | 328.2            | 372             |
| 45203    | Plastic and reconstructive surgery (medically necessary) | Type A Surgical                              | 01.12.1991      | 3            | T8        | N        | 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 31376 (Anaes.) (Assist.)  | 429.25           |             |                   | 321.95           | 364.9           |
| 45206    | Plastic and reconstructive surgery (medically necessary) | Type A Surgical                              | 01.12.1991      | 3            | T8        | N        | 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 31376 (Anaes.)   | 405.5            |             |                   | 304.15           | 344.7           |
| 45207    | Plastic and reconstructive surgery (medically necessary) | Type A Surgical                              | 01.11.2006      | 3            | T8        | N        | 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 31376 (Anaes.)   | 405.5            |             |                   | 304.15           | 344.7           |
| 45209    | Plastic and reconstructive surgery (medically necessary) | Type A Surgical                              | 01.12.1991      | 3            | T8        | N        | DIRECT FLAP REPAIR (cross arm, abdominal or similar), first stage (Anaes.) (Assist.)   | 500.85           |             |                   | 375.65           | 425.75          |
| 45212    | Plastic and reconstructive surgery (medically necessary) | Unlisted                                     | 01.12.1991      | 3            | T8        | N        | DIRECT FLAP REPAIR (cross arm, abdominal or similar), second stage (Anaes.)  | 248.5            |             |                   | 186.4            | 211.25          |
| 45215    | Plastic and reconstructive surgery (medically necessary) | Type A Advanced Surgical                     | 01.12.1991      | 3            | T8        | N        | DIRECT FLAP REPAIR, cross leg, first stage (Anaes.) (Assist.)  | 1072             |             |                   | 804              |                 |
| 45218    | Plastic and reconstructive surgery (medically necessary) | Type A Surgical                              | 01.12.1991      | 3            | T8        | N        | DIRECT FLAP REPAIR, cross leg, second stage (Anaes.) (Assist.)   | 480.85           |             |                   | 360.65           |                 |
| 45221    | Plastic and reconstructive surgery (medically necessary) | Type A Surgical                              | 01.12.1991      | 3            | T8        | N        | DIRECT FLAP REPAIR, small (cross finger or similar), first stage (Anaes.)  | 276.55           |             |                   | 207.45           | 235.1           |
| 45224    | Plastic and reconstructive surgery (medically necessary) | Type B Non-band specific                     | 01.12.1991      | 3            | T8        | N        | DIRECT FLAP REPAIR, small (cross finger or similar), second stage (Anaes.)   | 124.3            |             |                   | 93.25            | 105.7           |
| 45227    | Plastic and reconstructive surgery (medically necessary) | Type A Surgical                              | 01.12.1991      | 3            | T8        | N        | INDIRECT FLAP OR TUBED PEDICLE, formation of (Anaes.) (Assist.)  | 470.9            |             |                   | 353.2            | 400.3           |
| 45230    | Plastic and reconstructive surgery (medically necessary) | Unlisted                                     | 01.12.1991      | 3            | T8        | N        | DIRECT OR INDIRECT FLAP OR TUBED PEDICLE, delay of (Anaes.)  | 235.45           |             |                   | 176.6            | 200.15          |
| 45233    | Plastic and reconstructive surgery (medically necessary) | Type A Surgical                              | 01.12.1991      | 3            | T8        | N        | INDIRECT FLAP OR TUBED PEDICLE, preparation of intermediate or final site and attachment to the site (Anaes.) (Assist.)  | 500.85           |             |                   | 375.65           | 425.75          |
| 45236    | Plastic and reconstructive surgery (medically necessary) | Type A Surgical                              | 01.12.1991      | 3            | T8        | N        | INDIRECT FLAP OR TUBED PEDICLE, spreading of pedicle, as a separate procedure (Anaes.)   | 392.75           |             |                   | 294.6            |                 |
| 45239    | Plastic and reconstructive surgery (medically necessary) | Type A Surgical and Type B Non-band specific | 01.12.1991      | 3            | T8        | N        | DIRECT, INDIRECT OR LOCAL FLAP, revision of, by incision and suture, not being a service to which item 45240 applies (Anaes.)  | 276.55           |             |                   | 207.45           | 235.1           |

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|----------|--|--------------------------|-----------------|--------------|-----------|----------|--|------------------|-------------|-------------------|------------------|-----------------|
| 45240    | Plastic and reconstructive surgery (medically necessary) | Type A Surgical          | 01.11.2006      | 3            | T8        | N        | DIRECT, INDIRECT OR LOCAL FLAP, revision of, by liposuction, not being a service to which item 45239, 45497, 45498 or 45499 applies (Anaes.)   | 276.55           |             |                   | 207.45           | 235.1           |
| 45400    | Plastic and reconstructive surgery (medically necessary) | Unlisted                 | 01.12.1991      | 3            | T8        | N        | FREE GRAFTING (split skin) of a granulating area, small (Anaes.)   | 216.4            |             |                   | 162.3            | 183.95          |
| 45403    | Plastic and reconstructive surgery (medically necessary) | Type A Surgical          | 01.12.1991      | 3            | T8        | N        | FREE GRAFTING (split skin) of a granulating area, extensive (Anaes.) (Assist.)   | 430.8            |             |                   | 323.1            | 366.2           |
| 45406    | Plastic and reconstructive surgery (medically necessary) | Type A Surgical          | 01.12.1991      | 3            | T8        | N        | FREE GRAFTING (split skin) to burns, including excision of burnt tissue - involving not more than 3 per cent of total body surface (Anaes.) (Assist.)  | 476.85           |             |                   | 357.65           | 405.35          |
| 45409    | Plastic and reconstructive surgery (medically necessary) | Type A Surgical          | 01.12.1991      | 3            | T8        | N        | FREE GRAFTING (split skin) to burns, including excision of burnt tissue - involving 3 per cent or more but less than 6 per cent of total body surface (Anaes.) (Assist.)                                       | 636.05           |             |                   | 477.05           |                 |
| 45412    | Plastic and reconstructive surgery (medically necessary) | Type A Surgical          | 01.12.1991      | 3            | T8        | N        | FREE GRAFTING (split skin) to burns, including excision of burnt tissue - involving 6 per cent or more but less than 9 per cent of total body surface (Anaes.) (Assist.)                                       | 874.6            |             |                   | 655.95           |                 |
| 45415    | Plastic and reconstructive surgery (medically necessary) | Type A Advanced Surgical | 01.12.1991      | 3            | T8        | N        | FREE GRAFTING (split skin) to burns, including excision of burnt tissue - involving 9 per cent or more but less than 12 per cent of total body surface (Anaes.) (Assist.)                                      | 953.85           |             |                   | 715.4            |                 |
| 45418    | Plastic and reconstructive surgery (medically necessary) | Type A Advanced Surgical | 01.12.1991      | 3            | T8        | N        | FREE GRAFTING (split skin) to burns, including excision of burnt tissue - involving 12 per cent or more but less than 15 per cent of total body surface (Anaes.) (Assist.)                                     | 1033.4           |             |                   | 775.05           |                 |
| 45439    | Plastic and reconstructive surgery (medically necessary) | Type A Surgical          | 01.12.1991      | 3            | T8        | N        | FREE GRAFTING (split skin) to 1 defect, including elective dissection, small (Anaes.)  | 300.65           |             |                   | 225.5            | 255.6           |
| 45442    | Plastic and reconstructive surgery (medically necessary) | Type A Surgical          | 01.12.1991      | 3            | T8        | N        | FREE GRAFTING (split skin) to 1 defect, including elective dissection, extensive (Anaes.) (Assist.)  | 620.05           |             |                   | 465.05           | 527.05          |
| 45445    | Plastic and reconstructive surgery (medically necessary) | Type A Surgical          | 01.12.1991      | 3            | T8        | N        | FREE GRAFTING (split skin) as inlay graft to 1 defect including elective dissection using a mould (including insertion of, and removal of mould) (Anaes.) (Assist.)  | 588.4            |             |                   | 441.3            | 500.15          |
| 45448    | Plastic and reconstructive surgery (medically necessary) | Type A Surgical          | 01.12.1991      | 3            | T8        | N        | FREE GRAFTING (split skin) to 1 defect, including elective dissection on eyelid, nose, lip, ear, neck, hand, thumb, finger or genitals, not being a service to which item 45442 or 45445 applies (Anaes.)      | 397.5            |             |                   | 298.15           | 337.9           |
| 45451    | Plastic and reconstructive surgery (medically necessary) | Type A Surgical          | 01.12.1991      | 3            | T8        | N        | FREE GRAFTING (full thickness), to 1 defect, excluding grafts for male pattern baldness (Anaes.) (Assist.)   | 500.85           |             |                   | 375.65           | 425.75          |
| 45460    | Plastic and reconstructive surgery (medically necessary) | Type A Advanced Surgical | 01.05.2000      | 3            | T8        | N        | FREE GRAFTING (split skin) to burns, including excision of burnt tissue - involving 15 percent or more but less than 20 percent of total body surface - one surgeon (Anaes.) (Assist.)                         | 1324.95          |             |                   | 993.75           |                 |
| 45461    | Plastic and reconstructive surgery (medically necessary) | Type A Advanced Surgical | 01.05.2000      | 3            | T8        | N        | FREE GRAFTING (split skin) to burns, including excision of burnt tissue - involving 15 percent or more but less than 20 percent of total body surface - conjoint surgery, principal surgeon (Anaes.) (Assist.) | 944.3            |             |                   | 708.25           |                 |

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|----------|--|--------------------------|-----------------|--------------|-----------|----------|--|------------------|-------------|-------------------|------------------|-----------------|
| 45462    | Plastic and reconstructive surgery (medically necessary) | Type A Surgical          | 01.05.2000      | 3            | T8        | N        | FREE GRAFTING (split skin) to burns, including excision of burnt tissue - involving 15 percent or more but less than 20 percent of total body surface - conjoint surgery, co- surgeon (Assist.)                | 712.55           |             |                   | 534.45           |                 |
| 45464    | Plastic and reconstructive surgery (medically necessary) | Type A Advanced Surgical | 01.05.2000      | 3            | T8        | N        | FREE GRAFTING (split skin) to burns, including excision of burnt tissue - involving 20 percent or more but less than 30 percent of total body surface - one surgeon (Anaes.) (Assist.)                         | 2022.45          |             |                   | 1516.85          |                 |
| 45465    | Plastic and reconstructive surgery (medically necessary) | Type A Advanced Surgical | 01.05.2000      | 3            | T8        | N        | FREE GRAFTING (split skin) to burns, including excision of burnt tissue - involving 20 percent or more but less than 30 percent of total body surface - conjoint surgery, principal surgeon (Anaes.) (Assist.) | 1440.9           |             |                   | 1080.7           | 1347.7          |
| 45466    | Plastic and reconstructive surgery (medically necessary) | Type A Advanced Surgical | 01.05.2000      | 3            | T8        | N        | FREE GRAFTING (split skin) to burns, including excision of burnt tissue - involving 20 percent or more but less than 30 percent of total body surface - conjoint surgery, co-surgeon (Assist.)                 | 1086.7           |             |                   | 815.05           | 993.5           |
| 45468    | Plastic and reconstructive surgery (medically necessary) | Type A Advanced Surgical | 01.05.2000      | 3            | T8        | N        | FREE GRAFTING (split skin) to burns, including excision of burnt tissue - involving 30 percent or more but less than 40 percent of total body surface - conjoint surgery, principal surgeon (Anaes.) (Assist.) | 1937.4           |             |                   | 1453.05          |                 |
| 45469    | Plastic and reconstructive surgery (medically necessary) | Type A Advanced Surgical | 01.05.2000      | 3            | T8        | N        | FREE GRAFTING (split skin) to burns, including excision of burnt tissue - involving 30 percent or more but less than 40 percent of total body surface - conjoint surgery, co-surgeon (Assist.)                 | 1461.7           |             |                   | 1096.3           | 1368.5          |
| 45471    | Plastic and reconstructive surgery (medically necessary) | Type A Advanced Surgical | 01.05.2000      | 3            | T8        | N        | FREE GRAFTING (split skin) to burns, including excision of burnt tissue - involving 40 percent or more but less than 50 percent of total body surface - conjoint surgery, principal surgeon (Anaes.) (Assist.) | 2435.35          |             |                   | 1826.55          | 2342.15         |
| 45472    | Plastic and reconstructive surgery (medically necessary) | Type A Advanced Surgical | 01.05.2000      | 3            | T8        | N        | FREE GRAFTING (split skin) to burns, including excision of burnt tissue - involving 40 percent or more but less than 50 percent of total body surface - conjoint surgery, co-surgeon (Assist.)                 | 1837             |             |                   | 1377.75          | 1743.8          |
| 45474    | Plastic and reconstructive surgery (medically necessary) | Type A Advanced Surgical | 01.05.2000      | 3            | T8        | N        | FREE GRAFTING (split skin) to burns, including excision of burnt tissue - involving 50 percent or more but less than 60 percent of total body surface - conjoint surgery, principal surgeon (Anaes.) (Assist.) | 2931.8           |             |                   | 2198.85          | 2838.6          |
| 45475    | Plastic and reconstructive surgery (medically necessary) | Type A Advanced Surgical | 01.05.2000      | 3            | T8        | N        | FREE GRAFTING (split skin) to burns, including excision of burnt tissue - involving 50 percent or more but less than 60 percent of total body surface - conjoint surgery, co-surgeon (Assist.)                 | 2212.1           |             |                   | 1659.1           | 2118.9          |
| 45477    | Plastic and reconstructive surgery (medically necessary) | Type A Advanced Surgical | 01.05.2000      | 3            | T8        | N        | FREE GRAFTING (split skin) to burns, including excision of burnt tissue - involving 60 percent or more but less than 70 percent of total body surface - conjoint surgery, principal surgeon (Anaes.) (Assist.) | 3428.4           |             |                   | 2571.3           | 3335.2          |
| 45478    | Plastic and reconstructive surgery (medically necessary) | Type A Advanced Surgical | 01.05.2000      | 3            | T8        | N        | FREE GRAFTING (split skin) to burns, including excision of burnt tissue - involving 60 percent or more but less than 70 percent of total body surface - conjoint surgery, co-surgeon (Assist.)                 | 2585.9           |             |                   | 1939.45          | 2492.7          |
| 45480    | Plastic and reconstructive surgery (medically necessary) | Type A Advanced Surgical | 01.05.2000      | 3            | T8        | N        | FREE GRAFTING (split skin) to burns, including excision of burnt tissue - involving 70 percent or more but less than 80 percent of total body surface - conjoint surgery, principal surgeon (Anaes.) (Assist.) | 3924.85          |             |                   | 2943.65          | 3831.65         |
| 45481    | Plastic and reconstructive surgery (medically necessary) | Type A Advanced Surgical | 01.05.2000      | 3            | T8        | N        | FREE GRAFTING (split skin) to burns, including excision of burnt tissue - involving 70 percent or more but less than 80 percent of total body surface - conjoint surgery, co-surgeon (Assist.)                 | 2961.25          |             |                   | 2220.95          | 2868.05         |
| 45483    | Plastic and reconstructive surgery (medically necessary) | Type A Advanced Surgical | 01.05.2000      | 3            | T8        | N        | FREE GRAFTING (split skin) to burns, including excision of burnt tissue - involving 80 percent or more of total body surface - conjoint surgery, principal surgeon (Anaes.) (Assist.)                          | 4471.75          |             |                   | 3353.85          | 4378.55         |

| MBS Item | Clinical Category  | Procedure Type           | Item Start Date | MBS Category | MBS Group | New Item | MBS Description  | MBS Schedule Fee | Derived Fee | Benefit 100% (\$) | Benefit 75% (\$) | Benefit 85 (\$) |
|----------|--|--------------------------|-----------------|--------------|-----------|----------|--|------------------|-------------|-------------------|------------------|-----------------|
| 45484    | Plastic and reconstructive surgery (medically necessary) | Type A Advanced Surgical | 01.05.2000      | 3            | T8        | N        | FREE GRAFTING (split skin) to burns, including excision of burnt tissue - involving 80 percent or more of total body surface - conjoint surgery, co-surgeon (Assist.)                          | 3373.95          |             |                   | 2530.5           | 3280.75         |
| 45485    | Plastic and reconstructive surgery (medically necessary) | Type A Surgical          | 01.11.1999      | 3            | T8        | N        | FREE GRAFTING (split skin) to burns, including excision of burnt tissue - upper eyelid, nose, lip, ear or palm of the hand (Anaes.) (Assist.)  | 557.9            |             |                   | 418.45           |                 |
| 45486    | Plastic and reconstructive surgery (medically necessary) | Type A Surgical          | 01.11.1999      | 3            | T8        | N        | FREE GRAFTING (split skin) to burns, including excision of burnt tissue - forehead, cheek, anterior aspect of the neck, chin, plantar aspect of the foot, heel or genitalia (Anaes.) (Assist.) | 476.85           |             |                   | 357.65           |                 |
| 45487    | Plastic and reconstructive surgery (medically necessary) | Type A Surgical          | 01.11.1999      | 3            | T8        | N        | FREE GRAFTING (split skin) to burns, including excision of burnt tissue - whole of toe (Anaes.) (Assist.)  | 429.25           |             |                   | 321.95           | 364.9           |
| 45488    | Plastic and reconstructive surgery (medically necessary) | Type A Surgical          | 01.11.1999      | 3            | T8        | N        | FREE GRAFTING (split skin) to burns, including excision of burnt tissue - the whole of 1 digit of the hand (Anaes.) (Assist.)  | 476.85           |             |                   | 357.65           |                 |
| 45489    | Plastic and reconstructive surgery (medically necessary) | Type A Surgical          | 01.11.1999      | 3            | T8        | N        | FREE GRAFTING (split skin) to burns, including excision of burnt tissue - the whole of 2 digits of the hand (Anaes.) (Assist.)   | 715.5            |             |                   | 536.65           | 622.3           |
| 45490    | Plastic and reconstructive surgery (medically necessary) | Type A Advanced Surgical | 01.11.1999      | 3            | T8        | N        | FREE GRAFTING (split skin) to burns, including excision of burnt tissue - the whole of 3 digits of the hand (Anaes.) (Assist.)   | 954.15           |             |                   | 715.65           |                 |
| 45491    | Plastic and reconstructive surgery (medically necessary) | Type A Advanced Surgical | 01.11.1999      | 3            | T8        | N        | FREE GRAFTING (split skin) to burns, including excision of burnt tissue - the whole of 4 digits of the hand (Anaes.) (Assist.)   | 1192.55          |             |                   | 894.45           |                 |
| 45492    | Plastic and reconstructive surgery (medically necessary) | Type A Advanced Surgical | 01.11.1999      | 3            | T8        | N        | FREE GRAFTING (split skin) to burns, including excision of burnt tissue - the whole of 5 digits of the hand (Anaes.) (Assist.)   | 1431             |             |                   | 1073.25          |                 |
| 45493    | Plastic and reconstructive surgery (medically necessary) | Type A Surgical          | 01.11.1999      | 3            | T8        | N        | FREE GRAFTING (split skin) to burns, including excision of burnt tissue - portion of digit of hand (Anaes.) (Assist.)  | 429.25           |             |                   | 321.95           |                 |
| 45494    | Plastic and reconstructive surgery (medically necessary) | Type A Advanced Surgical | 01.11.1999      | 3            | T8        | N        | FREE GRAFTING (split skin) to burns, including excision of burnt tissue - whole of face (excluding ears) (Anaes.) (Assist.)  | 1732.35          |             |                   | 1299.3           | 1639.15         |
| 45496    | Plastic and reconstructive surgery (medically necessary) | Type A Surgical          | 01.05.2000      | 3            | T8        | N        | FLAP, free tissue transfer using microvascular techniques - revision of, by open operation (Anaes.)  | 439.85           |             |                   | 329.9            |                 |
| 45497    | Plastic and reconstructive surgery (medically necessary) | Type A Surgical          | 01.05.2000      | 3            | T8        | N        | FLAP, free tissue transfer using microvascular techniques, or any autogenous breast reconstruction - complete revision of, by liposuction (Anaes.)   | 343.5            |             |                   | 257.65           |                 |
| 45498    | Plastic and reconstructive surgery (medically necessary) | Type A Surgical          | 01.05.2000      | 3            | T8        | N        | FLAP, free tissue transfer using microvascular techniques, or any autogenous breast reconstruction - staged revision of, by liposuction - first stage (Anaes.)                                 | 276.55           |             |                   | 207.45           |                 |
| 45499    | Plastic and reconstructive surgery (medically necessary) | Unlisted                 | 01.05.2000      | 3            | T8        | N        | FLAP, free tissue transfer using microvascular techniques, or any autogenous breast reconstruction - staged revision of, by liposuction - second stage (Anaes.)                                | 206.1            |             |                   | 154.6            |                 |

| MBS item | Clinical Category  | Procedure Type           | Item Start Date | MBS Category | MBS Group | New Item | MBS Description  | MBS Schedule Fee | Derived Fee | Benefit 100% (\$) | Benefit 75% (\$) | Benefit 85 (\$) |
|----------|--|--------------------------|-----------------|--------------|-----------|----------|--|------------------|-------------|-------------------|------------------|-----------------|
| 45500    | Plastic and reconstructive surgery (medically necessary) | Type A Advanced Surgical | 01.12.1991      | 3            | T8        | N        | MICROVASCULAR REPAIR using microsurgical techniques, with restoration of continuity of artery or vein of distal extremity or digit (Anaes.) (Assist.)  | 1152.65          |             |                   | 864.5            |                 |
| 45501    | Plastic and reconstructive surgery (medically necessary) | Type A Advanced Surgical | 01.03.1999      | 3            | T8        | N        | MICROVASCULAR ANASTOMOSIS of artery using microsurgical techniques, for re-implantation of limb or digit (Anaes.) (Assist.)  | 1876.15          |             |                   | 1407.15          |                 |
| 45502    | Plastic and reconstructive surgery (medically necessary) | Type A Advanced Surgical | 01.07.1993      | 3            | T8        | N        | MICROVASCULAR ANASTOMOSIS of vein using microsurgical techniques, for re-implantation of limb or digit (Anaes.) (Assist.)  | 1876.15          |             |                   | 1407.15          |                 |
| 45503    | Plastic and reconstructive surgery (medically necessary) | Type A Advanced Surgical | 01.12.1991      | 3            | T8        | N        | MICRO-ARTERIAL OR MICRO-VEINOUS GRAFT using microsurgical techniques (Anaes.) (Assist.)  | 2146.45          |             |                   | 1609.85          |                 |
| 45504    | Plastic and reconstructive surgery (medically necessary) | Type A Advanced Surgical | 01.03.1999      | 3            | T8        | N        | MICROVASCULAR ANASTOMOSIS of artery using microsurgical techniques, for free transfer of tissue including setting in of free flap (Anaes.) (Assist.)   | 1876.15          |             |                   | 1407.15          |                 |
| 45505    | Plastic and reconstructive surgery (medically necessary) | Type A Advanced Surgical | 01.03.1999      | 3            | T8        | N        | MICROVASCULAR ANASTOMOSIS of vein using microsurgical techniques, for free transfer of tissue including setting in of free flap (Anaes.) (Assist.)   | 1876.15          |             |                   | 1407.15          |                 |
| 45506    | Plastic and reconstructive surgery (medically necessary) | Type B Non-band specific | 01.12.1991      | 3            | T8        | N        | SCAR, of face or neck, not more than 3 cm in length, revision of, where undertaken in the operating theatre of a hospital, or where performed by a specialist in the practice of his or her specialty (Anaes.)   | 232.5            |             |                   | 174.4            | 197.65          |
| 45512    | Plastic and reconstructive surgery (medically necessary) | Type A Surgical          | 01.12.1991      | 3            | T8        | N        | SCAR, of face or neck, more than 3 cm in length, revision of, where undertaken in the operating theatre of a hospital, or where performed by a specialist in the practice of his or her specialty (Anaes.)   | 312.6            |             |                   | 234.45           | 265.75          |
| 45515    | Plastic and reconstructive surgery (medically necessary) | Type B Non-band specific | 01.12.1991      | 3            | T8        | N        | SCAR, other than on face or neck, not more than 7 cms in length, revision of, as an independent procedure, where undertaken in the operating theatre of a hospital or where performed by a specialist in the practice of his or her specialty (Anaes.)   | 197.2            |             |                   | 147.9            | 167.65          |
| 45518    | Plastic and reconstructive surgery (medically necessary) | Unlisted                 | 01.12.1991      | 3            | T8        | N        | SCAR, other than on face or neck, more than 7 cms in length, revision of, as an independent procedure, where undertaken in the operating theatre of a hospital, or where performed by a specialist in the practice of his or her specialty (Anaes.)  | 238.6            |             |                   | 178.95           | 202.85          |
| 45519    | Plastic and reconstructive surgery (medically necessary) | Type A Surgical          | 01.11.1996      | 3            | T8        | N        | EXTENSIVE BURN SCARS OF SKIN (more than 1 percent of body surface area), excision of, for correction of scar contracture (Anaes.) (Assist.)  | 453.6            |             |                   | 340.2            |                 |
| 45520    | Breast surgery (medically necessary)                     | Type A Advanced Surgical | 01.07.1998      | 3            | T8        | N        | Reduction mammoplasty (unilateral) with surgical repositioning of nipple,in the context of breast cancer or developmental abnormality of the breast (Anaes.) (Assist.)   | 951.9            |             |                   | 713.95           |                 |
| 45522    | Breast surgery (medically necessary)                     | Type A Surgical          | 01.07.1998      | 3            | T8        | N        | Reduction mammoplasty (unilateral) without surgical repositioning of the nipple: (a) excluding the treatment of gynaecomastia; and (b) not with insertion of any prosthesis (Anaes.) (Assist.)   | 667.85           |             |                   | 500.9            |                 |
| 45523    | Breast surgery (medically necessary)                     | Type A Advanced Surgical | 01.11.2018      | 3            | T8        | N        | Reduction mammoplasty (bilateral) with surgical repositioning of the nipple: (a) for patients with macromastia and experiencing pain in the neck or shoulder region; and (b) not with insertion of any prosthesis (Anaes.) (Assist.)   | 1427.95          |             |                   | 1071             |                 |
| 45524    | Breast surgery (medically necessary)                     | Type A Surgical          | 01.12.1991      | 3            | T8        | N        | Mammoplasty, 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 (Anaes.) (Assist.) | 784.05           |             |                   | 588.05           |                 |
| 45527    | Breast surgery (medically necessary)                     | Type A Surgical          | 01.12.1991      | 3            | T8        | N        | Breast reconstruction (unilateral), following mastectomy, using a permanent prosthesis (Anaes.) (Assist.)  | 784.05           |             |                   | 588.05           |                 |

| MBS item | Clinical Category                    | Procedure Type  | Item Start Date | MBS Category | MBS Group | New Item | MBS Description   | MBS Schedule Fee | Derived Fee | Benefit 100% (\$) | Benefit 75% (\$) | Benefit 85 (\$) |
|----------|--------------------------------------|---|-----------------|--------------|-----------|----------|---|------------------|-------------|-------------------|------------------|-----------------|
| 45528    | Breast surgery (medically necessary) | Type A Advanced Surgical                              | 19.06.1997      | 3            | T8        | N        | Mammoplasty, 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 and/or diagnostic imaging evidence demonstrating the clinical need for this service is documented in the patient notes (Anaes.) (Assist.)  | 1175.9           |             |                   | 881.95           |                 |
| 45530    | Breast surgery (medically necessary) | Type A Advanced Surgical                              | 01.12.1991      | 3            | T8        | N        | Breast reconstruction (unilateral), using a latissimus dorsi or other large muscle or myocutaneous flap, including repair of secondary skin defect, if required, excluding repair of muscular aponeurotic layer, other than a service associated with a service to which item 30165, 30168, 30171, 30172, 30176, 30177 or 30179 applies (H) (Anaes.) (Assist.)  | 1162.25          |             |                   | 871.7            |                 |
| 45533    | Breast surgery (medically necessary) | Type A Advanced Surgical                              | 01.12.1991      | 3            | T8        | N        | BREAST RECONSTRUCTION using breast sharing technique (first stage) including breast reduction, transfer of complex skin and breast tissue flap, split skin graft to pedicle of flap or other similar procedure (Anaes.) (Assist.)   | 1316.25          |             |                   | 987.2            |                 |
| 45534    | Breast surgery (medically necessary) | Type A Surgical and Type B Non-band specific          | 01.11.2021      | 3            | T8        | N        | 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) (H) (Anaes.) | 667.85           |             |                   | 500.9            |                 |
| 45535    | Breast surgery (medically necessary) | Type A Advanced Surgical and Type B Non-band specific | 01.11.2021      | 3            | T8        | N        | 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 (H) (Anaes.)  | 1168.8           |             |                   | 876.6            |                 |
| 45536    | Breast surgery (medically necessary) | Type A Surgical                                       | 01.12.1991      | 3            | T8        | N        | BREAST RECONSTRUCTION using breast sharing technique (second stage) including division of pedicle, inseting of breast flap, with closure of donor site or other similar procedure (Anaes.) (Assist.)  | 484.05           |             |                   | 363.05           |                 |
| 45539    | Breast surgery (medically necessary) | Type A Advanced Surgical                              | 01.12.1991      | 3            | T8        | N        | BREAST RECONSTRUCTION (unilateral), following mastectomy, using tissue expansion - insertion of tissue expansion unit and all attendances for subsequent expansion injections (Anaes.) (Assist.)  | 1132.5           |             |                   | 849.4            |                 |
| 45542    | Breast surgery (medically necessary) | Type A Surgical                                       | 01.12.1991      | 3            | T8        | N        | BREAST RECONSTRUCTION (unilateral), following mastectomy, using tissue expansion - removal of tissue expansion unit and insertion of permanent prosthesis (Anaes.) (Assist.)  | 648.45           |             |                   | 486.35           |                 |
| 45545    | Breast surgery (medically necessary) | Type A Surgical                                       | 01.12.1991      | 3            | T8        | N        | NIPPLE OR AREOLA or both, reconstruction of, by any surgical technique (Anaes.) (Assist.)   | 658.15           |             |                   | 493.65           | 564.95          |
| 45546    | Breast surgery (medically necessary) | Type C  | 01.11.1998      | 3            | T8        | N        | NIPPLE OR AREOLA or both, intradermal colouration of, following breast reconstruction after mastectomy or for congenital absence of nipple  | 209.15           |             |                   | 156.9            | 177.8           |
| 45548    | Breast surgery (medically necessary) | Type A Surgical                                       | 01.12.1991      | 3            | T8        | N        | BREAST PROSTHESIS, removal of, as an independent procedure (Anaes.)   | 292.6            |             |                   | 219.45           | 248.75          |
| 45551    | Breast surgery (medically necessary) | Type A Surgical                                       | 01.12.1991      | 3            | T8        | N        | 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 (Anaes.) (Assist.)  | 469.05           |             |                   | 351.8            |                 |
| 45553    | Breast surgery (medically necessary) | Type A Surgical                                       | 01.11.2006      | 3            | T8        | N        | 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 (Anaes.) (Assist.)  | 604.25           |             |                   | 453.2            |                 |
| 45554    | Breast surgery (medically necessary) | Type A Surgical                                       | 01.12.1991      | 3            | T8        | N        | 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 (Anaes.) (Assist.)  | 739.45           |             |                   | 554.6            |                 |

| MBS item | Clinical Category  | Procedure Type           | Item Start Date | MBS Category | MBS Group | New Item | MBS Description   | MBS Schedule Fee | Derived Fee | Benefit 100% (\$) | Benefit 75% (\$) | Benefit 85 (\$) |
|----------|--|--------------------------|-----------------|--------------|-----------|----------|---|------------------|-------------|-------------------|------------------|-----------------|
| 45556    | Breast surgery (medically necessary)                     | Type A Surgical          | 01.11.2001      | 3            | T8        | N        | 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 (Anaes.) (Assist.)   | 809.8            |             |                   | 607.35           |                 |
| 45558    | Breast surgery (medically necessary)                     | Type A Advanced Surgical | 01.11.2001      | 3            | T8        | N        | 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 (H) (Anaes.) (Assist.)   | 1214.65          |             |                   | 911              |                 |
| 45560    | Plastic and reconstructive surgery (medically necessary) | Type A Surgical          | 01.12.1991      | 3            | T8        | N        | HAIR TRANSPLANTATION for the treatment of alopecia of congenital or traumatic origin or due to disease, excluding male pattern baldness, not being a service to which another item in this Group applies (Anaes.)   | 500.75           |             |                   | 375.6            | 425.65          |
| 45561    | Plastic and reconstructive surgery (medically necessary) | Type A Advanced Surgical | 01.05.2007      | 3            | T8        | N        | MICROVASCULAR ANASTOMOSIS of artery or vein using microsurgical techniques, for supercharging of pedicled flaps (Anaes.) (Assist.)  | 1876.15          |             |                   | 1407.15          |                 |
| 45562    | Plastic and reconstructive surgery (medically necessary) | Type A Advanced Surgical | 01.03.1999      | 3            | T8        | N        | FREE TRANSFER OF TISSUE involving raising of tissue on vascular or neurovascular pedicle, including direct repair of secondary cutaneous defect if performed, excluding flap for male pattern baldness (Anaes.) (Assist.)   | 1162.25          |             |                   | 871.7            | 1069.05         |
| 45563    | Plastic and reconstructive surgery (medically necessary) | Type A Advanced Surgical | 01.12.1991      | 3            | T8        | N        | NEUROVASCULAR ISLAND FLAP, including direct repair of secondary cutaneous defect if performed, excluding flap for male pattern baldness (Anaes.) (Assist.)  | 1162.25          |             |                   | 871.7            | 1069.05         |
| 45564    | Plastic and reconstructive surgery (medically necessary) | Type A Advanced Surgical | 01.11.1999      | 3            | T8        | N        | Free transfer of tissue reconstructive surgery for the repair of major tissue defect due to congenital deformity, surgery or trauma, involving anastomoses of up to 2 vessels using microvascular techniques and including raising of tissue on a vascular or neurovascular pedicle, preparation of recipient vessels, transfer of tissue, inseting of tissue at recipient site and direct repair of secondary cutaneous defect if performed, other than a service associated with a service to which item 30165, 30168, 30171, 30172, 30176, 30177, 30179, 45501, 45502, 45504, 45505 or 45562 applies-conjoint surgery, principal specialist surgeon (H) (Anaes.) (Assist.) | 2691.9           |             |                   | 2018.95          |                 |
| 45565    | Plastic and reconstructive surgery (medically necessary) | Type A Advanced Surgical | 01.11.1999      | 3            | T8        | N        | Free transfer of tissue reconstructive surgery for the repair of major tissue defect due to congenital deformity, surgery or trauma, involving anastomoses of up to 2 vessels using microvascular techniques and including raising of tissue on a vascular or neurovascular pedicle, preparation of recipient vessels, transfer of tissue, inseting of tissue at recipient site and direct repair of secondary cutaneous defect if performed, other than a service associated with a service to which item 30165, 30168, 30171, 30172, 30176, 30177, 30179, 45501, 45502, 45504, 45505 or 45562 applies-conjoint surgery, conjoint specialist surgeon (H) (Assist.)           | 2019             |             |                   | 1514.25          |                 |
| 45566    | Plastic and reconstructive surgery (medically necessary) | Type A Advanced Surgical | 01.12.1991      | 3            | T8        | N        | TISSUE EXPANSION not being a service to which item 45539 or 45542 applies - insertion of tissue expansion unit and all attendances for subsequent expansion injections (Anaes.) (Assist.)   | 1132.5           |             |                   | 849.4            |                 |
| 45568    | Plastic and reconstructive surgery (medically necessary) | Type A Surgical          | 01.11.2003      | 3            | T8        | N        | TISSUE EXPANDER, removal of, with complete excision of fibrous capsule (Anaes.) (Assist.)   | 469.05           |             |                   | 351.8            |                 |
| 45569    | Plastic and reconstructive surgery (medically necessary) | Type A Surgical          | 01.11.2006      | 3            | T8        | N        | CLOSURE OF ABDOMEN WITH RECONSTRUCTION OF UMBILICUS, with or without lipectomy, being a service associated with items 45562, 45564, 45565 or 45530 (Anaes.) (Assist.)   | 716.4            |             |                   | 537.3            |                 |
| 45570    | Plastic and reconstructive surgery (medically necessary) | Type A Advanced Surgical | 01.11.2006      | 3            | T8        | N        | CLOSURE OF ABDOMEN, repair of musculoaponeurotic layer, being a service associated with item 45569 (Anaes.) (Assist.)   | 967.3            |             |                   | 725.5            | 874.1           |
| 45572    | Plastic and reconstructive surgery (medically necessary) | Type A Surgical          | 01.12.1991      | 3            | T8        | N        | INTRA OPERATIVE TISSUE EXPANSION performed during an operation when combined with a service to which another item in Group T8 applies including expansion injections and excluding treatment of male pattern baldness (Anaes.)  | 308.35           |             |                   | 231.3            | 262.1           |
| 45575    | Plastic and reconstructive surgery (medically necessary) | Type A Surgical          | 01.12.1991      | 3            | T8        | N        | FACIAL NERVE PARALYSIS, free fascia graft for (Anaes.) (Assist.)  | 761.4            |             |                   | 571.05           | 668.2           |

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|----------|--|--------------------------|-----------------|--------------|-----------|----------|--|------------------|-------------|-------------------|------------------|-----------------|
| 45578    | Plastic and reconstructive surgery (medically necessary) | Type A Surgical          | 01.12.1991      | 3            | T8        | N        | FACIAL NERVE PARALYSIS, muscle transfer for (Anaes.) (Assist.)   | 881.75           |             |                   | 661.35           |                 |
| 45581    | Plastic and reconstructive surgery (medically necessary) | Type A Surgical          | 01.12.1991      | 3            | T8        | N        | FACIAL NERVE PALSY, excision of tissue for (Anaes.)  | 292.6            |             |                   | 219.45           | 248.75          |
| 45584    | Plastic and reconstructive surgery (medically necessary) | Type A Surgical          | 01.12.1991      | 3            | T8        | N        | 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 (Anaes.)   | 667.85           |             |                   | 500.9            |                 |
| 45585    | Plastic and reconstructive surgery (medically necessary) | Type A Surgical          | 19.06.1997      | 3            | T8        | N        | Liposuction (suction assisted lipolysis) to one regional area (one limb or trunk), other than a service associated with a service to which item 31525 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 (Anaes.)   | 667.85           |             |                   | 500.9            |                 |
| 45587    | Plastic and reconstructive surgery (medically necessary) | Type A Advanced Surgical | 01.12.1991      | 3            | T8        | N        | 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 (Anaes.) (Assist.)  | 941.8            |             |                   | 706.35           |                 |
| 45588    | Plastic and reconstructive surgery (medically necessary) | Type A Advanced Surgical | 19.06.1997      | 3            | T8        | N        | 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 (Anaes.) (Assist.)   | 1412.8           |             |                   | 1059.6           |                 |
| 45589    | Plastic and reconstructive surgery (medically necessary) | Type B Non-band specific | 01.11.2021      | 3            | T8        | N        | 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.) | 667.85           |             |                   | 500.9            |                 |
| 45590    | Plastic and reconstructive surgery (medically necessary) | Type A Surgical          | 01.12.1991      | 3            | T8        | N        | ORBITAL CAVITY, reconstruction of a wall or floor, with or without foreign implant (Anaes.) (Assist.)  | 510.9            |             |                   | 383.2            |                 |
| 45593    | Plastic and reconstructive surgery (medically necessary) | Type A Surgical          | 01.12.1991      | 3            | T8        | N        | ORBITAL CAVITY, bone or cartilage graft to orbital wall or floor including reduction of prolapsed or entrapped orbital contents (Anaes.) (Assist.)   | 600.1            |             |                   | 450.1            |                 |
| 45596    | Plastic and reconstructive surgery (medically necessary) | Type A Advanced Surgical | 01.12.1991      | 3            | T8        | N        | MAXILLA, total resection of (Anaes.) (Assist.)   | 951.9            |             |                   | 713.95           |                 |
| 45597    | Plastic and reconstructive surgery (medically necessary) | Type A Advanced Surgical | 01.04.1992      | 3            | T8        | N        | MAXILLA, total resection of both maxillae (Anaes.) (Assist.)   | 1274.3           |             |                   | 955.75           |                 |
| 45599    | Plastic and reconstructive surgery (medically necessary) | Type A Advanced Surgical | 01.12.1991      | 3            | T8        | N        | MANDIBLE, total resection of both sides, including condylectomies where performed (Anaes.) (Assist.)   | 990.1            |             |                   | 742.6            | 896.9           |
| 45602    | Plastic and reconstructive surgery (medically necessary) | Type A Surgical          | 01.12.1991      | 3            | T8        | N        | MANDIBLE, including lower border, OR MAXILLA, sub-total resection of (Anaes.) (Assist.)  | 739.45           |             |                   | 554.6            |                 |

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|----------|--|--|-----------------|--------------|-----------|----------|--|------------------|-------------|-------------------|------------------|-----------------|
| 45605    | Bone, joint and muscle                                   | Type A Surgical                              | 01.12.1991      | 3            | T8        | N        | MANDIBLE OR MAXILLA, segmental resection of, for tumours or cysts (Anaes.) (Assist.)   | 621.2            |             |                   | 465.9            |                 |
| 45608    | Plastic and reconstructive surgery (medically necessary) | Type A Surgical                              | 01.12.1991      | 3            | T8        | N        | MANDIBLE, hemimandibular reconstruction with bone graft, not being a service associated with a service to which item 45599 applies (Anaes.) (Assist.)  | 874.6            |             |                   | 655.95           |                 |
| 45611    | Plastic and reconstructive surgery (medically necessary) | Type A Surgical                              | 01.12.1991      | 3            | T8        | N        | MANDIBLE, condylectomy (Anaes.) (Assist.)  | 500.85           |             |                   | 375.65           |                 |
| 45614    | Plastic and reconstructive surgery (medically necessary) | Type A Surgical                              | 01.12.1991      | 3            | T8        | N        | EYELID, WHOLE THICKNESS RECONSTRUCTION OF other than by direct suture only (Anaes.) (Assist.)  | 621.2            |             |                   | 465.9            | 528.05          |
| 45617    | Plastic and reconstructive surgery (medically necessary) | Unlisted                                     | 01.12.1991      | 3            | T8        | N        | 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.) | 248.5            |             |                   | 186.4            | 211.25          |
| 45620    | Plastic and reconstructive surgery (medically necessary) | Type A Surgical                              | 01.12.1991      | 3            | T8        | N        | 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.)  | 344.7            |             |                   | 258.55           | 293             |
| 45623    | Plastic and reconstructive surgery (medically necessary) | Type A Surgical                              | 01.12.1991      | 3            | T8        | N        | 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.)   | 764.35           |             |                   | 573.3            | 671.15          |
| 45624    | Plastic and reconstructive surgery (medically necessary) | Type A Advanced Surgical                     | 01.07.1998      | 3            | T8        | N        | 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.)   | 991              |             |                   | 743.25           | 897.8           |
| 45625    | Plastic and reconstructive surgery (medically necessary) | Unlisted                                     | 01.07.1998      | 3            | T8        | N        | 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 (Anaes.)  | 198.25           |             |                   | 148.7            |                 |
| 45626    | Plastic and reconstructive surgery (medically necessary) | Type A Surgical and Type B Non-band specific | 01.12.1991      | 3            | T8        | N        | Ectropion or entropion, not caused by trachoma, correction of (unilateral) (Anaes.)  | 344.7            |             |                   | 258.55           | 293             |
| 45627    | Plastic and reconstructive surgery (medically necessary) | Type A Surgical                              | 01.11.2019      | 3            | T8        | N        | Ectropion or entropion, caused by trachoma, correction of (unilateral) (Anaes.)  | 344.7            |             |                   | 258.55           | 293             |
| 45629    | Plastic and reconstructive surgery (medically necessary) | Type A Surgical                              | 01.12.1991      | 3            | T8        | N        | SYMBLEPHARON, grafting for (Anaes.) (Assist.)  | 500.85           |             |                   | 375.65           | 425.75          |
| 45632    | Plastic and reconstructive surgery (medically necessary) | Type A Surgical                              | 01.12.1991      | 3            | T8        | N        | 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.)  | 541.2            |             |                   | 405.9            | 460.05          |
| 45635    | Plastic and reconstructive surgery (medically necessary) | Type A Surgical                              | 01.12.1991      | 3            | T8        | N        | 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.)  | 621.2            |             |                   | 465.9            | 528.05          |
| 45641    | Plastic and reconstructive surgery (medically necessary) | Type A Advanced Surgical                     | 01.12.1991      | 3            | T8        | N        | 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 (Anaes.)   | 1126.95          |             |                   | 845.25           |                 |

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|----------|--|--|-----------------|--------------|-----------|----------|--|------------------|-------------|-------------------|------------------|-----------------|
| 45644    | Plastic and reconstructive surgery (medically necessary) | Type A Advanced Surgical                     | 01.12.1991      | 3            | T8        | N        | 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 (Anaes.) (Assist.) | 1352.55          |             |                   | 1014.45          |                 |
| 45645    | Ear, nose and throat                                     | Unlisted                                     | 01.11.1994      | 3            | T8        | N        | CHOANAL ATRESIA, repair of by puncture and dilatation (Anaes.)   | 236.4            |             |                   | 177.3            |                 |
| 45646    | Ear, nose and throat                                     | Type A Advanced Surgical                     | 01.11.1994      | 3            | T8        | N        | CHOANAL ATRESIA - correction by open operation with bone removal (Anaes.) (Assist.)  | 951.9            |             |                   | 713.95           | 858.7           |
| 45647    | Plastic and reconstructive surgery (medically necessary) | Type A Advanced Surgical                     | 01.12.1991      | 3            | T8        | N        | FACE, contour restoration of 1 region, using autogenous bone or cartilage graft (not being a service to which item 45644 applies) (Anaes.) (Assist.)   | 1352.55          |             |                   | 1014.45          |                 |
| 45650    | Plastic and reconstructive surgery (medically necessary) | Unlisted                                     | 01.12.1991      | 3            | T8        | N        | 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.)   | 156.2            |             |                   | 117.15           | 132.8           |
| 45652    | Plastic and reconstructive surgery (medically necessary) | Type A Surgical                              | 01.11.1995      | 3            | T8        | N        | Rhinophyma of a moderate or severe degree, carbon dioxide laser or erbium laser excision - ablation of (Anaes.)  | 376.75           |             |                   | 282.6            | 320.25          |
| 45653    | Plastic and reconstructive surgery (medically necessary) | Type A Surgical                              | 01.12.1991      | 3            | T8        | N        | RHINOPHYMA, shaving of (Anaes.)  | 376.75           |             |                   | 282.6            | 320.25          |
| 45656    | Plastic and reconstructive surgery (medically necessary) | Type A Surgical                              | 01.12.1991      | 3            | T8        | N        | COMPOSITE GRAFT (Chondrocutaneous or chondromucosal) to nose, ear or eyelid (Anaes.) (Assist.)   | 530.95           |             |                   | 398.25           | 451.35          |
| 45658    | Plastic and reconstructive surgery (medically necessary) | Type A Surgical                              | 01.03.2021      | 3            | T8        | N        | 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. (Anaes.) (Assist.)   | 551.1            |             |                   | 413.35           |                 |
| 45659    | Plastic and reconstructive surgery (medically necessary) | Type A Surgical                              | 01.12.1991      | 3            | T8        | N        | 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 (Anaes.) (Assist.)   | 551.1            |             |                   | 413.35           |                 |
| 45660    | Plastic and reconstructive surgery (medically necessary) | Type A Advanced Surgical                     | 01.11.2000      | 3            | T8        | N        | EXTERNAL EAR, COMPLEX TOTAL RECONSTRUCTION OF, using multiple 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 his or her specialty (Anaes.) (Assist.)   | 3043.3           |             |                   | 2282.5           |                 |
| 45661    | Plastic and reconstructive surgery (medically necessary) | Type A Advanced Surgical                     | 01.11.2000      | 3            | T8        | N        | 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 full thickness skin graft to cover cartilage (second stage) - performed by a specialist in the practice of his or her specialty (Anaes.) (Assist.)  | 1352.55          |             |                   | 1014.45          |                 |
| 45662    | Plastic and reconstructive surgery (medically necessary) | Type A Surgical                              | 01.12.1991      | 3            | T8        | N        | CONGENITAL ATRESIA, reconstruction of external auditory canal (Anaes.) (Assist.)   | 741.4            |             |                   | 556.05           |                 |
| 45665    | Plastic and reconstructive surgery (medically necessary) | Type A Surgical and Type B Non-band specific | 01.12.1991      | 3            | T8        | N        | LIP, EYELID OR EAR, FULL THICKNESS WEDGE EXCISION OF, with repair by direct sutures (Anaes.)   | 344.7            |             |                   | 258.55           | 293             |
| 45668    | Plastic and reconstructive surgery (medically necessary) | Type A Surgical and Type B Non-band specific | 01.12.1991      | 3            | T8        | N        | VERMILIONECTOMY, by surgical excision (Anaes.)   | 344.7            |             |                   | 258.55           | 293             |
| 45669    | Plastic and reconstructive surgery (medically necessary) | Type A Surgical                              | 01.11.1995      | 3            | T8        | N        | Vermilionectomy for biopsy-confirmed cellular atypia, using carbon dioxide laser or erbium laser excision - ablation (Anaes.)  | 344.7            |             |                   | 258.55           | 293             |

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|----------|--|--------------------------|-----------------|--------------|-----------|----------|--|------------------|-------------|-------------------|------------------|-----------------|
| 45671    | Plastic and reconstructive surgery (medically necessary) | Type A Surgical          | 01.12.1991      | 3            | T8        | N        | LIP OR EYELID RECONSTRUCTION using full thickness flap (Abbe or similar), first stage (Anaes.) (Assist.)   | 881.75           |             |                   | 661.35           | 788.55          |
| 45674    | Plastic and reconstructive surgery (medically necessary) | Unlisted                 | 01.12.1991      | 3            | T8        | N        | LIP OR EYELID RECONSTRUCTION using full thickness flap (Abbe or similar), second stage (Anaes.)  | 256.45           |             |                   | 192.35           | 218             |
| 45675    | Plastic and reconstructive surgery (medically necessary) | Type A Surgical          | 01.11.1994      | 3            | T8        | N        | MACROCHEILIA or macroglossia, operation for (Anaes.) (Assist.)   | 510.9            |             |                   | 383.2            |                 |
| 45676    | Plastic and reconstructive surgery (medically necessary) | Type A Surgical          | 01.11.1994      | 3            | T8        | N        | MACROSTOMIA, operation for (Anaes.) (Assist.)  | 608.2            |             |                   | 456.15           |                 |
| 45677    | Plastic and reconstructive surgery (medically necessary) | Type A Surgical          | 01.12.1991      | 3            | T8        | N        | CLEFT LIP, unilateralprimary repair, 1 stage, without anterior palate repair (Anaes.) (Assist.)  | 572.25           |             |                   | 429.2            |                 |
| 45680    | Plastic and reconstructive surgery (medically necessary) | Type A Surgical          | 01.12.1991      | 3            | T8        | N        | CLEFT LIP, unilateral - primary repair, 1 stage, with anterior palate repair (Anaes.) (Assist.)  | 715.5            |             |                   | 536.65           |                 |
| 45683    | Plastic and reconstructive surgery (medically necessary) | Type A Surgical          | 01.12.1991      | 3            | T8        | N        | CLEFT LIP, bilateral - primary repair, 1 stage, without anterior palate repair (Anaes.) (Assist.)  | 794.85           |             |                   | 596.15           |                 |
| 45686    | Plastic and reconstructive surgery (medically necessary) | Type A Advanced Surgical | 01.12.1991      | 3            | T8        | N        | CLEFT LIP, bilateral - primary repair, 1 stage, with anterior palate repair (Anaes.) (Assist.)   | 938.3            |             |                   | 703.75           |                 |
| 45689    | Plastic and reconstructive surgery (medically necessary) | Type A Surgical          | 01.12.1991      | 3            | T8        | N        | CLEFT LIP, lip adhesion procedure, unilateral or bilateral (Anaes.) (Assist.)  | 276.75           |             |                   | 207.6            |                 |
| 45692    | Plastic and reconstructive surgery (medically necessary) | Type A Surgical          | 01.12.1991      | 3            | T8        | N        | CLEFT LIP, partial revision, including minor flap revision alignment and adjustment, including revision of minor whistle deformity if performed (Anaes.) | 317.95           |             |                   | 238.5            | 270.3           |
| 45695    | Plastic and reconstructive surgery (medically necessary) | Type A Surgical          | 01.12.1991      | 3            | T8        | N        | CLEFT LIP, total revision, including major flap revision, muscle reconstruction and revision of major whistle deformity (Anaes.) (Assist.)               | 516.7            |             |                   | 387.55           |                 |
| 45698    | Plastic and reconstructive surgery (medically necessary) | Type A Surgical          | 01.12.1991      | 3            | T8        | N        | CLEFT LIP, primary columella lengthening procedure, bilateral (Anaes.)   | 485              |             |                   | 363.75           |                 |
| 45701    | Plastic and reconstructive surgery (medically necessary) | Type A Surgical          | 01.12.1991      | 3            | T8        | N        | CLEFT LIP RECONSTRUCTION using full thickness flap (Abbe or similar), first stage (Anaes.) (Assist.)   | 874.6            |             |                   | 655.95           |                 |
| 45704    | Plastic and reconstructive surgery (medically necessary) | Type A Surgical          | 01.12.1991      | 3            | T8        | N        | CLEFT LIP RECONSTRUCTION using full thickness flap (Abbe or similar), second stage (Anaes.)  | 317.95           |             |                   | 238.5            | 270.3           |
| 45707    | Plastic and reconstructive surgery (medically necessary) | Type A Surgical          | 01.12.1991      | 3            | T8        | N        | CLEFT PALATE, primary repair (Anaes.) (Assist.)  | 826.6            |             |                   | 619.95           |                 |

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|----------|--|--------------------------|-----------------|--------------|-----------|----------|--|------------------|-------------|-------------------|------------------|-----------------|
| 45710    | Plastic and reconstructive surgery (medically necessary) | Type A Surgical          | 01.12.1991      | 3            | T8        | N        | CLEFT PALATE, secondary repair, closure of fistula using local flaps (Anaes.)  | 516.7            |             |                   | 387.55           |                 |
| 45713    | Plastic and reconstructive surgery (medically necessary) | Type A Surgical          | 01.12.1991      | 3            | T8        | N        | CLEFT PALATE, secondary repair, lengthening procedure (Anaes.) (Assist.)   | 588.4            |             |                   | 441.3            |                 |
| 45714    | Plastic and reconstructive surgery (medically necessary) | Type A Surgical          | 01.11.1995      | 3            | T8        | N        | ORO-NASAL FISTULA, plastic closure of, including services to which item 45200, 45203 or 45239 applies (Anaes.) (Assist.)   | 826.6            |             |                   | 619.95           |                 |
| 45716    | Plastic and reconstructive surgery (medically necessary) | Type A Surgical          | 01.12.1991      | 3            | T8        | N        | VELO-PHARYNGEAL INCOMPETENCE, pharyngeal flap for, or pharyngoplasty for (Anaes.)  | 826.6            |             |                   | 619.95           |                 |
| 45720    | Plastic and reconstructive surgery (medically necessary) | Type A Advanced Surgical | 01.07.1998      | 3            | T8        | N        | Mandible or maxilla, unilateral osteotomy or osteectomy of, including transposition of nerves and vessels and bone grafts taken from the same site (Anaes.) (Assist.)  | 1022.05          |             |                   | 766.55           | 928.85          |
| 45723    | Plastic and reconstructive surgery (medically necessary) | Type A Advanced Surgical | 01.07.1998      | 3            | T8        | N        | 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.)   | 1152.65          |             |                   | 864.5            |                 |
| 45726    | Plastic and reconstructive surgery (medically necessary) | Type A Advanced Surgical | 01.07.1998      | 3            | T8        | N        | 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.)   | 1302.5           |             |                   | 976.9            |                 |
| 45729    | Plastic and reconstructive surgery (medically necessary) | Type A Advanced Surgical | 01.07.1998      | 3            | T8        | N        | 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.)  | 1462.8           |             |                   | 1097.1           |                 |
| 45731    | Plastic and reconstructive surgery (medically necessary) | Type A Advanced Surgical | 01.12.1991      | 3            | T8        | N        | Mandible or maxilla, osteotomies or osteectomies of, involving 3 or more such procedures on the 1 jaw, including transposition of nerves and vessels and bone grafts taken from the same site (H) (Anaes.) (Assist.)   | 1482.9           |             |                   | 1112.2           |                 |
| 45732    | Plastic and reconstructive surgery (medically necessary) | Type A Advanced Surgical | 01.07.1998      | 3            | T8        | N        | Mandible or maxilla, osteotomies or osteectomies of, involving 3 or more such procedures on the 1 jaw, including transposition of nerves and vessels and bone grafts taken from the same site and stabilisation with fixation by wires, screws, plates or pins, or any combination (H) (Anaes.) (Assist.)  | 1669.45          |             |                   | 1252.1           |                 |
| 45735    | Plastic and reconstructive surgery (medically necessary) | Type A Advanced Surgical | 01.07.1998      | 3            | T8        | N        | 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.)   | 1703.15          |             |                   | 1277.4           |                 |
| 45738    | Plastic and reconstructive surgery (medically necessary) | Type A Advanced Surgical | 01.07.1998      | 3            | T8        | N        | 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.)  | 1915.95          |             |                   | 1437             |                 |
| 45741    | Plastic and reconstructive surgery (medically necessary) | Type A Advanced Surgical | 01.07.1998      | 3            | T8        | N        | Mandible and maxilla, complex bilateral osteotomies or osteectomies of, involving 3 or more such procedures of 1 jaw and 2 such procedures of the other jaw, including genioplasty when performed and transposition of nerves and vessels and bone grafts taken from the same site (H) (Anaes.) (Assist.)  | 1873.6           |             |                   | 1405.2           |                 |
| 45744    | Plastic and reconstructive surgery (medically necessary) | Type A Advanced Surgical | 01.07.1998      | 3            | T8        | N        | Mandible and maxilla, complex bilateral osteotomies or osteectomies of, involving 3 or more such procedures of 1 jaw and 2 such procedures of the other jaw, including genioplasty when performed and transposition of nerves and vessels and bone grafts taken from the same site and stabilisation with fixation by wires, screws, plates or pins, or any combination (H) (Anaes.) (Assist.) | 2106.65          |             |                   | 1580             |                 |
| 45747    | Plastic and reconstructive surgery (medically necessary) | Type A Advanced Surgical | 01.07.1998      | 3            | T8        | N        | 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 (Anaes.) (Assist.)  | 2044.1           |             |                   | 1533.1           | 1950.9          |

| MBS item | Clinical Category  | Procedure Type           | Item Start Date | MBS Category | MBS Group | New Item | MBS Description   | MBS Schedule Fee | Derived Fee | Benefit 100% (\$) | Benefit 75% (\$) | Benefit 85 (\$) |
|----------|--|--------------------------|-----------------|--------------|-----------|----------|---|------------------|-------------|-------------------|------------------|-----------------|
| 45752    | Plastic and reconstructive surgery (medically necessary) | Type A Advanced Surgical | 01.12.1991      | 3            | T8        | N        | 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.)              | 2289.55          |             |                   | 1717.2           |                 |
| 45753    | Plastic and reconstructive surgery (medically necessary) | Type A Advanced Surgical | 01.07.1993      | 3            | T8        | N        | 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.)   | 2303.1           |             |                   | 1727.35          | 2209.9          |
| 45754    | Plastic and reconstructive surgery (medically necessary) | Type A Advanced Surgical | 01.07.1993      | 3            | T8        | N        | 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.) | 2760.95          |             |                   | 2070.75          |                 |
| 45755    | Plastic and reconstructive surgery (medically necessary) | Type A Surgical          | 01.12.1991      | 3            | T8        | N        | TEMPOROMANDIBULAR PARTIAL OR TOTAL MENISCECTOMY (Anaes.) (Assist.)  | 388.75           |             |                   | 291.6            | 330.45          |
| 45758    | Plastic and reconstructive surgery (medically necessary) | Type A Surgical          | 01.12.1991      | 3            | T8        | N        | TEMPORO-MANDIBULAR JOINT, arthroplasty (Anaes.) (Assist.)   | 695.7            |             |                   | 521.8            |                 |
| 45761    | Plastic and reconstructive surgery (medically necessary) | Type A Surgical          | 01.12.1991      | 3            | T8        | N        | GENIOPLASTY, including transposition of nerves and vessels and bone grafts taken from the same site (Anaes.) (Assist.)  | 791.45           |             |                   | 593.6            |                 |
| 45767    | Plastic and reconstructive surgery (medically necessary) | Type A Advanced Surgical | 01.12.1991      | 3            | T8        | N        | HYPERTELORISM, correction of, intracranial (Anaes.) (Assist.)   | 2655.25          |             |                   | 1991.45          | 2562.05         |
| 45770    | Plastic and reconstructive surgery (medically necessary) | Type A Advanced Surgical | 01.12.1991      | 3            | T8        | N        | HYPERTELORISM, correction of, subcranial (Anaes.) (Assist.)   | 2033.9           |             |                   | 1525.45          |                 |
| 45773    | Plastic and reconstructive surgery (medically necessary) | Type A Advanced Surgical | 01.12.1991      | 3            | T8        | N        | TREACHER COLLINS SYNDROME, PERIORBITAL CORRECTION OF, with rib and iliac bone grafts (Anaes.) (Assist.)   | 1853.6           |             |                   | 1390.2           | 1760.4          |
| 45776    | Plastic and reconstructive surgery (medically necessary) | Type A Advanced Surgical | 01.12.1991      | 3            | T8        | N        | ORBITAL DYSTOPIA (UNILATERAL), CORRECTION OF, with total repositioning of 1 orbit, intracranial (Anaes.) (Assist.)  | 1853.6           |             |                   | 1390.2           |                 |
| 45779    | Plastic and reconstructive surgery (medically necessary) | Type A Advanced Surgical | 01.12.1991      | 3            | T8        | N        | ORBITAL DYSTOPIA (UNILATERAL), CORRECTION OF, with total repositioning of 1 orbit, extracranial (Anaes.) (Assist.)  | 1362.85          |             |                   | 1022.15          |                 |
| 45782    | Plastic and reconstructive surgery (medically necessary) | Type A Advanced Surgical | 01.12.1991      | 3            | T8        | N        | FRONTOORBITAL ADVANCEMENT, UNILATERAL (Anaes.) (Assist.)  | 1042             |             |                   | 781.5            | 948.8           |
| 45785    | Plastic and reconstructive surgery (medically necessary) | Type A Advanced Surgical | 01.12.1991      | 3            | T8        | N        | CRANIAL VAULT RECONSTRUCTION for oxycephaly, brachycephaly, turriccephaly or similar condition(bilateral frontoorbital advancement) (Anaes.) (Assist.)  | 1763.45          |             |                   | 1322.6           |                 |
| 45788    | Bone, joint and muscle                                   | Type A Advanced Surgical | 01.12.1991      | 3            | T8        | N        | GLENOID FOSSA, ZYGOMATIC ARCH AND TEMPORAL BONE, RECONSTRUCTION OF, (Obwegeser technique) (Anaes.) (Assist.)  | 1743.4           |             |                   | 1307.55          |                 |
| 45791    | Plastic and reconstructive surgery (medically necessary) | Type A Advanced Surgical | 01.12.1991      | 3            | T8        | N        | ABSENT CONDYLE AND ASCENDING RAMUS in hemifacial microsomia, CONSTRUCTION OF, not including harvesting of graft material (Anaes.) (Assist.)   | 941.8            |             |                   | 706.35           |                 |
| 45794    | Plastic and reconstructive surgery (medically necessary) | Type A Surgical          | 01.12.1991      | 3            | T8        | N        | OSSEO-INTEGRATION PROCEDURE - extra-oral, implantation of titanium fixture, not for implantable bone conduction hearing system device (Anaes.)  | 532.7            |             |                   | 399.55           | 452.8           |

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|----------|--|--------------------------|-----------------|--------------|-----------|----------|---|------------------|-------------|-------------------|------------------|-----------------|
| 45797    | Plastic and reconstructive surgery (medically necessary) | Unlisted                 | 01.12.1991      | 3            | T8        | N        | OSSEO-INTEGRATION PROCEDURE, fixation of transcutaneous abutment, not for implantable bone conduction hearing system device (Anaes.)  | 197.2            |             |                   | 147.9            | 167.65          |
| 45799    | Plastic and reconstructive surgery (medically necessary) | Type C                   | 01.11.2004      | 3            | T8        | N        | ASPIRATION BIOPSY of 1 or MORE JAW CYSTS as an independent procedure to obtain material for diagnostic purposes and not being a service associated with an operative procedure on the same day (Anaes.)   | 31.1             |             |                   | 23.35            | 26.45           |
| 45801    | Plastic and reconstructive surgery (medically necessary) | Type C                   | 01.11.2004      | 3            | T8        | N        | TUMOUR, CYST, ULCER OR SCAR, (other than a scar removed during the surgical approach at an operation),in the oral and maxillofacial region, up to 3 cm in diameter, removal from cutaneous or subcutaneous tissue or from mucous membrane, where the removal is by surgical excision and suture, not being a service to which item 45803 applies (Anaes.)   | 134.2            |             |                   | 100.65           | 114.1           |
| 45803    | Plastic and reconstructive surgery (medically necessary) | Type A Surgical          | 01.11.2004      | 3            | T8        | N        | TUMOURS, CYSTS, ULCERS OR SCARS, (other than a scar removed during the surgical approach at an operation), in the oral and maxillofacial region, up to 3 cm in diameter, removal from cutaneous or subcutaneous tissue or from mucous membrane, where the removal is by surgical excision and suture, and the procedure is performed on more than 3 but not more than 10 lesions (Anaes.) (Assist.)   | 344.7            |             |                   | 258.55           | 293             |
| 45805    | Plastic and reconstructive surgery (medically necessary) | Type C                   | 01.11.2004      | 3            | T8        | N        | TUMOUR, CYST, ULCER OR SCAR, (other than a scar removed during the surgical approach at an operation), in the oral and maxillofacial region, more than 3 cm in diameter, removal from cutaneous or subcutaneous tissue or from mucous membrane (Anaes.)   | 182.35           |             |                   | 136.8            | 155             |
| 45807    | Plastic and reconstructive surgery (medically necessary) | Type C                   | 01.11.2004      | 3            | T8        | N        | 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 5mm separation between the cyst lining and tooth structure or where a tumour or cyst has been proven by positive histopathology), ULCER OR SCAR (other than a scar removed during the surgical approach at an operation), in the oral and maxillofacial region, removal of, not being a service to which another item in this Subgroup applies, involving muscle, bone, or other deep tissue (Anaes.) | 260.6            |             |                   | 195.45           | 221.55          |
| 45809    | Plastic and reconstructive surgery (medically necessary) | Type A Surgical          | 01.11.2004      | 3            | T8        | N        | 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 5mm separation between the cyst lining and tooth structure or where a tumour or cyst has been proven by positive histopathology), in the oral and maxillofacial region, removal of, requiring wide excision, not being a service to which another item in this Subgroup applies (Anaes.) (Assist.)   | 392.75           |             |                   | 294.6            | 333.85          |
| 45811    | Plastic and reconstructive surgery (medically necessary) | Type A Surgical          | 01.11.2004      | 3            | T8        | N        | 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.)  | 530.95           |             |                   | 398.25           | 451.35          |
| 45813    | Plastic and reconstructive surgery (medically necessary) | Type A Surgical          | 01.11.2004      | 3            | T8        | N        | 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.)   | 621.2            |             |                   | 465.9            | 528.05          |
| 45815    | Plastic and reconstructive surgery (medically necessary) | Type A Surgical          | 01.11.2004      | 3            | T8        | N        | OPERATION ON MANDIBLE OR MAXILLA (other than alveolar margins) for chronic osteomyelitis - 1 bone or in combination with adjoining bones (Anaes.) (Assist.)   | 376.75           |             |                   | 282.6            | 320.25          |
| 45817    | Plastic and reconstructive surgery (medically necessary) | Type A Surgical          | 01.11.2004      | 3            | T8        | N        | OPERATION on SKULL for OSTEOMYELITIS (Anaes.) (Assist.)   | 491.1            |             |                   | 368.35           | 417.45          |
| 45819    | Plastic and reconstructive surgery (medically necessary) | Type A Surgical          | 01.11.2004      | 3            | T8        | N        | OPERATION ON ANY COMBINATION OF ADJOINING BONES IN THE ORAL AND MAXILLOFACIAL REGION, being bones referred to in item 45817 (Anaes.) (Assist.)  | 621.15           |             |                   | 465.9            | 528             |
| 45821    | Plastic and reconstructive surgery (medically necessary) | Type A Surgical          | 01.11.2004      | 3            | T8        | N        | BONE GROWTH STIMULATOR IN THE ORAL AND MAXILLOFACIAL REGION, insertion of (Anaes.) (Assist.)  | 402.6            |             |                   | 301.95           | 342.25          |
| 45823    | Plastic and reconstructive surgery (medically necessary) | Type B Non-band specific | 01.11.2004      | 3            | T8        | N        | ARCH BARS, 1 or more, which were inserted for dental fixation purposes to the maxilla or mandible, removal of, requiring general anaesthesia where undertaken in the operating theatre of a hospital (Anaes.)   | 115.1            |             |                   | 86.35            |                 |

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|----------|--|--------------------------|-----------------|--------------|-----------|----------|--|------------------|-------------|-------------------|------------------|-----------------|
| 45825    | Plastic and reconstructive surgery (medically necessary) | Type A Surgical          | 01.11.2004      | 3            | T8        | N        | MANDIBULAR OR PALATAL EXOSTOSIS, excision of (Anaes.) (Assist.)  | 357.7            |             |                   | 268.3            | 304.05          |
| 45827    | Plastic and reconstructive surgery (medically necessary) | Type A Surgical          | 01.11.2004      | 3            | T8        | N        | MYLOHYOID RIDGE, reduction of (Anaes.) (Assist.)   | 341.9            |             |                   | 256.45           | 290.65          |
| 45829    | Plastic and reconstructive surgery (medically necessary) | Type C                   | 01.11.2004      | 3            | T8        | N        | MAXILLARY TUBEROSITY, reduction of (Anaes.)  | 260.8            |             |                   | 195.6            | 221.7           |
| 45831    | Plastic and reconstructive surgery (medically necessary) | Type A Surgical          | 01.11.2004      | 3            | T8        | N        | PAPILLARY HYPERPLASIA OF THE PALATE, removal of - less than 5 lesions (Anaes.) (Assist.)   | 341.9            |             |                   | 256.45           | 290.65          |
| 45833    | Plastic and reconstructive surgery (medically necessary) | Type A Surgical          | 01.11.2004      | 3            | T8        | N        | PAPILLARY HYPERPLASIA OF THE PALATE, removal of - 5 to 20 lesions (Anaes.) (Assist.)   | 429.25           |             |                   | 321.95           | 364.9           |
| 45835    | Plastic and reconstructive surgery (medically necessary) | Type A Surgical          | 01.11.2004      | 3            | T8        | N        | PAPILLARY HYPERPLASIA OF THE PALATE, removal of - more than 20 lesions (Anaes.) (Assist.)  | 532.7            |             |                   | 399.55           | 452.8           |
| 45837    | Plastic and reconstructive surgery (medically necessary) | Type A Surgical          | 01.11.2004      | 3            | T8        | N        | VESTIBULOPLASTY, submucosal or open, including excision of muscle and skin or mucosal graft when performed - unilateral or bilateral (Anaes.) (Assist.)  | 620.05           |             |                   | 465.05           | 527.05          |
| 45839    | Plastic and reconstructive surgery (medically necessary) | Type A Surgical          | 01.11.2004      | 3            | T8        | N        | FLOOR OF MOUTH LOWERING (Obwegeser or similar procedure), including excision of muscle and skin or mucosal graft when performed - unilateral (Anaes.) (Assist.)  | 620.05           |             |                   | 465.05           | 527.05          |
| 45841    | Plastic and reconstructive surgery (medically necessary) | Type A Surgical          | 01.11.2004      | 3            | T8        | N        | ALVEOLAR RIDGE AUGMENTATION with bone or alloplast or both - unilateral (Anaes.) (Assist.)   | 500.75           |             |                   | 375.6            | 425.65          |
| 45843    | Plastic and reconstructive surgery (medically necessary) | Type A Surgical          | 01.11.2004      | 3            | T8        | N        | ALVEOLAR RIDGE AUGMENTATION - unilateral, insertion of tissue expanding device into maxillary or mandibular alveolar ridge region for (Anaes.) (Assist.)   | 307.15           |             |                   | 230.4            | 261.1           |
| 45845    | Plastic and reconstructive surgery (medically necessary) | Type A Surgical          | 01.11.2004      | 3            | T8        | N        | 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.) | 532.7            |             |                   | 399.55           | 452.8           |
| 45847    | Plastic and reconstructive surgery (medically necessary) | Type C                   | 01.11.2004      | 3            | T8        | N        | 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.)                                   | 197.2            |             |                   | 147.9            | 167.65          |
| 45849    | Plastic and reconstructive surgery (medically necessary) | Type A Surgical          | 01.11.2004      | 3            | T8        | N        | MAXILLARY SINUS, BONE GRAFT to floor of maxillary sinus following elevation of mucosal lining (sinus lift procedure), (unilateral) (Anaes.) (Assist.)  | 614.1            |             |                   | 460.6            | 522             |
| 45851    | Bone, joint and muscle                                   | Type C                   | 01.11.2004      | 3            | T8        | N        | TEMPOROMANDIBULAR JOINT, manipulation of, performed in the operating theatre of a hospital, not being a service associated with a service to which another item in this Subgroup applies (Anaes.)                    | 151.2            |             |                   | 113.4            |                 |
| 45853    | Plastic and reconstructive surgery (medically necessary) | Type A Advanced Surgical | 01.11.2004      | 3            | T8        | N        | ABSENT CONDYLE and ASCENDING RAMUS in hemifacial microsomia, construction of, not including harvesting of graft material (Anaes.) (Assist.)  | 941.8            |             |                   | 706.35           | 848.6           |
| 45855    | Bone, joint and muscle                                   | Type A Surgical          | 01.11.2004      | 3            | T8        | N        | TEMPOROMANDIBULAR JOINT, arthroscopy of, with or without biopsy, not being a service associated with any other arthroscopic procedure of that joint (Anaes.) (Assist.)   | 432.1            |             |                   | 324.1            | 367.3           |

| MBS item | Clinical Category  | Procedure Type           | Item Start Date | MBS Category | MBS Group | New Item | MBS Description   | MBS Schedule Fee | Derived Fee | Benefit 100% (\$) | Benefit 75% (\$) | Benefit 85 (\$) |
|----------|--|--------------------------|-----------------|--------------|-----------|----------|---|------------------|-------------|-------------------|------------------|-----------------|
| 45857    | Bone, joint and muscle                                   | Type A Surgical          | 01.11.2004      | 3            | T8        | N        | TEMPOROMANDIBULAR JOINT, arthroscopy of, removal of loose bodies, debridement, or treatment of adhesions - 1 or more such procedure of that joint, not being a service associated with any other arthroscopic procedure of the temporomandibular joint (Anaes.) (Assist.) | 691.15           |             |                   | 518.4            | 597.95          |
| 45859    | Bone, joint and muscle                                   | Type A Surgical          | 01.11.2004      | 3            | T8        | N        | TEMPOROMANDIBULAR JOINT, arthrotomy of, not being a service to which another item in this Subgroup applies (Anaes.) (Assist.)   | 348.4            |             |                   | 261.3            | 296.15          |
| 45861    | Bone, joint and muscle                                   | Type A Advanced Surgical | 01.11.2004      | 3            | T8        | N        | TEMPOROMANDIBULAR JOINT, open surgical exploration of, with or without microsurgical techniques (Anaes.) (Assist.)  | 922.15           |             |                   | 691.65           | 828.95          |
| 45863    | Bone, joint and muscle                                   | Type A Advanced Surgical | 01.11.2004      | 3            | T8        | N        | TEMPOROMANDIBULAR JOINT, open surgical exploration of, with condylectomy or condylotomy, with or without microsurgical techniques (Anaes.) (Assist.)  | 1022.25          |             |                   | 766.7            | 929.05          |
| 45865    | Plastic and reconstructive surgery (medically necessary) | Type A Surgical          | 01.11.2004      | 3            | T8        | N        | ARTHROCENTESIS, irrigation of temporomandibular joint after insertion of 2 cannuli into the appropriate joint space(s) (Anaes.) (Assist.)   | 307.15           |             |                   | 230.4            | 261.1           |
| 45867    | Bone, joint and muscle                                   | Type A Surgical          | 01.11.2004      | 3            | T8        | N        | TEMPOROMANDIBULAR JOINT, synovectomy of, not being a service to which another item in this Subgroup applies (Anaes.) (Assist.)  | 330.15           |             |                   | 247.65           | 280.65          |
| 45869    | Bone, joint and muscle                                   | Type A Advanced Surgical | 01.11.2004      | 3            | T8        | N        | TEMPOROMANDIBULAR JOINT, open surgical exploration of, with or without meniscus or capsular surgery, including partial or total meniscectomy when performed, with or without microsurgical techniques (Anaes.) (Assist.)  | 1256.15          |             |                   | 942.15           | 1162.95         |
| 45871    | Bone, joint and muscle                                   | Type A Advanced Surgical | 01.11.2004      | 3            | T8        | N        | TEMPOROMANDIBULAR JOINT, open surgical exploration of, with meniscus, capsular and condylar head surgery, with or without microsurgical techniques (Anaes.) (Assist.)   | 1414.95          |             |                   | 1061.25          | 1321.75         |
| 45873    | Bone, joint and muscle                                   | Type A Advanced Surgical | 01.11.2004      | 3            | T8        | N        | TEMPOROMANDIBULAR JOINT, surgery of, involving procedures to which items 45863, 45867, 45869 and 45871 apply and also involving the use of tissue flaps, or cartilage graft, or allograft implants, with or without microsurgical techniques (Anaes.) (Assist.)           | 1590             |             |                   | 1192.5           | 1496.8          |
| 45875    | Bone, joint and muscle                                   | Type A Surgical          | 01.11.2004      | 3            | T8        | N        | TEMPOROMANDIBULAR JOINT, stabilisation of, involving 1 or more of: repair of capsule, repair of ligament or internal fixation, not being a service to which another item in this Subgroup applies (Anaes.) (Assist.)  | 497.6            |             |                   | 373.2            | 423             |
| 45877    | Plastic and reconstructive surgery (medically necessary) | Type A Surgical          | 01.11.2004      | 3            | T8        | N        | TEMPOROMANDIBULAR JOINT, arthrodesis of, with synovectomy if performed, not being a service to which another item in this Subgroup applies (Anaes.) (Assist.)   | 497.6            |             |                   | 373.2            | 423             |
| 45879    | Plastic and reconstructive surgery (medically necessary) | Type A Surgical          | 01.11.2004      | 3            | T8        | N        | TEMPOROMANDIBULAR JOINT OR JOINTS, application of external fixator to, other than for treatment of fractures (Anaes.) (Assist.)   | 330.15           |             |                   | 247.65           | 280.65          |
| 45882    | Plastic and reconstructive surgery (medically necessary) | Type C                   | 01.11.2007      | 3            | T8        | N        | The treatment of a premalignant lesion of the oral mucosa by a treatment using cryotherapy, diathermy or carbon dioxide laser.  | 45.45            |             |                   | 34.1             | 38.65           |
| 45885    | Plastic and reconstructive surgery (medically necessary) | Type A Surgical          | 01.11.2007      | 3            | T8        | N        | Facial, mandibular or lingual artery or vein or artery and vein, ligation of, not being a service to which item 41707 applies (Anaes.) (Assist.)  | 469.05           |             |                   | 351.8            | 398.7           |
| 45888    | Plastic and reconstructive surgery (medically necessary) | Type A Surgical          | 01.11.2007      | 3            | T8        | N        | FOREIGN BODY, in the oral and maxillofacial region, deep, removal of using interventional imaging techniques (Anaes.) (Assist.)   | 437.2            |             |                   | 327.9            | 371.65          |
| 45891    | Plastic and reconstructive surgery (medically necessary) | Type A Surgical          | 01.11.2007      | 3            | T8        | N        | SINGLE-STAGE LOCAL FLAP where indicated, repair to 1 defect, using temporalis muscle (Anaes.) (Assist.)   | 636.95           |             |                   | 477.75           | 543.75          |
| 45894    | Plastic and reconstructive surgery (medically necessary) | Unlisted                 | 01.11.2007      | 3            | T8        | N        | FREE GRAFTING, in the oral and maxillofacial region, (mucosa or split skin) of a granulating area (Anaes.)  | 216.4            |             |                   | 162.3            | 183.95          |
| 45897    | Plastic and reconstructive surgery (medically necessary) | Type A Advanced Surgical | 01.11.2007      | 3            | T8        | N        | ALVEOLAR CLEFT (congenital) unilateral, grafting of, including plastic closure of associated oro-nasal fistulae and ridge augmentation (Anaes.) (Assist.)   | 1130.2           |             |                   | 847.65           | 1037            |
| 45900    | Plastic and reconstructive surgery (medically necessary) | Unlisted                 | 01.11.2007      | 3            | T8        | N        | MANDIBLE, fixation by intermaxillary wiring, excluding wiring for obesity   | 254.9            |             |                   | 191.2            | 216.7           |
| 45939    | Pain management  | Type A Surgical          | 01.11.2007      | 3            | T8        | N        | PERIPHERAL BRANCHES OF THE TRIGEMINAL NERVE, cryosurgery of, for pain relief (Anaes.) (Assist.)   | 472.65           |             |                   | 354.5            | 401.8           |
| 45945    | Bone, joint and muscle                                   | Unlisted                 | 01.11.2007      | 3            | T8        | N        | MANDIBLE, treatment of a dislocation of, requiring open reduction (Anaes.)  | 125.5            |             |                   | 94.15            | 106.7           |

| MBS Item | Clinical Category  | Procedure Type                               | Item Start Date | MBS Category | MBS Group | New Item | MBS Description   | MBS Schedule Fee | Derived Fee | Benefit 100% (\$) | Benefit 75% (\$) | Benefit 85 (\$) |
|----------|--|--|-----------------|--------------|-----------|----------|---|------------------|-------------|-------------------|------------------|-----------------|
| 45975    | Plastic and reconstructive surgery (medically necessary) | Unlisted                                     | 01.11.2007      | 3            | T8        | N        | MAXILLA, unilateral or bilateral, treatment of fracture of, not requiring splinting   | 136.55           |             |                   | 102.45           | 116.1           |
| 45978    | Bone, joint and muscle                                   | Unlisted                                     | 01.11.2007      | 3            | T8        | N        | MANDIBLE, treatment of fracture of, not requiring splinting   | 166.9            |             |                   | 125.2            | 141.9           |
| 45981    | Bone, joint and muscle                                   | Unlisted                                     | 01.11.2007      | 3            | T8        | N        | ZYGOMATIC BONE, treatment of fracture of, not requiring surgical reduction  | 90.55            |             |                   | 67.95            | 77              |
| 45984    | Plastic and reconstructive surgery (medically necessary) | Type A Surgical                              | 01.11.2007      | 3            | T8        | N        | MAXILLA, treatment of a complicated fracture of, involving viscera, blood vessels or nerves requiring open reduction not involving plate(s) (Anaes.) (Assist.)  | 651.85           |             |                   | 488.9            | 558.65          |
| 45987    | Bone, joint and muscle                                   | Type A Surgical                              | 01.11.2007      | 3            | T8        | N        | MANDIBLE, treatment of a complicated fracture of, involving viscera, blood vessels or nerves, requiring open reduction not involving plate(s) (Anaes.) (Assist.)  | 651.85           |             |                   | 488.9            | 558.65          |
| 45990    | Plastic and reconstructive surgery (medically necessary) | Type A Surgical                              | 01.11.2007      | 3            | T8        | N        | MAXILLA, treatment of a complicated fracture of, involving viscera, blood vessels or nerves requiring open reduction involving the use of plate(s) (Anaes.) (Assist.)   | 890.4            |             |                   | 667.8            | 797.2           |
| 45993    | Bone, joint and muscle                                   | Type A Surgical                              | 01.11.2007      | 3            | T8        | N        | MANDIBLE, treatment of a complicated fracture of, involving viscera, blood vessels or nerves, requiring open reduction involving the use of plate(s) (Anaes.) (Assist.)   | 890.4            |             |                   | 667.8            | 797.2           |
| 45996    | Bone, joint and muscle                                   | Unlisted                                     | 01.11.2007      | 3            | T8        | N        | MANDIBLE, treatment of a closed fracture of, involving a joint surface (Anaes.)   | 252.45           |             |                   | 189.35           | 214.6           |
| 46300    | Bone, joint and muscle                                   | Type A Surgical                              | 01.12.1991      | 3            | T8        | N        | 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.)   | 429.3            |             |                   | 322              |                 |
| 46303    | Bone, joint and muscle                                   | Type A Surgical                              | 01.12.1991      | 3            | T8        | N        | 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.)  | 556.6            |             |                   | 417.45           |                 |
| 46308    | Bone, joint and muscle                                   | Type A Surgical                              | 01.07.2021      | 3            | T8        | N        | Volar plate or soft tissue interposition arthroplasty of interphalangeal or metacarpophalangeal joint of hand, including either or both of the following (if performed): (a) realignment procedures; (b) tendon transfer —one joint (Anaes.) (Assist.)  | 556.55           |             |                   | 417.45           | 473.1           |
| 46309    | Joint replacements                                       | Type A Surgical                              | 01.12.1991      | 3            | T8        | N        | 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 —one joint (H) (Anaes.) (Assist.)   | 556.55           |             |                   | 417.45           |                 |
| 46312    | Joint replacements                                       | Type A Surgical                              | 01.12.1991      | 3            | T8        | N        | 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.)  | 715.65           |             |                   | 536.75           |                 |
| 46315    | Joint replacements                                       | Type A Advanced Surgical                     | 01.12.1991      | 3            | T8        | N        | 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.)  | 954.2            |             |                   | 715.65           |                 |
| 46318    | Joint replacements                                       | Type A Advanced Surgical                     | 01.12.1991      | 3            | T8        | N        | 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.)  | 1192.75          |             |                   | 894.6            |                 |
| 46321    | Joint replacements                                       | Type A Advanced Surgical                     | 01.12.1991      | 3            | T8        | N        | 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.)   | 1431.3           |             |                   | 1073.5           |                 |
| 46322    | Joint replacements                                       | Type A Surgical                              | 01.07.2021      | 3            | T8        | N        | 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.)   | 834.95           |             |                   | 626.25           |                 |
| 46324    | Joint reconstructions                                    | Type A Advanced Surgical                     | 01.12.1991      | 3            | T8        | N        | 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.)  | 973.9            |             |                   | 730.45           |                 |
| 46325    | Joint reconstructions                                    | Type A Advanced Surgical                     | 01.11.1994      | 3            | T8        | N        | 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.)  | 973.9            |             |                   | 730.45           |                 |
| 46330    | Bone, joint and muscle                                   | Type A Surgical and Type B Non-band specific | 01.12.1991      | 3            | T8        | N        | 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.)  | 365.85           |             |                   | 274.4            |                 |
| 46333    | Bone, joint and muscle                                   | Type A Surgical                              | 01.12.1991      | 3            | T8        | N        | 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.) | 596.3            |             |                   | 447.25           |                 |

| MBS item | Clinical Category        | Procedure Type                               | Item Start Date | MBS Category | MBS Group | New Item | MBS Description  | MBS Schedule Fee | Derived Fee | Benefit 100% (\$) | Benefit 75% (\$) | Benefit 85 (\$) |
|----------|--------------------------|--|-----------------|--------------|-----------|----------|--|------------------|-------------|-------------------|------------------|-----------------|
| 46335    | Bone, joint and muscle   | Type A surgical                              | 01.07.2021      | 3            | T8        | N        | 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.) | 492.85           |             |                   | 369.65           | 418.95          |
| 46336    | Bone, joint and muscle   | Type A Surgical and Type B Non-band specific | 01.12.1991      | 3            | T8        | N        | 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.)  | 278.35           |             |                   | 208.8            | 236.6           |
| 46339    | Bone, joint and muscle   | Type A Surgical                              | 01.12.1991      | 3            | T8        | N        | 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.)  | 492.85           |             |                   | 369.65           |                 |
| 46340    | Bone, joint and muscle   | Type A surgical                              | 01.07.2021      | 3            | T8        | N        | 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.)                          | 418.95           |             |                   | 314.25           |                 |
| 46341    | Bone, joint and muscle   | Type A surgical                              | 01.07.2021      | 3            | T8        | N        | 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 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.)    | 268.7            |             |                   | 201.55           |                 |
| 46342    | Bone, joint and muscle   | Type A Surgical                              | 01.12.1991      | 3            | T8        | N        | Synovectomy of distal radioulnar or carpometacarpal joint of hand—one or more joints (H) (Anaes.) (Assist.)  | 492.85           |             |                   | 369.65           |                 |
| 46345    | Joint reconstructions    | Type A Surgical                              | 01.12.1991      | 3            | T8        | N        | 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.)  | 596.3            |             |                   | 447.25           |                 |
| 46348    | Bone, joint and muscle   | Type B Non-band specific                     | 01.12.1991      | 3            | T8        | N        | 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.)  | 258.4            |             |                   | 193.8            |                 |
| 46351    | Bone, joint and muscle   | Type A Surgical                              | 01.12.1991      | 3            | T8        | N        | 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.)   | 385.65           |             |                   | 289.25           |                 |
| 46354    | Bone, joint and muscle   | Type A Surgical                              | 01.12.1991      | 3            | T8        | N        | 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.)   | 516.8            |             |                   | 387.6            |                 |
| 46357    | Bone, joint and muscle   | Type A Surgical                              | 01.12.1991      | 3            | T8        | N        | 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.)   | 644.05           |             |                   | 483.05           |                 |
| 46360    | Bone, joint and muscle   | Type A Surgical                              | 01.12.1991      | 3            | T8        | N        | 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.)   | 775.3            |             |                   | 581.5            |                 |
| 46363    | Bone, joint and muscle   | Type B Non-band specific                     | 01.12.1991      | 3            | T8        | N        | Trigger finger release, for stenosing tenosynoviti, including either or both of the following (if performed): (a) synovectomy; (b) synovial biopsy; —one ray (Anaes.) (Assist.)  | 222.6            |             |                   | 166.95           | 189.25          |
| 46364    | Brain and nervous system | Type A surgical                              | 01.07.2021      | 3            | T8        | N        | 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.)   | 492.85           |             |                   | 369.65           | 418.95          |
| 46365    | Bone, joint and muscle   | Type B Non-band specific                     | 01.07.2021      | 3            | T8        | N        | Excision of rheumatoid nodules of hand —one lesion (Anaes.) (Assist.)  | 278.35           |             |                   | 208.8            | 236.6           |
| 46367    | Bone, joint and muscle   | Type A surgical                              | 01.07.2021      | 3            | T8        | N        | 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.)  | 420.3            |             |                   | 315.25           | 357.3           |
| 46370    | Bone, joint and muscle   | Type B Non-band specific                     | 01.07.2021      | 3            | T8        | N        | 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.)   | 135.25           |             |                   | 101.45           | 115             |
| 46372    | Bone, joint and muscle   | Type A Surgical                              | 01.12.1991      | 3            | T8        | N        | Fasciectomy for Dupuytren's contracture, including dissection of nerves (if performed)—one ray (H) (Anaes.) (Assist.)  | 452.35           |             |                   | 339.3            |                 |
| 46375    | Bone, joint and muscle   | Type A Surgical                              | 01.12.1991      | 3            | T8        | N        | Fasciectomy for Dupuytren's contracture, including dissection of nerves (if performed)—2 rays (H) (Anaes.) (Assist.)   | 536.7            |             |                   | 402.55           |                 |
| 46378    | Bone, joint and muscle   | Type A Surgical                              | 01.12.1991      | 3            | T8        | N        | Fasciectomy for Dupuytren's contracture, including dissection of nerves (if performed)—3 rays (H) (Anaes.) (Assist.)   | 715.65           |             |                   | 536.75           |                 |
| 46379    | Bone, joint and muscle   | Type A surgical                              | 01.07.2021      | 3            | T8        | N        | Fasciectomy for Dupuytren's contracture, including dissection of nerves (if performed)—4 rays (H) (Anaes.) (Assist.)   | 901.6            |             |                   | 676.2            |                 |
| 46380    | Bone, joint and muscle   | Type A advanced surgical                     | 01.07.2021      | 3            | T8        | N        | Fasciectomy for Dupuytren's contracture, including dissection of nerves (if performed)—5 rays (H) (Anaes.) (Assist.)   | 1135.95          |             |                   | 852              |                 |

| MBS item | Clinical Category      | Procedure Type                               | Item Start Date | MBS Category | MBS Group | New Item | MBS Description  | MBS Schedule Fee | Derived Fee | Benefit 100% (\$) | Benefit 75% (\$) | Benefit 85 (\$) |
|----------|------------------------|--|-----------------|--------------|-----------|----------|--|------------------|-------------|-------------------|------------------|-----------------|
| 46381    | Bone, joint and muscle | Type A Surgical                              | 01.12.1991      | 3            | T8        | N        | 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.)  | 318              |             |                   | 238.5            |                 |
| 46384    | Bone, joint and muscle | Type A Surgical                              | 01.12.1991      | 3            | T8        | N        | 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.)    | 318              |             |                   | 238.5            |                 |
| 46387    | Bone, joint and muscle | Type A Surgical                              | 01.12.1991      | 3            | T8        | N        | 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.) | 656.1            |             |                   | 492.1            |                 |
| 46390    | Bone, joint and muscle | Type A Surgical                              | 01.12.1991      | 3            | T8        | N        | 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.)  | 874.85           |             |                   | 656.15           |                 |
| 46393    | Bone, joint and muscle | Type A Advanced Surgical                     | 01.12.1991      | 3            | T8        | N        | 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.)  | 1013.8           |             |                   | 760.35           |                 |
| 46394    | Bone, joint and muscle | Type A advanced surgical                     | 01.07.2021      | 3            | T8        | N        | 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.)  | 1263.35          |             |                   | 947.55           |                 |
| 46395    | Bone, joint and muscle | Type A advanced surgical                     | 01.07.2021      | 3            | T8        | N        | 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.)  | 1574.35          |             |                   | 1180.8           |                 |
| 46399    | Bone, joint and muscle | Type A Surgical                              | 01.12.1991      | 3            | T8        | N        | Osteotomy of phalanx or metacarpal of hand, with internal fixation—one bone (H) (Anaes.) (Assist.)   | 547.4            |             |                   | 410.55           |                 |
| 46401    | Bone, joint and muscle | Type A surgical                              | 01.07.2021      | 3            | T8        | N        | Operative treatment of non-union of phalanx or metacarpal of hand, including internal fixation (if performed) (Anaes.) (Assist.)   | 439.35           |             |                   | 329.55           | 373.45          |
| 46408    | Joint reconstructions  | Type A Surgical                              | 01.12.1991      | 3            | T8        | N        | 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.)         | 731.5            |             |                   | 548.65           |                 |
| 46411    | Joint reconstructions  | Type A Surgical                              | 01.12.1991      | 3            | T8        | N        | Reconstruction of complete flexor tendon pulley of hand or wrist, with graft, including harvest of graft (if performed)—one pulley (H) (Anaes.) (Assist.)  | 429.35           |             |                   | 322.05           |                 |
| 46414    | Joint reconstructions  | Type A Surgical                              | 01.12.1991      | 3            | T8        | N        | 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.)                                  | 556.45           |             |                   | 417.35           | 473             |
| 46417    | Joint reconstructions  | Type A Surgical                              | 01.12.1991      | 3            | T8        | N        | 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.)   | 516.8            |             |                   | 387.6            |                 |
| 46420    | Joint reconstructions  | Type B Non-band specific                     | 01.12.1991      | 3            | T8        | N        | Primary repair of extensor tendon of hand or wrist—one tendon (Anaes.) (Assist.)   | 216.25           |             |                   | 162.2            | 183.85          |
| 46423    | Joint reconstructions  | Type A Surgical and Type B Non-band specific | 01.12.1991      | 3            | T8        | N        | 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.)  | 345.9            |             |                   | 259.45           | 294.05          |
| 46426    | Joint reconstructions  | Type A Surgical                              | 01.12.1991      | 3            | T8        | N        | 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.)                            | 357.75           |             |                   | 268.35           |                 |
| 46432    | Joint reconstructions  | Type A Surgical                              | 01.12.1991      | 3            | T8        | N        | 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.)                              | 596.5            |             |                   | 447.4            |                 |
| 46434    | Joint reconstructions  | Type A Surgical                              | 01.07.2021      | 3            | T8        | N        | 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.)  | 513.9            |             |                   | 385.45           | 436.85          |
| 46438    | Joint reconstructions  | Type B Non-band specific                     | 01.12.1991      | 3            | T8        | N        | Closed pin fixation of mallet finger (Anaes.)  | 143.15           |             |                   | 107.4            | 121.7           |
| 46441    | Joint reconstructions  | Type A Surgical and Type B Non-band specific | 01.12.1991      | 3            | T8        | N        | Open reduction of mallet finger, including any of the following (if performed): (a) joint release; (b) pin fixation; (c) tenolysis (Anaes.) (Assist.)  | 345.9            |             |                   | 259.45           | 294.05          |
| 46442    | Joint reconstructions  | Type A Surgical                              | 01.11.1994      | 3            | T8        | N        | MALLET FINGER with intra articular fracture involving more than one third of base of terminal phalanx - open reduction (Anaes.) (Assist.)  | 296.95           |             |                   | 222.75           |                 |
| 46444    | Joint reconstructions  | Type A Surgical                              | 01.12.1991      | 3            | T8        | N        | 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.)  | 516.8            |             |                   | 387.6            |                 |
| 46450    | Joint reconstructions  | Type B Non-band specific                     | 01.12.1991      | 3            | T8        | N        | 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.)   | 238.6            |             |                   | 178.95           |                 |
| 46453    | Joint reconstructions  | Type A Surgical                              | 01.12.1991      | 3            | T8        | N        | 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.)                                    | 397.6            |             |                   | 298.2            |                 |
| 46456    | Joint reconstructions  | Unlisted                                     | 01.12.1991      | 3            | T8        | N        | Percutaneous tenotomy of digit of hand (Anaes.)  | 103.4            |             |                   | 77.55            | 87.9            |
| 46464    | Bone, joint and muscle | Unlisted                                     | 01.11.1994      | 3            | T8        | N        | Amputation of a supernumerary complete digit of hand (H) (Anaes.) (Assist.)  | 238.6            |             |                   | 178.95           |                 |
| 46465    | Bone, joint and muscle | Unlisted                                     | 01.12.1991      | 3            | T8        | N        | 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.)   | 238.6            |             |                   | 178.95           |                 |
| 46468    | Bone, joint and muscle | Type A Surgical                              | 01.12.1991      | 3            | T8        | N        | 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.)  | 417.4            |             |                   | 313.05           |                 |

| MBS item | Clinical Category      | Procedure Type                               | Item Start Date | MBS Category | MBS Group | New Item | MBS Description  | MBS Schedule Fee | Derived Fee | Benefit 100% (\$) | Benefit 75% (\$) | Benefit 85 (\$) |
|----------|------------------------|--|-----------------|--------------|-----------|----------|--|------------------|-------------|-------------------|------------------|-----------------|
| 46471    | Bone, joint and muscle | Type A Surgical                              | 01.12.1991      | 3            | T8        | N        | 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.)  | 596.3            |             |                   | 447.25           |                 |
| 46474    | Bone, joint and muscle | Type A Surgical                              | 01.12.1991      | 3            | T8        | N        | 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.)  | 775.3            |             |                   | 581.5            |                 |
| 46477    | Bone, joint and muscle | Type A Advanced Surgical                     | 01.12.1991      | 3            | T8        | N        | 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.)  | 954.2            |             |                   | 715.65           |                 |
| 46480    | Bone, joint and muscle | Type A Surgical                              | 01.12.1991      | 3            | T8        | N        | 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.)   | 397.6            |             |                   | 298.2            |                 |
| 46483    | Bone, joint and muscle | Type A Surgical                              | 01.12.1991      | 3            | T8        | N        | 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.)  | 318              |             |                   | 238.5            |                 |
| 46486    | Skin                   | Type B Non-band specific                     | 01.12.1991      | 3            | T8        | N        | Accurate reconstruction of acute nail bed laceration using magnification (H) (Anaes.)  | 238.6            |             |                   | 178.95           |                 |
| 46489    | Skin                   | Type A Surgical and Type B Non-band specific | 01.12.1991      | 3            | T8        | N        | 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.)   | 278.35           |             |                   | 208.8            |                 |
| 46492    | Joint reconstructions  | Type A Surgical                              | 01.12.1991      | 3            | T8        | N        | 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.)  | 381.7            |             |                   | 286.3            |                 |
| 46493    | Bone, joint and muscle | Type A surgical                              | 01.07.2021      | 3            | T8        | N        | 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.)   | 348.4            |             |                   | 261.3            | 296.15          |
| 46495    | Joint reconstructions  | Type B Non-band specific                     | 01.12.1991      | 3            | T8        | N        | Complete excision of one or more ganglia 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.) | 214.8            |             |                   | 161.1            |                 |
| 46498    | Joint reconstructions  | Unlisted                                     | 01.12.1991      | 3            | T8        | N        | 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.)  | 232.5            |             |                   | 174.4            | 197.65          |
| 46500    | Joint reconstructions  | Type A Surgical                              | 01.11.1994      | 3            | T8        | N        | Excision of ganglion of dorsal wrist joint of hand, including any of the following (if performed): (a) arthrotomy; (b) capsular or ligament repair (or both); (c) synovectomy other than a service associated with a service to which item 30107 applies (Anaes.) (Assist.)  | 278.35           |             |                   | 208.8            | 236.6           |
| 46501    | Joint reconstructions  | Type A Surgical and Type B Non-band specific | 01.12.1991      | 3            | T8        | N        | Excision of ganglion of volar wrist joint of hand, including any of the following (if performed): (a) arthrotomy; (b) capsular or ligament repair (or both); (c) synovectomy; other than a service associated with a service to which item 30107 or 46325 applies (Anaes.) (Assist.)   | 348              |             |                   | 261              | 295.8           |
| 46502    | Joint reconstructions  | Type A Surgical                              | 01.11.1994      | 3            | T8        | N        | Excision of recurrent ganglion of dorsal wrist joint of hand, including any of the following (if performed): (a) arthrotomy; (b) capsular or ligament repair (or both); (c) synovectomy (Anaes.) (Assist.)   | 417.45           |             |                   | 313.1            | 354.85          |
| 46503    | Joint reconstructions  | Type A Surgical                              | 01.11.1994      | 3            | T8        | N        | Excision of recurrent ganglion of volar wrist joint of hand, including any of the following (if performed): (a) arthrotomy; (b) capsular or ligament repair (or both); (c) synovectomy; other than a service associated with a service to which item 30107 applies (Anaes.) (Assist.)  | 400              |             |                   | 300              | 340             |
| 46504    | Joint reconstructions  | Type A Advanced Surgical                     | 01.12.1991      | 3            | T8        | N        | Neurovascular island flap, heterodigital, for pulp re-innervation and soft tissue cover (Anaes.) (Assist.)   | 1168.75          |             |                   | 876.6            | 1075.55         |
| 46507    | Joint reconstructions  | Type A Advanced Surgical                     | 01.12.1991      | 3            | T8        | N        | 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.)  | 1585.7           |             |                   | 1189.3           |                 |
| 46510    | Joint reconstructions  | Type A Surgical and Type B Non-band specific | 01.12.1991      | 3            | T8        | N        | 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.)   | 371.05           |             |                   | 278.3            |                 |
| 46513    | Skin                   | Unlisted                                     | 01.11.1994      | 3            | T8        | N        | Removal of nail of finger or thumb—one nail (Anaes.)   | 59.7             |             |                   | 44.8             | 50.75           |
| 46519    | Common list            | Unlisted                                     | 01.11.1994      | 3            | T8        | N        | Drainage of midpalmar, thenar or hypothenar spaces or dorsum of hand, excluding aftercare (Anaes.) (Assist.)   | 149.3            |             |                   | 112              | 126.95          |
| 46522    | Joint reconstructions  | Type A Surgical                              | 01.11.1994      | 3            | T8        | N        | 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.)  | 445.25           |             |                   | 333.95           |                 |
| 46525    | Common list            | Type B Non-band specific                     | 01.11.1994      | 3            | T8        | N        | 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.)  | 59.7             |             |                   | 44.8             |                 |
| 46528    | Skin                   | Unlisted                                     | 01.11.1994      | 3            | T8        | N        | 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.)   | 179.15           |             |                   | 134.4            | 152.3           |
| 46531    | Skin                   | Unlisted                                     | 01.11.1994      | 3            | T8        | N        | Partial resection of ingrowing nail of finger or thumb,including phenolisation (Anaes.)  | 90               |             |                   | 67.5             | 76.5            |
| 46534    | Skin                   | Unlisted                                     | 01.11.1994      | 3            | T8        | N        | Complete ablation of nail germinal matrix (H) (Anaes.) (Assist.)   | 248.95           |             |                   | 186.75           |                 |
| 47000    | Bone, joint and muscle | Unlisted                                     | 01.12.1991      | 3            | T8        | N        | Treatment of dislocation of mandible, by closed reduction (Anaes.)   | 74.75            |             |                   | 56.1             | 63.55           |
| 47003    | Bone, joint and muscle | Unlisted                                     | 01.12.1991      | 3            | T8        | N        | Treatment of dislocation of clavicle, by closed reduction (Anaes.)   | 89.65            |             |                   | 67.25            | 76.25           |

| MBS item | Clinical Category      | Procedure Type  | Item Start Date | MBS Category | MBS Group | New Item | MBS Description   | MBS Schedule Fee | Derived Fee | Benefit 100% (\$) | Benefit 75% (\$) | Benefit 85 (\$) |
|----------|------------------------|-----------------|-----------------|--------------|-----------|----------|---|------------------|-------------|-------------------|------------------|-----------------|
| 47007    | Bone, joint and muscle | Type A Surgical | 01.07.2021      | 3            | T8        | N        | 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.)  | 373.25           |             | 279.95            | 317.3            |                 |
| 47009    | Bone, joint and muscle | Unlisted        | 01.12.1991      | 3            | T8        | N        | Treatment of dislocation of shoulder, requiring general anaesthesia, other than a service to which item 47012 applies (Anaes.)  | 179.15           |             | 134.4             | 152.3            |                 |
| 47012    | Bone, joint and muscle | Type A Surgical | 01.12.1991      | 3            | T8        | N        | Treatment of dislocation of shoulder, requiring general anaesthesia, by open reduction (H) (Anaes.) (Assist.)   | 358.2            |             | 268.65            |                  |                 |
| 47015    | Bone, joint and muscle | Unlisted        | 01.12.1991      | 3            | T8        | N        | Treatment of dislocation of shoulder, not requiring general anaesthesia   | 89.65            |             | 67.25             | 76.25            |                 |
| 47018    | Bone, joint and muscle | Unlisted        | 01.12.1991      | 3            | T8        | N        | Treatment of dislocation of elbow, by closed reduction (Anaes.)   | 208.9            |             | 156.7             | 177.6            |                 |
| 47021    | Bone, joint and muscle | Type A Surgical | 01.12.1991      | 3            | T8        | N        | Treatment of dislocation of elbow, by open reduction (H) (Anaes.) (Assist.)   | 278.65           |             | 209               |                  |                 |
| 47024    | Bone, joint and muscle | Unlisted        | 01.12.1991      | 3            | T8        | N        | 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 this Schedule applies if the service described in the other item is for the purpose of treating fracture or dislocation in the same region (Anaes.)   | 208.9            |             | 156.7             | 177.6            |                 |
| 47027    | Bone, joint and muscle | Type A Surgical | 01.12.1991      | 3            | T8        | N        | 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 this Schedule applies if the service described in the other item is for the purpose of treating fracture or dislocation in the same region (Anaes.) (Assist.) | 686.85           |             | 515.15            | 593.65           |                 |
| 47030    | Bone, joint and muscle | Unlisted        | 01.12.1991      | 3            | T8        | N        | Treatment of dislocation of carpus, carpus on radius and ulna or carpometacarpal joint, by closed reduction (Anaes.)  | 208.9            |             | 156.7             | 177.6            |                 |
| 47033    | Bone, joint and muscle | Type A Surgical | 01.12.1991      | 3            | T8        | N        | Treatment of dislocation of carpus, carpus on radius and ulna or carpometacarpal joint, by open reduction, including ligament repair (if performed) (Anaes.) (Assist.)  | 686.85           |             | 515.15            | 593.65           |                 |
| 47042    | Bone, joint and muscle | Unlisted        | 01.12.1991      | 3            | T8        | N        | Treatment of dislocation of interphalangeal or metacarpophalangeal joint, by closed reduction (Anaes.)  | 119.3            |             | 89.5              | 101.45           |                 |
| 47045    | Bone, joint and muscle | Type A Surgical | 01.12.1991      | 3            | T8        | N        | 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.)  | 445.55           |             | 334.2             | 378.75           |                 |
| 47047    | Bone, joint and muscle | Type A Surgical | 01.07.2021      | 3            | T8        | N        | Treatment of dislocation of prosthetic hip, by closed reduction (Anaes.) (Assist.)  | 343.35           |             | 257.55            | 291.85           |                 |
| 47049    | Bone, joint and muscle | Type A Surgical | 01.07.2021      | 3            | T8        | N        | Treatment of dislocation of prosthetic hip, by open reduction (Anaes.) (Assist.)  | 457.7            |             | 343.3             | 389.05           |                 |
| 47052    | Bone, joint and muscle | Type A Surgical | 01.07.2021      | 3            | T8        | N        | Treatment of dislocation of native hip, by closed reduction (Anaes.) (Assist.)  | 446.4            |             | 334.8             | 379.45           |                 |
| 47053    | Bone, joint and muscle | Type A Surgical | 01.07.2021      | 3            | T8        | N        | Treatment of dislocation of native hip, by open reduction, with internal fixation (if performed) (Anaes.) (Assist.)   | 595              |             | 446.25            | 505.75           |                 |
| 47054    | Bone, joint and muscle | Type A Surgical | 01.12.1991      | 3            | T8        | N        | Treatment of dislocation of knee, by closed reduction, including application of external fixator (if performed) (Anaes.) (Assist.)  | 343.35           |             | 257.55            | 291.85           |                 |
| 47057    | Bone, joint and muscle | Unlisted        | 01.12.1991      | 3            | T8        | N        | Treatment of dislocation of patella, by closed reduction (Anaes.)   | 134.3            |             | 100.75            | 114.2            |                 |
| 47060    | Bone, joint and muscle | Unlisted        | 01.12.1991      | 3            | T8        | N        | Treatment of dislocation of patella, by open reduction (Anaes.) (Assist.)   | 179.15           |             | 134.4             | 152.3            |                 |
| 47063    | Bone, joint and muscle | Type A Surgical | 01.12.1991      | 3            | T8        | N        | Treatment of dislocation of ankle or tarsus, by closed reduction (Anaes.) (Assist.)   | 268.7            |             | 201.55            | 228.4            |                 |
| 47066    | Bone, joint and muscle | Type A Surgical | 01.12.1991      | 3            | T8        | N        | Treatment of dislocation of ankle or tarsus, by open reduction, 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 (H) (Anaes.) (Assist.)   | 358.2            |             | 268.65            |                  |                 |
| 47069    | Bone, joint and muscle | Unlisted        | 01.12.1991      | 3            | T8        | N        | Treatment of dislocation of toe, by closed reduction—one toe (Anaes.)   | 74.75            |             | 56.1              | 63.55            |                 |
| 47301    | Bone, joint and muscle | Unlisted        | 01.05.2016      | 3            | T8        | N        | Treatment of fracture of middle or proximal phalanx, by closed reduction, requiring anaesthesia—one bone (Anaes.)   | 91.75            |             | 68.85             | 78               |                 |
| 47304    | Bone, joint and muscle | Unlisted        | 01.05.2016      | 3            | T8        | N        | Treatment of fracture of metacarpal, by closed reduction, requiring anaesthesia—one bone (H) (Anaes.)   | 104.55           |             | 78.45             |                  |                 |
| 47307    | Bone, joint and muscle | Unlisted        | 01.05.2016      | 3            | T8        | N        | Treatment of fracture of phalanx or metacarpal, by closed reduction, including percutaneous K-wire fixation (if performed)—one bone (H) (Anaes.) (Assist.)  | 211.45           |             | 158.6             |                  |                 |
| 47310    | Bone, joint and muscle | Type A Surgical | 01.05.2016      | 3            | T8        | N        | Treatment of fracture of phalanx or metacarpal, by open reduction, with internal fixation (H) (Anaes.) (Assist.)  | 348.9            |             | 261.7             |                  |                 |
| 47313    | Bone, joint and muscle | Type A Surgical | 01.05.2016      | 3            | T8        | N        | 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.)  | 338.3            |             | 253.75            |                  |                 |
| 47316    | Bone, joint and muscle | Type A Surgical | 01.05.2016      | 3            | T8        | N        | 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.)   | 671.3            |             | 503.5             |                  |                 |
| 47319    | Bone, joint and muscle | Type A Surgical | 01.05.2016      | 3            | T8        | N        | 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.)   | 687.15           |             | 515.4             |                  |                 |
| 47348    | Bone, joint and muscle | Unlisted        | 01.12.1991      | 3            | T8        | N        | Treatment of fracture of carpus (excluding scaphoid), by cast immobilisation, other than a service associated with a service to which item 47351 applies (Anaes.)   | 99.35            |             | 74.55             | 84.45            |                 |
| 47351    | Bone, joint and muscle | Unlisted        | 01.12.1991      | 3            | T8        | N        | Treatment of fracture of carpus (excluding scaphoid), by open reduction, with internal fixation (Anaes.) (Assist.)  | 248.95           |             | 186.75            | 211.65           |                 |
| 47354    | Bone, joint and muscle | Unlisted        | 01.12.1991      | 3            | T8        | N        | Treatment of fracture of carpal scaphoid, by cast immobilisation, other than a service associated with a service to which item 47357 applies (Anaes.)   | 179.15           |             | 134.4             | 152.3            |                 |
| 47357    | Bone, joint and muscle | Type A Surgical | 01.12.1991      | 3            | T8        | N        | Treatment of fracture of carpal scaphoid, by open reduction, with internal or percutaneous fixation (Anaes.) (Assist.)  | 398.05           |             | 298.55            | 338.35           |                 |

| MBS Item | Clinical Category      | Procedure Type  | Item Start Date | MBS Category | MBS Group | New Item | MBS Description  | MBS Schedule Fee | Derived Fee | Benefit 100% (\$) | Benefit 75% (\$) | Benefit 85 (\$) |
|----------|------------------------|-----------------|-----------------|--------------|-----------|----------|--|------------------|-------------|-------------------|------------------|-----------------|
| 47361    | Bone, joint and muscle | Unlisted        | 01.05.2016      | 3            | T8        | N        | 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  | 139.35           |             |                   | 104.55           | 118.45          |
| 47362    | Bone, joint and muscle | Unlisted        | 01.05.2016      | 3            | T8        | N        | 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.) | 208.9            |             |                   | 156.7            | 177.6           |
| 47364    | Bone, joint and muscle | Type A Surgical | 01.05.2016      | 3            | T8        | N        | 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.)   | 296              |             |                   | 222              |                 |
| 47367    | Bone, joint and muscle | Unlisted        | 01.05.2016      | 3            | T8        | N        | 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.)  | 236.4            |             |                   | 177.3            |                 |
| 47370    | Bone, joint and muscle | Type A Surgical | 01.05.2016      | 3            | T8        | N        | 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.)   | 429.2            |             |                   | 321.9            |                 |
| 47373    | Bone, joint and muscle | Type A Surgical | 01.05.2016      | 3            | T8        | N        | 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.)   | 306.6            |             |                   | 229.95           |                 |
| 47381    | Bone, joint and muscle | Type A Surgical | 01.12.1991      | 3            | T8        | N        | Treatment of fracture of shaft of radius or ulna, by closed reduction (H) (Anaes.)   | 268.7            |             |                   | 201.55           |                 |
| 47384    | Bone, joint and muscle | Type A Surgical | 01.12.1991      | 3            | T8        | N        | Treatment of fracture of shaft of radius or ulna, by open reduction with internal fixation (H) (Anaes.) (Assist.)  | 358.2            |             |                   | 268.65           |                 |
| 47385    | Bone, joint and muscle | Type A Surgical | 01.12.1991      | 3            | T8        | N        | 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.)  | 308.4            |             |                   | 231.3            |                 |
| 47386    | Bone, joint and muscle | Type A Surgical | 01.12.1991      | 3            | T8        | N        | 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.) | 497.6            |             |                   | 373.2            |                 |
| 47387    | Bone, joint and muscle | Type A Surgical | 01.12.1991      | 3            | T8        | N        | Treatment of fracture of distal or shaft of radius or ulna (or both), by cast immobilisation, other than a service to which item 47390 or 47393 applies (Anaes.) (Assist.)   | 288.55           |             |                   | 216.45           | 245.3           |
| 47390    | Bone, joint and muscle | Type A Surgical | 01.12.1991      | 3            | T8        | N        | Treatment of fracture of shafts of radius and ulna, by closed reduction (H) (Anaes.)   | 432.95           |             |                   | 324.75           |                 |
| 47393    | Bone, joint and muscle | Type A Surgical | 01.12.1991      | 3            | T8        | N        | Treatment of fracture of shafts of radius and ulna, by open reduction, with internal fixation (H) (Anaes.) (Assist.)   | 577.2            |             |                   | 432.9            |                 |
| 47396    | Bone, joint and muscle | Unlisted        | 01.12.1991      | 3            | T8        | N        | Treatment of fracture of olecranon, by closed reduction (Anaes.)   | 198.95           |             |                   | 149.25           | 169.15          |
| 47399    | Bone, joint and muscle | Type A Surgical | 01.12.1991      | 3            | T8        | N        | Treatment of fracture of olecranon, by open reduction (H) (Anaes.) (Assist.)   | 398.05           |             |                   | 298.55           |                 |
| 47402    | Bone, joint and muscle | Type A Surgical | 01.12.1991      | 3            | T8        | N        | Treatment of fracture of olecranon, with excision of olecranon fragment and reimplantation of tendon (Anaes.) (Assist.)  | 298.45           |             |                   | 223.85           | 253.7           |
| 47405    | Bone, joint and muscle | Unlisted        | 01.12.1991      | 3            | T8        | N        | Treatment of fracture of head or neck of radius, by closed reduction (Anaes.)  | 198.95           |             |                   | 149.25           | 169.15          |
| 47408    | Bone, joint and muscle | Type A Surgical | 01.12.1991      | 3            | T8        | N        | Treatment of fracture of head or neck of radius, by open reduction, including internal fixation and excision (if performed) (H) (Anaes.) (Assist.)   | 398.05           |             |                   | 298.55           |                 |
| 47411    | Bone, joint and muscle | Unlisted        | 01.12.1991      | 3            | T8        | N        | Treatment of fracture of tuberosity of humerus, other than a service to which item 47417 applies (Anaes.)  | 119.3            |             |                   | 89.5             | 101.45          |
| 47414    | Bone, joint and muscle | Unlisted        | 01.12.1991      | 3            | T8        | N        | Treatment of fracture of tuberosity of humerus, by open reduction (Anaes.)   | 238.9            |             |                   | 179.2            | 203.1           |
| 47417    | Bone, joint and muscle | Type A Surgical | 01.12.1991      | 3            | T8        | N        | Treatment of fracture of tuberosity of humerus and associated dislocation of shoulder, by closed reduction (Anaes.) (Assist.)  | 278.65           |             |                   | 209              | 236.9           |
| 47420    | Bone, joint and muscle | Type A Surgical | 01.12.1991      | 3            | T8        | N        | Treatment of fracture of tuberosity of humerus and associated dislocation of shoulder, by open reduction (H) (Anaes.) (Assist.)  | 547.4            |             |                   | 410.55           |                 |
| 47423    | Bone, joint and muscle | Unlisted        | 01.12.1991      | 3            | T8        | N        | Humerus, proximal, treatment of fracture of, other than a service to which item 47426, 47429 or 47432 applies (Anaes.)   | 228.85           |             |                   | 171.65           | 194.55          |
| 47426    | Bone, joint and muscle | Type A Surgical | 01.12.1991      | 3            | T8        | N        | Humerus, proximal, treatment of fracture of, by closed reduction (H) (Anaes.)  | 343.35           |             |                   | 257.55           |                 |
| 47429    | Bone, joint and muscle | Type A Surgical | 01.12.1991      | 3            | T8        | N        | Humerus, proximal, treatment of fracture of, by open reduction (H) (Anaes.) (Assist.)  | 457.7            |             |                   | 343.3            |                 |
| 47432    | Bone, joint and muscle | Type A Surgical | 01.12.1991      | 3            | T8        | N        | Humerus, proximal, treatment of intra-articular fracture of, by open reduction (H) (Anaes.) (Assist.)  | 572.2            |             |                   | 429.15           |                 |
| 47435    | Bone, joint and muscle | Type A Surgical | 01.12.1991      | 3            | T8        | N        | Humerus, proximal, treatment of fracture of, and associated dislocation of shoulder, by closed reduction (Anaes.) (Assist.)  | 437.95           |             |                   | 328.5            | 372.3           |
| 47438    | Bone, joint and muscle | Type A Surgical | 01.12.1991      | 3            | T8        | N        | Humerus, proximal, treatment of fracture of, and associated dislocation of shoulder, by open reduction (H) (Anaes.) (Assist.)  | 696.8            |             |                   | 522.6            |                 |
| 47441    | Bone, joint and muscle | Type A Surgical | 01.12.1991      | 3            | T8        | N        | Humerus, proximal, treatment of intra-articular fracture of, and associated dislocation of shoulder, by open reduction (H) (Anaes.) (Assist.)  | 870.85           |             |                   | 653.15           |                 |
| 47444    | Bone, joint and muscle | Unlisted        | 01.12.1991      | 3            | T8        | N        | Humerus, shaft of, treatment of fracture of, other than a service to which item 47447 or 47450 applies (Anaes.)  | 238.9            |             |                   | 179.2            | 203.1           |
| 47447    | Bone, joint and muscle | Type A Surgical | 01.12.1991      | 3            | T8        | N        | Humerus, shaft of, treatment of fracture of, by closed reduction (H) (Anaes.)  | 358.2            |             |                   | 268.65           |                 |
| 47450    | Bone, joint and muscle | Type A Surgical | 01.12.1991      | 3            | T8        | N        | Humerus, shaft of, treatment of fracture of, by internal or external fixation (H) (Anaes.) (Assist.)   | 477.8            |             |                   | 358.35           |                 |
| 47451    | Bone, joint and muscle | Type A Surgical | 01.11.1996      | 3            | T8        | N        | Humerus, shaft of, treatment of fracture of, by intramedullary fixation (H) (Anaes.) (Assist.)   | 575.9            |             |                   | 431.95           |                 |

| MBS item | Clinical Category      | Procedure Type           | Item Start Date | MBS Category | MBS Group | New Item | MBS Description  | MBS Schedule Fee | Derived Fee | Benefit 100% (\$) | Benefit 75% (\$) | Benefit 85 (\$) |
|----------|------------------------|--------------------------|-----------------|--------------|-----------|----------|--|------------------|-------------|-------------------|------------------|-----------------|
| 47453    | Bone, joint and muscle | Type A Surgical          | 01.12.1991      | 3            | T8        | N        | Humerus, distal, (supracondylar or condylar), treatment of fracture of, other than a service to which item 47456 or 47459 applies (Anaes.) (Assist.)   | 278.65           |             |                   | 209              | 236.9           |
| 47456    | Bone, joint and muscle | Type A Surgical          | 01.12.1991      | 3            | T8        | N        | Humerus, distal (supracondylar or condylar), treatment of fracture of, by closed reduction (H) (Anaes.) (Assist.)  | 418.15           |             |                   | 313.65           |                 |
| 47459    | Bone, joint and muscle | Type A Surgical          | 01.12.1991      | 3            | T8        | N        | Humerus, distal (supracondylar or condylar), treatment of fracture of, by open reduction (H) (Anaes.) (Assist.)  | 557.45           |             |                   | 418.1            |                 |
| 47462    | Bone, joint and muscle | Unlisted                 | 01.12.1991      | 3            | T8        | N        | Clavicle, treatment of fracture of, other than a service to which item 47465 applies (Anaes.)  | 119.3            |             |                   | 89.5             | 101.45          |
| 47465    | Bone, joint and muscle | Type A Surgical          | 01.12.1991      | 3            | T8        | N        | Clavicle, treatment of fracture of, by open reduction (Anaes.) (Assist.)   | 547.4            |             |                   | 410.55           | 465.3           |
| 47466    | Bone, joint and muscle | Unlisted                 | 01.12.1991      | 3            | T8        | N        | Sternum, treatment of fracture of, other than a service to which item 47467 applies (Anaes.)   | 119.3            |             |                   | 89.5             | 101.45          |
| 47467    | Bone, joint and muscle | Unlisted                 | 01.12.1991      | 3            | T8        | N        | Sternum, treatment of fracture of, by open reduction (H) (Anaes.)  | 238.9            |             |                   | 179.2            |                 |
| 47468    | Bone, joint and muscle | Type A Surgical          | 01.12.1991      | 3            | T8        | N        | SCAPULA, neck or glenoid region of, treatment of fracture of, by open reduction (Anaes.) (Assist.)   | 457.7            |             |                   | 343.3            | 389.05          |
| 47471    | Bone, joint and muscle | Type C                   | 01.12.1991      | 3            | T8        | N        | RIBS (one or more), treatment of fracture of - each attendance   | 45.45            |             |                   | 34.1             | 38.65           |
| 47474    | Bone, joint and muscle | Unlisted                 | 01.12.1991      | 3            | T8        | N        | PELVIC RING, treatment of fracture of, not involving disruption of pelvic ring or acetabulum   | 198.95           |             |                   | 149.25           | 169.15          |
| 47477    | Bone, joint and muscle | Unlisted                 | 01.12.1991      | 3            | T8        | N        | PELVIC RING, treatment of fracture of, with disruption of pelvic ring or acetabulum  | 248.95           |             |                   | 186.75           | 211.65          |
| 47480    | Bone, joint and muscle | Type A Surgical          | 01.12.1991      | 3            | T8        | N        | PELVIC RING, treatment of fracture of, requiring traction (H) (Anaes.) (Assist.)   | 497.6            |             |                   | 373.2            |                 |
| 47483    | Bone, joint and muscle | Type A Surgical          | 01.12.1991      | 3            | T8        | N        | PELVIC RING, treatment of fracture of, requiring control by external fixation (H) (Anaes.) (Assist.)   | 597.15           |             |                   | 447.9            |                 |
| 47486    | Bone, joint and muscle | Type A Advanced Surgical | 01.12.1991      | 3            | T8        | N        | Treatment of fracture of anterior pelvic ring or sacroiliac joint disruption (or both), by open reduction, with internal fixation (H) (Anaes.) (Assist.)   | 995.25           |             |                   | 746.45           |                 |
| 47489    | Bone, joint and muscle | Type A Advanced Surgical | 01.12.1991      | 3            | T8        | N        | Treatment of fracture of posterior pelvic ring or sacroiliac joint disruption (or both), by open reduction, with internal fixation (H) (Anaes.) (Assist.)  | 1492.9           |             |                   | 1119.7           |                 |
| 47491    | Bone, joint and muscle | Type A Advanced surgical | 01.07.2021      | 3            | T8        | N        | 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.)   | 1642.15          |             |                   | 1231.65          |                 |
| 47495    | Bone, joint and muscle | Type A Surgical          | 01.12.1991      | 3            | T8        | N        | Treatment of fracture of acetabulum and associated dislocation of hip, including the application and management of traction (if performed), excluding aftercare (Anaes.) (Assist.)   | 497.6            |             |                   | 373.2            | 423             |
| 47498    | Bone, joint and muscle | Type A Surgical          | 01.12.1991      | 3            | T8        | N        | 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.)   | 746.4            |             |                   | 559.8            |                 |
| 47501    | Bone, joint and muscle | Type A Advanced Surgical | 01.12.1991      | 3            | T8        | N        | Treatment of anterior or posterior column fracture of acetabulum, by open reduction, with internal fixation, including any of the following (if performed): (a) capsular stabilisation; (b) capsulotomy; (c) osteotomy (H) (Anaes.) (Assist.)  | 995.25           |             |                   | 746.45           |                 |
| 47511    | Bone, joint and muscle | Type A advanced surgical | 01.07.2021      | 3            | T8        | N        | 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.) | 1492.9           |             |                   | 1119.7           |                 |
| 47514    | Bone, joint and muscle | Type A Surgical          | 01.07.2021      | 3            | T8        | N        | Treatment of posterior wall fracture of acetabulum and associated femoral head fracture, by open reduction, with internal fixation (H) (Anaes.) (Assist.)  | 870.85           |             |                   | 653.15           |                 |
| 47516    | Bone, joint and muscle | Type A Surgical          | 01.12.1991      | 3            | T8        | N        | FEMUR, treatment of fracture of, by closed reduction or traction (Anaes.) (Assist.)  | 457.7            |             |                   | 343.3            | 389.05          |
| 47519    | Bone, joint and muscle | Type A Advanced Surgical | 01.12.1991      | 3            | T8        | N        | FEMUR, treatment of trochanteric or subcapital fracture of, by internal fixation (H) (Anaes.) (Assist.)  | 915.7            |             |                   | 686.8            |                 |
| 47528    | Bone, joint and muscle | Type A Surgical          | 01.12.1991      | 3            | T8        | N        | FEMUR, treatment of fracture of, by internal fixation or external fixation (H) (Anaes.) (Assist.)  | 796.35           |             |                   | 597.3            |                 |
| 47531    | Bone, joint and muscle | Type A Advanced Surgical | 01.12.1991      | 3            | T8        | N        | FEMUR, treatment of fracture of shaft, by intramedullary fixation and cross fixation (H) (Anaes.) (Assist.)  | 1015.15          |             |                   | 761.4            |                 |
| 47534    | Bone, joint and muscle | Type A Advanced Surgical | 01.12.1991      | 3            | T8        | N        | 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.)  | 1144.55          |             |                   | 858.45           |                 |
| 47537    | Bone, joint and muscle | Type A Surgical          | 01.12.1991      | 3            | T8        | N        | 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.)   | 457.7            |             |                   | 343.3            | 389.05          |
| 47540    | Bone, joint and muscle | Unlisted                 | 01.12.1991      | 3            | T8        | N        | Hip spica or shoulder spica, application of, as an independent procedure (Anaes.)  | 228.85           |             |                   | 171.65           | 194.55          |
| 47543    | Bone, joint and muscle | Unlisted                 | 01.12.1991      | 3            | T8        | N        | Tibia, plateau of, treatment of medial or lateral fracture of, other than a service to which item 47546 or 47549 applies (Anaes.)  | 238.9            |             |                   | 179.2            | 203.1           |
| 47546    | Bone, joint and muscle | Type A Surgical          | 01.12.1991      | 3            | T8        | N        | Tibia, plateau of, treatment of medial or lateral fracture of, by closed reduction (Anaes.)  | 358.2            |             |                   | 268.65           | 304.5           |
| 47549    | Bone, joint and muscle | Type A Surgical          | 01.12.1991      | 3            | T8        | N        | 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.)   | 569              |             |                   | 426.75           |                 |
| 47552    | Bone, joint and muscle | Type A Surgical          | 01.12.1991      | 3            | T8        | N        | Tibia, plateau of, treatment of both medial and lateral fractures of, other than a service to which item 47555 or 47558 applies (Anaes.) (Assist.)   | 398.05           |             |                   | 298.55           | 338.35          |
| 47555    | Bone, joint and muscle | Type A Surgical          | 01.12.1991      | 3            | T8        | N        | Tibia, plateau of, treatment of both medial and lateral fractures of, by closed reduction (H) (Anaes.)   | 597.15           |             |                   | 447.9            |                 |

| MBS item | Clinical Category      | Procedure Type           | Item Start Date | MBS Category | MBS Group | New Item | MBS Description  | MBS Schedule Fee | Derived Fee | Benefit 100% (\$) | Benefit 75% (\$) | Benefit 85 (\$) |
|----------|------------------------|--------------------------|-----------------|--------------|-----------|----------|--|------------------|-------------|-------------------|------------------|-----------------|
| 47558    | Bone, joint and muscle | Type A Surgical          | 01.12.1991      | 3            | T8        | N        | 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.)  | 1055             |             |                   | 791.25           |                 |
| 47559    | Bone, joint and muscle | Type A surgical          | 01.07.2021      | 3            | T8        | N        | Treatment of medial or lateral (or both) fracture of plateau of tibia, with application of a bridging external fixator to the plateau (Anaes.) (Assist.)   | 807.95           |             |                   | 606              | 714.75          |
| 47561    | Bone, joint and muscle | Type A Surgical          | 01.12.1991      | 3            | T8        | N        | Treatment of fracture of shaft of tibia, by cast immobilisation, other than a service to which item 47570 or 47573 applies (Anaes.)  | 288.55           |             |                   | 216.45           | 245.3           |
| 47565    | Bone, joint and muscle | Type A Surgical          | 01.05.1994      | 3            | T8        | N        | Tibia, shaft of, treatment of fracture of, by internal fixation or external fixation (H) (Anaes.) (Assist.)  | 753.1            |             |                   | 564.85           |                 |
| 47566    | Bone, joint and muscle | Type A Advanced Surgical | 01.05.1994      | 3            | T8        | N        | Tibia, shaft of, treatment of fracture of, by intramedullary fixation and cross fixation (H) (Anaes.) (Assist.)  | 960              |             |                   | 720              |                 |
| 47568    | Bone, joint and muscle | Type A surgical          | 01.07.2021      | 3            | T8        | N        | Closed reduction of proximal tibia, distal tibia or shaft of tibia, with or without treatment of fibular fracture (Anaes.) (Assist.)   | 432.95           |             |                   | 324.75           | 368.05          |
| 47570    | Bone, joint and muscle | Type A Surgical          | 01.12.1991      | 3            | T8        | N        | Tibia, shaft of, treatment of fracture of, by open reduction, with or without treatment of fibular fracture (Anaes.) (Assist.)   | 577.2            |             |                   | 432.9            | 490.65          |
| 47573    | Bone, joint and muscle | Type A Surgical          | 01.12.1991      | 3            | T8        | N        | 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.) | 721.55           |             |                   | 541.2            |                 |
| 47579    | Bone, joint and muscle | Unlisted                 | 01.12.1991      | 3            | T8        | N        | Treatment of fracture of patella, other than a service to which item 47582 or 47585 applies (Anaes.)   | 169.2            |             |                   | 126.9            | 143.85          |
| 47582    | Bone, joint and muscle | Type A Surgical          | 01.12.1991      | 3            | T8        | N        | 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.)   | 448              |             |                   | 336              |                 |
| 47585    | Bone, joint and muscle | Type A Surgical          | 01.12.1991      | 3            | T8        | N        | 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.)  | 463.15           |             |                   | 347.4            |                 |
| 47588    | Bone, joint and muscle | Type A Advanced Surgical | 01.12.1991      | 3            | T8        | N        | 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.)  | 1393.2           |             |                   | 1044.9           |                 |
| 47591    | Bone, joint and muscle | Type A Advanced Surgical | 01.12.1991      | 3            | T8        | N        | 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.)   | 1692.15          |             |                   | 1269.15          |                 |
| 47592    | Joint reconstructions  | Type A surgical          | 01.07.2021      | 3            | T8        | N        | Repair or reconstruction (or both) of acute traumatic chondral injury to the distal femoral or proximal tibial articular surfaces of the knee, when chondral or osteochondral implants or transfers are utilised (H) (Anaes.) (Assist.)  | 344.65           |             |                   | 258.5            |                 |
| 47593    | Joint reconstructions  | Type A surgical          | 01.07.2021      | 3            | T8        | N        | 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.)   | 843.6            |             |                   | 632.7            |                 |
| 47595    | Bone, joint and muscle | Unlisted                 | 01.07.2021      | 3            | T8        | N        | Treatment of fracture of ankle joint, hindfoot, midfoot, metatarsals or toes, by non-surgical management—one leg (Anaes.)  | 170.3            |             |                   | 127.75           | 144.8           |
| 47597    | Bone, joint and muscle | Type A Surgical          | 01.12.1991      | 3            | T8        | N        | Treatment of fracture of ankle joint, by closed reduction (Anaes.) (Assist.)   | 343.35           |             |                   | 257.55           | 291.85          |
| 47600    | Bone, joint and muscle | Type A Surgical          | 01.12.1991      | 3            | T8        | N        | 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.)  | 597.15           |             |                   | 447.9            |                 |
| 47603    | Bone, joint and muscle | Type A Surgical          | 01.12.1991      | 3            | T8        | N        | 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.)   | 753.1            |             |                   | 564.85           |                 |
| 47612    | Bone, joint and muscle | Type A Surgical          | 01.12.1991      | 3            | T8        | N        | Treatment of intra-articular fracture of hindfoot, by closed reduction, with or without dislocation—one foot (Anaes.) (Assist.)  | 432.95           |             |                   | 324.75           | 368.05          |
| 47615    | Bone, joint and muscle | Type A Surgical          | 01.12.1991      | 3            | T8        | N        | 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.)  | 497.6            |             |                   | 373.2            | 423             |
| 47618    | Bone, joint and muscle | Type A Surgical          | 01.12.1991      | 3            | T8        | N        | 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.)  | 622.05           |             |                   | 466.55           |                 |
| 47621    | Bone, joint and muscle | Type A Surgical          | 01.12.1991      | 3            | T8        | N        | Treatment of intra-articular fracture of midfoot, by closed reduction, with or without dislocation—one foot (Anaes.) (Assist.)   | 432.95           |             |                   | 324.75           | 368.05          |
| 47624    | Bone, joint and muscle | Type A Surgical          | 01.12.1991      | 3            | T8        | N        | 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.)   | 597.15           |             |                   | 447.9            |                 |
| 47630    | Bone, joint and muscle | Type A Surgical          | 01.12.1991      | 3            | T8        | N        | 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.)   | 358.2            |             |                   | 268.65           | 304.5           |

| MBS item | Clinical Category      | Procedure Type           | Item Start Date | MBS Category | MBS Group | New Item | MBS Description   | MBS Schedule Fee | Derived Fee | Benefit 100% (\$) | Benefit 75% (\$) | Benefit 85 (\$) |
|----------|------------------------|--------------------------|-----------------|--------------|-----------|----------|---|------------------|-------------|-------------------|------------------|-----------------|
| 47637    | Bone, joint and muscle | Unlisted                 | 01.07.2021      | 3            | T8        | N        | Treatment of fractures of metatarsal, by closed reduction—one or more metatarsals of one foot (Anaes.) (Assist.)  | 202.8            |             |                   | 152.1            | 172.4           |
| 47639    | Bone, joint and muscle | Unlisted                 | 01.12.1991      | 3            | T8        | N        | Treatment of fracture of metatarsal, by open reduction, including removal of loose fragments or intervening soft tissue (if performed)—one metatarsal (Anaes.) (Assist.)  | 238.9            |             |                   | 179.2            | 203.1           |
| 47648    | Bone, joint and muscle | Type A Surgical          | 01.12.1991      | 3            | T8        | N        | 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.)   | 318.25           |             |                   | 238.7            |                 |
| 47657    | Bone, joint and muscle | Type A Surgical          | 01.12.1991      | 3            | T8        | N        | 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.)   | 497.6            |             |                   | 373.2            |                 |
| 47663    | Bone, joint and muscle | Unlisted                 | 01.12.1991      | 3            | T8        | N        | Treatment of fracture of phalanx of toe, by closed reduction—one toe (Anaes.)   | 149.3            |             |                   | 112              | 126.95          |
| 47666    | Bone, joint and muscle | Unlisted                 | 01.12.1991      | 3            | T8        | N        | 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.)   | 248.95           |             |                   | 186.75           | 211.65          |
| 47672    | Bone, joint and muscle | Unlisted                 | 01.12.1991      | 3            | T8        | N        | 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.)  | 119.3            |             |                   | 89.5             | 101.45          |
| 47678    | Bone, joint and muscle | Unlisted                 | 01.12.1991      | 3            | T8        | N        | 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.)   | 179.15           |             |                   | 134.4            | 152.3           |
| 47735    | Ear, nose and throat   | Type C                   | 01.12.1991      | 3            | T8        | N        | Nasal bones, treatment of fracture of, other than a service to which item 47738 or 47741 applies—each attendance  | 45.5             |             |                   | 34.15            | 38.7            |
| 47738    | Ear, nose and throat   | Type B Non-band specific | 01.12.1991      | 3            | T8        | N        | Nasal bones, treatment of fracture of, by reduction (Anaes.)  | 248.95           |             |                   | 186.75           | 211.65          |
| 47741    | Ear, nose and throat   | Type A Surgical          | 01.12.1991      | 3            | T8        | N        | Nasal bones, treatment of fracture of, by open reduction involving osteotomies (H) (Anaes.) (Assist.)   | 507.8            |             |                   | 380.85           |                 |
| 47753    | Bone, joint and muscle | Type A Surgical          | 01.12.1991      | 3            | T8        | N        | Maxilla, treatment of fracture of, requiring splinting, wiring of teeth, circumosseous fixation or external fixation (H) (Anaes.) (Assist.)   | 429.85           |             |                   | 322.4            |                 |
| 47756    | Bone, joint and muscle | Type A Surgical          | 01.02.1992      | 3            | T8        | N        | Mandible, treatment of fracture of, requiring splinting, wiring of teeth, circumosseous fixation or external fixation (H) (Anaes.) (Assist.)  | 429.85           |             |                   | 322.4            |                 |
| 47762    | Bone, joint and muscle | Unlisted                 | 01.12.1991      | 3            | T8        | N        | Zygomatic bone, treatment of fracture of, requiring surgical reduction by a temporal, intra-oral or other approach (Anaes.)   | 252.45           |             |                   | 189.35           | 214.6           |
| 47765    | Bone, joint and muscle | Type A Surgical          | 01.12.1991      | 3            | T8        | N        | Zygomatic bone, treatment of fracture of, requiring surgical reduction and involving internal or external fixation at 1 site (H) (Anaes.) (Assist.)   | 414.55           |             |                   | 310.95           |                 |
| 47768    | Bone, joint and muscle | Type A Surgical          | 01.01.1992      | 3            | T8        | N        | Zygomatic bone, treatment of fracture of, requiring surgical reduction and involving internal or external fixation or both at 2 sites (H) (Anaes.) (Assist.)  | 507.8            |             |                   | 380.85           |                 |
| 47771    | Bone, joint and muscle | Type A Surgical          | 01.01.1992      | 3            | T8        | N        | Zygomatic bone, treatment of fracture of, requiring surgical reduction and involving internal or external fixation or both at 3 sites (H) (Anaes.) (Assist.)  | 583.4            |             |                   | 437.55           |                 |
| 47774    | Bone, joint and muscle | Type A Surgical          | 01.12.1991      | 3            | T8        | N        | Maxilla, treatment of fracture of, requiring open operation (H) (Anaes.) (Assist.)  | 460.55           |             |                   | 345.45           |                 |
| 47777    | Bone, joint and muscle | Type A Surgical          | 01.12.1991      | 3            | T8        | N        | Mandible, treatment of fracture of, requiring open reduction (H) (Anaes.) (Assist.)   | 460.55           |             |                   | 345.45           |                 |
| 47780    | Bone, joint and muscle | Type A Surgical          | 01.01.1992      | 3            | T8        | N        | Maxilla, treatment of fracture of, requiring open reduction and internal fixation not involving plate(H) (Anaes.) (Assist.)   | 598.75           |             |                   | 449.1            |                 |
| 47783    | Bone, joint and muscle | Type A Surgical          | 01.04.1992      | 3            | T8        | N        | Mandible, treatment of fracture of, requiring open reduction and internal fixation not involving plate (Anaes.) (Assist.)   | 598.75           |             |                   | 449.1            | 508.95          |
| 47786    | Bone, joint and muscle | Type A Surgical          | 01.03.1992      | 3            | T8        | N        | Maxilla, treatment of fracture of, requiring open reduction and internal fixation involving plate(H) (Anaes.) (Assist.)   | 759.8            |             |                   | 569.85           |                 |
| 47789    | Bone, joint and muscle | Type A Surgical          | 01.12.1991      | 3            | T8        | N        | Mandible, treatment of fracture of, requiring open reduction and internal fixation involving plate(H) (Anaes.) (Assist.)  | 759.8            |             |                   | 569.85           |                 |
| 47790    | Bone, joint and muscle | Type A Surgical          | 01.11.2022      | 3            | T8        | N        | Tendon, large, lengthening of, as an independent procedure (Anaes.) (Assist.)   | 298.45           |             |                   | 223.85           | 253.7           |
| 47791    | Bone, joint and muscle | Type A Surgical          | 01.11.2022      | 3            | T8        | N        | Tenosynovectomy, not being a service associated with a service to which another item in this Group applies (Anaes.) (Assist.)   | 278.65           |             |                   | 209              | 236.9           |
| 47792    | Joint reconstructions  | Type A Surgical          | 01.11.2022      | 3            | T8        | N        | 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.) | 497.6            |             |                   | 373.2            | 423             |
| 47900    | Bone, joint and muscle | Unlisted                 | 01.12.1991      | 3            | T8        | N        | Injection into, or aspiration of, unicameral bone cyst (Anaes.)   | 179.15           |             |                   | 134.4            | 152.3           |
| 47903    | Bone, joint and muscle | Unlisted                 | 01.12.1991      | 3            | T8        | N        | Epicondylitis, open operation for (Anaes.)  | 248.95           |             |                   | 186.75           | 211.65          |
| 47904    | Skin                   | Type C                   | 01.12.1991      | 3            | T8        | N        | Digital nail of toe, removal of, not being a service to which item 47906 applies (Anaes.)   | 59.7             |             |                   | 44.8             | 50.75           |
| 47906    | Skin                   | Type B Non-band specific | 01.12.1991      | 3            | T8        | N        | Digital nail of toe, removal of, in the operating theatre of a hospital(H) (Anaes.)   | 119.3            |             |                   | 89.5             |                 |
| 47915    | Skin                   | Type B Non-band specific | 01.12.1991      | 3            | T8        | N        | 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.)  | 179.15           |             |                   | 134.4            | 152.3           |
| 47916    | Skin                   | Type C                   | 01.07.1993      | 3            | T8        | N        | Partial resection for ingrowing nail of toe, including phenolisation (Anaes.)   | 90               |             |                   | 67.5             | 76.5            |

| MBS item | Clinical Category      | Procedure Type           | Item Start Date | MBS Category | MBS Group | New Item | MBS Description   | MBS Schedule Fee | Derived Fee | Benefit 100% (\$) | Benefit 75% (\$) | Benefit 85 (\$) |
|----------|------------------------|--------------------------|-----------------|--------------|-----------|----------|---|------------------|-------------|-------------------|------------------|-----------------|
| 47918    | Skin                   | Type B Non-band specific | 01.12.1991      | 3            | T8        | N        | Complete ablation of nail germinal matrix: (a) including each of the following: (i) removal of segment of nail; (ii) removal of ungual fold; (iii) excision and ablation of germinal matrix and portion of nail bed; and (b) including phenolisation (if performed) (Anaes.) (Assist.)  | 248.95           |             |                   | 186.75           | 211.65          |
| 47921    | Bone, joint and muscle | Unlisted                 | 01.12.1991      | 3            | T8        | N        | Orthopaedic pin or wire, insertion of, as an independent procedure (Anaes.)   | 119.3            |             |                   | 89.5             | 101.45          |
| 47924    | Bone, joint and muscle | Type C                   | 01.12.1991      | 3            | T8        | N        | Removal of one or more buried wires, pins or screws (inserted for internal fixation purposes), with incision, other than a service associated with a service to which item 47927 or 47929 applies—one bone (Anaes.)   | 39.8             |             |                   | 29.85            | 33.85           |
| 47927    | Bone, joint and muscle | Type B Non-band specific | 01.12.1991      | 3            | T8        | N        | Removal of one or more buried wires, pins or screws (inserted for internal fixation purposes)—one bone (H) (Anaes.)   | 149.3            |             |                   | 112              |                 |
| 47929    | Bone, joint and muscle | Unlisted                 | 01.07.2021      | 3            | T8        | N        | 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.)  | 398.05           |             |                   | 298.55           |                 |
| 47953    | Bone, joint and muscle | Type A Surgical          | 01.07.2021      | 3            | T8        | N        | Repair of distal biceps brachii tendon, by any method, performed as an independent procedure (Anaes.) (Assist.)   | 457.7            |             |                   | 343.3            | 389.05          |
| 47954    | Bone, joint and muscle | Type A Surgical          | 01.12.1991      | 3            | T8        | N        | 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.)   | 398.05           |             |                   | 298.55           | 338.35          |
| 47955    | Bone, joint and muscle | Type A Surgical          | 01.07.2021      | 3            | T8        | N        | 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 Schedule applies if the service described in the other item is for the purpose of performing a procedure on the hip (H) (Anaes.) (Assist.) | 688.9            |             |                   | 516.7            |                 |
| 47956    | Bone, joint and muscle | Type A Advanced surgical | 01.07.2021      | 3            | T8        | N        | Repair of proximal hamstring tendon, 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.)   | 1033.3           |             |                   | 775              |                 |
| 47960    | Bone, joint and muscle | Unlisted                 | 01.12.1991      | 3            | T8        | N        | TENOTOMY, SUBCUTANEOUS, not being a service to which another item in this Group applies (Anaes.)  | 139.35           |             |                   | 104.55           | 118.45          |
| 47964    | Bone, joint and muscle | Unlisted                 | 01.07.2021      | 3            | T8        | N        | 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.)  | 228.85           |             |                   | 171.65           |                 |
| 47967    | Bone, joint and muscle | Type A Surgical          | 01.07.2021      | 3            | T8        | N        | 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.)   | 457.7            |             |                   | 343.3            |                 |
| 47975    | Bone, joint and muscle | Type A Surgical          | 01.07.1993      | 3            | T8        | N        | Forearm or calf, decompression fasciotomy of, for acute compartment syndrome, requiring excision of muscle and deep tissue(H) (Anaes.) (Assist.)  | 390.3            |             |                   | 292.75           |                 |
| 47978    | Bone, joint and muscle | Unlisted                 | 01.07.1993      | 3            | T8        | N        | Forearm or calf, decompression fasciotomy of, for chronic compartment syndrome, requiring excision of muscle and deep tissue(H) (Anaes.)  | 237.05           |             |                   | 177.8            |                 |
| 47981    | Bone, joint and muscle | Unlisted                 | 01.07.1993      | 3            | T8        | N        | Forearm, calf or interosseous muscle space of hand, decompression fasciotomy of, other than a service to which another item in this Group applies (Anaes.)  | 159.15           |             |                   | 119.4            | 135.3           |
| 47982    | Bone, joint and muscle | Type A Surgical          | 01.05.1997      | 3            | T8        | N        | Forage (Drill decompression), of neck or head of femur, or both (H) (Anaes.) (Assist.)  | 385.8            |             |                   | 289.35           |                 |
| 47983    | Bone, joint and muscle | Type A Surgical          | 01.07.2021      | 3            | T8        | N        | Stabilisation of slipped capital femoral epiphysis, by internal fixation (H) (Anaes.) (Assist.)   | 915.7            |             |                   | 686.8            |                 |
| 47984    | Bone, joint and muscle | Type A Surgical          | 01.07.2021      | 3            | T8        | N        | Open subcapital realignment of slipped capital femoral epiphysis, other than a service associated with a service to which item 48427 applies (H) (Anaes.) (Assist.)   | 915.7            |             |                   | 686.8            |                 |
| 48245    | Bone, joint and muscle | Type A Surgical          | 01.07.2021      | 3            | T8        | N        | Harvesting and insertion of bone graft (autograft) via separate incisions and at separate surgical fields (H) (Anaes.) (Assist.)  | 330.65           |             |                   | 248              |                 |
| 48248    | Bone, joint and muscle | Type A Surgical          | 01.07.2021      | 3            | T8        | N        | Harvesting and insertion of bone graft (autograft) via separate incisions, including internal fixation of the graft or fusion fixation (or both) (H) (Anaes.) (Assist.)   | 512.05           |             |                   | 384.05           |                 |
| 48251    | Bone, joint and muscle | Type A Surgical          | 01.07.2021      | 3            | T8        | N        | Harvesting and insertion of osteochondral graft (autograft) via separate incisions at the same joint or joint complex (H) (Anaes.) (Assist.)  | 421.4            |             |                   | 316.05           |                 |
| 48254    | Bone, joint and muscle | Type A Advanced surgical | 01.07.2021      | 3            | T8        | N        | 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.)  | 965.45           |             |                   | 724.1            |                 |
| 48257    | Bone, joint and muscle | Type A Surgical          | 01.07.2021      | 3            | T8        | N        | 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.)   | 421.4            |             |                   | 316.05           |                 |
| 48400    | Bone, joint and muscle | Type A Surgical          | 01.12.1991      | 3            | T8        | N        | 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.)   | 348.4            |             |                   | 261.3            |                 |
| 48403    | Bone, joint and muscle | Type A Surgical          | 01.12.1991      | 3            | T8        | N        | 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.)   | 547.4            |             |                   | 410.55           |                 |
| 48406    | Bone, joint and muscle | Type A Surgical          | 01.12.1991      | 3            | T8        | N        | 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.)   | 348.4            |             |                   | 261.3            |                 |

| MBS item | Clinical Category      | Procedure Type           | Item Start Date | MBS Category | MBS Group | New Item | MBS Description  | MBS Schedule Fee | Derived Fee | Benefit 100% (\$) | Benefit 75% (\$) | Benefit 85 (\$) |
|----------|------------------------|--------------------------|-----------------|--------------|-----------|----------|--|------------------|-------------|-------------------|------------------|-----------------|
| 48409    | Bone, joint and muscle | Type A Surgical          | 01.12.1991      | 3            | T8        | N        | 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.)  | 547.4            |             |                   | 410.55           |                 |
| 48412    | Bone, joint and muscle | Type A Surgical          | 01.12.1991      | 3            | T8        | N        | Osteotomy of humerus, without internal fixation (H) (Anaes.) (Assist.)   | 666.7            |             |                   | 500.05           |                 |
| 48415    | Bone, joint and muscle | Type A Surgical          | 01.12.1991      | 3            | T8        | N        | Osteotomy of humerus, with internal fixation (H) (Anaes.) (Assist.)  | 845.95           |             |                   | 634.5            |                 |
| 48419    | Bone, joint and muscle | Type A Surgical          | 01.07.2021      | 3            | T8        | N        | 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.)  | 666.7            |             |                   | 500.05           |                 |
| 48420    | Bone, joint and muscle | Type A Surgical          | 01.07.2021      | 3            | T8        | N        | 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.)   | 845.95           |             |                   | 634.5            |                 |
| 48421    | Bone, joint and muscle | Type A Advanced Surgical | 01.12.1991      | 3            | T8        | N        | Osteotomy of proximal tibia, to alter lower limb alignment or rotation (or both), with internal or external fixation (or both) (H) (Anaes.) (Assist.)  | 971.6            |             |                   | 728.7            |                 |
| 48422    | Bone, joint and muscle | Type A advanced surgical | 01.07.2021      | 3            | T8        | N        | Osteotomy of distal femur, to alter lower limb alignment or rotation (or both), with internal or external fixation (or both) (H) (Anaes.) (Assist.)  | 965.45           |             |                   | 724.1            |                 |
| 48423    | Bone, joint and muscle | Type A Surgical          | 01.07.2021      | 3            | T8        | N        | 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.)   | 796.35           |             |                   | 597.3            |                 |
| 48424    | Bone, joint and muscle | Type A Surgical          | 01.12.1991      | 3            | T8        | N        | 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.)  | 796.35           |             |                   | 597.3            |                 |
| 48426    | Bone, joint and muscle | Type A Advanced surgical | 01.07.2021      | 3            | T8        | N        | 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.)  | 965.45           |             |                   | 724.1            |                 |
| 48427    | Bone, joint and muscle | Type A Advanced Surgical | 01.12.1991      | 3            | T8        | N        | 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.)  | 965.45           |             |                   | 724.1            |                 |
| 48430    | Bone, joint and muscle | Type A Surgical          | 01.07.2021      | 3            | T8        | N        | 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) removal of one or more associated bursae or ganglia; (e) removal of bone; (f) synovectomy; —each incision (H) (Anaes.) (Assist.)   | 283.65           |             |                   | 212.75           |                 |
| 48433    | Bone, joint and muscle | Type A Surgical          | 01.07.2021      | 3            | T8        | N        | 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.)                                  | 1129.7           |             |                   | 847.3            |                 |
| 48435    | Bone, joint and muscle | Type A Surgical          | 01.07.2021      | 3            | T8        | N        | 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.)                                | 597.15           |             |                   | 447.9            |                 |
| 48507    | Bone, joint and muscle | Type A Surgical          | 01.07.2021      | 3            | T8        | N        | Epiphysiodesis of a long bone, in a patient less than 18 years of age (H) (Anaes.) (Assist.)   | 387.15           |             |                   | 290.4            |                 |
| 48509    | Bone, joint and muscle | Unlisted                 | 01.12.1991      | 3            | T8        | N        | Hemiepiphysiodesis, partial growth plate arrest using internal fixation, in a patient less than 18 years of age (H) (Anaes.) (Assist.)   | 348.4            |             |                   | 261.3            |                 |
| 48512    | Bone, joint and muscle | Type A Advanced Surgical | 01.12.1991      | 3            | T8        | N        | Epiphysiolysis, release of focal growth plate closure, in a patient less than 18 years of age (H) (Anaes.) (Assist.)   | 945.55           |             |                   | 709.2            |                 |
| 48900    | Joint reconstructions  | Type A Surgical          | 01.12.1991      | 3            | T8        | N        | Shoulder, excision of coraco-acromial ligament or removal of calcium deposit from cuff or both (Anaes.) (Assist.)  | 298.45           |             |                   | 223.85           | 253.7           |
| 48903    | Joint reconstructions  | Type A Surgical          | 01.12.1991      | 3            | T8        | N        | Shoulder, decompression of subacromial space by acromioplasty, excision of coraco-acromial ligament and distal clavicle, or any combination (H) (Anaes.) (Assist.)   | 597.15           |             |                   | 447.9            |                 |
| 48906    | Joint reconstructions  | Type A Surgical          | 01.12.1991      | 3            | T8        | N        | 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.)  | 597.15           |             |                   | 447.9            |                 |
| 48909    | Joint reconstructions  | Type A Surgical          | 01.12.1991      | 3            | T8        | N        | 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.)   | 796.35           |             |                   | 597.3            |                 |
| 48915    | Joint replacements     | Type A Surgical          | 01.12.1991      | 3            | T8        | N        | Shoulder, hemi-arthroplasty of (H) (Anaes.) (Assist.)  | 796.35           |             |                   | 597.3            |                 |
| 48918    | Joint replacements     | Type A Advanced Surgical | 01.12.1991      | 3            | T8        | N        | 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 Schedule applies 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.) | 1592.6           |             |                   | 1194.45          |                 |
| 48921    | Joint replacements     | Type A Advanced Surgical | 01.12.1991      | 3            | T8        | N        | Shoulder, total replacement arthroplasty, revision of (H) (Anaes.) (Assist.)   | 1642.15          |             |                   | 1231.65          |                 |
| 48924    | Joint replacements     | Type A Advanced Surgical | 01.12.1991      | 3            | T8        | N        | 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.)  | 1891.1           |             |                   | 1418.35          |                 |
| 48927    | Joint replacements     | Type A Surgical          | 01.12.1991      | 3            | T8        | N        | Shoulder prosthesis, removal of (H) (Anaes.) (Assist.)   | 388              |             |                   | 291              |                 |

| MBS item | Clinical Category      | Procedure Type                               | Item Start Date | MBS Category | MBS Group | New Item | MBS Description  | MBS Schedule Fee | Derived Fee | Benefit 100% (\$) | Benefit 75% (\$) | Benefit 85 (\$) |
|----------|------------------------|--|-----------------|--------------|-----------|----------|--|------------------|-------------|-------------------|------------------|-----------------|
| 48939    | Joint reconstructions  | Type A Advanced Surgical                     | 01.12.1991      | 3            | T8        | N        | Shoulder, arthrodesis of, with synovectomy if performed (H) (Anaes.) (Assist.)   | 1144.55          |             |                   | 858.45           |                 |
| 48942    | Bone, joint and muscle | Type A Advanced Surgical                     | 01.12.1991      | 3            | T8        | N        | Arthrodesis of shoulder, with bone 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.)  | 1492.9           |             |                   | 1119.7           |                 |
| 48945    | Bone, joint and muscle | Type A Surgical and Type B Non-band specific | 01.12.1991      | 3            | T8        | N        | SHOULDER, diagnostic arthroscopy of (including biopsy) - not being a service associated with any other arthroscopic procedure of the shoulder region (H) (Anaes.) (Assist.)  | 288.55           |             |                   | 216.45           |                 |
| 48948    | Joint reconstructions  | Type A Surgical                              | 01.12.1991      | 3            | T8        | N        | SHOULDER, arthroscopic surgery of, involving any 1 or more of: removal of loose bodies; decompression of calcium deposit; debridement of labrum, synovium or rotator cuff; or chondroplasty - not being a service associated with any other arthroscopic procedure of the shoulder region(H) (Anaes.) (Assist.)  | 646.95           |             |                   | 485.25           |                 |
| 48951    | Joint reconstructions  | Type A Advanced Surgical                     | 01.12.1991      | 3            | T8        | N        | SHOULDER, arthroscopic division of coraco-acromial ligament including acromioplasty - not being a service associated with any other arthroscopic procedure of the shoulder region(H) (Anaes.) (Assist.)  | 945.55           |             |                   | 709.2            |                 |
| 48954    | Bone, joint and muscle | Type A Advanced Surgical                     | 01.12.1991      | 3            | T8        | N        | 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 Schedule applies 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.)   | 995.25           |             |                   | 746.45           |                 |
| 48958    | Joint reconstructions  | Type A Advanced surgical                     | 01.07.2021      | 3            | T8        | N        | Joint stabilisation procedure for multi-directional instability of shoulder, anterior or posterior repair, by open or arthroscopic means, 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 Schedule applies 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.) | 1144.55          |             |                   | 858.45           |                 |
| 48960    | Joint reconstructions  | Type A Advanced Surgical                     | 01.12.1991      | 3            | T8        | N        | 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 - not being a service associated with any other procedure of the shoulder region(H) (Anaes.) (Assist.)  | 995.25           |             |                   | 746.45           |                 |
| 48972    | Bone, joint and muscle | Type A Surgical                              | 01.07.2021      | 3            | T8        | N        | Tenodesis of biceps, by open or arthroscopic means, performed as an independent procedure (H) (Anaes.) (Assist.)   | 457.7            |             |                   | 343.3            |                 |
| 48980    | Bone, joint and muscle | Type A Surgical                              | 01.07.2021      | 3            | T8        | N        | Excision of heterotopic ossification, myositis ossificans or post-traumatic ossification in the shoulder girdle (H) (Anaes.) (Assist.)   | 845.95           |             |                   | 634.5            |                 |
| 48983    | Bone, joint and muscle | Type A Surgical                              | 01.07.2021      | 3            | T8        | N        | Excision of heterotopic ossification, myositis ossificans or post-traumatic ossification in the elbow (H) (Anaes.) (Assist.)   | 620.4            |             |                   | 465.3            |                 |
| 48986    | Bone, joint and muscle | Type A Surgical                              | 01.07.2021      | 3            | T8        | N        | Excision of heterotopic ossification, myositis ossificans or post-traumatic ossification in the forearm (H) (Anaes.) (Assist.)   | 845.95           |             |                   | 634.5            |                 |
| 49100    | Bone, joint and muscle | Type A Surgical                              | 01.12.1991      | 3            | T8        | N        | ELBOW, arthrotomy of, involving 1 or more of lavage, removal of loose body or division of contracture(H) (Anaes.) (Assist.)  | 348.4            |             |                   | 261.3            |                 |
| 49104    | Joint reconstructions  | Type A Surgical                              | 01.07.2021      | 3            | T8        | N        | Repair of one or more ligaments of the elbow, for acute instability—within 6 weeks after the time of injury (H) (Anaes.) (Assist.)   | 559.8            |             |                   | 419.85           |                 |
| 49105    | Joint reconstructions  | Type A Surgical                              | 01.07.2021      | 3            | T8        | N        | 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.)   | 821.1            |             |                   | 615.85           |                 |
| 49106    | Bone, joint and muscle | Type A Advanced Surgical                     | 01.12.1991      | 3            | T8        | N        | ELBOW, arthrodesis of, with synovectomy if performed (Anaes.) (Assist.)  | 995.25           |             |                   | 746.45           | 902.05          |
| 49109    | Bone, joint and muscle | Type A Surgical                              | 01.12.1991      | 3            | T8        | N        | ELBOW, total synovectomy of(H) (Anaes.) (Assist.)  | 746.4            |             |                   | 559.8            |                 |
| 49112    | Joint replacements     | Type A Surgical                              | 01.12.1991      | 3            | T8        | N        | Radial head replacement of elbow, other than a service associated with a service to which item 49115 applies (H) (Anaes.) (Assist.)  | 746.4            |             |                   | 559.8            |                 |
| 49115    | Joint replacements     | Type A Advanced Surgical                     | 01.12.1991      | 3            | T8        | N        | 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.)   | 1194.2           |             |                   | 895.65           |                 |
| 49116    | Joint replacements     | Type A Advanced Surgical                     | 01.11.2006      | 3            | T8        | N        | ELBOW, total replacement arthroplasty of, revision procedure, including removal of prosthesis(H) (Anaes.) (Assist.)  | 1576.35          |             |                   | 1182.3           |                 |
| 49117    | Joint replacements     | Type A Advanced Surgical                     | 01.11.2006      | 3            | T8        | N        | Revision of total replacement arthroplasty of elbow, including bone grafting and removal of prosthesis (H) (Anaes.) (Assist.)  | 1891.65          |             |                   | 1418.75          |                 |
| 49118    | Bone, joint and muscle | Type A Surgical                              | 01.12.1991      | 3            | T8        | N        | ELBOW, diagnostic arthroscopy of, including biopsy and lavage, not being a service associated with any other arthroscopic procedure of the elbow(H) (Anaes.) (Assist.)   | 288.55           |             |                   | 216.45           |                 |
| 49121    | Joint reconstructions  | Type A Surgical                              | 01.12.1991      | 3            | T8        | N        | 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 this Schedule applies if the service described in the other item is for the purpose of an arthroscopic procedure of the elbow (H) (Anaes.) (Assist.)                   | 646.95           |             |                   | 485.25           |                 |
| 49124    | Bone, joint and muscle | Type A Surgical                              | 01.07.2021      | 3            | T8        | N        | Excision of olecranon bursa, including bony prominence, 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 an arthroscopic procedure of the elbow (Anaes.) (Assist.)   | 392.75           |             |                   | 294.6            | 333.85          |
| 49200    | Bone, joint and muscle | Type A Surgical                              | 01.12.1991      | 3            | T8        | N        | Wrist, arthrodesis of, with synovectomy if performed, with or without internal fixation of the radiocarpal joint (H) (Anaes.) (Assist.)  | 865.8            |             |                   | 649.35           |                 |
| 49203    | Bone, joint and muscle | Type A Surgical                              | 01.12.1991      | 3            | T8        | N        | 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.)  | 820.1            |             |                   | 615.1            |                 |

| MBS item | Clinical Category      | Procedure Type                               | Item Start Date | MBS Category | MBS Group | New Item | MBS Description   | MBS Schedule Fee | Derived Fee | Benefit 100% (\$) | Benefit 75% (\$) | Benefit 85 (\$) |
|----------|------------------------|--|-----------------|--------------|-----------|----------|---|------------------|-------------|-------------------|------------------|-----------------|
| 49206    | Bone, joint and muscle | Type A Surgical                              | 01.12.1991      | 3            | T8        | N        | Proximal row carpectomy of wrist, including either or both of the following (if performed): (a) styloidectomy; (b) synovectomy (H) (Anaes.) (Assist.)   | 597.15           |             |                   | 447.9            |                 |
| 49209    | Joint replacements     | Type A Surgical                              | 01.12.1991      | 3            | T8        | N        | 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.)   | 796.35           |             |                   | 597.3            |                 |
| 49210    | Joint replacements     | Type A Advanced Surgical                     | 01.11.2006      | 3            | T8        | N        | 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.)   | 1051.15          |             |                   | 788.4            |                 |
| 49212    | Bone, joint and muscle | Unlisted                                     | 01.12.1991      | 3            | T8        | N        | 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.)   | 248.95           |             |                   | 186.75           |                 |
| 49213    | Bone, joint and muscle | Type A Surgical                              | 01.07.2021      | 3            | T8        | N        | 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.)  | 890.7            |             |                   | 668.05           | 797.5           |
| 49215    | Joint reconstructions  | Type A Surgical                              | 01.12.1991      | 3            | T8        | N        | 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.)  | 686.85           |             |                   | 515.15           |                 |
| 49218    | Bone, joint and muscle | Type A Surgical and Type B Non-band specific | 01.12.1991      | 3            | T8        | N        | 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.)  | 288.55           |             |                   | 216.45           |                 |
| 49219    | Bone, joint and muscle | Type A Surgical                              | 01.07.2021      | 3            | T8        | N        | Diagnosis of carpometacarpal of thumb or joint of digit, by arthroscopic means, including biopsy (if performed) (H) (Anaes.) (Assist.)  | 288.55           |             |                   | 216.45           |                 |
| 49220    | Bone, joint and muscle | Type A Surgical                              | 01.07.2021      | 3            | T8        | N        | Treatment of carpometacarpal of thumb or joint of digit, by arthroscopic means—one joint (H) (Anaes.) (Assist.)   | 646.95           |             |                   | 485.25           |                 |
| 49221    | Joint reconstructions  | Type A Surgical                              | 01.12.1991      | 3            | T8        | N        | 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 this Schedule applies if the service describedin the other item is for the purpose of performing an arthroscopic procedure of the wrist joint (H) (Anaes.) (Assist.)   | 646.95           |             |                   | 485.25           |                 |
| 49224    | Joint reconstructions  | Type A Surgical                              | 01.12.1991      | 3            | T8        | N        | 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 this Schedule applies 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.)   | 746.4            |             |                   | 559.8            |                 |
| 49227    | Joint reconstructions  | Type A Surgical                              | 01.12.1991      | 3            | T8        | N        | 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 with a service to which another item in this Schedule applies if the service describedin the other item is for the purpose of performing an arthroscopic procedure of the wrist joint (H) (Anaes.) (Assist.)  | 746.4            |             |                   | 559.8            |                 |
| 49230    | Joint reconstructions  | Type A Advanced surgical                     | 01.07.2021      | 3            | T8        | N        | Total, hemi or interpositional prosthetic replacement of carpal bone of wrist, for trauma or emergency, including all of the following: (a) ligament and tendon rebalancing procedures; (b) limited wrist fusions; (c) limited bone grafting (H) (Anaes.) (Assist.)   | 973.9            |             |                   | 730.45           |                 |
| 49233    | Joint reconstructions  | Type A Surgical                              | 01.07.2021      | 3            | T8        | N        | 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 with a service to which another item in this Schedule applies if the service describedin 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.) | 410.05           |             |                   | 307.55           |                 |
| 49236    | Joint reconstructions  | Type A Surgical                              | 01.07.2021      | 3            | T8        | N        | 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.)  | 618.2            |             |                   | 463.65           |                 |
| 49239    | Bone, joint and muscle | Type A Surgical                              | 01.07.2021      | 3            | T8        | N        | Excision of pisiform or hook of hamate, including release of ulnar nerve (if performed) (H) (Anaes.) (Assist.)  | 307.55           |             |                   | 230.7            |                 |
| 49300    | Bone, joint and muscle | Type A Surgical                              | 01.12.1991      | 3            | T8        | N        | Sacro-iliac joint—arthrodesis of(H) (Anaes.) (Assist.)  | 551.1            |             |                   | 413.35           |                 |
| 49303    | Bone, joint and muscle | Type A Surgical                              | 01.12.1991      | 3            | T8        | N        | Arthrotomy of hip, by open procedure, including any of the following (if performed): (a) lavage; (b) drainage; (c) biopsy (H) (Anaes.) (Assist.)  | 577.2            |             |                   | 432.9            |                 |
| 49306    | Bone, joint and muscle | Type A Advanced Surgical                     | 01.12.1991      | 3            | T8        | N        | Hip, arthrodesis of, with synovectomy if performed(H) (Anaes.) (Assist.)  | 1144.55          |             |                   | 858.45           |                 |
| 49309    | Bone, joint and muscle | Type A Surgical                              | 01.12.1991      | 3            | T8        | N        | 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.)  | 796.35           |             |                   | 597.3            |                 |
| 49315    | Joint replacements     | Type A Surgical                              | 01.12.1991      | 3            | T8        | N        | Hip, arthroplasty of, unipolar or bipolar(H) (Anaes.) (Assist.)   | 895.75           |             |                   | 671.85           |                 |
| 49318    | Joint replacements     | Type A Advanced Surgical                     | 01.12.1991      | 3            | T8        | N        | 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.)  | 1393.2           |             |                   | 1044.9           |                 |
| 49319    | Joint replacements     | Type A Advanced Surgical                     | 01.11.1996      | 3            | T8        | N        | 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.)  | 2447.7           |             |                   | 1835.8           |                 |

| MBS item | Clinical Category      | Procedure Type           | Item Start Date | MBS Category | MBS Group | New Item | MBS Description   | MBS Schedule Fee | Derived Fee | Benefit 100% (\$) | Benefit 75% (\$) | Benefit 85 (\$) |
|----------|------------------------|--------------------------|-----------------|--------------|-----------|----------|---|------------------|-------------|-------------------|------------------|-----------------|
| 49321    | Joint replacements     | Type A Advanced Surgical | 01.12.1991      | 3            | T8        | N        | 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.)   | 1692.15          |             |                   | 1269.15          |                 |
| 49360    | Bone, joint and muscle | Type A Surgical          | 01.05.1994      | 3            | T8        | N        | Diagnostic arthroscopy of hip, 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 of the hip joint by arthroscopic means (H) (Anaes.) (Assist.)  | 363.65           |             |                   | 272.75           |                 |
| 49363    | Bone, joint and muscle | Type A Surgical          | 01.05.1994      | 3            | T8        | N        | 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 this Schedule applies 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.) | 437.9            |             |                   | 328.45           |                 |
| 49366    | Bone, joint and muscle | Type A Surgical          | 01.05.1994      | 3            | T8        | N        | 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 this Schedule applies 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.)                       | 646.95           |             |                   | 485.25           |                 |
| 49372    | Joint replacements     | Type A Advanced surgical | 01.07.2021      | 3            | T8        | N        | Revision arthroplasty of hip, with exchange of head or liner (or both) (H) (Anaes.) (Assist.)   | 975.15           |             |                   | 731.4            |                 |
| 49374    | Joint replacements     | Type A Advanced surgical | 01.07.2021      | 3            | T8        | N        | Revision arthroplasty of hip, with exchange of head and acetabular shell or cup, including minor bone grafting (if performed) (H) (Anaes.) (Assist.)  | 1811.05          |             |                   | 1358.3           |                 |
| 49376    | Joint replacements     | Type A Advanced surgical | 01.07.2021      | 3            | T8        | N        | Revision arthroplasty of hip, with exchange of head and acetabular shell or cup, including major bone grafting (if performed) (H) (Anaes.) (Assist.)  | 2229.05          |             |                   | 1671.8           |                 |
| 49378    | Joint replacements     | Type A Advanced surgical | 01.07.2021      | 3            | T8        | N        | Revision arthroplasty of hip, with revision of femoral component (if there is no requirement for femoral osteotomy), including minor bone grafting (if performed) (H) (Anaes.) (Assist.)  | 1950.3           |             |                   | 1462.75          |                 |
| 49380    | Joint replacements     | Type A Advanced surgical | 01.07.2021      | 3            | T8        | N        | Revision arthroplasty of hip, with revision of femoral and acetabular components (if femoral osteotomy is not required), including minor bone grafting (if performed) (H) (Anaes.) (Assist.)  | 2368.35          |             |                   | 1776.3           |                 |
| 49382    | Joint replacements     | Type A Advanced surgical | 01.07.2021      | 3            | T8        | N        | Revision arthroplasty of hip, with revision of femoral and acetabular components (if femoral osteotomy is not required), including major bone grafting (H) (Anaes.) (Assist.)   | 3064.9           |             |                   | 2298.7           |                 |
| 49384    | Joint replacements     | Type A Advanced surgical | 01.07.2021      | 3            | T8        | N        | Revision arthroplasty of hip, for pelvic discontinuity, with revision of acetabular component (H) (Anaes.) (Assist.)  | 3622.15          |             |                   | 2716.65          |                 |
| 49386    | Joint replacements     | Type A Advanced surgical | 01.07.2021      | 3            | T8        | N        | Revision arthroplasty of hip, with revision of femoral component with femoral osteotomy, including minor bone grafting (if performed) (H) (Anaes.) (Assist.)  | 2507.65          |             |                   | 1880.75          |                 |
| 49388    | Joint replacements     | Type A Advanced surgical | 01.07.2021      | 3            | T8        | N        | 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.)  | 2925.65          |             |                   | 2194.25          |                 |
| 49390    | Joint replacements     | Type A Advanced surgical | 01.07.2021      | 3            | T8        | N        | 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.)   | 3482.85          |             |                   | 2612.15          |                 |
| 49392    | Joint replacements     | Type A Advanced surgical | 01.07.2021      | 3            | T8        | N        | 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.)   | 4876             |             |                   | 3657             |                 |
| 49394    | Joint replacements     | Type A Advanced surgical | 01.07.2021      | 3            | T8        | N        | 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.)   | 4179.4           |             |                   | 3134.55          |                 |
| 49396    | Joint replacements     | Type A Advanced surgical | 01.07.2021      | 3            | T8        | N        | 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.)  | 2786.25          |             |                   | 2089.7           |                 |
| 49398    | Joint replacements     | Type A Advanced surgical | 01.07.2021      | 3            | T8        | N        | 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.)  | 2089.75          |             |                   | 1567.35          |                 |
| 49500    | Bone, joint and muscle | Type A Surgical          | 01.12.1991      | 3            | T8        | N        | Knee, arthrotomy of, involving one or more of capsular release, biopsy or lavage, or removal of loose body or foreign body(H) (Anaes.) (Assist.)  | 398.05           |             |                   | 298.55           |                 |
| 49503    | Joint reconstructions  | Type A Surgical          | 01.12.1991      | 3            | T8        | N        | 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.)  | 517.55           |             |                   | 388.2            |                 |
| 49506    | Joint reconstructions  | Type A Surgical          | 01.12.1991      | 3            | T8        | N        | 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.)  | 776.4            |             |                   | 582.3            |                 |
| 49509    | Bone, joint and muscle | Type A Surgical          | 01.12.1991      | 3            | T8        | N        | 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.)  | 796.35           |             |                   | 597.3            |                 |
| 49512    | Bone, joint and muscle | Type A Advanced Surgical | 01.12.1991      | 3            | T8        | N        | Primary or revision arthrodesis of knee, including arthrodesis (H) (Anaes.) (Assist.)   | 1393.2           |             |                   | 1044.9           |                 |
| 49515    | Joint replacements     | Type A Surgical          | 01.12.1991      | 3            | T8        | N        | 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.)   | 895.75           |             |                   | 671.85           |                 |

| MBS item | Clinical Category     | Procedure Type           | Item Start Date | MBS Category | MBS Group | New Item | MBS Description   | MBS Schedule Fee | Derived Fee | Benefit 100% (\$) | Benefit 75% (\$) | Benefit 85 (\$) |
|----------|-----------------------|--------------------------|-----------------|--------------|-----------|----------|---|------------------|-------------|-------------------|------------------|-----------------|
| 49516    | Joint replacements    | Type A advanced surgical | 01.07.2021      | 3            | T8        | N        | Bilateral unicompartmental arthroplasty of femur and proximal tibia of knee (H) (Anaes.) (Assist.)  | 2231.8           |             |                   | 1673.85          |                 |
| 49517    | Joint replacements    | Type A Advanced Surgical | 01.07.1993      | 3            | T8        | N        | Unicompartmental arthroplasty of femur and proximal tibia of knee (H) (Anaes.) (Assist.)  | 1275.35          |             |                   | 956.55           |                 |
| 49518    | Joint replacements    | Type A Advanced Surgical | 01.12.1991      | 3            | T8        | N        | 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.)  | 1393.2           |             |                   | 1044.9           |                 |
| 49519    | Joint replacements    | Type A Advanced Surgical | 01.11.1996      | 3            | T8        | N        | 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.)   | 2447.7           |             |                   | 1835.8           |                 |
| 49521    | Joint replacements    | Type A Advanced Surgical | 01.12.1991      | 3            | T8        | N        | 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.)   | 1692.15          |             |                   | 1269.15          |                 |
| 49524    | Joint replacements    | Type A Advanced Surgical | 01.12.1991      | 3            | T8        | N        | 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.)  | 1990.65          |             |                   | 1493             |                 |
| 49525    | Joint replacements    | Type A advanced surgical | 01.07.2021      | 3            | T8        | N        | 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 this Group applies if the service described in the other item is for the purpose of performing surgery on a knee (H) (Anaes.) (Assist.)  | 1692.15          |             |                   | 1269.15          |                 |
| 49527    | Joint replacements    | Type A Advanced Surgical | 01.12.1991      | 3            | T8        | N        | 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.)   | 1393.2           |             |                   | 1044.9           |                 |
| 49530    | Joint replacements    | Type A Advanced Surgical | 01.12.1991      | 3            | T8        | N        | 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.)   | 2090.25          |             |                   | 1567.7           |                 |
| 49533    | Joint replacements    | Type A Advanced Surgical | 01.12.1991      | 3            | T8        | N        | Revision of total or partial replacement of knee, with exchange of femoral and tibial 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.)   | 2687.9           |             |                   | 2015.95          |                 |
| 49534    | Joint replacements    | Type A Surgical          | 01.11.1996      | 3            | T8        | N        | Replacement of patella and trochlea of patello-femoral joint of knee, performed as a primary procedure (H) (Anaes.) (Assist.)   | 768.85           |             |                   | 576.65           |                 |
| 49536    | Joint reconstructions | Type A Advanced Surgical | 01.12.1991      | 3            | T8        | N        | 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 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.)  | 995.25           |             |                   | 746.45           |                 |
| 49542    | Joint reconstructions | Type A Advanced Surgical | 01.12.1991      | 3            | T8        | N        | 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 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.) | 1393.2           |             |                   | 1044.9           |                 |
| 49544    | Joint reconstructions | Type A advanced surgical | 01.07.2021      | 3            | T8        | N        | 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 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.)   | 1622             |             |                   | 1216.5           |                 |
| 49548    | Joint reconstructions | Type A Advanced Surgical | 01.12.1991      | 3            | T8        | N        | Knee, revision of patello-femoral stabilisation(H) (Anaes.) (Assist.)   | 995.25           |             |                   | 746.45           |                 |
| 49551    | Joint reconstructions | Type A Advanced Surgical | 01.12.1991      | 3            | T8        | N        | Knee, revision of procedures to which item 49536 or 49542 applies (H) (Anaes.) (Assist.)  | 1393.2           |             |                   | 1044.9           |                 |
| 49554    | Joint replacements    | Type A Advanced Surgical | 01.12.1991      | 3            | T8        | N        | 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.)  | 1990.65          |             |                   | 1493             |                 |
| 49564    | Joint reconstructions | Type A Advanced Surgical | 01.05.2000      | 3            | T8        | N        | 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 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 a procedure on the knee by arthroscopic means (H) (Anaes.) (Assist.)   | 971.6            |             |                   | 728.7            |                 |

| MBS item | Clinical Category      | Procedure Type           | Item Start Date | MBS Category | MBS Group | New Item | MBS Description  | MBS Schedule Fee | Derived Fee | Benefit 100% (\$) | Benefit 75% (\$) | Benefit 85 (\$) |
|----------|------------------------|--------------------------|-----------------|--------------|-----------|----------|--|------------------|-------------|-------------------|------------------|-----------------|
| 49565    | Joint reconstructions  | Type A advanced surgical | 01.07.2021      | 3            | T8        | N        | 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.)  | 1394.55          |             |                   | 1045.95          |                 |
| 49569    | Bone, joint and muscle | Type A Surgical          | 01.05.1994      | 3            | T8        | N        | Knee, mobilisation for post-traumatic stiffness, by multiple muscle or tendon release (quadricepsplasty)(H) (Anaes.) (Assist.)   | 796.35           |             |                   | 597.3            |                 |
| 49570    | Joint reconstructions  | Type A surgical          | 01.07.2021      | 3            | T8        | N        | Diagnosis of knee, by arthroscopic means, when the pre-procedure diagnosis is undetermined, including either or both of the following (if performed): (a) biopsy; (b) lavage (H) (Anaes.) (Assist.)  | 288.55           |             |                   | 216.45           |                 |
| 49572    | Joint reconstructions  | Type A surgical          | 01.07.2021      | 3            | T8        | N        | 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.)   | 702.2            |             |                   | 526.65           |                 |
| 49574    | Joint reconstructions  | Type A surgical          | 01.07.2021      | 3            | T8        | N        | Removal of loose bodies of knee, by arthroscopic means—one or more bodies (H) (Anaes.) (Assist.)   | 702.2            |             |                   | 526.65           |                 |
| 49576    | Joint reconstructions  | Type A surgical          | 01.07.2021      | 3            | T8        | N        | 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 Schedule applies if the service described in the other item is for the purpose of performing chondral or osteochondral grafts (H) (Anaes.) (Assist.)  | 702.2            |             |                   | 526.65           |                 |
| 49578    | Joint reconstructions  | Type A surgical          | 01.07.2021      | 3            | T8        | N        | 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 Schedule applies if the service described in the other item is for the purpose of stabilising the patellofemoral joint of the knee (H) (Anaes.) (Assist.)  | 702.2            |             |                   | 526.65           |                 |
| 49580    | Joint reconstructions  | Type A surgical          | 01.07.2021      | 3            | T8        | N        | Partial meniscectomy of knee, by arthroscopic means, for traumatic meniscus tear (H) (Anaes.) (Assist.)  | 702.2            |             |                   | 526.65           |                 |
| 49582    | Joint reconstructions  | Type A surgical          | 01.07.2021      | 3            | T8        | N        | Meniscal repair of knee, by arthroscopic means (H) (Anaes.) (Assist.)  | 819.95           |             |                   | 615              |                 |
| 49584    | Joint reconstructions  | Type A surgical          | 01.07.2021      | 3            | T8        | N        | Chondral, osteochondral or meniscal graft of knee, by arthroscopic means (H) (Anaes.) (Assist.)  | 819.95           |             |                   | 615              |                 |
| 49586    | Joint reconstructions  | Type A surgical          | 01.07.2021      | 3            | T8        | N        | 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.)   | 819.95           |             |                   | 615              | 726.75          |
| 49590    | Bone, joint and muscle | Type A surgical          | 01.07.2021      | 3            | T8        | N        | Excision of ganglion, cyst or bursa of knee, 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.)   | 392.75           |             |                   | 294.6            | 333.85          |
| 49703    | Joint reconstructions  | Type A Surgical          | 01.12.1991      | 3            | T8        | N        | Surgery of ankle joint, by arthroscopic means, including any of the following (if performed): (a) cartilage treatment; (b) removal of loose 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.)   | 646.95           |             |                   | 485.25           |                 |
| 49706    | Joint reconstructions  | Type A Surgical          | 01.12.1991      | 3            | T8        | N        | Arthrotomy of joint of ankle, for infection, including removal of loose bodies and joint debridement, including release of joint contracture (if performed) (H) (Anaes.) (Assist.)   | 348.4            |             |                   | 261.3            |                 |
| 49709    | Joint reconstructions  | Type A Surgical          | 01.12.1991      | 3            | T8        | N        | 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.)   | 746.4            |             |                   | 559.8            |                 |
| 49712    | Bone, joint and muscle | Type A Advanced Surgical | 01.12.1991      | 3            | T8        | N        | 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.)  | 995.25           |             |                   | 746.45           |                 |
| 49715    | Joint replacements     | Type A Advanced Surgical | 01.12.1991      | 3            | T8        | N        | 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.)   | 1194.2           |             |                   | 895.65           |                 |
| 49716    | Joint replacements     | Type A Advanced Surgical | 01.11.2006      | 3            | T8        | N        | 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 30023 applies. (H) (Anaes.) (Assist.)   | 1576.35          |             |                   | 1182.3           |                 |
| 49717    | Joint replacements     | Type A Advanced Surgical | 01.11.2006      | 3            | T8        | N        | 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.) | 1891.65          |             |                   | 1418.75          |                 |
| 49718    | Bone, joint and muscle | Type A Surgical          | 01.12.1991      | 3            | T8        | N        | 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.)  | 398.05           |             |                   | 298.55           |                 |

| MBS item | Clinical Category      | Procedure Type           | Item Start Date | MBS Category | MBS Group | New Item | MBS Description   | MBS Schedule Fee | Derived Fee | Benefit 100% (\$) | Benefit 75% (\$) | Benefit 85 (\$) |
|----------|------------------------|--------------------------|-----------------|--------------|-----------|----------|---|------------------|-------------|-------------------|------------------|-----------------|
| 49724    | Bone, joint and muscle | Type A Surgical          | 01.12.1991      | 3            | T8        | N        | 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.)   | 696.8            |             |                   | 522.6            |                 |
| 49727    | Bone, joint and muscle | Type A Surgical          | 01.12.1991      | 3            | T8        | N        | Lengthening of major tendon of ankle, including either or both of the following (if performed): (a) synovial biopsy; (b) synovectomy (H) (Anaes.) (Assist.)   | 298.45           |             |                   | 223.85           |                 |
| 49728    | Bone, joint and muscle | Type A Surgical          | 01.11.2006      | 3            | T8        | N        | Lengthening of Achilles' tendon, by any method, with gastro-soleus lengthening for the correction of equinus 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.)   | 597              |             |                   | 447.75           |                 |
| 49730    | Bone, joint and muscle | Type A Surgical          | 01.07.2021      | 3            | T8        | N        | 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) removal of loose bodies; (c) synovectomy; (d) excision of joint osteophytes; 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 a procedure on the ankle by arthroscopic means—one joint (H) (Anaes.) (Assist.) | 646.95           |             |                   | 485.25           |                 |
| 49732    | Bone, joint and muscle | Type A Surgical          | 01.07.2021      | 3            | T8        | N        | Endoscopy of large tendons of foot, including any of the following (if performed): (a) debridement of tendon 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.)   | 646.95           |             |                   | 485.25           |                 |
| 49734    | Bone, joint and muscle | Type A Surgical          | 01.07.2021      | 3            | T8        | N        | 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.)  | 348.4            |             |                   | 261.3            |                 |
| 49736    | Bone, joint and muscle | Type A Surgical          | 01.07.2021      | 3            | T8        | N        | 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) inseting of tendon (H) (Anaes.) (Assist.)   | 696.8            |             |                   | 522.6            |                 |
| 49738    | Bone, joint and muscle | Type A Surgical          | 01.07.2021      | 3            | T8        | N        | 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.)  | 497.6            |             |                   | 373.2            |                 |
| 49740    | Bone, joint and muscle | Type A Advanced surgical | 01.07.2021      | 3            | T8        | N        | 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 or malunion; other than a service associated with a service to which 30023 applies (H) (Anaes.) (Assist.)   | 1493             |             |                   | 1119.75          |                 |
| 49742    | Bone, joint and muscle | Type A Advanced surgical | 01.07.2021      | 3            | T8        | N        | 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.)   | 1409.4           |             |                   | 1057.05          |                 |
| 49744    | Bone, joint and muscle | Type A Advanced surgical | 01.07.2021      | 3            | T8        | N        | 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 30023 applies (H) (Anaes.) (Assist.)   | 2114.15          |             |                   | 1585.65          |                 |
| 49760    | Bone, joint and muscle | Type A Surgical          | 01.07.2021      | 3            | T8        | N        | Arthroereisis of subtalar joint, including any of the following (if performed): (a) capsulotomy; (b) synovectomy; (c) joint debridement (H) (Anaes.) (Assist.)  | 373.25           |             |                   | 279.95           |                 |
| 49761    | Bone, joint and muscle | Type A Surgical          | 01.07.2021      | 3            | T8        | N        | 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.)   | 547.4            |             |                   | 410.55           |                 |
| 49762    | Bone, joint and muscle | Type A Surgical          | 01.07.2021      | 3            | T8        | N        | 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.)   | 607.45           |             |                   | 455.6            |                 |
| 49763    | Bone, joint and muscle | Type A Surgical          | 01.07.2021      | 3            | T8        | N        | 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.)   | 667.5            |             |                   | 500.65           |                 |
| 49764    | Bone, joint and muscle | Type A Surgical          | 01.07.2021      | 3            | T8        | N        | 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.)   | 727.6            |             |                   | 545.7            |                 |
| 49765    | Bone, joint and muscle | Type A Surgical          | 01.07.2021      | 3            | T8        | N        | 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.)   | 787.6            |             |                   | 590.7            |                 |
| 49766    | Bone, joint and muscle | Type A Surgical          | 01.07.2021      | 3            | T8        | N        | 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.)   | 847.75           |             |                   | 635.85           |                 |
| 49767    | Bone, joint and muscle | Type A Advanced surgical | 01.07.2021      | 3            | T8        | N        | 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.)   | 907.8            |             |                   | 680.85           |                 |

| MBS item | Clinical Category      | Procedure Type           | Item Start Date | MBS Category | MBS Group | New Item | MBS Description   | MBS Schedule Fee | Derived Fee | Benefit 100% (\$) | Benefit 75% (\$) | Benefit 85 (\$) |
|----------|------------------------|--------------------------|-----------------|--------------|-----------|----------|---|------------------|-------------|-------------------|------------------|-----------------|
| 49768    | Bone, joint and muscle | Type A Advanced surgical | 01.07.2021      | 3            | T8        | N        | 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.)   | 967.85           |             |                   | 725.9            |                 |
| 49769    | Bone, joint and muscle | Type A Advanced surgical | 01.07.2021      | 3            | T8        | N        | 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 of bursae; (c) synovectomy; (d) capsule repair; (e) capsule or tendon release or transfer (H) (Anaes.) (Assist.)   | 957.95           |             |                   | 718.5            |                 |
| 49770    | Bone, joint and muscle | Type A Advanced surgical | 01.07.2021      | 3            | T8        | N        | 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 of bursae; (c) synovectomy; (d) capsule repair; (e) capsule or tendon release or transfer (H) (Anaes.) (Assist.)  | 1592.3           |             |                   | 1194.25          |                 |
| 49771    | Bone, joint and muscle | Type A Surgical          | 01.07.2021      | 3            | T8        | N        | 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 tubercle 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.)                                    | 392.75           |             |                   | 294.6            |                 |
| 49772    | Bone, joint and muscle | Type A Surgical          | 01.07.2021      | 3            | T8        | N        | 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.)   | 346.6            |             |                   | 259.95           |                 |
| 49773    | Bone, joint and muscle | Type A Surgical          | 01.07.2021      | 3            | T8        | N        | 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.)  | 429.6            |             |                   | 322.2            |                 |
| 49774    | Bone, joint and muscle | Type A Surgical          | 01.07.2021      | 3            | T8        | N        | 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.)  | 292.6            |             |                   | 219.45           |                 |
| 49775    | Bone, joint and muscle | Type A Surgical          | 01.07.2021      | 3            | T8        | N        | 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.)  | 395.05           |             |                   | 296.3            |                 |
| 49776    | Bone, joint and muscle | Type A Advanced surgical | 01.07.2021      | 3            | T8        | N        | 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 or malunion; other than a service associated with a service to which item 30023 applies—may only be claimed once per joint (H) (Anaes.) (Assist.) | 1242.55          |             |                   | 931.95           |                 |
| 49777    | Bone, joint and muscle | Type A Surgical          | 01.07.2021      | 3            | T8        | N        | 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) removal of osteophytes at joint; —one joint (H) (Anaes.) (Assist.)  | 735.75           |             |                   | 551.85           |                 |
| 49778    | Bone, joint and muscle | Type A Surgical          | 01.07.2021      | 3            | T8        | N        | 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.)   | 1103.65          |             |                   | 827.75           |                 |
| 49779    | Bone, joint and muscle | Type A Advanced surgical | 01.07.2021      | 3            | T8        | N        | 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.)   | 1287.55          |             |                   | 965.7            |                 |
| 49780    | Bone, joint and muscle | Type A Advanced surgical | 01.07.2021      | 3            | T8        | N        | 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.)   | 1471.45          |             |                   | 1103.6           |                 |
| 49781    | Bone, joint and muscle | Type A Surgical          | 01.07.2021      | 3            | T8        | N        | 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 osteophytes at joint; (e) removal of hardware; (f) osteotomy of non-union or malunion; —one joint (H) (Anaes.) (Assist.)  | 1103.65          |             |                   | 827.75           |                 |
| 49782    | Joint replacements     | Type A Surgical          | 01.07.2021      | 3            | T8        | N        | 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.)   | 597.75           |             |                   | 448.35           |                 |
| 49783    | Bone, joint and muscle | Type A Surgical          | 01.07.2021      | 3            | T8        | N        | 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.)   | 801.6            |             |                   | 601.2            |                 |
| 49784    | Bone, joint and muscle | Type A Advanced surgical | 01.07.2021      | 3            | T8        | N        | 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.)   | 916.05           |             |                   | 687.05           |                 |
| 49785    | Bone, joint and muscle | Type A Advanced surgical | 01.07.2021      | 3            | T8        | N        | 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.)   | 1030.5           |             |                   | 772.9            |                 |

| MBS item | Clinical Category      | Procedure Type           | Item Start Date | MBS Category | MBS Group | New Item | MBS Description   | MBS Schedule Fee | Derived Fee | Benefit 100% (\$) | Benefit 75% (\$) | Benefit 85 (\$) |
|----------|------------------------|--------------------------|-----------------|--------------|-----------|----------|---|------------------|-------------|-------------------|------------------|-----------------|
| 49786    | Bone, joint and muscle | Type A Advanced surgical | 01.07.2021      | 3            | T8        | N        | 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.)   | 1144.95          |             |                   | 858.75           |                 |
| 49787    | Bone, joint and muscle | Type A Advanced surgical | 01.07.2021      | 3            | T8        | N        | 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.)   | 1259.35          |             |                   | 944.55           |                 |
| 49788    | Bone, joint and muscle | Type A Advanced surgical | 01.07.2021      | 3            | T8        | N        | 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.)   | 1373.8           |             |                   | 1030.35          |                 |
| 49789    | Bone, joint and muscle | Type A Surgical          | 01.07.2021      | 3            | T8        | N        | 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.)   | 1181.65          |             |                   | 886.25           |                 |
| 49790    | Bone, joint and muscle | Type A Surgical          | 01.07.2021      | 3            | T8        | N        | 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.)   | 1026.35          |             |                   | 769.8            |                 |
| 49791    | Bone, joint and muscle | Type A Surgical          | 01.07.2021      | 3            | T8        | N        | 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.)   | 465.35           |             |                   | 349.05           |                 |
| 49792    | Bone, joint and muscle | Type A Surgical          | 01.07.2021      | 3            | T8        | N        | 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.)   | 522.7            |             |                   | 392.05           |                 |
| 49793    | Bone, joint and muscle | Type A Surgical          | 01.07.2021      | 3            | T8        | N        | 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.)  | 609.8            |             |                   | 457.35           |                 |
| 49794    | Bone, joint and muscle | Type A Surgical          | 01.07.2021      | 3            | T8        | N        | 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.)  | 696.85           |             |                   | 522.65           |                 |
| 49795    | Bone, joint and muscle | Type A Surgical          | 01.07.2021      | 3            | T8        | N        | 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.)  | 784              |             |                   | 588              |                 |
| 49796    | Bone, joint and muscle | Type A Surgical          | 01.07.2021      | 3            | T8        | N        | 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.)  | 871.1            |             |                   | 653.35           |                 |
| 49797    | Bone, joint and muscle | Type A Advanced surgical | 01.07.2021      | 3            | T8        | N        | 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.)  | 958.2            |             |                   | 718.65           |                 |
| 49798    | Bone, joint and muscle | Type A Advanced surgical | 01.07.2021      | 3            | T8        | N        | 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.)  | 1045.3           |             |                   | 784              |                 |
| 49800    | Bone, joint and muscle | Type B Non-band specific | 01.12.1991      | 3            | T8        | N        | 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.)  | 139.35           |             |                   | 104.55           | 118.45          |
| 49803    | Bone, joint and muscle | Type B Non-band specific | 01.12.1991      | 3            | T8        | N        | 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.)  | 179.15           |             |                   | 134.4            | 152.3           |
| 49806    | Bone, joint and muscle | Type B Non-band specific | 01.12.1991      | 3            | T8        | N        | Subcutaneous tenotomy of foot, by small percutaneous incisions—one or more tendons (Anaes.)   | 139.35           |             |                   | 104.55           | 118.45          |
| 49809    | Bone, joint and muscle | Type B Non-band specific | 01.12.1991      | 3            | T8        | N        | 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.)   | 228.85           |             |                   | 171.65           | 194.55          |
| 49812    | Bone, joint and muscle | Type A Surgical          | 01.12.1991      | 3            | T8        | N        | 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.)  | 457.7            |             |                   | 343.3            |                 |
| 49814    | Bone, joint and muscle | Type A Advanced surgical | 01.07.2021      | 3            | T8        | N        | 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.) | 1045.15          |             |                   | 783.9            |                 |
| 49815    | Bone, joint and muscle | Type A Surgical          | 01.12.1991      | 3            | T8        | N        | 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.)  | 1449.7           |             |                   | 1087.3           |                 |
| 49818    | Bone, joint and muscle | Type A Surgical          | 01.12.1991      | 3            | T8        | N        | Release of plantar fascia, including excision of calcaneal spur (if performed) (H) (Anaes.) (Assist.)   | 288.55           |             |                   | 216.45           |                 |

| MBS item | Clinical Category      | Procedure Type           | Item Start Date | MBS Category | MBS Group | New Item | MBS Description   | MBS Schedule Fee | Derived Fee | Benefit 100% (\$) | Benefit 75% (\$) | Benefit 85 (\$) |
|----------|------------------------|--------------------------|-----------------|--------------|-----------|----------|---|------------------|-------------|-------------------|------------------|-----------------|
| 49821    | Bone, joint and muscle | Type A Surgical          | 01.12.1991      | 3            | T8        | N        | 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 (H) (Anaes.) (Assist.)  | 457.7            |             |                   | 343.3            |                 |
| 49824    | Bone, joint and muscle | Type A Surgical          | 01.12.1991      | 3            | T8        | N        | 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 (H) (Anaes.) (Assist.)  | 801.3            |             |                   | 601              |                 |
| 49827    | Bone, joint and muscle | Type A Surgical          | 01.12.1991      | 3            | T8        | N        | 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 of bursae; (c) synovectomy; (d) capsule repair; (e) capsule or tendon release or transfer (H) (Anaes.) (Assist.)   | 497.6            |             |                   | 373.2            |                 |
| 49830    | Bone, joint and muscle | Type A Surgical          | 01.12.1991      | 3            | T8        | N        | 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) removal of bursae; (c) synovectomy; (d) capsule repair; (e) capsule or tendon release or transfer (H) (Anaes.) (Assist.)  | 870.85           |             |                   | 653.15           |                 |
| 49833    | Bone, joint and muscle | Type A Surgical          | 01.12.1991      | 3            | T8        | N        | 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) removal of bursae; (c) synovectomy; (d) capsule repair; (e) capsule or tendon release or transfer (H) (Anaes.) (Assist.)  | 547.4            |             |                   | 410.55           |                 |
| 49836    | Bone, joint and muscle | Type A Advanced Surgical | 01.12.1991      | 3            | T8        | N        | 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.)  | 945.55           |             |                   | 709.2            |                 |
| 49837    | Bone, joint and muscle | Type A Surgical          | 01.05.2000      | 3            | T8        | N        | 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) removal of bursae; (c) synovectomy; (d) capsule repair; (e) capsule or tendon release or transfer (H) (Anaes.) (Assist.)   | 684.25           |             |                   | 513.2            |                 |
| 49838    | Bone, joint and muscle | Type A Advanced Surgical | 01.05.2000      | 3            | T8        | N        | 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 of bursae; (c) synovectomy; (d) capsule repair; (e) capsule or tendon release or transfer (H) (Anaes.) (Assist.)   | 1181.65          |             |                   | 886.25           |                 |
| 49839    | Joint replacements     | Type A Surgical          | 01.12.1991      | 3            | T8        | N        | 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.)  | 547.4            |             |                   | 410.55           |                 |
| 49845    | Bone, joint and muscle | Type A Surgical          | 01.12.1991      | 3            | T8        | N        | 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.)   | 684.25           |             |                   | 513.2            |                 |
| 49851    | Bone, joint and muscle | Unlisted                 | 01.12.1991      | 3            | T8        | N        | 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.)  | 457.7            |             |                   | 343.3            |                 |
| 49854    | Bone, joint and muscle | Type A Surgical          | 01.12.1991      | 3            | T8        | N        | Radical plantar fasciotomy or fasciectomy, with extensive 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.)  | 398.05           |             |                   | 298.55           |                 |
| 49857    | Joint replacements     | Type A Surgical          | 01.12.1991      | 3            | T8        | N        | 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.)  | 368.25           |             |                   | 276.2            |                 |
| 49860    | Bone, joint and muscle | Type A Surgical          | 01.12.1991      | 3            | T8        | N        | 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.)   | 343.85           |             |                   | 257.9            |                 |
| 49866    | Bone, joint and muscle | Type A Surgical          | 01.12.1991      | 3            | T8        | N        | 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.)   | 318.25           |             |                   | 238.7            |                 |
| 49878    | Bone, joint and muscle | Unlisted                 | 01.12.1991      | 3            | T8        | N        | Talipes equinovarus, calcaneo valgus or metatarsus varus, treatment by cast, splint or manipulation—each attendance (Anaes.)  | 59.7             |             |                   | 44.8             | 50.75           |
| 49881    | Bone, joint and muscle | Type B Non-band specific | 01.07.2021      | 3            | T8        | N        | Complete excision of one or more ganglia or bursae: (a) including excision of bony prominence or mucinous cyst of interphalangeal or metatarsophalangeal joint and surrounding 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.)                 | 232.5            |             |                   | 174.4            |                 |
| 49884    | Bone, joint and muscle | Type B Non-band specific | 01.07.2021      | 3            | T8        | N        | Complete excision of one or more ganglia or bursae: (a) including excision of bony prominence or mucinous cyst of ankle, hindfoot or midfoot joint and surrounding 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.) | 392.75           |             |                   | 294.6            |                 |
| 49887    | Bone, joint and muscle | Type B Non-band specific | 01.07.2021      | 3            | T8        | N        | 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 and surrounding 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.)  | 313.95           |             |                   | 235.5            |                 |

| MBS Item | Clinical Category      | Procedure Type           | Item Start Date | MBS Category | MBS Group | New Item | MBS Description  | MBS Schedule Fee | Derived Fee | Benefit 100% (\$) | Benefit 75% (\$) | Benefit 85 (\$) |
|----------|------------------------|--------------------------|-----------------|--------------|-----------|----------|--|------------------|-------------|-------------------|------------------|-----------------|
| 49890    | Bone, joint and muscle | Type B Non-band specific | 01.07.2021      | 3            | T8        | N        | Revision of complete excision of one or more ganglia or bursae: (a) including excision of bony prominence or mucinous cyst of ankle, hindfoot or midfoot joint and surrounding 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.) | 530.15           |             |                   | 397.65           |                 |
| 50107    | Bone, joint and muscle | Type A Surgical          | 01.07.2021      | 3            | T8        | N        | Stabilisation of joint of hip, by open means, including any of the following (if performed): (a) repair of capsule; (b) labrum; (c) capsulorrhaphy; (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.)   | 497.6            |             |                   | 373.2            |                 |
| 50112    | Bone, joint and muscle | Type A Surgical          | 01.12.1991      | 3            | T8        | N        | Cicatrical 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.)   | 381.7            |             |                   | 286.3            |                 |
| 50115    | Bone, joint and muscle | Type B Non-band specific | 01.12.1991      | 3            | T8        | N        | 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.)   | 151.2            |             |                   | 113.4            |                 |
| 50118    | Bone, joint and muscle | Type A Surgical          | 01.12.1991      | 3            | T8        | N        | 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.)   | 828.35           |             |                   | 621.3            |                 |
| 50130    | Bone, joint and muscle | Type A Surgical          | 01.07.1993      | 3            | T8        | N        | Joint or joints, application of external fixator to, other than for treatment of fractures (H) (Anaes.) (Assist.)  | 330.15           |             |                   | 247.65           |                 |
| 50200    | Bone, joint and muscle | Unlisted                 | 01.12.1991      | 3            | T8        | N        | Core needle biopsy of aggressive or potentially malignant bone or soft tissue tumour, excluding aftercare (Anaes.)   | 198.95           |             |                   | 149.25           | 169.15          |
| 50201    | Bone, joint and muscle | Type A Surgical          | 01.11.2004      | 3            | T8        | N        | Incisional biopsy of aggressive or potentially malignant bone or soft tissue tumour, excluding aftercare (Anaes.) (Assist.)  | 348.3            |             |                   | 261.25           | 296.1           |
| 50203    | Bone, joint and muscle | Type A Surgical          | 01.12.1991      | 3            | T8        | N        | Intralesional or marginal excision of bone or soft tissue tumour (Anaes.) (Assist.)  | 437.95           |             |                   | 328.5            | 372.3           |
| 50206    | Bone, joint and muscle | Type A Surgical          | 01.12.1991      | 3            | T8        | N        | Intralesional or marginal excision of bone tumour, with at least one of the following: (a) autograft; (b) allograft; (c) cementation (H) (Anaes.) (Assist.)  | 646.95           |             |                   | 485.25           |                 |
| 50209    | Bone, joint and muscle | Type A Surgical          | 01.12.1991      | 3            | T8        | N        | Intralesional or marginal excision of bone tumour, with at least 2 of the following: (a) autograft; (b) allograft; (c) cementation (H) (Anaes.) (Assist.)  | 796.35           |             |                   | 597.3            |                 |
| 50212    | Bone, joint and muscle | Type A Advanced Surgical | 01.12.1991      | 3            | T8        | N        | Wide excision of malignant or aggressive bone or soft tissue tumour (or both), affecting a limb, trunk or scapula (H) (Anaes.) (Assist.)   | 1741.75          |             |                   | 1306.35          |                 |
| 50215    | Bone, joint and muscle | Type A Advanced Surgical | 01.12.1991      | 3            | T8        | N        | 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.)  | 2189.6           |             |                   | 1642.2           |                 |
| 50218    | Bone, joint and muscle | Type A Advanced Surgical | 01.12.1991      | 3            | T8        | N        | 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.)   | 2886.4           |             |                   | 2164.8           |                 |
| 50221    | Bone, joint and muscle | Type A Advanced Surgical | 01.12.1991      | 3            | T8        | N        | Wide excision of malignant or aggressive bone or soft tissue tumour (or both) of pelvis, sacrum or spine, without reconstruction (H) (Anaes.) (Assist.)  | 2687.15          |             |                   | 2015.4           |                 |
| 50224    | Bone, joint and muscle | Type A Advanced Surgical | 01.12.1991      | 3            | T8        | N        | 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.)   | 2985.8           |             |                   | 2239.35          | 2892.6          |
| 50233    | Bone, joint and muscle | Type A Advanced Surgical | 01.12.1991      | 3            | T8        | N        | Treatment of malignant or aggressive bone or soft tissue tumour (or both) by hindquarter or forequarter amputation(H) (Anaes.) (Assist.)   | 2289.15          |             |                   | 1716.9           |                 |
| 50236    | Bone, joint and muscle | Type A Advanced Surgical | 01.12.1991      | 3            | T8        | N        | 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.)   | 1791.5           |             |                   | 1343.65          |                 |
| 50239    | Bone, joint and muscle | Type A Advanced Surgical | 01.12.1991      | 3            | T8        | N        | 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.)   | 1194.2           |             |                   | 895.65           |                 |
| 50242    | Bone, joint and muscle | Type A surgical          | 01.07.2021      | 3            | T8        | N        | 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) excluding removal of prosthetic from bone (H) (Anaes.) (Assist.)  | 895.75           |             |                   | 671.85           |                 |
| 50245    | Bone, joint and muscle | Type A advanced surgical | 01.07.2021      | 3            | T8        | N        | 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.)   | 2687.35          |             |                   | 2015.55          |                 |
| 50300    | Bone, joint and muscle | Type A Advanced Surgical | 01.07.1995      | 3            | T8        | N        | Gradual correction of joint deformity, with application of external fixator (H) (Anaes.) (Assist.)   | 1223.85          |             |                   | 917.9            |                 |
| 50303    | Bone, joint and muscle | Type A Advanced Surgical | 01.07.1995      | 3            | T8        | N        | Limb lengthening, by gradual distraction, with application of external fixator or intra-medullary device (H) (Anaes.) (Assist.)  | 1670.95          |             |                   | 1253.25          |                 |
| 50306    | Bone, joint and muscle | Type A Advanced Surgical | 01.07.1995      | 3            | T8        | N        | 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.)  | 2609             |             |                   | 1956.75          |                 |
| 50309    | Bone, joint and muscle | Type A Surgical          | 01.07.1995      | 3            | T8        | N        | 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.)  | 322.55           |             |                   | 241.95           |                 |
| 50310    | Bone, joint and muscle | Type C                   | 01.07.2021      | 3            | T8        | N        | Major adjustment of ring fixator or similar device, other than a service associated with a service to which item 50303, 50306, or 50309 applies  | 46.15            |             |                   | 34.65            | 39.25           |

| MBS item | Clinical Category  | Procedure Type           | Item Start Date | MBS Category | MBS Group | New Item | MBS Description  | MBS Schedule Fee | Derived Fee | Benefit 100% (\$) | Benefit 75% (\$) | Benefit 85 (\$) |
|----------|--|--------------------------|-----------------|--------------|-----------|----------|--|------------------|-------------|-------------------|------------------|-----------------|
| 50312    | Bone, joint and muscle                                   | Type A Surgical          | 01.07.1995      | 3            | T8        | N        | 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.) | 795.2            |             |                   | 596.4            |                 |
| 50321    | Bone, joint and muscle                                   | Type A Advanced Surgical | 01.07.1995      | 3            | T8        | N        | Release of soft tissue of talipes equinovarus, by open means (H) (Anaes.) (Assist.)  | 981.9            |             |                   | 736.45           |                 |
| 50324    | Bone, joint and muscle                                   | Type A Advanced Surgical | 01.07.1995      | 3            | T8        | N        | Revision of release of soft tissue of talipes equinovarus, by open means (H) (Anaes.) (Assist.)  | 1399.9           |             |                   | 1049.95          |                 |
| 50330    | Bone, joint and muscle                                   | Unlisted                 | 01.07.1995      | 3            | T8        | N        | 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.)   | 241.75           |             |                   | 181.35           |                 |
| 50333    | Joint reconstructions                                    | Type A Surgical          | 01.07.1995      | 3            | T8        | N        | 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.)  | 652.05           |             |                   | 489.05           |                 |
| 50335    | Bone, joint and muscle                                   | Type A Surgical          | 01.07.2021      | 3            | T8        | N        | Treatment of vertical, congenital talus, by percutaneous or open stabilisation of talonavicular joint and Achilles' tenotomy (H) (Anaes.) (Assist.)  | 652.05           |             |                   | 489.05           |                 |
| 50336    | Bone, joint and muscle                                   | Type A Advanced Surgical | 01.07.1995      | 3            | T8        | N        | Talus, vertical, congenital, combined anterior and posterior reconstruction (H) (Anaes.) (Assist.)   | 974.75           |             |                   | 731.1            |                 |
| 50339    | Bone, joint and muscle                                   | Type A Surgical          | 01.07.1995      | 3            | T8        | N        | Tibialis anterior or tibialis posterior tendon transfer (split or whole) (H) (Anaes.) (Assist.)  | 624.25           |             |                   | 468.2            |                 |
| 50345    | Bone, joint and muscle                                   | Type A Surgical          | 01.07.1995      | 3            | T8        | N        | Hyperextension deformity of toe, release incorporating V-Y plasty of skin, lengthening of extensor tendons and release of capsule contracture (H) (Anaes.) (Assist.)   | 366.45           |             |                   | 274.85           |                 |
| 50348    | Bone, joint and muscle                                   | Unlisted                 | 01.07.1995      | 3            | T8        | N        | Knee, deformity of, post-operative manipulation and change of plaster, performed under general anaesthesia (H) (Anaes.)  | 241.75           |             |                   | 181.35           |                 |
| 50351    | Bone, joint and muscle                                   | Type A Advanced Surgical | 01.07.1995      | 3            | T8        | N        | Treatment of developmental dislocation of hip, by open reduction, including application of hip spica (H) (Anaes.) (Assist.)  | 1688.55          |             |                   | 1266.45          |                 |
| 50352    | Bone, joint and muscle                                   | Type B Non-band specific | 01.05.2001      | 3            | T8        | N        | Treatment of developmental dysplasia of hip, including supervision of initial application of splint, harness or cast, other than a service to which another item in this Group applies (Anaes.)  | 59.7             |             |                   | 44.8             | 50.75           |
| 50354    | Bone, joint and muscle                                   | Type A Advanced Surgical | 01.07.1995      | 3            | T8        | N        | Resection and fixation of congenital pseudarthrosis of tibia (Anaes.) (Assist.)  | 1385             |             |                   | 1038.75          | 1291.8          |
| 50357    | Bone, joint and muscle                                   | Type A Surgical          | 01.07.1995      | 3            | T8        | N        | Transfer of tendon of rectus femoris or medial or lateral hamstring (H) (Anaes.) (Assist.)   | 593.65           |             |                   | 445.25           |                 |
| 50360    | Bone, joint and muscle                                   | Type A Surgical          | 01.07.1995      | 3            | T8        | N        | Combined medial and lateral hamstring tendon transfer (H) (Anaes.) (Assist.)   | 688.9            |             |                   | 516.7            |                 |
| 50369    | Bone, joint and muscle                                   | Type A Surgical          | 01.07.1995      | 3            | T8        | N        | 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 Schedule applies if the service described in the other item is for the purpose of knee replacement (H) (Anaes.) (Assist.)  | 688.9            |             |                   | 516.7            |                 |
| 50372    | Bone, joint and muscle                                   | Type A Advanced Surgical | 01.07.1995      | 3            | T8        | N        | Bilateral 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 Schedule applies if the service described in the other item is for the purpose of knee replacement (H) (Anaes.) (Assist.)   | 1209.2           |             |                   | 906.9            |                 |
| 50375    | Bone, joint and muscle                                   | Type A Surgical          | 01.07.1995      | 3            | T8        | N        | Unilateral medial release of hip contracture, with lengthening or division of the adductors and psoas, including division of obturator nerve (if performed) (H) (Anaes.) (Assist.)   | 527.6            |             |                   | 395.7            |                 |
| 50378    | Bone, joint and muscle                                   | Type A Advanced Surgical | 01.07.1995      | 3            | T8        | N        | Bilateral medial release of hip contracture, with lengthening or division of adductors and psoas, including division of obturator nerve (if performed) (H) (Anaes.) (Assist.)  | 923.4            |             |                   | 692.55           |                 |
| 50381    | Bone, joint and muscle                                   | Type A Surgical          | 01.07.1995      | 3            | T8        | N        | 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.)   | 688.9            |             |                   | 516.7            |                 |
| 50384    | Bone, joint and muscle                                   | Type A Advanced Surgical | 01.07.1995      | 3            | T8        | N        | 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.)  | 1209.2           |             |                   | 906.9            |                 |
| 50390    | Bone, joint and muscle                                   | Unlisted                 | 01.07.1995      | 3            | T8        | N        | Application of cast under general anaesthesia, for patient with perthes, cerebral palsy, or other neuromuscular conditions, affecting hips or knees (H) (Anaes.)   | 241.75           |             |                   | 181.35           |                 |
| 50393    | Bone, joint and muscle                                   | Type A Surgical          | 01.07.1995      | 3            | T8        | N        | Acetabular shelf procedure, other than a service associated with a service to which another item of this Schedule applies if the service in the other item is for the purpose of performing arthroplasty on the hip (H) (Anaes.) (Assist.)   | 894              |             |                   | 670.5            |                 |
| 50394    | Bone, joint and muscle                                   | Type A Advanced Surgical | 01.07.1998      | 3            | T8        | N        | Multiple peri-acetabular osteotomy, including internal fixation (if performed) (H) (Anaes.) (Assist.)  | 2936.15          |             |                   | 2202.15          |                 |
| 50395    | Bone, joint and muscle                                   | Type A Advanced surgical | 01.07.2021      | 3            | T8        | N        | Osteotomy and distillation of greater trochanter, with internal fixation (H) (Anaes.) (Assist.)  | 965.45           |             |                   | 724.1            |                 |
| 50396    | Bone, joint and muscle                                   | Type A Surgical          | 01.07.1995      | 3            | T8        | N        | 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.)  | 491.15           |             |                   | 368.4            |                 |
| 50399    | Bone, joint and muscle                                   | Type A Advanced Surgical | 01.07.1995      | 3            | T8        | N        | Forearm, radial aplasia or dysplasia (radial club hand), centralisation or radialisation of (H) (Anaes.) (Assist.)   | 974.75           |             |                   | 731.1            |                 |
| 50411    | Plastic and reconstructive surgery (medically necessary) | Type A Advanced Surgical | 01.07.1995      | 3            | T8        | N        | 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.)  | 1385             |             |                   | 1038.75          | 1291.8          |

| MBS Item | Clinical Category  | Procedure Type           | Item Start Date | MBS Category | MBS Group | New Item | MBS Description  | MBS Schedule Fee | Derived Fee | Benefit 100% (\$) | Benefit 75% (\$) | Benefit 85 (\$) |
|----------|--|--------------------------|-----------------|--------------|-----------|----------|--|------------------|-------------|-------------------|------------------|-----------------|
| 50414    | Plastic and reconstructive surgery (medically necessary) | Type A Advanced Surgical | 01.07.1995      | 3            | T8        | N        | 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.)   | 1868.7           |             |                   | 1401.55          | 1775.5          |
| 50417    | Plastic and reconstructive surgery (medically necessary) | Type A Advanced Surgical | 01.07.1995      | 3            | T8        | N        | 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.)   | 1385             |             |                   | 1038.75          | 1291.8          |
| 50420    | Plastic and reconstructive surgery (medically necessary) | Type A Advanced Surgical | 01.07.1995      | 3            | T8        | N        | Patella, congenital dislocation of, reconstruction of the quadriceps (H) (Anaes.) (Assist.)  | 1143.2           |             |                   | 857.4            |                 |
| 50423    | Plastic and reconstructive surgery (medically necessary) | Type A Advanced Surgical | 01.07.1995      | 3            | T8        | N        | Tibia, fibula or both, congenital deficiency of, transfer of the fibula to tibia, with internal fixation (Anaes.) (Assist.)  | 1055.25          |             |                   | 791.45           | 962.05          |
| 50426    | Bone, joint and muscle                                   | Type A Surgical          | 01.07.1995      | 3            | T8        | N        | Removal of one or more lesions from bone, for osteochondroma occurring solitary or in association with hereditary multiple exotoses, with histological examination—one approach (H) (Anaes.) (Assist.)   | 491.15           |             |                   | 368.4            |                 |
| 50428    | Bone, joint and muscle                                   | Type A Surgical          | 01.07.2021      | 3            | T8        | N        | 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.)  | 819.95           |             |                   | 615              |                 |
| 50450    | Bone, joint and muscle                                   | Type A Advanced Surgical | 01.11.2006      | 3            | T8        | N        | 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.)          | 1297.1           |             |                   | 972.85           |                 |
| 50451    | Bone, joint and muscle                                   | Type A Advanced Surgical | 01.11.2006      | 3            | T8        | N        | 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.) | 1297.1           |             |                   | 972.85           |                 |
| 50455    | Bone, joint and muscle                                   | Type A Advanced Surgical | 01.11.2006      | 3            | T8        | N        | 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.)   | 1468.85          |             |                   | 1101.65          |                 |
| 50456    | Bone, joint and muscle                                   | Type A Advanced Surgical | 01.11.2006      | 3            | T8        | N        | 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.)  | 1468.85          |             |                   | 1101.65          |                 |
| 50460    | Bone, joint and muscle                                   | Type A Advanced Surgical | 01.11.2006      | 3            | T8        | N        | 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.)   | 2193.05          |             |                   | 1644.8           |                 |
| 50461    | Bone, joint and muscle                                   | Type A Advanced Surgical | 01.11.2006      | 3            | T8        | N        | 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.)  | 2193.05          |             |                   | 1644.8           |                 |

| MBS item | Clinical Category      | Procedure Type           | Item Start Date | MBS Category | MBS Group | New Item | MBS Description  | MBS Schedule Fee | Derived Fee | Benefit 100% (\$) | Benefit 75% (\$) | Benefit 85 (\$) |
|----------|------------------------|--------------------------|-----------------|--------------|-----------|----------|--|------------------|-------------|-------------------|------------------|-----------------|
| 50465    | Bone, joint and muscle | Type A Advanced Surgical | 01.11.2006      | 3            | T8        | N        | 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.)   | 3088.85          |             |                   | 2316.65          |                 |
| 50466    | Bone, joint and muscle | Type A Advanced Surgical | 01.11.2006      | 3            | T8        | N        | 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.)  | 3088.85          |             |                   | 2316.65          |                 |
| 50470    | Bone, joint and muscle | Type A Advanced Surgical | 01.11.2006      | 3            | T8        | N        | 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.)                                      | 3917.4           |             |                   | 2938.05          |                 |
| 50471    | Bone, joint and muscle | Type A Advanced Surgical | 01.11.2006      | 3            | T8        | N        | 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.)                             | 3917.4           |             |                   | 2938.05          |                 |
| 50475    | Bone, joint and muscle | Type A Advanced Surgical | 01.11.2006      | 3            | T8        | N        | 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.)         | 4520.3           |             |                   | 3390.25          |                 |
| 50476    | Bone, joint and muscle | Type A Advanced Surgical | 01.11.2006      | 3            | T8        | N        | 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.) | 4520.3           |             |                   | 3390.25          |                 |
| 50508    | Bone, joint and muscle | Type A Surgical          | 01.11.2006      | 3            | T8        | N        | Treatment of fracture of distal end of radius or ulna (or both), by closed reduction, for a patient with open growth plates (Anaes.)   | 417.8            |             |                   | 313.35           | 355.15          |
| 50512    | Bone, joint and muscle | Type A Surgical          | 01.11.2006      | 3            | T8        | N        | 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.)   | 557.5            |             |                   | 418.15           |                 |
| 50524    | Bone, joint and muscle | Type A Surgical          | 01.11.2006      | 3            | T8        | N        | 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.)   | 431.9            |             |                   | 323.95           |                 |
| 50528    | Bone, joint and muscle | Type A Surgical          | 01.11.2006      | 3            | T8        | N        | 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.)  | 696.65           |             |                   | 522.5            |                 |
| 50532    | Bone, joint and muscle | Type A Surgical          | 01.11.2006      | 3            | T8        | N        | Treatment of fracture of shafts of radius or ulna (or both), by closed reduction, for a patient with open growth plate (H) (Anaes.)  | 606.15           |             |                   | 454.65           |                 |

| MBS item | Clinical Category                                       | Procedure Type           | Item Start Date | MBS Category | MBS Group | New Item | MBS Description  | MBS Schedule Fee | Derived Fee | Benefit 100% (\$) | Benefit 75% (\$) | Benefit 85 (\$) |
|----------|---|--------------------------|-----------------|--------------|-----------|----------|--|------------------|-------------|-------------------|------------------|-----------------|
| 50536    | Bone, joint and muscle                                  | Type A Surgical          | 01.11.2006      | 3            | T8        | N        | 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.)  | 808.15           |             |                   | 606.15           |                 |
| 50540    | Bone, joint and muscle                                  | Type A Surgical          | 01.11.2006      | 3            | T8        | N        | Olecranon, with open growth plate, treatment of fracture of, by open reduction (H) (Anaes.) (Assist.)  | 557.5            |             |                   | 418.15           |                 |
| 50544    | Bone, joint and muscle                                  | Type A Surgical          | 01.11.2006      | 3            | T8        | N        | Radius, with open growth plate, treatment of fracture of head or neck of, by closed reduction of (Anaes.)  | 278.65           |             |                   | 209              | 236.9           |
| 50548    | Bone, joint and muscle                                  | Type A Surgical          | 01.11.2006      | 3            | T8        | N        | 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.)  | 557.5            |             |                   | 418.15           |                 |
| 50552    | Bone, joint and muscle                                  | Type A Surgical          | 01.11.2006      | 3            | T8        | N        | Humerus, proximal, with open growth plate, treatment of fracture of, by closed reduction (H) (Anaes.)  | 480.75           |             |                   | 360.6            |                 |
| 50556    | Bone, joint and muscle                                  | Type A Surgical          | 01.11.2006      | 3            | T8        | N        | Treatment of fracture of proximal humerus, by open or closed reduction, with internal fixation, for a patient with open growth plate (H) (Anaes.) (Assist.)  | 640.9            |             |                   | 480.7            |                 |
| 50560    | Bone, joint and muscle                                  | Type A Surgical          | 01.11.2006      | 3            | T8        | N        | Humerus, shaft of, with open growth plate, treatment of fracture of, by closed reduction (H) (Anaes.)  | 501.55           |             |                   | 376.2            |                 |
| 50564    | Bone, joint and muscle                                  | Type A Surgical          | 01.11.2006      | 3            | T8        | N        | 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.)  | 668.8            |             |                   | 501.6            |                 |
| 50568    | Bone, joint and muscle                                  | Type A Surgical          | 01.11.2006      | 3            | T8        | N        | Humerus, with open growth plate, supracondylar or condylar, treatment of fracture of, by closed reduction (H) (Anaes.)   | 585.25           |             |                   | 438.95           |                 |
| 50572    | Bone, joint and muscle                                  | Type A Surgical          | 01.11.2006      | 3            | T8        | N        | 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.)  | 780.3            |             |                   | 585.25           |                 |
| 50576    | Bone, joint and muscle                                  | Type A Surgical          | 01.11.2006      | 3            | T8        | N        | 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.)  | 640.9            |             |                   | 480.7            | 547.7           |
| 50580    | Bone, joint and muscle                                  | Type A Surgical          | 01.11.2006      | 3            | T8        | N        | 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.)   | 668.8            |             |                   | 501.6            |                 |
| 50584    | Bone, joint and muscle                                  | Type A Surgical          | 01.11.2006      | 3            | T8        | N        | 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.)   | 640.9            |             |                   | 480.7            |                 |
| 50588    | Bone, joint and muscle                                  | Type A Surgical          | 01.11.2006      | 3            | T8        | N        | Tibia and fibula, with open growth plates, treatment of fracture of, by internal fixation (H) (Anaes.) (Assist.)   | 835.9            |             |                   | 626.95           |                 |
| 50592    | Bone, joint and muscle                                  | Type A Advanced surgical | 01.07.2021      | 3            | T8        | N        | 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.)  | 1015.15          |             |                   | 761.4            |                 |
| 50596    | Bone, joint and muscle                                  | Type A Surgical          | 01.07.2021      | 3            | T8        | N        | Treatment of fracture of shaft of tibia, by open or closed reduction, including casting, for a patient with open growth plate (H) (Anaes.) (Assist.)   | 317.35           |             |                   | 238.05           |                 |
| 50600    | Back, neck and spine                                    | Type A Surgical          | 01.11.2006      | 3            | T8        | N        | Scoliosis or kyphosis, in a child, manipulation of deformity and application of a localiser cast, under general anaesthesia, in a hospital (H) (Anaes.) (Assist.)  | 459.55           |             |                   | 344.7            |                 |
| 50604    | Back, neck and spine                                    | Type A Advanced Surgical | 01.11.2006      | 3            | T8        | N        | Scoliosis or kyphosis, in a child or adolescent, spinal fusion for (without instrumentation) (H) (Anaes.) (Assist.)  | 1950.45          |             |                   | 1462.85          |                 |
| 50608    | Back, neck and spine                                    | Type A Advanced Surgical | 01.11.2006      | 3            | T8        | N        | 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.)  | 3622.9           |             |                   | 2717.2           |                 |
| 50612    | Back, neck and spine                                    | Type A Advanced Surgical | 01.11.2006      | 3            | T8        | N        | 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.)             | 5153.2           |             |                   | 3864.9           |                 |
| 50616    | Back, neck and spine                                    | Type A Surgical          | 01.11.2006      | 3            | T8        | N        | Scoliosis, in a child or adolescent, re-exploration for adjustment or removal of segmental instrumentation used for correction of spine deformity (H) (Anaes.) (Assist.)   | 654.75           |             |                   | 491.1            |                 |
| 50620    | Back, neck and spine                                    | Type A Advanced Surgical | 01.11.2006      | 3            | T8        | N        | 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.)           | 3622.9           |             |                   | 2717.2           |                 |
| 50624    | Back, neck and spine                                    | Type A Advanced Surgical | 01.11.2006      | 3            | T8        | N        | 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.)   | 3622.9           |             |                   | 2717.2           |                 |
| 50628    | Back, neck and spine                                    | Type A Advanced Surgical | 01.11.2006      | 3            | T8        | N        | 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.)   | 4475.25          |             |                   | 3356.45          |                 |
| 50632    | Back, neck and spine                                    | Type A Advanced Surgical | 01.11.2006      | 3            | T8        | N        | 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.)                          | 3762.15          |             |                   | 2821.65          |                 |
| 50636    | Back, neck and spine                                    | Type A Advanced Surgical | 01.11.2006      | 3            | T8        | N        | 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.) | 4180.15          |             |                   | 3135.15          |                 |
| 50640    | Back, neck and spine                                    | Type A Advanced Surgical | 01.11.2006      | 3            | T8        | N        | 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.)   | 2310.75          |             |                   | 1733.1           |                 |
| 50644    | Back, neck and spine                                    | Type A Advanced Surgical | 01.11.2006      | 3            | T8        | N        | Spine, bone graft to, for a child or adolescent, associated with surgery for correction of scoliosis or kyphosis or both (H) (Anaes.) (Assist.)  | 2229.5           |             |                   | 1672.15          |                 |
| 50654    | Bone, joint and muscle                                  | Type A Surgical          | 01.11.2006      | 3            | T8        | N        | 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 with application or reapplication of a hip spica (H) (Anaes.) (Assist.) | 525              |             |                   | 393.75           |                 |
| 50950    | Chemotherapy, radiotherapy and immunotherapy for cancer | Type A Surgical          | 01.05.2004      | 3            | T8        | N        | 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.)                                   | 863.8            |             |                   | 647.85           | 770.6           |

| MBS item | Clinical Category                                       | Procedure Type           | Item Start Date | MBS Category | MBS Group | New Item | MBS Description   | MBS Schedule Fee | Derived Fee | Benefit 100% (\$) | Benefit 75% (\$) | Benefit 85 (\$) |
|----------|---|--------------------------|-----------------|--------------|-----------|----------|---|------------------|-------------|-------------------|------------------|-----------------|
| 50952    | Chemotherapy, radiotherapy and immunotherapy for cancer | Type A Surgical          | 01.05.2004      | 3            | T8        | N        | 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 percutaneousablationprocedure;(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.) | 863.8            |             |                   | 647.85           | 770.6           |
| 51011    | Brain and nervous system                                | Type A Advanced Surgical | 01.11.2018      | 3            | T8        | N        | 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.)   | 1517.55          |             |                   | 1138.2           |                 |
| 51012    | Brain and nervous system                                | Type A Advanced Surgical | 01.11.2018      | 3            | T8        | N        | 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.)  | 2023.15          |             |                   | 1517.4           |                 |
| 51013    | Brain and nervous system                                | Type A Advanced Surgical | 01.11.2018      | 3            | T8        | N        | 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.)  | 2529.05          |             |                   | 1896.8           |                 |
| 51014    | Brain and nervous system                                | Type A Advanced Surgical | 01.11.2018      | 3            | T8        | N        | 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.)  | 3034.85          |             |                   | 2276.15          |                 |
| 51015    | Brain and nervous system                                | Type A Advanced Surgical | 01.11.2018      | 3            | T8        | N        | 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.)  | 3540.65          |             |                   | 2655.5           |                 |
| 51020    | Back, neck and spine                                    | Type A Surgical          | 01.11.2018      | 3            | T8        | N        | 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 (Anaes.) (Assist.)  | 809.2            |             |                   | 606.9            |                 |
| 51021    | Back, neck and spine                                    | Type A Advanced Surgical | 01.11.2018      | 3            | T8        | N        | 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 (Anaes.) (Assist.)  | 1354.5           |             |                   | 1015.9           |                 |
| 51022    | Back, neck and spine                                    | Type A Advanced Surgical | 01.11.2018      | 3            | T8        | N        | 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 (Anaes.) (Assist.)   | 1684.85          |             |                   | 1263.65          |                 |
| 51023    | Back, neck and spine                                    | Type A Advanced Surgical | 01.11.2018      | 3            | T8        | N        | 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 (Anaes.) (Assist.)  | 2005.05          |             |                   | 1503.8           |                 |
| 51024    | Back, neck and spine                                    | Type A Advanced Surgical | 01.11.2018      | 3            | T8        | N        | 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 (Anaes.) (Assist.)  | 2314.75          |             |                   | 1736.1           |                 |
| 51025    | Back, neck and spine                                    | Type A Advanced Surgical | 01.11.2018      | 3            | T8        | N        | 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 (Anaes.) (Assist.)   | 2705.5           |             |                   | 2029.15          |                 |
| 51026    | Back, neck and spine                                    | Type A Advanced Surgical | 01.11.2018      | 3            | T8        | N        | 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 (Anaes.) (Assist.)  | 2962.1           |             |                   | 2221.6           |                 |
| 51031    | Back, neck and spine                                    | Type A Advanced Surgical | 01.11.2018      | 3            | T8        | N        | 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 (Anaes.) (Assist.)  | 995.25           |             |                   | 746.45           |                 |
| 51032    | Back, neck and spine                                    | Type A Advanced Surgical | 01.11.2018      | 3            | T8        | N        | 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 (Anaes.) (Assist.)   | 1194.35          |             |                   | 895.8            |                 |
| 51033    | Back, neck and spine                                    | Type A Advanced Surgical | 01.11.2018      | 3            | T8        | N        | 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 (Anaes.) (Assist.)   | 1393.45          |             |                   | 1045.1           |                 |
| 51034    | Back, neck and spine                                    | Type A Advanced Surgical | 01.11.2018      | 3            | T8        | N        | 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 (Anaes.) (Assist.)  | 1492.9           |             |                   | 1119.7           |                 |
| 51035    | Back, neck and spine                                    | Type A Advanced Surgical | 01.11.2018      | 3            | T8        | N        | 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 (Anaes.) (Assist.)   | 1592.45          |             |                   | 1194.35          |                 |
| 51036    | Back, neck and spine                                    | Type A Advanced Surgical | 01.11.2018      | 3            | T8        | N        | 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 (Anaes.) (Assist.)  | 1692             |             |                   | 1269             |                 |

| MBS item | Clinical Category    | Procedure Type           | Item Start Date | MBS Category | MBS Group | New Item | MBS Description   | MBS Schedule Fee | Derived Fee | Benefit 100% (\$) | Benefit 75% (\$) | Benefit 85 (\$) |
|----------|----------------------|--------------------------|-----------------|--------------|-----------|----------|---|------------------|-------------|-------------------|------------------|-----------------|
| 51041    | Back, neck and spine | Type A Advanced Surgical | 01.11.2018      | 3            | T8        | N        | 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 (Anaes.) (Assist.)   | 1144.55          |             |                   | 858.45           |                 |
| 51042    | Back, neck and spine | Type A Advanced Surgical | 01.11.2018      | 3            | T8        | N        | 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 (Anaes.) (Assist.)  | 1602.45          |             |                   | 1201.85          |                 |
| 51043    | Back, neck and spine | Type A Advanced Surgical | 01.11.2018      | 3            | T8        | N        | 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 (Anaes.) (Assist.)  | 2003.1           |             |                   | 1502.35          |                 |
| 51044    | Back, neck and spine | Type A Advanced Surgical | 01.11.2018      | 3            | T8        | N        | 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 (Anaes.) (Assist.)  | 2174.75          |             |                   | 1631.1           |                 |
| 51045    | Back, neck and spine | Type A Advanced Surgical | 01.11.2018      | 3            | T8        | N        | 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 (Anaes.) (Assist.)  | 2289.2           |             |                   | 1716.9           |                 |
| 51051    | Back, neck and spine | Type A Advanced Surgical | 01.11.2018      | 3            | T8        | N        | 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 (Anaes.) (Assist.)  | 1955.75          |             |                   | 1466.85          |                 |
| 51052    | Back, neck and spine | Type A Advanced Surgical | 01.11.2018      | 3            | T8        | N        | 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 (Anaes.) (Assist.)   | 2378.65          |             |                   | 1784             |                 |
| 51053    | Back, neck and spine | Type A Advanced Surgical | 01.11.2018      | 3            | T8        | N        | 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 (Anaes.) (Assist.)   | 2706.3           |             |                   | 2029.75          |                 |
| 51054    | Back, neck and spine | Type A Advanced Surgical | 01.11.2018      | 3            | T8        | N        | 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 (Anaes.) (Assist.)        | 1443             |             |                   | 1082.25          |                 |
| 51055    | Back, neck and spine | Type A Advanced Surgical | 01.11.2018      | 3            | T8        | N        | 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 (Anaes.) (Assist.)         | 2164.55          |             |                   | 1623.45          |                 |
| 51056    | Back, neck and spine | Type A Advanced Surgical | 01.11.2018      | 3            | T8        | N        | 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 (Anaes.) (Assist.) | 2525.25          |             |                   | 1893.95          |                 |
| 51057    | Back, neck and spine | Type A Advanced Surgical | 01.11.2018      | 3            | T8        | N        | 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 (Anaes.) (Assist.)   | 2537.2           |             |                   | 1902.9           |                 |
| 51058    | Back, neck and spine | Type A Advanced Surgical | 01.11.2018      | 3            | T8        | N        | 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 (Anaes.) (Assist.)  | 2854.85          |             |                   | 2141.15          |                 |
| 51059    | Back, neck and spine | Type A Advanced Surgical | 01.11.2018      | 3            | T8        | N        | 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 (Anaes.) (Assist.)  | 3488.7           |             |                   | 2616.55          |                 |
| 51061    | Back, neck and spine | Type A Advanced Surgical | 01.11.2018      | 3            | T8        | N        | 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 (Anaes.) (Assist.)   | 2996.7           |             |                   | 2247.55          |                 |
| 51062    | Back, neck and spine | Type A Advanced Surgical | 01.11.2018      | 3            | T8        | N        | 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 (Anaes.) (Assist.)  | 3884.4           |             |                   | 2913.3           |                 |
| 51063    | Back, neck and spine | Type A Advanced Surgical | 01.11.2018      | 3            | T8        | N        | 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 (Anaes.) (Assist.)  | 4704.75          |             |                   | 3528.6           |                 |
| 51064    | Back, neck and spine | Type A Advanced Surgical | 01.11.2018      | 3            | T8        | N        | 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 (Anaes.) (Assist.)   | 5236             |             |                   | 3927             |                 |
| 51065    | Back, neck and spine | Type A Advanced Surgical | 01.11.2018      | 3            | T8        | N        | 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 (Anaes.) (Assist.)  | 5791             |             |                   | 4343.25          |                 |
| 51066    | Back, neck and spine | Type A Advanced Surgical | 01.11.2018      | 3            | T8        | N        | 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 (Anaes.) (Assist.)  | 6097.25          |             |                   | 4572.95          |                 |

| MBS item | Clinical Category    | Procedure Type           | Item Start Date | MBS Category | MBS Group | New Item | MBS Description  | MBS Schedule Fee | Derived Fee   | Benefit 100% (\$) | Benefit 75% (\$) | Benefit 85 (\$) |
|----------|----------------------|--------------------------|-----------------|--------------|-----------|----------|--|------------------|---|-------------------|------------------|-----------------|
| 51071    | Back, neck and spine | Type A Advanced Surgical | 01.11.2018      | 3            | T8        | N        | 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.)   | 2642.9           |   |                   | 1982.2           |                 |
| 51072    | Back, neck and spine | Type A Advanced Surgical | 01.11.2018      | 3            | T8        | N        | Craniocervical junction lesion, transoral approach for, not being a service associated with a service to which item 51071 or 51073 applies (Anaes.) (Assist.)  | 2748.65          |   |                   | 2061.5           |                 |
| 51073    | Back, neck and spine | Type A Advanced Surgical | 01.11.2018      | 3            | T8        | N        | Removal of intramedullary tumour or arteriovenous malformation, not being a service associated with a service to which item 51071 or 51072 applies (Anaes.) (Assist.)  | 3488.7           |   |                   | 2616.55          |                 |
| 51102    | Back, neck and spine | Type A Advanced Surgical | 01.11.2018      | 3            | T8        | N        | Thoracoplasty in combination with thoracic scoliosis correction—3 or more ribs (Anaes.) (Assist.)  | 1251.1           |   |                   | 938.35           |                 |
| 51103    | Back, neck and spine | Type A Advanced Surgical | 01.11.2018      | 3            | T8        | N        | Odontoid screw fixation (Anaes.) (Assist.)   | 2198.65          |   |                   | 1649             |                 |
| 51110    | Back, neck and spine | Type A Surgical          | 01.11.2018      | 3            | T8        | N        | 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.)   | 796.35           |   |                   | 597.3            | 703.15          |
| 51111    | Back, neck and spine | Type A Surgical          | 01.11.2018      | 3            | T8        | N        | Skull calipers or halo, insertion of, as an independent procedure (Anaes.)   | 338.45           |   |                   | 253.85           |                 |
| 51112    | Back, neck and spine | Type B Non-band specific | 01.11.2018      | 3            | T8        | N        | Plaster jacket, application of, as an independent procedure (Anaes.)   | 228.85           |   |                   | 171.65           | 194.55          |
| 51113    | Back, neck and spine | Type B Non-band specific | 01.11.2018      | 3            | T8        | N        | Halo, application of, in addition to spinal fusion for scoliosis, or other conditions (Anaes.)   | 253.8            |   |                   | 190.35           |                 |
| 51114    | Back, neck and spine | Type A Surgical          | 01.11.2018      | 3            | T8        | N        | Halo thoracic orthosis—application of both halo and thoracic jacket (Anaes.)   | 448              |   |                   | 336              |                 |
| 51115    | Back, neck and spine | Type A Surgical          | 01.11.2018      | 3            | T8        | N        | Halo femoral traction, as an independent procedure (Anaes.)  | 448              |   |                   | 336              | 380.8           |
| 51120    | Back, neck and spine | Type B Non-band specific | 01.11.2018      | 3            | T8        | N        | 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 (Anaes.)   | 248.95           |   |                   | 186.75           |                 |
| 51130    | Back, neck and spine | Type A Advanced Surgical | 01.11.2018      | 3            | T8        | N        | 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 (Anaes.) (Assist.) | 1896.2           |   |                   | 1422.15          |                 |
| 51131    | Back, neck and spine | Type A Advanced Surgical | 01.11.2018      | 3            | T8        | N        | 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 (Anaes.) (Assist.)                        | 1144.55          |   |                   | 858.45           |                 |
| 51140    | Back, neck and spine | Type A Surgical          | 01.11.2018      | 3            | T8        | N        | 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 (Anaes.) (Assist.)   | 467.75           |   |                   | 350.85           |                 |
| 51141    | Back, neck and spine | Type A Surgical          | 01.11.2018      | 3            | T8        | N        | 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 (Anaes.) (Assist.)   | 865.35           |   |                   | 649.05           |                 |
| 51145    | Back, neck and spine | Type A Surgical          | 01.11.2018      | 3            | T8        | N        | Wound debridement or excision for post operative infection or haematoma following spinal surgery (Anaes.) (Assist.)  | 467.75           |   |                   | 350.85           |                 |
| 51150    | Back, neck and spine | Type A Surgical          | 01.11.2018      | 3            | T8        | N        | Coccyx, excision of (Anaes.) (Assist.)   | 470.9            |   |                   | 353.2            |                 |
| 51160    | Back, neck and spine | Type A Advanced Surgical | 01.11.2018      | 3            | T8        | N        | Anterior exposure of thoracic or lumbar spine, one motion segment, not being a service to which item 51165 applies (Anaes.) (Assist.)  | 1215.75          |   |                   | 911.85           |                 |
| 51165    | Back, neck and spine | Type A Advanced Surgical | 01.11.2018      | 3            | T8        | N        | Anterior exposure of thoracic or lumbar spine, more than one motion segment, not being a service to which item 51160 applies (Anaes.) (Assist.)  | 1532.9           |   |                   | 1149.7           |                 |
| 51170    | Back, neck and spine | Type A Advanced Surgical | 01.11.2018      | 3            | T8        | N        | Syringomyelia or hydromyelia, craniotomy for, with or without duraplasty, intradural dissection, plugging of obex or local cerebrospinal fluid shunt (Anaes.) (Assist.)  | 2309.5           |   |                   | 1732.15          |                 |
| 51171    | Back, neck and spine | Type A Advanced Surgical | 01.11.2018      | 3            | T8        | N        | Syringomyelia or hydromyelia, treatment by direct cerebrospinal fluid shunt (for example, syringosubarachnoid shunt, syringopleural shunt or syringoperitoneal shunt) (Anaes.) (Assist.)   | 969.85           |   |                   | 727.4            |                 |
| 51300    | Support list         | Unlisted                 | 01.12.1991      | 3            | T9        | N        | Assistance at any operation identified by the word "Assist." for which the fee does not exceed \$590.25 or at a series or combination of operations identified by the word "Assist." where the fee for the series or combination of operations identified by the word "Assist." does not exceed \$590.25   | 91.25            |   |                   | 68.45            | 77.6            |
| 51303    | Support list         | Unlisted                 | 01.12.1991      | 3            | T9        | N        | Assistance at any operation identified by the word "Assist." for which the fee exceeds \$590.25 or at a series of operations identified by the word "Assist." for which the aggregate fee exceeds \$590.25   |                  | one fifth of the established fee for the operation or combination of operations   |                   |                  |                 |
| 51306    | Support list         | Unlisted                 | 01.12.1991      | 3            | T9        | N        | Assistance at a birth involving Caesarean section  | 131.8            |   |                   | 98.85            | 112.05          |
| 51309    | Support list         | Unlisted                 | 01.12.1991      | 3            | T9        | N        | Assistance at a series or combination of operations that include "(Assist.)" and assistance at a birth involving Caesarean section   |                  | one fifth of the established fee for the operation or combination of operations (the fee for item 16520 being the Schedule fee for the Caesarean section component in the calculation of the established fee) |                   |                  |                 |
| 51312    | Support list         | Unlisted                 | 01.07.1995      | 3            | T9        | N        | Assistance at any interventional obstetric procedure covered by items 16606, 16609, 16612, 16615 and 16627   |                  | one fifth of the established fee for the procedure or combination of procedures   |                   |                  |                 |

| MBS item | Clinical Category  | Procedure Type           | Item Start Date | MBS Category | MBS Group | New Item | MBS Description   | MBS Schedule Fee | Derived Fee   | Benefit 100% (\$) | Benefit 75% (\$) | Benefit 85 (\$) |
|----------|--|--------------------------|-----------------|--------------|-----------|----------|---|------------------|---|-------------------|------------------|-----------------|
| 51315    | Support list   | Unlisted                 | 01.05.1997      | 3            | T9        | N        | Assistance at cataract and intraocular lens surgery covered by item 42698, 42701, 42702, 42704 or 42707, when performed in association with services covered by item 42551 to 42569, 42653, 42656, 42725, 42746, 42749, 42752, 42776 or 42779   | 288              |   |                   | 216              | 244.8           |
| 51318    | Support list   | Unlisted                 | 01.05.1997      | 3            | T9        | N        | Assistance at cataract and intraocular lens surgery where patient has: -total loss of vision, including no potential for central vision, in the fellow eye; or -previous significant surgical complication in the fellow eye; or -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 | 190.05           |   |                   | 142.55           | 161.55          |
| 51700    | Common list  | Type C                   | 01.12.1991      | 4            | O1        | N        | APPROVED DENTAL PRACTITIONER, REFERRED CONSULTATION - SURGERY, HOSPITAL OR RESIDENTIAL AGED CARE FACILITY Professional attendance (other than a second or subsequent attendance in a single course of treatment) by an approved dental practitioner, at consulting rooms, hospital or residential aged care facility where the patient is referred to him or her  | 90.4             |   |                   | 67.8             | 76.85           |
| 51703    | Common list  | Type C                   | 01.12.1991      | 4            | O1        | N        | Professional attendance by an approved dental practitioner, each attendance subsequent to the first in a single course of treatment at consulting rooms, hospital or residential aged care facility where the patient is referred to him or her   | 45.45            |   |                   | 34.1             | 38.65           |
| 51800    | Support list   | Unlisted                 | 01.12.1991      | 4            | O2        | N        | Assistance by an approved dental practitioner in the practice of oral and maxillofacial surgery at any operationidentified by the word "Assist."for which the fee does not exceed\$590.25 or at a series or combination of operations identified by the word "Assist." where the fee for the series or combination of operations identified by the word "Assist." does not exceed \$590.25  | 91.25            |   |                   | 68.45            | 77.6            |
| 51803    | Support list   | Unlisted                 | 01.12.1991      | 4            | O2        | N        | Assistance by an approved dental practitioner in the practice of oral and maxillofacial surgery at any operation specified in an item that includes '(Assist.)' for which the fee exceeds \$590.25 or at a series or combination of operations specified in items that include '(Assist.)' if the aggregate fee exceeds \$590.25  |                  | one fifth of the established fee for the operation or combination of operations |                   |                  |                 |
| 51900    | Ear, nose and throat                                     | Type A Surgical          | 01.11.2000      | 4            | O3        | N        | WOUND OF SOFT TISSUE, deep or extensively contaminated, debridement of, under general anaesthesia or regional or field nerve block, including suturing of that wound when performed (Anaes.) (Assist.)  | 344.7            |   |                   | 258.55           | 293             |
| 51902    | Ear, nose and throat                                     | Type B Non-band specific | 01.11.2000      | 4            | O3        | N        | WOUNDS, DRESSING OF, under general anaesthesia, with or without removal of sutures, not being a service associated with a service to which another item in Groups O3 to O9 applies (Anaes.)   | 78.2             |   |                   | 58.65            | 66.5            |
| 51904    | Plastic and reconstructive surgery (medically necessary) | Type A Surgical          | 01.11.2000      | 4            | O3        | N        | LIPECTOMY - wedge excision of skin or fat - 1 EXCISION (Anaes.) (Assist.)   | 480.85           |   |                   | 360.65           | 408.75          |
| 51906    | Plastic and reconstructive surgery (medically necessary) | Type A Surgical          | 01.11.2000      | 4            | O3        | N        | LIPECTOMY- wedge excision of skin or fat - 2 OR MORE EXCISIONS (Anaes.) (Assist.)   | 731.25           |   |                   | 548.45           | 638.05          |
| 52000    | Skin   | Unlisted                 | 01.12.1991      | 4            | O3        | N        | 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.)  | 87.15            |   |                   | 65.4             | 74.1            |
| 52003    | Skin   | Unlisted                 | 01.12.1991      | 4            | O3        | N        | 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.)  | 124.3            |   |                   | 93.25            | 105.7           |
| 52006    | Skin   | Unlisted                 | 01.12.1991      | 4            | O3        | N        | SKIN AND SUBCUTANEOUS TISSUE OR MUCOUS MEMBRANE, REPAIR OF RECENT WOUND OF, on face or neck, large (MORE THAN 7 CM LONG), superficial (Anaes.)  | 124.3            |   |                   | 93.25            | 105.7           |
| 52009    | Skin   | Unlisted                 | 01.12.1991      | 4            | O3        | N        | 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.)  | 196.2            |   |                   | 147.15           | 166.8           |
| 52010    | Plastic and reconstructive surgery (medically necessary) | Unlisted                 | 01.11.2000      | 4            | O3        | N        | FULL THICKNESS LACERATION OF EAR, EYELID, NOSE OR LIP, repair of, with accurate apposition of each layer of tissue (Anaes.) (Assist.)   | 268.5            |   |                   | 201.4            | 228.25          |
| 52012    | Common list  | Unlisted                 | 01.12.1991      | 4            | O3        | N        | SUPERFICIAL FOREIGN BODY,removal of, as an independent procedure (Anaes.)   | 24.85            |   |                   | 18.65            | 21.15           |
| 52015    | Common list  | Type B Non-band specific | 01.12.1991      | 4            | O3        | N        | SUBCUTANEOUS FOREIGN BODY,removal of, requiring incision and suture, as an independent procedure (Anaes.)   | 116.15           |   |                   | 87.15            | 98.75           |
| 52018    | Common list  | Type A Surgical          | 01.12.1991      | 4            | O3        | N        | FOREIGN BODY IN MUSCLE, TENDON OR OTHER DEEP TISSUE,removal of, as an independent procedure (Anaes.) (Assist.)  | 292.6            |   |                   | 219.45           | 248.75          |
| 52021    | Ear, nose and throat                                     | Unlisted                 | 01.12.1991      | 4            | O3        | N        | ASPIRATION BIOPSY of 1 or MORE JAW CYSTS as an independent procedure to obtain material for diagnostic purposes and not being a service associated with an operative procedure on the same day (Anaes.)   | 31.1             |   |                   | 23.35            | 26.45           |
| 52024    | Ear, nose and throat                                     | Unlisted                 | 01.12.1991      | 4            | O3        | N        | BIOPSY OF SKIN OR MUCOUS MEMBRANE, as an independent procedure (Anaes.)   | 55.2             |   |                   | 41.4             | 46.95           |
| 52025    | Ear, nose and throat                                     | Type B Non-band specific | 01.11.2000      | 4            | O3        | N        | LYMPH NODE OF NECK, biopsy of (Anaes.)  | 194.4            |   |                   | 145.8            | 165.25          |
| 52027    | Ear, nose and throat                                     | Unlisted                 | 01.12.1991      | 4            | O3        | N        | BIOPSY OF LYMPH NODE, MUSCLE OR OTHER DEEP TISSUE OR ORGAN, as an independent procedure and not being a service to which item 52025 applies (Anaes.)  | 158.35           |   |                   | 118.8            | 134.6           |
| 52030    | Ear, nose and throat                                     | Unlisted                 | 01.12.1991      | 4            | O3        | N        | SINUS, excision of, involving superficial tissue only (Anaes.)  | 95.15            |   |                   | 71.4             | 80.9            |
| 52033    | Ear, nose and throat                                     | Unlisted                 | 01.12.1991      | 4            | O3        | N        | SINUS, excision of, involving muscle and deep tissue (Anaes.)   | 194.4            |   |                   | 145.8            | 165.25          |
| 52034    | Ear, nose and throat                                     | Type C                   | 01.05.1997      | 4            | O3        | N        | PREMALIGNANT LESIONS of the oral mucous, treatment by cryotherapy, diathermy or carbon dioxide laser  | 45.45            |   |                   | 34.1             | 38.65           |

| MBS item | Clinical Category  | Procedure Type             | Item Start Date | MBS Category | MBS Group | New Item | MBS Description   | MBS Schedule Fee | Derived Fee | Benefit 100% (\$) | Benefit 75% (\$) | Benefit 85 (\$) |
|----------|--|----------------------------|-----------------|--------------|-----------|----------|---|------------------|-------------|-------------------|------------------|-----------------|
| 52035    | Ear, nose and throat                                     | Type A Surgical            | 01.11.2000      | 4            | O3        | N        | ENDOSCOPIC LASER THERAPY for neoplasia and benign vascular lesions of the oral cavity (Anaes.)  | 503.3            |             |                   | 377.5            | 427.85          |
| 52036    | Plastic and reconstructive surgery (medically necessary) | Type C                     | 01.12.1991      | 4            | O3        | N        | TUMOUR, CYST, ULCER OR SCAR, (other than a scar removed during the surgical approach at an operation), up to 3 cm in diameter, removal from cutaneous or subcutaneous tissue or from mucous membrane, where the removal is by surgical excision and suture, not being a service to which item 52039 applies (Anaes.)  | 134.2            |             |                   | 100.65           | 114.1           |
| 52039    | Skin   | Type A Surgical and Type C | 01.12.1991      | 4            | O3        | N        | TUMOURS, CYSTS, ULCERS OR SCARS, (other than a scar removed during the surgical approach at an operation), up to 3 cm in diameter, removal from cutaneous or subcutaneous tissue or from mucous membrane, where the removal is by surgical excision and suture, and the procedure is performed on more than 3 but not more than 10 lesions (Anaes.) (Assist.)   | 344.7            |             |                   | 258.55           | 293             |
| 52042    | Skin   | Type B Non-band specific   | 01.12.1991      | 4            | O3        | N        | 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.)   | 182.35           |             |                   | 136.8            | 155             |
| 52045    | Plastic and reconstructive surgery (medically necessary) | Type B Non-band specific   | 01.12.1991      | 4            | O3        | N        | 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 5mm separation between the cyst lining and tooth structure or where a tumour or cyst has been proven by positive histopathology), ULCER OR SCAR (other than a scar removed during the surgical approach at an operation), removal of, not being a service to which another item in Groups O3 to O9 applies, involving muscle, bone, or other deep tissue (Anaes.) | 260.6            |             |                   | 195.45           | 221.55          |
| 52048    | Plastic and reconstructive surgery (medically necessary) | Type A Surgical            | 01.12.1991      | 4            | O3        | N        | 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 5mm separation between the cyst lining and tooth structure or where a tumour or cyst has been proven by positive histopathology), removal of, requiring wide excision, not being a service to which another item in Groups O3 to O9 applies (Anaes.) (Assist.)   | 392.75           |             |                   | 294.6            | 333.85          |
| 52051    | Skin   | Type A Surgical            | 01.12.1991      | 4            | O3        | N        | TUMOUR, removal of, from soft tissue (including muscle, fascia and connective tissue), extensive excision of, without skin or mucosal graft (Anaes.) (Assist.)  | 530.95           |             |                   | 398.25           | 451.35          |
| 52054    | Skin   | Type A Surgical            | 01.12.1991      | 4            | O3        | N        | TUMOUR, removal of, from soft tissue (including muscle, fascia and connective tissue), extensive excision of, with skin or mucosal graft (Anaes.) (Assist.)   | 621.2            |             |                   | 465.9            | 528.05          |
| 52055    | Ear, nose and throat                                     | Type C                     | 01.11.1992      | 4            | O3        | N        | HAEMATOMA, SMALL ABSCESS OR CELLULITIS, not requiring admission to a hospital, INCISION WITH DRAINAGE OF (excluding after care)   | 28.9             |             |                   | 21.7             | 24.6            |
| 52056    | Bone, joint and muscle                                   | Type C                     | 01.11.2000      | 4            | O3        | N        | HAEMATOMA, aspiration of (Anaes.)   | 28.9             |             |                   | 21.7             | 24.6            |
| 52057    | Bone, joint and muscle                                   | Type B Non-band specific   | 01.12.1991      | 4            | O3        | N        | LARGE HAEMATOMA, LARGE ABSCESS, CARBUNCLE, CELLULITIS or similar lesion, requiring admission to a hospital, INCISION WITH DRAINAGE OF (excluding aftercare) (Anaes.)  | 172.25           |             |                   | 129.2            | 146.45          |
| 52058    | Bone, joint and muscle                                   | Type B Non-band specific   | 01.11.2000      | 4            | O3        | N        | PERCUTANEOUS DRAINAGE OF DEEP ABSCESS, using interventional imaging techniques - but not including imaging (Anaes.)   | 251.15           |             |                   | 188.4            | 213.5           |
| 52059    | Bone, joint and muscle                                   | Type A Surgical            | 01.11.2000      | 4            | O3        | N        | ABSCESS, DRAINAGE TUBE, exchange of using interventional imaging techniques - but not including imaging (Anaes.)  | 283              |             |                   | 212.25           | 240.55          |
| 52060    | Bone, joint and muscle                                   | Unlisted                   | 01.12.1991      | 4            | O3        | N        | MUSCLE, excision of (Anaes.)  | 200.25           |             |                   | 150.2            | 170.25          |
| 52061    | Bone, joint and muscle                                   | Type B Non-band specific   | 01.11.2000      | 4            | O3        | N        | MUSCLE, RUPTURED, repair of (limited), not associated with external wound (Anaes.)  | 236.4            |             |                   | 177.3            | 200.95          |
| 52062    | Bone, joint and muscle                                   | Type B Non-band specific   | 01.11.2000      | 4            | O3        | N        | MUSCLE, RUPTURED, repair of (extensive), not associated with external wound (Anaes.) (Assist.)  | 312.6            |             |                   | 234.45           | 265.75          |
| 52063    | Bone, joint and muscle                                   | Type A Surgical            | 01.12.1991      | 4            | O3        | N        | BONE TUMOUR, INNOCENT, excision of, not being a service to which another item in Groups O3 to O9 applies (Anaes.) (Assist.)   | 376.75           |             |                   | 282.6            | 320.25          |
| 52064    | Bone, joint and muscle                                   | Type B Non-band specific   | 01.11.2000      | 4            | O3        | N        | BONE CYST, injection into or aspiration of (Anaes.)   | 179.15           |             |                   | 134.4            | 152.3           |
| 52066    | Bone, joint and muscle                                   | Type A Surgical            | 01.12.1991      | 4            | O3        | N        | SUBMANDIBULAR GLAND, extirpation of (Anaes.) (Assist.)  | 470.9            |             |                   | 353.2            | 400.3           |
| 52069    | Bone, joint and muscle                                   | Unlisted                   | 01.12.1991      | 4            | O3        | N        | SUBLINGUAL GLAND, extirpation of (Anaes.)   | 209.9            |             |                   | 157.45           | 178.45          |
| 52072    | Bone, joint and muscle                                   | Type B Non-band specific   | 01.12.1991      | 4            | O3        | N        | SALIVARY GLAND, DILATATION OR DIATHERMY of duct (Anaes.)  | 62.2             |             |                   | 46.65            | 52.9            |
| 52073    | Bone, joint and muscle                                   | Type B Non-band specific   | 01.11.2000      | 4            | O3        | N        | SALIVARY GLAND, repair of CUTANEOUS FISTULA OF (Anaes.)   | 158.35           |             |                   | 118.8            | 134.6           |
| 52075    | Bone, joint and muscle                                   | Type B Non-band specific   | 01.12.1991      | 4            | O3        | N        | SALIVARY GLAND, removal of CALCULUS from duct or meatotomy or marsupialisation, 1 or more such procedures (Anaes.)  | 158.35           |             |                   | 118.8            | 134.6           |
| 52078    | Bone, joint and muscle                                   | Type A Surgical            | 01.12.1991      | 4            | O3        | N        | TONGUE, partial excision of (Anaes.) (Assist.)  | 312.6            |             |                   | 234.45           | 265.75          |
| 52081    | Bone, joint and muscle                                   | Type B Non-band specific   | 01.12.1991      | 4            | O3        | N        | TONGUE TIE, division or excision of frenulum (Anaes.)   | 49.15            |             |                   | 36.9             | 41.8            |
| 52084    | Bone, joint and muscle                                   | Type B Non-band specific   | 01.12.1991      | 4            | O3        | N        | TONGUE TIE, MANDIBULAR FRENULUM OR MAXILLARY FRENULUM, division or excision of frenulum, in a patient aged not less than 2 years (Anaes.)   | 126.3            |             |                   | 94.75            | 107.4           |
| 52087    | Bone, joint and muscle                                   | Type B Non-band specific   | 01.12.1991      | 4            | O3        | N        | RANULA OR MUCOUS CYST OF MOUTH, removal of (Anaes.)   | 216.4            |             |                   | 162.3            | 183.95          |
| 52090    | Bone, joint and muscle                                   | Type A Surgical            | 01.12.1991      | 4            | O3        | N        | OPERATION ON MANDIBLE OR MAXILLA (other than alveolar margins) for chronic osteomyelitis - 1 bone or in combination with adjoining bones (Anaes.) (Assist.)   | 376.75           |             |                   | 282.6            | 320.25          |
| 52092    | Bone, joint and muscle                                   | Type A Surgical            | 01.11.1992      | 4            | O3        | N        | OPERATION on SKULL for OSTEOMYELITIS (Anaes.) (Assist.)   | 491.1            |             |                   | 368.35           | 417.45          |
| 52094    | Bone, joint and muscle                                   | Type A Surgical            | 01.11.2000      | 4            | O3        | N        | OPERATION ON ANY COMBINATION OF ADJOINING BONES, being bones referred to in item 52092 (Anaes.) (Assist.)   | 621.15           |             |                   | 465.9            | 528             |

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|----------|--|--------------------------|-----------------|--------------|-----------|----------|---|------------------|-------------|-------------------|------------------|-----------------|
| 52095    | Bone, joint and muscle                                   | Type A Surgical          | 01.11.2000      | 4            | O3        | N        | BONE GROWTH STIMULATOR, insertion of (Anaes.) (Assist.)   | 402.6            |             |                   | 301.95           | 342.25          |
| 52096    | Bone, joint and muscle                                   | Unlisted                 | 01.12.1991      | 4            | O3        | N        | ORTHOPAEDIC PIN OR WIRE, insertion of, into maxilla or mandible or zygoma, as an independent procedure (Anaes.)   | 119.3            |             |                   | 89.5             | 101.45          |
| 52097    | Bone, joint and muscle                                   | Type B Non-band specific | 01.11.2000      | 4            | O3        | N        | EXTERNAL FIXATION, removal of, in the operating theatre of a hospital (Anaes.)  | 169.2            |             |                   | 126.9            |                 |
| 52098    | Bone, joint and muscle                                   | Unlisted                 | 01.11.2000      | 4            | O3        | N        | EXTERNAL FIXATION, removal of, in conjunction with operations involving internal fixation or bone grafting or both (Anaes.)   | 198.95           |             |                   | 149.25           | 169.15          |
| 52099    | Bone, joint and muscle                                   | Type B Non-band specific | 01.12.1991      | 4            | O3        | N        | BURIED WIRE, PIN or SCREW, 1 or more, which were inserted for internal fixation purposes into maxilla or mandible or zygoma, removal of, requiring anaesthesia, incision, dissection and suturing, per bone, not being a service associated with a service to which item 52102 or 52105 applies (Anaes.)                        | 149.3            |             |                   | 112              | 126.95          |
| 52102    | Bone, joint and muscle                                   | Type B Non-band specific | 01.12.1991      | 4            | O3        | N        | BURIED WIRE, PIN or SCREW, 1 or more, which were inserted for internal fixation purposes into maxilla or mandible or zygoma, removal of, requiring anaesthesia, incision, dissection and suturing, where undertaken in the operating theatre of a hospital, per bone (Anaes.)   | 149.3            |             |                   | 112              | 126.95          |
| 52105    | Bone, joint and muscle                                   | Type A Surgical          | 01.12.1991      | 4            | O3        | N        | PLATE, 1 or more of, and associated screw and wire which were inserted for internal fixation purposes into maxilla or mandible or zygoma, removal of, requiring anaesthesia, incision, dissection and suturing, per bone, not being a service associated with a service to which item 52099 or 52102 applies (Anaes.) (Assist.) | 278.65           |             |                   | 209              | 236.9           |
| 52106    | Plastic and reconstructive surgery (medically necessary) | Unlisted                 | 01.05.1997      | 4            | O3        | N        | ARCH BARS, 1 or more, which were inserted for dental fixation purposes to the maxilla or mandible, removal of, requiring general anaesthesia where undertaken in the operating theatre of a hospital (Anaes.)   | 115.1            |             |                   | 86.35            |                 |
| 52108    | Plastic and reconstructive surgery (medically necessary) | Type A Surgical          | 01.12.1991      | 4            | O3        | N        | LIP, full thickness wedge excision of, with repair by direct sutures (Anaes.) (Assist.)   | 344.7            |             |                   | 258.55           | 293             |
| 52111    | Plastic and reconstructive surgery (medically necessary) | Type A Surgical          | 01.12.1991      | 4            | O3        | N        | VERMILIONECTOMY (Anaes.) (Assist.)  | 344.7            |             |                   | 258.55           | 293             |
| 52114    | Bone, joint and muscle                                   | Type A Surgical          | 01.12.1991      | 4            | O3        | N        | MANDIBLE or MAXILLA, segmental resection of, for tumours or cysts (Anaes.) (Assist.)  | 621.2            |             |                   | 465.9            | 528.05          |
| 52117    | Plastic and reconstructive surgery (medically necessary) | Type A Surgical          | 01.12.1991      | 4            | O3        | N        | MANDIBLE, including lower border, or MAXILLA, sub-total resection of (Anaes.) (Assist.)   | 739.45           |             |                   | 554.6            | 646.25          |
| 52120    | Plastic and reconstructive surgery (medically necessary) | Type A Surgical          | 01.12.1991      | 4            | O3        | N        | MANDIBLE, hemimandiblectomy of, including condylectomy where performed (Anaes.) (Assist.)   | 874.6            |             |                   | 655.95           | 781.4           |
| 52122    | Plastic and reconstructive surgery (medically necessary) | Type A Surgical          | 01.11.1992      | 4            | O3        | N        | MANDIBLE, hemi-mandibular reconstruction of, OR MAXILLA, reconstruction of, with BONE GRAFT, PLATE, TRAY OR ALLOPLAST, not being a service associated with a service to which item 52123 applies (Anaes.) (Assist.)   | 874.6            |             |                   | 655.95           | 781.4           |
| 52123    | Plastic and reconstructive surgery (medically necessary) | Type A Advanced Surgical | 01.12.1991      | 4            | O3        | N        | MANDIBLE, total resection of both sides, including condylectomies where performed (Anaes.) (Assist.)  | 990.1            |             |                   | 742.6            | 896.9           |
| 52126    | Bone, joint and muscle                                   | Type A Advanced Surgical | 01.12.1991      | 4            | O3        | N        | MAXILLA, total resection of (Anaes.) (Assist.)  | 951.9            |             |                   | 713.95           | 858.7           |
| 52129    | Bone, joint and muscle                                   | Type A Advanced Surgical | 01.12.1991      | 4            | O3        | N        | MAXILLA, total resection of both maxillae (Anaes.) (Assist.)  | 1274.3           |             |                   | 955.75           | 1181.1          |
| 52130    | Bone, joint and muscle                                   | Type A Surgical          | 01.11.2000      | 4            | O3        | N        | BONE GRAFT, not being a service to which another item in Groups O3 to O9 applies (Anaes.) (Assist.)   | 467.75           |             |                   | 350.85           | 397.6           |
| 52131    | Bone, joint and muscle                                   | Type A Surgical          | 01.11.2000      | 4            | O3        | N        | BONE GRAFT WITH INTERNAL FIXATION, not being a service to which an item in the range (a)51900 to 52186; or (b)52303 to 53460 applies (Anaes.) (Assist.)   | 646.95           |             |                   | 485.25           | 553.75          |
| 52132    | Ear, nose and throat                                     | Unlisted                 | 01.12.1991      | 4            | O3        | N        | TRACHEOSTOMY (Anaes.)   | 263.2            |             |                   | 197.4            | 223.75          |
| 52133    | Ear, nose and throat                                     | Type C                   | 01.11.2000      | 4            | O3        | N        | CRICOTHYROTOMY by direct stab or Seldinger technique, using Minitrach or similar device (Anaes.)  | 96.25            |             |                   | 72.2             | 81.85           |
| 52135    | Ear, nose and throat                                     | Unlisted                 | 01.12.1991      | 4            | O3        | N        | POST-OPERATIVE or POST-NASAL HAEMORRHAGE, or both, control of, where undertaken in the operating theatre of a hospital (Anaes.)   | 152.6            |             |                   | 114.45           |                 |
| 52138    | Ear, nose and throat                                     | Type A Surgical          | 01.12.1991      | 4            | O3        | N        | MAXILLARY ARTERY, ligation of (Anaes.) (Assist.)  | 474.2            |             |                   | 355.65           | 403.1           |
| 52141    | Ear, nose and throat                                     | Type A Surgical          | 01.12.1991      | 4            | O3        | N        | FACIAL, MANDIBULAR or LINGUAL ARTERY or VEIN or ARTERY and VEIN, ligation of, not being a service to which item 52138 applies (Anaes.) (Assist.)  | 469.05           |             |                   | 351.8            | 398.7           |
| 52144    | Common list  | Type A Surgical          | 01.12.1991      | 4            | O3        | N        | FOREIGN BODY, deep, removal of using interventional imaging techniques (Anaes.) (Assist.)   | 437.2            |             |                   | 327.9            | 371.65          |

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|----------|--|--|-----------------|--------------|-----------|----------|--|------------------|-------------|-------------------|------------------|-----------------|
| 52147    | Ear, nose and throat                                     | Type A Surgical                              | 01.12.1991      | 4            | O3        | N        | DUCT OF MAJOR SALIVARY GLAND, transposition of (Anaes.) (Assist.)  | 412.55           |             |                   | 309.45           | 350.7           |
| 52148    | Ear, nose and throat                                     | Type A Surgical                              | 01.11.1992      | 4            | O3        | N        | PAROTID DUCT, repair of, using micro-surgical techniques (Anaes.) (Assist.)  | 729.25           |             |                   | 546.95           | 636.05          |
| 52158    | Ear, nose and throat                                     | Type A Advanced Surgical                     | 01.11.2000      | 4            | O3        | N        | SUBMANDIBULAR DUCTS, relocation of, for surgical control of drooling (Anaes.) (Assist.)  | 1174.15          |             |                   | 880.65           | 1080.95         |
| 52180    | Bone, joint and muscle                                   | Type B Non-band specific                     | 01.11.2000      | 4            | O3        | N        | MALIGNANT DISEASE AGGRESSIVE OR POTENTIALLY MALIGNANT BONE OR DEEP SOFT TISSUE TUMOUR, biopsy of (not including aftercare) (Anaes.)  | 198.95           |             |                   | 149.25           | 169.15          |
| 52182    | Bone, joint and muscle                                   | Type A Surgical                              | 01.11.2000      | 4            | O3        | N        | BONE OR MALIGNANT DEEP SOFT TISSUE TUMOUR, lesional or marginal excision of (Anaes.) (Assist.)   | 437.95           |             |                   | 328.5            | 372.3           |
| 52184    | Bone, joint and muscle                                   | Type A Surgical                              | 01.11.2000      | 4            | O3        | N        | BONE TUMOUR, lesional or marginal excision of, combined with any 1 of: liquid nitrogen freezing, autograft, allograft or cementation (Anaes.) (Assist.)  | 646.95           |             |                   | 485.25           | 553.75          |
| 52186    | Bone, joint and muscle                                   | Type A Surgical                              | 01.11.2000      | 4            | O3        | N        | BONE TUMOUR, lesional or marginal excision of, combined with any 2 or more of: liquid nitrogen freezing, autograft, allograft or cementation (Anaes.) (Assist.)                                    | 796.35           |             |                   | 597.3            | 703.15          |
| 52300    | Plastic and reconstructive surgery (medically necessary) | Type A Surgical                              | 01.12.1991      | 4            | O4        | N        | SINGLE-STAGE LOCAL FLAP, where indicated, repair to 1 defect, with skin or mucosa (Anaes.) (Assist.)   | 300.65           |             |                   | 225.5            | 255.6           |
| 52303    | Plastic and reconstructive surgery (medically necessary) | Type A Surgical                              | 01.12.1991      | 4            | O4        | N        | SINGLE-STAGE LOCAL FLAP, where indicated, repair to 1 defect, with buccal pad of fat (Anaes.) (Assist.)  | 429.25           |             |                   | 321.95           | 364.9           |
| 52306    | Plastic and reconstructive surgery (medically necessary) | Type A Surgical                              | 01.12.1991      | 4            | O4        | N        | SINGLE-STAGE LOCAL FLAP, where indicated, repair to 1 defect, using temporalis muscle (Anaes.) (Assist.)   | 636.95           |             |                   | 477.75           | 543.75          |
| 52309    | Plastic and reconstructive surgery (medically necessary) | Unlisted                                     | 01.12.1991      | 4            | O4        | N        | FREE GRAFTING (mucosa or split skin) of a granulating area (Anaes.)  | 216.4            |             |                   | 162.3            | 183.95          |
| 52312    | Plastic and reconstructive surgery (medically necessary) | Type A Surgical                              | 01.12.1991      | 4            | O4        | N        | FREE GRAFTING (mucosa, split skin or connective tissue) to 1 defect, including elective dissection (Anaes.) (Assist.)  | 300.65           |             |                   | 225.5            | 255.6           |
| 52315    | Plastic and reconstructive surgery (medically necessary) | Type A Surgical                              | 01.12.1991      | 4            | O4        | N        | FREE GRAFTING, FULL THICKNESS, to 1 defect (mucosa or skin) (Anaes.) (Assist.)   | 500.85           |             |                   | 375.65           | 425.75          |
| 52318    | Plastic and reconstructive surgery (medically necessary) | Unlisted                                     | 01.12.1991      | 4            | O4        | N        | 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.)                | 149.3            |             |                   | 112              | 126.95          |
| 52319    | Plastic and reconstructive surgery (medically necessary) | Unlisted                                     | 01.04.1992      | 4            | O4        | N        | 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.)                | 248.95           |             |                   | 186.75           | 211.65          |
| 52321    | Plastic and reconstructive surgery (medically necessary) | Type A Surgical and Type B Non-band specific | 01.12.1991      | 4            | O4        | N        | FOREIGN IMPLANT (NON-BIOLOGICAL), insertion of, for CONTOUR RECONSTRUCTION of pathological deformity, not being a service associated with a service to which item 52624 applies (Anaes.) (Assist.) | 500.85           |             |                   | 375.65           | 425.75          |
| 52324    | Plastic and reconstructive surgery (medically necessary) | Type A Surgical                              | 01.12.1991      | 4            | O4        | N        | DIRECT FLAP REPAIR, using tongue, first stage (Anaes.) (Assist.)   | 500.85           |             |                   | 375.65           | 425.75          |
| 52327    | Plastic and reconstructive surgery (medically necessary) | Unlisted                                     | 01.12.1991      | 4            | O4        | N        | DIRECT FLAP REPAIR, using tongue, second stage (Anaes.)  | 248.5            |             |                   | 186.4            | 211.25          |
| 52330    | Plastic and reconstructive surgery (medically necessary) | Type A Surgical                              | 01.12.1991      | 4            | O4        | N        | PALATAL DEFECT (oro-nasal fistula), plastic closure of, including services to which item 52300, 52303, 52306 or 52324 applies (Anaes.) (Assist.)   | 826.6            |             |                   | 619.95           | 733.4           |

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|----------|--|--------------------------|-----------------|--------------|-----------|----------|--|------------------|-------------|-------------------|------------------|-----------------|
| 52333    | Plastic and reconstructive surgery (medically necessary) | Type A Surgical          | 01.12.1991      | 4            | O4        | N        | CLEFT PALATE, primary repair (Anaes.) (Assist.)  | 826.6            |             |                   | 619.95           | 733.4           |
| 52336    | Plastic and reconstructive surgery (medically necessary) | Type A Surgical          | 01.12.1991      | 4            | O4        | N        | CLEFT PALATE, secondary repair, closure of fistula using local flaps (Anaes.) (Assist.)  | 516.7            |             |                   | 387.55           | 439.2           |
| 52337    | Plastic and reconstructive surgery (medically necessary) | Type A Advanced Surgical | 01.05.1997      | 4            | O4        | N        | ALVEOLAR CLEFT (congenital) unilateral, grafting of, including plastic closure of associated oro-nasal fistulae and ridge augmentation (Anaes.) (Assist.)  | 1130.2           |             |                   | 847.65           | 1037            |
| 52339    | Plastic and reconstructive surgery (medically necessary) | Type A Surgical          | 01.12.1991      | 4            | O4        | N        | CLEFT PALATE, secondary repair, lengthening procedure (Anaes.) (Assist.)   | 588.4            |             |                   | 441.3            | 500.15          |
| 52342    | Plastic and reconstructive surgery (medically necessary) | Type A Advanced Surgical | 01.12.1991      | 4            | O4        | N        | MANDIBLE or MAXILLA, unilateral osteotomy or osteectomy of, including transposition of nerves and vessels and bone grafts taken from the same site (Anaes.) (Assist.)  | 1022.05          |             |                   | 766.55           |                 |
| 52345    | Plastic and reconstructive surgery (medically necessary) | Type A Advanced Surgical | 01.12.1991      | 4            | O4        | N        | 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 (Anaes.) (Assist.)   | 1152.65          |             |                   | 864.5            |                 |
| 52348    | Plastic and reconstructive surgery (medically necessary) | Type A Advanced Surgical | 01.12.1991      | 4            | O4        | N        | MANDIBLE or MAXILLA, bilateral osteotomy or osteectomy of, including transposition of nerves and vessels and bone grafts taken from the same site (Anaes.) (Assist.)   | 1302.5           |             |                   | 976.9            |                 |
| 52351    | Plastic and reconstructive surgery (medically necessary) | Type A Advanced Surgical | 01.12.1991      | 4            | O4        | N        | MANDIBLE or MAXILLA, bilateral osteotomy of 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 (Anaes.) (Assist.)  | 1462.8           |             |                   | 1097.1           |                 |
| 52354    | Plastic and reconstructive surgery (medically necessary) | Type A Advanced Surgical | 01.12.1991      | 4            | O4        | N        | MANDIBLE or MAXILLA, osteotomies or osteectomies of, involving 3 or more such procedures on the 1 jaw, including transposition of nerves and vessels and bone grafts taken from the same site (Anaes.) (Assist.)   | 1482.9           |             |                   | 1112.2           |                 |
| 52357    | Plastic and reconstructive surgery (medically necessary) | Type A Advanced Surgical | 01.12.1991      | 4            | O4        | N        | MANDIBLE or MAXILLA, osteotomies or osteectomies of, involving 3 or more such procedures on the 1 jaw, including transposition of nerves and vessels and bone grafts taken from the same site and stabilisation with fixation by wires, screws, plates or pins, or any combination (Anaes.) (Assist.)  | 1669.45          |             |                   | 1252.1           |                 |
| 52360    | Plastic and reconstructive surgery (medically necessary) | Type A Advanced Surgical | 01.12.1991      | 4            | O4        | N        | 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 (Anaes.) (Assist.)   | 1703.15          |             |                   | 1277.4           |                 |
| 52363    | Plastic and reconstructive surgery (medically necessary) | Type A Advanced Surgical | 01.12.1991      | 4            | O4        | N        | 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 (Anaes.) (Assist.)  | 1915.95          |             |                   | 1437             |                 |
| 52366    | Plastic and reconstructive surgery (medically necessary) | Type A Advanced Surgical | 01.12.1991      | 4            | O4        | N        | MANDIBLE and MAXILLA, complex bilateral osteotomies or osteectomies of, involving 3 or more such procedures of 1 jaw and 2 such procedures of the other jaw, including genioplasty when performed and transposition of nerves and vessels and bone grafts taken from the same site (Anaes.) (Assist.)  | 1873.6           |             |                   | 1405.2           |                 |
| 52369    | Plastic and reconstructive surgery (medically necessary) | Type A Advanced Surgical | 01.12.1991      | 4            | O4        | N        | MANDIBLE and MAXILLA, complex bilateral osteotomies or osteectomies of, involving 3 or more such procedures of 1 jaw and 2 such procedures of the other jaw, including genioplasty when performed and transposition of nerves and vessels and bone grafts taken from the same site and stabilisation with fixation by wires, screws, plates or pins, or any combination (Anaes.) (Assist.) | 2106.65          |             |                   | 1580             |                 |
| 52372    | Plastic and reconstructive surgery (medically necessary) | Type A Advanced Surgical | 01.12.1991      | 4            | O4        | N        | 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 (Anaes.) (Assist.)  | 2044.1           |             |                   | 1533.1           |                 |

| MBS Item | Clinical Category  | Procedure Type           | Item Start Date | MBS Category | MBS Group | New Item | MBS Description   | MBS Schedule Fee | Derived Fee | Benefit 100% (\$) | Benefit 75% (\$) | Benefit 85 (\$) |
|----------|--|--------------------------|-----------------|--------------|-----------|----------|---|------------------|-------------|-------------------|------------------|-----------------|
| 52375    | Plastic and reconstructive surgery (medically necessary) | Type A Advanced Surgical | 01.12.1991      | 4            | O4        | N        | 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.)              | 2289.55          |             |                   | 1717.2           |                 |
| 52378    | Plastic and reconstructive surgery (medically necessary) | Type A Surgical          | 01.12.1991      | 4            | O4        | N        | GENIOPLASTY including transposition of nerves and vessels and bone grafts taken from the same site (Anaes.) (Assist.)   | 791.45           |             |                   | 593.6            | 698.25          |
| 52379    | Plastic and reconstructive surgery (medically necessary) | Type A Advanced Surgical | 01.11.1992      | 4            | O4        | N        | FACE, contour reconstruction of 1 region, using autogenous bone or cartilage graft (Anaes.) (Assist.)   | 1352.55          |             |                   | 1014.45          | 1259.35         |
| 52380    | Plastic and reconstructive surgery (medically necessary) | Type A Advanced Surgical | 01.11.1992      | 4            | O4        | N        | 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.)  | 2303.1           |             |                   | 1727.35          | 2209.9          |
| 52382    | Plastic and reconstructive surgery (medically necessary) | Type A Advanced Surgical | 01.11.1992      | 4            | O4        | N        | 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.) | 2760.95          |             |                   | 2070.75          | 2667.75         |
| 52420    | Plastic and reconstructive surgery (medically necessary) | Unlisted                 | 01.11.1992      | 4            | O4        | N        | MANDIBLE, fixation by intermaxillary wiring, excluding wiring for obesity   | 254.9            |             |                   | 191.2            | 216.7           |
| 52424    | Plastic and reconstructive surgery (medically necessary) | Type A Surgical          | 01.11.2000      | 4            | O4        | N        | DERMIS, DERMOFAT OR FASCIA GRAFT (excluding transfer of fat by injection) (Anaes.) (Assist.)  | 500.75           |             |                   | 375.6            | 425.65          |
| 52430    | Plastic and reconstructive surgery (medically necessary) | Type A Advanced Surgical | 01.11.2000      | 4            | O4        | N        | MICROVASCULAR REPAIR OF, using microsurgical techniques, with restoration of continuity of artery or vein of distal extremity or digit (Anaes.) (Assist.)   | 1152.65          |             |                   | 864.5            | 1059.45         |
| 52440    | Plastic and reconstructive surgery (medically necessary) | Type A Surgical          | 01.11.2000      | 4            | O4        | N        | CLEFT LIP, unilateral - primary repair, 1 stage, without anterior palate repair (Anaes.) (Assist.)  | 572.25           |             |                   | 429.2            | 486.45          |
| 52442    | Plastic and reconstructive surgery (medically necessary) | Type A Surgical          | 01.11.2000      | 4            | O4        | N        | CLEFT LIP, unilateral - primary repair, 1 stage, with anterior palate repair (Anaes.) (Assist.)   | 715.5            |             |                   | 536.65           | 622.3           |
| 52444    | Plastic and reconstructive surgery (medically necessary) | Type A Surgical          | 01.11.2000      | 4            | O4        | N        | CLEFT LIP, bilateral - primary repair, 1 stage, without anterior palate repair (Anaes.) (Assist.)   | 794.85           |             |                   | 596.15           | 701.65          |
| 52446    | Plastic and reconstructive surgery (medically necessary) | Type A Advanced Surgical | 01.11.2000      | 4            | O4        | N        | CLEFT LIP, bilateral - primary repair, 1 stage, with anterior palate repair (Anaes.) (Assist.)  | 938.3            |             |                   | 703.75           | 845.1           |
| 52450    | Plastic and reconstructive surgery (medically necessary) | Type A Surgical          | 01.11.2000      | 4            | O4        | N        | CLEFT LIP, partial revision, including minor flap revision alignment and adjustment, including revision of minor whistle deformity if performed (Anaes.)  | 317.95           |             |                   | 238.5            | 270.3           |
| 52452    | Plastic and reconstructive surgery (medically necessary) | Type A Surgical          | 01.11.2000      | 4            | O4        | N        | CLEFT LIP, total revision, including major flap revision, muscle reconstruction and revision of major whistle deformity (Anaes.) (Assist.)  | 516.7            |             |                   | 387.55           | 439.2           |
| 52456    | Plastic and reconstructive surgery (medically necessary) | Type A Surgical          | 01.11.2000      | 4            | O4        | N        | CLEFT LIP RECONSTRUCTION using full thickness flap (Abbe or similar), first stage (Anaes.) (Assist.)  | 874.6            |             |                   | 655.95           | 781.4           |

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|----------|--|-----------------|-----------------|--------------|-----------|----------|---|------------------|-------------|-------------------|------------------|-----------------|
| 52458    | Plastic and reconstructive surgery (medically necessary) | Type A Surgical | 01.11.2000      | 4            | O4        | N        | CLEFT LIP RECONSTRUCTION using full thickness flap (Abbe or similar), second stage (Anaes.)   | 317.95           |             |                   | 238.5            | 270.3           |
| 52460    | Plastic and reconstructive surgery (medically necessary) | Type A Surgical | 01.11.2000      | 4            | O4        | N        | VELO-PHARYNGEAL INCOMPETENCE, pharyngeal flap for, or pharyngoplasty for (Anaes.)   | 826.6            |             |                   | 619.95           | 733.4           |
| 52480    | Plastic and reconstructive surgery (medically necessary) | Type A Surgical | 01.11.2000      | 4            | O4        | N        | COMPOSITE GRAFT (Chondro-cutaneous or chondro-mucosal) to nose, ear or eyelid (Anaes.) (Assist.)  | 530.95           |             |                   | 398.25           | 451.35          |
| 52482    | Plastic and reconstructive surgery (medically necessary) | Type A Surgical | 01.11.2000      | 4            | O4        | N        | MACROCHEILIA or macroglossia, operation for (Anaes.) (Assist.)  | 510.9            |             |                   | 383.2            | 434.3           |
| 52484    | Plastic and reconstructive surgery (medically necessary) | Type A Surgical | 01.11.2000      | 4            | O4        | N        | MACROSTOMIA, operation for (Anaes.) (Assist.)   | 608.2            |             |                   | 456.15           | 517             |
| 52600    | Plastic and reconstructive surgery (medically necessary) | Type A Surgical | 01.12.1991      | 4            | O5        | N        | MANDIBULAR OR PALATAL EXOSTOSIS, excision of (Anaes.) (Assist.)   | 357.7            |             |                   | 268.3            | 304.05          |
| 52603    | Plastic and reconstructive surgery (medically necessary) | Type A Surgical | 01.12.1991      | 4            | O5        | N        | MYLOHYOID RIDGE, reduction of (Anaes.) (Assist.)  | 341.9            |             |                   | 256.45           | 290.65          |
| 52606    | Plastic and reconstructive surgery (medically necessary) | Unlisted        | 01.12.1991      | 4            | O5        | N        | MAXILLARY TUBEROSITY, reduction of (Anaes.)   | 260.8            |             |                   | 195.6            | 221.7           |
| 52609    | Plastic and reconstructive surgery (medically necessary) | Type A Surgical | 01.12.1991      | 4            | O5        | N        | PAPILLARY HYPERPLASIA OF THE PALATE, removal of - less than 5 lesions (Anaes.) (Assist.)  | 341.9            |             |                   | 256.45           | 290.65          |
| 52612    | Plastic and reconstructive surgery (medically necessary) | Type A Surgical | 01.12.1991      | 4            | O5        | N        | PAPILLARY HYPERPLASIA OF THE PALATE, removal of - 5 to 20 lesions (Anaes.) (Assist.)  | 429.25           |             |                   | 321.95           | 364.9           |
| 52615    | Plastic and reconstructive surgery (medically necessary) | Type A Surgical | 01.12.1991      | 4            | O5        | N        | PAPILLARY HYPERPLASIA OF THE PALATE, removal of - more than 20 lesions (Anaes.) (Assist.)   | 532.7            |             |                   | 399.55           | 452.8           |
| 52618    | Plastic and reconstructive surgery (medically necessary) | Type A Surgical | 01.12.1991      | 4            | O5        | N        | VESTIBULOPLASTY, submucosal or open, including excision of muscle and skin or mucosal graft when performed - unilateral or bilateral (Anaes.) (Assist.)         | 620.05           |             |                   | 465.05           | 527.05          |
| 52621    | Plastic and reconstructive surgery (medically necessary) | Type A Surgical | 01.12.1991      | 4            | O5        | N        | FLOOR OF MOUTH LOWERING (Obwegeser or similar procedure), including excision of muscle and skin or mucosal graft when performed - unilateral (Anaes.) (Assist.) | 620.05           |             |                   | 465.05           | 527.05          |
| 52624    | Plastic and reconstructive surgery (medically necessary) | Type A Surgical | 01.12.1991      | 4            | O5        | N        | ALVEOLAR RIDGE AUGMENTATION with bone or alloplast or both - unilateral (Anaes.) (Assist.)  | 500.75           |             |                   | 375.6            | 425.65          |
| 52626    | Plastic and reconstructive surgery (medically necessary) | Type A Surgical | 01.11.1992      | 4            | O5        | N        | ALVEOLAR RIDGE AUGMENTATION - unilateral, insertion of tissue expanding device into maxillary or mandibular alveolar ridge region for (Anaes.) (Assist.)        | 307.15           |             |                   | 230.4            | 261.1           |

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|----------|--|--|-----------------|--------------|-----------|----------|--|------------------|-------------|-------------------|------------------|-----------------|
| 52627    | Plastic and reconstructive surgery (medically necessary) | Type A Surgical                              | 01.12.1991      | 4            | 05        | N        | OSSEO-INTEGRATION PROCEDURE - in the practice of oral and maxillofacial surgery, extra oral implantation of titanium fixture (Anaes.) (Assist.)  | 532.7            |             |                   | 399.55           | 452.8           |
| 52630    | Plastic and reconstructive surgery (medically necessary) | Unlisted                                     | 01.12.1991      | 4            | 05        | N        | OSSEO-INTEGRATION PROCEDURE - in the practice of oral and maxillofacial surgery, fixation of transcutaneous abutment (Anaes.)  | 197.2            |             |                   | 147.9            | 167.65          |
| 52633    | Plastic and reconstructive surgery (medically necessary) | Type A Surgical                              | 01.05.1997      | 4            | 05        | N        | 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.) | 532.7            |             |                   | 399.55           | 452.8           |
| 52636    | Plastic and reconstructive surgery (medically necessary) | Unlisted                                     | 01.05.1997      | 4            | 05        | N        | 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.)                                   | 197.2            |             |                   | 147.9            | 167.65          |
| 52800    | Brain and nervous system                                 | Type A Surgical                              | 01.12.1991      | 4            | 06        | N        | NEUROLYSIS BY OPEN OPERATION, without transposition, not being a service associated with a service to which item 52803 applies (Anaes.) (Assist.)  | 292.6            |             |                   | 219.45           | 248.75          |
| 52803    | Brain and nervous system                                 | Type A Surgical                              | 01.12.1991      | 4            | 06        | N        | NERVE TRUNK, internal (interfascicular), NEUROLYSIS of, using microsurgical techniques (Anaes.) (Assist.)  | 421.35           |             |                   | 316.05           | 358.15          |
| 52806    | Brain and nervous system                                 | Type A Surgical                              | 01.12.1991      | 4            | 06        | N        | NEURECTOMY, NEUROTOMY or REMOVAL OF TUMOUR from superficial peripheral nerve (Anaes.) (Assist.)  | 292.6            |             |                   | 219.45           | 248.75          |
| 52809    | Brain and nervous system                                 | Type A Surgical                              | 01.12.1991      | 4            | 06        | N        | NEURECTOMY, NEUROTOMY or REMOVAL OF TUMOUR from deep peripheral nerve (Anaes.) (Assist.)   | 500.85           |             |                   | 375.65           | 425.75          |
| 52812    | Brain and nervous system                                 | Type A Surgical                              | 01.12.1991      | 4            | 06        | N        | NERVE TRUNK, PRIMARY repair of, using microsurgical techniques (Anaes.) (Assist.)  | 715.5            |             |                   | 536.65           | 622.3           |
| 52815    | Brain and nervous system                                 | Type A Surgical                              | 01.12.1991      | 4            | 06        | N        | NERVE TRUNK, SECONDARY repair of, using microsurgical techniques (Anaes.) (Assist.)  | 755.25           |             |                   | 566.45           | 662.05          |
| 52818    | Brain and nervous system                                 | Type A Surgical                              | 01.12.1991      | 4            | 06        | N        | NERVE, TRANSPOSITION OF (Anaes.) (Assist.)   | 500.85           |             |                   | 375.65           | 425.75          |
| 52821    | Brain and nervous system                                 | Type A Advanced Surgical                     | 01.12.1991      | 4            | 06        | N        | NERVE GRAFT TO NERVE TRUNK, (cable graft) including harvesting of nerve graft using microsurgical techniques (Anaes.) (Assist.)  | 1089.1           |             |                   | 816.85           | 995.9           |
| 52824    | Brain and nervous system                                 | Type A Surgical                              | 01.12.1991      | 4            | 06        | N        | PERIPHERAL BRANCHES OF THE TRIGEMINAL NERVE, cryosurgery of, for pain relief (Anaes.) (Assist.)  | 469.05           |             |                   | 351.8            | 398.7           |
| 52826    | Brain and nervous system                                 | Type B Non-band specific                     | 01.11.2000      | 4            | 06        | N        | INJECTION OF PRIMARY BRANCH OF TRIGEMINAL NERVE with alcohol, cortisone, phenol, or similar substance (Anaes.)   | 251.15           |             |                   | 188.4            | 213.5           |
| 52828    | Brain and nervous system                                 | Type A Surgical                              | 01.11.2000      | 4            | 06        | N        | CUTANEOUS NERVE,primary repair of, using microsurgical techniques (Anaes.) (Assist.)   | 373.6            |             |                   | 280.2            | 317.6           |
| 52830    | Brain and nervous system                                 | Type A Surgical                              | 01.11.2000      | 4            | 06        | N        | CUTANEOUS NERVE,secondary repair of, using microsurgical techniques (Anaes.) (Assist.)   | 492.75           |             |                   | 369.6            | 418.85          |
| 52832    | Brain and nervous system                                 | Type A Surgical                              | 01.11.2000      | 4            | 06        | N        | CUTANEOUS NERVE, nerve graft to, using microsurgical techniques (Anaes.) (Assist.)   | 675.8            |             |                   | 506.85           | 582.6           |
| 53000    | Ear, nose and throat                                     | Type C                                       | 01.12.1991      | 4            | 07        | N        | MAXILLARY ANTRUM, PROOF PUNCTURE AND LAVAGE OF (Anaes.)  | 34.4             |             |                   | 25.8             | 29.25           |
| 53003    | Ear, nose and throat                                     | Type B Non-band specific                     | 01.12.1991      | 4            | 07        | N        | MAXILLARY ANTRUM, proof puncture and lavage of, under general anaesthesia (requiring admission to hospital) not being a service associated with a service to which another item in Groups O3 to O9 applies (Anaes.)  | 97.15            |             |                   | 72.9             | 82.6            |
| 53004    | Ear, nose and throat                                     | Type C                                       | 01.11.2000      | 4            | 07        | N        | MAXILLARY ANTRUM, LAVAGE OF - each attendance at which the procedure is performed, including any associated consultation (Anaes.)  | 37.65            |             |                   | 28.25            | 32.05           |
| 53006    | Ear, nose and throat                                     | Type A Surgical and Type B Non-band specific | 01.12.1991      | 4            | 07        | N        | ANTROSTOMY (RADICAL) (Anaes.) (Assist.)  | 551.1            |             |                   | 413.35           | 468.45          |
| 53009    | Ear, nose and throat                                     | Type A Surgical and Type B Non-band specific | 01.12.1991      | 4            | 07        | N        | ANTRUM, intranasal operation on, or removal of foreign body from (Anaes.) (Assist.)  | 312.6            |             |                   | 234.45           | 265.75          |
| 53012    | Ear, nose and throat                                     | Unlisted                                     | 01.12.1991      | 4            | 07        | N        | ANTRUM, drainage of, through tooth socket (Anaes.)   | 124.3            |             |                   | 93.25            | 105.7           |
| 53015    | Ear, nose and throat                                     | Type A Surgical                              | 01.12.1991      | 4            | 07        | N        | ORO-ANTRAL FISTULA, plastic closure of (Anaes.) (Assist.)  | 621.2            |             |                   | 465.9            | 528.05          |
| 53016    | Ear, nose and throat                                     | Type A Surgical                              | 01.05.1997      | 4            | 07        | N        | NASAL SEPTUM, septoplasty, submucous resection or closure of septal perforation (Anaes.) (Assist.)   | 510.9            |             |                   | 383.2            | 434.3           |
| 53017    | Ear, nose and throat                                     | Type A Surgical                              | 01.11.2000      | 4            | 07        | N        | NASAL SEPTUM, reconstruction of (Anaes.) (Assist.)   | 637.35           |             |                   | 478.05           | 544.15          |
| 53019    | Ear, nose and throat                                     | Type A Surgical                              | 01.11.1992      | 4            | 07        | N        | MAXILLARY SINUS, BONE GRAFT to floor of maxillary sinus following elevation of mucosal lining (sinus lift procedure), (unilateral) (Anaes.) (Assist.)  | 614.1            |             |                   | 460.6            | 522             |
| 53052    | Ear, nose and throat                                     | Type C                                       | 01.11.2000      | 4            | 07        | N        | POST-NASAL SPACE, direct examination of, with or without biopsy (Anaes.)   | 129.85           |             |                   | 97.4             | 110.4           |
| 53054    | Ear, nose and throat                                     | Type B Non-band specific                     | 01.11.2000      | 4            | 07        | N        | NASENDOSCOPY or SINOSCOPY or FIBROPTIC EXAMINATION of NASOPHARYNX one or more of these procedures (Anaes.)   | 129.85           |             |                   | 97.4             | 110.4           |
| 53056    | Ear, nose and throat                                     | Type B Non-band specific                     | 01.11.2000      | 4            | 07        | N        | EXAMINATION OF NASAL CAVITY or POST-NASAL SPACE, or NASAL CAVITY AND POST-NASAL SPACE, UNDER GENERAL ANAESTHESIA, not being a service associated with a service to which another item in this Group applies (Anaes.) | 76.05            |             |                   | 57.05            | 64.65           |

| MBS Item | Clinical Category  | Procedure Type                               | Item Start Date | MBS Category | MBS Group | New Item | MBS Description  | MBS Schedule Fee | Derived Fee | Benefit 100% (\$) | Benefit 75% (\$) | Benefit 85 (\$) |
|----------|--|--|-----------------|--------------|-----------|----------|--|------------------|-------------|-------------------|------------------|-----------------|
| 53058    | Ear, nose and throat                                     | Type B Non-band specific                     | 01.11.2000      | 4            | 07        | N        | NASAL HAEMORRHAGE, POSTERIOR, ARREST OF, with posterior nasal packing with or without cauterisation and with or without anterior pack (excluding aftercare) (Anaes.)   | 129.85           |             |                   | 97.4             | 110.4           |
| 53060    | Ear, nose and throat                                     | Type B Non-band specific                     | 01.11.2000      | 4            | 07        | N        | CAUTERISATION (other than by chemical means) OR CAUTERISATION by chemical means when performed under general anaesthesia OR DIATHERMY OF SEPTUM, TURBINATES FOR OBSTRUCTION OR HAEMORRHAGE SECONDARY TO SURGERY (OR TRAUMA) - 1 or more of these procedures (including any consultation on the same occasion) not being a service associated with any other operation on the nose (Anaes.) | 106.25           |             |                   | 79.7             | 90.35           |
| 53062    | Ear, nose and throat                                     | Type B Non-band specific                     | 01.11.2000      | 4            | 07        | N        | POST SURGICAL NASAL HAEMORRHAGE, arrest of during an episode of epistaxis by cauterisation or nasal cavity packing or both (Anaes.)  | 95.15            |             |                   | 71.4             | 80.9            |
| 53064    | Ear, nose and throat                                     | Type B Non-band specific                     | 01.11.2000      | 4            | 07        | N        | CRYOTHERAPY TO NOSE in the treatment of nasal haemorrhage (Anaes.)   | 172.25           |             |                   | 129.2            | 146.45          |
| 53068    | Ear, nose and throat                                     | Unlisted                                     | 01.11.2000      | 4            | 07        | N        | TURBINECTOMY or TURBINECTOMIES, partial or total, unilateral (Anaes.)  | 144.3            |             |                   | 108.25           | 122.7           |
| 53070    | Ear, nose and throat                                     | Type B Non-band specific                     | 01.11.2000      | 4            | 07        | N        | TURBINATES, submucous resection of, unilateral (Anaes.)  | 188.2            |             |                   | 141.15           | 160             |
| 53200    | Bone, joint and muscle                                   | Unlisted                                     | 01.12.1991      | 4            | 08        | N        | MANDIBLE, treatment of a dislocation of, not requiring open reduction (Anaes.)   | 74.75            |             |                   | 56.1             | 63.55           |
| 53203    | Bone, joint and muscle                                   | Unlisted                                     | 01.12.1991      | 4            | 08        | N        | MANDIBLE, treatment of a dislocation of, requiring open reduction (Anaes.)   | 125.5            |             |                   | 94.15            | 106.7           |
| 53206    | Bone, joint and muscle                                   | Type B Non-band specific                     | 01.12.1991      | 4            | 08        | N        | TEMPOROMANDIBULAR JOINT, manipulation of, performed in the operating theatre of a hospital, not being a service associated with a service to which another item in Groups O3 to O9 applies (Anaes.)  | 151.2            |             |                   | 113.4            |                 |
| 53209    | Bone, joint and muscle                                   | Type A Advanced Surgical                     | 01.12.1991      | 4            | 08        | N        | GLENOID FOSSA, ZYGOMATIC ARCH and TEMPORAL BONE, reconstruction of (Obwegeser technique) (Anaes.) (Assist.)  | 1743.4           |             |                   | 1307.55          | 1650.2          |
| 53212    | Bone, joint and muscle                                   | Type A Advanced Surgical                     | 01.12.1991      | 4            | 08        | N        | ABSENT CONDYLE and ASCENDING RAMUS in hemifacial microsomia, construction of, not including harvesting of graft material (Anaes.) (Assist.)  | 941.8            |             |                   | 706.35           | 848.6           |
| 53215    | Bone, joint and muscle                                   | Type A Surgical and Type B Non-band specific | 01.12.1991      | 4            | 08        | N        | TEMPOROMANDIBULAR JOINT, arthroscopy of, with or without biopsy, not being a service associated with any other arthroscopic procedure of that joint (Anaes.) (Assist.)   | 432.1            |             |                   | 324.1            | 367.3           |
| 53218    | Bone, joint and muscle                                   | Type A Surgical and Type B Non-band specific | 01.12.1991      | 4            | 08        | N        | TEMPOROMANDIBULAR JOINT, arthroscopy of, removal of loose bodies, debridement, or treatment of adhesions - 1 or more such procedures (Anaes.) (Assist.)  | 691.15           |             |                   | 518.4            | 597.95          |
| 53220    | Bone, joint and muscle                                   | Type A Surgical                              | 01.11.2000      | 4            | 08        | N        | TEMPOROMANDIBULAR JOINT, arthrotomy of, not being a service to which another item in this Group applies (Anaes.) (Assist.)   | 348.4            |             |                   | 261.3            | 296.15          |
| 53221    | Bone, joint and muscle                                   | Type A Advanced Surgical                     | 01.12.1991      | 4            | 08        | N        | TEMPOROMANDIBULAR JOINT, open surgical exploration of, with or without microsurgical techniques (Anaes.) (Assist.)   | 922.15           |             |                   | 691.65           | 828.95          |
| 53224    | Bone, joint and muscle                                   | Type A Advanced Surgical                     | 01.12.1991      | 4            | 08        | N        | TEMPOROMANDIBULAR JOINT, open surgical exploration of, with condylectomy or condylotomy, with or without microsurgical techniques (Anaes.) (Assist.)   | 1022.25          |             |                   | 766.7            | 929.05          |
| 53225    | Bone, joint and muscle                                   | Type A Surgical and Type B Non-band specific | 01.11.1992      | 4            | 08        | N        | ARTHROCENTESIS, irrigation of temporomandibular joint after insertion of 2 cannuli into the appropriate joint space(s) (Anaes.) (Assist.)  | 307.15           |             |                   | 230.4            | 261.1           |
| 53226    | Bone, joint and muscle                                   | Type A Surgical                              | 01.11.2000      | 4            | 08        | N        | TEMPOROMANDIBULAR JOINT, synovectomy of, not being a service to which another item in this Group applies (Anaes.) (Assist.)  | 330.15           |             |                   | 247.65           | 280.65          |
| 53227    | Bone, joint and muscle                                   | Type A Advanced Surgical                     | 01.12.1991      | 4            | 08        | N        | TEMPOROMANDIBULAR JOINT, open surgical exploration of, with or without meniscus or capsular surgery, including meniscectomy when performed, with or without microsurgical techniques (Anaes.) (Assist.)  | 1256.15          |             |                   | 942.15           | 1162.95         |
| 53230    | Bone, joint and muscle                                   | Type A Advanced Surgical                     | 01.12.1991      | 4            | 08        | N        | TEMPOROMANDIBULAR JOINT, open surgical exploration of, with meniscus, capsular and condylar head surgery, with or without microsurgical techniques (Anaes.) (Assist.)  | 1414.95          |             |                   | 1061.25          | 1321.75         |
| 53233    | Bone, joint and muscle                                   | Type A Advanced Surgical                     | 01.12.1991      | 4            | 08        | N        | TEMPOROMANDIBULAR JOINT, surgery of, involving procedures to which items 53224, 53226, 53227 and 53230 apply and also involving the use of tissue flaps, or cartilage graft, or allograft implants, with or without microsurgical techniques (Anaes.) (Assist.)  | 1590             |             |                   | 1192.5           | 1496.8          |
| 53236    | Bone, joint and muscle                                   | Type A Surgical                              | 01.11.2000      | 4            | 08        | N        | TEMPOROMANDIBULAR JOINT, stabilisation of, involving 1 or more of: repair of capsule, repair of ligament or internal fixation, not being a service to which another item in this Group applies (Anaes.) (Assist.)  | 497.6            |             |                   | 373.2            | 423             |
| 53239    | Bone, joint and muscle                                   | Type A Surgical                              | 01.11.2000      | 4            | 08        | N        | TEMPOROMANDIBULAR JOINT, arthrodesis of, not being a service to which another item in this Group applies (Anaes.) (Assist.)  | 497.6            |             |                   | 373.2            | 423             |
| 53242    | Plastic and reconstructive surgery (medically necessary) | Type A Surgical                              | 01.11.2000      | 4            | 08        | N        | TEMPOROMANDIBULAR JOINT OR JOINTS, application of external fixator to, other than for treatment of fractures (Anaes.) (Assist.)  | 330.15           |             |                   | 247.65           | 280.65          |
| 53400    | Bone, joint and muscle                                   | Unlisted                                     | 01.12.1991      | 4            | 09        | N        | MAXILLA, unilateral or bilateral, treatment of fracture of, not requiring splinting  | 136.55           |             |                   | 102.45           | 116.1           |
| 53403    | Bone, joint and muscle                                   | Unlisted                                     | 01.12.1991      | 4            | 09        | N        | MANDIBLE, treatment of fracture of, not requiring splinting  | 166.9            |             |                   | 125.2            | 141.9           |
| 53406    | Bone, joint and muscle                                   | Type A Surgical                              | 01.12.1991      | 4            | 09        | N        | MAXILLA, treatment of fracture of, requiring splinting, wiring of teeth, circumosseous fixation or external fixation (Anaes.) (Assist.)  | 429.85           |             |                   | 322.4            | 365.4           |
| 53409    | Bone, joint and muscle                                   | Type A Surgical                              | 01.12.1991      | 4            | 09        | N        | MANDIBLE, treatment of fracture of, requiring splinting, wiring of teeth, circumosseous fixation or external fixation (Anaes.) (Assist.)   | 429.85           |             |                   | 322.4            | 365.4           |
| 53410    | Bone, joint and muscle                                   | Type B Non-band specific                     | 01.12.1991      | 4            | 09        | N        | ZYGOMATIC BONE, treatment of fracture of, not requiring surgical reduction   | 90.55            |             |                   | 67.95            | 77              |
| 53411    | Bone, joint and muscle                                   | Unlisted                                     | 01.12.1991      | 4            | 09        | N        | ZYGOMATIC BONE, treatment of fracture of, requiring surgical reduction by a temporal, intra-oral or other approach (Anaes.)  | 252.45           |             |                   | 189.35           | 214.6           |
| 53412    | Bone, joint and muscle                                   | Type A Surgical                              | 01.12.1991      | 4            | 09        | N        | ZYGOMATIC BONE, treatment of fracture of, requiring surgical reduction and involving internal or external fixation at 1 site (Anaes.) (Assist.)  | 414.55           |             |                   | 310.95           | 352.4           |
| 53413    | Bone, joint and muscle                                   | Type A Surgical                              | 01.12.1991      | 4            | 09        | N        | ZYGOMATIC BONE, treatment of fracture of, requiring surgical reduction and involving internal or external fixation or both at 2 sites (Anaes.) (Assist.)   | 507.8            |             |                   | 380.85           | 431.65          |

| MBS item | Clinical Category  | Procedure Type           | Item Start Date | MBS Category | MBS Group | New Item | MBS Description   | MBS Schedule Fee | Derived Fee | Benefit 100% (\$) | Benefit 75% (\$) | Benefit 85 (\$) |
|----------|--|--------------------------|-----------------|--------------|-----------|----------|---|------------------|-------------|-------------------|------------------|-----------------|
| 53414    | Bone, joint and muscle                                   | Type A Surgical          | 01.12.1991      | 4            | 09        | N        | ZYGOMATIC BONE, treatment of fracture of, requiring surgical reduction and involving internal or external fixation or both at 3 sites (Anaes.) (Assist.)  | 583.4            |             |                   | 437.55           | 495.9           |
| 53415    | Bone, joint and muscle                                   | Type A Surgical          | 01.12.1991      | 4            | 09        | N        | MAXILLA, treatment of fracture of, requiring open reduction (Anaes.) (Assist.)  | 460.55           |             |                   | 345.45           | 391.5           |
| 53416    | Bone, joint and muscle                                   | Type A Surgical          | 01.12.1991      | 4            | 09        | N        | MANDIBLE, treatment of fracture of, requiring open reduction (Anaes.) (Assist.)   | 460.55           |             |                   | 345.45           | 391.5           |
| 53418    | Bone, joint and muscle                                   | Type A Surgical          | 01.12.1991      | 4            | 09        | N        | MAXILLA, treatment of fracture of, requiring open reduction and internal fixation not involving plate(s) (Anaes.) (Assist.)   | 598.75           |             |                   | 449.1            | 508.95          |
| 53419    | Bone, joint and muscle                                   | Type A Surgical          | 01.12.1991      | 4            | 09        | N        | MANDIBLE, treatment of fracture of, requiring open reduction and internal fixation not involving plate(s) (Anaes.) (Assist.)  | 598.75           |             |                   | 449.1            | 508.95          |
| 53422    | Bone, joint and muscle                                   | Type A Surgical          | 01.12.1991      | 4            | 09        | N        | MAXILLA, treatment of fracture of, requiring open reduction and internal fixation involving plate(s) (Anaes.) (Assist.)   | 759.8            |             |                   | 569.85           | 666.6           |
| 53423    | Bone, joint and muscle                                   | Type A Surgical          | 01.12.1991      | 4            | 09        | N        | MANDIBLE, treatment of fracture of, requiring open reduction and internal fixation involving plate(s) (Anaes.) (Assist.)  | 759.8            |             |                   | 569.85           | 666.6           |
| 53424    | Bone, joint and muscle                                   | Type A Surgical          | 01.12.1991      | 4            | 09        | N        | MAXILLA, treatment of a complicated fracture of, involving viscera, blood vessels or nerves, requiring open reduction not involving plate(s) (Anaes.) (Assist.)   | 651.85           |             |                   | 488.9            | 558.65          |
| 53425    | Bone, joint and muscle                                   | Type A Surgical          | 01.12.1991      | 4            | 09        | N        | MANDIBLE, treatment of a complicated fracture of, involving viscera, blood vessels or nerves, requiring open reduction not involving plate(s) (Anaes.) (Assist.)  | 651.85           |             |                   | 488.9            | 558.65          |
| 53427    | Bone, joint and muscle                                   | Type A Surgical          | 01.12.1991      | 4            | 09        | N        | MAXILLA, treatment of a complicated fracture of, involving viscera, blood vessels or nerves, requiring open reduction involving the use of plate(s) (Anaes.) (Assist.)  | 890.4            |             |                   | 667.8            | 797.2           |
| 53429    | Bone, joint and muscle                                   | Type A Surgical          | 01.12.1991      | 4            | 09        | N        | MANDIBLE, treatment of a complicated fracture of, involving viscera, blood vessels or nerves, requiring open reduction involving the use of plate(s) (Anaes.) (Assist.)   | 890.4            |             |                   | 667.8            | 797.2           |
| 53439    | Bone, joint and muscle                                   | Unlisted                 | 01.12.1991      | 4            | 09        | N        | MANDIBLE, treatment of a closed fracture of, involving a joint surface (Anaes.)   | 252.45           |             |                   | 189.35           | 214.6           |
| 53453    | Plastic and reconstructive surgery (medically necessary) | Type A Surgical          | 01.11.1992      | 4            | 09        | N        | ORBITAL CAVITY, reconstruction of a wall or floor with or without foreign implant (Anaes.) (Assist.)  | 510.9            |             |                   | 383.2            | 434.3           |
| 53455    | Plastic and reconstructive surgery (medically necessary) | Type A Surgical          | 01.11.1992      | 4            | 09        | N        | ORBITAL CAVITY, bone or cartilage graft to orbital wall or floor including reduction of prolapsed or entrapped orbital contents (Anaes.) (Assist.)  | 600.1            |             |                   | 450.1            | 510.1           |
| 53458    | Ear, nose and throat                                     | Type C                   | 01.05.1997      | 4            | 09        | N        | NASAL BONES, treatment of fracture of, not being a service to which item 53459 or 53460 applies   | 45.5             |             |                   | 34.15            | 38.7            |
| 53459    | Ear, nose and throat                                     | Type B Non-band specific | 01.05.1997      | 4            | 09        | N        | NASAL BONES, treatment of fracture of, by reduction (Anaes.)  | 248.95           |             |                   | 186.75           | 211.65          |
| 53460    | Ear, nose and throat                                     | Type A Surgical          | 01.05.1997      | 4            | 09        | N        | NASAL BONES, treatment of fractures of, by open reduction involving osteotomies (Anaes.) (Assist.)  | 507.8            |             |                   | 380.85           | 431.65          |
| 53700    | Support list   | Unlisted                 | 01.11.2000      | 4            | 011       | N        | (Note. Where an anaesthetic combines a regional nerve block with a general anaesthetic for an operative procedure, benefits will be paid only under the anaesthetic item relevant to the operation. The items in this Group are to be used in the practice of oral and maxillofacial surgery and are not to be used for dental procedures (eg. restorative dentistry or dental extraction.)) TRIGEMINAL NERVE, primary division of, injection of an anaesthetic agent | 132              |             |                   | 99               | 112.2           |
| 53702    | Support list   | Unlisted                 | 01.11.2000      | 4            | 011       | N        | TRIGEMINAL NERVE, peripheral branch of, injection of an anaesthetic agent   | 66.1             |             |                   | 49.6             | 56.2            |
| 53704    | Support list   | Unlisted                 | 01.11.2000      | 4            | 011       | N        | FACIAL NERVE, injection of an anaesthetic agent   | 39.8             |             |                   | 29.85            | 33.85           |
| 53706    | Support list   | Unlisted                 | 01.11.2000      | 4            | 011       | N        | NERVE BRANCH, destruction by a neurolytic agent, not being a service to which any other item in this Group applies  | 132              |             |                   | 99               | 112.2           |
| 54001    | N/A (Not hospital treatment)                             | Unlisted                 | 22.05.2020      | 4            | 01        | N        | Telehealth attendance (other than a second or subsequent attendance in a single course of treatment) by an approved dental practitioner in the practice of oral and maxillofacial surgery, if the patient is referred to the approved dental practitioner   | 90.4             |             |                   |                  | 76.85           |
| 54002    | N/A (Not hospital treatment)                             | Unlisted                 | 22.05.2020      | 4            | 01        | N        | Telehealth attendance by an approved dental practitioner in the practice of oral and maxillofacial surgery, each attendance after the first in a single course of treatment, if the patient is referred to the approved dental practitioner   | 45.45            |             |                   |                  | 38.65           |
| 54004    | N/A (Not hospital treatment)                             | Unlisted                 | 22.05.2020      | 4            | 01        | N        | Phone attendance by an approved dental practitioner in the practice of oral and maxillofacial surgery, each attendance after the first in a single course of treatment, if the patient is referred to the approved dental practitioner  | 45.45            |             |                   |                  | 38.65           |
| 55028    | Support list (DI)  | Type C                   | 01.07.1993      | 5            | I1        | N        | Head, ultrasound scan of (R)  | 113.55           |             |                   | 85.2             | 96.55           |
| 55029    | Support list (DI)  | Type C                   | 01.07.1993      | 5            | I1        | N        | Head, ultrasound scan of (NR)   | 39.35            |             |                   | 29.55            | 33.45           |
| 55030    | Support list (DI)  | Type C                   | 01.07.1993      | 5            | I1        | N        | Orbital contents, ultrasound scan of (R)  | 113.55           |             |                   | 85.2             | 96.55           |
| 55031    | Support list (DI)  | Type C                   | 01.07.1993      | 5            | I1        | N        | Orbital contents, ultrasound scan of (NR)   | 39.35            |             |                   | 29.55            | 33.45           |
| 55032    | Support list (DI)  | Type C                   | 01.07.1993      | 5            | I1        | N        | Neck, one or more structures of, ultrasound scan of (R)   | 113.55           |             |                   | 85.2             | 96.55           |
| 55033    | Support list (DI)  | Type C                   | 01.07.1993      | 5            | I1        | N        | Neck, one or more structures of, ultrasound scan of (NR)  | 39.35            |             |                   | 29.55            | 33.45           |
| 55036    | Support list (DI)  | Type C                   | 01.07.1993      | 5            | I1        | N        | Abdomen, ultrasound scan of (including scan of urinary tract when performed), for morphological assessment, if: (a) the service is not solely a transrectal ultrasonic examination of any of the following:-(i) prostate gland;(ii) bladder base;(iii) urethra; and(b) within 24 hours of the service, a service mentioned in item 55038 is not performed on the same patient by the providing practitioner (R)   | 115.75           |             |                   | 86.85            | 98.4            |
| 55037    | Support list (DI)  | Type C                   | 01.07.1993      | 5            | I1        | N        | Abdomen, ultrasound scan of (including scan of urinary tract when performed), for morphological assessment, if the service is not solely a transrectal ultrasonic examination of any of the following:-(i) prostate gland;(ii) bladder base;(iii) urethra (NR)  | 39.35            |             |                   | 29.55            | 33.45           |
| 55038    | Support list (DI)  | Type C                   | 01.07.1993      | 5            | I1        | N        | Urinary tract, ultrasound scan of, if: (a) the service is not solely a transrectal ultrasonic examination of any of the following: (i) prostate gland; (ii) bladder base; (iii) urethra; and (b) within 24 hours of the service, a service mentioned in item 55036 or 55065 is not performed on the same patient by the providing practitioner (R)  | 113.55           |             |                   | 85.2             | 96.55           |

| MBS item | Clinical Category | Procedure Type | Item Start Date | MBS Category | MBS Group | New Item | MBS Description  | MBS Schedule Fee | Derived Fee | Benefit 100% (\$) | Benefit 75% (\$) | Benefit 85 (\$) |
|----------|-------------------|----------------|-----------------|--------------|-----------|----------|--|------------------|-------------|-------------------|------------------|-----------------|
| 55039    | Support list (DI) | Type C         | 01.07.1993      | 5            | I1        | N        | Urinary tract, ultrasound scan of, if the service is not solely a transrectal ultrasonic examination of any of the following: (a) prostate gland; (b) bladder base; (c) urethra (NR)   | 39.35            |             |                   | 29.55            | 33.45           |
| 55048    | Support list (DI) | Type C         | 01.07.1993      | 5            | I1        | N        | Scrotum, ultrasound scan of (R)  | 113.95           |             |                   | 85.5             | 96.9            |
| 55049    | Support list (DI) | Type C         | 01.07.1993      | 5            | I1        | N        | Scrotum, ultrasound scan of (NR)   | 39.35            |             |                   | 29.55            | 33.45           |
| 55054    | Support list (DI) | Type C         | 01.07.1993      | 5            | I1        | N        | Ultrasonic cross-sectional echography, in conjunction with a surgical procedure (other than a procedure to which item 55848 or 55850 applies) using interventional techniques, not being a service associated with a service to which any other item in this Group applies (R)   | 113.55           |             |                   | 85.2             | 96.55           |
| 55065    | Support list (DI) | Type C         | 01.07.2014      | 5            | I1        | N        | Pelvis, ultrasound scan of, by any or all approaches, if:(a) the service is not solely a service to which an item (other than item 55736 or 55739) in Subgroup 5 of this Group applies or a transrectal ultrasonic examination of any of the following: prostate gland; bladder base; urethra; and (b) within 24 hours of the service, a service mentioned in item 55038 is not performed on the same patient by the providing practitioner (R)  | 102.2            |             |                   | 76.65            | 86.9            |
| 55066    | Support list (DI) | Type C         | 01.05.2020      | 5            | I1        | N        | Breasts, both, ultrasound scan, in conjunction with a surgical procedure using interventional techniques, if:(a) the request for the scan indicates that an ultrasound guided breast intervention be performed; and(b) the service is not performed in conjunction with any other item in this Group (R)   | 227.05           |             |                   | 170.3            | 193             |
| 55068    | Support list (DI) | Type C         | 01.07.2014      | 5            | I1        | N        | Pelvis, ultrasound scan of, by any or all approaches, if the service is not solely a service to which an item (other than item 55736 or 55739) in Subgroup 5 of this Group applies or a transrectal ultrasonic examination of any of the following:(i) prostate gland;(ii) bladder base;(iii) urethra (NR)   | 36.35            |             |                   | 27.3             | 30.9            |
| 55070    | Support list (DI) | Type C         | 01.02.2000      | 5            | I1        | N        | Breast, one, ultrasound scan of (R)  | 102.2            |             |                   | 76.65            | 86.9            |
| 55071    | Support list (DI) | Type C         | 01.05.2020      | 5            | I1        | N        | Breast, one, ultrasound scan, in conjunction with a surgical procedure using interventional techniques, if:(a) the request for the scan indicates that an ultrasound guided breast intervention be performed; and(b) the service is not performed in conjunction with any other item in this group (R)   | 215.75           |             |                   | 161.85           | 183.4           |
| 55073    | Support list (DI) | Type C         | 01.02.2000      | 5            | I1        | N        | Breast, one, ultrasound scan of (NR)   | 35.4             |             |                   | 26.55            | 30.1            |
| 55076    | Support list (DI) | Type C         | 01.02.2000      | 5            | I1        | N        | Breasts, both, ultrasound scan of, including an ultrasound scan for post mastectomy surveillance (R)   | 113.55           |             |                   | 85.2             | 96.55           |
| 55079    | Support list (DI) | Type C         | 01.02.2000      | 5            | I1        | N        | Breasts, both, ultrasound scan of, including an ultrasound scan for post mastectomy surveillance (NR)  | 39.35            |             |                   | 29.55            | 33.45           |
| 55084    | Support list (DI) | Unlisted       | 01.05.2004      | 5            | I1        | N        | Urinary bladder, ultrasound scan of, by any or all approaches, if within 24 hours of the service, a service mentioned in item 11917, 55036, 55038, 55065, 55600 or 55603 is not performed on the same patient by the providing practitioner (R)  | 102.2            |             |                   | 76.65            | 86.9            |
| 55085    | Support list (DI) | Unlisted       | 01.05.2004      | 5            | I1        | N        | Urinary bladder, ultrasound scan of, by any or all approaches, if within 24 hours of the service, a service mentioned in item 11917, 55037, 55039, 55068, 55600 or 55603 is not performed on the same patient by the providing practitioner (NR)   | 35.4             |             |                   | 26.55            | 30.1            |
| 55118    | Support list (DI) | Type B Band 1  | 01.11.1992      | 5            | I1        | N        | Heart, two-dimensional or three-dimensional real time transoesophageal examination of, from at least 2 levels, and in more than one plane at each level, if: (a) the service includes: (i) real time colour flow mapping and, if indicated, pulsed wave Doppler examination; and (ii) recordings on digital media; and (b) the service is not an intra-operative service; and (c) not being a service associated with a service to which an item in Subgroup 3 applies.(R) (Anaes.)  | 286.65           |             |                   | 215              | 243.7           |
| 55126    | Support list (DI) | Type C         | 01.08.2020      | 5            | I1        | N        | Note: the service only applies if the patient meets the requirements of the descriptor and the requirements of Note: IR.1.2 Initial real time transthoracic echocardiographic examination of the heart with real time colour flow mapping from at least 3 acoustic windows, with recordings on digital media, if the service: (a) is for the investigation of any of the following: (i) symptoms or signs of cardiac failure; (ii) suspected or known ventricular hypertrophy or dysfunction; (iii) pulmonary hypertension; (iv) valvular, aortic, pericardial, thrombotic or embolic disease; (v) heart tumour; (vi) symptoms or signs of congenital heart disease; (vii) other rare indications; and (b) is not associated with a service to which: (i) another item in this Subgroup applies (except items 55137, 55141, 55143, 55145 and 55146); or (ii) an item in Subgroup 2 applies (except items 55118 and 55130); or (iii) an item in Subgroup 3 applies Applicable not more than once in a 24 month period (R) | 240.05           |             |                   | 180.05           | 204.05          |
| 55127    | Support list (DI) | Type C         | 01.08.2020      | 5            | I1        | N        | Note: the service only applies if the patient meets the requirements of the descriptor and the requirements of Note: IR.1.2 Repeat serial real time transthoracic echocardiographic examination of the heart with real time colour flow mapping from at least 3 acoustic windows, with recordings on digital media, if the service: (a) is for the investigation of known valvular dysfunction; and (b) is requested by a specialist or consultant physician; and (c) is not associated with a service to which: (i) another item in this Subgroup applies (except items 55137, 55141, 55143, 55145 and 55146); or (ii) an item in Subgroup 2 applies (except items 55118 and 55130); or (iii) an item in Subgroup 3 applies (R)   | 240.05           |             |                   | 180.05           | 204.05          |
| 55128    | Support list (DI) | Type C         | 01.08.2020      | 5            | I1        | N        | Note: the service only applies if the patient meets the requirements of the descriptor and the requirements of Note: IR.1.2 Repeat serial real time transthoracic echocardiographic examination of the heart with real time colour flow mapping from at least 3 acoustic windows, with recordings on digital media, if the service: (a) is for the investigation of known valvular dysfunction; and (b) is requested by a medical practitioner (other than a specialist or consultant physician) at, or from, a practice located in a Modified Monash 3, 4, 5, 6 or 7 area; and (c) is not associated with a service to which: (i) another item in this Subgroup applies (except items 55137, 55141, 55143, 55145 and 55146); or (ii) an item in Subgroup 2 applies (except items 55118 and 55130); or (iii) an item in Subgroup 3 applies (R)   | 240.05           |             |                   | 180.05           | 204.05          |

| MBS item | Clinical Category | Procedure Type | Item Start Date | MBS Category | MBS Group | New Item | MBS Description  | MBS Schedule Fee | Derived Fee | Benefit 100% (\$) | Benefit 75% (\$) | Benefit 85 (\$) |
|----------|-------------------|----------------|-----------------|--------------|-----------|----------|--|------------------|-------------|-------------------|------------------|-----------------|
| 55129    | Support list (DI) | Type C         | 01.08.2020      | 5            | I1        | N        | Note: the service only applies if the patient meets the requirements of the descriptor and the requirements of Note: IR.1.2 Repeat serial real time transthoracic echocardiographic examination of the heart with real time colour flow mapping from at least 3 acoustic windows, with recordings on digital media, if: (a) valvular dysfunction is not the primary issue for the patient (although it may be a secondary issue); and (b) the service is for the investigation of any of the following: (i) symptoms or signs of cardiac failure; (ii) suspected or known ventricular hypertrophy or dysfunction; (iii) pulmonary hypertension; (iv) aortic, thrombotic, embolic disease or pericardial disease (excluding isolated pericardial effusion or pericarditis); (v) heart tumour; (vi) structural heart disease; (vii) other rare indications; and (c) the service is requested by a specialist or consultant physician; and (d) the service is not associated with a service to which: (i) another item in this Subgroup applies (except items 55137, 55141, 55143, 55145 and 55146); or (ii) an item in Subgroup 2 applies (except items 55118 and 55130); or (iii) an item in Subgroup 3 applies (R) | 240.05           |             |                   | 180.05           | 204.05          |
| 55130    | Support list (DI) | Unlisted       | 01.11.1992      | 5            | I1        | N        | Intraoperative two-dimensional or three-dimensional real time transoesophageal echocardiography, if the service: (a) includes Doppler techniques with colour flow mapping and recordings on digital media; and (b) is performed during cardiac surgery; and (c) incorporates sequential assessment of cardiac function before and after the surgical procedure; and (d) is not associated with a service to which item 55135, or an item in Subgroup 3, applies (R) (Anaes.)   | 176.9            |             |                   | 132.7            | 150.4           |
| 55132    | Support list (DI) | Type C         | 01.08.2020      | 5            | I1        | N        | Note: the service only applies if the patient meets the requirements of the descriptor and the requirements of Note: IR.1.2 Serial real time transthoracic echocardiographic examination of the heart with real time colour flow mapping from at least 4 acoustic windows, with recordings on digital media, if the service: (a) is for the investigation of a patient who: (i) is under 17 years of age; or (ii) has complex congenital heart disease; and (b) is performed by a specialist or consultant physician practising in the speciality of cardiology; and (c) is not associated with a service to which: (i) another item in this Subgroup applies (except items 55137, 55141, 55143, 55145 and 55146); or (ii) an item in Subgroup 2 applies (except items 55118 and 55130); or (iii) an item in Subgroup 3 applies (R)  | 240.05           |             |                   | 180.05           | 204.05          |
| 55133    | Support list (DI) | Type C         | 01.08.2020      | 5            | I1        | N        | Note: the service only applies if the patient meets one or more of the following and the requirements of Note: IR.1.2 Frequent repetition serial real time transthoracic echocardiographic examination of the heart with real time colour flow mapping from at least 3 acoustic windows, with recordings on digital media, if the service: (a) is for the investigation of a patient who: (i) has an isolated pericardial effusion or pericarditis; or (ii) has a normal baseline study, and has commenced medication for non-cardiac purposes that has cardiotoxic side effects and is a pharmaceutical benefit (within the meaning of PartVII of the National Health Act 1953) for the writing of a prescription for the supply of which under that Part an echocardiogram is required; and (b) is not associated with a service to which: (i) another item in this Subgroup applies (except items 55137, 55141, 55143, 55145 and 55146); or (ii) an item in Subgroup 2 applies (except items 55118 and 55130); or (iii) an item in Subgroup 3 applies (R)   | 216.05           |             |                   | 162.05           | 183.65          |
| 55134    | Support list (DI) | Type C         | 01.08.2020      | 5            | I1        | N        | Note: the service only applies if the patient meets one or more of the following and the requirements of Note: IR.1.2 Repeat real time transthoracic echocardiographic examination of the heart with real time colour flow mapping from at least 3 acoustic windows, with recordings on digital media, for the investigation of rare cardiac pathologies, if the service: (a) is requested by a specialist or consultant physician; and (b) is not associated with a service to which: (i) another item in this Subgroup applies (except items 55137, 55141, 55143, 55145 and 55146); or (ii) an item in Subgroup 2 applies (except items 55118 and 55130); or (iii) an item in Subgroup 3 applies (R)   | 240.05           |             |                   | 180.05           | 204.05          |
| 55135    | Support list (DI) | Unlisted       | 01.05.2004      | 5            | I1        | N        | Intraoperative two-dimensional or three-dimensional real time transoesophageal echocardiography, if the service: (a) is provided on the same day as a service to which item 38477, 38484, 38499, 38516 or 38517 applies; and (b) includes Doppler techniques with colour flow mapping and recordings on digital media; and (c) is performed during cardiac valve surgery (replacement or repair); and (d) incorporates sequential assessment of cardiac function and valve competence before and after the surgical procedure; and (e) is not associated with a service to which item 55130, or an item in Subgroup 3, applies (R) (Anaes.)  | 367.95           |             |                   | 276              | 312.8           |
| 55137    | Support list (DI) | Type C         | 01.08.2020      | 5            | I1        | N        | Note: the service only applies if the patient meets the requirements of the descriptor and the requirements of Note: IR.1.2 Serial real time transthoracic echocardiographic examination of the heart with real time colour flow mapping from at least 4 acoustic windows, with recordings on digital media, if the service: (a) is for the investigation of a fetus with suspected or confirmed: (i) complex congenital heart disease; or (ii) functional heart disease; or (iii) fetal cardiac arrhythmia; or (iv) cardiac structural abnormality requiring confirmation; and (b) is performed by a specialist or consultant physician practising in the speciality of cardiology with advanced training and expertise in fetal cardiac imaging; and (c) is not associated with a service to which: (i) an item in Subgroup 2 applies (except items 55118 and 55130); or (ii) an item in Subgroup 3 applies (R)  | 240.05           |             |                   | 180.05           | 204.05          |
| 55141    | Support list (DI) | Type C         | 01.08.2020      | 5            | I1        | N        | Note: the service only applies if the patient meets the requirements of the descriptor and the requirements of Note: IR.0.1 and IR.1.2and does not apply to a service provided to a patient if, in the previous 24 months, a service associated with a service to which item 55143, 55145 or 55146 applies has been provided to the patient. Exercise stress echocardiography focused study, other than a service associated with a service to which: (a) item 11704, 11705, 11707, 11714, 11729 or 11730 applies; or (b) an item in Subgroup 3 applies Applicable not more than once in a 24 month period (R)   | 427.95           |             |                   | 321              | 363.8           |

| MBS item | Clinical Category | Procedure Type | Item Start Date | MBS Category | MBS Group | New Item | MBS Description  | MBS Schedule Fee | Derived Fee | Benefit 100% (\$) | Benefit 75% (\$) | Benefit 85 (\$) |
|----------|-------------------|----------------|-----------------|--------------|-----------|----------|--|------------------|-------------|-------------------|------------------|-----------------|
| 55143    | Support list (DI) | Type C         | 01.08.2020      | 5            | I1        | N        | Note: the service only applies if the patient meets the requirements of the descriptor and the requirements of Note: IR.0.1, IR.1.1 and IR.1.2 Repeat pharmacological or exercise stress echocardiography if: (a) a service to which item 55141, 55145, 55146, or this item, applies has been performed on the patient in the previous 24 months; and (b) the patient has symptoms of ischaemia that have evolved and are not adequately controlled with optimal medical therapy; and (c) the service is requested by a specialist or a consultant physician; and (d) the service is not associated with a service to which: (i) item 11704, 11705, 11707, 11714, 11729 or 11730 applies; or (ii) an item in Subgroup 3 applies Applicable not more than once in a 12 month period (R)         | 427.95           |             |                   | 321              | 363.8           |
| 55145    | Support list (DI) | Type C         | 01.08.2020      | 5            | I1        | N        | Note: the service only applies if the patient meets the requirements of the descriptor and the requirements of Note: IR.0.1 and IR.1.2 Pharmacological stress echocardiography, other than a service associated with a service to which: (a) item 11704, 11705, 11707, 11714, 11729 or 11730 applies; or (b) an item in Subgroup 3 applies Applicable not more than once in a 24 month period (R) Note: this item does not apply to a service provided to a patient if, in the previous 24 months, a service associated with a service to which item 55141, 55143 or 55146 applies has been provided to the patient.   | 496              |             |                   | 372              | 421.6           |
| 55146    | Support list (DI) | Type C         | 01.08.2020      | 5            | I1        | N        | Note: the service only applies if the patient meets the requirements of the descriptor and the requirements of Note: IR.0.1 and IR.1.2 Pharmacological stress echocardiography if: (a) a service to which item 55141 applies has been performed on the patient in the previous 4 weeks, and the test has failed due to an inadequate heart rate response; and (b) the service is not associated with a service to which: (i) item 11704, 11705, 11707, 11714, 11729 or 11730 applies; or (ii) an item in Subgroup 3 applies Applicable not more than once in a 24 month period (R) Note: this item does not apply to a service provided to a patient if, in the previous 24 months, a service associated with a service to which item 55143 or 55145 applies has been provided to the patient. | 496              |             |                   | 372              | 421.6           |
| 55208    | Support list (DI) | Type C         | 24.12.1996      | 5            | I1        | N        | DUPLEX SCANNING involving B mode ultrasound imaging and integrated Doppler flow measurement by spectral analysis of cavernosal artery of the penis following intracavernosal administration of a vasoactive agent, performed during the period of pharmacological activity of the injected agent to confirm a diagnosis of vascular aetiology for impotence (R). Note: This item is only available for services rendered by Dr Christopher McMahon, provider number 045449 of Australian Centre for Sexual Health, Berry Road Medical Centre, St Leonards NSW 2065.  | 176.4            |             |                   | 132.3            | 149.95          |
| 55211    | Support list (DI) | Type C         | 24.12.1996      | 5            | I1        | N        | DUPLEX SCANNING involving B mode ultrasound imaging and integrated Doppler flow measurement by spectral analysis of cavernosal tissue of the penis to confirm a diagnosis and, where indicated, assess the progress and management of: (a) priapism; or (b) fibrosis of any type; or (c) fracture of the tunica; or (d) arteriovenous malformations (R) Note: This items is only available for Dr Christopher McMahon, provider number 045449 of Australian Centre for Sexual Health, Berry Road Medical Centre, St Leonards NSW 2065  | 176.4            |             |                   | 132.3            | 149.95          |
| 55238    | Support list (DI) | Type C         | 01.11.1997      | 5            | I1        | N        | Duplex scanning, unilateral, involving B mode ultrasound imaging and integrated Doppler flow measurements by spectral analysis of arteries or bypass grafts in the lower limb or of arteries and bypass grafts in the lower limb, below the inguinal ligament, not being a service associated with any of the following:(a) a service to which an item in Subgroup 4 applies;(b) a service to which item 55880, 55881, 55882, 55883, 55884, 55885, 55886, 55887, 55888, 55889, 55890, 55891, 55892, 55893, 55894 or 55895 applies (R)  | 176.4            |             |                   | 132.3            | 149.95          |
| 55244    | Support list (DI) | Type C         | 01.11.1997      | 5            | I1        | N        | Duplex scanning, unilateral, involving B mode ultrasound imaging and integrated Doppler flow measurements by spectral analysis of veins in the lower limb, below the inguinal ligament, for acute venous thrombosis, not being a service associated with any of the following:(a) a service to which item 55246 applies;(b) a service to which an item in Subgroup 4 applies;(c) a service to which item 55880, 55881, 55882, 55883, 55884, 55885, 55886, 55887, 55888, 55889, 55890, 55891, 55892, 55893, 55894 or 55895 applies (R)  | 176.4            |             |                   | 132.3            | 149.95          |
| 55246    | Support list (DI) | Type C         | 01.11.1997      | 5            | I1        | N        | Duplex scanning, unilateral, involving B mode ultrasound imaging and integrated Doppler flow measurements by spectral analysis of veins in the lower limb, below the inguinal ligament, for chronic venous disease, not being a service associated with any of the following:(a) a service to which item 55244 applies;(b) a service to which an item in Subgroup 4 applies;(c) a service to which item 55880, 55881, 55882, 55883, 55884, 55885, 55886, 55887, 55888, 55889, 55890, 55891, 55892, 55893, 55894 or 55895 applies (R)   | 176.4            |             |                   | 132.3            | 149.95          |
| 55248    | Support list (DI) | Type C         | 01.11.1997      | 5            | I1        | N        | Duplex scanning, unilateral, involving B mode ultrasound imaging and integrated Doppler flow measurements by spectral analysis of arteries or bypass grafts in the upper limb or of arteries and bypass grafts in the upper limb, not being a service associated with a service to which an item in Subgroup 4 applies (R)   | 176.4            |             |                   | 132.3            | 149.95          |
| 55252    | Support list (DI) | Type C         | 01.11.1997      | 5            | I1        | N        | Duplex scanning, unilateral, involving B mode ultrasound imaging and integrated Doppler flow measurements by spectral analysis of veins in the upper limb, not being a service associatedwith a service to which an item in Subgroup 4 applies (R).  | 176.4            |             |                   | 132.3            | 149.95          |
| 55274    | Support list (DI) | Type C         | 01.11.1997      | 5            | I1        | N        | Duplex scanning, bilateral, involving B mode ultrasound imaging and integrated Doppler flow measurements by spectral analysis of extra cranial bilateral carotid and vertebral vessels, with or without subclavian and innominate vessels, with or without oculoplethysmography or peri orbital Doppler examination, not being a service associated witha service to which an item in Subgroup 4 applies (R).  | 176.4            |             |                   | 132.3            | 149.95          |
| 55276    | Support list (DI) | Type C         | 01.11.1997      | 5            | I1        | N        | Duplex scanning involving B mode ultrasound imaging and integrated Doppler flow measurements by spectral analysis of intra-abdominal, aorta and iliac arteries or inferior vena cava and iliac veins or of intra-abdominal, aorta and iliac arteries and inferior vena cava and iliac veins, excluding pregnancy related studies, not being a service associated witha service to which an item in Subgroup 4 applies (R)  | 176.4            |             |                   | 132.3            | 149.95          |

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|----------|-------------------|----------------|-----------------|--------------|-----------|----------|--|------------------|-------------|-------------------|------------------|-----------------|
| 55278    | Support list (DI) | Type C         | 01.11.1997      | 5            | I1        | N        | Duplex scanning involving B mode ultrasound imaging and integrated Doppler flow measurements by spectral analysis of renal or visceral vessels or of renal and visceral vessels, including aorta, inferior vena cava and iliac vessels as required excluding pregnancy related studies, not being a service associated with a service to which an item in Subgroup 4 applies (R)   | 176.4            |             |                   | 132.3            | 149.95          |
| 55280    | Support list (DI) | Type C         | 01.11.1997      | 5            | I1        | N        | Duplex scanning involving B mode ultrasound imaging and integrated Doppler flow measurements by spectral analysis of intra cranial vessels, not being a service associated with a service to which an item in Subgroup 4 applies (R)   | 176.4            |             |                   | 132.3            | 149.95          |
| 55282    | Support list (DI) | Type C         | 01.11.1997      | 5            | I1        | N        | Duplex scanning involving B mode ultrasound imaging and integrated Doppler flow measurements:(a) by spectral analysis of cavernosal artery of the penis following intracavernosal administration of a vasoactive agent; and(b) performed during the period of pharmacological activity of the injected agent, to confirm a diagnosis of vascular aetiology for impotence; and(c) if a specialist in diagnostic radiology, nuclear medicine, urology, general surgery (sub specialising in vascular surgery) or a consultant physician in nuclear medicine attends the patient in person at the practice location where the service is performed, immediately before or for a period during the performance of the service; and(d) if the specialist or consultant physician interprets the results and prepares a report, not being a service associated with a service to which an item in Subgroup 4 applies (R) | 176.4            |             |                   | 132.3            | 149.95          |
| 55284    | Support list (DI) | Type C         | 01.11.1997      | 5            | I1        | N        | Duplex scanning involving B mode ultrasound imaging and integrated Doppler flow measurements:(a) by spectral analysis of cavernosal tissue of the penis to confirm a diagnosis; and(b) if indicated, assess the progress and management of:(i) priapism; or(ii) fibrosis of any type; or(iii) fracture of the tunica; or(iv) arteriovenous malformations; and(c) if a specialist in diagnostic radiology, nuclear medicine, urology, general surgery (sub specialising in vascular surgery) or a consultant physician in nuclear medicine attends the patient in person at the practice location where the service is performed, immediately before or for a period during the performance of the service; and(d) if the specialist or consultant physician interprets the results and prepares a report, not being a service associated with a service to which an item in Subgroup 4 applies (R)                 | 176.4            |             |                   | 132.3            | 149.95          |
| 55292    | Support list (DI) | Type C         | 01.11.2001      | 5            | I1        | N        | Duplex scanning, unilateral, involving B mode ultrasound imaging and integrated Doppler flow measurements by spectral analysis of surgically created arteriovenous fistula or surgically created arteriovenous access grafts in the upper or lower limbs, not being a service associated with a service to which an item in Subgroup 4 applies (R)   | 176.4            |             |                   | 132.3            | 149.95          |
| 55294    | Support list (DI) | Type C         | 01.11.2001      | 5            | I1        | N        | Duplex scanning involving B mode ultrasound imaging and integrated Doppler flow measurements by spectral analysis of arteries or veins, or both, including any associated skin marking, for mapping of bypass conduit before vascular surgery, not being a service associated with any of the following:(a) a service to which an item in Subgroup 3 or 4 applies; (b) a service to which item 55880, 55881, 55882, 55883, 55884, 55885, 55886, 55887, 55888, 55889, 55890, 55891, 55892, 55893, 55894 or 55895 applies (R)  | 176.4            |             |                   | 132.3            | 149.95          |
| 55296    | Support list (DI) | Type C         | 01.11.2001      | 5            | I1        | N        | Duplex scanning, unilateral, involving B mode ultrasound imaging and integrated Doppler flow spectral analysis and marking of veins in the lower limbs below the inguinal ligament before varicose vein surgery, including any associated skin marking, not being a service associated with any of the following:(a) a service to which an item in Subgroup 3 or 4 applies;(b) a service to which item 55880, 55881, 55882, 55883, 55884, 55885, 55886, 55887, 55888, 55889, 55890, 55891, 55892, 55893, 55894 or 55895 applies (R)  | 115.5            |             |                   | 86.65            | 98.2            |
| 55600    | Support list (DI) | Type B Band 1  | 01.11.1998      | 5            | I1        | N        | Prostate, bladder base and urethra, ultrasound scan of, if performed:(a) personally by a medical practitioner (not being the medical practitioner who assessed the patient as specified in paragraph (c)) using one or more transducer probes that can obtain both axial and sagittal scans in 2 planes at right angles; and(b) after a digital rectal examination of the prostate by that medical practitioner; and(c) on a patient who has been assessed by:(i) a specialist in urology, radiation oncology or medical oncology; or(ii) a consultant physician in medical oncology; who has:(iii) examined the patient in the 60 days before the scan; and(iv) recommended the scan for the management of the patient's current prostatic disease(R)   | 113.55           |             |                   | 85.2             | 96.55           |
| 55603    | Support list (DI) | Type B Band 1  | 01.11.1998      | 5            | I1        | N        | Prostate, bladder base and urethra, ultrasound scan of, if performed:(a) personally by a medical practitioner who made the assessment mentioned in paragraph (c) using one or more transducer probes that can obtain both axial and sagittal scans in 2 planes at right angles; and(b) after a digital rectal examination of the prostate by that medical practitioner; and(c) on a patient who has been assessed by:(i) a specialist in urology, radiation oncology or medical oncology; or(ii) a consultant physician in medical oncology; who has:(iii) examined the patient in the 60 days before the scan; and(iv) recommended the scan for the management of the patient's current prostatic disease(R)  | 113.55           |             |                   | 85.2             | 96.55           |
| 55700    | Support list (DI) | Type C         | 01.02.2000      | 5            | I1        | N        | Pelvis or abdomen, pregnancy-related or pregnancy complication, ultrasound (the current ultrasound) scan of, by any or all approaches, for determining the gestation, location, viability or number of fetuses, if: (a) the dating of the pregnancy (as confirmed by the current ultrasound) is less than 12 weeks of gestation; and (b) the current ultrasound is not performed on the same patient within 24 hours of a service mentioned in item 55704, 55705, 55707, 55708, 55740, 55741, 55742 or 55743 (R)   | 62.45            |             |                   | 46.85            | 53.1            |
| 55703    | Support list (DI) | Type C         | 01.02.2000      | 5            | I1        | N        | Pelvis or abdomen, pregnancy-related or pregnancy complication, ultrasound (the current ultrasound) scan of, by any or all approaches, for determining the gestation, location, viability or number of fetuses, if: (a) the dating of the pregnancy (as confirmed by the current ultrasound) is less than 12 weeks of gestation; and (b) the current ultrasound is not performed on the same patient within 24 hours of a service mentioned in item 55704, 55705, 55707, 55708, 55740, 55741, 55742 or 55743 (NR)  | 36.35            |             |                   | 27.3             | 30.9            |

| MBS item | Clinical Category | Procedure Type | Item Start Date | MBS Category | MBS Group | New Item | MBS Description   | MBS Schedule Fee | Derived Fee | Benefit 100% (\$) | Benefit 75% (\$) | Benefit 85 (\$) |
|----------|-------------------|----------------|-----------------|--------------|-----------|----------|---|------------------|-------------|-------------------|------------------|-----------------|
| 55704    | Support list (DI) | Type C         | 01.02.2000      | 5            | I1        | N        | Pelvis or abdomen, pregnancy-related or pregnancy complication, fetal development and anatomy, ultrasound (the current ultrasound) scan of, by any or all approaches, for determining the structure, gestation, location, viability or number of fetuses, if: (a) the dating of the pregnancy (as confirmed by the current ultrasound) is 12 to 16 weeks of gestation; and (b) the current ultrasound is not performed on the same patient within 24 hours of a service mentioned in another item in this Subgroup (R)  | 72.85            |             |                   | 54.65            | 61.95           |
| 55705    | Support list (DI) | Type C         | 01.02.2000      | 5            | I1        | N        | Pelvis or abdomen, pregnancy-related or pregnancy complication, fetal development and anatomy, ultrasound (the current ultrasound) scan of, by any or all approaches, for determining the structure, gestation, location, viability or number of fetuses, if: (a) the dating of the pregnancy (as confirmed by the current ultrasound) is 12 to 16 weeks of gestation; and (b) the current ultrasound is not performed on the same patient within 24 hours of a service mentioned in another item in this Subgroup (NR)   | 36.35            |             |                   | 27.3             | 30.9            |
| 55706    | Support list (DI) | Type C         | 01.02.2000      | 5            | I1        | N        | Pelvis or abdomen, pregnancy related or pregnancy complication, fetal development and anatomy, ultrasound (the current ultrasound) scan of, by any or all approaches, with measurement of all parameters for dating purposes, if: (a) the dating for the pregnancy (as confirmed by the current ultrasound) is 17 to 22 weeks of gestation; and (b) the current ultrasound: (i) is not performed in the same pregnancy as item 55709; and (ii) is not performed on the same patient within 24 hours of a service mentioned in item 55757 or 55758 (R)   | 104.05           |             |                   | 78.05            | 88.45           |
| 55707    | Support list (DI) | Type C         | 01.11.2005      | 5            | I1        | N        | Pelvis or abdomen, pregnancy related or pregnancy complication, fetal development and anatomy, ultrasound (the current ultrasound) scan of, by any or all approaches, if:(a) the pregnancy (as confirmed by the current ultrasound) is dated by a fetal crown rump length of 45 to 84 mm; and(b) nuchal translucency measurement is performed to assess the risk of fetal abnormality; and(c) the current ultrasound is not performed on the same patient within 24 hours of a service mentioned in another item in this Subgroup (R)   | 72.85            |             |                   | 54.65            | 61.95           |
| 55708    | Support list (DI) | Type C         | 01.11.2005      | 5            | I1        | N        | Pelvis or abdomen, pregnancy related or pregnancy complication, fetal development and anatomy, ultrasound (the current ultrasound) scan of, by any or all approaches, if:(a) the pregnancy (as confirmed by the current ultrasound) is dated by a crown rump length of 45 to 84 mm; and(b) nuchal translucency measurement is performed to assess the risk of fetal abnormality; and(c) the current ultrasound is not performed on the same patient within 24 hours of a service mentioned in another item in this Subgroup (NR)  | 36.35            |             |                   | 27.3             | 30.9            |
| 55709    | Support list (DI) | Type C         | 01.02.2000      | 5            | I1        | N        | Pelvis or abdomen, pregnancy related or pregnancy complication, fetal development and anatomy, ultrasound (the current ultrasound) scan of, by any or all approaches, with measurement of all parameters for dating purposes, if: (a) the dating of the pregnancy (as confirmed by the current ultrasound) is 17 to 22 weeks of gestation; and (b) the current ultrasound: (i) is not performed in the same pregnancy as item 55706; and (ii) is not performed on the same patient within 24 hours of a service mentioned in item 55757 or 55758 (NR)   | 39.5             |             |                   | 29.65            | 33.6            |
| 55712    | Support list (DI) | Type C         | 01.02.2000      | 5            | I1        | N        | Pelvis or abdomen, pregnancy related or pregnancy complication, fetal development and anatomy, ultrasound (the current ultrasound) scan of, by any or all approaches, with measurement of all parameters for dating purposes, if: (a) the current ultrasound is requested by a medical practitioner who: (i) is a Member or a Fellow of the Royal Australian and New Zealand College of Obstetricians and Gynaecologists; or(ii) has a Diploma of Obstetrics; or(iii) has a qualification recognised by the Royal Australian and New Zealand College of Obstetricians and Gynaecologists as being equivalent to a Diploma of Obstetrics; or(iv) has obstetric privileges at a non metropolitan hospital; and (b) the dating of the pregnancy (as confirmed by the current ultrasound) is 17 to 22 weeks of gestation; and (c) further examination is clinically indicated after performance, in the same pregnancy, of a scan mentioned in item 55706 or 55709; and (d) the current ultrasound is not performed on the same patient within 24 hours of a service mentioned in item 55757 or 55758 (R) | 119.65           |             |                   | 89.75            | 101.75          |
| 55715    | Support list (DI) | Type C         | 01.02.2000      | 5            | I1        | N        | Pelvis or abdomen, pregnancy related or pregnancy complication, fetal development and anatomy, ultrasound (the current ultrasound) scan of, by any or all approaches, with measurement of all parameters for dating purposes, performed by or on behalf of a medical practitioner who is a Member or a Fellow of the Royal Australian and New Zealand College of Obstetricians and Gynaecologists, if: (a) the dating of the pregnancy (as confirmed by the current ultrasound) is 17 to 22 weeks of gestation; and (b) further examination is clinically indicated after performance, in the same pregnancy, of a scan mentioned in item 55706 or 55709; and (c) the current ultrasound is not performed on the same patient within 24 hours of a service mentioned in item 55757 or 55758 (NR)  | 41.6             |             |                   | 31.2             | 35.4            |
| 55718    | Support list (DI) | Type C         | 01.02.2000      | 5            | I1        | N        | Pelvis or abdomen, pregnancy related or pregnancy complication, fetal development and anatomy, ultrasound (the current ultrasound) scan of, by any or all approaches, if: (a) the dating of the pregnancy (as confirmed by the current ultrasound) is after 22 weeks of gestation; and (b) the current ultrasound: (i) is not performed in the same pregnancy as item 55723; and (ii) is not performed on the same patient within 24 hours of a service mentioned in item 55757 or 55758 (R)  | 104.05           |             |                   | 78.05            | 88.45           |

| MBS item | Clinical Category | Procedure Type | Item Start Date | MBS Category | MBS Group | New Item | MBS Description   | MBS Schedule Fee | Derived Fee | Benefit 100% (\$) | Benefit 75% (\$) | Benefit 85 (\$) |
|----------|-------------------|----------------|-----------------|--------------|-----------|----------|---|------------------|-------------|-------------------|------------------|-----------------|
| 55721    | Support list (DI) | Type C         | 01.02.2000      | 5            | I1        | N        | Pelvis or abdomen, pregnancy related or pregnancy complication, fetal development and anatomy, ultrasound (the current ultrasound) scan of, by any or all approaches, if: (i) the current ultrasound is requested by a medical practitioner who: (i) is a Member or a Fellow of the Royal Australian and New Zealand College of Obstetricians and Gynaecologists; or(ii) has a Diploma of Obstetrics; or(iii) has a qualification recognised by the Royal Australian and New Zealand College of Obstetricians and Gynaecologists as being equivalent to a Diploma of Obstetrics; or(iv) has obstetric privileges at a non metropolitan hospital; and (b) the dating of the pregnancy (as confirmed by the current ultrasound) is after 22 weeks of gestation; and (c) further examination is clinically indicated in the same pregnancy to which item 55718 or 55723 applies; and (d) the current ultrasound is not performed on the same patient within 24 hours of a service mentioned in item 55757 or 55758 (R) | 119.65           |             |                   | 89.75            | 101.75          |
| 55723    | Support list (DI) | Type C         | 01.02.2000      | 5            | I1        | N        | Pelvis or abdomen, pregnancy related or pregnancy complication, fetal development and anatomy, ultrasound (the current ultrasound) scan of, by any or all approaches, if: (a) the dating of the pregnancy (as confirmed by the current ultrasound) is after 22 weeks of gestation; and (b) the current ultrasound: (i) is not performed in the same pregnancy as item 55718; and (ii) is not performed on the same patient within 24 hours of a service mentioned in item 55757 or 55758 (NR)   | 39.5             |             |                   | 29.65            | 33.6            |
| 55725    | Support list (DI) | Type C         | 01.02.2000      | 5            | I1        | N        | Pelvis or abdomen, pregnancy related or pregnancy complication, fetal development and anatomy, ultrasound (the current ultrasound) scan of, by any or all approaches, performed by or on behalf of a medical practitioner who is a Member or a Fellow of the Royal Australian and New Zealand College of Obstetricians and Gynaecologists, if: (a) the dating of the pregnancy (as confirmed by the current ultrasound) is after 22 weeks of gestation; and (b) further examination is clinically indicated in the same pregnancy to which item 55718 or 55723 applies; and (c) the current ultrasound is not performed on the same patient within 24 hours of a service mentioned in item 55757 or 55758 (NR)  | 41.6             |             |                   | 31.2             | 35.4            |
| 55729    | Support list (DI) | Type C         | 01.11.2000      | 5            | I1        | N        | Duplex scanning, if:(a) the service involves:(i) B mode ultrasound imaging and integrated Doppler flow measurements by spectral analysis of the umbilical artery; and(ii) measured assessment of amniotic fluid volume after the 24th week of gestation; and(b) there is reason to suspect intrauterine growth retardation or a significant risk of fetal death;—examination and report (R)   | 28.35            |             |                   | 21.3             | 24.1            |
| 55736    | Support list (DI) | Type C         | 01.02.2000      | 5            | I1        | N        | Pelvis, ultrasound scan of, in association with saline infusion of the endometrial cavity, by any or all approaches, if a previous transvaginal ultrasound has revealed an abnormality of the uterus or fallopian tube (R)  | 132.15           |             |                   | 99.15            | 112.35          |
| 55739    | Support list (DI) | Type C         | 01.02.2000      | 5            | I1        | N        | Pelvis, ultrasound scan of, in association with saline infusion of the endometrial cavity, by any or all approaches, if a previous transvaginal ultrasound has revealed an abnormality of the uterus or fallopian tube (NR)   | 59.3             |             |                   | 44.5             | 50.45           |
| 55740    | Support list (DI) | Type C         | 01.11.2022      | 5            | I1        | N        | Pelvis or abdomen, pregnancy-related or pregnancy complication, fetal development and anatomy, ultrasound (the current ultrasound) scan of, by any or all approaches, for determining the structure, gestation, location, viability or number of fetuses, if: (a) an ultrasound of the same pregnancy confirms a multiple pregnancy; and (b) the dating of the pregnancy (as confirmed by the current ultrasound) is 12 to 16 weeks of gestation; and (c) the current ultrasound is not performed on the same patient within 24 hours of a service mentioned in another item in this Subgroup (R)   | 108.3            |             |                   | 81.25            | 92.1            |
| 55741    | Support list (DI) | Type C         | 01.11.2022      | 5            | I1        | N        | Pelvis or abdomen, pregnancy-related or pregnancy complication, fetal development and anatomy, ultrasound (the current ultrasound) scan of, by any or all approaches, for determining the structure, gestation, location, viability or number of fetuses, if: (a) an ultrasound of the same pregnancy confirms a multiple pregnancy; and (b) the dating of the pregnancy (as confirmed by the current ultrasound) is 12 to 16 weeks of gestation; and (c) the current ultrasound is not performed on the same patient within 24 hours of a service mentioned in another item in this Subgroup (NR)  | 54.1             |             |                   | 40.6             | 46              |
| 55742    | Support list (DI) | Type C         | 01.11.2022      | 5            | I1        | N        | Pelvis or abdomen, pregnancy-related or pregnancy complication, fetal development and anatomy, ultrasound (the current ultrasound) scan of, by any or all approaches, if: (a) an ultrasound of the same pregnancy confirms a multiple pregnancy; and (b) the pregnancy (as confirmed by the current ultrasound) is dated by a fetal crown rump length of 45 to 84 mm; and (c) nuchal translucency measurement is performed to assess the risk of fetal abnormality; and (d) the current ultrasound is not performed on the same patient within 24 hours of a service mentioned in another item in this Subgroup (R)   | 108.3            |             |                   | 81.25            | 92.1            |
| 55743    | Support list (DI) | Type C         | 01.11.2022      | 5            | I1        | N        | Pelvis or abdomen, pregnancy-related or pregnancy complication, fetal development and anatomy, ultrasound (the current ultrasound) scan of, by any or all approaches, if: (a) an ultrasound of the same pregnancy confirms a multiple pregnancy; and (b) the pregnancy (as confirmed by the current ultrasound) is dated by a fetal crown rump length of 45 to 84 mm; and (c) nuchal translucency measurement is performed to assess the risk of fetal abnormality; and (d) the current ultrasound is not performed on the same patient within 24 hours of a service mentioned in another item in this Subgroup (NR)  | 54.1             |             |                   | 40.6             | 46              |
| 55757    | Support list (DI) | Type C         | 01.11.2022      | 5            | I1        | N        | Pelvis or abdomen, ultrasound (the current ultrasound) scan of, for cervical length assessment for risk of preterm labour, by any or all approaches, if: (a) the dating of the pregnancy (as confirmed by the current ultrasound) is between 14 and 30 weeks of gestation; and (b) any of the following apply: (i) the patient has a history indicating high-risk of preterm labour or birth or second trimester fetal loss; (ii) the patient has symptoms suggestive of threatened preterm labour or second trimester fetal loss; (iii) the patient’s cervical length is less than 25 mm on an ultrasound before 28 weeks gestation; and (c) the current ultrasound is not performed on the same patient within 24 hours of a service mentioned in another item in this Subgroup (R)   | 51.55            |             |                   | 38.7             | 43.85           |

| MBS item | Clinical Category | Procedure Type | Item Start Date | MBS Category | MBS Group | New Item | MBS Description   | MBS Schedule Fee | Derived Fee | Benefit 100% (\$) | Benefit 75% (\$) | Benefit 85 (\$) |
|----------|-------------------|----------------|-----------------|--------------|-----------|----------|---|------------------|-------------|-------------------|------------------|-----------------|
| 55758    | Support list (DI) | Type C         | 01.11.2022      | 5            | I1        | N        | Pelvis or abdomen, ultrasound (the current ultrasound) scan of, for cervical length assessment for risk of preterm labour, by any or all approaches, if: (a) the dating of the pregnancy (as confirmed by the current ultrasound) is between 14 and 30 weeks of gestation; and (b) any of the following apply: (i) the patient has a history indicating high-risk of preterm labour or birth or second trimester fetal loss; (ii) the patient has symptoms suggestive of threatened preterm labour or second trimester fetal loss; (iii) the patient's cervical length is less than 25 mm on an ultrasound before 28 weeks gestation; and (c) the current ultrasound is not performed on the same patient within 24 hours of a service mentioned in another item in this Subgroup (NR)  | 19.6             |             |                   | 14.7             | 16.7            |
| 55759    | Support list (DI) | Unlisted       | 01.11.2000      | 5            | I1        | N        | Pelvis or abdomen, pregnancy related or pregnancy complication, fetal development and anatomy, ultrasound (the current ultrasound) scan of, by any or all approaches, with measurement of all parameters for dating purposes, if: (a) an ultrasound of the same pregnancy confirms a multiple pregnancy; and (b) the dating of the pregnancy (as confirmed by the current ultrasound) is 17 to 22 weeks gestation; and (c) the service mentioned in item 55706, 55709, 55712, 55715 or 55762 is not performed in conjunction with the current ultrasound during the same pregnancy; and (d) the current ultrasound is not performed on the same patient within 24 hours of a service mentioned in item 55757 or 55758 (R)   | 156.05           |             |                   | 117.05           | 132.65          |
| 55762    | Support list (DI) | Unlisted       | 01.11.2000      | 5            | I1        | N        | Pelvis or abdomen, pregnancy-related or pregnancy complication, fetal development and anatomy, ultrasound (the current ultrasound) scan of, by any or all approaches, with measurement of all parameters for dating purposes, if: (a) an ultrasound of the same pregnancy confirms a multiple pregnancy; and (b) the dating of the pregnancy (as confirmed by the current ultrasound) is 17 to 22 weeks gestation; and (c) the service mentioned in item 55706, 55709, 55712, 55715 or 55759 is not performed in conjunction with the current ultrasound during the same pregnancy; and (d) the current ultrasound is not performed on the same patient within 24 hours of a service mentioned in item 55757 or 55758 (NR)  | 62.45            |             |                   | 46.85            | 53.1            |
| 55764    | Support list (DI) | Unlisted       | 01.11.2000      | 5            | I1        | N        | Pelvis or abdomen, pregnancy related or pregnancy complication, fetal development and anatomy, ultrasound (the current ultrasound) scan of, by any or all approaches, with measurement of all parameters for dating purposes, if: (a) the service is requested by a medical practitioner who: (i) is a Member or Fellow of the Royal Australian and New Zealand College of Obstetricians and Gynaecologists; or(ii) has a Diploma of Obstetrics; or(iii) has a qualification recognised by the Royal Australian and New Zealand College of Obstetricians and Gynaecologists as equivalent to a Diploma of Obstetrics; or(iv) has obstetric privileges at a non metropolitan hospital; and (b) an ultrasound of the same pregnancy confirms a multiple pregnancy; and (c) the dating of the pregnancy (as confirmed by the current ultrasound) is 17 to 22 weeks gestation; and (d) further examination is clinically indicated in the same pregnancy in which item 55759 or 55762 has been performed; and (e) the service mentioned in item 55706, 55709, 55712 or 55715 is not performed in conjunction with the current ultrasound during the same pregnancy; and (f) the current ultrasound is not performed on the same patient within 24 hours of a service mentioned in item 55757 or 55758 (R) | 166.45           |             |                   | 124.85           | 141.5           |
| 55766    | Support list (DI) | Unlisted       | 01.11.2000      | 5            | I1        | N        | Pelvis or abdomen, pregnancy related or pregnancy complication, fetal development and anatomy, ultrasound (the current ultrasound) scan of, by any or all approaches, with measurement of all parameters for dating purposes, performed by or on behalf of a medical practitioner, who is a Member or Fellow of the Royal Australian and New Zealand College of Obstetricians and Gynaecologists, if: (a) an ultrasound of the same pregnancy confirms a multiple pregnancy; and (b) the dating of the pregnancy (as confirmed by the current ultrasound) is 17 to 22 weeks of gestation; and (c) further examination is clinically indicated in the same pregnancy in which item 55759 or 55762 has been performed; and (d) the service mentioned in item 55706, 55709, 55712 or 55715 is not performed in conjunction with the current ultrasound during the same pregnancy; and (e) the current ultrasound is not performed on the same patient within 24 hours of a service mentioned in item 55757 or 55758 (NR)   | 67.6             |             |                   | 50.7             | 57.5            |
| 55768    | Support list (DI) | Unlisted       | 01.11.2000      | 5            | I1        | N        | Pelvis or abdomen, pregnancy related or pregnancy complication, fetal development and anatomy, ultrasound (the current ultrasound) scan of, by any or all approaches, if: (a) dating of the pregnancy (as confirmed by the current ultrasound) is after 22 weeks of gestation; and (b)an ultrasound confirms a multiple pregnancy; and (c) the service is not performed in the same pregnancy as item 55770; and (d) the service mentioned in item 55718, 55721, 55723 or 55725 is not performed in conjunction with the current ultrasound during the same pregnancy; and (e) the current ultrasound is not performed on the same patient within 24 hours of a service mentioned in item 55757 or 55758 (R)  | 156.05           |             |                   | 117.05           | 132.65          |
| 55770    | Support list (DI) | Unlisted       | 01.11.2000      | 5            | I1        | N        | Pelvis or abdomen, pregnancy related or pregnancy complication, fetal development and anatomy, ultrasound (the current ultrasound) scan of, by any or all approaches, if: (a) dating of the pregnancy (as confirmed by the current ultrasound) is after 22 weeks of gestation; and (b)an ultrasound confirms a multiple pregnancy; and (c) the service is not performed in the same pregnancy as item 55768; and (d) the service mentioned in item 55718, 55721, 55723 or 55725 is not performed in conjunction with the current ultrasound during the same pregnancy; and (e) the current ultrasound is not performed on the same patient within 24 hours of a service mentioned in item 55757 or 55758 (NR)   | 62.45            |             |                   | 46.85            | 53.1            |

| MBS item | Clinical Category | Procedure Type | Item Start Date | MBS Category | MBS Group | New Item | MBS Description   | MBS Schedule Fee | Derived Fee | Benefit 100% (\$) | Benefit 75% (\$) | Benefit 85 (\$) |
|----------|-------------------|----------------|-----------------|--------------|-----------|----------|---|------------------|-------------|-------------------|------------------|-----------------|
| 55772    | Support list (DI) | Unlisted       | 01.11.2000      | 5            | I1        | N        | Pelvis or abdomen, pregnancy related or pregnancy complication, fetal development and anatomy, ultrasound (the current ultrasound) scan of, by any or all approaches, if: (a) dating of the pregnancy as confirmed by the current ultrasound is after 22 weeks of gestation; and (b) the service is requested by a medical practitioner who: (i) is a Member or Fellow of the Royal Australian and New Zealand College of Obstetricians and Gynaecologists; or (ii) has a Diploma of Obstetrics; or (iii) has a qualification recognised by the Royal Australian and New Zealand College of Obstetricians and Gynaecologists as equivalent to a Diploma of Obstetrics; or (iv) has obstetric privileges at a non metropolitan hospital; and (c) further examination is clinically indicated in the same pregnancy to which item 55768 or 55770 has been performed; and (d) the pregnancy as confirmed by an ultrasound is a multiple pregnancy; and (e) the service mentioned in item 55718, 55721, 55723 or 55725 is not performed in conjunction with the current ultrasound during the same pregnancy; and (f) the current ultrasound is not performed on the same patient within 24 hours of a service mentioned in item 55757 or 55758 (R) | 166.45           |             |                   | 124.85           | 141.5           |
| 55774    | Support list (DI) | Unlisted       | 01.11.2000      | 5            | I1        | N        | Pelvis or abdomen, pregnancy related or pregnancy complication, fetal development and anatomy, ultrasound (the current ultrasound) scan of, by any or all approaches, performed by or on behalf of a medical practitioner who is a Member or a Fellow of the Royal Australian and New Zealand College of Obstetricians and Gynaecologists, if: (a) dating of the pregnancy as confirmed by the current ultrasound is after 22 weeks of gestation; and (b) further examination is clinically indicated in the same pregnancy to which item 55768 or 55770 has been performed; and (c) the pregnancy as confirmed by an ultrasound is a multiple pregnancy; and (d) the service mentioned in item 55718, 55721, 55723 or 55725 is not performed in conjunction with the current ultrasound during the same pregnancy; and (e) the current ultrasound is not performed on the same patient within 24 hours of a service mentioned in item 55757 or 55758 (NR)  | 67.6             |             |                   | 50.7             | 57.5            |
| 55812    | Support list (DI) | Type C         | 01.11.2000      | 5            | I1        | N        | Chest or abdominal wall, one or more areas, ultrasound scan of, if the service is not performed in conjunction with a service mentioned in item 55070, 55073, 55076 or 55079 (R)  | 113.55           |             |                   | 85.2             | 96.55           |
| 55814    | Support list (DI) | Type C         | 01.11.2000      | 5            | I1        | N        | Chest or abdominal wall, one or more areas, ultrasound scan of, if the service is not performed in conjunction with a service mentioned in item 55070, 55073, 55076 or 55079 (NR)   | 39.35            |             |                   | 29.55            | 33.45           |
| 55844    | Support list (DI) | Type C         | 01.11.2000      | 5            | I1        | N        | Assessment of a mass associated with the skin or subcutaneous structures, not being a part of the musculoskeletal system, one or more areas, ultrasound scan of (R)   | 90.9             |             |                   | 68.2             | 77.3            |
| 55846    | Support list (DI) | Type C         | 01.11.2000      | 5            | I1        | N        | Assessment of a mass associated with the skin or subcutaneous structures, not being a part of the musculoskeletal system, one or more areas, ultrasound scan of (NR)  | 39.35            |             |                   | 29.55            | 33.45           |
| 55848    | Support list (DI) | Unlisted       | 01.11.2000      | 5            | I1        | N        | Musculoskeletal ultrasound, in conjunction with a surgical procedure using interventional techniques, not being a service associated with a service to which any other item in this group applies, and not performed in conjunction with a service mentioned in item 55054 (R)  | 142.15           |             |                   | 106.65           | 120.85          |
| 55850    | Support list (DI) | Unlisted       | 01.11.2000      | 5            | I1        | N        | Musculoskeletal ultrasound, in conjunction with a surgical procedure using interventional techniques, inclusive of a diagnostic musculoskeletal ultrasound service, if: (a) the medical practitioner or nurse practitioner has indicated on a request for a musculoskeletal ultrasound that an ultrasound guided intervention be performed if clinically indicated; and (b) the service is not performed in conjunction with a service mentioned in item 55054 or any other item in this Subgroup (R)   | 187.65           |             |                   | 140.75           | 159.55          |
| 55852    | Support list (DI) | Type C         | 01.05.2001      | 5            | I1        | N        | Paediatric spine, spinal cord and overlying subcutaneous tissues, ultrasound scan of (R)  | 113.55           |             |                   | 85.2             | 96.55           |
| 55854    | Support list (DI) | Type C         | 01.05.2001      | 5            | I1        | N        | Paediatric spine, spinal cord and overlying subcutaneous tissues, ultrasound scan of (NR)   | 39.35            |             |                   | 29.55            | 33.45           |
| 55856    | Support list (DI) | Type C         | 01.05.2020      | 5            | I1        | N        | Hand or wrist or both, left or right, ultrasound scan of, if the service is not performed in conjunction with a service mentioned in item 55858 (R)   | 113.55           |             |                   | 85.2             | 96.55           |
| 55857    | Support list (DI) | Type C         | 01.05.2020      | 5            | I1        | N        | Hand or wrist, or both, left or right, ultrasound scan of, if the service is not performed in conjunction with item 55859 (NR)  | 39.35            |             |                   | 29.55            | 33.45           |
| 55858    | Support list (DI) | Type C         | 01.05.2020      | 5            | I1        | N        | Hand or wrist, or both, left and right, ultrasound scan of, if the service is not performed in conjunction with a service mentioned in item 55856 (R)   | 126              |             |                   | 94.5             | 107.1           |
| 55859    | Support list (DI) | Type C         | 01.05.2020      | 5            | I1        | N        | Hand or wrist, or both, left and right, ultrasound scan of, if the service is not performed in conjunction with a service mentioned in item 55857 (NR)  | 43.75            |             |                   | 32.85            | 37.2            |
| 55860    | Support list (DI) | Type C         | 01.05.2020      | 5            | I1        | N        | Forearm or elbow, or both, left or right, ultrasound scan of, if the service is not performed in conjunction with a service mentioned in item 55862 (R)   | 113.55           |             |                   | 85.2             | 96.55           |
| 55861    | Support list (DI) | Type C         | 01.05.2020      | 5            | I1        | N        | Forearm or elbow, or both, left or right, ultrasound scan of, if the service is not performed in conjunction with a service mentioned in item 55863 (NR)  | 39.35            |             |                   | 29.55            | 33.45           |
| 55862    | Support list (DI) | Type C         | 01.05.2020      | 5            | I1        | N        | Forearm or elbow, or both, left and right, ultrasound scan of, if the service is not performed in conjunction with a service mentioned in item 55860 (R)  | 126              |             |                   | 94.5             | 107.1           |
| 55863    | Support list (DI) | Type C         | 01.05.2020      | 5            | I1        | N        | Forearm or elbow, or both, left and right, ultrasound scan of, if the service is not performed in conjunction with item 55861 (NR)  | 43.75            |             |                   | 32.85            | 37.2            |
| 55864    | Support list (DI) | Type C         | 01.05.2020      | 5            | I1        | N        | Shoulder or upper arm, or both, left or right, ultrasound scan of, if: (a) the service is used for the assessment of one or more of the following suspected or known conditions: (i) an injury to a muscle, tendon or muscle/tendon junction; (ii) rotator cuff tear, calcification or tendinosis (biceps, subscapular, supraspinatus or infraspinatus); (iii) biceps subluxation; (iv) capsulitis and bursitis; (v) a mass, including a ganglion; (vi) an occult fracture; (vii) acromioclavicular joint pathology; and (b) the service is not performed in conjunction with a service mentioned in item 55866 (R)   | 113.55           |             |                   | 85.2             | 96.55           |
| 55865    | Support list (DI) | Type C         | 01.05.2020      | 5            | I1        | N        | Shoulder or upper arm, or both, left or right, ultrasound scan of, if: (a) the service is used for the assessment of one or more of the following suspected or known conditions: (i) an injury to a muscle, tendon or muscle/tendon junction; (ii) rotator cuff tear, calcification or tendinosis (biceps, subscapular, supraspinatus or infraspinatus); (iii) biceps subluxation; (iv) capsulitis and bursitis; (v) a mass, including a ganglion; (vi) an occult fracture; (vii) acromioclavicular joint pathology; and (b) the service is not performed in conjunction with a service mentioned in item 55867 (NR)  | 39.35            |             |                   | 29.55            | 33.45           |

| MBS Item | Clinical Category | Procedure Type | Item Start Date | MBS Category | MBS Group | New Item | MBS Description  | MBS Schedule Fee | Derived Fee | Benefit 100% (\$) | Benefit 75% (\$) | Benefit 85 (\$) |
|----------|-------------------|----------------|-----------------|--------------|-----------|----------|--|------------------|-------------|-------------------|------------------|-----------------|
| 55866    | Support list (DI) | Type C         | 01.05.2020      | 5            | I1        | N        | Shoulder or upper arm, or both, left and right, ultrasound scan of, if:(a) the service is used for the assessment of one or more of the following suspected or known conditions:(i) an injury to a muscle, tendon or muscle/tendon junction;(ii) rotator cuff tear, calcification or tendinosis (biceps, subscapular, supraspinatus or infraspinatus);(iii) biceps subluxation;(iv) capsulitis and bursitis;(v) a mass, including a ganglion;(vi) an occult fracture;(vii) acromioclavicular joint pathology; and(b) the service is not performed in conjunction with a service mentioned in item 55864 (R)  | 126              |             |                   | 94.5             | 107.1           |
| 55867    | Support list (DI) | Type C         | 01.05.2020      | 5            | I1        | N        | Shoulder or upper arm, or both, left and right, ultrasound scan of, if:(a) the service is used for the assessment of one or more of the following suspected or known conditions:(i) an injury to a muscle, tendon or muscle/tendon junction;(ii) rotator cuff tear, calcification or tendinosis (biceps, subscapular, supraspinatus or infraspinatus);(iii) biceps subluxation;(iv) capsulitis and bursitis;(v) a mass, including a ganglion;(vi) an occult fracture;(vii) acromioclavicular joint pathology; and(b) the service is not performed in conjunction with a service mentioned in item 55865 (NR) | 43.75            |             |                   | 32.85            | 37.2            |
| 55868    | Support list (DI) | Type C         | 01.05.2020      | 5            | I1        | N        | Hip or groin, or both, left or right, ultrasound scan of, if the service is not performed in conjunction with a service mentioned in item 55870 (R)  | 113.55           |             |                   | 85.2             | 96.55           |
| 55869    | Support list (DI) | Type C         | 01.05.2020      | 5            | I1        | N        | Hip or groin, or both, left or right, ultrasound scan of, if the service is not performed in conjunction with a service mentioned in item 55871 (NR)   | 39.35            |             |                   | 29.55            | 33.45           |
| 55870    | Support list (DI) | Type C         | 01.05.2020      | 5            | I1        | N        | Hip or groin, or both, left and right, ultrasound scan of, if the service is not performed in conjunction with a service mentioned in item 55868 (R)   | 126              |             |                   | 94.5             | 107.1           |
| 55871    | Support list (DI) | Type C         | 01.05.2020      | 5            | I1        | N        | Hip or groin, or both, left and right, ultrasound scan of, if the service is not performed in conjunction with a service mentioned in item 55869 (NR)  | 43.75            |             |                   | 32.85            | 37.2            |
| 55872    | Support list (DI) | Type C         | 01.05.2020      | 5            | I1        | N        | Paediatric hip examination for dysplasia, left or right, ultrasound scan of, if the service is not performed in conjunction with item 55874 (R)  | 113.55           |             |                   | 85.2             | 96.55           |
| 55873    | Support list (DI) | Type C         | 01.05.2020      | 5            | I1        | N        | Paediatric hip examination for dysplasia, left or right, ultrasound scan of, if the service is not performed in conjunction with item 55875 (NR)   | 39.35            |             |                   | 29.55            | 33.45           |
| 55874    | Support list (DI) | Type C         | 01.05.2020      | 5            | I1        | N        | Paediatric hip examination for dysplasia, left and right, ultrasound scan of, if the service is not performed in conjunction with item 55872 (R)   | 126              |             |                   | 94.5             | 107.1           |
| 55875    | Support list (DI) | Type C         | 01.05.2020      | 5            | I1        | N        | Paediatric hip examination for dysplasia, left and right, ultrasound scan of, if the service is not performed in conjunction with item 55873 (NR)  | 43.75            |             |                   | 32.85            | 37.2            |
| 55876    | Support list (DI) | Type C         | 01.05.2020      | 5            | I1        | N        | Buttock or thigh, or both, left or right, ultrasound scan of, if the service is not performed in conjunction with item 55878 (R)   | 113.55           |             |                   | 85.2             | 96.55           |
| 55877    | Support list (DI) | Type C         | 01.05.2020      | 5            | I1        | N        | Buttock or thigh or both, left or right, ultrasound scan of, if the service is not performed in conjunction with item 55879 (NR)   | 39.35            |             |                   | 29.55            | 33.45           |
| 55878    | Support list (DI) | Type C         | 01.05.2020      | 5            | I1        | N        | Buttock or thigh, or both, left and right, ultrasound scan of, if the service is not performed in conjunction with item 55876 (R)  | 126              |             |                   | 94.5             | 107.1           |
| 55879    | Support list (DI) | Type C         | 01.05.2020      | 5            | I1        | N        | Buttock or thigh, or both, left and right, ultrasound scan of, if the service is not performed in conjunction with item 55877 (NR)   | 43.75            |             |                   | 32.85            | 37.2            |
| 55880    | Support list (DI) | Type C         | 01.05.2020      | 5            | I1        | N        | Knee, left or right, ultrasound scan of, if: (a) the service is used for the assessment of one or more of the following suspected or known conditions:(i) abnormality of tendons or bursae about the knee;(ii) a meniscal cyst, popliteal fossa cyst, mass or pseudomass;(iii) a nerve entrapment or a nerve or nerve sheath tumour;(iv) an injury of collateral ligaments; and (b) the service is not performed in conjunction with item 55882 (R)  | 113.55           |             |                   | 85.2             | 96.55           |
| 55881    | Support list (DI) | Type C         | 01.05.2020      | 5            | I1        | N        | Knee, left or right, ultrasound scan of, if:(a) the service is used for the assessment of one or more of the following suspected or known conditions: (i) abnormality of tendons or bursae about the knee;(ii) a meniscal cyst, popliteal fossa cyst, mass or pseudomass;(iii) a nerve entrapment or a nerve or nerve sheath tumour;(iv) an injury of collateral ligaments; and(b) the service is not performed in conjunction with item 55883 (NR)  | 39.35            |             |                   | 29.55            | 33.45           |
| 55882    | Support list (DI) | Type C         | 01.05.2020      | 5            | I1        | N        | Knee, left and right, ultrasound scan of, if:(a) the service is used for the assessment of one or more of the following suspected or known conditions:(i) abnormality of tendons or bursae about the knee;(ii) a meniscal cyst, popliteal fossa cyst, mass or pseudomass;(iii) a nerve entrapment or a nerve or nerve sheath tumour;(iv) an injury of collateral ligaments; and(b) the service is not performed in conjunction with a service mentioned in item 55880 (R)  | 126              |             |                   | 94.5             | 107.1           |
| 55883    | Support list (DI) | Type C         | 01.05.2020      | 5            | I1        | N        | Knee, left and right, ultrasound scan of, if:(a) the service is used for the assessment of one or more of the following suspected or known conditions: (i) abnormality of tendons or bursae about the knee;(ii) a meniscal cyst, popliteal fossa cyst, mass or pseudomass;(iii) a nerve entrapment or a nerve or nerve sheath tumour;(iv) an injury of collateral ligaments; and(b) the service is not performed in conjunction with item 55881 (NR)   | 43.75            |             |                   | 32.85            | 37.2            |
| 55884    | Support list (DI) | Type C         | 01.05.2020      | 5            | I1        | N        | Lower leg, left or right, ultrasound scan of, if the service is not performed in conjunction with item 55886 (R)   | 113.55           |             |                   | 85.2             | 96.55           |
| 55885    | Support list (DI) | Type C         | 01.05.2020      | 5            | I1        | N        | Lower leg, left or right, ultrasound scan of, if the service is not performed in conjunction with item 55887 (NR)  | 39.35            |             |                   | 29.55            | 33.45           |
| 55886    | Support list (DI) | Type C         | 01.05.2020      | 5            | I1        | N        | Lower leg, left and right, ultrasound scan of, if the service is not performed in conjunction with item 55884 (R)  | 126              |             |                   | 94.5             | 107.1           |
| 55887    | Support list (DI) | Type C         | 01.05.2020      | 5            | I1        | N        | Lower leg, left and right, ultrasound scan of, if the service is not performed in conjunction with item 55885 (NR)   | 43.75            |             |                   | 32.85            | 37.2            |
| 55888    | Support list (DI) | Type C         | 01.05.2020      | 5            | I1        | N        | Ankle or hind foot, or both, left or right, ultrasound scan of, if the service is not performed in conjunction with item 55890 (R)   | 113.55           |             |                   | 85.2             | 96.55           |
| 55889    | Support list (DI) | Type C         | 01.05.2020      | 5            | I1        | N        | Ankle or hind foot, or both, left or right, ultrasound scan of, if the service is not performed in conjunction with item 55891 (NR)  | 39.35            |             |                   | 29.55            | 33.45           |
| 55890    | Support list (DI) | Type C         | 01.05.2020      | 5            | I1        | N        | Ankle or hind foot, or both, left and right, ultrasound scan of, if the service is not performed in conjunction with item 55888 (R)  | 126              |             |                   | 94.5             | 107.1           |
| 55891    | Support list (DI) | Type C         | 01.05.2020      | 5            | I1        | N        | Ankle or hind foot, or both, left and right, ultrasound scan of, if the service is not performed in conjunction with item 55889 (NR)   | 43.75            |             |                   | 32.85            | 37.2            |

| MBS item | Clinical Category | Procedure Type | Item Start Date | MBS Category | MBS Group | New Item | MBS Description   | MBS Schedule Fee | Derived Fee | Benefit 100% (\$) | Benefit 75% (\$) | Benefit 85 (\$) |
|----------|-------------------|----------------|-----------------|--------------|-----------|----------|---|------------------|-------------|-------------------|------------------|-----------------|
| 55892    | Support list (DI) | Type C         | 01.05.2020      | 5            | I1        | N        | Mid foot or fore foot, or both, left or right, ultrasound scan of, if the service is not performed in conjunction with item 55894 (R)   | 113.55           |             |                   | 85.2             | 96.55           |
| 55893    | Support list (DI) | Type C         | 01.05.2020      | 5            | I1        | N        | Mid foot or fore foot, or both, left or right, ultrasound scan of, if the service is not performed in conjunction with item 55895 (NR)  | 39.35            |             |                   | 29.55            | 33.45           |
| 55894    | Support list (DI) | Type C         | 01.05.2020      | 5            | I1        | N        | Mid foot or fore foot, or both, left and right, ultrasound scan of, if the service is not performed in conjunction with item 55892 (R)  | 126              |             |                   | 94.5             | 107.1           |
| 55895    | Support list (DI) | Type C         | 01.05.2020      | 5            | I1        | N        | Mid foot or fore foot, or both, left and right, ultrasound scan of, if the service is not performed in conjunction with item 55893 (NR)   | 43.75            |             |                   | 32.85            | 37.2            |
| 56001    | Support list (DI) | Type C         | 01.11.1996      | 5            | I2        | N        | Computed tomography—scan of brain without intravenous contrast medium, not being a service to which item 57001 applies (R) (Anaes.)   | 203              |             |                   | 152.25           | 172.55          |
| 56007    | Support list (DI) | Type C         | 01.11.1996      | 5            | I2        | N        | Computed tomography—scan of brain with intravenous contrast medium and with any scans of the brain before intravenous contrast injection, when performed, not being a service to which item 57007 applies (R) (Anaes.)  | 260.15           |             |                   | 195.15           | 221.15          |
| 56010    | Support list (DI) | Type C         | 01.11.1996      | 5            | I2        | N        | Computed tomography—scan of pituitary fossa with or without intravenous contrast medium and with or without brain scan when performed (R) (Anaes.)  | 262.35           |             |                   | 196.8            | 223             |
| 56013    | Support list (DI) | Type C         | 01.11.1996      | 5            | I2        | N        | COMPUTED TOMOGRAPHY - scan of orbits with or without intravenous contrast medium and with or without brain scan when undertaken (R) (Anaes.)  | 260.15           |             |                   | 195.15           | 221.15          |
| 56016    | Support list (DI) | Type C         | 01.11.1996      | 5            | I2        | N        | Computed tomography—scan of petrous bones in axial and coronal planes in 1 mm or 2 mm sections, with or without intravenous contrast medium, with or without scan of brain (R) (Anaes.)   | 301.75           |             |                   | 226.35           | 256.5           |
| 56022    | Support list (DI) | Type C         | 01.11.1996      | 5            | I2        | N        | Computed tomography—scan of facial bones, para nasal sinuses or both without intravenous contrast medium (R) (Anaes.)   | 234.1            |             |                   | 175.6            | 199             |
| 56028    | Support list (DI) | Type C         | 01.11.1996      | 5            | I2        | N        | Computed tomography—scan of facial bones, para nasal sinuses or both with intravenous contrast medium and with any scans of the facial bones, para nasal sinuses or both before intravenous contrast injection, when performed (R) (Anaes.)   | 350.45           |             |                   | 262.85           | 297.9           |
| 56030    | Support list (DI) | Type C         | 01.02.2000      | 5            | I2        | N        | Computed tomography—scan of facial bones, para nasal sinuses or both, with scan of brain, without intravenous contrast medium (R) (Anaes.)  | 234.1            |             |                   | 175.6            | 199             |
| 56036    | Support list (DI) | Type C         | 01.02.2000      | 5            | I2        | N        | Computed tomography—scan of facial bones, para nasal sinuses or both, with scan of brain, with intravenous contrast medium, if:(a) a scan without intravenous contrast medium has been performed; and(b) the service is required because the result of the scan mentioned in paragraph (a) is abnormal (R) (Anaes.)   | 350.45           |             |                   | 262.85           | 297.9           |
| 56101    | Support list (DI) | Type C         | 01.11.1996      | 5            | I2        | N        | Computed tomography—scan of soft tissues of neck, including larynx, pharynx, upper oesophagus and salivary glands (not associated with cervical spine) without intravenous contrast medium, not being a service to which item 56801 applies (R) (Anaes.)  | 239.3            |             |                   | 179.5            | 203.45          |
| 56107    | Support list (DI) | Type C         | 01.11.1996      | 5            | I2        | N        | Computed tomography—scan of soft tissues of neck, including larynx, pharynx, upper oesophagus and salivary glands (not associated with cervical spine)—with intravenous contrast medium and with any scans of soft tissues of neck, including larynx, pharynx, upper oesophagus and salivary glands (not associated with cervical spine) before intravenous contrast injection, when undertaken, not being a service associated with a service to which item 56807 applies (R) (Anaes.) | 353.75           |             |                   | 265.35           | 300.7           |
| 56219    | Support list (DI) | Unlisted       | 01.11.1996      | 5            | I2        | N        | Computed tomography—scan of spine, one or more regions with intrathecal contrast medium, including the preparation for intrathecal injection of contrast medium and any associated plain X rays, not being a service to which item 59724 or 59275 applies (R) (Anaes.)  | 339.45           |             |                   | 254.6            | 288.55          |
| 56220    | Support list (DI) | Type C         | 01.11.2001      | 5            | I2        | N        | Computed tomography—scan of spine, cervical region, without intravenous contrast medium (R) (Anaes.)  | 249.75           |             |                   | 187.35           | 212.3           |
| 56221    | Support list (DI) | Type C         | 01.11.2001      | 5            | I2        | N        | Computed tomography—scan of spine, thoracic region, without intravenous contrast medium (R) (Anaes.)  | 249.75           |             |                   | 187.35           | 212.3           |
| 56223    | Support list (DI) | Type C         | 01.11.2001      | 5            | I2        | N        | Computed tomography—scan of spine, lumbosacral region, without intravenous contrast medium (R) (Anaes.)   | 249.75           |             |                   | 187.35           | 212.3           |
| 56224    | Support list (DI) | Type C         | 01.11.2001      | 5            | I2        | N        | Computed tomography—scan of spine, cervical region, with intravenous contrast medium and with any scans of the cervical region of the spine before intravenous contrast injection when undertaken (R) (Anaes.)  | 365.6            |             |                   | 274.2            | 310.8           |
| 56225    | Support list (DI) | Type C         | 01.11.2001      | 5            | I2        | N        | Computed tomography—scan of spine, thoracic region, with intravenous contrast medium and with any scans of the thoracic region of the spine before intravenous contrast injection when undertaken (R) (Anaes.)  | 365.6            |             |                   | 274.2            | 310.8           |
| 56226    | Support list (DI) | Type C         | 01.11.2001      | 5            | I2        | N        | Computed tomography—scan of spine, lumbosacral region, with intravenous contrast medium and with any scans of the lumbosacral region of the spine prior to intravenous contrast injection when undertaken (R) (Anaes.)  | 365.6            |             |                   | 274.2            | 310.8           |
| 56233    | Support list (DI) | Type C         | 01.11.2001      | 5            | I2        | N        | NOTE:An account issued or a patient assignment form must show the item numbers of the examinations performed under this item Computed tomography—scan of spine, 2 examinations of the kind referred to in items 56220, 56221 and 56223, without intravenous contrast medium (R) (Anaes.)  | 249.75           |             |                   | 187.35           | 212.3           |
| 56234    | Support list (DI) | Type C         | 01.11.2001      | 5            | I2        | N        | NOTE:An account issued or a patient assignment form must show the item numbers of the examinations performed under this item Computed tomography—scan of spine, 2 examinations of the kind referred to in items 56224, 56225 and 56226, with intravenous contrast medium and with any scans of these regions of the spine before intravenous contrast injection when undertaken (R) (Anaes.)  | 365.6            |             |                   | 274.2            | 310.8           |
| 56237    | Support list (DI) | Type C         | 01.11.2001      | 5            | I2        | N        | Computed tomography—scan of spine, 3 regions cervical, thoracic and lumbosacral, without intravenous contrast medium (R) (Anaes.)   | 249.75           |             |                   | 187.35           | 212.3           |
| 56238    | Support list (DI) | Type C         | 01.11.2001      | 5            | I2        | N        | Computed tomography—scan of spine, 3 regions, cervical, thoracic and lumbosacral, with intravenous contrast medium and with any scans of these regions of the spine before intravenous contrast injection when undertaken (R) (Anaes.)  | 365.6            |             |                   | 274.2            | 310.8           |

| MBS item | Clinical Category | Procedure Type | Item Start Date | MBS Category | MBS Group | New Item | MBS Description   | MBS Schedule Fee | Derived Fee | Benefit 100% (\$) | Benefit 75% (\$) | Benefit 85 (\$) |
|----------|-------------------|----------------|-----------------|--------------|-----------|----------|---|------------------|-------------|-------------------|------------------|-----------------|
| 56301    | Support list (DI) | Type C         | 01.11.1996      | 5            | I2        | N        | Computed tomography—scan of chest, including lungs, mediastinum, chest wall and pleura, with or without scans of the upper abdomen, without intravenous contrast medium, not being a service to which item 56801 or 57001 applies and not including a study performed to exclude coronary artery calcification or image the coronary arteries (R) (Anaes.)  | 306.95           |             |                   | 230.25           | 260.95          |
| 56307    | Support list (DI) | Type C         | 01.11.1996      | 5            | I2        | N        | Computed tomography—scan of chest, including lungs, mediastinum, chest wall and pleura, with or without scans of the upper abdomen, with intravenous contrast medium and with any scans of the chest, including lungs, mediastinum, chest wall or pleura and upper abdomen before intravenous contrast injection, when undertaken, not being a service to which item 56807 or 57007 applies and not including a study performed to exclude coronary artery calcification or image the coronary arteries (R) (Anaes.)  | 416.2            |             |                   | 312.15           | 353.8           |
| 56401    | Support list (DI) | Type C         | 01.11.1996      | 5            | I2        | N        | Computed tomography—scan of upper abdomen only (diaphragm to iliac crest) without intravenous contrast medium, not being a service to which item 56301, 56501, 56801 or 57001 applies (R) (Anaes.)  | 260.15           |             |                   | 195.15           | 221.15          |
| 56407    | Support list (DI) | Type C         | 01.11.1996      | 5            | I2        | N        | Computed tomography—scan of upper abdomen only (diaphragm to iliac crest), with intravenous contrast medium, and with any scans of upper abdomen (diaphragm to iliac crest) before intravenous contrast injection, when undertaken, not being a service to which item 56307, 56507, 56807 or 57007 applies (R) (Anaes.)   | 374.6            |             |                   | 280.95           | 318.45          |
| 56409    | Support list (DI) | Type C         | 01.12.1991      | 5            | I2        | N        | Computed tomography—scan of pelvis only (iliac crest to pubic symphysis) without intravenous contrast medium not being a service associated with a service to which item 56401 applies (R) (Anaes.)   | 260.15           |             |                   | 195.15           | 221.15          |
| 56412    | Support list (DI) | Type C         | 01.11.1996      | 5            | I2        | N        | Computed tomography—scan of pelvis only (iliac crest to pubic symphysis), with intravenous contrast medium and with any scans of pelvis (iliac crest to pubic symphysis) before intravenous contrast injection, when undertaken, not being a service to which item 56407 applies (R) (Anaes.)   | 374.6            |             |                   | 280.95           | 318.45          |
| 56501    | Support list (DI) | Type C         | 01.11.1996      | 5            | I2        | N        | Computed tomography—scan of upper abdomen and pelvis without intravenous contrast medium, not for the purposes of virtual colonoscopy and not being a service to which item 56801 or 57001 applies(R) (Anaes.)  | 400.55           |             |                   | 300.45           | 340.5           |
| 56507    | Support list (DI) | Type C         | 01.11.1996      | 5            | I2        | N        | Computed tomography—scan of upper abdomen and pelvis with intravenous contrast medium and with any scans of upper abdomen and pelvis before intravenous contrast injection, when performed, not for the purposes of virtual colonoscopy and not being a service to which item 56807 or 57007 applies (R) (Anaes.)   | 499.5            |             |                   | 374.65           | 424.6           |
| 56553    | Support list (DI) | Type C         | 01.09.2015      | 5            | I2        | N        | Computed tomography—scan of colon for exclusion or diagnosis of colorectal neoplasia in a symptomatic or high risk patient if:(a) one or more of the following applies:(i) the patient has had an incomplete colonoscopy in the 3 months before the scan;(ii) there is a high grade colonic obstruction;(iii) the service is requested by a specialist or consultant physician who performs colonoscopies in the practice of the specialist's or consultant physician's speciality; and(b) the service is not a service to which item 56301, 56307, 56401, 56407, 56409, 56412, 56501, 56507, 56801, 56807 or 57001 applies(R) (Anaes.) | 541.05           |             |                   | 405.8            | 459.9           |
| 56620    | Support list (DI) | Type C         | 01.11.2018      | 5            | I2        | N        | Computed tomography—scan of knee, without intravenous contrast medium, not being a service to which item 56622 or 56629 applies (R) (Anaes.)  | 228.9            |             |                   | 171.7            | 194.6           |
| 56622    | Support list (DI) | Type C         | 01.05.2020      | 5            | I2        | N        | Computed tomography—scan of lower limb, left or right or both, one region (other than knee), or more than one region (which may include knee), without intravenous contrast medium, not being a service to which item 56620 applies (R) (Anaes.) (Anaes.)   | 228.9            |             |                   | 171.7            | 194.6           |
| 56623    | Support list (DI) | Type C         | 01.05.2020      | 5            | I2        | N        | Computed tomography—scan of lower limb, left or right or both, one region (other than knee), or more than one region (which may include knee), with intravenous contrast medium and with any scans of the lower limb before intravenous contrast injection, when performed, not being a service to which item 56626 applies (R) (Anaes.) (Anaes.)   | 348.2            |             |                   | 261.15           | 296             |
| 56626    | Support list (DI) | Type C         | 01.11.2018      | 5            | I2        | N        | Computed tomography—scan of knee, with intravenous contrast medium and with any scans of the knee before intravenous contrast injection, when performed, not being a service to which items 56623 or 56630 apply (R) (Anaes.)   | 348.2            |             |                   | 261.15           | 296             |
| 56627    | Support list (DI) | Type C         | 01.05.2020      | 5            | I2        | N        | Computed tomography—scan of upper limb, left or right or both, any one region, or more than one region, without intravenous contrast medium (R) (Anaes.) (Anaes.)   | 228.9            |             |                   | 171.7            | 194.6           |
| 56628    | Support list (DI) | Type C         | 01.05.2020      | 5            | I2        | N        | Computed tomography—scan of upper limb, left or right or both, any one region, or more than one region, with intravenous contrast medium and with any scans of the upper limb before intravenous contrast injection, when performed (R) (Anaes.) (Anaes.)   | 348.2            |             |                   | 261.15           | 296             |
| 56629    | Support list (DI) | Type C         | 01.05.2020      | 5            | I2        | N        | Computed tomography—scan of upper limb and lower limb, left or right or both, any one region (other than knee), or more than one region (which may include knee) without intravenous contrast medium not being a service to which item 56620 applies (R) (Anaes.) (Anaes.)  | 228.9            |             |                   | 171.7            | 194.6           |
| 56630    | Support list (DI) | Type C         | 01.05.2020      | 5            | I2        | N        | Computed tomography—scan of upper limb and lower limb, left or right or both, any one region (other than knee), or more than one region (which may include knee) with intravenous contrast medium with any scans of the limbs before intravenous contrast injection, when performed, not being a service to which item 56626 applies (R) (Anaes.)   | 348.2            |             |                   | 261.15           | 296             |
| 56801    | Support list (DI) | Type C         | 01.11.1996      | 5            | I2        | N        | Computed tomography—scan of chest, abdomen and pelvis with or without scans of soft tissues of neck without intravenous contrast medium, not including a study performed to exclude coronary artery calcification or image the coronary arteries (R) (Anaes.)   | 485.45           |             |                   | 364.1            | 412.65          |
| 56807    | Support list (DI) | Type C         | 01.11.1996      | 5            | I2        | N        | Computed tomography—scan of chest, abdomen and pelvis with or without scans of soft tissues of neck with intravenous contrast medium and with any scans of chest, abdomen and pelvis with or without scans of soft tissue of neck before intravenous contrast injection, when performed, not including a study performed to exclude coronary artery calcification or image the coronary arteries (R) (Anaes.)   | 582.7            |             |                   | 437.05           | 495.3           |
| 57001    | Support list (DI) | Type C         | 01.11.1996      | 5            | I2        | N        | Computed tomography—scan of brain and chest with or without scans of upper abdomen without intravenous contrast medium, not including a study performed to exclude coronary artery calcification or image the coronary arteries (R) (Anaes.)  | 485.55           |             |                   | 364.2            | 412.75          |

| MBS item | Clinical Category | Procedure Type | Item Start Date | MBS Category | MBS Group | New Item | MBS Description  | MBS Schedule Fee | Derived Fee | Benefit 100% (\$) | Benefit 75% (\$) | Benefit 85 (\$) |
|----------|-------------------|----------------|-----------------|--------------|-----------|----------|--|------------------|-------------|-------------------|------------------|-----------------|
| 57007    | Support list (DI) | Type C         | 01.11.1996      | 5            | I2        | N        | Computed tomography—scan of brain and chest with or without scans of upper abdomen with intravenous contrast medium and with any scans of brain and chest and upper abdomen before intravenous contrast injection, when performed, not including a study performed to exclude coronary artery calcification or image the coronary arteries (R) (Anaes.)  | 590.75           |             |                   | 443.1            | 502.15          |
| 57201    | Support list (DI) | Type C         | 01.11.1996      | 5            | I2        | N        | Computed tomography—pelvimetry (R) (Anaes.)  | 161.5            |             |                   | 121.15           | 137.3           |
| 57341    | Support list (DI) | Type C         | 01.11.1996      | 5            | I2        | N        | Computed tomography, in conjunction with a surgical procedure using interventional techniques (R) (Anaes.)   | 489.05           |             |                   | 366.8            | 415.7           |
| 57352    | Support list (DI) | Type C         | 01.05.2020      | 5            | I2        | N        | Computed tomography—angiography with intravenous contrast medium of any or all, or any part, of: (a) the arch of the aorta; or (b) the carotid arteries; or (c) the vertebral arteries and their branches (head and neck); including any scans performed before intravenous contrast injection—one or more data acquisitions, including image editing, and maximum intensity projections or 3 dimensional surface shaded display, with hardcopy or digital recording of multiple projections, if: (d) either: (i) the service is requested by a specialist or consultant physician; or (ii) the service is requested by a medical practitioner (other than a specialist or consultant physician) and the request indicates that the patient’s case has been discussed with a specialist or consultant physician; and (e) the service is not a service to which another item in this group applies; and (f) the service is performed for the exclusion of arterial stenosis, occlusion, aneurysm or embolism; and (g) the service is not a study performed to image the coronary arteries (R) (Anaes.)  | 530.65           |             |                   | 398              | 451.1           |
| 57353    | Support list (DI) | Type C         | 01.05.2020      | 5            | I2        | N        | Computed tomography—angiography with intravenous contrast medium of any or all, or any part, of: (a) the ascending and descending aorta; or (b) the common iliac and abdominal branches including upper limbs (chest, abdomen and upper limbs); including any scans performed before intravenous contrast injection—one or more data acquisitions, including image editing, and maximum intensity projections or 3 dimensional surface shaded display, with hardcopy or digital recording of multiple projections, if: (c) either: (i) the service is requested by a specialist or consultant physician; or (ii) the service is requested by a medical practitioner (other than a specialist or consultant physician) and the request indicates that the patient’s case has been discussed with a specialist or consultant physician; and (d) the service is not a service to which another item in this group applies; and (e) the service is performed for the exclusion of arterial stenosis, occlusion, aneurysm or embolism; and (f) the service is not a study performed to image the coronary arteries (R) (Anaes.)   | 530.65           |             |                   | 398              | 451.1           |
| 57354    | Support list (DI) | Type C         | 01.05.2020      | 5            | I2        | N        | Computed tomography—angiography with intravenous contrast medium of any or all, or any part, of: (a) the descending aorta; or (b) the pelvic vessels (aorto-iliac segment) and lower limbs; including any scans performed before intravenous contrast injection—one or more data acquisitions, including image editing, and maximum intensity projections or 3 dimensional surface shaded display, with hardcopy or digital recording of multiple projections, if: (c) either: (i) the service is requested by a specialist or consultant physician; or (ii) the service is requested by a medical practitioner (other than a specialist or consultant physician) and the request indicates that the patient’s case has been discussed with a specialist or consultant physician; and (d) the service is not a service to which another item in this group applies; and (e) the service is performed for the exclusion of arterial stenosis, occlusion, aneurysm or embolism; and (f) the service is not a study performed to image the coronary arteries (R) (Anaes.)   | 530.65           |             |                   | 398              | 451.1           |
| 57357    | Support list (DI) | Type C         | 01.11.2020      | 5            | I2        | N        | Computed tomography—angiography with intravenous contrast medium of any or all, or any part, of the pulmonary arteries and their branches, including any scans performed before intravenous contrast injection—one or more data acquisitions, including image editing, and maximum intensity projections or 3 dimensional surface shaded display, with hardcopy or digital recording of multiple projections, if: the service is not a service to which another item in this group applies; and the service is not a study performed to image the coronary arteries; and the service is:(i) performed for the exclusion of pulmonary arterial stenosis, occlusion, aneurysm or embolism and is requested by a specialist or consultant physician; or(ii) performed for the exclusion of pulmonary arterial stenosis, occlusion or aneurysm and is requested by a medical practitioner (other than a specialist or consultant physician) and the request indicates that the patient’s case has been discussed with a specialist or consultant physician; or (iii) for the exclusion of pulmonary embolism and is requested be a medical practitioner (other than a specialist or consultant physician) (R) (Anaes.) | 530.65           |             |                   | 398              | 451.1           |
| 57360    | Support list (DI) | Type C         | 01.07.2011      | 5            | I2        | N        | Computed tomography of the coronary arteries performed on a minimum of a 64 slice (or equivalent) scanner if: (a) the request is made by a specialist or consultant physician; and (b) the patient has stable or acute symptoms consistent with coronary ischaemia; and (c) the patient is at low to intermediate risk of an acute coronary event, including having no significant cardiac biomarker elevation and no electrocardiogram changes indicating acute ischaemia (R) Note: See explanatory note IN.2.2 for claiming restrictions for this item. (Anaes.)   | 728.35           |             |                   | 546.3            | 635.15          |
| 57362    | Support list (DI) | Unlisted       | 01.11.2014      | 5            | I2        | N        | Cone beam computed tomography—dental and temporo mandibular joint imaging (without contrast medium) for diagnosis and management of any of the following:(a) mandibular and dento alveolar fractures;(b) dental implant planning;(c) orthodontics;(d) endodontic conditions;(e) periodontal conditions;(f) temporo mandibular joint conditionsApplicable once per patient per day, not being for a service to which any of items 57960 to 57969 apply, and not being a service associated with another service in Group I2 (R) (Anaes.)  | 117.75           |             |                   | 88.35            | 100.1           |

| MBS item | Clinical Category            | Procedure Type | Item Start Date | MBS Category | MBS Group | New Item | MBS Description   | MBS Schedule Fee | Derived Fee | Benefit 100% (\$) | Benefit 75% (\$) | Benefit 85 (\$) |
|----------|------------------------------|----------------|-----------------|--------------|-----------|----------|---|------------------|-------------|-------------------|------------------|-----------------|
| 57364    | Support list                 | Type C         | 01.07.2021      | 5            | I2        | N        | Note: the service only applies if the patient meets the requirements of the descriptor and the requirements of Note: TR.8.3 (item 38247), TR.8.2 (item 38249) or item 38252if subclause (iv) applies. Computed tomography of the coronary arteries performed on a minimum of a 64 slice (or equivalent) scanner, if: (a) the service is requested by a specialist or consultant physician; and (b) at least one of the following apply to the patient: (i) the patient has stable symptoms and newly recognised left ventricular systolic dysfunction of unknown aetiology; (ii) the patient requires exclusion of coronary artery anomaly or fistula; (iii) the patient will be undergoing non-coronary cardiac surgery; (iv) the patient meets the criteria to be eligible for a service to which item 38247, 38249 or 38252 applies, but as an alternative to selective coronary angiography will require an assessment of the patency of one or more bypass grafts (R) (Anaes.) | 728.35           |             |                   | 546.3            | 635.15          |
| 57506    | Support list                 | Type C         | 01.12.1991      | 5            | I3        | N        | Hand, wrist, forearm, elbow or humerus (NR)   | 30.95            |             |                   | 23.25            | 26.35           |
| 57509    | Support list (DI)            | Type C         | 01.12.1991      | 5            | I3        | N        | Hand, wrist, forearm, elbow or humerus (R)  | 41.35            |             |                   | 31.05            | 35.15           |
| 57512    | Support list (DI)            | Type C         | 01.12.1991      | 5            | I3        | N        | Hand and wrist, or hand, wrist and forearm, or forearm and elbow, or elbow and humerus (NR)   | 42.1             |             |                   | 31.6             | 35.8            |
| 57515    | Support list (DI)            | Type C         | 01.12.1991      | 5            | I3        | N        | Hand and wrist, or hand, wrist and forearm, or forearm and elbow, or elbow and humerus (R)  | 56.2             |             |                   | 42.15            | 47.8            |
| 57518    | Support list (DI)            | Type C         | 01.12.1991      | 5            | I3        | N        | Foot, ankle, leg or femur (NR)  | 33.85            |             |                   | 25.4             | 28.8            |
| 57521    | Support list (DI)            | Type C         | 01.12.1991      | 5            | I3        | N        | Foot, ankle, leg or femur (R)   | 45.15            |             |                   | 33.9             | 38.4            |
| 57522    | Support list (DI)            | Type C         | 01.11.2018      | 5            | I3        | N        | Knee (NR)   | 33.85            |             |                   | 25.4             | 28.8            |
| 57523    | Support list (DI)            | Type C         | 01.11.2018      | 5            | I3        | N        | Knee (R)  | 45.15            |             |                   | 33.9             | 38.4            |
| 57524    | Support list (DI)            | Type C         | 01.12.1991      | 5            | I3        | N        | Foot and ankle, or ankle and leg, or leg and knee, or knee and femur (NR)   | 51.4             |             |                   | 38.55            | 43.7            |
| 57527    | Support list (DI)            | Type C         | 01.12.1991      | 5            | I3        | N        | Foot and ankle, or ankle and leg, or leg and knee, or knee and femur (R)  | 68.45            |             |                   | 51.35            | 58.2            |
| 57541    | N/A (Not hospital treatment) | Unlisted       | 01.11.2019      | 5            | I3        | N        | Fee for a service rendered using first eligible x-ray procedure carried out during attendance at residential aged care facility, where the service has been requested by a medical practitioner who has attended the patient in person and the request identifies one or more of the following indications: the patient has experienced a fall and one or more of the following items apply to the service 57509, 57515, 57521, 57527,57703, 57709,57712, 57715, 58521, 58524, 58527; or pneumonia or heart failure is suspected and item 58503 applies to the service; or acute abdomen or bowel obstruction is suspected and item 58903applies to the service. This call-out fee can be claimed once only per visit at a residential aged care facility irrespective of the number of patients attended. NOTE: If the service is bulked billed 95% of the fee is payable. The multiple services rule does not apply to this item. (R)   | 76.6             |             |                   | 57.45            | 65.15           |
| 57700    | Support list (DI)            | Type C         | 01.12.1991      | 5            | I3        | N        | Shoulder or scapula (NR)  | 42.1             |             |                   | 31.6             | 35.8            |
| 57703    | Support list (DI)            | Type C         | 01.12.1991      | 5            | I3        | N        | Shoulder or scapula (R)   | 56.2             |             |                   | 42.15            | 47.8            |
| 57706    | Support list (DI)            | Type C         | 01.12.1991      | 5            | I3        | N        | Clavicle (NR)   | 33.85            |             |                   | 25.4             | 28.8            |
| 57709    | Support list (DI)            | Type C         | 01.12.1991      | 5            | I3        | N        | Clavicle (R)  | 45.15            |             |                   | 33.9             | 38.4            |
| 57712    | Support list (DI)            | Type C         | 01.12.1991      | 5            | I3        | N        | Hip joint (R)   | 49.05            |             |                   | 36.8             | 41.7            |
| 57715    | Support list (DI)            | Type C         | 01.12.1991      | 5            | I3        | N        | Pelvic girdle (R)   | 63.35            |             |                   | 47.55            | 53.85           |
| 57721    | Support list (DI)            | Type C         | 01.12.1991      | 5            | I3        | N        | Femur, internal fixation of neck or intertrochanteric (perthrochanteric) fracture (R)   | 103.3            |             |                   | 77.5             | 87.85           |
| 57901    | Support list (DI)            | Type C         | 01.11.1998      | 5            | I3        | N        | Skull, not in association with item 57902 (R)   | 67.1             |             |                   | 50.35            | 57.05           |
| 57902    | Support list (DI)            | Type C         | 01.11.1998      | 5            | I3        | N        | Cephalometry, not in association with item 57901 (R)  | 67.1             |             |                   | 50.35            | 57.05           |
| 57905    | Support list (DI)            | Type C         | 01.05.2020      | 5            | I3        | N        | Mastoids or petrous temporal bones (R)  | 67.1             |             |                   | 50.35            | 57.05           |
| 57907    | Support list (DI)            | Type C         | 01.05.2020      | 5            | I3        | N        | Sinuses or facial bones – orbit, maxilla or malar, any or all (R)   | 49.25            |             |                   | 36.95            | 41.9            |
| 57915    | Support list (DI)            | Type C         | 01.12.1991      | 5            | I3        | N        | Mandible, not by orthopantomography technique (R)   | 49.05            |             |                   | 36.8             | 41.7            |
| 57918    | Support list (DI)            | Type C         | 01.12.1991      | 5            | I3        | N        | Salivary calculus (R)   | 49.05            |             |                   | 36.8             | 41.7            |
| 57921    | Support list (DI)            | Type C         | 01.12.1991      | 5            | I3        | N        | Nose (R)  | 49.05            |             |                   | 36.8             | 41.7            |
| 57924    | Support list (DI)            | Type C         | 01.12.1991      | 5            | I3        | N        | Eye (R)   | 49.05            |             |                   | 36.8             | 41.7            |
| 57927    | Support list (DI)            | Type C         | 01.12.1991      | 5            | I3        | N        | Temporo mandibular joints (R)   | 51.65            |             |                   | 38.75            | 43.95           |
| 57930    | Support list (DI)            | Type C         | 01.12.1991      | 5            | I3        | N        | Teeth—single area (R)   | 34.25            |             |                   | 25.7             | 29.15           |
| 57933    | Support list (DI)            | Type C         | 01.12.1991      | 5            | I3        | N        | Teeth - full mouth(R)   | 81.4             |             |                   | 61.05            | 69.2            |
| 57939    | Support list (DI)            | Type C         | 01.12.1991      | 5            | I3        | N        | Palato pharyngeal studies with fluoroscopic screening (R)   | 67.1             |             |                   | 50.35            | 57.05           |
| 57942    | Support list (DI)            | Type C         | 01.12.1991      | 5            | I3        | N        | Palato pharyngeal studies without fluoroscopic screening (R)  | 51.65            |             |                   | 38.75            | 43.95           |
| 57945    | Support list (DI)            | Type C         | 01.12.1991      | 5            | I3        | N        | Larynx, lateral airways and soft tissues of the neck, not being a service associated with a service to which item 57939 or 57942 applies (R)  | 45.15            |             |                   | 33.9             | 38.4            |
| 57960    | Support list (DI)            | Type C         | 01.11.2002      | 5            | I3        | N        | Orthopantomography for diagnosis or management (or both) of trauma, infection, tumour or a congenital or surgical condition of the teeth or maxillofacial region (R)  | 49.35            |             |                   | 37.05            | 41.95           |
| 57963    | Support list (DI)            | Type C         | 01.11.2002      | 5            | I3        | N        | Orthopantomography for diagnosis or management (or both) of any of the following conditions, if the signs and symptoms of the condition is present:-(a) impacted teeth;(b) caries;(c) periodontal pathology;(d) periapical pathology (R)  | 49.35            |             |                   | 37.05            | 41.95           |
| 57966    | Support list (DI)            | Type C         | 01.11.2002      | 5            | I3        | N        | Orthopantomography for diagnosis or management (or both) of missing or crowded teeth, or developmental anomalies of the teeth or jaws (R)   | 49.35            |             |                   | 37.05            | 41.95           |
| 57969    | Support list (DI)            | Type C         | 01.11.2002      | 5            | I3        | N        | Orthopantomography for diagnosis or management (or both) of temporo mandibular joint arthroses or dysfunction (R)   | 49.35            |             |                   | 37.05            | 41.95           |
| 58100    | Support list (DI)            | Type C         | 01.12.1991      | 5            | I3        | N        | Spine—cervical (R)  | 69.85            |             |                   | 52.4             | 59.4            |
| 58103    | Support list (DI)            | Type C         | 01.12.1991      | 5            | I3        | N        | Spine—thoracic (R)  | 57.35            |             |                   | 43.05            | 48.75           |
| 58106    | Support list (DI)            | Type C         | 01.12.1991      | 5            | I3        | N        | Spine—lumbosacral (R)   | 80.1             |             |                   | 60.1             | 68.1            |
| 58108    | Support list (DI)            | Type C         | 01.11.2001      | 5            | I3        | N        | Spine—4 regions, cervical, thoracic, lumbosacral and sacrococcygeal (R)   | 114.45           |             |                   | 85.85            | 97.3            |
| 58109    | Support list (DI)            | Type C         | 01.12.1991      | 5            | I3        | N        | Spine—sacrococcygeal (R)  | 48.9             |             |                   | 36.7             | 41.6            |
| 58112    | Support list (DI)            | Type C         | 01.12.1991      | 5            | I3        | N        | NOTE:An account issued or a patient assignment form must show the item numbers of the examinations performed under this item Spine—2 examinations of the kind mentioned in items 58100, 58103, 58106 and 58109 (R)  | 101.2            |             |                   | 75.9             | 86.05           |
| 58115    | Support list (DI)            | Type C         | 01.12.1991      | 5            | I3        | N        | NOTE:An account issued or a patient assignment form must show the item numbers of the examinations performed under this item Spine—3 examinations of the kind mentioned in items 58100, 58103, 58106 and 58109 (R)  | 114.45           |             |                   | 85.85            | 97.3            |

| MBS item | Clinical Category | Procedure Type           | Item Start Date | MBS Category | MBS Group | New Item | MBS Description   | MBS Schedule Fee | Derived Fee | Benefit 100% (\$) | Benefit 75% (\$) | Benefit 85 (\$) |
|----------|-------------------|--------------------------|-----------------|--------------|-----------|----------|---|------------------|-------------|-------------------|------------------|-----------------|
| 58120    | Support list (DI) | Unlisted                 | 01.01.2010      | 5            | I3        | N        | Spine—4 regions, cervical, thoracic, lumbosacral and sacrococcygeal, if the service to which item 58120 or 58121 applies has not been performed on the same patient within the same calendar year (R)   | 114.45           |             |                   | 85.85            | 97.3            |
| 58121    | Support list (DI) | Unlisted                 | 01.01.2010      | 5            | I3        | N        | NOTE:An account issued or a patient assignment form must show the item numbers of the examinations performed under this item Spine—3 examinations of the kind mentioned in items 58100, 58103, 58106 and 58109, if the service to which item 58120 or 58121 applies has not been performed on the same patient within the same calendar year (R)  | 114.45           |             |                   | 85.85            | 97.3            |
| 58300    | Support list (DI) | Type C                   | 01.12.1991      | 5            | I3        | N        | Bone age study (R)  | 41.7             |             |                   | 31.3             | 35.45           |
| 58306    | Support list (DI) | Type C                   | 01.12.1991      | 5            | I3        | N        | Skeletal survey (R)   | 93               |             |                   | 69.75            | 79.05           |
| 58500    | Support list (DI) | Type C                   | 01.12.1991      | 5            | I3        | N        | Chest (lung fields) by direct radiography (NR)  | 36.8             |             |                   | 27.6             | 31.3            |
| 58503    | Support list (DI) | Type C                   | 01.12.1991      | 5            | I3        | N        | Chest (lung fields) by direct radiography (R)   | 49.05            |             |                   | 36.8             | 41.7            |
| 58506    | Support list (DI) | Type C                   | 01.12.1991      | 5            | I3        | N        | Chest (lung fields) by direct radiography with fluoroscopic screening (R)   | 63.2             |             |                   | 47.4             | 53.75           |
| 58509    | Support list (DI) | Type C                   | 01.12.1991      | 5            | I3        | N        | Thoracic inlet or trachea (R)   | 41.35            |             |                   | 31.05            | 35.15           |
| 58521    | Support list (DI) | Type C                   | 01.12.1991      | 5            | I3        | N        | Left ribs, right ribs or sternum (R)  | 45.15            |             |                   | 33.9             | 38.4            |
| 58524    | Support list (DI) | Type C                   | 01.12.1991      | 5            | I3        | N        | Left and right ribs, left ribs and sternum, or right ribs and sternum (R)   | 58.8             |             |                   | 44.1             | 50              |
| 58527    | Support list (DI) | Type C                   | 01.12.1991      | 5            | I3        | N        | Left ribs, right ribs and sternum (R)   | 72.25            |             |                   | 54.2             | 61.45           |
| 58700    | Support list (DI) | Type C                   | 01.12.1991      | 5            | I3        | N        | Plain renal only (R)  | 47.9             |             |                   | 35.95            | 40.75           |
| 58706    | Support list (DI) | Type C                   | 01.12.1991      | 5            | I3        | N        | Intravenous pyelography, with or without preliminary plain films and with or without tomography (R)   | 164.3            |             |                   | 123.25           | 139.7           |
| 58715    | Support list (DI) | Type C                   | 01.12.1991      | 5            | I3        | N        | Antegrade or retrograde pyelography with or without preliminary plain films and with preparation and contrast injection, one side (R)   | 157.7            |             |                   | 118.3            | 134.05          |
| 58718    | Support list (DI) | Type C                   | 01.12.1991      | 5            | I3        | N        | Retrograde cystography or retrograde urethrography with or without preliminary plain films and with preparation and contrast injection (R) (Anaes.)   | 131.2            |             |                   | 98.4             | 111.55          |
| 58721    | Support list (DI) | Type C                   | 01.12.1991      | 5            | I3        | N        | Retrograde micturating cysto urethrography, with preparation and contrast injection (R) (Anaes.)  | 143.8            |             |                   | 107.85           | 122.25          |
| 58900    | Support list (DI) | Type C                   | 01.12.1991      | 5            | I3        | N        | Plain abdominal only, not being a service associated with a service to which item 58909, 58912 or 58915 applies (NR)  | 37.2             |             |                   | 27.9             | 31.65           |
| 58903    | Support list (DI) | Type C                   | 01.12.1991      | 5            | I3        | N        | Plain abdominal only, not being a service associated with a service to which item 58909, 58912 or 58915 applies (R)   | 49.55            |             |                   | 37.2             | 42.15           |
| 58909    | Support list (DI) | Type C                   | 01.12.1991      | 5            | I3        | N        | Barium or other opaque meal of one or more of pharynx, oesophagus, stomach or duodenum, with or without preliminary plain films of pharynx, chest or duodenum, not being a service associated with a service to which item 57939, 57942 or 57945 applies (R)  | 93.55            |             |                   | 70.2             | 79.55           |
| 58912    | Support list (DI) | Type C                   | 01.12.1991      | 5            | I3        | N        | Barium or other opaque meal of oesophagus, stomach, duodenum and follow through to colon, with or without screening of chest and with or without preliminary plain film (R)   | 114.7            |             |                   | 86.05            | 97.5            |
| 58915    | Support list (DI) | Type C                   | 01.12.1991      | 5            | I3        | N        | Barium or other opaque meal, small bowel series only, with or without preliminary plain film (R)  | 82.15            |             |                   | 61.65            | 69.85           |
| 58916    | Support list (DI) | Type C                   | 01.11.1997      | 5            | I3        | N        | Small bowel enema, barium or other opaque study of the small bowel, including duodenal intubation, with or without preliminary plain films, not being a service associated with a service to which item 30488 applies (R) (Anaes.)  | 144.1            |             |                   | 108.1            | 122.5           |
| 58921    | Support list (DI) | Type C                   | 01.12.1991      | 5            | I3        | N        | Opaque enema, with or without air contrast study and with or without preliminary plain films (R)  | 140.75           |             |                   | 105.6            | 119.65          |
| 58927    | Support list (DI) | Type C                   | 01.12.1991      | 5            | I3        | N        | Cholegraphy direct, with or without preliminary plain films and with preparation and contrast injection, not being a service associated with a service to which item 30439 applies (R)  | 79.55            |             |                   | 59.7             | 67.65           |
| 58933    | Support list (DI) | Type C                   | 01.12.1991      | 5            | I3        | N        | Cholegraphy, percutaneous transhepatic, with or without preliminary plain films and with preparation and contrast injection (R)   | 213.95           |             |                   | 160.5            | 181.9           |
| 58936    | Support list (DI) | Type C                   | 01.12.1991      | 5            | I3        | N        | Cholegraphy, drip infusion, with or without preliminary plain films, with preparation and contrast injection and with or without tomography (R)   | 203.9            |             |                   | 152.95           | 173.35          |
| 58939    | Support list (DI) | Type B Non-band specific | 01.11.1996      | 5            | I3        | N        | Defaecogram (R)   | 144.95           |             |                   | 108.75           | 123.25          |
| 59103    | Support list (DI) |                          | 01.12.1991      | 5            | I3        | N        | Localisation of foreign body, if provided in conjunction with a service described in Subgroups 1 to 12 of Group I3 (R)  | 22.15            |             |                   | 16.65            | 18.85           |
| 59300    | Support list (DI) | Type C                   | 01.12.1991      | 5            | I3        | N        | Mammography of both breasts if there is reason to suspect the presence of malignancy because of:(a) the past occurrence of breast malignancy in the patient; or(b) significant history of breast or ovarian malignancy in the patient’s family; or(c) symptoms or indications of breast disease found on examination of the patient by a medical practitioner (R) (Note: These items are intended for use in the investigation of a clinical abnormality of the breast/s and NOT for individual, group or opportunistic screening of asymptomatic patients) | 93.1             |             |                   | 69.85            | 79.15           |
| 59302    | Support list (DI) | Type C                   | 01.11.2018      | 5            | I3        | N        | Three dimensional tomosynthesis of both breasts, if there is reason to suspect the presence of malignancy because of: a) the past occurrence of breast malignancy in the patient; or b) significant history of breast or ovarian malignancy in the patient’s family; or c) symptoms or indications of breast disease found on examination of the patient by a medical practitioner Not being a service to which item 59300 applies (R)  | 210.2            |             |                   | 157.65           | 178.7           |
| 59303    | Support list (DI) | Type C                   | 01.12.1991      | 5            | I3        | N        | Mammography of one breast if: (a) the service is specifically requested for a unilateral mammogram; and(b) there is reason to suspect the presence of malignancy because of:(i) the past occurrence of breast malignancy in the patient; or(ii) significant history of breast or ovarian malignancy in the patient’s family; or(iii) symptoms or indications of breast disease found on examination of the patient by a medical practitioner (R)  | 56.15            |             |                   | 42.15            | 47.75           |
| 59305    | Support list (DI) | Type C                   | 01.11.2018      | 5            | I3        | N        | Three dimensional tomosynthesis of one breast, if there is reason to suspect the presence of malignancy because of: a) the past occurrence of breast malignancy in the patient; or b) significant history of breast or ovarian malignancy in the patient’s family; or c) symptoms or indications of breast disease found on examination of the patient by a medical practitioner Not being a service to which item 59303 applies (R)  | 118.6            |             |                   | 88.95            | 100.85          |

| MBS Item | Clinical Category | Procedure Type           | Item Start Date | MBS Category | MBS Group | New Item | MBS Description   | MBS Schedule Fee | Derived Fee | Benefit 100% (\$) | Benefit 75% (\$) | Benefit 85 (\$) |
|----------|-------------------|--------------------------|-----------------|--------------|-----------|----------|---|------------------|-------------|-------------------|------------------|-----------------|
| 59312    | Support list (DI) | Type C                   | 01.11.1997      | 5            | I3        | N        | Radiographic examination of both breasts, in conjunction with a surgical procedure on each breast, using interventional techniques (R)  | 90.55            |             |                   | 67.95            | 77              |
| 59314    | Support list (DI) | Type C                   | 01.11.1997      | 5            | I3        | N        | Radiographic examination of one breast, in conjunction with a surgical procedure using interventional techniques (R)  | 54.65            |             |                   | 41               | 46.5            |
| 59318    | Support list (DI) | Type C                   | 01.11.1997      | 5            | I3        | N        | Radiographic examination of excised breast tissue to confirm satisfactory excision of one or more lesions in one breast or both following pre-operative localisation in conjunction with a service under item 31536 (R)                       | 48.95            |             |                   | 36.75            | 41.65           |
| 59700    | Support list (DI) | Type C                   | 01.12.1991      | 5            | I3        | N        | Discography, each disc, with or without preliminary plain films and with preparation and contrast injection (R) (Anaes.) (Anaes.)   | 100.5            |             |                   | 75.4             | 85.45           |
| 59703    | Support list (DI) | Type C                   | 01.12.1991      | 5            | I3        | N        | Dacryocystography, one side, with or without preliminary plain film and with preparation and contrast injection (R)   | 79               |             |                   | 59.25            | 67.15           |
| 59712    | Support list (DI) | Type C                   | 01.12.1991      | 5            | I3        | N        | Hysterosalpingography, with or without preliminary plain films and with preparation and contrast injection (R)(Anaes.) (Anaes.)   | 118.3            |             |                   | 88.75            | 100.6           |
| 59715    | Support list (DI) | Type C                   | 01.12.1991      | 5            | I3        | N        | Bronchography, one side, with or without preliminary plain films and with preparation and contrast injection, on a person under 16 years of age (R) (Anaes.) (Anaes.)   | 149.35           |             |                   | 112.05           | 126.95          |
| 59718    | Support list (DI) | Type C                   | 01.12.1991      | 5            | I3        | N        | Phlebography, one side, with or without preliminary plain films and with preparation and contrast injection (R) (Anaes.) (Anaes.)   | 140.1            |             |                   | 105.1            | 119.1           |
| 59724    | Support list (DI) | Type C                   | 01.12.1991      | 5            | I3        | N        | Myelography, one or more regions, with or without preliminary plain films and with preparation and contrast injection, not being a service associated with a service to which item 56219 applies (R)(Anaes.) (Anaes.)                         | 235.6            |             |                   | 176.7            | 200.3           |
| 59733    | Support list (DI) | Type C                   | 01.12.1991      | 5            | I3        | N        | Sialography, one side, with preparation and contrast injection, not being a service associated with a service to which item 57918 applies (R)   | 112.05           |             |                   | 84.05            | 95.25           |
| 59739    | Support list (DI) | Type C                   | 01.12.1991      | 5            | I3        | N        | Sinogram or fistulogram, one or more regions, with or without preliminary plain films and with preparation and contrast injection (R)   | 76.7             |             |                   | 57.55            | 65.2            |
| 59751    | Support list (DI) | Type C                   | 01.12.1991      | 5            | I3        | N        | Arthrography, each joint, excluding the facet (zygapophyseal) joints of the spine, single or double contrast study, with or without preliminary plain films and with preparation and contrast injection (R)                                   | 144.8            |             |                   | 108.6            | 123.1           |
| 59754    | Support list (DI) | Type C                   | 01.12.1991      | 5            | I3        | N        | Lymphangiography, one or both sides, with preliminary plain films and follow-up radiography and with preparation and contrast injection (R)   | 228.25           |             |                   | 171.2            | 194.05          |
| 59763    | Support list (DI) | Type C                   | 01.11.1996      | 5            | I3        | N        | Air insufflation during video—fluoroscopic imaging including associated consultation (R)  | 139.3            |             |                   | 104.5            | 118.45          |
| 59970    | Support list (DI) | Type B Non-band specific | 01.11.1996      | 5            | I3        | N        | Angiography or digital subtraction angiography, or both, with fluoroscopy and image acquisition, using a mobile image intensifier, including any preliminary plain films, preparation and contrast injection—one or more regions (R) (Anaes.) | 175.1            |             |                   | 131.35           | 148.85          |
| 60000    | Support list (DI) | Type B Non-band specific | 01.11.1992      | 5            | I3        | N        | Digital subtraction angiography, examination of head and neck with or without arch aortography—1 to 3 data acquisition runs (R) (Anaes.)  | 586.85           |             |                   | 440.15           | 498.85          |
| 60003    | Support list (DI) | Type B Non-band specific | 01.11.1992      | 5            | I3        | N        | Digital subtraction angiography, examination of head and neck with or without arch aortography—4 to 6 data acquisition runs (R) (Anaes.)  | 860.6            |             |                   | 645.45           | 767.4           |
| 60006    | Support list (DI) | Type B Non-band specific | 01.11.1992      | 5            | I3        | N        | Digital subtraction angiography, examination of head and neck with or without arch aortography—7 to 9 data acquisition runs (R) (Anaes.)  | 1223.75          |             |                   | 917.85           | 1130.55         |
| 60009    | Support list (DI) | Type B Non-band specific | 01.11.1992      | 5            | I3        | N        | Digital subtraction angiography, examination of head and neck with or without arch aortography—10 or more data acquisition runs (R) (Anaes.)  | 1432.05          |             |                   | 1074.05          | 1338.85         |
| 60012    | Support list (DI) | Type B Non-band specific | 01.11.1992      | 5            | I3        | N        | Digital subtraction angiography, examination of thorax—1 to 3 data acquisition runs (R) (Anaes.)  | 586.85           |             |                   | 440.15           | 498.85          |
| 60015    | Support list (DI) | Type B Non-band specific | 01.11.1992      | 5            | I3        | N        | Digital subtraction angiography, examination of thorax—4 to 6 data acquisition runs (R) (Anaes.)  | 860.6            |             |                   | 645.45           | 767.4           |
| 60018    | Support list (DI) | Type B Non-band specific | 01.11.1992      | 5            | I3        | N        | Digital subtraction angiography, examination of thorax—7 to 9 data acquisition runs (R) (Anaes.)  | 1223.75          |             |                   | 917.85           | 1130.55         |
| 60021    | Support list (DI) | Type B Non-band specific | 01.11.1992      | 5            | I3        | N        | Digital subtraction angiography, examination of thorax—10 or more data acquisition runs (R) (Anaes.)  | 1432.05          |             |                   | 1074.05          | 1338.85         |
| 60024    | Support list (DI) | Type B Non-band specific | 01.11.1992      | 5            | I3        | N        | Digital subtraction angiography, examination of abdomen—1 to 3 data acquisition runs (R) (Anaes.)   | 586.85           |             |                   | 440.15           | 498.85          |
| 60027    | Support list (DI) | Type B Non-band specific | 01.11.1992      | 5            | I3        | N        | Digital subtraction angiography, examination of abdomen—4 to 6 data acquisition runs (R) (Anaes.)   | 860.6            |             |                   | 645.45           | 767.4           |
| 60030    | Support list (DI) | Type B Non-band specific | 01.11.1992      | 5            | I3        | N        | Digital subtraction angiography, examination of abdomen—7 to 9 data acquisition runs (R) (Anaes.)   | 1223.75          |             |                   | 917.85           | 1130.55         |
| 60033    | Support list (DI) | Type B Non-band specific | 01.11.1992      | 5            | I3        | N        | Digital subtraction angiography, examination of abdomen—10 or more data acquisition runs (R) (Anaes.)   | 1432.05          |             |                   | 1074.05          | 1338.85         |
| 60036    | Support list (DI) | Type B Non-band specific | 01.11.1992      | 5            | I3        | N        | Digital subtraction angiography, examination of upper limb or limbs—1 to 3 data acquisition runs (R) (Anaes.)   | 586.85           |             |                   | 440.15           | 498.85          |
| 60039    | Support list (DI) | Type B Non-band specific | 01.11.1992      | 5            | I3        | N        | Digital subtraction angiography, examination of upper limb or limbs—4 to 6 data acquisition runs (R) (Anaes.)   | 860.6            |             |                   | 645.45           | 767.4           |
| 60042    | Support list (DI) | Type B Non-band specific | 01.11.1992      | 5            | I3        | N        | Digital subtraction angiography, examination of upper limb or limbs—7 to 9 data acquisition runs (R) (Anaes.)   | 1223.75          |             |                   | 917.85           | 1130.55         |
| 60045    | Support list (DI) | Type B Non-band specific | 01.11.1992      | 5            | I3        | N        | Digital subtraction angiography, examination of upper limb or limbs—10 or more data acquisition runs (R) (Anaes.)   | 1432.05          |             |                   | 1074.05          | 1338.85         |
| 60048    | Support list (DI) | Type B Non-band specific | 01.11.1992      | 5            | I3        | N        | Digital subtraction angiography, examination of lower limb or limbs—1 to 3 data acquisition runs (R) (Anaes.)   | 586.85           |             |                   | 440.15           | 498.85          |
| 60051    | Support list (DI) | Type B Non-band specific | 01.11.1992      | 5            | I3        | N        | Digital subtraction angiography, examination of lower limb or limbs—4 to 6 data acquisition runs (R) (Anaes.)   | 860.6            |             |                   | 645.45           | 767.4           |
| 60054    | Support list (DI) | Type B Non-band specific | 01.11.1992      | 5            | I3        | N        | Digital subtraction angiography, examination of lower limb or limbs—7 to 9 data acquisition runs (R) (Anaes.)   | 1223.75          |             |                   | 917.85           | 1130.55         |
| 60057    | Support list (DI) | Type B Non-band specific | 01.11.1992      | 5            | I3        | N        | Digital subtraction angiography, examination of lower limb or limbs—10 or more data acquisition runs (R) (Anaes.)   | 1432.05          |             |                   | 1074.05          | 1338.85         |
| 60060    | Support list (DI) | Type B Non-band specific | 01.11.1992      | 5            | I3        | N        | Digital subtraction angiography, examination of aorta and lower limb or limbs—1 to 3 data acquisition runs (R) (Anaes.)   | 586.85           |             |                   | 440.15           | 498.85          |
| 60063    | Support list (DI) | Type B Non-band specific | 01.11.1992      | 5            | I3        | N        | Digital subtraction angiography, examination of aorta and lower limb or limbs—4 to 6 data acquisition runs (R) (Anaes.)   | 860.6            |             |                   | 645.45           | 767.4           |

| MBS item | Clinical Category | Procedure Type           | Item Start Date | MBS Category | MBS Group | New Item | MBS Description  | MBS Schedule Fee | Derived Fee | Benefit 100% (\$) | Benefit 75% (\$) | Benefit 85 (\$) |
|----------|-------------------|--------------------------|-----------------|--------------|-----------|----------|--|------------------|-------------|-------------------|------------------|-----------------|
| 60066    | Support list (DI) | Type B Non-band specific | 01.11.1992      | 5            | I3        | N        | Digital subtraction angiography, examination of aorta and lower limb or limbs—7 to 9 data acquisition runs (R) (Anaes.)  | 1223.75          |             |                   | 917.85           | 1130.55         |
| 60069    | Support list (DI) | Type B Non-band specific | 01.11.1992      | 5            | I3        | N        | Digital subtraction angiography, examination of aorta and lower limb or limbs—10 or more data acquisition runs (R) (Anaes.)  | 1432.05          |             |                   | 1074.05          | 1338.85         |
| 60072    | Support list (DI) | Type B Non-band specific | 01.11.1992      | 5            | I3        | N        | Selective arteriography or selective venography by digital subtraction angiography technique—one vessel (NR) (Anaes.)  | 50.05            |             |                   | 37.55            | 42.55           |
| 60075    | Support list (DI) | Type B Non-band specific | 01.11.1992      | 5            | I3        | N        | Selective arteriography or selective venography by digital subtraction angiography technique—2 vessels (NR) (Anaes.)   | 100.05           |             |                   | 75.05            | 85.05           |
| 60078    | Support list (DI) | Type B Non-band specific | 01.11.1992      | 5            | I3        | N        | Selective arteriography or selective venography by digital subtraction angiography technique—3 or more vessels (NR) (Anaes.)   | 150.05           |             |                   | 112.55           | 127.55          |
| 60500    | Support list (DI) | Type C                   | 01.12.1991      | 5            | I3        | N        | Fluoroscopy, with general anaesthesia (not being a service associated with a radiographic examination) (R) (Anaes.)  | 45.15            |             |                   | 33.9             | 38.4            |
| 60503    | Support list (DI) | Type C                   | 01.12.1991      | 5            | I3        | N        | Fluoroscopy, without general anaesthesia (not being a service associated with a radiographic examination) (R)  | 30.95            |             |                   | 23.25            | 26.35           |
| 60506    | Support list (DI) | Unlisted                 | 01.11.1992      | 5            | I3        | N        | Fluoroscopy using a mobile image intensifier, in conjunction with a surgical procedure lasting less than 1 hour, not being a service associated with a service to which another item in this Group applies (R)   | 66.35            |             |                   | 49.8             | 56.4            |
| 60509    | Support list (DI) | Unlisted                 | 01.11.1992      | 5            | I3        | N        | Fluoroscopy using a mobile image intensifier, in conjunction with a surgical procedure lasting 1 hour or more, not being a service associated with a service to which another item in this Group applies (R)   | 102.9            |             |                   | 77.2             | 87.5            |
| 60918    | Support list (DI) | Type C                   | 01.12.1991      | 5            | I3        | N        | Arteriography (peripheral) or phlebography—one vessel, when used in association with a service to which item 59970 applies, not being a service associated with a service to which any of items 60000 to 60078 apply (NR) (Anaes.)   | 49.05            |             |                   | 36.8             | 41.7            |
| 60927    | Support list (DI) | Type C                   | 01.12.1991      | 5            | I3        | N        | Selective arteriogram or phlebogram, when used in association with a service to which item 59970 applies, not being a service associated with a service to which any of items 60000 to 60078 apply (NR) (Anaes.)   | 39.55            |             |                   | 29.7             | 33.65           |
| 61109    | Support list (DI) | Unlisted                 | 01.11.1992      | 5            | I3        | N        | Fluoroscopy in an angiography suite with image intensification, in conjunction with a surgical procedure using interventional techniques, not being a service associated with a service to which another item in this Group applies (R)  | 269.4            |             |                   | 202.05           | 229             |
| 61310    | Support list (DI) | Type C                   | 01.11.1996      | 5            | I4        | N        | Myocardial infarct avid study (R)  | 367.3            |             |                   | 275.5            | 312.25          |
| 61313    | Support list (DI) | Type C                   | 01.11.1996      | 5            | I4        | N        | Gated cardiac blood pool study, (equilibrium) (R)  | 303.35           |             |                   | 227.55           | 257.85          |
| 61314    | Support list (DI) | Type C                   | 01.11.1996      | 5            | I4        | N        | Gated cardiac blood pool study, with or without intervention, and first pass blood flow or cardiac shunt study (R)   | 420              |             |                   | 315              | 357             |
| 61321    | Support list (DI) | Type C                   | 01.08.2020      | 5            | I4        | N        | Note: the service only applies if the patient meets the requirements of the descriptor and the requirements of Note: IR.4.2 Single rest myocardial perfusion study for the assessment of the extent and severity of viable and non-viable myocardium, with single photon emission tomography, with or without planar imaging, if: (a) the patient has left ventricular systolic dysfunction and probable or confirmed coronary artery disease; and (b) the service uses a single rest technetium-99m (Tc-99m) protocol; and (c) the service is requested by a specialist or a consultant physician; and (d) the service is not associated with a service to which item 11704, 11705, 11707, 11714, 11729, 11730, 61325, 61329, 61332, 61345, 61380, 61398, 61406 or 61422 applies; and (e) if the patient is 17 years or older—a service to which this item, or item 61325, 61329, 61332, 61345, 61380, 61398, 61406 or 61422, applies has not been provided to the patient in the previous 24 months (R)  | 329              |             |                   | 246.75           | 279.65          |
| 61324    | Support list (DI) | Type C                   | 01.08.2020      | 5            | I4        | N        | Note: the service only applies if the patient meets the requirements of the descriptor and the requirements of Note: IR.4.1 Single stress myocardial perfusion study, with single photon emission tomography, with or without planar imaging, if: (a) the patient has symptoms of cardiac ischaemia; and (b) at least one of the following applies: (i) the patient has body habitus or other physical conditions (including heart rhythm disturbance) to the extent that a stress echocardiography would not provide adequate information; (ii) the patient is unable to exercise to the extent required for a stress echocardiography to provide adequate information; (iii) the patient has had a failed stress echocardiography provided in a service to which item 55141, 55143, 55145 or 55146 applies; and (c) the service includes resting ECG, continuous ECG monitoring during exercise (with recording), blood pressure monitoring and the recording of other parameters (including heart rate); and (d) the service is requested by a specialist or consultant physician; and (e) the service is not associated with a service to which item 11704, 11705, 11707, 11714, 11729, 11730, 61311, 61321, 61325, 61329, 61332, 61377, 61345, 61357, 61380, 61394, 61398, 61406, 61414 or 61422 applies; and (f) if the patient is 17 years or older—a service to which this item, or item 61311, 61329, 61332, 61345, 61357, 61377, 61380, 61394, 61398, 61406 or 61414, applies has not been provided to the patient in the previous 24 months (R) | 653.05           |             |                   | 489.8            | 559.85          |
| 61325    | Support list (DI) | Type C                   | 01.08.2020      | 5            | I4        | N        | Note: the service only applies if the patient meets the requirements of the descriptor and the requirements of Note: IR.4.2 Single rest myocardial perfusion study for the assessment of the extent and severity of viable and non-viable myocardium, with single photon emission tomography, with or without planar imaging, if: (a) the patient has left ventricular systolic dysfunction and probable or confirmed coronary artery disease; and (b) the service uses: (i) an initial rest study followed by a redistribution study on the same day; and (ii) a thallous chloride-201 (TI-201) protocol; and (c) the service is requested by a specialist or a consultant physician; and (d) the service is not associated with a service to which item 11704, 11705, 11707, 11714, 11729, 11730, 61321, 61329, 61332, 61345, 61380, 61398, 61406 or 61422 applies; and (e) if the patient is 17 years or older: (i) a service to which item 61321, 61329, 61332, 61345, 61380, 61398, 61406 or 61442, applies has not been provided to the patient in the previous 24 months; and (ii) the service is applicable only twice each 24 months (R)  | 329              |             |                   | 246.75           | 279.65          |
| 61328    | Support list (DI) | Type C                   | 01.11.1996      | 5            | I4        | N        | Lung perfusion study (R)   | 227.65           |             |                   | 170.75           | 193.55          |

| MBS item | Clinical Category | Procedure Type | Item Start Date | MBS Category | MBS Group | New Item | MBS Description   | MBS Schedule Fee | Derived Fee | Benefit 100% (\$) | Benefit 75% (\$) | Benefit 85 (\$) |
|----------|-------------------|----------------|-----------------|--------------|-----------|----------|---|------------------|-------------|-------------------|------------------|-----------------|
| 61329    | Support list (DI) | Type C         | 01.08.2020      | 5            | I4        | N        | Note: the service only applies if the patient meets the requirements of the descriptor and the requirements of Note: IR.4.1 Combined stress and rest, stress and re-injection or rest and redistribution myocardial perfusion study, including delayed imaging or re-injection protocol on a subsequent occasion, with single photon emission tomography, with or without planar imaging, if: (a) the patient has symptoms of cardiac ischaemia; and (b) at least one of the following applies: (i) the patient has body habitus or other physical conditions (including heart rhythm disturbance) to the extent that a stress echocardiography would not provide adequate information; (ii) the patient is unable to exercise to the extent required for a stress echocardiography to provide adequate information; (iii) the patient has had a failed stress echocardiography provided in a service to which item 55141, 55143, 55145 or 55146 applies; and (c) the service includes resting electrocardiograph, continuous electrocardiograph monitoring during exercise (with recording), blood pressure monitoring and the recording of other parameters (including heart rate); and (d) the service is requested by a medical practitioner (other than a specialist or consultant physician); and (e) the service is not associated with a service to which item 11704, 11705, 11707, 11714, 11729, 11730, 61311, 61321, 61324, 61325, 61332, 61345, 61357, 61377, 61380, 61394, 61398, 61406, 61414 or 61422 applies; and (f) if the patient is 17 years or older—a service to which this item, or item 61311, 61321, 61324, 61325, 61332, 61345, 61357, 61380, 61394, 61398, 61406, 61414 or 61422, applies has not been provided to the patient in the previous 24 months (R)          | 982.05           |             | 736.55            | 888.85           |                 |
| 61333    | Support list (DI) | Type C         | 14.09.2019      | 5            | I4        | N        | Lung ventilation study using Galligas and lung perfusion study using gallium-68 macro aggregated albumin (68Ga-MAA), with PET, if the service is performed because the service to which item 61348 applies cannot be performed due to unavailability of technetium-99m (R)  | 443.35           |             |                   | 332.55           | 376.85          |
| 61336    | Support list (DI) | Type C         | 14.09.2019      | 5            | I4        | N        | Cerebral study, with PET, if the service is performed because the service to which item 61402 applies cannot be performed due to unavailability of technetium-99m (R)   | 605.05           |             |                   | 453.8            | 514.3           |
| 61340    | Support list (DI) | Type C         | 01.11.1996      | 5            | I4        | N        | Lung ventilation study using aerosol, technegas or xenon gas (R)  | 253              |             |                   | 189.75           | 215.05          |
| 61341    | Support list (DI) | Type C         | 14.09.2019      | 5            | I4        | N        | Bone study – whole body with PET, with delayed imaging when undertaken, if the service is performed because the services to which item 61421 or 61425 apply cannot be performed due to unavailability of technetium-99m (R)   | 600.7            |             |                   | 450.55           | 510.6           |
| 61345    | Support list (DI) | Type C         | 01.08.2020      | 5            | I4        | N        | Note: the service only applies if the patient meets the requirements of the descriptor and the requirements of Note: IR.4.1 Combined stress and rest, stress and re-injection or rest and redistribution myocardial perfusion study, including delayed imaging or re-injection protocol on a subsequent occasion, with single photon emission tomography, with or without planar imaging, if: (a) the patient has symptoms of cardiac ischaemia; and (b) at least one of the following applies: (i) the patient has body habitus or other physical conditions (including heart rhythm disturbance) to the extent that a stress echocardiography would not provide adequate information; (ii) the patient is unable to exercise to the extent required for a stress echocardiography to provide adequate information; (iii) the patient has had a failed stress echocardiography provided in a service to which item 55141, 55143, 55145 or 55146 applies; and (c) the service includes resting electrocardiograph, continuous electrocardiograph monitoring during exercise (with recording), blood pressure monitoring and the recording of other parameters (including heart rate); and (d) the service is requested by a specialist or consultant physician; and (e) the service is not associated with a service to which item 11704, 11705, 11707, 11714, 11729, 11730, 61311, 61321, 61324, 61325, 61329, 61332, 61357, 61377, 61380, 61394, 61398, 61406, 61414 or 61422 applies (R); and (f) if the patient is 17 years or older—a service to which this item, or item 61311, 61321, 61324, 61325, 61329, 61332, 61357, 61377, 61380, 61394, 61398, 61406, 61414 or 61422, applies has not been provided to the patient in the previous 24 months (R)                                   | 982.05           |             | 736.55            | 888.85           |                 |
| 61348    | Support list (DI) | Type C         | 01.11.1996      | 5            | I4        | N        | Lung perfusion study and lung ventilation study using aerosol, technegas or xenon gas (R)   | 443.35           |             |                   | 332.55           | 376.85          |
| 61349    | Support list (DI) | Type C         | 01.08.2020      | 5            | I4        | N        | Note: the service only applies if the patient meets the requirements of the descriptor and the requirements of Note: IR.4.1 Repeat combined stress and rest, stress and re-injection or rest and redistribution myocardial perfusion study, including delayed imaging or re-injection protocol on a subsequent occasion, with single photon emission tomography, with or without planar imaging, if: (a) both: (i) a service has been provided to the patient in the previous 24 months to which this item, or item 61311, 61324, 61329, 61332, 61337, 61345, 61357, 61365, 61380, 61394, 61398, 61406, 61410, 61414 or 61418, applies; and (ii) the patient has subsequently undergone a revascularisation procedure; and (b) the patient has one or more symptoms of cardiac ischaemia that have evolved and are not adequately controlled with optimal medical therapy; and (c) at least one of the following applies: (i) the patient has body habitus or other physical conditions (including heart rhythm disturbance) to the extent that a stress echocardiography would not provide adequate information; (ii) the patient is unable to exercise to the extent required for a stress echocardiography to provide adequate information; (iii) the patient has had a failed stress echocardiography provided in a service to which item 55141, 55143, 55145 or 55146 applies; and (d) the service is requested by a specialist or a consultant physician; and (e) the service is not associated with a service to which item 11704, 11705, 11707, 11714, 11729, 11730, 61365, 61410 or 61418 applies; and (f) if the patient is 17 years or older—a service to which this item, or item 61365, 61410 or 61418, applies has not been provided to the patient in the previous 12 months (R) | 982.05           |             | 736.55            | 888.85           |                 |
| 61353    | Support list (DI) | Type C         | 01.11.1996      | 5            | I4        | N        | Liver and spleen study (colloid) (R)  | 386.6            |             |                   | 289.95           | 328.65          |
| 61356    | Support list (DI) | Type C         | 01.11.1996      | 5            | I4        | N        | Red blood cell spleen or liver study (R)  | 392.8            |             |                   | 294.6            | 333.9           |

| MBS item | Clinical Category | Procedure Type | Item Start Date | MBS Category | MBS Group | New Item | MBS Description  | MBS Schedule Fee | Derived Fee | Benefit 100% (\$) | Benefit 75% (\$) | Benefit 85 (\$) |
|----------|-------------------|----------------|-----------------|--------------|-----------|----------|--|------------------|-------------|-------------------|------------------|-----------------|
| 61357    | Support list (DI) | Type C         | 01.08.2020      | 5            | I4        | N        | Note: the service only applies if the patient meets the requirements of the descriptor and the requirements of Note: IR.4.1 Single stress myocardial perfusion study, with single photon emission tomography, with or without planar imaging, if: (a) the patient has symptoms of cardiac ischaemia; and (b) at least one of the following applies: (i) the patient has body habitus or other physical conditions (including heart rhythm disturbance) to the extent that a stress echocardiography would not provide adequate information; (ii) the patient is unable to exercise to the extent required for a stress echocardiography to provide adequate information; (iii) the patient has had a failed stress echocardiography provided in a service to which items 55141, 55143, 55145 or 55146 applies; and (c) the service includes resting electrocardiograph, continuous electrocardiograph monitoring during exercise (with recording), blood pressure monitoring and the recording of other parameters (including heart rate); and (d) the service is requested by a medical practitioner (other than a specialist or consultant physician); and (e) the service is not associated with a service to which item 11704, 11705, 11707, 11714, 11729, 11730, 61311, 61321, 61324, 61325, 61329, 61332, 61345, 61377, 61380, 61394, 61398, 61406, 61414 or 61422 applies; and (f) if the patient is 17 years or older—a service to which this item, or item 61311, 61324, 61329, 61332, 61345, 61377, 61380, 61394, 61398, 61406, or 61414, applies has not been provided to the patient in the previous 24 months (R) | 653.05           |             |                   | 489.8            | 559.85          |
| 61360    | Support list (DI) | Type C         | 01.11.1996      | 5            | I4        | N        | Hepatobiliary study, including morphine administration or pre-treatment with a cholagogue when performed (R)   | 403.35           |             |                   | 302.55           | 342.85          |
| 61361    | Support list (DI) | Type C         | 01.11.1996      | 5            | I4        | N        | Hepatobiliary study with formal quantification following baseline imaging, using a cholagogue (R)  | 461.4            |             |                   | 346.05           | 392.2           |
| 61364    | Support list (DI) | Type C         | 01.11.1996      | 5            | I4        | N        | Bowel haemorrhage study (R)  | 496.95           |             |                   | 372.75           | 422.45          |
| 61368    | Support list (DI) | Type C         | 01.11.1996      | 5            | I4        | N        | Meckel's diverticulum study (R)  | 223.1            |             |                   | 167.35           | 189.65          |
| 61369    | Support list (DI) | Unlisted       | 01.11.1999      | 5            | I4        | N        | Indium-labelled octreotide study (including single photon emission tomography when undertaken), if: (a) a gastro-entero-pancreatic endocrine tumour is suspected on the basis of biochemical evidence with negative or equivocal conventional imaging; or (b) both: (i) a surgically amenable gastro-entero-pancreatic endocrine tumour has been identified on the basis of conventional techniques; and (ii) the study is to exclude additional disease sites (R)   | 2015.75          |             |                   | 1511.85          | 1922.55         |
| 61372    | Support list (DI) | Type C         | 01.11.1996      | 5            | I4        | N        | Salivary study (R)   | 223.1            |             |                   | 167.35           | 189.65          |
| 61373    | Support list (DI) | Type C         | 01.11.1996      | 5            | I4        | N        | Gastro-oesophageal reflux study, including delayed imaging on a separate occasion when performed (R)   | 489.7            |             |                   | 367.3            | 416.25          |
| 61376    | Support list (DI) | Type C         | 01.11.1996      | 5            | I4        | N        | Oesophageal clearance study (R)  | 143.35           |             |                   | 107.55           | 121.85          |
| 61381    | Support list (DI) | Type C         | 01.11.1996      | 5            | I4        | N        | Gastric emptying study, using single tracer (R)  | 574.35           |             |                   | 430.8            | 488.2           |
| 61383    | Support list (DI) | Type C         | 01.11.1996      | 5            | I4        | N        | Combined solid and liquid gastric emptying study using dual isotope technique or the same isotope on separate days (R)   | 624.95           |             |                   | 468.75           | 531.75          |
| 61384    | Support list (DI) | Type C         | 01.11.1996      | 5            | I4        | N        | Radionuclide colonic transit study (R)   | 687.7            |             |                   | 515.8            | 594.5           |
| 61386    | Support list (DI) | Type C         | 01.11.1996      | 5            | I4        | N        | Renal study, including perfusion and renogram images and computer analysis or cortical study with planar imaging (R)   | 332.5            |             |                   | 249.4            | 282.65          |
| 61387    | Support list (DI) | Type C         | 01.11.1996      | 5            | I4        | N        | Renal cortical study, with single photon emission tomography and planar quantification (R)   | 430.75           |             |                   | 323.1            | 366.15          |
| 61389    | Support list (DI) | Type C         | 01.11.1996      | 5            | I4        | N        | Single renal study with pre-procedural administration of a diuretic or angiotensin converting enzyme (ACE) inhibitor (R)   | 370.55           |             |                   | 277.95           | 315             |
| 61390    | Support list (DI) | Type C         | 01.11.1996      | 5            | I4        | N        | Renal study with diuretic administration after a baseline study (R)  | 409.95           |             |                   | 307.5            | 348.5           |
| 61393    | Support list (DI) | Type C         | 01.11.1996      | 5            | I4        | N        | Combined examination involving a renal study following angiotensin converting enzyme (ACE) inhibitor provocation and a baseline study, in either order and related to a single referral episode (R)  | 605.5            |             |                   | 454.15           | 514.7           |
| 61394    | Support list (DI) | Type C         | 15.09.2020      | 5            | I4        | N        | Note: the service only applies if the patient meets the requirements of the descriptor and the requirements of Note: IR.4.1 Single stress myocardial perfusion study, with single photon emission tomography, with or without planar imaging, if: (a) the patient has symptoms of cardiac ischaemia; and (b) the service is provided at, or from, a practice located in a Modified Monash 3, 4, 5, 6 or 7 area; and (c) a stress echocardiography service is not available in the Modified Monash area where the service is provided; and (d) the service includes resting electrocardiograph, continuous electrocardiograph monitoring during exercise (with recording), blood pressure monitoring and the recording of other parameters (including heart rate); and (e) the service is requested by a specialist or consultant physician; and (f) the service is not associated with a service to which item 11704, 11705, 11707, 11714, 11729, 11730, 61311, 61321, 61324, 61325, 61329, 61332, 61345, 61357, 61377, 61380, 61398, 61406, 61414 or 61422 applies; and (g) if the patient is 17 years or older—a service to which this item, or item 61311, 61324, 61329, 61332, 61345, 61357, 61377, 61380, 61398, 61406 or 61414, applies has not been provided to the patient in the previous 24 months (R)   | 653.05           |             |                   | 489.8            | 559.85          |
| 61397    | Support list (DI) | Type C         | 01.11.1996      | 5            | I4        | N        | Cystoureterogram (R)   | 246.85           |             |                   | 185.15           | 209.85          |

| MBS item | Clinical Category | Procedure Type | Item Start Date | MBS Category | MBS Group | New Item | MBS Description  | MBS Schedule Fee | Derived Fee | Benefit 100% (\$) | Benefit 75% (\$) | Benefit 85 (\$) |
|----------|-------------------|----------------|-----------------|--------------|-----------|----------|--|------------------|-------------|-------------------|------------------|-----------------|
| 61398    | Support list (DI) | Type C         | 15.09.2020      | 5            | I4        | N        | Note: the service only applies if the patient meets the requirements of the descriptor and the requirements of Note: IR.4.1 Combined stress and rest, stress and re-injection or rest and redistribution myocardial perfusion study, including delayed imaging or re-injection protocol on a subsequent occasion, with single photon emission tomography, with or without planar imaging, if: (a) the patient has symptoms of cardiac ischaemia; and (b) the service is provided at, or from, a practice located in a Modified Monash 3, 4, 5, 6 or 7 area; and (c) a stress echocardiography service is not available in the Modified Monash area where the services is provided; and (d) the service includes resting electrocardiograph, continuous electrocardiograph monitoring during exercise (with recording), blood pressure monitoring and the recording of other parameters (including heart rate); and (e) the service is requested by a medical practitioner (other than a specialist or consultant physician); and (f) the service is not associated with a service to which item 11704, 11705, 11707, 11714, 11729, 11730, 61311, 61321, 61324, 61325, 61329, 61332, 61345, 61357, 61377, 61380, 61394, 61406, 61414 or 61422 applies; and (g) if the patient is 17 years or older—a service to which this item, or item 61311, 61321, 61324, 61325, 61329, 61332, 61345, 61357, 61377, 61380, 61394, 61406, 61414 or 61422, applies has not been provided to the patient in the previous 24 months (R) | 982.05           |             | 736.55            | 888.85           |                 |
| 61402    | Support list (DI) | Type C         | 01.11.1996      | 5            | I4        | N        | Cerebral perfusion study, with single photon emission tomography and with planar imaging when performed (R)  | 605.05           |             |                   | 453.8            | 514.3           |
| 61406    | Support list (DI) | Type C         | 15.09.2020      | 5            | I4        | N        | Note: the service only applies if the patient meets the requirements of the descriptor and the requirements of Note: IR.4.1 Combined stress and rest, stress and re-injection or rest and redistribution myocardial perfusion study, including delayed imaging or re-injection protocol on a subsequent occasion, with single photon emission tomography, with or without planar imaging, if: (a) the patient has symptoms of cardiac ischaemia; and (b) the service is provided at, or from, a practice located in a Modified Monash 3, 4, 5, 6 or 7 area; and (c) a stress echocardiography service is not available in the Modified Monash area where the service is provided; and (d) the service includes resting electrocardiograph, continuous electrocardiograph monitoring during exercise (with recording), blood pressure monitoring and the recording of other parameters (including heart rate); and (e) the service is requested by a specialist or consultant physician; and (f) the service is not associated with a service to which item 11704, 11705, 11707, 11714, 11729, 11730, 61311, 61321, 61324, 61325, 61329, 61332, 61377, 61345, 61357, 61380, 61394, 61398, 61414 or 61422 applies; and (g) if the patient is 17 years or older—a service to which this item, or item 61311, 61321, 61324, 61325, 61329, 61332, 61345, 61357, 61377, 61380, 61394, 61398, 61414 or 61422, applies has not been provided to the patient in the previous 24 months (R)                                      | 982.05           |             | 736.55            | 888.85           |                 |
| 61409    | Support list (DI) | Type C         | 01.11.1996      | 5            | I4        | N        | Cerebro spinal fluid transport study, with imaging on 2 or more separate occasions (R)   | 873.5            |             |                   | 655.15           | 780.3           |
| 61410    | Support list (DI) | Type C         | 15.09.2020      | 5            | I4        | N        | Note: the service only applies if the patient meets the requirements of the descriptor and the requirements of Note: IR.4.1 Repeat combined stress and rest, stress and re-injection or rest and redistribution myocardial perfusion study, including delayed imaging or re-injection protocol on a subsequent occasion, with single photon emission tomography, with or without planar imaging, if: (a) both: (i) a service has been provided to the patient in the previous 24 months to which this item, or item 61311, 61324, 61329, 61332, 61345, 61349, 61357, 61365, 61377, 61380, 61394, 61398, 61406, 61414 or 61418, applies; and (ii) the patient has subsequently undergone a revascularisation procedure; and (b) the patient has one or more symptoms of cardiac ischaemia that have evolved and are not adequately controlled with optimal medical therapy; and (c) the service is provided at, or from, a practice located in a Modified Monash 3, 4, 5, 6 or 7 area; and (d) a stress echocardiography service is not available in the Modified Monash area where the service is provided; and (e) the service is not associated with a service to which item 11704, 11705, 11707, 11714, 11729, 11730 or 61418 applies; and (f) if the patient is 17 years or older—a service to which item 61349, 61365 or 61418 applies has not been provided to the patient in the previous 12 months   | 982.05           |             | 736.55            | 888.85           |                 |
| 61413    | Support list (DI) | Type C         | 01.11.1996      | 5            | I4        | N        | Cerebro spinal fluid shunt patency study (R)   | 225.95           |             |                   | 169.5            | 192.1           |
| 61414    | Support list (DI) | Type C         | 15.09.2020      | 5            | I4        | N        | Note: the service only applies if the patient meets the requirements of the descriptor and the requirements of Note: IR.4.1 Single stress myocardial perfusion study, with single photon emission tomography, with or without planar imaging, if: (a) the patient has symptoms of cardiac ischaemia; and (b) the service is provided at, or from, a practice located in a Modified Monash 3, 4, 5, 6 or 7 area; and (c) a stress echocardiography service is not available in the Modified Monash area where the service is provided; and (d) the service includes resting electrocardiograph, continuous electrocardiograph monitoring during exercise (with recording), blood pressure monitoring and the recording of other parameters (including heart rate); and (e) the service is requested by a medical practitioner (other than a specialist or consultant physician); and (f) the service is not associated with a service to which item 11704, 11705, 11707, 11714, 11729, 11730, 61311, 61321, 61324, 61325, 61329, 61332, 61345, 61357, 61377, 61380, 61394, 61398, 61406 or 61422 applies; and (g) if the patient is 17 years or older—a service to which this item, or item 61311, 61324, 61329, 61332, 61345, 61357, 61377, 61380, 61398 or 61406, applies has not been provided to the patient in the previous 24 months (R)  | 653.05           |             | 489.8             | 559.85           |                 |
| 61421    | Support list (DI) | Type C         | 01.11.1996      | 5            | I4        | N        | Bone study—whole body, with, when undertaken, blood flow, blood pool and delayed imaging on a separate occasion (R)  | 479.8            |             |                   | 359.85           | 407.85          |
| 61425    | Support list (DI) | Type C         | 01.11.1996      | 5            | I4        | N        | Bone study—whole body and single photon emission tomography, with, when undertaken, blood flow, blood pool and delayed imaging on a separate occasion (R)  | 600.7            |             |                   | 450.55           | 510.6           |
| 61426    | Support list (DI) | Type C         | 01.11.1996      | 5            | I4        | N        | Whole body study using iodine (R)  | 554.8            |             |                   | 416.1            | 471.6           |
| 61429    | Support list (DI) | Type C         | 01.11.1996      | 5            | I4        | N        | Whole body study using gallium (R)   | 543              |             |                   | 407.25           | 461.55          |
| 61430    | Support list (DI) | Type C         | 01.11.1996      | 5            | I4        | N        | Whole body study using gallium, with single photon emission tomography (R)   | 659.45           |             |                   | 494.6            | 566.25          |

| MBS item | Clinical Category | Procedure Type | Item Start Date | MBS Category | MBS Group | New Item | MBS Description  | MBS Schedule Fee | Derived Fee | Benefit 100% (\$) | Benefit 75% (\$) | Benefit 85 (\$) |
|----------|-------------------|----------------|-----------------|--------------|-----------|----------|--|------------------|-------------|-------------------|------------------|-----------------|
| 61433    | Support list (DI) | Type C         | 01.11.1996      | 5            | I4        | N        | Whole body study using cells labelled with technetium (R)  | 496.95           |             |                   | 372.75           | 422.45          |
| 61434    | Support list (DI) | Type C         | 01.11.1996      | 5            | I4        | N        | Whole body study using cells labelled with technetium, with single photon emission tomography (R)  | 615.4            |             |                   | 461.55           | 523.1           |
| 61438    | Support list (DI) | Type C         | 01.11.1996      | 5            | I4        | N        | Whole body study using thallium (R)  | 672.95           |             |                   | 504.75           | 579.75          |
| 61441    | Support list (DI) | Type C         | 01.11.1996      | 5            | I4        | N        | Bone marrow study—whole body using technetium labelled bone marrow agents (R)  | 489.7            |             |                   | 367.3            | 416.25          |
| 61442    | Support list (DI) | Type C         | 01.11.1997      | 5            | I4        | N        | Whole body study, using gallium—with single photon emission tomography of 2 or more body regions acquired separately (R)   | 752.35           |             |                   | 564.3            | 659.15          |
| 61445    | Support list (DI) | Type C         | 01.11.1999      | 5            | I4        | N        | Bone marrow study—localised using technetium labelled agent (R)  | 286.8            |             |                   | 215.1            | 243.8           |
| 61446    | Support list (DI) | Type C         | 01.11.1996      | 5            | I4        | N        | Regional scintigraphic study, using an approved bone scanning agent,including when undertaken, blood flow imaging, blood pool imagingand repeat imaging on a separate occasion (R)   | 333.55           |             |                   | 250.2            | 283.55          |
| 61449    | Support list (DI) | Type C         | 01.11.1996      | 5            | I4        | N        | Regional scintigraphic study, using an approved bone scanning agentand single photon emission tomography, including when undertaken, blood flow imaging, blood pool imagingand repeat imaging on a separate occasion (R)   | 456.2            |             |                   | 342.15           | 387.8           |
| 61450    | Support list (DI) | Type C         | 01.11.1996      | 5            | I4        | N        | Localised study using gallium (R)  | 397.55           |             |                   | 298.2            | 337.95          |
| 61453    | Support list (DI) | Type C         | 01.11.1996      | 5            | I4        | N        | Localised study using gallium, with single photon emission tomography (R)  | 514.7            |             |                   | 386.05           | 437.5           |
| 61454    | Support list (DI) | Type C         | 01.11.1996      | 5            | I4        | N        | Localised study using cells labelled with technetium (R)   | 348.1            |             |                   | 261.1            | 295.9           |
| 61457    | Support list (DI) | Type C         | 01.11.1996      | 5            | I4        | N        | Localised study using cells labelled with technetium, with single photon emission tomography (R)   | 470.45           |             |                   | 352.85           | 399.9           |
| 61461    | Support list (DI) | Unlisted       | 01.11.1996      | 5            | I4        | N        | Localised study using thallium (R)   | 527.85           |             |                   | 395.9            | 448.7           |
| 61462    | Support list (DI) | Type C         | 01.11.1996      | 5            | I4        | N        | Repeat planar and single photon emission tomography imaging, or repeat planar imaging or single photon emission tomography imaging on an occasion subsequent to the performance of item 61364, 61426, 61429, 61430, 61442, 61450, 61453, 61469 or 61485, if there is no additional administration of radiopharmaceutical and if the previous radionuclide scan was abnormal or equivocal (R)   | 129              |             |                   | 96.75            | 109.65          |
| 61469    | Support list (DI) | Type C         | 01.11.1996      | 5            | I4        | N        | Lymphoscintigraphy (R)   | 348.1            |             |                   | 261.1            | 295.9           |
| 61473    | Support list (DI) | Type C         | 01.11.1996      | 5            | I4        | N        | Thyroid study (R)  | 175.4            |             |                   | 131.55           | 149.1           |
| 61477    | N/A               | N/A            | 08.11.2022      | 5            | I4        | N        | Whole body or localised study using gallium, if all of the following apply: (a) the service is bulk-billed; (b) the service is performed in conjunction with a service described in items 61429, 61430, 61442, 61450 or 61453  | 740              |             |                   | 555              | 646.8           |
| 61480    | Support list (DI) | Type C         | 01.11.1996      | 5            | I4        | N        | Parathyroid study (R)  | 386.85           |             |                   | 290.15           | 328.85          |
| 61485    | Support list (DI) | Type C         | 01.11.1996      | 5            | I4        | N        | Adrenal study, with single photon emission tomography (R)  | 999.2            |             |                   | 749.4            | 906             |
| 61495    | Support list (DI) | Type C         | 01.11.1996      | 5            | I4        | N        | Tear duct study (R)  | 223.1            |             |                   | 167.35           | 189.65          |
| 61499    | Support list (DI) | Type C         | 01.11.1996      | 5            | I4        | N        | Particle perfusion study (infra arterial) or Le Veen shunt study (R)   | 253              |             |                   | 189.75           | 215.05          |
| 61505    | Support list (DI) | Type C         | 01.05.2007      | 5            | I4        | N        | CT scan performed at the same time and covering the same body area as single photon emission tomography or positron emission tomography for the purpose of anatomic localisation or attenuation correction if no separate diagnostic CT report is issued and performed in association with a service to which an item in Subgroup 1 or 2 of Group I4 applies (R)   | 100              |             |                   | 75               | 85              |
| 61523    | Support list (DI) | Unlisted       | 01.10.2001      | 5            | I4        | N        | Whole body FDG PET study, performed for evaluation of a solitary pulmonary nodule where the lesion is considered unsuitable for transthoracic fine needle aspiration biopsy, or for which an attempt at pathological characterisation has failed.(R)   | 953              |             |                   | 714.75           | 859.8           |
| 61524    | Support list (DI) | Type C         | 01.11.2019      | 5            | I4        | N        | Whole body FDG PET study, performed for the staging of locally advanced (Stage III) breast cancer, for a patient who is considered suitable for active therapy (R) (Anaes.)  | 953              |             |                   | 714.75           | 859.8           |
| 61525    | Support list (DI) | Unlisted       | 01.11.2019      | 5            | I4        | N        | Whole body FDG PET study, performed for the evaluation of suspected metastatic or suspected locally or regionally recurrent breast carcinoma, for a patient who is considered suitable for active therapy (R) (Anaes.)   | 953              |             |                   | 714.75           | 859.8           |
| 61527    | Support list (DI) | Type C         | 01.08.2022      | 5            | I4        | N        | Whole body study using PET, if the service is performed because the services to which items 61429, 61430, 61442, 61450 or 61453 apply cannot be performed due to unavailability of gallium-67 (R)  | 752.35           |             |                   | 564.3            | 659.15          |
| 61529    | Support list (DI) | Unlisted       | 01.10.2001      | 5            | I4        | N        | Whole body FDG PET study, performed for the staging of proven non-small cell lung cancer, where curative surgery or radiotherapy is planned (R)  | 953              |             |                   | 714.75           | 859.8           |
| 61538    | Support list (DI) | Unlisted       | 01.10.2001      | 5            | I4        | N        | FDG PET study of the brain for evaluation of suspected residual or recurrent malignant brain tumour based on anatomical imaging findings, after definitive therapy (or during ongoing chemotherapy) in patients who are considered suitable for further active therapy. (R)  | 901              |             |                   | 675.75           | 807.8           |
| 61541    | Support list (DI) | Type C         | 01.10.2001      | 5            | I4        | N        | Whole body FDG PET study, following initial therapy, for the evaluation of suspected residual, metastatic or recurrent colorectal carcinoma in patients considered suitable for active therapy (R)   | 953              |             |                   | 714.75           | 859.8           |
| 61553    | Support list (DI) | Type C         | 01.10.2001      | 5            | I4        | N        | Whole body FDG PET study, following initial therapy, performed for the evaluation of suspected metastatic or recurrent malignant melanoma in patients considered suitable for active therapy (R)   | 999              |             |                   | 749.25           | 905.8           |
| 61559    | Support list (DI) | Unlisted       | 01.10.2001      | 5            | I4        | N        | FDG PET study of the brain, performed for the evaluation of refractory epilepsy which is being evaluated for surgery (R)   | 918              |             |                   | 688.5            | 824.8           |
| 61560    | Support list (DI) | Type C         | 01.11.2021      | 5            | I4        | N        | FDG PET study of the brain, performed for the diagnosis of Alzheimer's disease, if: clinical evaluation of the patient by a specialist, or in consultation with a specialist, is equivocal; and the service includes a quantitative comparison of the results of the study with the results of an FDG PET study of a normal brain from a reference database; and a service to which this item applies has not been performed on the patient in the previous 12 months; and a service to which item 61402 applies has not been performed on the patient in the previous 12 months for the diagnosis or management of Alzheimer's disease Applicable not more than 3 times per lifetime(R) | 605.05           |             |                   | 453.8            | 514.3           |
| 61563    | Support list (DI) | Type C         | 01.07.2022      | 5            | I4        | N        | Whole body prostate-specific membrane antigen PET study performed for the initial staging of intermediate to high-risk prostate adenocarcinoma, for a previously untreated patient who is considered suitable for locoregional therapy with curative intent Applicable once per lifetime (R)   | 1300             |             |                   | 975              | 1206.8          |

| MBS item | Clinical Category | Procedure Type | Item Start Date | MBS Category | MBS Group | New Item | MBS Description   | MBS Schedule Fee | Derived Fee | Benefit 100% (\$) | Benefit 75% (\$) | Benefit 85 (\$) |
|----------|-------------------|----------------|-----------------|--------------|-----------|----------|---|------------------|-------------|-------------------|------------------|-----------------|
| 61564    | Support list (DI) | Type C         | 01.07.2022      | 5            | I4        | N        | Whole body prostate-specific membrane antigen PET study performed for the restaging of recurrent prostate adenocarcinoma, for a patient who:(a) has undergone prior locoregional therapy; and(b) is considered suitable for further locoregional therapy to determine appropriate therapeutic pathways and timing of treatment initiation Applicable twice per lifetime (R)   | 1300             |             |                   | 975              | 1206.8          |
| 61565    | Support list (DI) | Type C         | 01.10.2001      | 5            | I4        | N        | Whole body FDG PET study, following initial therapy, performed for the evaluation of suspected residual, metastatic or recurrent ovarian carcinoma in patients considered suitable for active therapy. (R)  | 953              |             |                   | 714.75           | 859.8           |
| 61571    | Support list (DI) | Unlisted       | 01.10.2001      | 5            | I4        | N        | Whole body FDG PET study, for the further primary staging ofpatients with histologically proven carcinoma of the uterine cervix, at FIGO stage IB2 or greater by conventional staging, prior to planned radical radiation therapy or combined modality therapy with curative intent. (R)  | 953              |             |                   | 714.75           | 859.8           |
| 61575    | Support list (DI) | Unlisted       | 01.07.2011      | 5            | I4        | N        | Whole body FDG PET study, for the further staging of patients with confirmed local recurrence of carcinoma of the uterine cervix considered suitable for salvage pelvic chemoradiotherapy or pelvic exenteration with curative intent. (R)  | 953              |             |                   | 714.75           | 859.8           |
| 61577    | Support list (DI) | Unlisted       | 01.10.2001      | 5            | I4        | N        | Whole body FDG PET study, performed for the staging of proven oesophageal or GEJ carcinoma, in patients considered suitable for active therapy (R).   | 953              |             |                   | 714.75           | 859.8           |
| 61598    | Support list (DI) | Unlisted       | 14.01.2002      | 5            | I4        | N        | Whole body FDG PET study performed for the staging of biopsy-proven newly diagnosed or recurrent head and neck cancer (R).  | 953              |             |                   | 714.75           | 859.8           |
| 61604    | Support list (DI) | Unlisted       | 14.01.2002      | 5            | I4        | N        | Whole body FDG PET study performed for the evaluation of patients with suspected residual head and neck cancer after definitive treatment, and who are suitable for active therapy (R).   | 953              |             |                   | 714.75           | 859.8           |
| 61610    | Support list (DI) | Unlisted       | 14.01.2002      | 5            | I4        | N        | Whole body FDG PET study performed for the evaluation of metastatic squamous cell carcinoma of unknown primary site involving cervical nodes (R).   | 953              |             |                   | 714.75           | 859.8           |
| 61612    | Support list (DI) | Type C         | 01.11.2022      | 5            | I4        | N        | Whole body FDG PET study for the initial staging of eligible cancer types, for a patient who is considered suitable for active therapy, if: (a) the eligible cancer type is: (i) a rare or uncommon cancer (less than 12 cases per 100,000 persons per year); and (ii) a typically FDG-avid cancer; and (b) there is at least a 10% likelihood that the PET study result will inform a significant change in management for the patient Applicable once per cancer diagnosis (R)  | 953              |             |                   | 714.75           | 859.8           |
| 61620    | Support list (DI) | Unlisted       | 01.07.2011      | 5            | I4        | N        | Whole body FDG PET study for the initial staging of newly diagnosed or previously untreated Hodgkin or non-Hodgkin lymphoma (R)   | 953              |             |                   | 714.75           | 859.8           |
| 61622    | Support list (DI) | Unlisted       | 14.01.2002      | 5            | I4        | N        | Whole body FDG PET study to assess response to first line therapy either during treatment or within three months of completing definitive first line treatment for Hodgkin or non-Hodgkin lymphoma (R)  | 953              |             |                   | 714.75           | 859.8           |
| 61628    | Support list (DI) | Unlisted       | 14.01.2002      | 5            | I4        | N        | Whole body FDG PET study for restaging following confirmation of recurrence of Hodgkin or non-Hodgkin lymphoma (R)  | 953              |             |                   | 714.75           | 859.8           |
| 61632    | Support list (DI) | Unlisted       | 01.07.2011      | 5            | I4        | N        | Whole body FDG PET study to assess response to second-line chemotherapy ifhaemopoietic stem cell transplantation is being considered for Hodgkin or non-Hodgkin lymphoma (R)  | 953              |             |                   | 714.75           | 859.8           |
| 61640    | Support list (DI) | Unlisted       | 14.01.2002      | 5            | I4        | N        | Whole body FDG PET study for initial staging of patients with biopsy-proven bone or soft tissue sarcoma (excluding gastrointestinal stromal tumour) considered by conventional staging to be potentially curable. (R)   | 999              |             |                   | 749.25           | 905.8           |
| 61644    | Support list (DI) | Type C         | 01.04.2022      | 5            | I4        | N        | Single rest myocardial perfusion study for the assessment of the extent and severity of non-viable myocardium, with PET, if: (a) the service is performed because the service to which item 61325 applies cannot be performed due to unavailability of thallous chloride 201 (TI-201); and (b) the patient has left ventricular systolic dysfunction and probable or confirmed coronary artery disease; and (c) the service is performed in conjunction with a rest myocardial perfusion study using technetium-99m; and (d) the service is requested by a specialist or a consultant physician; and (e) the service is not associated with a service to which item 11704, 11705, 11707, 11714, 11729 or 11730 applies; and (f) this service and item 61325 are applicable only twice each 24 months (R) Item 61644 is a substitute item that may only be used during periods of national shortage of TI-201. See IN.4.4 of explanatory notes to this Category for further information. | 329              |             |                   | 246.75           | 279.65          |
| 61646    | Support list (DI) | Unlisted       | 14.01.2002      | 5            | I4        | N        | Whole body FDG PET study for the evaluation of patients with suspected residual or recurrent sarcoma (excluding gastrointestinal stromal tumour) after the initial course of definitive therapy to determine suitability for subsequent therapy with curative intent. (R)   | 999              |             |                   | 749.25           | 905.8           |
| 61647    | Support list (DI) | Type C         | 01.05.2018      | 5            | I4        | N        | Whole body 68Ga DOTA peptide PET study, if:(a) a gastro entero pancreatic neuroendocrine tumour is suspected on the basis of biochemical evidence with negative or equivocal conventional imaging; or(b) both:(i) a surgically amenable gastro entero pancreatic neuroendocrine tumour has been identified on the basis of conventional techniques; and(ii) the study is for excluding additional disease sites (R)   | 953              |             |                   | 714.75           | 859.8           |
| 61650    | Support list (DI) | Unlisted       | 01.06.2004      | 5            | I4        | N        | LeukoScan study of the long bones and feet for suspected osteomyelitis, if:(a) the patient does not have access to ex vivo white blood cell scanning; and(b) the patient is not being investigated for other sites of infection (R)   | 878.7            |             |                   | 659.05           | 785.5           |
| 63001    | Support list (DI) | Type C         | 01.08.2004      | 5            | I5        | N        | MRI—scan of head (including MRA, if performed) for tumour of the brain or meninges (R) (Anaes.) (Contrast) (Anaes.)   | 409.65           |             |                   | 307.25           | 348.25          |
| 63004    | Support list (DI) | Type C         | 01.08.2004      | 5            | I5        | N        | MRI—scan of head (including MRA, if performed) for inflammation of brain or meninges (R) (Anaes.) (Contrast) (Anaes.)   | 409.65           |             |                   | 307.25           | 348.25          |
| 63007    | Support list (DI) | Type C         | 01.08.2004      | 5            | I5        | N        | MRI—scan of head (including MRA, if performed) for skull base or orbital tumour (R) (Anaes.) (Contrast) (Anaes.)  | 409.65           |             |                   | 307.25           | 348.25          |
| 63010    | Support list (DI) | Type C         | 01.08.2004      | 5            | I5        | N        | MRI—scan of head (including MRA, if performed) for stereotactic scan of brain, with fiducials in place, for the sole purpose of allowing planning for stereotactic neurosurgery (R) (Anaes.) (Contrast) (Anaes.)  | 341.4            |             |                   | 256.05           | 290.2           |
| 63040    | Support list (DI) | Type C         | 01.08.2004      | 5            | I5        | N        | MRI—scan of head (including MRA, if performed) for acoustic neuroma (R) (Anaes.) (Contrast) (Anaes.)  | 341.4            |             |                   | 256.05           | 290.2           |

| MBS Item | Clinical Category | Procedure Type | Item Start Date | MBS Category | MBS Group | New Item | MBS Description   | MBS Schedule Fee | Derived Fee | Benefit 100% (\$) | Benefit 75% (\$) | Benefit 85 (\$) |
|----------|-------------------|----------------|-----------------|--------------|-----------|----------|---|------------------|-------------|-------------------|------------------|-----------------|
| 63043    | Support list (DI) | Type C         | 01.08.2004      | 5            | 15        | N        | MRI—scan of head (including MRA, if performed) for pituitary tumour (R) (Anaes.) (Contrast) (Anaes.)  | 364.15           |             |                   | 273.15           | 309.55          |
| 63046    | Support list (DI) | Type C         | 01.08.2004      | 5            | 15        | N        | MRI—scan of head (including MRA, if performed) for toxic or metabolic or ischaemic encephalopathy (R) (Anaes.) (Contrast) (Anaes.)  | 409.65           |             |                   | 307.25           | 348.25          |
| 63049    | Support list (DI) | Type C         | 01.08.2004      | 5            | 15        | N        | MRI—scan of head (including MRA, if performed) for demyelinating disease of the brain (R) (Anaes.) (Contrast) (Anaes.)  | 409.65           |             |                   | 307.25           | 348.25          |
| 63052    | Support list (DI) | Type C         | 01.08.2004      | 5            | 15        | N        | MRI—scan of head (including MRA, if performed) for congenital malformation of the brain or meninges (R) (Anaes.) (Contrast) (Anaes.)  | 409.65           |             |                   | 307.25           | 348.25          |
| 63055    | Support list (DI) | Type C         | 01.08.2004      | 5            | 15        | N        | MRI—scan of head (including MRA, if performed) for venous sinus thrombosis (R) (Anaes.) (Contrast) (Anaes.)   | 409.65           |             |                   | 307.25           | 348.25          |
| 63058    | Support list (DI) | Type C         | 01.08.2004      | 5            | 15        | N        | MRI—scan of head (including MRA, if performed) for head trauma (R) (Anaes.) (Contrast) (Anaes.)   | 409.65           |             |                   | 307.25           | 348.25          |
| 63061    | Support list (DI) | Type C         | 01.08.2004      | 5            | 15        | N        | MRI—scan of head (including MRA, if performed) for epilepsy (R) (Anaes.) (Contrast) (Anaes.)  | 409.65           |             |                   | 307.25           | 348.25          |
| 63064    | Support list (DI) | Type C         | 01.08.2004      | 5            | 15        | N        | MRI—scan of head (including MRA, if performed) for stroke (R) (Anaes.) (Contrast) (Anaes.)  | 409.65           |             |                   | 307.25           | 348.25          |
| 63067    | Support list (DI) | Type C         | 01.08.2004      | 5            | 15        | N        | MRI—scan of head (including MRA, if performed) for carotid or vertebral artery dissection (R) (Anaes.) (Contrast) (Anaes.)  | 409.65           |             |                   | 307.25           | 348.25          |
| 63070    | Support list (DI) | Type C         | 01.08.2004      | 5            | 15        | N        | MRI—scan of head (including MRA, if performed) for intracranial aneurysm (R) (Anaes.) (Contrast) (Anaes.)   | 409.65           |             |                   | 307.25           | 348.25          |
| 63073    | Support list (DI) | Type C         | 01.08.2004      | 5            | 15        | N        | MRI—scan of head (including MRA, if performed) for intracranial arteriovenous malformation (R) (Anaes.) (Contrast) (Anaes.)   | 409.65           |             |                   | 307.25           | 348.25          |
| 63101    | Support list (DI) | Type C         | 01.08.2004      | 5            | 15        | N        | MRI and MRA of extracranial or intracranial circulation (or both)—scan of head and neck vessels for stroke (R) (Anaes.) (Contrast) (Anaes.)   | 500.7            |             |                   | 375.55           | 425.6           |
| 63111    | Support list (DI) | Type C         | 01.08.2004      | 5            | 15        | N        | MRI—scan of head and cervical spine (including MRA, if performed) for tumour of the central nervous system or meninges (R) (Anaes.) (Contrast) (Anaes.)                               | 500.7            |             |                   | 375.55           | 425.6           |
| 63114    | Support list (DI) | Type C         | 01.08.2004      | 5            | 15        | N        | MRI—scan of head and cervical spine (including MRA, if performed) for inflammation of the central nervous system or meninges (R) (Anaes.) (Contrast) (Anaes.)                         | 500.7            |             |                   | 375.55           | 425.6           |
| 63125    | Support list (DI) | Type C         | 01.08.2004      | 5            | 15        | N        | MRI—scan of head and cervical spine (including MRA, if performed) for demyelinating disease of the central nervous system (R) (Anaes.) (Contrast) (Anaes.)                            | 500.7            |             |                   | 375.55           | 425.6           |
| 63128    | Support list (DI) | Type C         | 01.08.2004      | 5            | 15        | N        | MRI—scan of head and cervical spine (including MRA, if performed) for congenital malformation of the central nervous system or meninges (R) (Anaes.) (Contrast) (Anaes.)              | 500.7            |             |                   | 375.55           | 425.6           |
| 63131    | Support list (DI) | Type C         | 01.08.2004      | 5            | 15        | N        | MRI—scan of head and cervical spine (including MRA, if performed) for syrinx (congenital or acquired) (R) (Anaes.) (Contrast) (Anaes.)  | 500.7            |             |                   | 375.55           | 425.6           |
| 63151    | Support list (DI) | Type C         | 01.08.2004      | 5            | 15        | N        | MRI—scan of one region or 2 contiguous regions of the spine for infection (R) (Anaes.) (Contrast) (Anaes.)  | 364.15           |             |                   | 273.15           | 309.55          |
| 63154    | Support list (DI) | Type C         | 01.08.2004      | 5            | 15        | N        | MRI—scan of one region or 2 contiguous regions of the spine for tumour (R) (Anaes.) (Contrast) (Anaes.)   | 364.15           |             |                   | 273.15           | 309.55          |
| 63161    | Support list (DI) | Type C         | 01.08.2004      | 5            | 15        | N        | MRI—scan of one region or 2 contiguous regions of the spine for demyelinating disease (R) (Anaes.) (Contrast) (Anaes.)  | 364.15           |             |                   | 273.15           | 309.55          |
| 63164    | Support list (DI) | Type C         | 01.08.2004      | 5            | 15        | N        | MRI—scan of one region or 2 contiguous regions of the spine for congenital malformation of the spinal cord or the cauda equina or the meninges (R) (Anaes.) (Contrast) (Anaes.)       | 364.15           |             |                   | 273.15           | 309.55          |
| 63167    | Support list (DI) | Type C         | 01.08.2004      | 5            | 15        | N        | MRI—scan of one region or 2 contiguous regions of the spine for myelopathy (R) (Anaes.) (Contrast) (Anaes.)   | 364.15           |             |                   | 273.15           | 309.55          |
| 63170    | Support list (DI) | Type C         | 01.08.2004      | 5            | 15        | N        | MRI—scan of one region or 2 contiguous regions of the spine for syrinx (congenital or acquired) (R) (Anaes.) (Contrast) (Anaes.)  | 364.15           |             |                   | 273.15           | 309.55          |
| 63173    | Support list (DI) | Type C         | 01.08.2004      | 5            | 15        | N        | MRI—scan of one region or 2 contiguous regions of the spine for cervical radiculopathy (R) (Anaes.) (Contrast) (Anaes.)   | 364.15           |             |                   | 273.15           | 309.55          |
| 63176    | Support list (DI) | Type C         | 01.08.2004      | 5            | 15        | N        | MRI—scan of one region or 2 contiguous regions of the spine for sciatica (R) (Anaes.) (Contrast) (Anaes.)   | 364.15           |             |                   | 273.15           | 309.55          |
| 63179    | Support list (DI) | Type C         | 01.08.2004      | 5            | 15        | N        | MRI—scan of one region or 2 contiguous regions of the spine for spinal canal stenosis (R) (Anaes.) (Contrast) (Anaes.)  | 364.15           |             |                   | 273.15           | 309.55          |
| 63182    | Support list (DI) | Type C         | 01.08.2004      | 5            | 15        | N        | MRI—scan of one region or 2 contiguous regions of the spine for previous spinal surgery (R) (Anaes.) (Contrast) (Anaes.)  | 364.15           |             |                   | 273.15           | 309.55          |
| 63185    | Support list (DI) | Type C         | 01.08.2004      | 5            | 15        | N        | MRI—scan of one region or 2 contiguous regions of the spine for trauma (R) (Anaes.) (Anaes.)  | 364.15           |             |                   | 273.15           | 309.55          |
| 63201    | Support list (DI) | Type C         | 01.08.2004      | 5            | 15        | N        | MRI—scan of 3 contiguous or 2 non contiguous regions of the spine for infection (R) (Anaes.) (Contrast) (Anaes.)  | 455.15           |             |                   | 341.4            | 386.9           |
| 63204    | Support list (DI) | Type C         | 01.08.2004      | 5            | 15        | N        | MRI—scan of 3 contiguous or 2 non contiguous regions of the spine for tumour (R) (Anaes.) (Contrast) (Anaes.)   | 455.15           |             |                   | 341.4            | 386.9           |
| 63219    | Support list (DI) | Type C         | 01.08.2004      | 5            | 15        | N        | MRI—scan of 3 contiguous or 2 non contiguous regions of the spine for demyelinating disease (R) (Anaes.) (Contrast) (Anaes.)  | 455.15           |             |                   | 341.4            | 386.9           |
| 63222    | Support list (DI) | Type C         | 01.08.2004      | 5            | 15        | N        | MRI—scan of 3 contiguous or 2 non contiguous regions of the spine for congenital malformation of the spinal cord or the cauda equina or the meninges (R) (Anaes.) (Contrast) (Anaes.) | 455.15           |             |                   | 341.4            | 386.9           |
| 63225    | Support list (DI) | Type C         | 01.08.2004      | 5            | 15        | N        | MRI—scan of 3 contiguous or 2 non contiguous regions of the spine for myelopathy (R) (Anaes.) (Contrast) (Anaes.)   | 455.15           |             |                   | 341.4            | 386.9           |
| 63228    | Support list (DI) | Type C         | 01.08.2004      | 5            | 15        | N        | MRI—scan of 3 contiguous or 2 non contiguous regions of the spine for syrinx (congenital or acquired) (R) (Anaes.) (Contrast) (Anaes.)  | 455.15           |             |                   | 341.4            | 386.9           |
| 63231    | Support list (DI) | Type C         | 01.08.2004      | 5            | 15        | N        | MRI—scan of 3 contiguous or 2 non contiguous regions of the spine for cervical radiculopathy (R) (Anaes.) (Contrast) (Anaes.)   | 455.15           |             |                   | 341.4            | 386.9           |
| 63234    | Support list (DI) | Type C         | 01.08.2004      | 5            | 15        | N        | MRI—scan of 3 contiguous or 2 non contiguous regions of the spine for sciatica (R) (Anaes.) (Contrast) (Anaes.)   | 455.15           |             |                   | 341.4            | 386.9           |
| 63237    | Support list (DI) | Type C         | 01.08.2004      | 5            | 15        | N        | MRI—scan of 3 contiguous or 2 non contiguous regions of the spine for spinal canal stenosis (R) (Anaes.) (Contrast) (Anaes.)  | 455.15           |             |                   | 341.4            | 386.9           |

| MBS item | Clinical Category | Procedure Type | Item Start Date | MBS Category | MBS Group | New Item | MBS Description   | MBS Schedule Fee | Derived Fee | Benefit 100% (\$) | Benefit 75% (\$) | Benefit 85 (\$) |
|----------|-------------------|----------------|-----------------|--------------|-----------|----------|---|------------------|-------------|-------------------|------------------|-----------------|
| 63240    | Support list (DI) | Type C         | 01.08.2004      | 5            | 15        | N        | MRI—scan of 3 contiguous or 2 non contiguous regions of the spine for previous spinal surgery (R) (Anaes.) (Contrast) (Anaes.)  | 455.15           |             |                   | 341.4            | 386.9           |
| 63243    | Support list (DI) | Type C         | 01.08.2004      | 5            | 15        | N        | MRI—scan of 3 contiguous or 2 non contiguous regions of the spine for trauma (R) (Anaes.) (Anaes.)  | 455.15           |             |                   | 341.4            | 386.9           |
| 63271    | Support list (DI) | Type C         | 01.08.2004      | 5            | 15        | N        | MRI—scan of cervical spine and brachial plexus for tumour (R) (Anaes.) (Contrast) (Anaes.)  | 500.7            |             |                   | 375.55           | 425.6           |
| 63274    | Support list (DI) | Type C         | 01.08.2004      | 5            | 15        | N        | MRI—scan of cervical spine and brachial plexus for trauma (R) (Anaes.) (Contrast) (Anaes.)  | 500.7            |             |                   | 375.55           | 425.6           |
| 63277    | Support list (DI) | Type C         | 01.08.2004      | 5            | 15        | N        | MRI—scan of cervical spine and brachial plexus for cervical radiculopathy (R) (Anaes.) (Contrast) (Anaes.)  | 500.7            |             |                   | 375.55           | 425.6           |
| 63280    | Support list (DI) | Type C         | 01.08.2004      | 5            | 15        | N        | MRI—scan of cervical spine and brachial plexus for previous surgery (R) (Anaes.) (Contrast) (Anaes.)  | 500.7            |             |                   | 375.55           | 425.6           |
| 63301    | Support list (DI) | Type C         | 01.08.2004      | 5            | 15        | N        | MRI—scan of musculoskeletal system for tumour arising in bone or musculoskeletal system, excluding tumours arising in breast, prostate or rectum (R) (Anaes.) (Contrast) (Anaes.)   | 386.9            |             |                   | 290.2            | 328.9           |
| 63304    | Support list (DI) | Type C         | 01.08.2004      | 5            | 15        | N        | MRI—scan of musculoskeletal system for infection arising in bone or musculoskeletal system, excluding infection arising in breast, prostate or rectum (R) (Anaes.) (Contrast) (Anaes.)  | 386.9            |             |                   | 290.2            | 328.9           |
| 63307    | Support list (DI) | Type C         | 01.08.2004      | 5            | 15        | N        | MRI—scan of musculoskeletal system for osteonecrosis (R) (Anaes.) (Contrast) (Anaes.)   | 386.9            |             |                   | 290.2            | 328.9           |
| 63322    | Support list (DI) | Type C         | 01.08.2004      | 5            | 15        | N        | MRI—scan of musculoskeletal system for derangement of hip or its supporting structures (R) (Anaes.) (Contrast) (Anaes.)   | 409.65           |             |                   | 307.25           | 348.25          |
| 63325    | Support list (DI) | Type C         | 01.08.2004      | 5            | 15        | N        | MRI—scan of musculoskeletal system for derangement of shoulder or its supporting structures (R) (Anaes.) (Contrast) (Anaes.)  | 409.65           |             |                   | 307.25           | 348.25          |
| 63328    | Support list (DI) | Type C         | 01.08.2004      | 5            | 15        | N        | MRI—scan of musculoskeletal system for derangement of knee or its supporting structures (R) (Anaes.) (Contrast) (Anaes.)  | 409.65           |             |                   | 307.25           | 348.25          |
| 63331    | Support list (DI) | Type C         | 01.08.2004      | 5            | 15        | N        | MRI—scan of musculoskeletal system for derangement of ankle or foot (or both) or its supporting structures (R) (Anaes.) (Contrast) (Anaes.)   | 409.65           |             |                   | 307.25           | 348.25          |
| 63334    | Support list (DI) | Type C         | 01.08.2004      | 5            | 15        | N        | MRI—scan of musculoskeletal system for derangement of one or both temporomandibular joints or their supporting structures (R) (Anaes.) (Contrast) (Anaes.)  | 341.4            |             |                   | 256.05           | 290.2           |
| 63337    | Support list (DI) | Type C         | 01.08.2004      | 5            | 15        | N        | MRI—scan of musculoskeletal system for derangement of wrist or hand (or both) or its supporting structures (R) (Anaes.) (Contrast) (Anaes.)   | 455.15           |             |                   | 341.4            | 386.9           |
| 63340    | Support list (DI) | Type C         | 01.08.2004      | 5            | 15        | N        | MRI—scan of musculoskeletal system for derangement of elbow or its supporting structures (R) (Anaes.) (Contrast) (Anaes.)   | 409.65           |             |                   | 307.25           | 348.25          |
| 63361    | Support list (DI) | Type C         | 01.08.2004      | 5            | 15        | N        | MRI—scan of musculoskeletal system for Gaucher disease (R) (Anaes.) (Anaes.)  | 409.65           |             |                   | 307.25           | 348.25          |
| 63385    | Support list (DI) | Type C         | 01.08.2004      | 5            | 15        | N        | MRI—scan of cardiovascular system for congenital disease of the heart or a great vessel (R) (Anaes.) (Contrast) (Anaes.)  | 455.15           |             |                   | 341.4            | 386.9           |
| 63388    | Support list (DI) | Type C         | 01.08.2004      | 5            | 15        | N        | MRI—scan of cardiovascular system for tumour of the heart or a great vessel (R) (Anaes.) (Contrast) (Anaes.)  | 455.15           |             |                   | 341.4            | 386.9           |
| 63391    | Support list (DI) | Type C         | 01.08.2004      | 5            | 15        | N        | MRI—scan of cardiovascular system for abnormality of thoracic aorta (R) (Anaes.) (Contrast) (Anaes.)  | 409.65           |             |                   | 307.25           | 348.25          |
| 63395    | Support list (DI) | Type C         | 01.05.2018      | 5            | 15        | N        | MRI—scan of cardiovascular system for assessment of myocardial structure and function involving:(a) dedicated right ventricular views; and(b) 3D volumetric assessment of the right ventricle; and(c) reporting of end diastolic and end systolic volumes, ejection fraction and BSA indexed values;if the request for the scan indicates that:(d) the patient presented with symptoms consistent with arrhythmogenic right ventricular cardiomyopathy (ARVC); or(e) investigative findings in relation to the patient are consistent with ARVC(R) (Contrast) (Anaes.)  | 868.9            |             |                   | 651.7            | 775.7           |
| 63397    | Support list (DI) | Type C         | 01.05.2018      | 5            | 15        | N        | MRI—scan of cardiovascular system for assessment of myocardial structure and function involving: (a) dedicated right ventricular views; and(b) 3D volumetric assessment of the right ventricle; and(c) reporting of end diastolic and end systolic volumes, ejection fraction and BSA indexed values;if the request for the scan indicates that the patient:(d) is asymptomatic; and(e) has one or more first degree relatives diagnosed with confirmed arrhythmogenic right ventricular cardiomyopathy (ARVC)(R) (Contrast) (Anaes.)   | 868.9            |             |                   | 651.7            | 775.7           |
| 63399    | Support list (DI) | Type C         | 01.01.2022      | 5            | 15        | N        | MRI—scan of cardiovascular system for the assessment of myocardial structure and function, if the service is requested by a consultant physician who has assessed the patient, and the request for the scan indicates: the patient has suspected myocarditis after receiving a mRNA COVID-19 vaccine; and the patient had symptom onset within 21 days of a mRNA COVID-19 vaccine administration; and the results from the following examinations are inconclusive to form a diagnosis of myocarditis:(i)echocardiogram; and(ii) troponin; and(iii)chest X-ray. Applicable not more than once in a patient's lifetime (R) (Contrast) (Anaes.) | 868.9            |             |                   | 651.7            | 775.7           |
| 63401    | Support list (DI) | Type C         | 01.08.2004      | 5            | 15        | N        | MRA—if the request for the scan specifically identifies the clinical indication for the scan—scan of cardiovascular system for vascular abnormality in a patient with a previous anaphylactic reaction to an iodinated contrast medium (R) (Contrast) (Anaes.)  | 409.65           |             |                   | 307.25           | 348.25          |
| 63404    | Support list (DI) | Type C         | 01.08.2004      | 5            | 15        | N        | MRA—if the request for the scan specifically identifies the clinical indication for the scan—scan of cardiovascular system for obstruction of the superior vena cava, inferior vena cava or a major pelvic vein (R) (Contrast) (Anaes.)   | 409.65           |             |                   | 307.25           | 348.25          |
| 63416    | Support list (DI) | Type C         | 01.08.2004      | 5            | 15        | N        | MRA—scan of person under the age of 16 for the vasculature of limbs prior to limb or digit transfer surgery in congenital limb deficiency syndrome (R) (Contrast) (Anaes.)  | 409.65           |             |                   | 307.25           | 348.25          |
| 63425    | Support list (DI) | Type C         | 01.08.2004      | 5            | 15        | N        | MRI—scan of person under the age of 16 for post inflammatory or post traumatic physeal fusion (R) (Anaes.)  | 409.65           |             |                   | 307.25           | 348.25          |
| 63428    | Support list (DI) | Type C         | 01.08.2004      | 5            | 15        | N        | MRI—scan of person under the age of 16 for Gaucher disease (R) (Anaes.)   | 409.65           |             |                   | 307.25           | 348.25          |
| 63440    | Support list (DI) | Type C         | 01.08.2004      | 5            | 15        | N        | MRI—scan of person under the age of 16 for pelvic or abdominal mass (R) (Contrast) (Anaes.)   | 409.65           |             |                   | 307.25           | 348.25          |
| 63443    | Support list (DI) | Type C         | 01.08.2004      | 5            | 15        | N        | MRI—scan of person under the age of 16 for mediastinal mass (R) (Contrast) (Anaes.)   | 409.65           |             |                   | 307.25           | 348.25          |

| MBS item | Clinical Category | Procedure Type | Item Start Date | MBS Category | MBS Group | New Item | MBS Description   | MBS Schedule Fee | Derived Fee | Benefit 100% (\$) | Benefit 75% (\$) | Benefit 85 (\$) |
|----------|-------------------|----------------|-----------------|--------------|-----------|----------|---|------------------|-------------|-------------------|------------------|-----------------|
| 63446    | Support list (DI) | Type C         | 01.08.2004      | 5            | 15        | N        | MRI—scan of person under the age of 16 for congenital uterine or anorectal abnormality (R) (Contrast) (Anaes.)  | 409.65           |             |                   | 307.25           | 348.25          |
| 63454    | Support list (DI) | Type C         | 01.05.2019      | 5            | 15        | N        | MRI scan of the pelvis or abdomen, for a patient who is pregnant, if: (a) the pregnancy is at, or after, 18 weeks gestation; and (b) fetal abnormality is suspected; and (c) an ultrasound has been performed and is provided by, or on behalf of, or at the request of, a specialist who is practising in the specialty of obstetrics; and (d) the diagnosis of fetal abnormality as a result of the ultrasound is indeterminate or requires further examination; and (e) the MRI service is requested by a specialist practising in the specialty of obstetrics (R) (Contrast) (Anaes.)   | 1219.2           |             |                   | 914.4            | 1126            |
| 63461    | Support list (DI) | Type C         | 01.08.2004      | 5            | 15        | N        | MRI—scan of the body for adrenal mass in a patient with a malignancy that is otherwise resectable (R) (Anaes.)  | 364.15           |             |                   | 273.15           | 309.55          |
| 63464    | Support list (DI) | Type C         | 01.02.2009      | 5            | 15        | N        | MRI scan of both breasts for the detection of cancer in a patient, if: (a) a dedicated breast coil is used; and (b) the request for the scan identifies that the patient is asymptomatic and is younger than 60 years of age; and (c) the request for the scan identifies that the patient is at high risk of developing breast cancer due to one or more of the following: (i) genetic testing has identified the presence of a high risk breast cancer gene mutation in the patient or in a first degree relative of the patient; (ii) both: (A) one of the patient's first or second degree relatives was diagnosed with breast cancer at age 45 years or younger; and (B) another first or second degree relative on the same side of the patient's family was diagnosed with bone or soft tissue sarcoma at age 45 years or younger; (iii) the patient has a personal history of breast cancer before the age of 50 years; (iv) the patient has a personal history of mantle radiation therapy; (v) the patient has a lifetime risk estimation greater than 30% or a 10 year absolute risk estimation greater than 5% using a clinically relevant risk evaluation algorithm; and (d) the service is not performed in conjunction with item 55076 or 55079 Applicable not more than once in a 12 month period (R) (Contrast) (Anaes.) | 701.05           |             |                   | 525.8            | 607.85          |
| 63467    | Support list (DI) | Type C         | 01.02.2009      | 5            | 15        | N        | MRI—scan of both breasts for the detection of cancer, if: (a) a dedicated breast coil is used; and (b) the person has had an abnormality detected as a result of a service mentioned in item 63464 performed in the previous 12 months (R) (Anaes.)   | 701.05           |             |                   | 525.8            | 607.85          |
| 63470    | Support list (DI) | Type C         | 01.08.2004      | 5            | 15        | N        | MRI—scan of the pelvis for the staging of histologically diagnosed cervical cancer at FIGO stage 1B or greater, if the request for scan identifies that: (a) a histological diagnosis of carcinoma of the cervix has been made; and (b) the patient has been diagnosed with cervical cancer at FIGO stage 1B or greater (R) (Contrast) (Anaes.)   | 409.65           |             |                   | 307.25           | 348.25          |
| 63473    | Support list (DI) | Type C         | 01.08.2004      | 5            | 15        | N        | MRI—scan of the pelvis and upper abdomen, in a single examination, for the staging of histologically diagnosed cervical cancer at FIGO stage 1B or greater, if the request for the scan identifies that: (a) a histological diagnosis of carcinoma of the cervix has been made; and (b) the patient has been diagnosed with cervical cancer at FIGO stage 1B or greater (R) (Contrast) (Anaes.)   | 637.25           |             |                   | 477.95           | 544.05          |
| 63476    | Support list (DI) | Type C         | 01.07.2009      | 5            | 15        | N        | MRI—scan of the pelvis for the initial staging of rectal cancer, if: (a) a phased array body coil is used; and (b) the request for the scan identifies that the indication is for the initial staging of rectal cancer (including cancer of the rectosigmoid and anorectum) (R) (Contrast) (Anaes.)   | 409.65           |             |                   | 307.25           | 348.25          |
| 63482    | Support list (DI) | Type C         | 01.01.2006      | 5            | 15        | N        | MRI—scan of pancreas and biliary tree for suspected biliary or pancreatic pathology (R) (Anaes.)  | 409.65           |             |                   | 307.25           | 348.25          |
| 63487    | Support list (DI) | Type C         | 01.11.2016      | 5            | 15        | N        | MRI—scan of both breasts, if: (a) a dedicated breast coil is used; and (b) the request for the scan identifies that: (i) the patient has been diagnosed with metastatic cancer restricted to the regional lymph nodes; and (ii) clinical examination and conventional imaging have failed to identify the primary cancer (R) (Anaes.)   | 701.05           |             |                   | 525.8            | 607.85          |
| 63489    | Support list (DI) | Type C         | 01.11.2016      | 5            | 15        | N        | MRI—scan of one breast, performed in conjunction with a biopsy procedure on that breast and an ultrasound scan of that breast, if: (a) the request for the MRI scan identifies that the patient has a suspicious lesion seen on MRI but not on conventional imaging; and (b) the ultrasound scan is performed immediately before the MRI scan and confirms that the lesion is not amenable to biopsy guided by conventional imaging; and (c) a dedicated breast coil is used (R) (Anaes.)   | 1024.15          |             |                   | 768.15           | 930.95          |
| 63491    | Support list (DI) | Type C         | 01.08.2004      | 5            | 15        | N        | NOTE: Benefits in Subgroup 22 are only payable for modifying items where claimed simultaneously with MRI services. Modifiers for sedation and anaesthesia may not be claimed for the same service. MRI or MRA service to which an item in this Group (other than an item in this Subgroup) applies if: (a) the service is performed on a person in accordance with clause 2.5.1; and (b) the item for the service includes in its description '(Contrast)'; and (c) the service is performed using a contrast agent   | 45.5             |             |                   | 34.15            | 38.7            |
| 63494    | Support list (DI) | Type C         | 01.08.2004      | 5            | 15        | N        | MRI or MRA service to which an item in this Group (other than an item in this Subgroup) applies if: (a) the service is performed on a person in accordance with clause 2.5.1; and (b) the service is performed using intravenous or intra muscular sedation   | 45.5             |             |                   | 34.15            | 38.7            |
| 63496    | Support list (DI) | Type C         | 01.05.2019      | 5            | 15        | N        | NOTE: Benefits in Subgroup 22 are only payable for modifying items where claimed simultaneously with MRI services. Modifiers for sedation and anaesthesia may not be claimed for the same service. MRI service to which item 63545 or 63546 applies if: (a) the service is performed on a person under the supervision of an eligible provider; and (b) the service is performed using an hepatobiliary specific contrast agent   | 254              |             |                   | 190.5            | 215.9           |
| 63497    | Support list (DI) | Type C         | 01.08.2004      | 5            | 15        | N        | MRI or MRA service to which an item in this Group (other than an item in this Subgroup) applies if: (a) the service is performed on a person in accordance with clause 2.5.1; and (b) the service is performed under anaesthetic in the presence of a medical practitioner who is qualified to perform an anaesthetic   | 159.3            |             |                   | 119.5            | 135.45          |
| 63498    | Support list (DI) | Unlisted       | 12.03.2012      | 5            | 15        | N        | MRI service to which item 63501, 63502, 63504 or 63505 applies if: (a) the service is performed in accordance with the determination; and (b) the service is performed on a person using intravenous or intra muscular sedation   | 45.5             |             |                   | 34.15            | 38.7            |

| MBS item | Clinical Category | Procedure Type | Item Start Date | MBS Category | MBS Group | New Item | MBS Description   | MBS Schedule Fee | Derived Fee | Benefit 100% (\$) | Benefit 75% (\$) | Benefit 85 (\$) |
|----------|-------------------|----------------|-----------------|--------------|-----------|----------|---|------------------|-------------|-------------------|------------------|-----------------|
| 63499    | Support list (DI) | Unlisted       | 12.03.2012      | 5            | 15        | N        | MRI service to which item 63501, 63502, 63504 or 63505 applies if: (a) the service is performed in accordance with the determination; and (b) the service is performed on a person under anaesthetic in the presence of a medical practitioner who is qualified to perform an anaesthetic.  | 159.3            |             |                   | 119.5            | 135.45          |
| 63501    | Support list (DI) | Unlisted       | 12.03.2012      | 5            | 15        | N        | MRI – scan of one or both breasts for the evaluation of implant integrity where: (a) a dedicated breast coil is used; and(b) the request for the scan identifies that the patient: (i) has or is suspected of having a silicone breast implant manufactured by Poly Implant Prothese (PIP); and(ii) the result of the scan confirms a loss of integrity of the implant. (R) Note: Benefits are payable on one occasion only in any 24 Month Period  | 508              |             |                   | 381              | 431.8           |
| 63502    | Support list (DI) | Unlisted       | 12.03.2012      | 5            | 15        | N        | MRI - scan of one or both breasts for the evaluation of implant integrity where: (a) a dedicated breast coil is used; and (b) the request for the scan identifies that the patient: (i) has or is suspected of having a silicone breast implant manufactured by Poly Implant Prothese (PIP); and (ii) the result of the scan does not demonstrate a loss of integrity of the implant (R) Note: Benefits are payable on one occasion only in any 24Month Period  | 508              |             |                   | 381              | 431.8           |
| 63504    | Support list (DI) | Unlisted       | 12.03.2012      | 5            | 15        | N        | MRI - scan of one or both breasts for the evaluation of implant integrity where: (a) a dedicated breast coil is used; and (b) the request for the scan identifies that the patient: (i) has or is suspected of having a silicone breast implant manufactured by Poly Implant Prothese (PIP); and (ii) presents with symptoms where implant rupture is suspected; and (iii) the result of the scan confirms a loss of integrity of the implant (R)   | 508              |             |                   | 381              | 431.8           |
| 63505    | Support list (DI) | Unlisted       | 12.03.2012      | 5            | 15        | N        | MRI - scan of one or both breasts for the evaluation of implant integrity where: (a) a dedicated breast coil is used; and (b) the request for the scan identifies that the patient: (i) has or is suspected of having a silicone breast implant manufactured by Poly Implant Prothese (PIP); and (ii) presents with symptoms where implant rupture is suspected; and (iii) the result of the scan does not demonstrate a loss of integrity of the implant (R)   | 508              |             |                   | 381              | 431.8           |
| 63507    | Support list (DI) | Type C         | 01.11.2012      | 5            | 15        | N        | MRI—scan of head for a patient under 16 years if the service is for:(a) an unexplained seizure; or(b) an unexplained headache if significant pathology is suspected; or(c) paranasal sinus pathology that has not responded to conservative therapy (R) (Contrast) (Anaes.)   | 409.65           |             |                   | 307.25           | 348.25          |
| 63510    | Support list (DI) | Type C         | 01.11.2012      | 5            | 15        | N        | MRI—scan of spine following radiographic examination for a patient under 16 years if the service is for: (a) significant trauma; or(b) unexplained neck or back pain with associated neurological signs; or(c) unexplained back pain if significant pathology is suspected (R) (Contrast) (Anaes.)  | 455.15           |             |                   | 341.4            | 386.9           |
| 63513    | Support list (DI) | Type C         | 01.11.2012      | 5            | 15        | N        | MRI—scan of knee for internal joint derangement for a patient under 16 years (R) (Contrast) (Anaes.)  | 409.65           |             |                   | 307.25           | 348.25          |
| 63516    | Support list (DI) | Type C         | 01.11.2012      | 5            | 15        | N        | MRI—scan of hip following radiographic examination for a patient under 16 years if any of the following is suspected: (a) septic arthritis;(b) slipped capital femoral epiphysis;(c) Perthes disease (R) (Contrast) (Anaes.)  | 409.65           |             |                   | 307.25           | 348.25          |
| 63519    | Support list (DI) | Type C         | 01.11.2012      | 5            | 15        | N        | MRI—scan of elbow following radiographic examination for a patient under 16 years if a significant fracture or avulsion injury, which would change the way in which the patient is managed, is suspected (R) (Contrast) (Anaes.)  | 409.65           |             |                   | 307.25           | 348.25          |
| 63522    | Support list (DI) | Type C         | 01.11.2012      | 5            | 15        | N        | MRI—scan of wrist following radiographic examination for a patient under 16 years if a scaphoid fracture is suspected (R) (Contrast) (Anaes.)   | 455.15           |             |                   | 341.4            | 386.9           |
| 63531    | Support list (DI) | Type C         | 01.11.2019      | 5            | 15        | N        | MRI—scan of both breasts, if: (a) a dedicated breast coil is used; and(b) the request for the scan identifies that:(i) the patient has a breast lesion; and(ii) the results of conventional imaging are inconclusive for the presence of breast cancer; and(iii) biopsy has not been possible (R) (Contrast) (Anaes.)   | 701.05           |             |                   | 525.8            | 607.85          |
| 63533    | Support list (DI) | Type C         | 01.11.2019      | 5            | 15        | N        | MRI—scan of both breasts, if: (a) a dedicated breast coil is used; and(b) the request for the scan identifies that:(i) the patient has been diagnosed with a breast cancer; and(ii) there is a discrepancy between the clinical assessment and the conventional imaging assessment of the extent of the malignancy; and(c) the results of breast MRI imaging may alter treatment planning (R) (Contrast) (Anaes.)   | 701.05           |             |                   | 525.8            | 607.85          |
| 63541    | Support list (DI) | Type C         | 01.07.2018      | 5            | 15        | N        | Multiparametric MRI—scan of the prostate for the detection of cancer, requested by a specialist in the speciality of urology, radiation oncology or medical oncology: (a) if the request for the scan identifies that the patient is suspected of developing prostate cancer: (i) on the basis of a digital rectal examination; or (ii) in the circumstances mentioned in clause2.5.9A; and (b) using a standardised image acquisition protocol involving: (i) T2-weighted imaging; and (ii) diffusion-weighted imaging; and (iii) (unless contraindicated) dynamic contrast enhancement (R) Note:See explanatory note IN.5.1 forthe meaning of Clause 2.5.9 in the descriptor for this item and the claiming limitations. (Anaes.) | 457.2            |             |                   | 342.9            | 388.65          |
| 63543    | Support list (DI) | Type C         | 01.07.2018      | 5            | 15        | N        | Multiparametric MRI—scan of the prostate for the assessment of cancer, requested by a specialist in the speciality of urology, radiation oncology or medical oncology: (a) if the request for the scan identifies that the patient: (i) is under active surveillance following a confirmed diagnosis of prostate cancer by biopsy histopathology; and (ii) is not undergoing, or planning to undergo, treatment for prostate cancer; and (b) using a standardised image acquisition protocol involving: (i) T2-weighted imaging; and (ii) diffusion-weighted imaging; and (iii) (unless contraindicated) dynamic contrast enhancement (R) Note: See explanatory note IN.5.2 for claiming restrictions for this item. (Anaes.)       | 457.2            |             |                   | 342.9            | 388.65          |
| 63545    | Support list (DI) | Type C         | 01.05.2019      | 5            | 15        | N        | MRI—multiphase scans of liver (including delayed imaging, if performed) with a contrast agent, for staging where surgical resection or interventional techniques are under consideration to treat any liver metastases detected, if: (a) the patient has a confirmed extra-hepatic primary malignancy (other than hepatocellular carcinoma), with no persistent extra-hepatic disease; and (b) computed tomography of the patient’s liver is negative or inconclusive for metastatic disease; and (c) the identification of liver metastases would change the patient’s treatment planning Applicable not more than once in a 12 month period (R) (Contrast) (Anaes.)   | 558.8            |             |                   | 419.1            | 475             |

| MBS item | Clinical Category            | Procedure Type | Item Start Date | MBS Category | MBS Group | New Item | MBS Description   | MBS Schedule Fee | Derived Fee | Benefit 100% (\$) | Benefit 75% (\$) | Benefit 85 (\$) |
|----------|------------------------------|----------------|-----------------|--------------|-----------|----------|---|------------------|-------------|-------------------|------------------|-----------------|
| 63546    | Support list (DI)            | Type C         | 01.05.2019      | 5            | 15        | N        | MRI – multiphase scans of the liver (including delayed imaging, if performed) with a contrast agent, for diagnosis or staging, if: (a) the patient has:(i) known or suspected hepatocellular carcinoma; and(ii) chronic liver disease that has been confirmed by a specialist or consultant physician; and(b) the patient's liver function has been identified as Child Pugh class A or B; and(c) the patient has an identified hepatic lesion over 10 mm in diameter.For any particular patient—applicable not more than once in a 12 month period (R) (Contrast) (Anaes.)   | 558.8            |             |                   | 419.1            | 475             |
| 63547    | Support list (DI)            | Type C         | 01.05.2018      | 5            | 15        | N        | MRI—scan of both breasts for the detection of cancer, if: (a) a dedicated breast coil is used; and(b) the request for the scan identifies that:(i) the patient has a breast implant in situ; and(ii) anaplastic large cell lymphoma has been diagnosed(R) (Contrast) (Anaes.)   | 701.05           |             |                   | 525.8            | 607.85          |
| 63549    | Support list (DI)            | Type C         | 01.11.2022      | 5            | 15        | N        | MRI scan of the pelvis or abdomen, for a patient with a multiple pregnancy, if: (a) the multiple pregnancy is at, or after, 18 weeks gestation; and (b) fetal abnormality is suspected; and (c) an ultrasound has been performed and is provided by, or on behalf of, or at the request of, a specialist who is practising in the specialty of obstetrics; and (d) the diagnosis of fetal abnormality as a result of the ultrasound is indeterminate or requires further examination; and (e) the MRI service is requested by a specialist practising in the specialty of obstetrics (R) (Contrast) (Anaes.)  | 1828.8           |             |                   | 1371.6           | 1735.6          |
| 63551    | Support list (DI)            | Type C         | 01.11.2013      | 5            | 15        | N        | MRI - scan of head for a patient 16 years or older, after a request by a medical practitioner (other than a specialist or consultant physician), for any of the following: (a) unexplained seizure(s);(b) unexplained chronic headache with suspected intracranial pathology (R) (Contrast) (Anaes.)  | 409.65           |             |                   | 307.25           | 348.25          |
| 63554    | Support list (DI)            | Type C         | 01.11.2013      | 5            | 15        | N        | MRI - scan of spine for a patient 16 years or older, after referral by a medical practitioner (other than a specialist or consultant physician), for suspected cervical radiculopathy (R) (Contrast) (Anaes.)   | 364.15           |             |                   | 273.15           | 309.55          |
| 63557    | Support list (DI)            | Type C         | 01.11.2013      | 5            | 15        | N        | MRI - scan of spine for a patient 16 years or older, after referral by a medical practitioner (other than a specialist or consultant physician), for suspected cervical spinal trauma (R) (Contrast) (Anaes.)   | 500.7            |             |                   | 375.55           | 425.6           |
| 63560    | Support list (DI)            | Type C         | 01.11.2013      | 5            | 15        | N        | MRI - scan of knee following acute knee trauma, after referral by a medical practitioner (other than a specialist or consultant physician), for a patient 16 to 49 years with: (a) inability to extend the knee suggesting the possibility of acute meniscal tear; or(b) clinical findings suggesting acute anterior cruciate ligament tear (R) (Contrast) (Anaes.)   | 409.65           |             |                   | 307.25           | 348.25          |
| 63563    | Support list (DI)            | Type C         | 01.11.2022      | 5            | 15        | N        | MRI scan of the pelvis or abdomen, if the request for the scan identifies that the investigation is for: (a) sub-fertility that requires one or more of the following: (i) an investigation of suspected Mullerian duct anomaly seen in pelvic ultrasound or hysterosalpingogram; (ii) an assessment of uterine mass identified on pelvic ultrasound before consideration of surgery; (iii) an investigation of recurrent implantation failure in IVF (2 or more embryo transfer cycles without viable pregnancy); or (b) surgical planning of a patient with known or suspected deep endometriosis involving the bowel, bladder or ureter (or any combination of the bowel, bladder or ureter), where the results of pelvic ultrasound are inconclusive Applicable not more than once in a 2 year period (R) (Contrast) (Anaes.) | 409.65           |             |                   | 307.25           | 348.25          |
| 63564    | Support list (DI)            | Type C         | 01.03.2023      | 5            | 15        | Y        | Note: the requirements for services provided under item 63564 are detailed under note IN.5.4 MRI – whole body scan for the early detection of cancer: a)requested by a specialist or consultant physician in consultation with a clinical geneticist in a familial cancer or genetic clinic; and b)the request identifies that the patient has a high risk of developing cancer malignancy due to heritableTP53- related cancer (hTP53rc) syndrome (R) (Anaes.)   | 1500             |             |                   | 1125             | 1406.8          |
| 63740    | Support list (DI)            | Type C         | 01.11.2014      | 5            | 15        | N        | MRI—scan to evaluate small bowel Crohn's disease if the service is provided to a patient for: (a) evaluation of disease extent at time of initial diagnosis of Crohn's disease; or(b) evaluation of exacerbation, or suspected complications, of known Crohn's disease; or(c) evaluation of known or suspected Crohn's disease in pregnancy; or(d) assessment of change to therapy in a patient with small bowel Crohn's disease (R) (Contrast)   | 464.5            |             |                   | 348.4            | 394.85          |
| 63741    | Support list (DI)            | Type C         | 01.11.2014      | 5            | 15        | N        | MRI—scan with enteroclysis for Crohn's disease if the service is related to item 63740 (R)  | 269.5            |             |                   | 202.15           | 229.1           |
| 63743    | Support list (DI)            | Type C         | 01.11.2014      | 5            | 15        | N        | MRI—scan for fistulising perianal Crohn's disease if the service is provided to a patient for:(a) evaluation of pelvic sepsis and fistulas associated with established or suspected Crohn's disease; or(b) assessment of change to therapy of pelvis sepsis and fistulas from Crohn's disease (R) (Contrast)  | 409.65           |             |                   | 307.25           | 348.25          |
| 64990    | N/A (Not hospital treatment) | Unlisted       | 01.02.2004      | 5            | 16        | N        | A diagnostic imaging service to which an item in this table (other than this item or item 64991, 64992, 64993, 64994 or 64995) applies if: (a)the service is an unreferral service; and (b)the service is provided to a person who is under the age of 16 or is a Commonwealth concession card holder; and (c)the person is not an admitted patient of a hospital; and (d)the service is bulk-billed in respect of the fees for: (i)this item; and (ii)the other item in this table applying to the service   | 7.3              |             |                   |                  | 6.25            |
| 64991    | N/A (Not hospital treatment) | Unlisted       | 01.05.2004      | 5            | 16        | N        | A diagnostic imaging service to which an item in this table (other than this item or item 64990, 64992, 64993, 64994 or 64995) applies if: (a)the service is an unreferral service; and (b)the service is provided to a person who is under the age of 16 or is a Commonwealth concession card holder; and (c)the person is not an admitted patient of a hospital; and (d)the service is bulk-billed in respect of the fees for: (i)this item; and (ii)the other item in this table applying to the service; and (e) the service is provided at, or from, a practice location in a Modified Monash 2 area   | 11.05            |             |                   |                  | 9.4             |

| MBS item | Clinical Category            | Procedure Type | Item Start Date | MBS Category | MBS Group | New Item | MBS Description   | MBS Schedule Fee | Derived Fee | Benefit 100% (\$) | Benefit 75% (\$) | Benefit 85 (\$) |
|----------|------------------------------|----------------|-----------------|--------------|-----------|----------|---|------------------|-------------|-------------------|------------------|-----------------|
| 64992    | N/A (Not hospital treatment) | Unlisted       | 01.01.2022      | 5            | I6        | N        | A diagnostic imaging service to which an item in this table (other than this item or item 64990, 64991, 64993, 64994 or 64995) applies if: (a) the service is an unreferral service; and (b) the service is provided to a person who is under the age of 16 or is a Commonwealth concession card holder; and (c) the person is not an admitted patient of a hospital; and (d) the service is bulk-billed in respect of 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 | 11.75            |             |                   |                  | 10              |
| 64993    | N/A (Not hospital treatment) | Unlisted       | 01.01.2022      | 5            | I6        | N        | A diagnostic imaging service to which an item in this table (other than this item or item 64990, 64991, 64992, 64994 or 64995) applies if: (a) the service is an unreferral service; and (b) the service is provided to a person who is under the age of 16 or is a Commonwealth concession card holder; and (c) the person is not an admitted patient of a hospital; and (d) the service is bulk-billed in respect of 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  | 12.45            |             |                   |                  | 10.6            |
| 64994    | N/A (Not hospital treatment) | Unlisted       | 01.01.2022      | 5            | I6        | N        | A diagnostic imaging service to which an item in this table (other than this item or item 64990, 64991, 64992, 64993 or 64995) applies if: (a) the service is an unreferral service; and (b) the service is provided to a person who is under the age of 16 or is a Commonwealth concession card holder; and (c) the person is not an admitted patient of a hospital; and (d) the service is bulk-billed in respect of 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  | 13.2             |             |                   |                  | 11.25           |
| 64995    | N/A (Not hospital treatment) | Unlisted       | 01.01.2022      | 5            | I6        | N        | A diagnostic imaging service to which an item in this table (other than this item or item 64990, 64991, 64992, 64993 or 64994) applies if: (a) the service is an unreferral service; and (b) the service is provided to a person who is under the age of 16 or is a Commonwealth concession card holder; and (c) the person is not an admitted patient of a hospital; and (d) the service is bulk-billed in respect of 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  | 14.5             |             |                   |                  | 12.35           |
| 65060    | Support list (pathology)     | Type C         | 01.11.1998      | 6            | P1        | N        | Haemoglobin, erythrocyte sedimentation rate, blood viscosity - 1 or more tests  | 7.85             |             |                   | 5.9              | 6.7             |
| 65066    | Support list (pathology)     | Type C         | 01.11.1998      | 6            | P1        | N        | Examination of: (a) a blood film by special stains to demonstrate Heinz bodies, parasites or iron; or (b) a blood film by enzyme cytochemistry for neutrophil alkaline phosphatase, alpha-naphthyl acetate esterase or chloroacetate esterase; or (c) a blood film using any other special staining methods including periodic acid Schiff and Sudan Black; or (d) a urinary sediment for haemosiderin including a service described in item 65072  | 10.4             |             |                   | 7.8              | 8.85            |
| 65070    | Support list (pathology)     | Type C         | 01.11.2000      | 6            | P1        | N        | Erythrocyte count, haematocrit, haemoglobin, calculation or measurement of red cell index or indices, platelet count, leucocyte count and manual or instrument generated differential count - not being a service where haemoglobin only is requested - one or more instrument generated sets of results from a single sample; and (if performed) (a) a morphological assessment of a blood film; (b) any service in item 65060 or 65072  | 16.95            |             |                   | 12.75            | 14.45           |
| 65072    | Support list (pathology)     | Type C         | 01.11.1998      | 6            | P1        | N        | Examination for reticulocytes including a reticulocyte count by any method - 1 or more tests  | 10.2             |             |                   | 7.65             | 8.7             |
| 65075    | Support list (pathology)     | Type C         | 01.11.1998      | 6            | P1        | N        | Haemolysis or metabolic enzymes - assessment by: (a) erythrocyte autohaemolysis test; or (b) erythrocyte osmotic fragility test; or (c) sugar water test; or (d) G-6-P D (qualitative or quantitative) test; or (e) pyruvate kinase (qualitative or quantitative) test; or (f) acid haemolysis test; or (g) quantitation of muramidase in serum or urine; or (h) Donath Landsteiner antibody test; or (i) other erythrocyte metabolic enzyme tests 1 or more tests  | 51.95            |             |                   | 39               | 44.2            |
| 65078    | Support list (pathology)     | Type C         | 01.11.1998      | 6            | P1        | N        | Tests for the diagnosis of thalassaemia consisting of haemoglobin electrophoresis or chromatography and at least 2 of: (a) examination for HbH; or (b) quantitation of HbA2; or (c) quantitation of HbF; including (if performed) any service described in item 65060 or 65070  | 90.2             |             |                   | 67.65            | 76.7            |
| 65079    | Support list (pathology)     | Type C         | 01.05.2007      | 6            | P1        | N        | Tests described in item 65078 if rendered by a receiving APP - 1 or more tests (Item is subject to rule 18)   | 90.2             |             |                   | 67.65            | 76.7            |
| 65081    | Support list (pathology)     | Type C         | 01.11.1998      | 6            | P1        | N        | Tests for the investigation of haemoglobinopathy consisting of haemoglobin electrophoresis or chromatography and at least 1 of: (a) heat denaturation test; or (b) isopropanol precipitation test; or (c) tests for the presence of haemoglobin S; or (d) quantitation of any haemoglobin fraction (including S, C, D, E); including (if performed) any service described in item 65060, 65070 or 65078   | 96.6             |             |                   | 72.45            | 82.15           |
| 65082    | Support list (pathology)     | Type C         | 01.05.2007      | 6            | P1        | N        | Tests described in item 65081 if rendered by a receiving APP - 1 or more tests (Item is subject to rule 18)   | 96.6             |             |                   | 72.45            | 82.15           |
| 65084    | Support list (pathology)     | Type C         | 01.11.1998      | 6            | P1        | N        | Bone marrow trephine biopsy - histopathological examination of sections of bone marrow and examination of aspirated material (including clot sections where necessary), including (if performed): any test described in item 65060, 65066 or 65070  | 165.85           |             |                   | 124.4            | 141             |
| 65087    | Support list (pathology)     | Type C         | 01.11.1998      | 6            | P1        | N        | Bone marrow - examination of aspirated material (including clot sections where necessary), including (if performed): any test described in item 65060, 65066 or 65070   | 83.1             |             |                   | 62.35            | 70.65           |
| 65090    | Support list (pathology)     | Type C         | 01.11.1998      | 6            | P1        | N        | Blood grouping (including back-grouping if performed) - ABO and Rh (D antigen)  | 11.15            |             |                   | 8.4              | 9.5             |
| 65093    | Support list (pathology)     | Type C         | 01.11.1998      | 6            | P1        | N        | Blood grouping - Rh phenotypes, Kell system, Duffy system, M and N factors or any other blood group system - 1 or more systems, including item 65090 (if performed)   | 22               |             |                   | 16.5             | 18.7            |
| 65096    | Support list (pathology)     | Type C         | 01.11.1998      | 6            | P1        | N        | Blood grouping (including back-grouping if performed), and examination of serum for Rh and other blood group antibodies, including: (a) identification and quantitation of any antibodies detected; and (b) (if performed) any test described in item 65060 or 65070  | 41               |             |                   | 30.75            | 34.85           |

| MBS item | Clinical Category        | Procedure Type | Item Start Date | MBS Category | MBS Group | New Item | MBS Description  | MBS Schedule Fee | Derived Fee | Benefit 100% (\$) | Benefit 75% (\$) | Benefit 85 (\$) |
|----------|--------------------------|----------------|-----------------|--------------|-----------|----------|--|------------------|-------------|-------------------|------------------|-----------------|
| 65099    | Support list (pathology) | Type C         | 01.11.1998      | 6            | P1        | N        | Compatibility tests by crossmatch - all tests performed on any1 day for up to 6 units, including: (a)direct testing of donor red cells from each unit against the serum of the patient by one or more accepted crossmatching techniques; and (b) all grouping checks of the patient and donor; and (c)examination for antibodies, and if necessary identification of any antibodies detected; and (d)(if performed) any tests described in item 65060, 65070, 65090 or 65096 (Item is subject to rule 5)               | 108.9            |             |                   | 81.7             | 92.6            |
| 65102    | Support list (pathology) | Type C         | 01.11.1998      | 6            | P1        | N        | Compatibility tests by crossmatch - all tests performed on any1 day in excess of 6 units, including: (a) direct testing of donor red cells from each unit against serum of the patient by one or more accepted crossmatching techniques; and (b) all grouping checks of the patient and donor; and (c)examination for antibodies, and if necessary identification of any antibodies detected; and (d)(if performed) any tests described in item 65060, 65070, 65090, 65096, 65099 or 65105 (Item is subject to rule 5) | 164.6            |             |                   | 123.45           | 139.95          |
| 65105    | Support list (pathology) | Type C         | 01.11.1998      | 6            | P1        | N        | Compatibility testing using at least a 3 cell panel and issue of red cells for transfusion - all tests performed on any one day for up to 6 units, including: (a) all grouping checks of the patient and donor; and (b) examination for antibodies and, if necessary, identification of any antibodies detected; and (c) (if performed) any tests described in item 65060, 65070, 65090 or 65096 (Item is subject to rule 5)   | 108.9            |             |                   | 81.7             | 92.6            |
| 65108    | Support list (pathology) | Type C         | 01.11.1998      | 6            | P1        | N        | Compatibility testing using at least a 3 cell panel and issue of red cells for transfusion - all tests performed on any one day in excess of 6 units, including: (a)all grouping checks of the patient and donor; and (b)examination for antibodies and, if necessary, identification of any antibodies detected; and (c) (if performed) any tests described in item 65060, 65070, 65090, 65096, 65099 or 65105 (Item is subject to rule 5)  | 164.6            |             |                   | 123.45           | 139.95          |
| 65109    | Support list (pathology) | Type C         | 01.05.2007      | 6            | P1        | N        | Release of fresh frozen plasma or cryoprecipitate for the use in a patient for the correction of a coagulopathy - 1 release.   | 12.9             |             |                   | 9.7              | 11              |
| 65110    | Support list (pathology) | Type C         | 01.05.2007      | 6            | P1        | N        | Release of compatible fresh platelets for the use in a patient for platelet support as prophylaxis to minimize bleeding or during active bleeding - 1 release.   | 12.9             |             |                   | 9.7              | 11              |
| 65111    | Support list (pathology) | Type C         | 01.11.1998      | 6            | P1        | N        | Examination of serum for blood group antibodies (including identification and, if necessary, quantitation of any antibodies detected)  | 23.2             |             |                   | 17.4             | 19.75           |
| 65114    | Support list (pathology) | Type C         | 01.11.1998      | 6            | P1        | N        | 1 or more of the following tests: (a)direct Coombs (antiglobulin) test; (b)qualitative or quantitative test for cold agglutinins or heterophil antibodies  | 9.1              |             |                   | 6.85             | 7.75            |
| 65117    | Support list (pathology) | Type C         | 01.11.1998      | 6            | P1        | N        | 1 or more of the following tests: (a)Spectroscopic examination of blood for chemically altered haemoglobins; (b)detection of methaemalbumin (Schumm's test)  | 20.25            |             |                   | 15.2             | 17.25           |
| 65120    | Support list (pathology) | Type C         | 01.11.1998      | 6            | P1        | N        | Prothrombin time (including INR where appropriate), activated partial thromboplastin time, thrombin time (including test for the presence of heparin), test for factor XIII deficiency (qualitative), Echis test, Stypven test, reptilase time, fibrinogen, or 1 of fibrinogen degradation products, fibrin monomer or D-dimer - 1 test  | 13.7             |             |                   | 10.3             | 11.65           |
| 65123    | Support list (pathology) | Type C         | 01.11.1998      | 6            | P1        | N        | 2 tests described in item 65120  | 20.35            |             |                   | 15.3             | 17.3            |
| 65126    | Support list (pathology) | Type C         | 01.11.1998      | 6            | P1        | N        | 3 tests described in item 65120  | 27.85            |             |                   | 20.9             | 23.7            |
| 65129    | Support list (pathology) | Type C         | 01.11.1998      | 6            | P1        | N        | 4 or more tests described in item 65120  | 35.5             |             |                   | 26.65            | 30.2            |
| 65137    | Support list (pathology) | Type C         | 01.05.2000      | 6            | P1        | N        | Test for the presence of lupus anticoagulant not being a service associated with any service to which items 65175, 65176, 65177, 65178 and 65179 apply   | 25.35            |             |                   | 19.05            | 21.55           |
| 65142    | Support list (pathology) | Type C         | 01.05.2000      | 6            | P1        | N        | Confirmation or clarification of an abnormal or indeterminate result from a test described in item 65175, by testing a specimen collected on a different day - 1 or more tests   | 25.35            |             |                   | 19.05            | 21.55           |
| 65144    | Support list (pathology) | Type C         | 01.11.1998      | 6            | P1        | N        | Platelet aggregation in response to ADP, collagen, 5HT, ristocetin or other substances; or heparin, low molecular weight heparins, heparinoid or other drugs - 1 or more tests   | 56.55            |             |                   | 42.45            | 48.1            |
| 65147    | Support list (pathology) | Type C         | 01.11.1998      | 6            | P1        | N        | Quantitation of anti-Xa activity when monitoring is required for a patient receiving a low molecular weight heparin or heparinoid - 1 test   | 37.9             |             |                   | 28.45            | 32.25           |
| 65150    | Support list (pathology) | Type C         | 01.11.1998      | 6            | P1        | N        | Quantitation of von Willebrand factor antigen, von Willebrand factor activity (ristocetin cofactor assay), von Willebrand factor collagen binding activity, factor II, factor V, factor VII, factor VIII, factor IX, factor X, factor XI, factor XII, factor XIII, Fletcher factor, Fitzgerald factor, circulating coagulation factor inhibitors other than by Bethesda assay - 1 test (Item is subject to rule 6 )  | 70.9             |             |                   | 53.2             | 60.3            |
| 65153    | Support list (pathology) | Type C         | 01.11.1998      | 6            | P1        | N        | 2 tests described in item 65150 (Item is subject to rule 6 )   | 141.85           |             |                   | 106.4            | 120.6           |
| 65156    | Support list (pathology) | Type C         | 01.11.1998      | 6            | P1        | N        | 3 or more tests described in item 65150 (Item is subject to rule 6 )   | 212.75           |             |                   | 159.6            | 180.85          |
| 65157    | Support list (pathology) | Type C         | 01.05.2007      | 6            | P1        | N        | A test described in item 65150, if rendered by a receiving APP, where no tests in the item have been rendered by the referring APP - 1 test (Item is subject to rule 6 and 18)   | 70.9             |             |                   | 53.2             | 60.3            |
| 65158    | Support list (pathology) | Type C         | 01.05.2007      | 6            | P1        | N        | Tests described in item 65150, other than that described in 65157, if rendered by a receiving APP - each test to a maximum of 2 tests (Item is subject to rule 6 and 18)   | 70.9             |             |                   | 53.2             | 60.3            |
| 65159    | Support list (pathology) | Type C         | 01.11.1998      | 6            | P1        | N        | Quantitation of circulating coagulation factor inhibitors by Bethesda assay - 1 test   | 70.9             |             |                   | 53.2             | 60.3            |
| 65162    | Support list (pathology) | Type C         | 01.11.1998      | 6            | P1        | N        | Examination of a maternal blood film for the presence of fetal red blood cells (Kleihauer test)  | 10.45            |             |                   | 7.85             | 8.9             |
| 65165    | Support list (pathology) | Type C         | 01.11.1998      | 6            | P1        | N        | Detection and quantitation of fetal red blood cells in the maternal circulation by detection of red cell antigens using flow cytometric methods including (if performed) any test described in item 65070 or 65162   | 34.45            |             |                   | 25.85            | 29.3            |
| 65166    | Support list (pathology) | Type C         | 01.05.2007      | 6            | P1        | N        | A test described in item 65165 if rendered by a receiving APP - 1 or more tests (Item is subject to rule 18)   | 34.45            |             |                   | 25.85            | 29.3            |
| 65171    | Support list (pathology) | Type C         | 01.05.2000      | 6            | P1        | N        | Test for the presence of antithrombin III deficiency, protein C deficiency, protein S deficiency or activated protein C resistance in a first degree relative of a person who has a proven defect of any of the above - 1 or more tests  | 25.35            |             |                   | 19.05            | 21.55           |

| MBS item | Clinical Category        | Procedure Type | Item Start Date | MBS Category | MBS Group | New Item | MBS Description  | MBS Schedule Fee | Derived Fee | Benefit 100% (\$) | Benefit 75% (\$) | Benefit 85 (\$) |
|----------|--------------------------|----------------|-----------------|--------------|-----------|----------|--|------------------|-------------|-------------------|------------------|-----------------|
| 65175    | Support list (pathology) | Type C         | 01.05.2007      | 6            | P1        | N        | Test for the presence of antithrombin III deficiency, protein C deficiency, protein S deficiency, lupus anticoagulant, activated protein C resistance - where the request for the test(s) specifically identifies that the patient has a history of venous thromboembolism - quantitation by 1 or more techniques - 1 test (Item is subject to Rule 6)   | 25.35            |             |                   | 19.05            | 21.55           |
| 65176    | Support list (pathology) | Type C         | 01.05.2007      | 6            | P1        | N        | 2 tests described in item 65175 (Item is subject to rule 6)  | 48.65            |             |                   | 36.5             | 41.4            |
| 65177    | Support list (pathology) | Type C         | 01.05.2007      | 6            | P1        | N        | 3 tests described in item 65175 (Item is subject to rule 6)  | 71.95            |             |                   | 54               | 61.2            |
| 65178    | Support list (pathology) | Type C         | 01.05.2007      | 6            | P1        | N        | 4 tests described in item 65175 (Item is subject to rule 6)  | 95.2             |             |                   | 71.4             | 80.95           |
| 65179    | Support list (pathology) | Type C         | 01.05.2007      | 6            | P1        | N        | 5 tests described in item 65175 (Item is subject to rule 6)  | 118.5            |             |                   | 88.9             | 100.75          |
| 65180    | Support list (pathology) | Type C         | 01.05.2007      | 6            | P1        | N        | A test described in item 65175, if rendered by a receiving APA, where no tests in the item have been rendered by the referring APA - 1 test (Item is subject to rule6 and 18)  | 25.35            |             |                   | 19.05            | 21.55           |
| 65181    | Support list (pathology) | Type C         | 01.05.2007      | 6            | P1        | N        | A test described in item 65175, if rendered by a receiving APP, if one or more tests described in the item have been rendered by the referring APP - one test (Item is subject to rule 6 and 18)   | 23.3             |             |                   | 17.5             | 19.85           |
| 66500    | Support list (pathology) | Type C         | 01.11.1998      | 6            | P2        | N        | Quantitation in serum, plasma, urine or other body fluid (except amniotic fluid), by any method except reagent tablet or reagent strip (with or without reflectance meter) of: acid phosphatase, alanine aminotransferase, albumin, alkaline phosphatase, ammonia, amylase, aspartate aminotransferase, bicarbonate, bilirubin (total), bilirubin (any fractions), C-reactive protein, calcium (total or corrected for albumin), chloride, creatine kinase, creatinine, gamma glutamyl transferase, globulin, glucose, lactate dehydrogenase, lipase, magnesium, phosphate, potassium, sodium, total protein, total cholesterol, triglycerides, urate or urea - 1 test | 9.7              |             |                   | 7.3              | 8.25            |
| 66503    | Support list (pathology) | Type C         | 01.11.1998      | 6            | P2        | N        | 2 tests described in item 66500  | 11.65            |             |                   | 8.75             | 9.95            |
| 66506    | Support list (pathology) | Type C         | 01.11.1998      | 6            | P2        | N        | 3 tests described in item 66500  | 13.65            |             |                   | 10.25            | 11.65           |
| 66509    | Support list (pathology) | Type C         | 01.11.1998      | 6            | P2        | N        | 4 tests described in item 66500  | 15.65            |             |                   | 11.75            | 13.35           |
| 66512    | Support list (pathology) | Type C         | 01.11.1998      | 6            | P2        | N        | 5 or more tests described in item 66500  | 17.7             |             |                   | 13.3             | 15.05           |
| 66517    | Support list (pathology) | Type C         | 01.11.2007      | 6            | P2        | N        | Quantitation of bile acids in blood in pregnancy. Applicable not more than 3 times in a pregnancy.   | 19.65            |             |                   | 14.75            | 16.75           |
| 66518    | Support list (pathology) | Type C         | 01.11.1998      | 6            | P2        | N        | Investigation of cardiac or skeletal muscle damage by quantitative measurement of creatine kinase isoenzymes, troponin or myoglobin in blood - testing on 1 specimen in a 24 hour period   | 20.05            |             |                   | 15.05            | 17.05           |
| 66519    | Support list (pathology) | Type C         | 01.11.2001      | 6            | P2        | N        | Investigation of cardiac or skeletal muscle damage by quantitative measurement of creatine kinase isoenzymes, troponin or myoglobin in blood - testing on 2 or more specimens in a 24 hour period  | 40.15            |             |                   | 30.15            | 34.15           |
| 66522    | Support list (pathology) | Type C         | 01.11.2021      | 6            | P2        | N        | Faecal calprotectin test for the diagnosis of inflammatory bowel disease, if all the following apply: the patient is under 50 years of age; the patient has gastrointestinal symptoms suggestive of inflammatory or functional bowel disease of more than 6 weeks' duration; infectious causes have been excluded; the likelihood of malignancy has been assessed as low; no relevant clinical alarms are present  | 75               |             |                   | 56.25            | 63.75           |
| 66523    | support list (pathology) | Type C         | 01.11.2021      | 6            | P2        | N        | Faecal calprotectin test for the diagnosis of inflammatory bowel disease, if all the following apply: the results of a service to which item 66522 applies were inconclusive for the patient (that is, the results showed a faecal calprotectin level of more than 50 µg/g but not more than 100 µg/g); the patient has ongoing gastrointestinal symptoms suggestive of inflammatory or functional bowel disease; the service is requested by a specialist or consultant physician practising as a specialist gastroenterologist; the request indicates that an endoscopic examination is not initially required; no relevant clinical alarms are present              | 75               |             |                   | 56.25            | 63.75           |
| 66536    | Support list (pathology) | Type C         | 01.11.1998      | 6            | P2        | N        | Quantitation of HDL cholesterol  | 11.05            |             |                   | 8.3              | 9.4             |
| 66539    | Support list (pathology) | Type C         | 01.11.1998      | 6            | P2        | N        | Electrophoresis of serum for demonstration of lipoprotein subclasses, if the cholesterol is >6.5 mmol/L and triglyceride >4.0 mmol/L or in the diagnosis of types III and IV hyperlipidaemia - (Item is subject to rule 25)  | 30.6             |             |                   | 22.95            | 26.05           |
| 66542    | Support list (pathology) | Type C         | 01.11.1998      | 6            | P2        | N        | Oral glucose tolerance test for the diagnosis of diabetes mellitus that includes: (a)administration of glucose; and (b)at least 2 measurements of blood glucose; and (c)(if performed) any test described in item 66695  | 18.95            |             |                   | 14.25            | 16.15           |
| 66545    | Support list (pathology) | Type C         | 01.11.1998      | 6            | P2        | N        | Oral glucose challenge test in pregnancy for the detection of gestational diabetes that includes: (a)administration of glucose; and (b)1 or 2 measurements of blood glucose; and (c)(if performed) any test in item 66695  | 15.8             |             |                   | 11.85            | 13.45           |
| 66548    | Support list (pathology) | Type C         | 01.11.1998      | 6            | P2        | N        | Oral glucose tolerance test in pregnancy for the diagnosis of gestational diabetes that includes: (a)administration of glucose; and (b)at least 3 measurements of blood glucose; and (c)any test in item 66695 (if performed)  | 19.9             |             |                   | 14.95            | 16.95           |
| 66551    | Support list (pathology) | Type C         | 01.11.1998      | 6            | P2        | N        | Quantitation of glycated haemoglobin performed in the management of established diabetes (See para PR.2.2 of explanatory notes to this Category)   | 16.8             |             |                   | 12.6             | 14.3            |
| 66554    | Support list (pathology) | Type C         | 01.11.1998      | 6            | P2        | N        | Quantitation of glycated haemoglobin performed in the management of pre-existing diabetes where the patient is pregnant - Including a service in item 66551 (if performed) - (Item is subject to rule 25)  | 16.8             |             |                   | 12.6             | 14.3            |
| 66557    | Support list (pathology) | Type C         | 01.11.1998      | 6            | P2        | N        | Quantitation of fructosamine performed in the management of established diabetes - each test to a maximum of 4 tests in a 12 month period  | 9.7              |             |                   | 7.3              | 8.25            |

| MBS item | Clinical Category        | Procedure Type | Item Start Date | MBS Category | MBS Group | New Item | MBS Description  | MBS Schedule Fee | Derived Fee | Benefit 100% (\$) | Benefit 75% (\$) | Benefit 85 (\$) |
|----------|--------------------------|----------------|-----------------|--------------|-----------|----------|--|------------------|-------------|-------------------|------------------|-----------------|
| 66560    | Support list (pathology) | Type C         | 01.11.1998      | 6            | P2        | N        | Microalbumin - quantitation in urine   | 20.1             |             |                   | 15.1             | 17.1            |
| 66563    | Support list (pathology) | Type C         | 01.11.1998      | 6            | P2        | N        | Osmolality, estimation by osmometer, in serum or in urine - 1 or more tests  | 24.7             |             |                   | 18.55            | 21              |
| 66566    | Support list (pathology) | Type C         | 01.11.1998      | 6            | P2        | N        | Quantitation of: (a)blood gases (including pO2, oxygen saturation and pCO2) ; and (b)bicarbonate and pH; including any other measurement (eg. haemoglobin, lactate, potassium or ionised calcium) or calculation performed on the same specimen - 1 or more tests on 1 specimen  | 33.7             |             |                   | 25.3             | 28.65           |
| 66569    | Support list (pathology) | Type C         | 01.11.1998      | 6            | P2        | N        | Quantitation of blood gases, bicarbonate and pH as described in item 66566 on 2 specimens performed within any 1 day   | 42.6             |             |                   | 31.95            | 36.25           |
| 66572    | Support list (pathology) | Type C         | 01.11.1998      | 6            | P2        | N        | Quantitation of blood gases, bicarbonate and pH as described in item 66566 on 3 specimens performed within any 1 day   | 51.55            |             |                   | 38.7             | 43.85           |
| 66575    | Support list (pathology) | Type C         | 01.11.1998      | 6            | P2        | N        | Quantitation of blood gases, bicarbonate and pH as described in item 66566 on 4 specimens performed within any 1 day   | 60.45            |             |                   | 45.35            | 51.4            |
| 66578    | Support list (pathology) | Type C         | 01.11.1998      | 6            | P2        | N        | Quantitation of blood gases, bicarbonate and pH as described in item 66566 on 5 specimens performed within any 1 day   | 69.35            |             |                   | 52.05            | 58.95           |
| 66581    | Support list (pathology) | Type C         | 01.11.1998      | 6            | P2        | N        | Quantitation of blood gases, bicarbonate and pH as described in item 66566 on 6 or more specimens performed within any 1 day   | 78.25            |             |                   | 58.7             | 66.55           |
| 66584    | Support list (pathology) | Type C         | 01.11.1998      | 6            | P2        | N        | Quantitation of ionised calcium (except if performed as part of item 66566) - 1 test   | 9.7              |             |                   | 7.3              | 8.25            |
| 66587    | Support list (pathology) | Type C         | 01.11.1998      | 6            | P2        | N        | Urine acidification test for the diagnosis of renal tubular acidosis including the administration of an acid load, and pH measurements on 4 or more urine specimens and at least 1 blood specimen  | 47.55            |             |                   | 35.7             | 40.45           |
| 66590    | Support list (pathology) | Type C         | 01.11.1998      | 6            | P2        | N        | Calculus, analysis of 1 or more  | 30.6             |             |                   | 22.95            | 26.05           |
| 66593    | Support list (pathology) | Type C         | 01.11.1998      | 6            | P2        | N        | Ferritin - quantitation, except if requested as part of iron studies   | 18               |             |                   | 13.5             | 15.3            |
| 66596    | Support list (pathology) | Type C         | 01.11.1998      | 6            | P2        | N        | Iron studies, consisting of quantitation of: (a)serum iron; and (b)transferrin or iron binding capacity; and (c)ferritin   | 32.55            |             |                   | 24.45            | 27.7            |
| 66605    | Support list (pathology) | Type C         | 01.11.1998      | 6            | P2        | N        | Vitamins - quantitation of vitamins B1, B2, B3, B6 or C in blood, urine or other body fluid - 1 or more tests  | 30.6             |             |                   | 22.95            | 26.05           |
| 66606    | Support list (pathology) | Type C         | 01.05.2007      | 6            | P2        | N        | A test described in item 66605 if rendered by a receiving APP - 1 or more tests (Item is subject to rule 18 and 25)  | 30.6             |             |                   | 22.95            | 26.05           |
| 66607    | Support list (pathology) | Type C         | 01.05.2009      | 6            | P2        | N        | Vitamins - quantitation of vitamins A or E in blood, urine or other body fluid - 1 or more tests within a 6 month period   | 75.75            |             |                   | 56.85            | 64.4            |
| 66610    | Support list (pathology) | Unlisted       | 01.07.2011      | 6            | P2        | N        | A test described in item 66607 if rendered by a receiving APP - 1 or more tests  | 75.75            |             |                   | 56.85            | 64.4            |
| 66623    | Support list (pathology) | Type C         | 01.11.1998      | 6            | P2        | N        | All qualitative and quantitative tests on blood, urine or other body fluid for: (a)a drug or drugs of abuse (including illegal drugs and legally available drugs taken other than in appropriate dosage); or (b)ingested or absorbed toxic chemicals; including a service described in item 66800, 66803, 66806, 66812 or 66815 (if performed), but excluding: (c)the surveillance of sports people and athletes for performance improving substances; and (d)the monitoring of patients participating in a drug abuse treatment program | 41.5             |             |                   | 31.15            | 35.3            |
| 66626    | Support list (pathology) | Type C         | 01.11.1998      | 6            | P2        | N        | Detection or quantitation or both (not including the detection of nicotine and metabolites in smoking withdrawal programs) of a drug, or drugs, of abuse or a therapeutic drug, on a sample collected from a patient participating in a drug abuse treatment program; but excluding the surveillance of sports people and athletes for performance improving substances; including all tests on blood, urine or other body fluid (Item is subject to rule 25)  | 24.1             |             |                   | 18.1             | 20.5            |
| 66629    | Support list (pathology) | Type C         | 01.11.1998      | 6            | P2        | N        | Beta-2-microglobulin - quantitation in serum, urine or other body fluids - 1 or more tests   | 20.1             |             |                   | 15.1             | 17.1            |
| 66632    | Support list (pathology) | Type C         | 01.11.1998      | 6            | P2        | N        | Caeruloplasmin, haptoglobins, or prealbumin - quantitation in serum, urine or other body fluids - 1 or more tests  | 20.1             |             |                   | 15.1             | 17.1            |
| 66635    | Support list (pathology) | Type C         | 01.11.1998      | 6            | P2        | N        | Alpha-1-antitrypsin - quantitation in serum, urine or other body fluid - 1 or more tests   | 20.1             |             |                   | 15.1             | 17.1            |
| 66638    | Support list (pathology) | Type C         | 01.11.1998      | 6            | P2        | N        | Isoelectric focussing or similar methods for determination of alpha-1-antitrypsin phenotype in serum - 1 or more tests   | 49.05            |             |                   | 36.8             | 41.7            |
| 66639    | Support list (pathology) | Type C         | 01.05.2007      | 6            | P2        | N        | A test described in item 66638 if rendered by a receiving APP - 1 or more tests (Item is subject to rule 18)   | 29.2             |             |                   | 21.9             | 24.85           |
| 66641    | Support list (pathology) | Type C         | 01.11.1998      | 6            | P2        | N        | Electrophoresis of serum or other body fluid to demonstrate: (a)the isoenzymes of lactate dehydrogenase; or (b)the isoenzymes of alkaline phosphatase; including the preliminary quantitation of total relevant enzyme activity - 1 or more tests  | 29.2             |             |                   | 21.9             | 24.85           |
| 66642    | Support list (pathology) | Type C         | 01.05.2007      | 6            | P2        | N        | A test described in item 66641 if rendered by a receiving APP - 1 or more tests (Item is subject to rule 18)   | 29.2             |             |                   | 21.9             | 24.85           |
| 66644    | Support list (pathology) | Type C         | 01.11.1998      | 6            | P2        | N        | C-1 esterase inhibitor - quantitation  | 20.15            |             |                   | 15.15            | 17.15           |
| 66647    | Support list (pathology) | Type C         | 01.11.1998      | 6            | P2        | N        | C-1 esterase inhibitor - functional assay  | 45.1             |             |                   | 33.85            | 38.35           |
| 66650    | Support list (pathology) | Type C         | 01.11.1998      | 6            | P2        | N        | Alpha-fetoprotein, CA-15.3 antigen (CA15.3), CA-125 antigen (CA125), CA-19.9 antigen (CA19.9), cancer associated serum antigen (CASA), carcinoembryonic antigen (CEA), human chorionic gonadotrophin (HCG), neuron specific enolase (NSE), thyroglobulin in serum or other body fluid, in the monitoring of malignancy or in the detection or monitoring of hepatic tumours, gestational trophoblastic disease or germ cell tumour - quantitation - 1 test (Item is subject to rule 6)   | 24.35            |             |                   | 18.3             | 20.7            |
| 66651    | Support list (pathology) | Type C         | 01.05.2007      | 6            | P2        | N        | A test described in item 66650 if rendered by a receiving APP, where no tests in the item have been rendered by the referring APP - 1 test (Item is subject to rule 6 and 18)  | 24.35            |             |                   | 18.3             | 20.7            |

| MBS item | Clinical Category        | Procedure Type | Item Start Date | MBS Category | MBS Group | New Item | MBS Description   | MBS Schedule Fee | Derived Fee | Benefit 100% (\$) | Benefit 75% (\$) | Benefit 85 (\$) |
|----------|--------------------------|----------------|-----------------|--------------|-----------|----------|---|------------------|-------------|-------------------|------------------|-----------------|
| 66652    | Support list (pathology) | Type C         | 01.05.2007      | 6            | P2        | N        | A test described in item 66650 if rendered by a receiving APP - other than that described in 66651, if rendered by a receiving APP, 1 test (Item is subject to rule 6 and 18)   | 20.3             |             |                   | 15.25            | 17.3            |
| 66653    | Support list (pathology) | Type C         | 01.11.1998      | 6            | P2        | N        | 2 or more tests described in item 66650 (Item is subject to rule 6)   | 44.6             |             |                   | 33.45            | 37.95           |
| 66655    | Support list (pathology) | Type C         | 01.05.2001      | 6            | P2        | N        | Prostate specific antigen - quantitation - 1 of this item in a 12 month period (Item is subject to rule 25)   | 20.15            |             |                   | 15.15            | 17.15           |
| 66656    | Support list (pathology) | Type C         | 01.11.1998      | 6            | P2        | N        | Prostate specific antigen - quantitation in the monitoring of previously diagnosed prostatic disease (including a test described in item 66655)   | 20.15            |             |                   | 15.15            | 17.15           |
| 66659    | Support list (pathology) | Type C         | 01.11.1998      | 6            | P2        | N        | Prostate specific antigen - quantitation of 2 or more fractions of PSA and any derived index including (if performed) a test described in item 66656, in the follow up of a PSA result that lies at or above the age related median but below the age related, method specific 97.5% reference limit - 1 of this item in a 12 month period (Item is subject to rule 25)   | 37.3             |             |                   | 28               | 31.75           |
| 66660    | Support list (pathology) | Type C         | 01.05.2009      | 6            | P2        | N        | Prostate specific antigen - quantitation of 2 or more fractions of PSA and any derived index including (if performed) a test described in item 66656, in the follow up of a PSA result that lies at or above the age related, method specific 97.5% reference limit, but below a value of 10 ug/L - 4 of this item in a 12 month period. (Item is subject to rule 25)   | 37.3             |             |                   | 28               | 31.75           |
| 66662    | Support list (pathology) | Type C         | 01.11.1998      | 6            | P2        | N        | Quantitation of hormone receptors on proven primary breast or ovarian carcinoma or a metastasis from a breast or ovarian carcinoma or a subsequent lesion in the breast - 1 or more tests   | 79.95            |             |                   | 60               | 68              |
| 66663    | Support list (pathology) | Type C         | 01.05.2007      | 6            | P2        | N        | A test described in item 66662 if rendered by a receiving APP - 1 or more tests (Item is subject to rule 18)  | 79.95            |             |                   | 60               | 68              |
| 66665    | Support list (pathology) | Type C         | 01.11.1998      | 6            | P2        | N        | Lead quantitation in blood or urine (other than for occupational health screening purposes) to a maximum of 3 tests in a 6 month period - each test   | 30.6             |             |                   | 22.95            | 26.05           |
| 66666    | Support list (pathology) | Type C         | 01.05.2007      | 6            | P2        | N        | A test described in item 66665 if rendered by a receiving APP - 1 or more tests (Item is subject to rule 18)  | 30.6             |             |                   | 22.95            | 26.05           |
| 66667    | Support list (pathology) | Type C         | 01.11.2000      | 6            | P2        | N        | Quantitation of serum zinc in a patient receiving intravenous alimentation - each test  | 30.6             |             |                   | 22.95            | 26.05           |
| 66671    | Support list (pathology) | Type C         | 01.11.1998      | 6            | P2        | N        | Quantitation of serum aluminium in a patient in a renal dialysis program - each test  | 36.9             |             |                   | 27.7             | 31.4            |
| 66674    | Support list (pathology) | Type C         | 01.11.1998      | 6            | P2        | N        | Quantitation of: (a)faecal fat; or (b)breath hydrogen in response to loading with disaccharides; 1 or more tests within a 28 day period   | 39.95            |             |                   | 30               | 34              |
| 66677    | Support list (pathology) | Type C         | 01.11.1998      | 6            | P2        | N        | Test for tryptic activity in faeces in the investigation of diarrhoea of longer than 4 weeks duration in children under 6 years old   | 11.15            |             |                   | 8.4              | 9.5             |
| 66680    | Support list (pathology) | Type C         | 01.11.1998      | 6            | P2        | N        | Quantitation of disaccharidases and other enzymes in intestinal tissue - 1 or more tests  | 74.45            |             |                   | 55.85            | 63.3            |
| 66683    | Support list (pathology) | Type C         | 01.11.1998      | 6            | P2        | N        | Enzymes - quantitation in solid tissue or tissues other than blood elements or intestinal tissue - 1 or more tests  | 74.45            |             |                   | 55.85            | 63.3            |
| 66686    | Support list (pathology) | Type C         | 01.11.1998      | 6            | P2        | N        | Performance of 1 or more of the following procedures: (a)growth hormone suppression by glucose loading; (b)growth hormone stimulation by exercise; (c)dexamethasone suppression test; (d)sweat collection by iontophoresis for chloride analysis; (e)pharmacological stimulation of growth hormone  | 50.65            |             |                   | 38               | 43.1            |
| 66695    | Support list (pathology) | Type C         | 01.11.1998      | 6            | P2        | N        | Quantitation in blood or urine of hormones and hormone binding proteins - ACTH, aldosterone, androstenedione, C-peptide, calcitonin, cortisol, DHEAS, 11-deoxycortisol, dihydrotestosterone, FSH, gastrin, glucagon, growth hormone, hydroxyprogesterone, insulin, LH, oestradiol, oestrone, progesterone, prolactin, PTH, renin, sex hormone binding globulin, somatomedin C(IGF-1), free or total testosterone, urine steroid fraction or fractions, vasoactive intestinal peptide,- 1 test (Item is subject to rule 6) | 30.5             |             |                   | 22.9             | 25.95           |
| 66696    | Support list (pathology) | Type C         | 01.05.2007      | 6            | P2        | N        | A test described in item 66695, if rendered by a receiving APP - where no tests in the item have been rendered by the referring APP (Item is subject to rule 6 and 18)  | 30.5             |             |                   | 22.9             | 25.95           |
| 66697    | Support list (pathology) | Type C         | 01.05.2007      | 6            | P2        | N        | Tests described in item 66695, other than that described in 66696, if rendered by a receiving APP - each test to a maximum of 4 tests (Item is subject to rule 6 and 18)  | 13.2             |             |                   | 9.9              | 11.25           |
| 66698    | Support list (pathology) | Type C         | 01.11.1998      | 6            | P2        | N        | 2 tests described in item 66695 (Item is subject to rule 6)   | 43.7             |             |                   | 32.8             | 37.15           |
| 66701    | Support list (pathology) | Type C         | 01.11.1998      | 6            | P2        | N        | 3 tests described in item 66695 (Item is subject to rule 6)   | 56.9             |             |                   | 42.7             | 48.4            |
| 66704    | Support list (pathology) | Type C         | 01.11.1998      | 6            | P2        | N        | 4 tests described in item 66695 (This fee applies where 1 laboratory, or more than 1 laboratory belonging to the same APA, performs the only 4 tests specified on the request form or performs 4 tests and refers the rest to the laboratory of a separate APA) (Item is subject to rule 6)   | 70.15            |             |                   | 52.65            | 59.65           |
| 66707    | Support list (pathology) | Type C         | 01.11.1998      | 6            | P2        | N        | 5 or more tests described in item 66695 (Item is subject to rule 6)   | 83.35            |             |                   | 62.55            | 70.85           |
| 66711    | Support list (pathology) | Type C         | 01.11.2005      | 6            | P2        | N        | Quantitation in saliva of cortisol in: (a)the investigation of Cushing's syndrome; or (b)the management of children with congenital adrenal hyperplasia (Item is subject to rule 6)   | 30.15            |             |                   | 22.65            | 25.65           |
| 66712    | Support list (pathology) | Type C         | 01.11.2005      | 6            | P2        | N        | Two tests described in item 66711 (Item is subject to rule 6)   | 43.05            |             |                   | 32.3             | 36.6            |
| 66714    | Support list (pathology) | Type C         | 01.05.2007      | 6            | P2        | N        | A test described in item 66711, if rendered by a receiving APP, where no tests in the item have been rendered by the referring APP (Item is subject to rule 6 and 18)   | 30.15            |             |                   | 22.65            | 25.65           |
| 66715    | Support list (pathology) | Type C         | 01.05.2007      | 6            | P2        | N        | Tests described in item 66711, other than that described in 66714, if rendered by a receiving APP, each test to a maximum of 1 test (Item is subject to rule 6 and 18)  | 12.85            |             |                   | 9.65             | 10.95           |
| 66716    | Support list (pathology) | Type C         | 01.11.1998      | 6            | P2        | N        | TSH quantitation  | 25.05            |             |                   | 18.8             | 21.3            |

| MBS item | Clinical Category        | Procedure Type | Item Start Date | MBS Category | MBS Group | New Item | MBS Description   | MBS Schedule Fee | Derived Fee | Benefit 100% (\$) | Benefit 75% (\$) | Benefit 85 (\$) |
|----------|--------------------------|----------------|-----------------|--------------|-----------|----------|---|------------------|-------------|-------------------|------------------|-----------------|
| 66719    | Support list (pathology) | Type C         | 01.11.1998      | 6            | P2        | N        | Thyroid function tests (comprising the service described in item 66716 and either or both of a test for free thyroxine and a test for free T3) for a patient, if: (a)the patient has a level of TSH that is outside the normal reference range for the particular method of assay used to determine the level; or (b)the request from the requesting medical practitioner indicates that the tests are performed: (i)for the purpose of monitoring thyroid disease in the patient; or (ii)to investigate the sick euthyroid syndrome if the patient is an admitted patient; or (iii)to investigate dementia or psychiatric illness of the patient; or (iv)to investigate amenorrhoea or infertility of the patient; or (c)the request from the requesting medical practitioner indicates that the medical practitioner suspects the patient has a pituitary dysfunction; or (d)the request from the requesting medical practitioner indicates that the patient is on drugs that interfere with thyroid hormone metabolism or function | 34.8             |             |                   | 26.1             | 29.6            |
| 66722    | Support list (pathology) | Type C         | 01.11.1998      | 6            | P2        | N        | TSH quantitation described in item 66716 and 1 test described in item 66695 (This fee applies where 1 laboratory, or more than 1 laboratory belonging to the same APA, performs the only 2 tests specified on the request form or performs 2 tests and refers the rest to the laboratory of a separate APA) (Item is subject to rule 6)   | 37.9             |             |                   | 28.45            | 32.25           |
| 66723    | Support list (pathology) | Type C         | 01.05.2007      | 6            | P2        | N        | Tests described in item 66722, that is, TSH quantitation and 1 test described in 66695, if rendered by a receiving APP, where no tests in the item have been rendered by the referring APP - 1 test (Item is subject to rule 6 and 18)  | 37.9             |             |                   | 28.45            | 32.25           |
| 66724    | Support list (pathology) | Type C         | 01.05.2007      | 6            | P2        | N        | Tests described in item 66722, if rendered by a receiving APP, other than that described in 66723. It is to include a quantitation of TSH - each test to a maximum of 4 tests described in item 66695 (Item is subject to rule 6 and 18)  | 13.15            |             |                   | 9.9              | 11.2            |
| 66725    | Support list (pathology) | Type C         | 01.11.1998      | 6            | P2        | N        | TSH quantitation described in item 66716 and 2 tests described in item 66695 (This fee applies where 1 laboratory, or more than 1 laboratory belonging to the same APA, performs the only 3 tests specified on the request form or performs 3 tests and refers the rest to the laboratory of a separate APA) (Item is subject to rule 6)  | 51.05            |             |                   | 38.3             | 43.4            |
| 66728    | Support list (pathology) | Type C         | 01.11.1998      | 6            | P2        | N        | TSH quantitation described in item 66716 and 3 tests described in item 66695 (This fee applies where 1 laboratory, or more than 1 laboratory belonging to the same APA, performs the only 4 tests specified on the request form or performs 4 tests and refers the rest to the laboratory of a separate APA) (Item is subject to rule 6)  | 64.2             |             |                   | 48.15            | 54.6            |
| 66731    | Support list (pathology) | Type C         | 01.11.1998      | 6            | P2        | N        | TSH quantitation described in item 66716 and 4 tests described in item 66695 (This fee applies where 1 laboratory, or more than 1 laboratory belonging to the same APA, performs the only 5 tests specified on the request form or performs 5 tests and refers the rest to the laboratory of a separate APA) (Item is subject to rule 6)  | 77.4             |             |                   | 58.05            | 65.8            |
| 66734    | Support list (pathology) | Type C         | 01.11.1998      | 6            | P2        | N        | TSH quantitation described in item 66716 and 5 tests described in item 66695 (This fee applies where 1 laboratory, or more than 1 laboratory belonging to the same APA, performs 6 or more tests specified on the request form) (Item is subject to rule 6)   | 90.55            |             |                   | 67.95            | 77              |
| 66743    | Support list (pathology) | Type C         | 01.11.1998      | 6            | P2        | N        | Quantitation of alpha-fetoprotein in serum or other body fluids during pregnancy except if requested as part of items 66750 or 66751  | 20.1             |             |                   | 15.1             | 17.1            |
| 66749    | Support list (pathology) | Type C         | 01.11.1998      | 6            | P2        | N        | Amniotic fluid, spectrophotometric examination of, and quantitation of: (a)lecithin/sphingomyelin ratio; or (b)palmitic acid, phosphatidylglycerol or lamellar body phospholipid; or (c)bilirubin, including correction for haemoglobin 1 or more tests   | 32.95            |             |                   | 24.75            | 28.05           |
| 66750    | Support list (pathology) | Type C         | 01.05.2003      | 6            | P2        | N        | Quantitation, in pregnancy, of any 2 of the following to detect foetal abnormality- total human chorionic gonadotrophin (total HCG), free alpha human chorionic gonadotrophin (free alpha HCG), free beta human chorionic gonadotrophin (free beta HCG), pregnancy associated plasma protein A (PAPP-A), unconjugated oestriol (uE3), alpha-fetoprotein (AFP) - including (if performed) a service described in item 73527 or 73529 - Applicable not more than once in a pregnancy  | 39.75            |             |                   | 29.85            | 33.8            |
| 66751    | Support list (pathology) | Type C         | 01.05.2003      | 6            | P2        | N        | Quantitation, in pregnancy, of any three or more tests described in 66750 (Item is subject to rule 25)  | 55.25            |             |                   | 41.45            | 47              |
| 66752    | Support list (pathology) | Type C         | 01.11.1998      | 6            | P2        | N        | Quantitation of acetoacetate, beta-hydroxybutyrate, citrate, oxalate, total free fatty acids, cysteine, homocysteine, cystine, lactate, pyruvate or other amino acids and hydroxyproline (except if performed as part of item 66773 or 66776) - 1 test  | 24.7             |             |                   | 18.55            | 21              |
| 66755    | Support list (pathology) | Type C         | 01.11.1998      | 6            | P2        | N        | 2 or more tests described in item 66752   | 38.85            |             |                   | 29.15            | 33.05           |
| 66756    | Support list (pathology) | Type C         | 01.05.2007      | 6            | P2        | N        | Quantitation of 10 or more amino acids for the diagnosis of inborn errors of metabolism - up to 4 tests in a 12 month period on specimens of plasma, CSF and urine.   | 98.3             |             |                   | 73.75            | 83.6            |
| 66757    | Support list (pathology) | Type C         | 01.05.2007      | 6            | P2        | N        | Quantitation of 10 or more amino acids for monitoring of previously diagnosed inborn errors of metabolism in 1 tissue type.   | 98.3             |             |                   | 73.75            | 83.6            |
| 66758    | Support list (pathology) | Type C         | 01.11.1998      | 6            | P2        | N        | Quantitation of angiotensin converting enzyme, or cholinesterase - 1 or more tests  | 24.7             |             |                   | 18.55            | 21              |
| 66761    | Support list (pathology) | Type C         | 01.11.1998      | 6            | P2        | N        | Test for reducing substances in faeces by any method (except reagent strip or dipstick)   | 13.15            |             |                   | 9.9              | 11.2            |
| 66764    | Support list (pathology) | Type C         | 01.11.1998      | 6            | P2        | N        | Examination for faecal occult blood (including tests for haemoglobin and its derivatives in the faeces except by reagent strip or dip stick methods) with a maximum of 3 examinations on specimens collected on separate days in a 28 day period  | 8.9              |             |                   | 6.7              | 7.6             |
| 66767    | Support list (pathology) | Type C         | 01.11.1998      | 6            | P2        | N        | 2 examinations described in item 66764 performed on separately collected and identified specimens   | 17.85            |             |                   | 13.4             | 15.2            |
| 66770    | Support list (pathology) | Type C         | 01.11.1998      | 6            | P2        | N        | 3 examinations described in item 66764 performed on separately collected and identified specimens   | 26.7             |             |                   | 20.05            | 22.7            |
| 66773    | Support list (pathology) | Type C         | 01.11.1998      | 6            | P2        | N        | Quantitation of products of collagen breakdown or formation for the monitoring of patients with proven low bone mineral density, and if performed, a service described in item 66752 - 1 or more tests (Low bone densitometry is defined in the explanatory notes to Category 2 - Diagnostic Procedures and Investigations of the Medicare Benefits Schedule)   | 24.65            |             |                   | 18.5             | 21              |

| MBS Item | Clinical Category        | Procedure Type | Item Start Date | MBS Category | MBS Group | New Item | MBS Description   | MBS Schedule Fee | Derived Fee | Benefit 100% (\$) | Benefit 75% (\$) | Benefit 85 (\$) |
|----------|--------------------------|----------------|-----------------|--------------|-----------|----------|---|------------------|-------------|-------------------|------------------|-----------------|
| 66776    | Support list (pathology) | Type C         | 01.11.1998      | 6            | P2        | N        | Quantitation of products of collagen breakdown or formation for the monitoring of patients with metabolic bone disease or Paget's disease of bone, and if performed, a service described in item 66752 - 1 or more tests  | 24.65            |             |                   | 18.5             | 21              |
| 66779    | Support list (pathology) | Type C         | 01.11.1998      | 6            | P2        | N        | Adrenaline, noradrenaline, dopamine, histamine, hydroxyindoleacetic acid (SHIAA), hydroxymethoxymandelic acid (HMMA), homovanillic acid (HVA), metanephrines, methoxyhydroxyphenylethylene glycol (MHPG), phenylacetic acid (PAA) or serotoninquantitation - 1 or more tests  | 39.95            |             |                   | 30               | 34              |
| 66780    | Support list (pathology) | Type C         | 01.05.2007      | 6            | P2        | N        | A test described in item 66779 if rendered by a receiving APP - 1 or more tests (Item is subject to rule 18)  | 39.95            |             |                   | 30               | 34              |
| 66782    | Support list (pathology) | Type C         | 01.11.1998      | 6            | P2        | N        | Porphyrins or porphyrins precursors - detection in plasma, red cells, urine or faeces - 1 or more tests   | 13.15            |             |                   | 9.9              | 11.2            |
| 66783    | Support list (pathology) | Type C         | 01.05.2007      | 6            | P2        | N        | A test described in item 66782 if rendered by a receiving APP - 1 or more tests (Item is subject to rule 18)  | 13.15            |             |                   | 9.9              | 11.2            |
| 66785    | Support list (pathology) | Type C         | 01.11.1998      | 6            | P2        | N        | Porphyrins or porphyrins precursors - quantitation in plasma, red cells, urine or faeces - 1 test (Item is subject to rule 6)   | 39.95            |             |                   | 30               | 34              |
| 66788    | Support list (pathology) | Type C         | 01.11.1998      | 6            | P2        | N        | Porphyrins or porphyrins precursors - quantitation in plasma, red cells, urine or faeces - 2 or more tests (Item is subject to rule 6)  | 65.85            |             |                   | 49.4             | 56              |
| 66789    | Support list (pathology) | Type C         | 01.05.2007      | 6            | P2        | N        | A test described in item 66785 if rendered by a receiving APP, where no tests in the item have been rendered by the referring APP - 1 test (Item is subject to rule 6 and 18)   | 39.95            |             |                   | 30               | 34              |
| 66790    | Support list (pathology) | Type C         | 01.05.2007      | 6            | P2        | N        | A test described in item 66785 other than that described in 66789, if rendered by a receiving APP - to a maximum of 1 test (Item is subject to rule 6 and 18)   | 25.9             |             |                   | 19.45            | 22.05           |
| 66791    | Support list (pathology) | Type C         | 01.11.1998      | 6            | P2        | N        | Porphyrin biosynthetic enzymes - measurement of activity in blood cells or other tissues - 1 or more tests  | 74.45            |             |                   | 55.85            | 63.3            |
| 66792    | Support list (pathology) | Type C         | 01.05.2007      | 6            | P2        | N        | A test described in item 66791 if rendered by a receiving APP - 1 or more tests (Item is subject to rule 18)  | 74.45            |             |                   | 55.85            | 63.3            |
| 66800    | Support list (pathology) | Type C         | 01.11.2003      | 6            | P2        | N        | Quantitation in blood, urine or other body fluid by any method (except reagent tablet or reagent strip) of any of the following being used therapeutically by the patient from whom the specimen was taken: amikacin, carbamazepine, digoxin, disopyramide, ethanol, ethosuximide, gentamicin, lithium, lignocaine, netilmicin, paracetamol, phenobarbitone, primidone, phenytoin, procainamide, quinidine, salicylate, theophylline, tobramycin, valproate or vancomycin - 1 test (Item to be subject to rule 6) | 18.15            |             |                   | 13.65            | 15.45           |
| 66803    | Support list (pathology) | Type C         | 01.11.2003      | 6            | P2        | N        | 2 tests described in item 66800 (Item is subject to rule 6)   | 30.5             |             |                   | 22.9             | 25.95           |
| 66804    | Support list (pathology) | Type C         | 01.05.2007      | 6            | P2        | N        | A test described in item 66800 if rendered by a receiving APP, where no tests in the item have been rendered by the referring APP - 1 test (Item is subject to rule 6 and 18)   | 18.15            |             |                   | 13.65            | 15.45           |
| 66805    | Support list (pathology) | Type C         | 01.05.2007      | 6            | P2        | N        | A test described in item 66800 other than that described in 66804, if rendered by a receiving APP - each test to a maximum of 2 tests (Item is subject to rule 6 and 18)  | 12.35            |             |                   | 9.3              | 10.5            |
| 66806    | Support list (pathology) | Type C         | 01.11.2003      | 6            | P2        | N        | 3 tests described in item 66800 (Item is subject to rule 6)   | 41.85            |             |                   | 31.4             | 35.6            |
| 66812    | Support list (pathology) | Type C         | 01.11.2003      | 6            | P2        | N        | Quantitation, not elsewhere described in this Table by any method or methods, in blood, urine or other body fluid, of a drug being used therapeutically by the patient from whom the specimen was taken - 1 test (This fee applies where 1 laboratory performs the only test specified on the request form or performs 1 test and refers the rest to the laboratory of a separate APA) (Item is subject to rule 6)  | 34.8             |             |                   | 26.1             | 29.6            |
| 66815    | Support list (pathology) | Type C         | 01.11.2003      | 6            | P2        | N        | 2 tests described in item 66812 (This fee applies where 1 laboratory, or more than 1 laboratory belonging to the same APA, performs the only 2 tests specified on the request form or performs 2 tests and refers the rest to the laboratory of a separate APA) (Item is subject to rule 6)   | 59.55            |             |                   | 44.7             | 50.65           |
| 66816    | Support list (pathology) | Type C         | 01.05.2007      | 6            | P2        | N        | A test described in item 66812 if rendered by a receiving APP, where no tests in the item have been rendered by the referring APP - 1 test (Item is subject to rule 6 and 18)   | 34.8             |             |                   | 26.1             | 29.6            |
| 66817    | Support list (pathology) | Type C         | 01.05.2007      | 6            | P2        | N        | A test described in item 66812, other than that described in 66816, if rendered by a receiving APP - to a maximum of 1 test (Item is subject to rule 6 and 18)  | 24.75            |             |                   | 18.6             | 21.05           |
| 66819    | Support list (pathology) | Type C         | 01.05.2007      | 6            | P2        | N        | Quantitation of copper, manganese, selenium, or zinc (except if item 66667 applies), in blood, urine or other body fluid - 1 test. (Item is subject to rule 6, 22 and 25)   | 30.6             |             |                   | 22.95            | 26.05           |
| 66820    | Support list (pathology) | Type C         | 01.05.2007      | 6            | P2        | N        | A test described in item 66819 if rendered by a receiving APP, where no tests in the item have been rendered by the referring APP - 1 test (Item is subject to rule 6, 18, 22 and 25)   | 30.6             |             |                   | 22.95            | 26.05           |
| 66821    | Support list (pathology) | Type C         | 01.05.2007      | 6            | P2        | N        | A test described in item 66819 other than that described in 66820 if rendered by a receiving APP to a maximum of 1 test (Item is subject to rule 6, 18,22 and 25)   | 21.8             |             |                   | 16.35            | 18.55           |
| 66822    | Support list (pathology) | Type C         | 01.05.2007      | 6            | P2        | N        | Quantitation of copper, manganese, selenium, or zinc (except if item 66667 applies), in blood, urine or other body fluid - 2 or more tests. (Item is subject to rule 6, 22 and 25)  | 52.45            |             |                   | 39.35            | 44.6            |
| 66825    | Support list (pathology) | Type C         | 01.05.2007      | 6            | P2        | N        | Quantitation of aluminium (except if item 66671 applies), arsenic, beryllium, cadmium, chromium, gold, mercury, nickel, or strontium, in blood, urine or other body fluid or tissue - 1 test. To a maximum of 3 of this item in a 6 month period (Item is subject to rule 6, 22 and 25)   | 30.6             |             |                   | 22.95            | 26.05           |
| 66826    | Support list (pathology) | Type C         | 01.05.2007      | 6            | P2        | N        | A test described in item 66825 if rendered by a receiving APP where no tests have been rendered by the referring APP - 1 test (Item is subject to rules 6, 18, 22 and 25 )  | 30.6             |             |                   | 22.95            | 26.05           |
| 66827    | Support list (pathology) | Type C         | 01.05.2007      | 6            | P2        | N        | A test described in item 66825, other than that described in 66826, if rendered by a receiving APP to a maximum of 1 test (Item is subject to rules 6, 18, 22 and 25)   | 21.8             |             |                   | 16.35            | 18.55           |
| 66828    | Support list (pathology) | Type C         | 01.05.2007      | 6            | P2        | N        | Quantitation of aluminium (except if item 66671 applies), arsenic, beryllium, cadmium, chromium, gold, mercury, nickel, or strontium, in blood, urine or other body fluid or tissue - 2 or more tests. To a maximum of 3 of this item in a 6 month period (Item is subject to rule 6, 22 and 25)  | 52.45            |             |                   | 39.35            | 44.6            |
| 66830    | Support list (pathology) | Type C         | 01.07.2008      | 6            | P2        | N        | Quantitation of BNP or NT-proBNP for the diagnosis of heart failure in patients presenting with dyspnoea to a hospital Emergency Department (Item is subject to rule 25)  | 58.5             |             |                   | 43.9             | 49.75           |
| 66831    | Support list (pathology) | Type C         | 01.11.2008      | 6            | P2        | N        | Quantitation of copper or iron in liver tissue biopsy   | 30.95            |             |                   | 23.25            | 26.35           |

| MBS item | Clinical Category        | Procedure Type | Item Start Date | MBS Category | MBS Group | New Item | MBS Description   | MBS Schedule Fee | Derived Fee | Benefit 100% (\$) | Benefit 75% (\$) | Benefit 85 (\$) |
|----------|--------------------------|----------------|-----------------|--------------|-----------|----------|---|------------------|-------------|-------------------|------------------|-----------------|
| 66832    | Support list (pathology) | Type C         | 01.11.2008      | 6            | P2        | N        | A test described in item 66831 if rendered by a receiving APP (Item is subject to rule 18A and 22)  | 30.95            |             |                   | 23.25            | 26.35           |
| 66833    | Support list (pathology) | Type C         | 01.11.2014      | 6            | P2        | N        | 25-hydroxyvitamin D, quantification in serum, for the investigation of a patient who: (a)has signs or symptoms of osteoporosis or osteomalacia; or (b)has increased alkaline phosphatase and otherwise normal liver function tests; or (c)has hyperparathyroidism, hypo- or hypercalcaemia, or hypophosphataemia; or (d)is suffering from malabsorption (for example, because the patient has cystic fibrosis, short bowel syndrome, inflammatory bowel disease or untreated coeliac disease, or has had bariatric surgery); or (e) has deeply pigmented skin, or chronic and severe lack of sun exposure for cultural, medical, occupational or residential reasons; or (f)is taking medication known to decrease 25OH-D levels (for example, anticonvulsants); or (g)has chronic renal failure or is a renal transplant recipient; or (h)is less than 16 years of age and has signs or symptoms of rickets; or (i)is an infant whose mother has established vitamin D deficiency; or (j)is a exclusively breastfed baby and has at least one other risk factor mentioned in a paragraph in this item; or (k)has a sibling who is less than 16 years of age and has vitamin D deficiency | 30.05            |             |                   | 22.55            | 25.55           |
| 66834    | Support list (pathology) | Type C         | 01.11.2014      | 6            | P2        | N        | A test described in item 66833 if rendered by a receiving APP (Item is subject to Rule 18)  | 30.05            |             |                   | 22.55            | 25.55           |
| 66835    | Support list (pathology) | Type C         | 01.11.2014      | 6            | P2        | N        | 1, 25-dihydroxyvitamin D - quantification in serum, if the request for the test is made by, or on advice of, the specialist or consultant physician managing the treatment of the patient   | 39.05            |             |                   | 29.3             | 33.2            |
| 66836    | Support list (pathology) | Type C         | 01.11.2014      | 6            | P2        | N        | 1, 25-dihydroxyvitamin D-quantification in serum, if: (a)the patient has hypercalcaemia; and (b)the request for the test is made by a general practitioner managing the treatment of the patient  | 39.05            |             |                   | 29.3             | 33.2            |
| 66837    | Support list (pathology) | Type C         | 01.11.2014      | 6            | P2        | N        | A test described in item 66835 or 66836 if rendered by a receiving APP (Item is subject to Rule 18)   | 39.05            |             |                   | 29.3             | 33.2            |
| 66838    | Support list (pathology) | Type C         | 01.11.2014      | 6            | P2        | N        | Serum vitamin B12 test (Item is subject to Rule 25)   | 23.6             |             |                   | 17.7             | 20.1            |
| 66839    | Support list (pathology) | Type C         | 01.11.2014      | 6            | P2        | N        | Quantification of vitamin B12 markers such as holoTranscobalamin or methylmalonic acid, where initial serum vitamin B12 result is low or equivocal  | 42.95            |             |                   | 32.25            | 36.55           |
| 66840    | Support list (pathology) | Type C         | 01.11.2014      | 6            | P2        | N        | Serum folate test and, if required, red cell folate test for a patient at risk of folate deficiency, including patients with malabsorption conditions, macrocytic anaemia or coeliac disease  | 23.6             |             |                   | 17.7             | 20.1            |
| 66841    | Support list (pathology) | Type C         | 01.11.2014      | 6            | P2        | N        | Quantitation of HbA1c (glycated haemoglobin) performed for the diagnosis of diabetes in asymptomatic patients at high risk.(Item is subject to rule 25)   | 16.8             |             |                   | 12.6             | 14.3            |
| 66900    | Support list (pathology) | Type C         | 01.05.2009      | 6            | P2        | N        | CARBON-LABELLED UREA BREATH TEST using oral C-13 or C-14 urea, including the measurement of exhaled 13CO2 or 14CO2 (except if item 12533 applies) for either:- (a)the confirmation of Helicobacter pylori colonisation OR (b)the monitoring of the success of eradication of Helicobacter pylori.   | 77.65            |             |                   | 58.25            | 66.05           |
| 69300    | Support list (pathology) | Type C         | 01.11.1998      | 6            | P3        | N        | Microscopy of wet film material other than blood, from 1 or more sites, obtained directly from a patient (not cultures) including: (a)differential cell count (if performed); or (b)examination for dermatophytes; or (c)dark ground illumination; or (d)stained preparation or preparations using any relevant stain or stains; 1 or more tests  | 12.5             |             |                   | 9.4              | 10.65           |
| 69303    | Support list (pathology) | Type C         | 01.11.1998      | 6            | P3        | N        | Culture and (if performed) microscopy to detect pathogenic micro-organisms from nasal swabs, throat swabs, eye swabs and ear swabs (excluding swabs taken for epidemiological surveillance), including (if performed): (a)pathogen identification and antibiotic susceptibility testing; or (b)a service described in item 69300; specimens from 1 or more sites  | 22               |             |                   | 16.5             | 18.7            |
| 69306    | Support list (pathology) | Type C         | 01.11.1998      | 6            | P3        | N        | Microscopy and culture to detect pathogenic micro-organisms from skin or other superficial sites, including (if performed): (a)pathogen identification and antibiotic susceptibility testing; or (b)a service described in items 69300, 69303, 69312, 69318; 1 or more tests on 1 or more specimens   | 33.75            |             |                   | 25.35            | 28.7            |
| 69309    | Support list (pathology) | Type C         | 01.11.1998      | 6            | P3        | N        | Microscopy and culture to detect dermatophytes and other fungi causing cutaneous disease from skin scrapings, skin biopsies, hair and nails (excluding swab specimens) and including (if performed): (a)the detection of antigens not elsewhere specified in this Schedule; or (b)a service described in items 69300, 69303, 69306, 69312, 69318; 1 or more tests on 1 or more specimens  | 48.15            |             |                   | 36.15            | 40.95           |
| 69312    | Support list (pathology) | Type C         | 01.11.1998      | 6            | P3        | N        | Microscopy and culture to detect pathogenic micro-organisms from urethra, vagina, cervix or rectum (except for faecal pathogens), including (if performed): (a)pathogen identification and antibiotic susceptibility testing; or (b) a service described in items 69300, 69303, 69306 and 69318; 1 or more tests on 1 or more specimens   | 33.75            |             |                   | 25.35            | 28.7            |
| 69316    | Support list (pathology) | Type C         | 01.05.2007      | 6            | P3        | N        | Detection of Chlamydia trachomatis by any method - 1 test (Item is subject to rule 26)  | 28.65            |             |                   | 21.5             | 24.4            |
| 69317    | Support list (pathology) | Type C         | 01.05.2007      | 6            | P3        | N        | 1 test described in item 69494 and a test described in 69316.(Item is subject to rule 26)   | 35.85            |             |                   | 26.9             | 30.5            |
| 69318    | Support list (pathology) | Type C         | 01.11.1998      | 6            | P3        | N        | Microscopy and culture to detect pathogenic micro-organisms from specimens of sputum (except when part of items 69324, 69327 and 69330), including (if performed): (a) pathogen identification and antibiotic susceptibility testing; or (b)a service described in items 69300, 69303, 69306 and 69312; 1 or more tests on 1 or more specimens  | 33.75            |             |                   | 25.35            | 28.7            |
| 69319    | Support list (pathology) | Type C         | 01.05.2007      | 6            | P3        | N        | 2 tests described in item 69494 and a test described in 69316. (Item is subject to rule 26)   | 42.95            |             |                   | 32.25            | 36.55           |
| 69321    | Support list (pathology) | Type C         | 01.11.1998      | 6            | P3        | N        | Microscopy and culture of post-operative wounds, aspirates of body cavities, synovial fluid, CSF or operative or biopsy specimens, for the presence of pathogenic micro-organisms involving aerobic and anaerobic cultures and the use of different culture media, and including (if performed): (a)pathogen identification and antibiotic susceptibility testing; or (b)a service described in item 69300, 69303, 69306, 69312 or 69318; specimens from 1 or more sites  | 48.15            |             |                   | 36.15            | 40.95           |

| MBS item | Clinical Category        | Procedure Type | Item Start Date | MBS Category | MBS Group | New Item | MBS Description   | MBS Schedule Fee | Derived Fee | Benefit 100% (\$) | Benefit 75% (\$) | Benefit 85 (\$) |
|----------|--------------------------|----------------|-----------------|--------------|-----------|----------|---|------------------|-------------|-------------------|------------------|-----------------|
| 69324    | Support list (pathology) | Type C         | 01.11.1998      | 6            | P3        | N        | Microscopy (with appropriate stains) and culture for mycobacteria - 1 specimen of sputum, urine, or other body fluid or 1 operative or biopsy specimen, including (if performed): (a)microscopy and culture of other bacterial pathogens isolated as a result of this procedure; or (b)pathogen identification and antibiotic susceptibility testing; including a service described in item 69300   | 43               |             |                   | 32.25            | 36.55           |
| 69325    | Support list (pathology) | Type C         | 01.05.2007      | 6            | P3        | N        | A test described in item 69324 if rendered by a receiving APP (Item is subject to rule 18)  | 43               |             |                   | 32.25            | 36.55           |
| 69327    | Support list (pathology) | Type C         | 01.11.1998      | 6            | P3        | N        | Microscopy (with appropriate stains) and culture for mycobacteria - 2 specimens of sputum, urine, or other body fluid or 2 operative or biopsy specimens, including (if performed): (a)microscopy and culture of other bacterial pathogens isolated as a result of this procedure; or (b)pathogen identification and antibiotic susceptibility testing; including a service mentioned in item 69300   | 85               |             |                   | 63.75            | 72.25           |
| 69328    | Support list (pathology) | Type C         | 01.05.2007      | 6            | P3        | N        | A test described in item 69327 if rendered by a receiving APP (Item is subject to rule 18)  | 85               |             |                   | 63.75            | 72.25           |
| 69330    | Support list (pathology) | Type C         | 01.11.1998      | 6            | P3        | N        | Microscopy (with appropriate stains) and culture for mycobacteria - 3 specimens of sputum, urine, or other body fluid or 3 operative or biopsy specimens, including (if performed): (a)microscopy and culture of other bacterial pathogens isolated as a result of this procedure; or (b)pathogen identification and antibiotic susceptibility testing; including a service mentioned in item 69300   | 128              |             |                   | 96               | 108.8           |
| 69331    | Support list (pathology) | Type C         | 01.05.2007      | 6            | P3        | N        | A test described in item 69330 if rendered by a receiving APP (Item is subject to rule 18)  | 128              |             |                   | 96               | 108.8           |
| 69333    | Support list (pathology) | Type C         | 01.11.1998      | 6            | P3        | N        | Urine examination (including serial examinations) by any means other than simple culture by dip slide, including: (a)cell count; and (b)culture; and (c)colony count; and (d)(if performed) stained preparations; and (e)(if performed) identification of cultured pathogens; and (f)(if performed) antibiotic susceptibility testing; and (g)(if performed) examination for pH, specific gravity, blood, protein, urobilinogen, sugar, acetone or bile salts | 20.55            |             |                   | 15.45            | 17.5            |
| 69336    | Support list (pathology) | Type C         | 01.11.1998      | 6            | P3        | N        | Microscopy of faeces for ova, cysts and parasites that must include a concentration technique, and the use of fixed stains or antigen detection for cryptosporidia and giardia - including (if performed) a service described in item 69300 - 1 of this item in any 7 day period  | 33.45            |             |                   | 25.1             | 28.45           |
| 69339    | Support list (pathology) | Type C         | 01.11.1998      | 6            | P3        | N        | Microscopy of faeces for ova, cysts and parasites using concentration techniques examined subsequent to item 69336 on a separately collected and identified specimen collected within 7 days of the examination described in 69336 - 1 examination in any 7 day period  | 19.1             |             |                   | 14.35            | 16.25           |
| 69345    | Support list (pathology) | Type C         | 01.11.1998      | 6            | P3        | N        | Culture and (if performed) microscopy without concentration techniques of faeces for faecal pathogens, using at least 2 selective or enrichment media and culture in at least 2 different atmospheres including (if performed): (a)pathogen identification and antibiotic susceptibility testing; and (b)the detection of clostridial toxins; and (c)a service described in item 69300; - 1 examination in any 7 day period                                   | 52.9             |             |                   | 39.7             | 45              |
| 69354    | Support list (pathology) | Type C         | 01.11.1998      | 6            | P3        | N        | Blood culture for pathogenic micro-organisms (other than viruses), including sub-cultures and (if performed): (a)identification of any cultured pathogen;and (b)necessary antibiotic susceptibility testing; to a maximum of 3 sets of cultures - 1 set of cultures   | 30.75            |             |                   | 23.1             | 26.15           |
| 69357    | Support list (pathology) | Type C         | 01.11.1998      | 6            | P3        | N        | 2 sets of cultures described in item 69354  | 61.45            |             |                   | 46.1             | 52.25           |
| 69360    | Support list (pathology) | Type C         | 01.11.1998      | 6            | P3        | N        | 3 sets of cultures described in item 69354  | 92.2             |             |                   | 69.15            | 78.4            |
| 69363    | Support list (pathology) | Type C         | 01.11.1998      | 6            | P3        | N        | Detection of Clostridium difficile or Clostridium difficile toxin (except if a service described in item 69345 has been performed) - one or more tests  | 28.65            |             |                   | 21.5             | 24.4            |
| 69378    | Support list (pathology) | Unlisted       | 01.11.1998      | 6            | P3        | N        | Quantitation of HIV viral RNA load in plasma or serum in the monitoring of a HIV sero-positive patient not on antiretroviral therapy - 1 or more tests  | 180.25           |             |                   | 135.2            | 153.25          |
| 69379    | Support list (pathology) | Type C         | 01.05.2007      | 6            | P3        | N        | A test described in item 69378 if rendered by a receiving APP - 1 or more tests (Item is subject to rule 18)  | 180.25           |             |                   | 135.2            | 153.25          |
| 69380    | Support list (pathology) | Unlisted       | 01.07.2011      | 6            | P3        | N        | Genotypic testing for HIV antiretroviral resistance in a patient with confirmed HIV infection if the patient's viral load is greater than 1,000 copies per ml at any of the following times: (a)at presentation; or (b)before antiretroviral therapy: or (c)when treatment with combination antiretroviral agents fails; maximum of 2 tests in a 12 month period  | 770.3            |             |                   | 577.75           | 677.1           |
| 69381    | Support list (pathology) | Unlisted       | 01.11.1998      | 6            | P3        | N        | Quantitation of HIV viral RNA load in plasma or serum in the monitoring of antiretroviral therapy in a HIV sero-positive patient - 1 or more tests on 1 or more specimens   | 180.25           |             |                   | 135.2            | 153.25          |
| 69382    | Support list (pathology) | Unlisted       | 01.03.1999      | 6            | P3        | N        | Quantitation of HIV viral RNA load in cerebrospinal fluid in a HIV sero-positive patient - 1 or more tests on 1 or more specimens   | 180.25           |             |                   | 135.2            | 153.25          |
| 69383    | Support list (pathology) | Type C         | 01.05.2007      | 6            | P3        | N        | A test described in item 69381 if rendered by a receiving APP - 1 or more tests on 1 or more specimens (Item is subject to rule 18)   | 180.25           |             |                   | 135.2            | 153.25          |
| 69384    | Support list (pathology) | Type C         | 01.11.1998      | 6            | P3        | N        | Quantitation of 1 antibody to microbial antigens not elsewhere described in the Schedule - 1 test (This fee applies where a laboratory performs the only antibody test specified on the request form or performs 1 test and refers the rest to the laboratory of a separate APA) (Item is subject to rule 6)  | 15.65            |             |                   | 11.75            | 13.35           |
| 69387    | Support list (pathology) | Type C         | 01.11.1998      | 6            | P3        | N        | 2 tests described in item 69384 (This fee applies where 1 laboratory, or more than 1 laboratory belonging to the same APA, performs the only 2 estimations specified on the request form or performs 2 of the antibody estimations specified on the request form and refers the remainder to the laboratory of a separate APA) (Item is subject to rule 6)  | 29               |             |                   | 21.75            | 24.65           |
| 69390    | Support list (pathology) | Type C         | 01.11.1998      | 6            | P3        | N        | 3 tests described in item 69384 (This fee applies where 1 laboratory, or more than 1 laboratory belonging to the same APA, performs the only 3 estimations specified on the request form or performs 3 of the antibody estimations specified on the request form and refers the remainder to the laboratory of a separate APA) (Item is subject to rule 6)  | 42.35            |             |                   | 31.8             | 36              |

| MBS item | Clinical Category        | Procedure Type | Item Start Date | MBS Category | MBS Group | New Item | MBS Description   | MBS Schedule Fee | Derived Fee | Benefit 100% (\$) | Benefit 75% (\$) | Benefit 85 (\$) |
|----------|--------------------------|----------------|-----------------|--------------|-----------|----------|---|------------------|-------------|-------------------|------------------|-----------------|
| 69393    | Support list (pathology) | Type C         | 01.11.1998      | 6            | P3        | N        | 4 tests described in item 69384 (This fee applies where 1 laboratory, or more than 1 laboratory belonging to the same APA, performs the only 4 estimations specified on the request form or performs 4 of the antibody estimations specified on the request form and refers the remainder to the laboratory of a separate APA) (Item is subject to rule 6)  | 55.7             |             |                   | 41.8             | 47.35           |
| 69396    | Support list (pathology) | Type C         | 01.11.1998      | 6            | P3        | N        | 5 or more tests described in item 69384 (This fee applies where 1 laboratory, or more than 1 laboratory belonging to the same APA, performs the only 5 estimations specified on the request form or performs 5 of the antibody tests specified on the request form and refers the remainder to the laboratory of a separate APA) (Item is subject to rule 6)  | 69.1             |             |                   | 51.85            | 58.75           |
| 69400    | Support list (pathology) | Type C         | 01.05.2007      | 6            | P3        | N        | A test described in item 69384, if rendered by a receiving APP, where no tests in the item have been rendered by the referring APP - 1 test (Item is subject to rules 6 and 18)   | 15.65            |             |                   | 11.75            | 13.35           |
| 69401    | Support list (pathology) | Type C         | 01.05.2007      | 6            | P3        | N        | A test described in item 69384, other than that described in 69400, if rendered by a receiving APP - each test to a maximum of 4 tests (Item is subject to rule 6, 18 and 18A)  | 13.35            |             |                   | 10.05            | 11.35           |
| 69405    | Support list (pathology) | Type C         | 01.11.1998      | 6            | P3        | N        | Microbiological serology during a pregnancy (except in the investigation of a clinically apparent intercurrent microbial illness or close contact with a patient suffering from parvovirus infection or varicella during that pregnancy) including: (a)the determination of 1 of the following - rubella immune status, specific syphilis serology, carriage of Hepatitis B, Hepatitis C antibody, HIV antibody and (b)(if performed) a service described in 1 or more of items 69384, 69475, 69478 and 69481   | 15.65            |             |                   | 11.75            | 13.35           |
| 69408    | Support list (pathology) | Type C         | 01.11.1998      | 6            | P3        | N        | Microbiological serology during a pregnancy (except in the investigation of a clinically apparent intercurrent microbial illness or close contact with a patient suffering from parvovirus infection or varicella during that pregnancy) including: (a)the determination of 2 of the following - rubella immune status, specific syphilis serology, carriage of Hepatitis B, Hepatitis C antibody, HIV antibody and (b)(if performed) a service described in 1 or more of items 69384, 69475, 69478 and 69481   | 29               |             |                   | 21.75            | 24.65           |
| 69411    | Support list (pathology) | Type C         | 01.11.1998      | 6            | P3        | N        | Microbiological serology during a pregnancy (except in the investigation of a clinically apparent intercurrent microbial illness or close contact with a patient suffering from parvovirus infection or varicella during that pregnancy) including: (a)the determination of 3 of the following - rubella immune status, specific syphilis serology, carriage of Hepatitis B, Hepatitis C antibody, HIV antibody and (b)(if performed) a service described in 1 or more of items 69384, 69475, 69478 and 69481   | 42.35            |             |                   | 31.8             | 36              |
| 69413    | Support list (pathology) | Type C         | 01.11.2003      | 6            | P3        | N        | Microbiological serology during a pregnancy (except in the investigation of a clinically apparent intercurrent microbial illness or close contact with a patient suffering from parvovirus infection or varicella during that pregnancy) including: (a)the determination of 4 of the following - rubella immune status, specific syphilis serology, carriage of Hepatitis B, Hepatitis C antibody, HIV antibody and (b)(if performed) a service described in 1 or more of items 69384, 69475, 69478 and 69481   | 55.7             |             |                   | 41.8             | 47.35           |
| 69415    | Support list (pathology) | Type C         | 01.11.2005      | 6            | P3        | N        | Microbiological serology during a pregnancy (except in the investigation of a clinically apparent intercurrent microbial illness or close contact with a patient suffering from parvovirus infection or varicella during that pregnancy) including: (a)the determination of all 5 of the following - rubella immune status, specific syphilis serology, carriage of Hepatitis B, Hepatitis C antibody, HIV antibody and (b)(if performed) a service described in 1 or more of items 69384, 69475, 69478 and 69481   | 69.1             |             |                   | 51.85            | 58.75           |
| 69445    | Support list (pathology) | Type C         | 01.11.2000      | 6            | P3        | N        | Detection of Hepatitis C viral RNA in a patient undertaking antiviral therapy for chronic HCV hepatitis (including a service described in item 69499) - 1 test. To a maximum of 4 of this item in a 12 month period (Item is subject to rule 25)  | 92.2             |             |                   | 69.15            | 78.4            |
| 69451    | Support list (pathology) | Type C         | 01.05.2007      | 6            | P3        | N        | A test described in item 69445 if rendered by a receiving APP - 1 test. (Item is subject to rule 18 and 25)   | 92.2             |             |                   | 69.15            | 78.4            |
| 69471    | Support list (pathology) | Type C         | 01.11.1998      | 6            | P3        | N        | Test of cell-mediated immune response in blood for the detection of latent tuberculosis by interferon gamma release assay (IGRA) in the following people: (a) a person who has been exposed to a confirmed case of active tuberculosis; (b) a person who is infected with human immunodeficiency virus; (c) a person who is to commence, or has commenced, tumour necrosis factor (TNF) inhibitor therapy; (d) a person who is to commence, or has commenced, renal dialysis; (e) a person with silicosis; (f) a person who is, or is about to become, immunosuppressed because of a disease, or a medical treatment, not mentioned in paragraphs(a) to (e) | 34.9             |             |                   | 26.2             | 29.7            |
| 69472    | Support list (pathology) | Type C         | 01.11.2001      | 6            | P3        | N        | Detection of antibodies to Epstein Barr Virus using specific serology - 1 test  | 15.65            |             |                   | 11.75            | 13.35           |
| 69474    | Support list (pathology) | Type C         | 01.11.2001      | 6            | P3        | N        | Detection of antibodies to Epstein Barr Virus using specific serology - 2 or more tests   | 28.65            |             |                   | 21.5             | 24.4            |
| 69475    | Support list (pathology) | Type C         | 01.11.2002      | 6            | P3        | N        | One test for hepatitis antigen or antibodies to determine immune status or viral carriage following exposure or vaccination to Hepatitis A, Hepatitis B, Hepatitis C or Hepatitis D (Item subject to rule 11)   | 15.65            |             |                   | 11.75            | 13.35           |
| 69478    | Support list (pathology) | Type C         | 01.11.2002      | 6            | P3        | N        | 2 tests described in 69475 (Item subject to rule 11)  | 29.25            |             |                   | 21.95            | 24.9            |
| 69481    | Support list (pathology) | Type C         | 01.11.2002      | 6            | P3        | N        | Investigation of infectious causes of acute or chronic hepatitis - 3 tests for hepatitis antibodies or antigens, (Item subject to rule 11)  | 40.55            |             |                   | 30.45            | 34.5            |
| 69482    | Support list (pathology) | Type C         | 01.07.2008      | 6            | P3        | N        | Quantitation of Hepatitis B viral DNA in patients who are Hepatitis B surface antigen positive and have chronic hepatitis B, but are not receiving antiviral therapy - 1 test (Item is subject to rule 25)  | 152.1            |             |                   | 114.1            | 129.3           |
| 69483    | Support list (pathology) | Type C         | 01.07.2008      | 6            | P3        | N        | Quantitation of Hepatitis B viral DNA in patients who are Hepatitis B surface antigen positive and who have chronic hepatitis B and are receiving antiviral therapy - 1 test (Item is subject to rule 25)   | 152.1            |             |                   | 114.1            | 129.3           |
| 69484    | Support list (pathology) | Type C         | 01.11.2002      | 6            | P3        | N        | Supplementary testing for Hepatitis B surface antigen or Hepatitis C antibody using a different assay on the specimen which yielded a reactive result on initial testing (Item is subject to rule 18)   | 17.1             |             |                   | 12.85            | 14.55           |

| MBS Item | Clinical Category        | Procedure Type | Item Start Date | MBS Category | MBS Group | New Item | MBS Description   | MBS Schedule Fee | Derived Fee | Benefit 100% (\$) | Benefit 75% (\$) | Benefit 85 (\$) |
|----------|--------------------------|----------------|-----------------|--------------|-----------|----------|---|------------------|-------------|-------------------|------------------|-----------------|
| 69488    | Support list (pathology) | Type C         | 01.05.2007      | 6            | P3        | N        | Quantitation of HCV RNA load in plasma or serum in: (a) the pre-treatment evaluation,of a patient with chronic HCV hepatitis, for antiviral therapy;or (b) the assessment of efficacy of antiviral therapy for such a patient (including a service in item 69499 or 69445) (Item is subject to rule 18 and 25)  | 180.25           |             |                   | 135.2            | 153.25          |
| 69489    | Support list (pathology) | Type C         | 01.05.2007      | 6            | P3        | N        | A test described in item 69488 if rendered by a receiving APP (Item is subject to rule 18 and 25)   | 180.25           |             |                   | 135.2            | 153.25          |
| 69491    | Support list (pathology) | Type C         | 01.05.2007      | 6            | P3        | N        | Nucleic acid amplification and determination of Hepatitis C virus (HCV) genotype if the patient is HCV RNA positive and is being evaluated for antiviral therapy of chronic HCV hepatitis. To a maximum of 1 of this item in a 12 month period  | 204.8            |             |                   | 153.6            | 174.1           |
| 69492    | Support list (pathology) | Type C         | 01.05.2007      | 6            | P3        | N        | A test described in item 69491 if rendered by a receiving APP - 1 test(Item is subject to rule 18 and 25)   | 204.8            |             |                   | 153.6            | 174.1           |
| 69494    | Support list (pathology) | Type C         | 01.05.2007      | 6            | P3        | N        | Detection of a virus or microbial antigen or microbial nucleic acid (not elsewhere specified) 1 test (Item is subject to rule 6 and 26)   | 28.65            |             |                   | 21.5             | 24.4            |
| 69495    | Support list (pathology) | Type C         | 01.05.2007      | 6            | P3        | N        | 2 tests described in 69494 (Item is subject to rule 6 and 26)   | 35.85            |             |                   | 26.9             | 30.5            |
| 69496    | Support list (pathology) | Type C         | 01.05.2007      | 6            | P3        | N        | 3 or more tests described in 69494 (Item is subject to rule 6 and 26)   | 43.05            |             |                   | 32.3             | 36.6            |
| 69497    | Support list (pathology) | Type C         | 01.05.2007      | 6            | P3        | N        | A test described in item 69494, if rendered by a receiving APP, where no tests in the item have been rendered by the referring APP - 1 test (Item is subject to rule 6, 18 and 26)  | 28.65            |             |                   | 21.5             | 24.4            |
| 69498    | Support list (pathology) | Type C         | 01.05.2007      | 6            | P3        | N        | A test described in item 69494, other than that described in 69497, if rendered by a receiving APP - each test to a maximum of 2 tests (Item is subject to rule 6, 18 and 26)   | 7.2              |             |                   | 5.4              | 6.15            |
| 69499    | Support list (pathology) | Type C         | 01.05.2007      | 6            | P3        | N        | Detection of Hepatitis C viral RNA if at least 1 of the following criteria is satisfied: (a)the patient is Hepatitis C seropositive; (b)the patient's serological status is uncertain after testing; (c)the test is performed for the purpose of: (i)determining the Hepatitis C status of an immunosuppressed or immunocompromised patient; or (ii)the detection of acute Hepatitis C prior to seroconversion where considered necessary for the clinical management of the patient; To a maximum of 1 of this item in a 12 month period (Item is subject to rule 19 and 25) | 92.2             |             |                   | 69.15            | 78.4            |
| 69500    | Support list (pathology) | Type C         | 01.05.2007      | 6            | P3        | N        | A test described in item 69499 if rendered by a receiving APP - 1 test (Item is subject to rule 18,19 and 25)   | 92.2             |             |                   | 69.15            | 78.4            |
| 69506    | Support list (pathology) | Type C         | 01.10.2022      | 6            | P3        | N        | Detection of a SARS-CoV-2 nucleic acid if: (a) the person is a private patient in a recognised hospital; or (b) the person receives a bulk-billed service from a prescribed laboratory  | 34.9             |             |                   | 26.2             | 29.7            |
| 69507    | Support list (pathology) | Type C         | 01.10.2022      | 6            | P3        | N        | Detection of a viral, fungal, atypical pneumonia pathogen or Bordetella species nucleic acid from a nasal swab, throat swab, nasopharyngeal aspirate and/or lower respiratory tract sample, including a service described in 69506, if: (a) the person is a private patient in a recognised hospital; or (b) the person receives a bulk-billed service from a prescribed laboratory 2 to 4 tests  | 37.85            |             |                   | 28.4             | 32.2            |
| 69508    | Support list (pathology) | Type C         | 01.10.2022      | 6            | P3        | N        | 5 to 8 tests described in 69507   | 40.85            |             |                   | 30.65            | 34.75           |
| 69509    | Support list (pathology) | Type C         | 01.10.2022      | 6            | P3        | N        | 9 to 12 tests described in 69507  | 43.8             |             |                   | 32.85            | 37.25           |
| 69510    | Support list (pathology) | Type C         | 01.10.2022      | 6            | P3        | N        | 13 or more tests described in item 69507  | 46.75            |             |                   | 35.1             | 39.75           |
| 69511    | Support list (pathology) | Type C         | 01.10.2022      | 6            | P3        | N        | Detection of a SARS-CoV-2 nucleic acid if: (a) the person is a private patient in a hospital other than a recognised hospital; or (b) the person receives a bulk-billed service not covered by item 69506   | 68.85            |             |                   | 51.65            | 58.55           |
| 69512    | Support list (pathology) | Type C         | 01.10.2022      | 6            | P3        | N        | Detection of a viral, fungal, atypical pneumonia pathogen or Bordetella species nucleic acid from a nasal swab, throat swab, nasopharyngeal aspirate and/or lower respiratory tract sample, including a service described in 69511, if: (a) the person is a private patient in a hospital other than a recognised hospital; or (b) the person receives a bulk-billed service not covered by item 69507 2 to 4 tests   | 74.75            |             |                   | 56.1             | 63.55           |
| 69513    | Support list (pathology) | Type C         | 01.10.2022      | 6            | P3        | N        | 5 to 8 tests described in 69512   | 80.65            |             |                   | 60.5             | 68.6            |
| 69514    | Support list (pathology) | Type C         | 01.10.2022      | 6            | P3        | N        | 9 to 12 tests described in 69512  | 86.55            |             |                   | 64.95            | 73.6            |
| 69515    | Support list (pathology) | Type C         | 01.10.2022      | 6            | P3        | N        | 13 or more tests described in item 69512  | 92.45            |             |                   | 69.35            | 78.6            |
| 71057    | Support list (pathology) | Type C         | 01.11.1998      | 6            | P4        | N        | Electrophoresis, quantitative and qualitative, of serum, urine or other body fluid all collected within a 28 day period, to demonstrate: (a)protein classes; or (b)presence and amount of paraprotein; including the preliminary quantitation of total protein, albumin and globulin - 1 specimen type  | 32.9             |             |                   | 24.7             | 28              |
| 71058    | Support list (pathology) | Type C         | 01.11.1998      | 6            | P4        | N        | Examination as described in item 71057 of 2 or more specimen types  | 50.5             |             |                   | 37.9             | 42.95           |
| 71059    | Support list (pathology) | Type C         | 01.11.1998      | 6            | P4        | N        | Immunofixation or immunoelectrophoresis or isoelectric focusing of: (a)urine for detection of Bence Jones proteins; or (b)serum, plasma or other body fluid; and characterisation of a paraprotein or cryoglobulin- examination of 1 specimen type (eg. serum, urine or CSF)  | 35.65            |             |                   | 26.75            | 30.35           |
| 71060    | Support list (pathology) | Type C         | 01.11.1998      | 6            | P4        | N        | Examination as described in item 71059 of 2 or more specimen types  | 44.05            |             |                   | 33.05            | 37.45           |
| 71062    | Support list (pathology) | Type C         | 01.11.1998      | 6            | P4        | N        | Electrophoresis and immunofixation or immunoelectrophoresis or isoelectric focussing of CSF for the detection of oligoclonal bands and including if required electrophoresis of the patient's serum for comparison purposes - 1 or more tests   | 44.05            |             |                   | 33.05            | 37.45           |
| 71064    | Support list (pathology) | Type C         | 01.11.1998      | 6            | P4        | N        | Detection and quantitation of cryoglobulins or cryofibrinogen - 1 or more tests   | 20.75            |             |                   | 15.6             | 17.65           |
| 71066    | Support list (pathology) | Type C         | 01.11.2002      | 6            | P4        | N        | Quantitation of total immunoglobulin A by any method in serum, urine or other body fluid - 1 test   | 14.55            |             |                   | 10.95            | 12.4            |

| MBS item | Clinical Category        | Procedure Type | Item Start Date | MBS Category | MBS Group | New Item | MBS Description   | MBS Schedule Fee | Derived Fee | Benefit 100% (\$) | Benefit 75% (\$) | Benefit 85 (\$) |
|----------|--------------------------|----------------|-----------------|--------------|-----------|----------|---|------------------|-------------|-------------------|------------------|-----------------|
| 71068    | Support list (pathology) | Type C         | 01.11.2002      | 6            | P4        | N        | Quantitation of total immunoglobulin G by any method in serum, urine or other body fluid - 1 test   | 14.55            |             |                   | 10.95            | 12.4            |
| 71069    | Support list (pathology) | Type C         | 01.09.1992      | 6            | P4        | N        | 2 tests described in items 71066, 71068, 71072 or 71074   | 22.75            |             |                   | 17.1             | 19.35           |
| 71071    | Support list (pathology) | Type C         | 01.09.1992      | 6            | P4        | N        | 3 or more tests described in items 71066, 71068, 71072 or 71074   | 30.95            |             |                   | 23.25            | 26.35           |
| 71072    | Support list (pathology) | Type C         | 01.11.2002      | 6            | P4        | N        | Quantitation of total immunoglobulin M by any method in serum, urine or other body fluid - 1 test   | 14.55            |             |                   | 10.95            | 12.4            |
| 71073    | Support list (pathology) | Type C         | 01.09.1992      | 6            | P4        | N        | Quantitation of all 4 immunoglobulin G subclasses   | 106.15           |             |                   | 79.65            | 90.25           |
| 71074    | Support list (pathology) | Type C         | 01.11.2002      | 6            | P4        | N        | Quantitation of total immunoglobulin D by any method in serum, urine or other body fluid - 1 test   | 14.55            |             |                   | 10.95            | 12.4            |
| 71075    | Support list (pathology) | Type C         | 01.09.1992      | 6            | P4        | N        | Quantitation of immunoglobulin E (total), 1 test. (Item is subject to rule 25)  | 23               |             |                   | 17.25            | 19.55           |
| 71076    | Support list (pathology) | Type C         | 01.05.2007      | 6            | P4        | N        | A test described in item 71073 if rendered by a receiving APP - 1 test (Item is subject to rule 18)   | 106.15           |             |                   | 79.65            | 90.25           |
| 71077    | Support list (pathology) | Type C         | 01.09.1992      | 6            | P4        | N        | Quantitation of immunoglobulin E (total) in the follow up of a patient with proven immunoglobulin-E-secreting myeloma, proven congenital immunodeficiency or proven allergic bronchopulmonary aspergillosis, 1 test. (Item is subject to rule 25)   | 27.05            |             |                   | 20.3             | 23              |
| 71079    | Support list (pathology) | Type C         | 01.09.1992      | 6            | P4        | N        | Detection of specific immunoglobulin E antibodies to single or multiple potential allergens, 1 test (Item is subject to rule 25)  | 26.8             |             |                   | 20.1             | 22.8            |
| 71081    | Support list (pathology) | Type C         | 01.09.1992      | 6            | P4        | N        | Quantitation of total haemolytic complement   | 40.55            |             |                   | 30.45            | 34.5            |
| 71083    | Support list (pathology) | Type C         | 01.09.1992      | 6            | P4        | N        | Quantitation of complement components C3 and C4 or properdin factor B - 1 test  | 20.15            |             |                   | 15.15            | 17.15           |
| 71085    | Support list (pathology) | Type C         | 01.09.1992      | 6            | P4        | N        | 2 tests described in item 71083   | 28.95            |             |                   | 21.75            | 24.65           |
| 71087    | Support list (pathology) | Type C         | 01.09.1992      | 6            | P4        | N        | 3 or more tests described in item 71083   | 37.7             |             |                   | 28.3             | 32.05           |
| 71089    | Support list (pathology) | Type C         | 01.09.1992      | 6            | P4        | N        | Quantitation of complement components or breakdown products of complement proteins not elsewhere described in an item in this Schedule - 1 test (Item is subject to rule 6)   | 29.15            |             |                   | 21.9             | 24.8            |
| 71090    | Support list (pathology) | Type C         | 01.05.2007      | 6            | P4        | N        | A test described in item 71089, if rendered by a receiving APP, where no tests in the item have been rendered by the referring APP - 1 test (Item is subject to rule 6 and 18)  | 29.15            |             |                   | 21.9             | 24.8            |
| 71091    | Support list (pathology) | Type C         | 01.09.1992      | 6            | P4        | N        | 2 tests described in item 71089 (Item is subject to rule 6)   | 52.85            |             |                   | 39.65            | 44.95           |
| 71092    | Support list (pathology) | Type C         | 01.05.2007      | 6            | P4        | N        | Tests described in item 71089, other than that described in 71090, if rendered by a receiving APP - each test to a maximum of 2 tests (Item is subject to rule 6 and 18)  | 23.7             |             |                   | 17.8             | 20.15           |
| 71093    | Support list (pathology) | Type C         | 01.09.1992      | 6            | P4        | N        | 3 or more tests described in item 71089 (Item is subject to rule 6)   | 76.45            |             |                   | 57.35            | 65              |
| 71095    | Support list (pathology) | Type C         | 01.11.1997      | 6            | P4        | N        | Quantitation of serum or plasma eosinophil cationic protein, or both, to a maximum of 3 assays in 1 year, for monitoring the response to therapy in corticosteroid treated asthma, in a child aged less than 12 years   | 40.55            |             |                   | 30.45            | 34.5            |
| 71096    | Support list (pathology) | Type C         | 01.05.2007      | 6            | P4        | N        | A test described in item 71095 if rendered by a receiving APP. (Item is subject to rule 18)   | 40.55            |             |                   | 30.45            | 34.5            |
| 71097    | Support list (pathology) | Type C         | 01.09.1992      | 6            | P4        | N        | Antinuclear antibodies - detection in serum or other body fluids, including quantitation if required  | 24.45            |             |                   | 18.35            | 20.8            |
| 71099    | Support list (pathology) | Type C         | 01.09.1992      | 6            | P4        | N        | Double-stranded DNA antibodies - quantitation by 1 or more methods other than the Crithidia method  | 26.5             |             |                   | 19.9             | 22.55           |
| 71101    | Support list (pathology) | Type C         | 01.09.1992      | 6            | P4        | N        | Antibodies to 1 or more extractable nuclear antigens - detection in serum or other body fluids  | 17.4             |             |                   | 13.05            | 14.8            |
| 71103    | Support list (pathology) | Type C         | 01.09.1992      | 6            | P4        | N        | Characterisation of an antibody detected in a service described in item 71101 (including that service)  | 52.05            |             |                   | 39.05            | 44.25           |
| 71106    | Support list (pathology) | Type C         | 01.07.1994      | 6            | P4        | N        | Rheumatoid factor - detection by any technique in serum or other body fluids, including quantitation if required  | 11.3             |             |                   | 8.5              | 9.65            |
| 71119    | Support list (pathology) | Type C         | 01.09.1992      | 6            | P4        | N        | Antibodies to tissue antigens not elsewhere specified in this Table - detection, including quantitation if required, of 1 antibody  | 17.35            |             |                   | 13.05            | 14.75           |
| 71121    | Support list (pathology) | Type C         | 01.09.1992      | 6            | P4        | N        | Detection of 2 antibodies specified in item 71119   | 20.8             |             |                   | 15.6             | 17.7            |
| 71123    | Support list (pathology) | Type C         | 01.09.1992      | 6            | P4        | N        | Detection of 3 antibodies specified in item 71119   | 24.25            |             |                   | 18.2             | 20.65           |
| 71125    | Support list (pathology) | Type C         | 01.09.1992      | 6            | P4        | N        | Detection of 4 or more antibodies specified in item 71119   | 27.65            |             |                   | 20.75            | 23.55           |
| 71127    | Support list (pathology) | Type C         | 01.09.1992      | 6            | P4        | N        | Functional tests for lymphocytes - quantitation other than by microscopy of: (a)proliferation induced by 1 or more mitogens; or (b)proliferation induced by 1 or more antigens; or (c)estimation of 1 or more mixed lymphocyte reactions; including a test described in item 65066 or 65070 (if performed), 1 of this item to a maximum of 2 in a 12 month period | 176.35           |             |                   | 132.3            | 149.9           |
| 71129    | Support list (pathology) | Type C         | 01.09.1992      | 6            | P4        | N        | 2 tests described in item 71127   | 217.85           |             |                   | 163.4            | 185.2           |
| 71131    | Support list (pathology) | Type C         | 01.09.1992      | 6            | P4        | N        | 3 or more tests described in item 71127   | 259.35           |             |                   | 194.55           | 220.45          |
| 71133    | Support list (pathology) | Type C         | 01.11.2002      | 6            | P4        | N        | Investigation of recurrent infection by qualitative assessment for the presence of defects in oxidative pathways in neutrophils by the nitroblue tetrazolium (NBT) reduction test   | 10.4             |             |                   | 7.8              | 8.85            |
| 71134    | Support list (pathology) | Type C         | 01.11.2002      | 6            | P4        | N        | Investigation of recurrent infection by quantitative assessment of oxidative pathways by flow cytometric techniques, including a test described in 71133 (if performed)   | 104.05           |             |                   | 78.05            | 88.45           |

| MBS item | Clinical Category        | Procedure Type | Item Start Date | MBS Category | MBS Group | New Item | MBS Description  | MBS Schedule Fee | Derived Fee | Benefit 100% (\$) | Benefit 75% (\$) | Benefit 85 (\$) |
|----------|--------------------------|----------------|-----------------|--------------|-----------|----------|--|------------------|-------------|-------------------|------------------|-----------------|
| 71135    | Support list (pathology) | Type C         | 01.09.1992      | 6            | P4        | N        | Quantitation of neutrophil function, comprising at least 2 of the following: (a)chemotaxis; (b)phagocytosis; (c)oxidative metabolism; (d)bactericidal activity; including any test described in items 65066, 65070, 71133 or 71134 (if performed), 1 of this item to a maximum of 2 in a 12 month period   | 207.95           |             |                   | 156              | 176.8           |
| 71137    | Support list (pathology) | Type C         | 01.09.1992      | 6            | P4        | N        | Quantitation of cell-mediated immunity by multiple antigen delayed type hypersensitivity intradermal skin testing using a minimum of 7 antigens, 1 of this item to a maximum of 2 in a 12 month period   | 30.25            |             |                   | 22.7             | 25.75           |
| 71139    | Support list (pathology) | Type C         | 01.09.1992      | 6            | P4        | N        | Characterisation of 3 or more leucocyte surface antigens by immunofluorescence or immunoenzyme techniques to assess lymphoid or myeloid cell populations, including a total lymphocyte count or total leucocyte count by any method, on 1 or more specimens of blood, CSF or serous fluid  | 104.05           |             |                   | 78.05            | 88.45           |
| 71141    | Support list (pathology) | Type C         | 01.09.1992      | 6            | P4        | N        | Characterisation of 3 or more leucocyte surface antigens by immunofluorescence or immunoenzyme techniques to assess lymphoid or myeloid cell populations on 1 or more disaggregated tissue specimens   | 197.35           |             |                   | 148.05           | 167.75          |
| 71143    | Support list (pathology) | Type C         | 01.09.1992      | 6            | P4        | N        | Characterisation of 6 or more leucocyte surface antigens by immunofluorescence or immunoenzyme techniques to assess lymphoid or myeloid cell populations for the diagnosis(but not monitoring) of an immunological or haematological malignancy, including a service described in 1 or both of items 71139 and 71141 (if performed), on a specimen of blood, CSF, serous fluid or disaggregated tissue   | 260              |             |                   | 195              | 221             |
| 71145    | Support list (pathology) | Type C         | 01.09.1992      | 6            | P4        | N        | Characterisation of 6 or more leucocyte surface antigens by immunofluorescence or immunoenzyme techniques to assess lymphoid or myeloid cell populations for the diagnosis (but not monitoring) of an immunological or haematological malignancy, including a service described in 1 or more of items 71139, 71141 and 71143 (if performed), on 2 or more specimens of disaggregated tissues or 1 specimen of disaggregated tissue and 1 or more specimens of blood, CSF or serous fluid | 424.5            |             |                   | 318.4            | 360.85          |
| 71146    | Support list (pathology) | Type C         | 01.05.2004      | 6            | P4        | N        | Enumeration of CD34+ cells, only for the purposes of autologous or directed allogeneic haemopoietic stem cell transplantation, including a total white cell count on the pherisis collection   | 104.05           |             |                   | 78.05            | 88.45           |
| 71147    | Support list (pathology) | Type C         | 01.09.1992      | 6            | P4        | N        | HLA-B27 typing (Item is subject to rule 27)  | 40.55            |             |                   | 30.45            | 34.5            |
| 71148    | Support list (pathology) | Type C         | 01.05.2007      | 6            | P4        | N        | A test described in item 71147 if rendered by a receiving APP. (Item is subject to rule 18 and 27)   | 40.55            |             |                   | 30.45            | 34.5            |
| 71149    | Support list (pathology) | Type C         | 01.09.1992      | 6            | P4        | N        | Complete tissue typing for 4 HLA-A and HLA-B Class I antigens (including any separation of leucocytes), including (if performed) a service described in item 71147   | 108.25           |             |                   | 81.2             | 92.05           |
| 71151    | Support list (pathology) | Type C         | 01.09.1992      | 6            | P4        | N        | Tissue typing for HLA-DR, HLA-DP and HLA-DQ Class II antigens (including any separation of leucocytes) - phenotyping or genotyping of 2 or more antigens   | 118.85           |             |                   | 89.15            | 101.05          |
| 71153    | Support list (pathology) | Type C         | 01.05.2001      | 6            | P4        | N        | Investigations in the assessment or diagnosis of systemic inflammatory disease or vasculitis - antineutrophil cytoplasmic antibody immunofluorescence (ANCA test), antineutrophil proteinase 3 antibody (PR-3 ANCA test), antimyeloperoxidase antibody (MPO ANCA test) or antiglomerular basement membrane antibody (GBM test) - detection of 1 antibody (Item is subject to rule 6 and 23)  | 34.55            |             |                   | 25.95            | 29.4            |
| 71154    | Support list (pathology) | Type C         | 01.05.2007      | 6            | P4        | N        | A test described in item 71153, if rendered by a receiving APP, where no tests in the item have been rendered by the referring APP - 1 test. (Item is subject to rule 6, 18 and 23)  | 34.55            |             |                   | 25.95            | 29.4            |
| 71155    | Support list (pathology) | Type C         | 01.05.2001      | 6            | P4        | N        | Detection of 2 antibodies described in item 71153 (Item is subject to rule 6 and 23)   | 47.45            |             |                   | 35.6             | 40.35           |
| 71156    | Support list (pathology) | Type C         | 01.05.2007      | 6            | P4        | N        | Tests described in item 71153, other than that described in 71154, if rendered by a receiving APP - each test to a maximum of 3 tests (Item is subject to rule 6, 18 and 23)   | 12.85            |             |                   | 9.65             | 10.95           |
| 71157    | Support list (pathology) | Type C         | 01.05.2001      | 6            | P4        | N        | Detection of 3 antibodies described in item 71153 (Item is subject to rule 6 and 23)   | 60.3             |             |                   | 45.25            | 51.3            |
| 71159    | Support list (pathology) | Type C         | 01.05.2001      | 6            | P4        | N        | Detection of 4 or more antibodies described in item 71153 (Item is subject to rule 6 and 23)   | 73.15            |             |                   | 54.9             | 62.2            |
| 71163    | Support list (pathology) | Type C         | 01.11.2003      | 6            | P4        | N        | Detection of one of the following antibodies (of 1 or more class or isotype) in the assessment or diagnosis of coeliac disease or other gluten hypersensitivity syndromes and including a service described in item 71066 (if performed): a)Antibodies to gliadin; or b)Antibodies to endomysium; or c)Antibodies to tissue transglutaminase; - 1 test   | 24.75            |             |                   | 18.6             | 21.05           |
| 71164    | Support list (pathology) | Type C         | 01.11.2003      | 6            | P4        | N        | Two or more tests described in 71163 and including a service described in 71066 (if performed)   | 39.9             |             |                   | 29.95            | 33.95           |
| 71165    | Support list (pathology) | Type C         | 01.05.2007      | 6            | P4        | N        | Antibodies to tissue antigens (acetylcholine receptor, adrenal cortex, heart, histone, insulin, insulin receptor, intrinsic factor, islet cell, lymphocyte, neuron, ovary, parathyroid, platelet, salivary gland, skeletal muscle, skin basement membrane and intercellular substance, thyroglobulin, thyroid microsome or thyroid stimulating hormone receptor) - detection, including quantitation if required, of 1 antibody (Item is subject to rule 6)                              | 34.55            |             |                   | 25.95            | 29.4            |
| 71166    | Support list (pathology) | Type C         | 01.05.2007      | 6            | P4        | N        | Detection of 2 antibodies described in item 71165 (Item is subject to rule 6)  | 47.45            |             |                   | 35.6             | 40.35           |
| 71167    | Support list (pathology) | Type C         | 01.05.2007      | 6            | P4        | N        | Detection of 3 antibodies described in item 71165 (Item is subject to rule 6)  | 60.3             |             |                   | 45.25            | 51.3            |
| 71168    | Support list (pathology) | Type C         | 01.05.2007      | 6            | P4        | N        | Detection of 4 or more antibodies described in item 71165 (Item is subject to rule 6)  | 73.15            |             |                   | 54.9             | 62.2            |
| 71169    | Support list (pathology) | Type C         | 01.05.2007      | 6            | P4        | N        | A test described in item 71165, if rendered by a receiving APP, where no tests in the item have been rendered by the referring APP - 1 test (Item is subject to rule 6 and 18)   | 34.55            |             |                   | 25.95            | 29.4            |
| 71170    | Support list (pathology) | Type C         | 01.05.2007      | 6            | P4        | N        | Tests described in item 71165, other than that described in 71169, if rendered by a receiving APP - each test to a maximum of 3 tests (Item is subject to rule 6 and 18)   | 12.85            |             |                   | 9.65             | 10.95           |

| MBS item | Clinical Category        | Procedure Type | Item Start Date | MBS Category | MBS Group | New Item | MBS Description   | MBS Schedule Fee | Derived Fee | Benefit 100% (\$) | Benefit 75% (\$) | Benefit 85 (\$) |
|----------|--------------------------|----------------|-----------------|--------------|-----------|----------|---|------------------|-------------|-------------------|------------------|-----------------|
| 71175    | Support list (pathology) | Type C         | 01.11.2021      | 6            | P4        | N        | A test, requested by a specialist or consultant physician, to diagnose neuromyelitis optica spectrum disorder (NMOSD) or myelin oligodendrocyte glycoprotein antibody-related demyelination (MARD), by the detection of one or more antibodies, for a patient: suspected of having NMOSD or MARD; and with any of the following: recurrent, bilateral or severe optic neuritis; recurrent longitudinal extensive transverse myelitis (LETM); area postrema syndrome (unexplained hiccups, nausea or vomiting); acute brainstem syndrome; symptomatic narcolepsy or acute diencephalic clinical syndrome with typical NMOSD magnetic resonance imaging lesions; symptomatic cerebral syndrome with typical NMOSD magnetic resonance imaging lesions; monophasic neuromyelitis optica (no recurrence, and simultaneous or closely related optic neuritis and LETM within 30 days of each other); acute disseminated encephalomyelitis; aseptic meningitis and encephalomyelitis; poor recovery from multiple sclerosis relapses Applicable not more than 4 times in 12 months | 50               |             |                   | 37.5             | 42.5            |
| 71180    | Support list (pathology) | Type C         | 01.11.2007      | 6            | P4        | N        | Antibody to cardiolipin or beta-2 glycoprotein I - detection, including quantitation if required; one antibody specificity (IgG or IgM)   | 34.55            |             |                   | 25.95            | 29.4            |
| 71183    | Support list (pathology) | Type C         | 01.11.2007      | 6            | P4        | N        | Detection of two antibodies described in item 71180   | 47.45            |             |                   | 35.6             | 40.35           |
| 71186    | Support list (pathology) | Type C         | 01.11.2007      | 6            | P4        | N        | Detection of three or more antibodies described in item 71180   | 60.3             |             |                   | 45.25            | 51.3            |
| 71189    | Support list (pathology) | Type C         | 01.11.2007      | 6            | P4        | N        | Detection of specific IgG antibodies to 1 or more respiratory disease allergens not elsewhere specified.  | 15.5             |             |                   | 11.65            | 13.2            |
| 71192    | Support list (pathology) | Type C         | 01.11.2007      | 6            | P4        | N        | 2 items described in item 71189.  | 28.35            |             |                   | 21.3             | 24.1            |
| 71195    | Support list (pathology) | Type C         | 01.11.2007      | 6            | P4        | N        | 3 or more items described in item 71189.  | 40.05            |             |                   | 30.05            | 34.05           |
| 71198    | Support list (pathology) | Type C         | 01.11.2007      | 6            | P4        | N        | Estimation of serum tryptase for the evaluation of unexplained acute hypotension or suspected anaphylactic event, assessment of risk in stinging insect anaphylaxis, exclusion of mastocytosis, monitoring of known mastocytosis.   | 40.55            |             |                   | 30.45            | 34.5            |
| 71200    | Support list (pathology) | Type C         | 01.11.2007      | 6            | P4        | N        | Detection and quantitation, if present, of free kappa and lambda light chains in serum for the diagnosis or monitoring of amyloidosis, myeloma or plasma cell dyscrasias.   | 59.6             |             |                   | 44.7             | 50.7            |
| 71203    | Support list (pathology) | Type C         | 01.11.2007      | 6            | P4        | N        | Determination of HLAB5701 status by flow cytometry or cytotoxicity assay prior to the initiation of Abacavir therapy including item 73323 if performed.   | 40.55            |             |                   | 30.45            | 34.5            |
| 72813    | Support list (pathology) | Type C         | 20.03.1997      | 6            | P5        | N        | Examination of complexity level 2 biopsy material with 1 or more tissue blocks, including specimen dissection, all tissue processing, staining, light microscopy and professional opinion or opinions - 1 or more separately identified specimens (Item is subject to rule 13)  | 71.5             |             |                   | 53.65            | 60.8            |
| 72814    | Support list (pathology) | Type C         | 01.11.2018      | 6            | P5        | N        | Immunohistochemical examination by immunoperoxidase or other labelled antibody techniques using the programmed cell death ligand 1 (PD-L1) antibody of tumour material from a patient diagnosed with non-small cell lung cancer or recurrent or metastatic squamous cell carcinoma of the oral cavity, pharynx or larynx.   | 74.5             |             |                   | 55.9             | 63.35           |
| 72816    | Support list (pathology) | Type C         | 20.03.1997      | 6            | P5        | N        | Examination of complexity level 3 biopsy material with 1 or more tissue blocks, including specimen dissection, all tissue processing, staining, light microscopy and professional opinion or opinions - 1 separately identified specimen (Item is subject to rule 13)   | 86.35            |             |                   | 64.8             | 73.4            |
| 72817    | Support list (pathology) | Type C         | 20.03.1997      | 6            | P5        | N        | Examination of complexity level 3 biopsy material with 1 or more tissue blocks, including specimen dissection, all tissue processing, staining, light microscopy and professional opinion or opinions - 2 to 4 separately identified specimens (Item is subject to rule 13)   | 96.8             |             |                   | 72.6             | 82.3            |
| 72818    | Support list (pathology) | Type C         | 01.11.2002      | 6            | P5        | N        | Examination of complexity level 3 biopsy material with 1 or more tissue blocks, including specimen dissection, all tissue processing, staining, light microscopy and professional opinion or opinions - 5 or more separately identified specimens (Item is subject to rule 13)  | 107.05           |             |                   | 80.3             | 91              |
| 72823    | Support list (pathology) | Type C         | 20.03.1997      | 6            | P5        | N        | Examination of complexity level 4 biopsy material with 1 or more tissue blocks, including specimen dissection, all tissue processing, staining, light microscopy and professional opinion or opinions - 1 separately identified specimen (Item is subject to rule 13)   | 97.15            |             |                   | 72.9             | 82.6            |
| 72824    | Support list (pathology) | Type C         | 20.03.1997      | 6            | P5        | N        | Examination of complexity level 4 biopsy material with 1 or more tissue blocks, including specimen dissection, all tissue processing, staining, light microscopy and professional opinion or opinions - 2 to 4 separately identified specimens (Item is subject to rule 13)   | 141.35           |             |                   | 106.05           | 120.15          |
| 72825    | Support list (pathology) | Type C         | 20.03.1997      | 6            | P5        | N        | Examination of complexity level 4 biopsy material with 1 or more tissue blocks, including specimen dissection, all tissue processing, staining, light microscopy and professional opinion or opinions - 5 to 7 separately identified specimens (Item is subject to rule 13)   | 180.25           |             |                   | 135.2            | 153.25          |
| 72826    | Support list (pathology) | Type C         | 01.11.2002      | 6            | P5        | N        | Examination of complexity level 4 biopsy material with 1 or more tissue blocks, including specimen dissection, all tissue processing, staining, light microscopy and professional opinion or opinions - 8 to 11 separately identified specimens (Item is subject to rule 13)  | 194.6            |             |                   | 145.95           | 165.45          |
| 72827    | Support list (pathology) | Type C         | 01.11.2008      | 6            | P5        | N        | Examination of complexity level 4 biopsy material with 1 or more tissue blocks, including specimen dissection, all tissue processing, staining, light microscopy and professional opinion or opinions - 12 to 17 separately identified specimens (Item is subject to Rule 13)   | 208.95           |             |                   | 156.75           | 177.65          |
| 72828    | Support list (pathology) | Type C         | 01.11.2008      | 6            | P5        | N        | Examination of complexity level 4 biopsy material with 1 or more tissue blocks, including specimen dissection, all tissue processing, staining, light microscopy and professional opinion or opinions -18 or more separately identified specimens (Item is subject to Rule 13)  | 223.3            |             |                   | 167.5            | 189.85          |
| 72830    | Support list (pathology) | Type C         | 20.03.1997      | 6            | P5        | N        | Examination of complexity level 5 biopsy material with 1 or more tissue blocks, including specimen dissection, all tissue processing, staining, light microscopy and professional opinion or opinions - 1 or more separately identified specimens (Item is subject to rule 13)  | 274.15           |             |                   | 205.65           | 233.05          |

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|----------|--------------------------|----------------|-----------------|--------------|-----------|----------|---|------------------|-------------|-------------------|------------------|-----------------|
| 72836    | Support list (pathology) | Type C         | 20.03.1997      | 6            | P5        | N        | Examination of complexity level 6 biopsy material with 1 or more tissue blocks, including specimen dissection, all tissue processing, staining, light microscopy and professional opinion or opinions - 1 or more separately identified specimens (Item is subject to rule 13)  | 417.2            |             |                   | 312.9            | 354.65          |
| 72838    | Support list (pathology) | Type C         | 01.11.2007      | 6            | P5        | N        | Examination of complexity level 7 biopsy material with multiple tissue blocks, including specimen dissection, all tissue processing, staining, light microscopy and professional opinion or opinions - 1 or more separately identified specimens. (Item is subject to rule 13)  | 466.85           |             |                   | 350.15           | 396.85          |
| 72844    | Support list (pathology) | Type C         | 01.11.1998      | 6            | P5        | N        | Enzyme histochemistry of skeletal muscle for investigation of primary degenerative or metabolic muscle diseases or of muscle abnormalities secondary to disease of the central or peripheral nervous system - 1 or more tests   | 30.75            |             |                   | 23.1             | 26.15           |
| 72846    | Support list (pathology) | Type C         | 20.03.1997      | 6            | P5        | N        | Immunohistochemical examination of biopsy material by immunofluorescence, immunoperoxidase or other labelled antibody techniques with multiple antigenic specificities per specimen - 1 to 3 antibodies except those listed in 72848 (Item is subject to rule 13)   | 59.6             |             |                   | 44.7             | 50.7            |
| 72847    | Support list (pathology) | Type C         | 20.03.1997      | 6            | P5        | N        | Immunohistochemical examination of biopsy material by immunofluorescence, immunoperoxidase or other labelled antibody techniques with multiple antigenic specificities per specimen - 4-6 antibodies (Item is subject to rule 13)   | 89.4             |             |                   | 67.05            | 76              |
| 72848    | Support list (pathology) | Type C         | 01.11.2003      | 6            | P5        | N        | Immunohistochemical examination of biopsy material by immunofluorescence, immunoperoxidase or other labelled antibody techniques with multiple antigenic specificities per specimen - 1 to 3 of the following antibodies - oestrogen, progesterone and c-erb-B2 (HER2) (Item is subject to rule 13)   | 74.5             |             |                   | 55.9             | 63.35           |
| 72849    | Support list (pathology) | Type C         | 01.11.2008      | 6            | P5        | N        | Immunohistochemical examination of biopsy material by immunofluorescence, immunoperoxidase or other labelled antibody techniques with multiple antigenic specificities per specimen - 7-10 antibodies (Item is subject to rule 13)  | 104.3            |             |                   | 78.25            | 88.7            |
| 72850    | Support list (pathology) | Type C         | 01.11.2008      | 6            | P5        | N        | Immunohistochemical examination of biopsy material by immunofluorescence, immunoperoxidase or other labelled antibody techniques with multiple antigenic specificities per specimen - 11 or more antibodies (Item is subject to rule 13)  | 119.2            |             |                   | 89.4             | 101.35          |
| 72851    | Support list (pathology) | Type C         | 20.03.1997      | 6            | P5        | N        | Electron microscopic examination of biopsy material - 1 separately identified specimen (Item is subject to rule 13)   | 565              |             |                   | 423.75           | 480.25          |
| 72852    | Support list (pathology) | Type C         | 20.03.1997      | 6            | P5        | N        | Electron microscopic examination of biopsy material - 2 or more separately identified specimens (Item is subject to rule 13)  | 753              |             |                   | 564.75           | 659.8           |
| 72855    | Support list (pathology) | Type C         | 20.03.1997      | 6            | P5        | N        | Intraoperative consultation and examination of biopsy material by frozen section or tissue imprint or smear - 1 separately identified specimen (Item is subject to rule 13)   | 184.35           |             |                   | 138.3            | 156.7           |
| 72856    | Support list (pathology) | Type C         | 20.03.1997      | 6            | P5        | N        | Intraoperative consultation and examination of biopsy material by frozen section or tissue imprint or smear - 2 to 4 separately identified specimens (Item is subject to rule 13)   | 245.8            |             |                   | 184.35           | 208.95          |
| 72857    | Support list (pathology) | Type C         | 01.11.2003      | 6            | P5        | N        | Intraoperative consultation and examination of biopsy material by frozen section or tissue imprint or smear - 5 or more separately identified specimens (Item is subject to rule 13)  | 286.75           |             |                   | 215.1            | 243.75          |
| 72858    | Support list (pathology) | Unlisted       | 01.11.2015      | 6            | P5        | N        | A second opinion, provided in a written report, where the opinion and report together require no more than 30 minutes to complete, on a patient specimen, requested by a treating practitioner, where further information is needed for accurate diagnosis and appropriate patient management.  | 180              |             |                   | 135              | 153             |
| 72859    | Support list (pathology) | Unlisted       | 01.11.2015      | 6            | P5        | N        | A second opinion, provided in a written report, where the opinion and report together require more than 30 minutes to complete, on a patient specimen, requested by a treating practitioner, where further information is needed for accurate diagnosis and appropriate patient management.   | 370              |             |                   | 277.5            | 314.5           |
| 72860    | Support list (pathology) | Unlisted       | 01.05.2019      | 6            | P5        | N        | Retrieval and review of one or more archived formalin fixed paraffin embedded blocks to determine the appropriate samples for the purpose of conducting genetic testing, other than: (a) a service associated with a service to which item 72858 or 72859 applies; or (b) a service associated with, and rendered in the same patient episode as, a service to which an item in Group P5, P6, P10 or P11 applies Applicable not more than once in a patient episode | 85               |             |                   | 63.75            | 72.25           |
| 73043    | Support list (pathology) | Type C         | 01.12.1991      | 6            | P6        | N        | Cytology (including serial examinations) of nipple discharge or smears from skin, lip, mouth, nose or anus for detection of precancerous or cancerous changes1 or more tests  | 22.85            |             |                   | 17.15            | 19.45           |
| 73045    | Support list (pathology) | Type C         | 01.12.1991      | 6            | P6        | N        | Cytology (including serial examinations) for malignancy (other than an examination mentioned in item 73076); and including any Group P5 service, if performed on: (a)specimens resulting from washings or brushings from sites not specified in item 73043; or (b)a single specimen of sputum or urine; or (c)1 or more specimens of other body fluids; 1 or more tests   | 48.6             |             |                   | 36.45            | 41.35           |
| 73047    | Support list (pathology) | Type C         | 01.12.1991      | 6            | P6        | N        | Cytology of a series of 3 sputum or urine specimens for malignant cells   | 94.7             |             |                   | 71.05            | 80.5            |
| 73049    | Support list (pathology) | Type C         | 01.12.1991      | 6            | P6        | N        | Cytology of material obtained directly from a patient by fine needle aspiration of solid tissue or tissues - 1 identified site  | 68.15            |             |                   | 51.15            | 57.95           |
| 73051    | Support list (pathology) | Type C         | 01.12.1991      | 6            | P6        | N        | Cytology of material obtained directly from a patient at one identified site by fine needle aspiration of solid tissue or tissues if a recognized pathologist: (a)performs the aspiration; or (b)attends the aspiration and performs cytological examination during the attendance  | 170.35           |             |                   | 127.8            | 144.8           |
| 73059    | Support list (pathology) | Type C         | 01.11.1997      | 6            | P6        | N        | Immunocytochemical examination of material obtained by procedures described in items 73045, 73047, 73049, 73051, 73062, 73063, 73066 and 73067 for the characterisation of a malignancy by immunofluorescence, immunoperoxidase or other labelled antibody techniques with multiple antigenic specificities per specimen - 1 to 3 antibodies except those listed in 73061 (Item is subject to rule 13)  | 43               |             |                   | 32.25            | 36.55           |

| MBS item | Clinical Category        | Procedure Type | Item Start Date | MBS Category | MBS Group | New Item | MBS Description  | MBS Schedule Fee | Derived Fee | Benefit 100% (\$) | Benefit 75% (\$) | Benefit 85 (\$) |
|----------|--------------------------|----------------|-----------------|--------------|-----------|----------|--|------------------|-------------|-------------------|------------------|-----------------|
| 73060    | Support list (pathology) | Type C         | 01.11.1997      | 6            | P6        | N        | Immunocytochemical examination of material obtained by procedures described in items 73045, 73047, 73049, 73051, 73062, 73063, 73066 and 73067 for the characterisation of a malignancy by immunofluorescence, immunoperoxidase or other labelled antibody techniques with multiple antigenic specificities per specimen - 4 to 6 antibodies (Item is subject to rule 13)  | 57.35            |             |                   | 43.05            | 48.75           |
| 73061    | Support list (pathology) | Type C         | 01.11.2003      | 6            | P6        | N        | Immunocytochemical examination of material obtained by procedures described in items 73045, 73047, 73049, 73051, 73062, 73063, 73066 and 73067 for the characterisation of a malignancy by immunofluorescence, immunoperoxidase or other labelled antibody techniques with multiple antigenic specificities per specimen - 1 to 3 of the following antibodies - oestrogen, progesterone and c-erb-B2 (HER2) (Item is subject to rule 13)   | 51.2             |             |                   | 38.4             | 43.55           |
| 73062    | Support list (pathology) | Type C         | 01.05.2009      | 6            | P6        | N        | Cytology of material obtained directly from a patient by fine needle aspiration of solid tissue or tissues - 2 or more separately identified sites.  | 89               |             |                   | 66.75            | 75.65           |
| 73063    | Support list (pathology) | Type C         | 01.05.2009      | 6            | P6        | N        | Cytology of material obtained directly from a patient at one identified site by fine needle aspiration of solid tissue or tissues if an employee of an approved pathology authority attends the aspiration for confirmation of sample adequacy   | 99.35            |             |                   | 74.55            | 84.45           |
| 73064    | Support list (pathology) | Type C         | 01.05.2009      | 6            | P6        | N        | Immunocytochemical examination of material obtained by procedures described in items 73045, 73047, 73049, 73051, 73062, 73063, 73066 and 73067 for the characterisation of a malignancy by immunofluorescence, immunoperoxidase or other labelled antibody techniques with multiple antigenic specificities per specimen - 7 to 10 antibodies (Item is subject to rule 13)   | 71.7             |             |                   | 53.8             | 60.95           |
| 73065    | Support list (pathology) | Type C         | 01.05.2009      | 6            | P6        | N        | Immunocytochemical examination of material obtained by procedures described in items 73045, 73047, 73049, 73051, 73062, 73063, 73066 and 73067 for the characterisation of a malignancy by immunofluorescence, immunoperoxidase or other labelled antibody techniques with multiple antigenic specificities per specimen - 11 or more antibodies (Item is subject to rule 13)  | 86               |             |                   | 64.5             | 73.1            |
| 73066    | Support list (pathology) | Unlisted       | 01.07.2011      | 6            | P6        | N        | Cytology of material obtained directly from a patient at 2 or more separately identified sites by fine needle aspiration of solid tissue or tissues if a recognized pathologist: (a) performs the aspiration; or (b) attends the aspiration and performs cytological examination during the attendance   | 221.45           |             |                   | 166.1            | 188.25          |
| 73067    | Support list (pathology) | Unlisted       | 01.07.2011      | 6            | P6        | N        | Cytology of material obtained directly from a patient at 2 or more separately identified sites by fine needle aspiration of solid tissue or tissues if an employee of an approved pathology authority attends the aspiration for confirmation of sample adequacy   | 129.15           |             |                   | 96.9             | 109.8           |
| 73070    | Support list (pathology) | Type C         | 01.12.2017      | 6            | P6        | N        | 73070 A test, including partial genotyping, for oncogenic human papillomavirus that may be associated with cervical pre-cancer or cancer: (a) performed on a liquid based cervical specimen; and (b) for an asymptomatic patient who is at least 24 years and 9 months of age For any particular patient, once only in a 57 month period   | 35               |             |                   | 26.25            | 29.75           |
| 73071    | Support list (pathology) | Type C         | 01.12.2017      | 6            | P6        | N        | A test, including partial genotyping, for oncogenic human papillomavirus that may be associated with cervical pre-cancer or cancer, if performed: (a) on a self-collected vaginal specimen; and (b) for an asymptomatic patient who is at least 24 years and 9 months of age For any particular patient, applicable once in 57 months  | 35               |             |                   | 26.25            | 29.75           |
| 73072    | Support list (pathology) | Type C         | 01.12.2017      | 6            | P6        | N        | A test, including partial genotyping, for oncogenic human papillomavirus: (a) for the investigation of a patient in a specific population that appears to have a higher risk of cervical pre-cancer or cancer; or (b) for the follow-up management of a patient with a previously detected oncogenic human papillomavirus infection or cervical pre-cancer or cancer; or (c) for the investigation of a patient with symptoms suggestive of cervical cancer; or (d) for the follow-up management of a patient after treatment of high grade squamous intraepithelial lesions or adenocarcinoma in situ of the cervix; or (e) for the follow-up management of a patient with glandular abnormalities; or (f) for the follow-up management of a patient exposed to diethylstilboestrol in utero; or (g) for a patient previously treated for a genital tract malignancy when performed as a co-test for both human papillomavirus (HPV) and liquid-based cytology (LBC). | 35               |             |                   | 26.25            | 29.75           |
| 73074    | Support list (pathology) | Type C         | 01.12.2017      | 6            | P6        | N        | A test, including partial genotyping, for oncogenic human papillomavirus, for the investigation of a patient following a total hysterectomy.   | 35               |             |                   | 26.25            | 29.75           |
| 73075    | Support list (pathology) | Type C         | 01.12.2017      | 6            | P6        | N        | A test, including partial genotyping, for oncogenic human papillomavirus, if: (a) the test is a repeat of a test to which item 73070, 73071, 73072, 73074 or this item applies; and (b) the specimen collected for the previous test is unsatisfactory   | 35               |             |                   | 26.25            | 29.75           |
| 73076    | Support list (pathology) | Type C         | 01.12.2017      | 6            | P6        | N        | Cytology of a liquid-based cervical or vaginal vault specimen, where the stained cells are examined microscopically or by automated image analysis by or on behalf of a pathologist, if: (a) the cytology is associated with the detection of oncogenic human papillomavirus infection by: (i) a test to which item 73070, 73071, 73074 or 73075 applies; or (ii) a test to which item 73072 applies for a patient mentioned in paragraph(a) or (b) of that item; or (b) the cytology is associated with a test to which item 73072 applies for a patient mentioned in paragraph(c), (d), (e) or (f) of that item; or (c) the cytology is associated with a test to which item 73074 applies; or (d) the test is a repeat of a test to which this item applies, if the specimen collected for the previous test is unsatisfactory; or (e) the cytology is for the follow-up management of a patient treated for endometrial adenocarcinoma                             | 46               |             |                   | 34.5             | 39.1            |
| 73287    | Support list (pathology) | Type C         | 01.07.1993      | 6            | P7        | N        | The study of the whole of every chromosome by cytogenetic or other techniques, performed on 1 or more of any tissue or fluid except blood (including a service mentioned in item 73293, if performed) - 1 or more tests  | 394.55           |             |                   | 295.95           | 335.4           |
| 73289    | Support list (pathology) | Type C         | 01.07.1993      | 6            | P7        | N        | The study of the whole of every chromosome by cytogenetic or other techniques, performed on blood (including a service mentioned in item 73293, if performed) - 1 or more tests  | 358.95           |             |                   | 269.25           | 305.15          |
| 73290    | Support list (pathology) | Type C         | 01.05.2010      | 6            | P7        | N        | The study of the whole of each chromosome by cytogenetic or other techniques, performed on blood or bone marrow, in the diagnosis and monitoring of haematological malignancy (including a service in items 73287 or 73289, if performed). - 1 or more tests.  | 394.55           |             |                   | 295.95           | 335.4           |

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|----------|--------------------------|----------------|-----------------|--------------|-----------|----------|---|------------------|-------------|-------------------|------------------|-----------------|
| 73291    | Support list (pathology) | Type C         | 01.05.2010      | 6            | P7        | N        | Analysis of one or more chromosome regions for specific constitutional genetic abnormalities of blood or fresh tissue in a)diagnostic studies of a person with developmental delay, intellectual disability, autism, or at least two congenital abnormalities, in whom cytogenetic studies (item 73287 or 73289) are either normal or have not been performed; or b)studies of a relative for an abnormality previously identified in such an affected person. - 1 or more tests.   | 230.95           |             |                   | 173.25           | 196.35          |
| 73292    | Support list (pathology) | Type C         | 01.05.2010      | 6            | P7        | N        | Analysis of chromosomes by genome-wide micro-array including targeted assessment of specific regions for constitutional genetic abnormalities in diagnostic studies of a person with developmental delay, intellectual disability, autism, or at least two congenital abnormalities (including a service in items 73287, 73289 or 73291, if performed) - 1 or more tests.   | 589.9            |             |                   | 442.45           | 501.45          |
| 73293    | Support list (pathology) | Type C         | 01.05.2010      | 6            | P7        | N        | Analysis of one or more regions on all chromosomes for specific constitutional genetic abnormalities of fresh tissue in diagnostic studies of the products of conception, including exclusion of maternal cell contamination. - 1 or more tests.  | 230.95           |             |                   | 173.25           | 196.35          |
| 73294    | Support list (pathology) | Type C         | 01.05.2010      | 6            | P7        | N        | Analysis of the PMP22 gene for constitutional genetic abnormalities causing peripheral neuropathy, either as: a)diagnostic studies of an affected person; or b)studies of a relative for an abnormality previously identified in an affected person - 1 or more tests.  | 230.95           |             |                   | 173.25           | 196.35          |
| 73295    | Support list (pathology) | Type C         | 01.02.2017      | 6            | P7        | N        | Detection of germline BRCA1 or BRCA2 pathogenic or likely pathogenic gene variants, in a patient with advanced (FIGO III-IV) high-grade serous or high-grade epithelial ovarian, fallopian tube or primary peritoneal cancer for whom testing of tumour tissue is not feasible, requested by a specialist or consultant physician, to determine eligibility for treatment with a poly (adenosine diphosphate [ADP]-ribose) polymerase (PARP) inhibitor under the Pharmaceutical Benefits Scheme (PBS) Maximum of one test per patient's lifetime  | 1200             |             |                   | 900              | 1106.8          |
| 73296    | Support list (pathology) | Type C         | 01.11.2017      | 6            | P7        | N        | Characterisation of germline gene variants: (a) including copy number variation in: (i) BRCA1 genes; and (ii) BRCA2 genes; and (iii) one or more of the genes STK11, PTEN, CDH1, PALB2 and TP53; and (b) in a patient: (i) with breast, ovarian, fallopian tube or primary peritoneal cancer; and (ii) for whom clinical and family history criteria (as assessed, by the specialist or consultant physician who requests the service, using a quantitative algorithm) place the patient at greater than 10% risk of having a pathogenic or likely pathogenic gene variation identified in one or more of the genes specified in subparagraphs(a)(i), (ii) and (iii); requested by a specialist or consultant physician | 1200             |             |                   | 900              | 1106.8          |
| 73297    | Support list (pathology) | Type C         | 01.11.2017      | 6            | P7        | N        | Characterisation of germline gene variants, including copy number variation: in one or more of the following genes: BRCA1; BRCA2; STK11; PTEN; CDH1; PALB2; TP53; and in a patient who: is a biological relative of a patient who has had a pathogenic or likely pathogenic gene variant identified in one or more of the genes mentioned in paragraph(a); and has not previously received a service to which item 73295, 73296 or 73302 applies; requested by a specialist or consultant physician   | 400              |             |                   | 300              | 340             |
| 73298    | Support list (pathology) | Type C         | 01.05.2019      | 6            | P7        | N        | Characterisation of germline gene variants in the following genes: (a) COL4A3; and (b) COL4A4; and (c) COL4A5; in a patient for whom clinical and relevant family history criteria have been assessed by a specialist or consultant physician, who requests the service to be strongly suggestive of Alport syndrome.   | 1200             |             |                   | 900              | 1106.8          |
| 73299    | Support list (pathology) | Type C         | 01.05.2019      | 6            | P7        | N        | Characterisation of germline gene variants: (a) in the following genes: (i) COL4A3; and (ii) COL4A4; and (iii) COL4A5; (b) in a patient who: (i) is a first degree biological relative of a patient who has had a pathogenic mutation identified in one or more of the genes mentioned in subparagraphs(a)(i), (ii) and (iii); and (ii) has not previously received a service which item 73298 applies; requested by a specialist or consultant physician.  | 400              |             |                   | 300              | 340             |
| 73300    | Support list (pathology) | Type C         | 01.05.2003      | 6            | P7        | N        | Detection of mutation of the FMR1 gene where: (a) the patient exhibits intellectual disability, ataxia, neurodegeneration, or premature ovarian failure consistent with an FMRI mutation; or (b) the patient has a relative with a FMR1 mutation 1 or more tests  | 101.3            |             |                   | 76               | 86.15           |
| 73301    | Support list (pathology) | Unlisted       | 01.08.2020      | 6            | P7        | N        | A test of tumour tissue from a patient with advanced (FIGO III-IV), high grade serous or high grade epithelial ovarian, fallopian tube or primary peritoneal cancer, requested by a specialist or consultant physician, to determine eligibility relating to BRCA status for access to treatment with a poly (adenosine diphosphate [ADP]-ribose) polymerase (PARP) inhibitor under thePharmaceutical Benefits Scheme (PBS) Applicable once per primary tumour diagnosis  | 1200             |             |                   | 900              | 1106.8          |
| 73302    | Support list (pathology) | Unlisted       | 01.08.2020      | 6            | P7        | N        | Characterisation of germline gene variants including copy number variants, in BRCA1 or BRCA2 genes, in a patient who has had a pathogenic or likely pathogenic variant identified in either gene by tumour testing and who has not previously received a service to which items 73295, 73296 or 73297 applies, requested by a specialist or consultant physician. Applicable once per primary tumour diagnosis  | 400              |             |                   | 300              | 340             |
| 73303    | Support list (pathology) | Unlisted       | 01.04.2022      | 6            | P7        | N        | A test of tumour tissue from a patient with metastatic castration-resistant prostate cancer, including subsequent characterisation of germline gene variants should tumour tissue testing undertaken during the same service be inconclusive, requested by a specialist or consultant physician, to determine eligibility relating to BRCA status for access to olaparib under the Pharmaceutical Benefits Scheme. Applicable once per primary tumour diagnosis   | 1000             |             |                   | 750              | 906.8           |
| 73304    | Support list (pathology) | Type C         | 01.04.2022      | 6            | P7        | N        | Detection of germline BRCA1 or BRCA2 pathogenic or likely pathogenic gene variants, in a patient with metastatic castration-resistant prostate cancer, for whom testing of tumour tissue is not clinically feasible, requested by a specialist or consultant physician, to determine eligibility for olaparib under the Pharmaceutical Benefits Scheme. Applicable once per lifetime  | 1000             |             |                   | 750              | 906.8           |
| 73305    | Support list (pathology) | Type C         | 01.05.2003      | 6            | P7        | N        | Detection of mutation of the FMR1 gene by Southern Blot analysis where the results in item 73300 are inconclusive   | 202.65           |             |                   | 152              | 172.3           |
| 73308    | Support list (pathology) | Type C         | 01.05.2006      | 6            | P7        | N        | Characterisation of the genotype of a patient for Factor V Leiden gene mutation, or detection of the other relevant mutations in the investigation of proven venous thrombosis or pulmonary embolism - 1 or more tests  | 36.45            |             |                   | 27.35            | 31              |

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|----------|--------------------------|----------------|-----------------|--------------|-----------|----------|---|------------------|-------------|-------------------|------------------|-----------------|
| 73309    | Support list (pathology) | Type C         | 01.05.2007      | 6            | P7        | N        | A test described in item 73308, if rendered by a receiving APP - 1 or more tests (Item is subject to rule 18)   | 36.45            |             |                   | 27.35            | 31              |
| 73311    | Support list (pathology) | Type C         | 01.05.2006      | 6            | P7        | N        | Characterisation of the genotype of a person who is a first degree relative of a person who has proven to have 1 or more abnormal genotypes under item 73308 - 1 or more tests  | 36.45            |             |                   | 27.35            | 31              |
| 73312    | Support list (pathology) | Type C         | 01.05.2007      | 6            | P7        | N        | A test described in item 73311, if rendered by a receiving APP - 1 or more tests (Item is subject to rule 18)   | 36.45            |             |                   | 27.35            | 31              |
| 73314    | Support list (pathology) | Type C         | 01.05.2006      | 6            | P7        | N        | Characterisation of gene rearrangement or the identification of mutations within a known gene rearrangement, in the diagnosis and monitoring of patients with laboratory evidence of: (a)acute myeloid leukaemia; or (b)acute promyelocytic leukaemia; or (c)acute lymphoid leukaemia; or (d)chronic myeloid leukaemia;   | 230.95           |             |                   | 173.25           | 196.35          |
| 73315    | Support list (pathology) | Type C         | 01.05.2007      | 6            | P7        | N        | A test described in item 73314, if rendered by a receiving APP - 1 or more tests (Item is subject to rule 18)   | 230.95           |             |                   | 173.25           | 196.35          |
| 73317    | Support list (pathology) | Type C         | 01.05.2006      | 6            | P7        | N        | Detection of the C282Y genetic mutation of the HFE gene and, if performed, detection of other mutations for haemochromatosis where: (a)the patient has an elevated transferrin saturation or elevated serum ferritin on testing of repeated specimens; or (b)the patient has a first degree relative with haemochromatosis; or (c)the patient has a first degree relative with homozygosity for the C282Y genetic mutation, or with compound heterozygosity for recognised genetic mutations for haemochromatosis (Item is subject to rule 20)  | 36.45            |             |                   | 27.35            | 31              |
| 73318    | Support list (pathology) | Type C         | 01.05.2007      | 6            | P7        | N        | A test described in item 73317, if rendered by a receiving APP - 1 or more tests (Item is subject to rule 18 and 20)  | 36.45            |             |                   | 27.35            | 31              |
| 73320    | Support list (pathology) | Type C         | 01.05.2006      | 6            | P7        | N        | Detection of HLA-B27 by nucleic acid amplification includes a service described in 71147 unless the service in item 73320 is rendered as a pathologist determinable service. (Item is subject to rule 27)   | 40.55            |             |                   | 30.45            | 34.5            |
| 73321    | Support list (pathology) | Type C         | 01.05.2007      | 6            | P7        | N        | A test described in item 73320, if rendered by a receiving APP - 1 or more tests. (Item is subject to rule 18 and 27)   | 40.55            |             |                   | 30.45            | 34.5            |
| 73323    | Support list (pathology) | Type C         | 01.11.2007      | 6            | P7        | N        | Determination of HLAB5701 status by molecular techniques prior to the initiation of Abacavir therapy including item 71203 if performed.   | 40.55            |             |                   | 30.45            | 34.5            |
| 73324    | Support list (pathology) | Type C         | 01.11.2008      | 6            | P7        | N        | A test described in item 73323 if rendered by a receiving APP 1 or more tests (Item is subject to Rule 18)  | 40.95            |             |                   | 30.75            | 34.85           |
| 73325    | Support list (pathology) | Unlisted       | 01.07.2011      | 6            | P7        | N        | Determination of JAK2 V617F variant allele frequency in the diagnostic work-up by, or on behalf of, a specialist or consultant physician, for a patient with clinical and laboratory evidence of a myeloproliferative neoplasm  | 90               |             |                   | 67.5             | 76.5            |
| 73326    | Support list (pathology) | Unlisted       | 01.07.2011      | 6            | P7        | N        | Characterisation of the gene rearrangement FIP1L1-PDGFRa in the diagnostic work-up and management of a patient with laboratory evidence of: a)mast cell disease; or b)idiopathic hypereosinophilic syndrome; or c)chronic eosinophilic leukaemia;. 1 or more tests  | 230.95           |             |                   | 173.25           | 196.35          |
| 73327    | Support list (pathology) | Unlisted       | 01.07.2011      | 6            | P7        | N        | Detection of genetic polymorphisms in the Thiopurine S-methyltransferase gene for the prevention of dose-related toxicity during treatment with thiopurine drugs; including (if performed) any service described in item 65075. 1 or more tests   | 51.95            |             |                   | 39               | 44.2            |
| 73332    | Support list (pathology) | Type C         | 01.05.2012      | 6            | P7        | N        | An in situ hybridization (ISH) test of tumour tissue from a patient with breast cancer requested by, or on the advice of, a specialist or consultant physician who manages the treatment of the patient to determine if the requirements relating to human epidermal growth factor receptor 2 (HER2) gene amplification for access to trastuzumab under the Pharmaceutical Benefits Scheme (PBS) or the Herceptin Program are fulfilled.  | 315.4            |             |                   | 236.55           | 268.1           |
| 73333    | Support list (pathology) | Type C         | 01.11.2012      | 6            | P7        | N        | Detection of germline mutations of the von Hippel-Lindau (VHL) gene: (a) in a patient who has a clinical diagnosis of VHL syndrome and: (i) a family history of VHL syndrome and one of the following: (A) haemangioblastoma (retinal or central nervous system); (B) pheochromocytoma; (C) renal cell carcinoma; or (ii) 2 or more haemangioblastomas; or (iii) one haemangioblastoma and a tumour or a cyst of: (A) the adrenal gland; or (B) the kidney; or (C) the pancreas; or (D) the epididymis; or (E) a broad ligament (other than epididymal and single renal cysts, which are common in the general population); or (b) in a patient presenting with one or more of the following clinical features suggestive of VHL syndrome: (i) haemangioblastomas of the brain, spinal cord, or retina; (ii) pheochromocytoma; (iii) functional extra-adrenal paraganglioma | 600              |             |                   | 450              | 510             |
| 73334    | Support list (pathology) | Type C         | 01.11.2012      | 6            | P7        | N        | Detection of germline mutations of the von Hippel-Lindau (VHL) gene in biological relatives of a patient with a known mutation in the VHL gene  | 340              |             |                   | 255              | 289             |
| 73335    | Support list (pathology) | Type C         | 01.11.2012      | 6            | P7        | N        | Detection of somatic mutations of the von Hippel-Lindau (VHL) gene in a patient with: (a)2 or more tumours comprising: (i)2 or more haemangioblastomas, or (ii)one haemangioblastoma and a tumour of: (A)the adrenal gland; or (B)the kidney; or (C)the pancreas; or (D)the epididymis; and (b)no germline mutations of the VHL gene identified by genetic testing  | 470              |             |                   | 352.5            | 399.5           |
| 73336    | Support list (pathology) | Type C         | 01.12.2013      | 6            | P7        | N        | A test of tumour tissue from a patient withstage III or stage IV metastatic cutaneous melanoma, requested by, or on behalf of, a specialist or consultant physician, to determine if the requirements relating to BRAF V600 mutation status for access to dabrafenib,vemurafenib or encorafenibunder the Pharmaceutical Benefits Scheme are fulfilled.  | 230.95           |             |                   | 173.25           | 196.35          |
| 73337    | Support list (pathology) | Type C         | 01.01.2014      | 6            | P7        | N        | A test of tumour tissue from a patient diagnosed with non-small cell lung cancer, shown to have non-squamous histology or histology not otherwise specified, requested by, or on behalf of, a specialist or consultant physician, to determine: if the requirements relating to epidermal growth factor receptor (EGFR) gene status for access to an EGFR tyrosine kinase inhibitor under the Pharmaceutical Benefits Scheme are fulfilled; or if the requirements relating to EGFR status for access to an immunotherapy listed under the Pharmaceutical Benefits Scheme are fulfilled.  | 397.35           |             |                   | 298.05           | 337.75          |

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|----------|--------------------------|----------------|-----------------|--------------|-----------|----------|--|------------------|-------------|-------------------|------------------|-----------------|
| 73338    | Support list (pathology) | Type C         | 01.04.2014      | 6            | P7        | N        | A test of tumour tissue from a patient with metastatic colorectal cancer (stage IV), requested by a specialist or consultant physician, to determine if: (a) requirements relating to rat sarcoma oncogene (RAS) gene variant status for access to cetuximab or panitumumab under the Pharmaceutical Benefits Scheme are fulfilled, if: the test is conducted for all clinically relevant mutations on KRAS exons 2, 3 and 4 and NRAS exons 2, 3, and 4; or a clinically-relevant RAS variant is detected; and, in cases where no RAS variant is detected (b) the requirements relating to BRAF V600 gene variant status for access to encorafenib under the Pharmaceutical Benefits Scheme are fulfilled.   | 362.6            |             |                   | 271.95           | 308.25          |
| 73339    | Support list (pathology) | Type C         | 01.11.2014      | 6            | P7        | N        | Detection of germline mutations in the RET gene in patients with a suspected clinical diagnosis of multiple endocrine neoplasia type 2 (MEN2) requested by a specialist or consultant physician who manages the treatment of the patient. One test.(Item is subject to rule 25)  | 400              |             |                   | 300              | 340             |
| 73340    | Support list (pathology) | Type C         | 01.11.2014      | 6            | P7        | N        | Detection of a known mutation in the RET gene in an asymptomatic relative of a patient with a documented pathogenic germline RET mutation requested by a specialist or consultant physician who manages the treatment of the patient. One test.(Item is subject to rule 25)  | 200              |             |                   | 150              | 170             |
| 73341    | Support list (pathology) | Type C         | 01.07.2015      | 6            | P7        | N        | Fluorescence in situ hybridisation (FISH) test of tumour tissue from a patient with locally advanced or metastatic non-small cell lung cancer, which is of non-squamous histology or histology not otherwise specified, with documented evidence of anaplastic lymphoma kinase (ALK) immunoreactivity by immunohistochemical (IHC) examination giving a staining intensity score &gt; 0, and with documented absence of activating mutations of the epidermal growth factor receptor (EGFR) gene, requested by a specialist or consultant physician, to determine: if requirements relating to ALK gene rearrangement status for access to an anaplastic lymphoma kinase inhibitor under the Pharmaceutical Benefits Scheme are fulfilled; or if requirements relating to ALK status for access to an immunotherapy listed under the Pharmaceutical Benefits Scheme are fulfilled.   | 400              |             |                   | 300              | 340             |
| 73342    | Support list (pathology) | Type C         | 01.01.2016      | 6            | P7        | N        | An in situ hybridisation (ISH) test of tumour tissue from a patient with metastatic adenocarcinoma of the stomach or gastro-oesophageal junction, with documented evidence of human epidermal growth factor receptor 2 (HER2) overexpression by immunohistochemical (IHC) examination giving a staining intensity score of 2+ or 3+ on the same tumour tissue sample, requested by, or on the advice of, a specialist or consultant physician who manages the treatment of the patient to determine if the requirements relating to HER2 gene amplification for access to trastuzumab under the Pharmaceutical Benefits Scheme are fulfilled.  | 315.4            |             |                   | 236.55           | 268.1           |
| 73343    | Support list (pathology) | Type C         | 01.09.2017      | 6            | P7        | N        | Detection of 17p chromosomal deletions by fluorescence in situ hybridisation or genome wide micro-array, in a patient with relapsed or refractory chronic lymphocytic leukaemia or small lymphocytic lymphoma, on a peripheral blood or bone marrow sample, requested by a specialist or consultant physician, to determine if the requirements for access to idelalisib, ibrutinib, venetoclax or acalabrutinib on the Pharmaceutical Benefits Scheme are fulfilled. For any particular patient, applicable not more than once in 12 months.  | 589.9            |             |                   | 442.45           | 501.45          |
| 73344    | Support list (pathology) | Type C         | 01.01.2019      | 6            | P7        | N        | Fluorescence in situ hybridization (FISH) test of tumour tissue from a patient with locally advanced or metastatic non-small-cell lung cancer, which is of non-squamous histology or histology not otherwise specified, with documented evidence of ROS proto-oncogene 1 (ROS1) immunoreactivity by immunohistochemical (IHC) examination giving a staining intensity score of 2+ or 3+; and with documented absence of both activating mutations of the epidermal growth factor receptor (EGFR) gene and anaplastic lymphoma kinase (ALK) immunoreactivity by IHC, requested by a specialist or consultant physician, to determine: if requirements relating to ROS1 gene arrangement status for access to crizotinib or entrectinib under the Pharmaceutical Benefits Scheme are fulfilled; or if requirements relating to ROS1 status for access to an immunotherapy listed under the Pharmaceutical Benefits Scheme are fulfilled. | 400              |             |                   | 300              | 340             |
| 73345    | Support list (pathology) | Type C         | 01.07.2018      | 6            | P7        | N        | Testing of a patient for pathogenic cystic fibrosis transmembrane conductance regulator variants for the purpose of investigating, making or excluding a diagnosis of cystic fibrosis or a cystic fibrosis transmembrane conductance regulator related disorder when requested by a specialist or consultant physician who manages the treatment of the patient, not being a service associated with a service to which item 73347, 73348, or 73349 applies. The patient must have clinical or laboratory findings suggesting there is a high probability suggestive of cystic fibrosis or a cystic fibrosis transmembrane conductance regulator related disorder.   | 500              |             |                   | 375              | 425             |
| 73346    | Support list (pathology) | Type C         | 01.07.2018      | 6            | P7        | N        | Testing of a pregnant patient whose carrier status for pathogenic cystic fibrosis transmembrane conductance regulator variants, as well as their reproductive partner carrier status is unknown, for the purpose of determining whether pathogenic cystic fibrosis transmembrane conductance regulator variants are present in the fetus, in order to make or exclude a diagnosis of cystic fibrosis or a cystic fibrosis transmembrane conductance regulator related disorder in the fetus when requested by a specialist or consultant physician who manages the treatment of the patient, not being a service associated with a service to which item 73350 applies. The fetus must have ultrasonic findings of echogenic gut, with unknown familial cystic fibrosis transmembrane conductance regulator variants.  | 500              |             |                   | 375              | 425             |
| 73347    | Support list (pathology) | Type C         | 01.07.2018      | 6            | P7        | N        | Testing of a prospective parent for pathogenic cystic fibrosis transmembrane conductance regulator variants for the purpose of determining the risk of their fetus having pathogenic cystic fibrosis transmembrane conductance regulator variants. This is indicated when the fetus has ultrasonic evidence of echogenic gut when requested by a specialist or consultant physician who manages the treatment of the patient, not being a service associated with a service to which item 73345, 73348, or 73349 applies.  | 500              |             |                   | 375              | 425             |

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| 73348    | Support list (pathology) | Type C         | 01.07.2018      | 6            | P7        | N        | Testing of a patient with a laboratory-established family history of pathogenic cystic fibrosis transmembrane conductance regulator variants, for the purpose of determining whether the patient is an asymptomatic genetic carrier of the pathogenic cystic fibrosis transmembrane conductance regulator variants that have been laboratory established in the family history, not being a service associated with a service to which item 73345, 73347, or 73349 applies. The patient must have a positive family history, confirmed by laboratory findings of pathogenic cystic fibrosis transmembrane conductance regulator variants, with a personal risk of being a heterozygous genetic carrier of at least 6%. (This includes family relatedness of: parents, children, full-siblings, half-siblings, grand-parents, grandchildren, aunts, uncles, first cousins, and first cousins once-removed, but excludes relatedness of second cousins or more distant relationships). | 250              |             |                   | 187.5            | 212.5           |
| 73349    | Support list (pathology) | Type C         | 01.07.2018      | 6            | P7        | N        | Testing of a patient for pathogenic cystic fibrosis transmembrane conductance regulator variants for the purpose of determining the reproductive risk of the patient with their reproductive partner because their reproductive partner is already known to have pathogenic cystic fibrosis transmembrane conductance regulator variants requested by a specialist or consultant physician who manages the treatment of the patient, not being a service associated with a service to which item 73345, 73347, or 73348 applies.   | 500              |             |                   | 375              | 425             |
| 73350    | Support list (pathology) | Type C         | 01.07.2018      | 6            | P7        | N        | Testing of a pregnant patient, where one or both prospective parents are known to be a genetic carrier of pathogenic cystic fibrosis transmembrane conductance regulator variants for the purpose of determining whether pathogenic cystic fibrosis transmembrane conductance regulator variants are present in the fetus in order to make or exclude a diagnosis of cystic fibrosis or a cystic fibrosis transmembrane conductance regulator related disorder in the fetus, when requested by a specialist or consultant physician who manages the treatment of the patient, not being a service associated with a service to which item 73346 applies. The fetus must be at 25% or more risk of cystic fibrosis or a cystic fibrosis transmembrane conductance regulator related disorder because of known familial cystic fibrosis transmembrane conductance regulator variants.  | 250              |             |                   | 187.5            | 212.5           |
| 73351    | Support list (pathology) | Type C         | 01.02.2019      | 6            | P7        | N        | A test of tumour tissue that is derived from a new sample from a patient with locally advanced (Stage IIb) or metastatic (Stage IV) non-small cell lung cancer (NSCLC), who has progressed on or after treatment with an epidermal growth factor receptor tyrosine kinase inhibitor (EGFR TKI). The test is to be requested by a specialist or consultant physician, to determine if the requirements relating to EGFR T790M gene status for access to osimertinib under the Pharmaceutical Benefits Scheme are fulfilled.   | 397.35           |             |                   | 298.05           | 337.75          |
| 73352    | Support list (pathology) | Type C         | 01.05.2020      | 6            | P7        | N        | Characterisation of germline variants causing familial hypercholesterolaemia (which must include the LDLR, PCSK9 and APOB genes), requested by a specialist or consultant physician, for a patient: (a) for whom no familial mutation has been identified; and (b) who has any of the following: (i) a Dutch Lipid Clinic Network score of at least 6; (ii) an LDL-cholesterol level of at least 6.5 mmol/L in the absence of secondary causes; (iii) an LDL-cholesterol level of between 5.0 and 6.5 mmol/L with signs of premature or accelerated atherogenesis<br>Applicable only once per lifetime   | 1200             |             |                   | 900              | 1106.8          |
| 73353    | Support list (pathology) | Type C         | 01.05.2020      | 6            | P7        | N        | Detection of a familial mutation for a patient who has a first- or second-degree relative with a documented pathogenic germline gene variant for familial hypercholesterolaemia<br>Applicable only once per lifetime   | 400              |             |                   | 300              | 340             |
| 73354    | Support list (pathology) | Type C         | 01.05.2020      | 6            | P7        | N        | Characterisation of germline gene variants, including copy number variation, in the MLH1, MSH2, MSH6, PMS2 and EPCAM genes, requested by a specialist or consultant physician, for: (a) a patient with suspected Lynch syndrome following immunohistochemical examination of neoplastic tissue that has demonstrated loss of expression of one or more mismatch repair proteins; or (b) a patient: (i) who has endometrial cancer; and (ii) who is assessed by the specialist or consultant physician as being at a risk of more than 10% of having Lynch syndrome, on the basis of clinical and family history criteria   | 1200             |             |                   | 900              | 1106.8          |
| 73355    | Support list (pathology) | Type C         | 01.05.2020      | 6            | P7        | N        | Characterisation of germline gene variants, including copy number variation, in the APC and MUTYH genes, requested by a specialist or consultant physician, for a patient: (a) who has adenomatous polyposis; and (b) who is assessed by the specialist or consultant physician as being at a risk of more than 10% of having either of the following, on the basis of clinical and family history criteria: (i) familial adenomatous polyposis; (ii) MUTYH-associated polyposis   | 1200             |             |                   | 900              | 1106.8          |
| 73356    | Support list (pathology) | Type C         | 01.05.2020      | 6            | P7        | N        | Characterisation of germline gene variants, including copy number variation, in the SMAD4, BMPR1A, STK11 and GREM1 genes, requested by a specialist or consultant physician, for a patient: (a) who has non-adenomatous polyposis; and (b) who is assessed by the specialist or consultant physician as being at a risk of more than 10% of having any of the following, on the basis of clinical and family history criteria: (i) juvenile polyposis syndrome; (ii) Peutz-Jeghers syndrome; (iii) hereditary mixed polyposis syndrome   | 1200             |             |                   | 900              | 1106.8          |
| 73357    | Support list (pathology) | Type C         | 01.05.2020      | 6            | P7        | N        | Characterisation of germline gene variants, including copy number variation, in the genes mentioned in item 73354, 73355 or 73356, requested by a specialist or consultant physician, for a patient: (a) who has a biological relative with a pathogenic mutation identified in one or more of those genes; and (b) who has not previously received a service to which any of items 73354, 73355 and 73356 apply   | 400              |             |                   | 300              | 340             |

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|----------|--------------------------|----------------|-----------------|--------------|-----------|----------|---|------------------|-------------|-------------------|------------------|-----------------|
| 73358    | Support list (pathology) | Type C         | 01.05.2020      | 6            | P7        | N        | Characterisation, via whole exome or genome sequencing and analysis, of germline variants known to cause monogenic disorders, if: (a) the characterisation is: (i) requested by a consultant physician practising as a clinical geneticist; or (ii) requested by a consultant physician practising as a specialist paediatrician, following consultation with a clinical geneticist; and (b) the patient is aged 10 years or younger and is strongly suspected of having a monogenic condition, based on the presence of: (i) dysmorphic facial appearance and one or more major structural congenital anomalies; or (ii) intellectual disability or global developmental delay of at least moderate severity, as determined by a specialist paediatrician; and (c) the characterisation is performed following the performance for the patient of a service to which item 73292 applies for which the results were non-informative; and (d) the characterisation is not performed in conjunction with a service to which item 73359 applies Applicable only once per lifetime  | 2100             |             |                   | 1575             | 2006.8          |
| 73359    | Support list (pathology) | Type C         | 01.05.2020      | 6            | P7        | N        | Characterisation, via whole exome or genome sequencing and analysis, of germline variants known to cause monogenic disorders, if: (a) the characterisation is: (i) requested by a consultant physician practising as a clinical geneticist; or (ii) requested by a consultant physician practising as a specialist paediatrician, following consultation with a clinical geneticist; and (b) the request for the characterisation states that singleton testing is inappropriate; and (c) the patient is aged 10 years or younger and is strongly suspected of having a monogenic condition, based on the presence of: (i) dysmorphic facial appearance and one or more major structural congenital anomalies; or (ii) intellectual disability or global developmental delay of at least moderate severity, as determined by a specialist paediatrician; and (d) the characterisation is performed following the performance for the patient of a service to which item 73292 applies for which the results were non-informative; and (e) the characterisation is performed using a sample from the patient and a sample from each of the patient's biological parents; and (f) the characterisation is not performed in conjunction with a service to which item 73358 applies Applicable only once per lifetime | 2900             |             |                   | 2175             | 2806.8          |
| 73360    | Support list (pathology) | Type C         | 01.05.2020      | 6            | P7        | N        | Re-analysis of whole exome or genome data obtained in performing a service to which item 73358 or 73359 applies, for characterisation of previously unreported germline gene variants related to the clinical phenotype, if: (a) the re-analysis is: (i) requested by a consultant physician practising as a clinical geneticist; or (ii) requested by a consultant physician practising as a specialist paediatrician, following consultation with a clinical geneticist; and (b) the patient is aged 15 years or younger and is strongly suspected of having a monogenic condition; and (c) the re-analysis is performed at least 18 months after: (i) a service to which item 73358 or 73359 applies; or (ii) a service to which this item applies Applicable only twice per lifetime  | 500              |             |                   | 375              | 425             |
| 73361    | Support list (pathology) | Type C         | 01.05.2020      | 6            | P7        | N        | Testing of a person (the person tested) for the detection of a single gene variant for diagnostic purposes, if: the person tested has a biological sibling (the sibling) with a known monogenic condition; and a service described in item 73358, 73359 or 73360 has identified the causative variant for the sibling's condition; and the results of the testing performed for the sibling are made available for the purpose of providing the detection for the person tested; and the detection is: requested by a consultant physician practising as a clinical geneticist; or requested by a consultant physician practising as a specialist paediatrician, following consultation with a clinical geneticist; and the detection is not performed in conjunction with a service to which item 73362 or 73363 applies Applicable only once per variant per lifetime   | 400              |             |                   | 300              | 340             |
| 73362    | Support list (pathology) | Type C         | 01.05.2020      | 6            | P7        | N        | Testing of a person (the person tested) for the detection of a single gene variant for the purpose of reproductive decision making, if: the person tested has a first-degree relative (the relative) with a known monogenic condition; and a service described in item 73358, 73359 or 73360 has identified the causative variant for the relative's condition; and the results of the testing performed for the relative are made available for the purpose of providing the detection for the person tested; and the detection is requested by a consultant physician or specialist; and the detection is not performed in conjunction with item 73359, 73361 or 73363 Applicable only once per variant per lifetime  | 400              |             |                   | 300              | 340             |
| 73363    | Support list (pathology) | Type C         | 01.05.2020      | 6            | P7        | N        | Testing of a person (the person tested) for the detection of a single gene variant for segregation analysis in relation to another person (the patient), if: the patient has a known phenotype of a suspected monogenic condition; and a service described in item 73358 or 73360 has identified a potentially causative variant for the patient; and the person tested is a biological parent or other biological relative of the patient; and a sample from the person tested has not previously been tested in relation to the patient for a service to which item 73359 applies; and the results of the testing of the person tested for this service are made available for the purpose of providing the detection for the patient; and the detection is: requested by a consultant physician practising as a clinical geneticist; or requested by a consultant physician practising as a specialist paediatrician, following consultation with a clinical geneticist; and the detection is not performed in conjunction with item 73361 or 73362 Applicable only once per variant per lifetime  | 400              |             |                   | 300              | 340             |
| 73364    | Support list (pathology) | Type C         | 01.05.2020      | 6            | P7        | N        | Analysis of tumour tissue, requested by a specialist or consultant physician, that: (a) is for: (i) the characterisation of MYC gene rearrangement; and (ii) if the results of the characterisation mentioned in subparagraph (i) are positive—the characterisation of either or both of BCL2 gene rearrangement and BCL6 gene rearrangement; and (b) is for a patient: (i) for whom MYC immunohistochemistry is non-negative; and (ii) with clinical or laboratory evidence, including morphological features, of diffuse large B-cell lymphoma or high grade B-cell lymphoma; and (c) is not performed in conjunction with item 73365 Applicable only once per lifetime   | 400              |             |                   | 300              | 340             |

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|----------|--------------------------|----------------|-----------------|--------------|-----------|----------|--|------------------|-------------|-------------------|------------------|-----------------|
| 73365    | Support list (pathology) | Type C         | 01.05.2020      | 6            | P7        | N        | Analysis of tumour tissue, requested by a specialist or consultant physician, that: (a) is for the characterisation of MYC gene rearrangement; and (b) is for a patient with clinical or laboratory evidence, including morphological features, of Burkitt lymphoma; and (c) is not performed in conjunction with item 73364 Applicable only once per lifetime   | 340              |             |                   | 255              | 289             |
| 73366    | Support list (pathology) | Type C         | 01.05.2020      | 6            | P7        | N        | Analysis of tumour tissue, requested by a specialist or consultant physician, that: (a) is for the characterisation of either or both of the following: (i) CCND1 gene rearrangement; (ii) CCND2 gene rearrangement; and (b) is for a patient with clinical or laboratory evidence, including morphological features, of mantle cell lymphoma Applicable only once per lifetime  | 400              |             |                   | 300              | 340             |
| 73367    | Support list (pathology) | Type C         | 01.05.2020      | 6            | P7        | N        | Analysis of tumour tissue, requested by a specialist or consultant physician, that: (a) is for the presence of isochromosome 7q; and (b) is for a patient with clinical or laboratory evidence, including morphological features, of hepatosplenic T-cell lymphoma Applicable only once per lifetime   | 340              |             |                   | 255              | 289             |
| 73368    | Support list (pathology) | Type C         | 01.05.2020      | 6            | P7        | N        | Analysis of tumour tissue, requested by a specialist or consultant physician, that: (a) is for the characterisation of either or both of the following: (i) DUSP22 gene rearrangement; (ii) TP63 gene rearrangement; and (b) is for a patient with clinical or laboratory evidence, including morphological features, of ALK negative anaplastic large cell lymphoma Applicable only once per lifetime   | 400              |             |                   | 300              | 340             |
| 73369    | Support list (pathology) | Type C         | 01.05.2020      | 6            | P7        | N        | Analysis of blood or bone marrow, requested by a specialist or consultant physician, that: (a) is for the characterisation of either or both of the following: (i) TCL1A gene rearrangement; (ii) MTCP1 gene rearrangement; and (b) is for a patient with clinical or laboratory evidence, including morphological features, of T-cell prolymphocytic leukaemia Applicable only once per lifetime  | 400              |             |                   | 300              | 340             |
| 73370    | Support list (pathology) | Type C         | 01.05.2020      | 6            | P7        | N        | Analysis of blood or bone marrow, requested by a specialist or consultant physician, that: (a) is for the characterisation of the following: (i) chromosome translocations t(4;14), t(14;16), t(14;20); (ii) 1q gain; (iii) 17p deletion; and (b) is for a patient with clinical or laboratory evidence, including morphological features, of plasma cell myeloma Applicable only once per lifetime  | 500              |             |                   | 375              | 425             |
| 73371    | Support list (pathology) | Type C         | 01.05.2020      | 6            | P7        | N        | Analysis of tumour tissue, requested by a specialist or consultant physician, that: (a) is for the detection of chromosome 1p/19q co-deletion; and (b) is for a patient with clinical or laboratory evidence, including morphological features, of glial neoplasm with probable oligodendroglial component Applicable only once per lifetime   | 340              |             |                   | 255              | 289             |
| 73372    | Support list (pathology) | Type C         | 01.05.2020      | 6            | P7        | N        | Analysis of tumour tissue, requested by a specialist or consultant physician, that: (a) is for the identification of IDH1/2 pathological variant status; and (b) is for a patient with: (i) negative IDH1 (R132H) immunohistochemistry; and (ii) clinical or laboratory evidence, including morphological features, of glial neoplasm Applicable only once per lifetime  | 340              |             |                   | 255              | 289             |
| 73373    | Support list (pathology) | Type C         | 01.05.2020      | 6            | P7        | N        | Analysis of tumour tissue, requested by a specialist or consultant physician, that: (a) is for the characterisation of MGMT promoter methylation status; and (b) is for a patient with clinical or laboratory evidence, including morphological features, of glioblastoma Applicable only once per lifetime  | 400              |             |                   | 300              | 340             |
| 73374    | Support list (pathology) | Type C         | 01.05.2020      | 6            | P7        | N        | Analysis of tumour tissue, requested by a specialist or consultant physician, that: (a) is for the characterisation of copy number changes, gene rearrangements, or other molecular changes in one of the following genes: (i) MDM2 CNV; (ii) FUS; (iii) DDIT3; (iv) EWSR1; (v) ETV6; (vi) NTRK1; (vii) NTRK3; (viii) COL1A1; (ix) PDGFB; (x) STAT6; (xi) PAX3; (xii) PAX7; (xiii) SS18; (xiv) BCOR; (xv) CIC; (xvi) HEY1; (xvii) ALK; (xviii) USP6; (xix) NR4A3; (xx) NCOA2; (xxi) FOXO1; and (b) is for a patient with clinical or laboratory evidence, including morphological features, of sarcoma Applicable only once per lifetime | 340              |             |                   | 255              | 289             |
| 73375    | Support list (pathology) | Type C         | 01.05.2020      | 6            | P7        | N        | Analysis of tumour tissue, requested by a specialist or consultant physician, that: (a) is for the characterisation of copy number changes, gene rearrangements, or other molecular changes, in 2 or 3 of the genes mentioned in item 73374; and (b) is for a patient with clinical or laboratory evidence, including morphological features, of sarcoma Applicable only once per lifetime   | 400              |             |                   | 300              | 340             |
| 73376    | Support list (pathology) | Type C         | 01.05.2020      | 6            | P7        | N        | Analysis of tumour tissue, requested by a specialist or consultant physician, that: (a) is for the characterisation of copy number changes, gene rearrangements, or other molecular changes, in 4 or more of the genes mentioned in item 73374; and (b) is for a patient with clinical or laboratory evidence, including morphological features, of sarcoma Applicable only once per lifetime  | 800              |             |                   | 600              | 706.8           |
| 73377    | Support list (pathology) | Type C         | 01.05.2020      | 6            | P7        | N        | Analysis of tumour tissue, requested by a specialist or consultant physician, that: (a) is for the detection of FOXL2.402C&gt;G status; and (b) is for a patient with clinical or laboratory evidence, including morphological features, of granulosa cell ovarian tumour Applicable only once per lifetime  | 250              |             |                   | 187.5            | 212.5           |
| 73378    | Support list (pathology) | Type C         | 01.05.2020      | 6            | P7        | N        | Analysis of tumour tissue, requested by a specialist or consultant physician, that: (a) is for the characterisation of NUTM1 gene status at 15q14; and (b) is for a patient with clinical or laboratory evidence, including morphological features, of midline NUT carcinoma Applicable only once per lifetime   | 340              |             |                   | 255              | 289             |
| 73379    | Support list (pathology) | Type C         | 01.05.2020      | 6            | P7        | N        | Analysis of tumour tissue, requested by a specialist or consultant physician, that: (a) is for the characterisation of ETV6-NTRK3 gene rearrangement; and (b) is for a patient with clinical or laboratory evidence, including morphological features, of secretory carcinoma of the breast Applicable only once per lifetime  | 340              |             |                   | 255              | 289             |
| 73380    | Support list (pathology) | Type C         | 01.05.2020      | 6            | P7        | N        | Analysis of tumour tissue, requested by a specialist or consultant physician, that: (a) is for the characterisation of MAML2 gene rearrangement; and (b) is for a patient with clinical or laboratory evidence, including morphological features, of mucoepidermoid carcinoma Applicable only once per lifetime  | 340              |             |                   | 255              | 289             |
| 73381    | Support list (pathology) | Type C         | 01.05.2020      | 6            | P7        | N        | Analysis of tumour tissue, requested by a specialist or consultant physician, that: (a) is for the characterisation of ETV6-NTRK3 gene rearrangement; and (b) is for a patient with clinical or laboratory evidence, including morphological features, of mammary analogue secretory carcinoma of the salivary gland Applicable only once per lifetime   | 340              |             |                   | 255              | 289             |

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|----------|--------------------------|----------------|-----------------|--------------|-----------|----------|--|------------------|-------------|-------------------|------------------|-----------------|
| 73382    | Support list (pathology) | Type C         | 01.05.2020      | 6            | P7        | N        | Analysis of tumour tissue, requested by a specialist or consultant physician, that: (a) is for the characterisation of EWSR1 gene rearrangement, with or without PLAG1 gene rearrangement; and (b) is for a patient with clinical or laboratory evidence, including morphological features, of hyalinising clear cell carcinoma of the salivary gland Applicable only once per lifetime  | 340              |             |                   | 255              | 289             |
| 73383    | Support list (pathology) | Type C         | 01.05.2020      | 6            | P7        | N        | Analysis of tumour tissue, requested by a specialist or consultant physician, that: (a) is for the characterisation of either or both of the following: (i) TFE3 gene rearrangement; (ii) TFEB gene rearrangement; and (b) is for a patient with clinical or laboratory evidence, including morphological features, of renal cell carcinoma Applicable only once per lifetime  | 400              |             |                   | 300              | 340             |
| 73384    | Support list (pathology) | Type C         | 01.11.2021      | 6            | P7        | N        | Genetic analysis, for a patient who is eligible for this service under clause 2.7.3A of the pathology services table (see PR.7.1), of samples from the patient and (if relevant) the patient's reproductive partner, for the purpose of providing an assay for pre-implantation genetic testing, requested by a specialist or consultant physician Applicable not more than once per patient episode per disorder (of a kind described in clause 2.7.3A (PR.7.1)) per reproductive relationship  | 1736             |             |                   | 1302             | 1642.8          |
| 73385    | Support list (pathology) | Type C         | 01.11.2021      | 6            | P7        | N        | Genetic analysis, for a patient who is eligible for this service under clause2.7.3A of the Pathology Services Table (see PR.7.1), of embryonic tissue from a sample from one embryo, if: (a) the analysis is: (i) requested by a specialist or consultant physician; and (ii) for the purpose of providing a pre-implantation genetic test; and (iii) performed on an embryo that was produced in a single assisted reproductive treatment cycle; and (b) the service is not a service to which item 73386 or 73387 applies for the same assisted reproductive treatment cycle Applicable not more than once per embryo  | 635              |             |                   | 476.25           | 541.8           |
| 73386    | Support list (pathology) | Type C         | 01.11.2021      | 6            | P7        | N        | Genetic analysis, for a patient who is eligible for this service under clause2.7.3A of the Pathology Services Table (see PR.7.1), of embryonic tissue from samples from 2 embryos, if: (a) the analysis is: (i) requested by a specialist or consultant physician; and (ii) for the purpose of providing a pre-implantation genetic test; and (iii) performed on embryos that were produced in a single assisted reproductive treatment cycle; and (b) the service is not a service to which item 73385 or 73387 applies for the same assisted reproductive treatment cycle Applicable not more than once per assisted reproductive treatment cycle for the 2 embryos tested   | 1270             |             |                   | 952.5            | 1176.8          |
| 73387    | Support list (pathology) | Type C         | 01.11.2021      | 6            | P7        | N        | Genetic analysis, for a patient who is eligible for this service under clause2.7.3A of the Pathology Services Table (see PR.7.1), of embryonic tissue from samples from 3 or more embryos, if: (a) the analysis is: (i) requested by a specialist or consultant physician; and (ii) for the purpose of providing a pre-implantation genetic test; and (iii) performed on embryos that were produced in a single assisted reproductive treatment cycle; and (b) the service is not a service to which item 73385 or 73386 applies for the same assisted reproductive treatment cycle Applicable not more than once per assisted reproductive treatment cycle for the 3 or more embryos tested   | 1905             |             |                   | 1428.75          | 1811.8          |
| 73388    | Support list (pathology) | Type C         | 01.11.2021      | 6            | P7        | N        | Analysis of chromosomes by genome-wide microarray, of a sample from amniocentesis or chorionic villus sampling, including targeted assessment of specific regions for constitutional genetic abnormalities in diagnostic studies of a fetus, if one or more major fetal structural abnormalities have been detected on ultrasound; or nuchal translucency was greater than 3.5 mm Applicable only once per fetus   | 589.9            |             |                   | 442.45           | 501.45          |
| 73389    | Support list (pathology) | Type C         | 01.11.2021      | 6            | P7        | N        | Analysis of products of conception from a patient with suspected hydatidiform mole for the characterisation of ploidy status Applicable once per pregnancy   | 340              |             |                   | 255              | 289             |
| 73391    | Support list (pathology) | Type C         | 01.11.2021      | 6            | P7        | N        | Analysis of chromosomes by genome-wide microarray in diagnostic studies of a patient with multiple myeloma Applicable once per lifetime  | 589.9            |             |                   | 442.45           | 501.45          |
| 73392    | Support list (pathology) | Type C         | 01.07.2022      | 6            | P7        | N        | Characterisation of pathogenic or likely pathogenic germline gene variants, requested by a specialist or consultant physician: (a) in at least the following genes: (i) MYBPC3; (ii) MYH7; (iii) TNNI3; (iv) TNNI2; (v) TPM1; (vi) ACTC1; (vii) MYL2; (viii) MYL3; (ix) PRKAG2; (x) LAMP2; (xi) GLA; (xii) LMNA; (xiii) SCN5A; (xiv) TTN; (xv) RBM20; (xvi) PLN; (xvii) DSP; (xviii) DSC2; (xix) DSG2; (xx) JUP; (xxi) PKP2; (xxii) TMEM43; and (b) for a patient for whom clinical history, family history or laboratory findings suggest there is a high probability of one or more of the following heritable cardiomyopathies in the patient: (i) hypertrophic cardiomyopathy; (ii) dilated cardiomyopathy; (iii) arrhythmogenic cardiomyopathy Applicable once per lifetime   | 1200             |             |                   | 900              | 1106.8          |
| 73393    | Support list (pathology) | Type C         | 01.07.2022      | 6            | P7        | N        | Characterisation of one or more pathogenic or likely pathogenic germline gene variants, requested by a specialist or consultant physician, if: (a) a service described in item 73392 has not previously been performed for the patient; and (b) the patient is a first-degree biological relative (or a second-degree biological relative if a first-degree biological relative is unavailable) of a person who has a pathogenic or likely pathogenic germline gene variant that is confirmed by laboratory findings; and (c) the service is performed for the purpose of assessing present or future risk of any of the following heritable cardiomyopathies in the patient: (i) hypertrophic cardiomyopathy; (ii) dilated cardiomyopathy; (iii) arrhythmogenic cardiomyopathy Applicable once per variant per lifetime | 400              |             |                   | 300              | 340             |
| 73394    | Support list (pathology) | Type C         | 01.07.2022      | 6            | P7        | N        | Characterisation of one or more recessive pathogenic or likely pathogenic germline genes, requested by a specialist or consultant physician, for the purpose of determining the reproductive risk of heritable cardiomyopathy in a patient: (a) who is a reproductive partner of a known carrier of a pathogenic or likely pathogenic germline gene that is confirmed by laboratory findings ; and (b) for whom carrier status of a pathogenic or likely pathogenic germline gene is unknown; and (c) who has a clinical history, family history or laboratory findings suggesting there is a low probability of heritable cardiomyopathy Applicable once per gene per lifetime  | 1200             |             |                   | 900              | 1106.8          |

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| 73395    | Support list (pathology) | Type C         | 01.07.2022      | 6            | P7        | N        | Re-analysis of whole exome or genome data that is obtained in performing a service to which item 73392 applies, for characterisation of previously unreported germline gene variants related to the clinical phenotype, if: (a) the re-analysis is requested by a consultant physician practising as a clinical geneticist or a cardiologist; and (b) the patient is strongly suspected of having a heritable cardiomyopathy; and (c) the re-analysis is performed at least 18 months after a service to which item 73392 or this item applies is performed for the patient<br>Applicable twice per lifetime  | 500              |             |                   | 375              | 425             |
| 73396    | Support list (pathology) | Type C         | 01.07.2022      | 6            | P7        | N        | Characterisation of variants in the JAK2 exon 12 in the diagnostic work-up of a patient with clinical and laboratory evidence of polycythaemia vera, requested by a specialist or consultant physician  | 90               |             |                   | 67.5             | 76.5            |
| 73397    | Support list (pathology) | Type C         | 01.07.2022      | 6            | P7        | N        | Characterisation of variants in both the CALR and MPL genes in the diagnostic work-up of a patient with clinical and laboratory evidence of essential thrombocythaemia or primary myelofibrosis, requested by a specialist or consultant physician  | 200              |             |                   | 150              | 170             |
| 73398    | Support list (pathology) | Type C         | 01.07.2022      | 6            | P7        | N        | Characterisation of variants in at least 8 genes, which must include all of the following genes: (a) JAK2 (including exons 12 and 14); (b) CALR; (c) MPL; in the diagnostic work-up of a patient with clinical and laboratory evidence of polycythaemia vera or essential thrombocythaemia, requested by a specialist or consultant physician<br>Applicable to one test per diagnostic episode  | 420              |             |                   | 315              | 357             |
| 73399    | Support list (pathology) | Type C         | 01.07.2022      | 6            | P7        | N        | Characterisation of variants in at least 20 genes, which must include all of the following genes: (a) JAK2 (including exons 12 and 14); (b) CALR; (c) MPL; in the diagnostic work-up of a patient, with clinical and laboratory evidence of primary myelofibrosis, who is eligible for a stem cell transplant, requested by a specialist or consultant physician<br>Applicable to one test per diagnostic episode   | 700              |             |                   | 525              | 606.8           |
| 73401    | Support list (pathology) | Type C         | 01.07.2022      | 6            | P7        | N        | Characterisation, by whole exome or genome sequencing and analysis, of germline gene variants in one or more of the genes implicated in heritable cystic kidney disease, if: (a) the service is requested by a consultant physician practising as: (i) a clinical geneticist; or (ii) a specialist nephrologist; and (b) the patient has a renal abnormality and is strongly suspected of having a monogenic condition<br>Applicable once per lifetime  | 2100             |             |                   | 1575             | 2006.8          |
| 73402    | Support list (pathology) | Type C         | 01.07.2022      | 6            | P7        | N        | Characterisation, by whole exome or genome sequencing and analysis, of germline gene variants in one or more of the genes implicated in heritable kidney disease, if: (a) the service is requested by a consultant physician practising as: (i) a clinical geneticist; or (ii) a specialist nephrologist; and (b) the patient has chronic kidney disease (other than cystic disease or Alport syndrome) and is strongly suspected of having a monogenic condition<br>Applicable once per lifetime   | 2100             |             |                   | 1575             | 2006.8          |
| 73403    | Support list (pathology) | Type C         | 01.07.2022      | 6            | P7        | N        | Re-analysis of genetic data obtained in performing a service to which item 73401 or 73402 applies, for characterisation of previously unreported germline gene variants related to the clinical phenotype, if: (a) the re-analysis is requested by a consultant physician practising as a clinical geneticist or a specialist paediatrician; and (b) the patient has a strong clinical suspicion of a monogenic condition; and (c) a service to which item 73401, 73402 or this item applies has not been performed for the patient in the previous 18 months<br>Applicable twice per lifetime  | 500              |             |                   | 375              | 425             |
| 73404    | Support list (pathology) | Type C         | 01.07.2022      | 6            | P7        | N        | Detection of a single gene variant in a patient, if: (a) the service is requested by: (i) a clinical geneticist; or (ii) a specialist or consultant physician providing professional genetic counselling services; and (b) the patient has a first-degree relative with a known monogenic cause of kidney disease; and (c) a service described in item 73401, 73402, or 73403 has identified the causative variant for the disease for the relative<br>Applicable once per variant per lifetime   | 400              |             |                   | 300              | 340             |
| 73405    | Support list (pathology) | Type C         | 01.07.2022      | 6            | P7        | N        | Detection of one or more variants of a single gene known to cause heritable kidney disease, for the purpose of reproductive decision making, if: (a) the detection is requested by a consultant physician practising as: (i) a clinical geneticist; or (ii) a specialist nephrologist; and (b) the patient is the reproductive partner of an individual known to be a carrier of a pathogenic variant that causes heritable kidney disease that has a recessive mode of inheritance; and (c) a service described in item 73401, 73402, 73403 or 73404 has identified the causative gene for the patient's partner; and (d) the detection test methodology has sufficient diagnostic range and sensitivity to detect at least 95% of pathogenic variants likely to be present in the patient | 1200             |             |                   | 900              | 1106.8          |
| 73406    | Support list (pathology) | Type C         | 01.07.2022      | 6            | P7        | N        | Testing of a pregnant patient, for the purpose of determining whether monogenic variants are present in the fetus, if: (a) the service is requested by a consultant physician practising as: (i) a clinical geneticist; or (ii) a specialist nephrologist; and (b) the patient or the patient's reproductive partner (or both) are known to be affected by, or are carriers of, a known pathogenic variant that causes heritable kidney disease; and (c) the fetus is at risk, of at least 25%, of inheriting a monogenic variant known to cause kidney disease   | 400              |             |                   | 300              | 340             |
| 73410    | Support list (pathology) | Type C         | 01.07.2022      | 6            | P7        | N        | Deletion testing of HBA1 and HBA2 for: (a) the diagnosis of alpha thalassaemia in a patient of reproductive age: (i) who has abnormal red cell indices; and (ii) for whom thalassaemia screening was suggestive of thalassaemia; and (iii) who does not have a concurrent iron deficiency (or who, irrespective of iron status, is pregnant); and (iv) who has no historic normal cell indices; or (b) the determination of carrier status in a person: (i) who is a reproductive partner of a person of child-bearing potential with diagnosed alpha thalassaemia; and (ii) who has abnormal red cell indices; and (iii) who does not have a concurrent iron deficiency (See para PN.7.5 of explanatory notes to this Category)  | 100              |             |                   | 75               | 85              |
| 73411    | Support list (pathology) | Type C         | 01.07.2022      | 6            | P7        | N        | Sequencing of HBA1 or HBA2, if the results of deletion testing described in item 73410 were inconclusive and a less common or rare variant is suspected, either: (a) for the diagnosis of alpha thalassaemia in a patient of reproductive age; or (b) for the determination of carrier status in a reproductive partner of a person of child-bearing potential with diagnosed alpha thalassaemia<br>Applicable once per gene per lifetime   | 400              |             |                   | 300              | 340             |

| MBS item | Clinical Category        | Procedure Type           | Item Start Date | MBS Category | MBS Group | New Item | MBS Description   | MBS Schedule Fee | Derived Fee | Benefit 100% (\$) | Benefit 75% (\$) | Benefit 85 (\$) |
|----------|--------------------------|--------------------------|-----------------|--------------|-----------|----------|---|------------------|-------------|-------------------|------------------|-----------------|
| 73412    | Support list (pathology) | Type C                   | 01.07.2022      | 6            | P7        | N        | Deletion testing of HBA1 and HBA2, if the results of deletion testing described in item 73410 were inconclusive and a large deletion variant is suspected, either: (a) for the diagnosis of alpha thalassaemia in a patient of reproductive age; or (b) for the determination of carrier status in a reproductive partner of a person of child-bearing potential with diagnosed alpha thalassaemia  | 250              |             |                   | 187.5            | 212.5           |
| 73413    | Support list (pathology) | Type C                   | 01.07.2022      | 6            | P7        | N        | Non-deletion testing of HBA1 and HBA2 using techniques other than sequencing, if the results of deletion testing described in item 73410 were inconclusive, either: (a) for the diagnosis of alpha thalassaemia in a patient of reproductive age ; or (b) for the determination of carrier status in a reproductive partner of a person of child-bearing potential with diagnosed alpha thalassaemia  | 250              |             |                   | 187.5            | 212.5           |
| 73416    | Support list (pathology) | Type C                   | 01.07.2022      | 6            | P7        | N        | Detection of germline gene variants, including copy number variation, requested by a specialist or consultant physician: (a) in at least the following genes: (i) KCNQ1; (ii) KCNH2; (iii) SCN5A; (iv) KCNE1; (v) KCNE2; (vi) KCNJ2; (vii) CACNA1C; (viii) RYR2; (ix) CASQ2; (x) CAV3; (xi) SCN4B; (xii) AKAP9; (xiii) SNTA1; (xiv) KCNJ5; (xv) ALG10; (xvi) CALM1; (xvii) CALM2; (xviii) ANK2; (xix) TECRL; (xx) TRDN; and (b) for a patient for whom clinical or family history criteria is suggestive of inherited cardiac arrhythmias or channelopathies that place the patient at greater than 10% risk of having a pathogenic variant Applicable once per lifetime  | 1200             |             |                   | 900              | 1106.8          |
| 73417    | Support list (pathology) | Type C                   | 01.07.2022      | 6            | P7        | N        | Characterisation of one or more pathogenic or likely pathogenic germline gene variants, requested by a specialist or consultant physician, if: (a) the patient is a first-degree or second-degree biological relative of a person with a pathogenic or likely pathogenic germline gene variant that is confirmed by laboratory findings; and (b) the service is performed for the purpose of assessing present or future risk of a cardiac arrhythmia or channelopathy; and (c) a service to which item 73416 applies has not previously been performed for the patient Applicable once per variant per lifetime  | 400              |             |                   | 300              | 340             |
| 73418    | Support list (pathology) | Type C                   | 01.07.2022      | 6            | P7        | N        | Characterisation of one or more recessive pathogenic or likely pathogenic germline genes, requested by a specialist or consultant physician, for the purpose of determining the reproductive risk of cardiac arrhythmia or channelopathy in a patient: (a) who is a reproductive partner of a person who is a known carrier of a pathogenic or likely pathogenic germline gene variant of a gene confirmed by laboratory findings; and (b) for whom a service to which item 73416 applies has not previously been performed; and (c) for whom carrier status of a pathogenic or likely pathogenic germline gene variant is unknown; and (d) who has a clinical history, family history or laboratory findings suggesting there is a low probability of cardiac arrhythmia or channelopathy Applicable once per variant per lifetime | 400              |             |                   | 300              | 340             |
| 73419    | Support list (pathology) | Type C                   | 01.07.2022      | 6            | P7        | N        | Re-analysis of whole exome or genome data that was obtained in performing a service to which item 73416 applies, for characterisation of previously unreported germline gene variants related to the clinical phenotype, if: (a) the re-analysis is requested by a consultant physician practising as a clinical geneticist or a cardiologist; and (b) the patient is strongly suspected of having inheritable cardiac arrhythmia or channelopathies; and (c) the service is performed at least 18 months after a service to which item 73416 or this item applies was performed for the patient Applicable twice per lifetime  | 500              |             |                   | 375              | 425             |
| 73420    | Support list (pathology) | Type C                   | 01.07.2022      | 6            | P7        | N        | Non-invasive prenatal testing of blood from an RhD negative pregnant patient for the detection of the RHD gene from fetal DNA circulating in maternal blood   | 56               |             |                   | 42               | 47.6            |
| 73421    | Support list (pathology) | Type C                   | 01.07.2022      | 6            | P7        | N        | Non-invasive prenatal testing of blood from an RhD negative pregnant patient (in a singleton pregnancy) for the detection of the RHD gene from fetal DNA circulating in maternal blood, if the patient is alloimmunised with immune Anti-D  | 550              |             |                   | 412.5            | 467.5           |
| 73422    | Support list (pathology) | Type C                   | 01.11.2022      | 6            | P7        | N        | Characterisation of a gene variant or gene variants using a gene panel, in a patient presenting with clinical signs and symptoms suggestive of a genetic neuromuscular disorder (other than signs and symptoms associated with variants that are not detected by massively parallel sequencing), if the service is requested: (a) by a specialist or consultant physician; and (b) after exclusion of non-genetic causes Applicable once per lifetime   | 1200             |             |                   | 900              | 1106.8          |
| 73423    | Support list (pathology) | Type C                   | 01.11.2022      | 6            | P7        | N        | Detection of a single identified gene variant, in a biological relative of a person with a germline gene variant for a neuromuscular disorder identified by a service described in item 73422, 73425 or 73426, if the service is requested by a specialist or consultant physician Applicable once per variant  | 500              |             |                   | 375              | 425             |
| 73424    | Support list (pathology) | Type C                   | 01.11.2022      | 6            | P7        | N        | Prenatal detection of an actionable pathogenic familial gene variant or gene variants (including maternal cell contamination assessment), requested by a specialist or consultant physician, for a genetic neuromuscular disorder previously identified in an index person in the patient's family as a result of a service described in item 73422 Applicable once per pregnancy   | 1600             |             |                   | 1200             | 1506.8          |
| 73425    | Support list (pathology) | Type B Non-band specific | 01.11.2022      | 6            | P7        | N        | Prenatal detection of unknown gene variants (including maternal cell contamination assessment) using a gene panel, if: (a) the service is requested: (i) by a specialist or consultant physician, for a suspected genetic neuromuscular disorder; and (ii) after exclusion of non-genetic causes; and (b) the service is performed using a sample from the fetus; and (c) the service is not performed in conjunction with a service to which item 73426 applies Applicable once per pregnancy  | 1800             |             |                   | 1350             | 1706.8          |
| 73426    | Support list (pathology) | Type B Non-band specific | 01.11.2022      | 6            | P7        | N        | Prenatal detection of unknown gene variants (including maternal cell contamination assessment) using a gene panel, if: (a) the service is requested: (i) by a specialist or consultant physician; and (ii) for a suspected genetic neuromuscular disorder; and (iii) after exclusion of non-genetic causes; and (b) the request states that singleton testing is inappropriate; and (c) the service is performed using a sample from the fetus and a sample from each of the fetus's biological parents; and (d) the service is not performed in conjunction with a service to which item 73425 applies Applicable once per pregnancy   | 2400             |             |                   | 1800             | 2306.8          |

| MBS Item | Clinical Category        | Procedure Type | Item Start Date | MBS Category | MBS Group | New Item | MBS Description   | MBS Schedule Fee | Derived Fee | Benefit 100% (\$) | Benefit 75% (\$) | Benefit 85 (\$) |
|----------|--------------------------|----------------|-----------------|--------------|-----------|----------|---|------------------|-------------|-------------------|------------------|-----------------|
| 73427    | Support list (pathology) | Type C         | 01.11.2022      | 6            | P7        | N        | Single gene testing for the characterisation of a germline gene variant or germline gene variants, if requested by a specialist or consultant physician, within the same gene in which the patient's reproductive partner has a documented pathogenic germline recessive gene variant for a neuromuscular disorder identified by a service described in item 73422, 73425 or 73426 Applicable once per gene   | 1200             |             |                   | 900              | 1106.8          |
| 73428    | Support list (pathology) | Type C         | 01.11.2022      | 6            | P7        | N        | Re-analysis of whole genome or exome data obtained in performing a service described in item 73422, 73425 or 73426, for characterisation of previously unreported gene variants related to the clinical phenotype, if the re-analysis is requested by: (a) a consultant physician practicing as a clinical geneticist; or (b) a consultant physician practising as a specialist paediatrician, following consultation with a clinical geneticist Applicable twice per lifetime  | 500              |             |                   | 375              | 425             |
| 73430    | Support list (pathology) | Type C         | 01.07.2022      | 6            | P7        | N        | Fluorescence in-situ hybridisation (FISH) test of tumour tissue from a patient with locally advanced or metastatic solid tumour, if: (a) the tumour is at risk of being caused by a neurotrophic receptor tyrosine kinase (NTRK) gene fusion as determined by either: (i) occurring in a child less than 18 years of age; or (ii) being mammary analogue secretory carcinoma of the salivary gland; or (iii) being secretory breast carcinoma; and (b) the test is requested by a specialist or consultant physician to determine if requirements relating to NTRK gene fusion status for access to a tropomyosin receptor kinase (Trk) inhibitor under the Pharmaceutical Benefits Scheme are fulfilled This item cannot be claimed if item 73433 has been claimed for the same patient during the same cancer diagnosis Applicable only once per cancer diagnosis                                   | 400              |             |                   | 300              | 340             |
| 73431    | Support list (pathology) | Type C         | 01.07.2022      | 6            | P7        | N        | Two tests described in item 73430   | 533              |             |                   | 399.75           | 453.05          |
| 73432    | Support list (pathology) | Type C         | 01.07.2022      | 6            | P7        | N        | Three or more tests described in item 73430   | 667              |             |                   | 500.25           | 573.8           |
| 73433    | Support list (pathology) | Type C         | 01.07.2022      | 6            | P7        | N        | Next generation sequencing (NGS) test for neurotrophic receptor tyrosine kinase (NTRK1, NTRK2, NTRK3) fusions by RNA or DNA in tumour tissue from a patient with locally advanced or metastatic solid tumour, if: (a) the tumour is at risk of being caused by an NTRK gene fusion as determined by either: (i) occurring in a child less than 18 years of age; or (ii) being mammary analogue secretory carcinoma of the salivary gland; or (iii) being secretory breast carcinoma; (b) the test is requested by a specialist or consultant physician to determine if requirements relating to NTRK gene fusion status for access to a tropomyosin receptor kinase (Trk) inhibitor under the Pharmaceutical Benefits Scheme are fulfilled This item cannot be claimed if item 73430 has been claimed for the same patient during the same cancer diagnosis Applicable only once per cancer diagnosis | 1000             |             |                   | 750              | 906.8           |
| 73436    | Support list (pathology) | Type C         | 01.11.2022      | 6            | P7        | N        | A test of tumour tissue from a patient diagnosed with locally advanced or metastatic non-small cell lung cancer requested by, or on behalf of, a specialist or consultant physician to determine if the requirements relating to MET proto-oncogene, receptor tyrosine kinase (MET) exon 14 skipping alterations (METex14sk) status for access to tepotinib are fulfilled under the Pharmaceutical Benefits Scheme  | 397.35           |             |                   | 298.05           | 337.75          |
| 73521    | Support list (pathology) | Type C         | 01.12.1991      | 6            | P8        | N        | Semen examination for presence of spermatozoa or examination of cervical mucus for spermatozoa (Huhner's test)  | 9.7              |             |                   | 7.3              | 8.25            |
| 73523    | Support list (pathology) | Type C         | 01.12.1991      | 6            | P8        | N        | Semen examination (other than post-vasectomy semen examination), including: (a) measurement of volume, sperm count and motility; and (b) examination of stained preparations; and (c) morphology; and (if performed) (d) differential count and 1 or more chemical tests; (Item is subject to rule 25)  | 41.75            |             |                   | 31.35            | 35.5            |
| 73525    | Support list (pathology) | Type C         | 01.12.1991      | 6            | P8        | N        | Sperm antibodies - sperm-penetrating ability - 1 or more tests  | 28.35            |             |                   | 21.3             | 24.1            |
| 73527    | Support list (pathology) | Type C         | 01.12.1991      | 6            | P8        | N        | Human chorionic gonadotrophin (HCG) - detection in serum or urine by 1 or more methods for diagnosis of pregnancy - 1 or more tests   | 10               |             |                   | 7.5              | 8.5             |
| 73529    | Support list (pathology) | Type C         | 01.12.1991      | 6            | P8        | N        | Human chorionic gonadotrophin (HCG), quantitation in serum by 1 or more methods (except by latex, membrane, strip or other pregnancy test kit) for diagnosis of threatened abortion, or follow up of abortion or diagnosis of ectopic pregnancy, including any services performed in item 73527 - 1 test  | 28.65            |             |                   | 21.5             | 24.4            |
| 73801    | Support list (pathology) | Type C         | 01.12.1991      | 6            | P9        | N        | Semen examination for presence of spermatozoa   | 6.9              |             |                   | 5.2              | 5.9             |
| 73802    | Support list (pathology) | Type C         | 01.12.1991      | 6            | P9        | N        | Leucocyte count, erythrocyte sedimentation rate, examination of blood film (including differential leucocyte count), haemoglobin, haematocrit or erythrocyte count - 1 test   | 4.55             |             |                   | 3.45             | 3.9             |
| 73803    | Support list (pathology) | Type C         | 01.12.1991      | 6            | P9        | N        | 2 tests described in item 73802   | 6.35             |             |                   | 4.8              | 5.4             |
| 73804    | Support list (pathology) | Type C         | 01.12.1991      | 6            | P9        | N        | 3 or more tests described in item 73802   | 8.15             |             |                   | 6.15             | 6.95            |
| 73805    | Support list (pathology) | Type C         | 01.12.1991      | 6            | P9        | N        | Microscopy of urine, excluding dipstick testing.  | 4.55             |             |                   | 3.45             | 3.9             |
| 73806    | Support list (pathology) | Type C         | 01.12.1991      | 6            | P9        | N        | Pregnancy test by 1 or more immunochemical methods  | 10.15            |             |                   | 7.65             | 8.65            |
| 73807    | Support list (pathology) | Type C         | 01.12.1991      | 6            | P9        | N        | Microscopy for wet film other than urine, including any relevant stain  | 6.9              |             |                   | 5.2              | 5.9             |
| 73808    | Support list (pathology) | Type C         | 01.12.1991      | 6            | P9        | N        | Microscopy of Gram-stained film, including (if performed) a service described in item 73805 or 73807  | 8.65             |             |                   | 6.5              | 7.4             |
| 73809    | Support list (pathology) | Type C         | 01.12.1991      | 6            | P9        | N        | Chemical tests for occult blood in faeces by reagent stick, strip, tablet or similar method   | 2.35             |             |                   | 1.8              | 2               |
| 73810    | Support list (pathology) | Type C         | 01.12.1991      | 6            | P9        | N        | Microscopy for fungi in skin, hair or nails - 1 or more sites   | 6.9              |             |                   | 5.2              | 5.9             |
| 73811    | Support list (pathology) | Type C         | 01.12.1991      | 6            | P9        | N        | Mantoux test  | 11.2             |             |                   | 8.4              | 9.55            |

| MBS item | Clinical Category        | Procedure Type | Item Start Date | MBS Category | MBS Group | New Item | MBS Description   | MBS Schedule Fee | Derived Fee | Benefit 100% (\$) | Benefit 75% (\$) | Benefit 85 (\$) |
|----------|--------------------------|----------------|-----------------|--------------|-----------|----------|---|------------------|-------------|-------------------|------------------|-----------------|
| 73812    | Support list (pathology) | Type C         | 01.11.2021      | 6            | P9        | N        | Quantitation of glycated haemoglobin (HbA1c) performed in the management of established diabetes when performed: (a) as a point-of-care test; and (b) by or on behalf of a medical practitioner who works in a general practice that is accredited against the point of care testing accreditation module under the National General Practice Accreditation Scheme; and (c) using a method and instrument certified by the National Glycohemoglobin Standardization Program (NGSP), if the instrument has a total coefficient variation less than 3.0% at 48 mmol/mol (6.5%). Applicable not more than 3 times per 12 months per patient.                     | 11.8             |             |                   | 8.85             | 10.05           |
| 73826    | Support list (pathology) | Type C         | 01.11.2021      | 6            | P9        | N        | Quantitation of glycated haemoglobin (HbA1c) performed by a participating nurse practitioner in the management of established diabetes when performed: (a) as a point-of-care test; and (b) by a nurse practitioner who works in a general practice that is accredited against the point of care testing accreditation module under the National General Practice Accreditation Scheme; and (c) using a method and instrument certified by the National Glycohemoglobin Standardization Program (NGSP), if the instrument has a total coefficient variation less than 3.0% at 48 mmol/mol (6.5%). Applicable not more than 3 times per 12 months per patient. | 11.8             |             |                   | 8.85             | 10.05           |
| 73828    | Support list (pathology) | Unlisted       | 01.11.2011      | 6            | P9        | N        | Semen examination for presence of spermatozoa by a participating nurse practitioner   | 6.9              |             |                   |                  | 5.9             |
| 73829    | Support list (pathology) | Unlisted       | 01.11.2011      | 6            | P9        | N        | Leucocyte count, erythrocyte sedimentation rate, examination of blood film (including differential leucocyte count), haemoglobin, haematocrit or erythrocyte count by a participating nurse practitioner- 1 test  | 4.55             |             |                   |                  | 3.9             |
| 73830    | Support list (pathology) | Unlisted       | 01.11.2011      | 6            | P9        | N        | 2 tests described in item 73829 by a participating nurse practitioner   | 6.35             |             |                   |                  | 5.4             |
| 73831    | Support list (pathology) | Unlisted       | 01.11.2011      | 6            | P9        | N        | 3 or more tests described in item 73829 by a participating nurse practitioner   | 8.15             |             |                   |                  | 6.95            |
| 73832    | Support list (pathology) | Unlisted       | 01.11.2011      | 6            | P9        | N        | Microscopy of urine,excluding dipstick testingby a participating nurse practitioner.  | 4.55             |             |                   |                  | 3.9             |
| 73833    | Support list (pathology) | Unlisted       | 01.11.2011      | 6            | P9        | N        | Pregnancy test by 1 or more immunochemical methods by a participating nurse practitioner  | 10.15            |             |                   |                  | 8.65            |
| 73834    | Support list (pathology) | Unlisted       | 01.11.2011      | 6            | P9        | N        | Microscopy for wet film other than urine, including any relevant stain by a participating nurse practitioner  | 6.9              |             |                   |                  | 5.9             |
| 73835    | Support list (pathology) | Unlisted       | 01.11.2011      | 6            | P9        | N        | Microscopy of Gram-stained film, including (if performed) a service described in item 73832 or 73834 by a participating nurse practitioner  | 8.65             |             |                   |                  | 7.4             |
| 73836    | Support list (pathology) | Unlisted       | 01.11.2011      | 6            | P9        | N        | Chemical tests for occult blood in faeces by reagent stick, strip, tablet or similar method by a participating nurse practitioner   | 2.35             |             |                   |                  | 2               |
| 73837    | Support list (pathology) | Unlisted       | 01.11.2011      | 6            | P9        | N        | Microscopy for fungi in skin, hair or nails by a participating nurse practitioner- 1 or more sites  | 6.9              |             |                   |                  | 5.9             |
| 73839    | Support list (pathology) | Unlisted       | 01.12.2015      | 6            | P9        | N        | Quantitation of HbA1c (glycated haemoglobin) performed for the diagnosis of diabetes in asymptomatic patients at high risk - not more than once in a 12 month period. (Item is subject to restrictions in rulePR.9.1 of explanatory notes to this category)   | 16.8             |             |                   | 12.6             | 14.3            |
| 73840    | Support list (pathology) | Unlisted       | 01.12.2000      | 6            | P9        | N        | Quantitation of glycosylated haemoglobin performed in the management of established diabetes – each test to a maximum of 4 tests in a 12 month period. (Item is subject to restrictions in rulePR.9.1 of explanatory notes to this category)  | 17               |             |                   | 12.75            | 14.45           |
| 73844    | Support list (pathology) | Unlisted       | 01.01.2006      | 6            | P9        | N        | Quantitation of urinary albumin/creatinine ratio in urine on a random spot collection in the management of patients with established diabetes or patients at risk of microalbuminuria.  | 20.35            |             |                   | 15.3             | 17.3            |
| 73899    | Support list (pathology) | Unlisted       | 01.11.2015      | 6            | P10       | N        | Initiation of a patient episode that consists of a service described in item 72858 or 72859 in circumstances other than those mentioned in item 73900   | 5.95             |             |                   | 4.5              | 5.1             |
| 73900    | Support list (pathology) | Unlisted       | 01.11.2015      | 6            | P10       | N        | Initiation of a patient episode that consists of a service described in item 72858 or 72859 if the service is rendered in a prescribed laboratory.  | 2.4              |             |                   | 1.8              | 2.05            |
| 73920    | Support list (pathology) | Type C         | 01.07.2008      | 6            | P10       | N        | Initiation of a patient episode by collection of a specimen for 1 or more services (other than those services described in items 73922, 73924 or 73926) if the specimen is collected in an approved collection centre that the APA operates in the same premises as it operates a category GX or GY pathology laboratory  | 2.4              |             |                   | 1.8              | 2.05            |
| 73922    | Support list (pathology) | Type C         | 01.05.2007      | 6            | P10       | N        | Initiation of a patient episode that consists of a service described in item 73070, 73071, 73072, 73074, 73075 or 73076(in circumstances other than those described in item 73923)  | 8.2              |             |                   | 6.15             | 7               |
| 73923    | Support list (pathology) | Type C         | 01.05.2007      | 6            | P10       | N        | Initiation of a patient episode that consists of a service described in items 73070, 73071, 73072, 73074, 73075 or 73076 if: (a) the person is a private patient in a recognised hospital; or (b) the person receives the service from a prescribed laboratory  | 2.4              |             |                   | 1.8              | 2.05            |
| 73924    | Support list (pathology) | Type C         | 01.05.2007      | 6            | P10       | N        | Initiation of a patient episode that consists of 1 or more services described in items 72813, 72816, 72817, 72818, 72823, 72824, 72825, 72826, 72827, 72828, 72830, 72836 and 72838 (in circumstances other than those described in item 73925) from a person who is an in-patient of a hospital.   | 14.65            |             |                   | 11               | 12.5            |
| 73925    | Support list (pathology) | Type C         | 01.05.2007      | 6            | P10       | N        | Initiation of a patient episode that consists of 1 or more services described in items 72813, 72816, 72817, 72818, 72823, 72824, 72825, 72826, 72827, 72828, 72830, 72836 and 72838 if the person is: (a)a private patient of a recognised hospital;or (b) a private patient of a hospital who receives the service or services from a prescribed laboratory.   | 2.4              |             |                   | 1.8              | 2.05            |
| 73926    | Support list (pathology) | Type C         | 01.05.2007      | 6            | P10       | N        | Initiation of a patient episode that consists of 1 or more services described in items 72813, 72816, 72817, 72818, 72823, 72824, 72825, 72826, 72827, 72828, 72830, 72836 and 72838 (in circumstances other than those described in item 73927) from a person who is not a patient of a hospital.   | 8.2              |             |                   | 6.15             | 7               |
| 73927    | Support list (pathology) | Type C         | 01.05.2007      | 6            | P10       | N        | Initiation of a patient episode by a prescribed laboratory that consists of 1 or more services described in items, 72813, 72816, 72817, 72818, 72823, 72824, 72825, 72826, 72827, 72828, 72830, 72836 and 72838 from a person who is not a patient of a hospital.   | 2.4              |             |                   | 1.8              | 2.05            |

| MBS item | Clinical Category        | Procedure Type | Item Start Date | MBS Category | MBS Group | New Item | MBS Description  | MBS Schedule Fee | Derived Fee | Benefit 100% (\$) | Benefit 75% (\$) | Benefit 85 (\$) |
|----------|--------------------------|----------------|-----------------|--------------|-----------|----------|--|------------------|-------------|-------------------|------------------|-----------------|
| 73928    | Support list (pathology) | Type C         | 01.05.2007      | 6            | P10       | N        | Initiation of a patient episode by collection of a specimen for 1 or moreservices (other than those services described in items 73922, 73924 or 73926) if the specimen is collected in an approved collection centre. Unless item 73920 or 73929 applies   | 5.95             |             |                   | 4.5              | 5.1             |
| 73929    | Support list (pathology) | Type C         | 01.05.2007      | 6            | P10       | N        | Initiation of a patient episode by collection of a specimen for 1 or more services(other than those services described in items 73922, 73924 or 73926) if the specimen is collected by an approved pathology practitioner for a prescribed laboratory or by an employee of an approved pathology authority, who conducts a prescribed laboratory, if the specimen is collected in an approved pathology collection centre  | 2.4              |             |                   | 1.8              | 2.05            |
| 73930    | Support list (pathology) | Type C         | 01.05.2007      | 6            | P10       | N        | Initiation of a patient episode by collection of a specimen for a service for 1 or more services (other than those services described in items 73922, 73924 or 73926) if the specimen is collected by an approved pathology practitioner or an employee of an approved pathology authority from a person who is an in-patient of a hospital other than a recognised hospital. Unless item 73931 applies  | 5.95             |             |                   | 4.5              | 5.1             |
| 73931    | Support list (pathology) | Type C         | 01.05.2007      | 6            | P10       | N        | Initiation of a patient episode by collection of a specimen for 1 or more services(other than those services described in items 73922, 73924 or 73926) if: (i)the specimen is collected by an approved pathology practitioner for a prescribed laboratory or by an employee of an approved pathology authority, who conducts a prescribed laboratory, from a person who is a private patient in a hospital or (i) the person is a private patient in a recognised hospital and the specimen is collected by an approved pathology practitioner or an employee of an approved pathology authority   | 2.4              |             |                   | 1.8              | 2.05            |
| 73932    | Support list (pathology) | Type C         | 01.05.2007      | 6            | P10       | N        | Initiation of a patient episode by collection of a specimen for 1 or more services (other than those services described in items 73922, 73924 or 73926) if the specimen is collected by an approved pathology practitioner or an employee of an approved pathology authority from a person in the place where the person was residing. Unless item 73933 applies   | 10.25            |             |                   | 7.7              | 8.75            |
| 73933    | Support list (pathology) | Type C         | 01.05.2007      | 6            | P10       | N        | Initiation of a patient episode by collection of a specimen for 1 or more services(other than those services described in items 73922, 73924 or 73926) if the specimen is collected by an approved pathology practitioner for a prescribed laboratory or by an employee of an approved pathology authority, who conducts a prescribed laboratory, from a person in the place where the person is residing  | 2.4              |             |                   | 1.8              | 2.05            |
| 73934    | Support list (pathology) | Type C         | 01.05.2007      | 6            | P10       | N        | Initiation of a patient episode by collection of a specimen for 1 or more services (other than those services described in items 73922, 73924 and 73926) if the specimen is collected by an approved pathology practitioner or an employee of an approved pathology authority from a person in a residential aged care home or institution. Unless 73935 applies   | 17.6             |             |                   | 13.2             | 15              |
| 73935    | Support list (pathology) | Type C         | 01.05.2007      | 6            | P10       | N        | Initiation of a patient episode by collection of a specimen for 1 or more services(other than those services described in items 73922, 73924 or 73926) if the specimen is collected by an approved pathology practitioner or by an employee of an approved pathology authority, who conducts a prescribed laboratory, from a person in a residential aged care home or institution   | 2.4              |             |                   | 1.8              | 2.05            |
| 73936    | Support list (pathology) | Type C         | 01.05.2007      | 6            | P10       | N        | Initiation of a patient episode by collection of a specimen for 1 or more services (other than those services described in items 73922, 73924 or 73926) if the specimen is collected from the person by the person.  | 5.95             |             |                   | 4.5              | 5.1             |
| 73937    | Support list (pathology) | Type C         | 01.05.2007      | 6            | P10       | N        | Initiation of a patient episode by collection of a specimen for 1 or more services(other than those services described in items 73922, 73924 or 73926), if the specimen is collected from the person by the person and if: (i)the service is performed in a prescribed laboratory or (i)the person is a private patient in a recognised hospital   | 2.4              |             |                   | 1.8              | 2.05            |
| 73938    | Support list (pathology) | Type C         | 01.05.2007      | 6            | P10       | N        | Initiation of a patient episode by collection of a specimen for 1 or more services (other than those services described in items 73922, 73924 or 73926) if the specimen is collected by or on behalf of the treating practitioner. Unless item 73939 applies   | 7.95             |             |                   | 6                | 6.8             |
| 73939    | Support list (pathology) | Type C         | 01.05.2007      | 6            | P10       | N        | Initiation of a patient episode by collection of a specimen for 1 or more services(other than those services described in items 73922, 73924 or 73926), if the specimen is collected by or on behalf of the treating practitioner and if: (i)the service is performed in a prescribed laboratory or (i)the person is a private patient in a recognised hospital  | 2.4              |             |                   | 1.8              | 2.05            |
| 73940    | Support list (pathology) | Type C         | 01.05.2007      | 6            | P11       | N        | Receipt of a specimen by an approved pathology practitioner of an approved pathology authority from another approved pathology practitioner of a different approved pathology authority or another approved pathology authority (Item is subject to rules 14, 15 and 16)   | 10.25            |             |                   | 7.7              | 8.75            |
| 74990    | Support list (pathology) | Unlisted       | 01.02.2004      | 6            | P12       | N        | A pathology service to which an item in this table (other than this item or item 74991, 75861, 75862, 75863 or 75864) 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 Commonwealth concession card holder;and (c)the person is not an admitted patient of a hospital; and (d)the service is bulk-billed in respect of the fees for: (i)this item; and (ii)the other item in this table applying to the service  | 7.3              |             |                   |                  | 6.25            |
| 74991    | Support list (pathology) | Unlisted       | 01.05.2004      | 6            | P12       | N        | A pathology service to which an item in this table (other than this item or items 74990, 75861, 75862, 75863 or 75864) 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 Commonwealth concession card holder; and (c)the person is not an admitted patient of a hospital; and (d)the service is bulk-billed in respect of the fees for: (i)this item; and (ii)the other item in this table applying to the service; and (e) the service is provided at, or from, a practice location in a Modified Monash 2 area. | 11.05            |             |                   |                  | 9.4             |
| 74992    | Support list (pathology) | Type C         | 01.11.2009      | 6            | P13       | N        | A payment when the episode is bulk billed and includes item 73920.   | 1.6              |             |                   | 1.2              | 1.4             |
| 74993    | Support list (pathology) | Type C         | 01.11.2009      | 6            | P13       | N        | A payment when the episode is bulk billed and includes item 73922 or 73926.  | 3.75             |             |                   | 2.85             | 3.2             |
| 74994    | Support list (pathology) | Type C         | 01.11.2009      | 6            | P13       | N        | A payment when the episode is bulk billed and includes item 73924.   | 3.25             |             |                   | 2.45             | 2.8             |

| MBS item | Clinical Category  | Procedure Type | Item Start Date | MBS Category | MBS Group | New Item | MBS Description  | MBS Schedule Fee | Derived Fee | Benefit 100% (\$) | Benefit 75% (\$) | Benefit 85 (\$) |
|----------|--|----------------|-----------------|--------------|-----------|----------|--|------------------|-------------|-------------------|------------------|-----------------|
| 74995    | Support list (pathology)                                 | Type C         | 01.11.2009      | 6            | P13       | N        | A payment when the episode is bulk billed and includes item 73899, 73900, 73928, 73930 or 73936.   | 4                |             |                   | 3                | 3.4             |
| 74996    | Support list (pathology)                                 | Type C         | 01.11.2009      | 6            | P13       | N        | A payment when the episode is bulk billed and includes item 73932 or 73940.  | 3.7              |             |                   | 2.8              | 3.15            |
| 74997    | Support list (pathology)                                 | Type C         | 01.11.2009      | 6            | P13       | N        | A payment when the episode is bulk billed and includes item 73934.   | 3.3              |             |                   | 2.5              | 2.85            |
| 74998    | Support list (pathology)                                 | Type C         | 01.11.2009      | 6            | P13       | N        | A payment when the episode is bulk billed and includes item 73938.   | 2                |             |                   | 1.5              | 1.7             |
| 74999    | Support list (pathology)                                 | Type C         | 01.11.2009      | 6            | P13       | N        | A payment when the episode is bulk billed and includes item 73923, 73925, 73927, 73929, 73931, 73933, 73935, 73937 or 73939.   | 1.6              |             |                   | 1.2              | 1.4             |
| 75001    | Common list  | Unlisted       | 01.07.1995      | 7            | C1        | N        | Note: In this Group, benefit is only payable where the service has been rendered to a patient by a dental practitioner who is registered in the specialty of orthodontics, except for the services covered by Items 75009-75023 which may also be rendered by a medical practitioner who is a specialist in the practice of his or her specialty of oral and maxillofacial surgery. CONSULTATIONS INITIAL PROFESSIONAL ATTENDANCE in a single course of treatment by an eligible orthodontist (AO) | 90.4             |             |                   | 67.8             | 76.85           |
| 75004    | Common list  | Unlisted       | 01.07.1995      | 7            | C1        | N        | PROFESSIONAL ATTENDANCE by an eligible orthodontist subsequent to the first professional attendance by the orthodontist in a single course of treatment (AO)   | 45.45            |             |                   | 34.1             | 38.65           |
| 75006    | Dental surgery   | Unlisted       | 01.12.1991      | 7            | C1        | N        | PRODUCTION OF DENTAL STUDY MODELS (not being a service associated with a service to which item 75004 applies) prior to provision of a service to which: (a)item 75030, 75033, 75034, 75036, 75037, 75039, 75045 or 75051 applies; or (b)an item in Group T8 or Groups 03 to 09 applies; in a single course of treatment  | 80.55            |             |                   | 60.45            | 68.5            |
| 75009    | Support list   | Unlisted       | 01.12.1991      | 7            | C1        | N        | RADIOGRAPHY ORTHODONTIC RADIOGRAPHY orthopantomography (panoramic radiography), including any consultation on the same occasion  | 72.1             |             |                   | 54.1             | 61.3            |
| 75012    | Support list   | Unlisted       | 01.12.1991      | 7            | C1        | N        | ORTHODONTIC RADIOGRAPHYANTEROPOSTERIOR CEPHALOMETRIC RADIOGRAPHY with cephalometric tracings OR LATERAL CEPHALOMETRIC RADIOGRAPHY with cephalometric tracings including any consultation on the same occasion  | 114.25           |             |                   | 85.7             | 97.15           |
| 75015    | Support list   | Unlisted       | 01.12.1991      | 7            | C1        | N        | ORTHODONTIC RADIOGRAPHYANTEROPOSTERIOR AND LATERAL CEPHALOMETRIC RADIOGRAPHY, with cephalometric tracings including any consultation on the same occasion  | 157.05           |             |                   | 117.8            | 133.5           |
| 75018    | Support list   | Unlisted       | 01.12.1991      | 7            | C1        | N        | ORTHODONTIC RADIOGRAPHYANTEROPOSTERIOR AND LATERAL CEPHALOMETRIC RADIOGRAPHY, with cephalometric tracings and orthopantomography including any consultation on the same occasion   | 200.1            |             |                   | 150.1            | 170.1           |
| 75021    | Support list   | Unlisted       | 01.12.1991      | 7            | C1        | N        | ORTHODONTIC RADIOGRAPHYhand-wrist studies (including growth prediction) including any consultation on the same occasion  | 245.3            |             |                   | 184              | 208.55          |
| 75023    | Support list   | Unlisted       | 01.07.1995      | 7            | C1        | N        | INTRAORAL RADIOGRAPHY - single area, periapical or bitewing film   | 49.1             |             |                   | 36.85            | 41.75           |
| 75024    | Plastic and reconstructive surgery (medically necessary) | Unlisted       | 01.12.1991      | 7            | C1        | N        | PRESURGICAL INFANT MAXILLARY ARCH REPOSITIONING PRESURGICAL INFANT MAXILLARY ARCH REPOSITIONING including supply of appliances and all adjustments of appliances and supervision - WHERE 1 APPLIANCE IS USED   | 634.4            |             |                   | 475.8            | 541.2           |
| 75027    | Plastic and reconstructive surgery (medically necessary) | Unlisted       | 01.12.1991      | 7            | C1        | N        | PRESURGICAL INFANT MAXILLARY ARCH REPOSITIONING including supply of appliances and all adjustments of appliances and supervisionWHERE 2 APPLIANCES ARE USED  | 869.95           |             |                   | 652.5            | 776.75          |
| 75030    | Dental surgery   | Unlisted       | 01.12.1991      | 7            | C1        | N        | DENTITION TREATMENT MAXILLARY ARCH EXPANSION not being a service associated with a service to which item 75039, 75042, 75045 or 75048 applies, including supply of appliances, all adjustments of the appliances, removal of the appliances and retention  | 774.55           |             |                   | 580.95           | 681.35          |
| 75033    | Dental surgery   | Unlisted       | 01.12.1991      | 7            | C1        | N        | MIXED DENTITION TREATMENT - incisor alignment using fixed appliances in maxillary arch, including supply of appliances, all adjustments of appliances, removal of the appliances and retention   | 1269.6           |             |                   | 952.2            | 1176.4          |
| 75034    | Dental surgery   | Unlisted       | 01.07.1995      | 7            | C1        | N        | MIXED DENTITION TREATMENT - incisor alignment with or without lateral arch expansion using a removable appliance in the maxillary arch, including supply of appliances, associated adjustments and retention   | 646.2            |             |                   | 484.65           | 553             |
| 75036    | Dental surgery   | Unlisted       | 01.12.1991      | 7            | C1        | N        | MIXED DENTITION TREATMENT - lateral arch expansion and incisor alignment using fixed appliances in maxillary arch, including supply of appliances, all adjustments of appliances, removal of appliances and retention  | 1753.6           |             |                   | 1315.2           | 1660.4          |
| 75037    | Dental surgery   | Unlisted       | 01.07.1995      | 7            | C1        | N        | MIXED DENTITION TREATMENT - lateral arch expansion and incisor correction - 2 arch (maxillary and mandibular) using fixed appliances in both maxillary and mandibular arches, including supply of appliances, all adjustments of appliances, removal of appliances and retention   | 2208.65          |             |                   | 1656.5           | 2115.45         |
| 75039    | Dental surgery   | Unlisted       | 01.12.1991      | 7            | C1        | N        | PERMANENT DENTITION TREATMENTSINGLE ARCH (mandibular or maxillary) TREATMENT (correction and alignment) using fixed appliances, including supply of appliances - initial 3 months of active treatment  | 587              |             |                   | 440.25           | 498.95          |
| 75042    | Dental surgery   | Unlisted       | 01.12.1991      | 7            | C1        | N        | PERMANENT DENTITION TREATMENT - SINGLE ARCH (mandibular or maxillary) TREATMENT (correction and alignment) using fixed appliances, including supply of appliances - each 3 months of active treatment (including all adjustments and maintenance and removal of the appliances) after the first for a maximum of a further 33 months   | 219.4            |             |                   | 164.55           | 186.5           |
| 75045    | Dental surgery   | Unlisted       | 01.12.1991      | 7            | C1        | N        | PERMANENT DENTITION TREATMENT2 ARCH (mandibular and maxillary) TREATMENT (correction and alignment) using fixed appliances, including supply of appliances - initial 3 months of active treatment  | 1175.1           |             |                   | 881.35           | 1081.9          |
| 75048    | Dental surgery   | Unlisted       | 01.12.1991      | 7            | C1        | N        | PERMANENT DENTITION TREATMENT - 2 ARCH (mandibular and maxillary) TREATMENT (correction and alignment) using fixed appliances, including supply of appliances - each subsequent 3 months of active treatment (including all adjustments and maintenance, and removal of the appliances) after the first for a maximum of a further 33 months   | 301.35           |             |                   | 226.05           | 256.15          |

| MBS Item | Clinical Category | Procedure Type | Item Start Date | MBS Category | MBS Group | New Item | MBS Description   | MBS Schedule Fee | Derived Fee | Benefit 100% (\$) | Benefit 75% (\$) | Benefit 85 (\$) |
|----------|-------------------|----------------|-----------------|--------------|-----------|----------|---|------------------|-------------|-------------------|------------------|-----------------|
| 75049    | Dental surgery    | Unlisted       | 01.07.1995      | 7            | C1        | N        | RETENTION, FIXED OR REMOVABLE, single arch (mandibular or maxillary) - supply of retainer and supervision of retention  | 352.7            |             |                   | 264.55           | 299.8           |
| 75050    | Dental surgery    | Unlisted       | 01.07.1995      | 7            | C1        | N        | RETENTION, FIXED OR REMOVABLE, 2-arch (mandibular and maxillary) - supply of retainers and supervision of retention   | 680.85           |             |                   | 510.65           | 587.65          |
| 75051    | Dental surgery    | Unlisted       | 01.12.1991      | 7            | C1        | N        | JAW GROWTH GUIDANCE JAW GROWTH guidance using removable or functional appliances, including supply of appliances and all adjustments to appliances  | 1045.15          |             |                   | 783.9            | 951.95          |
| 75150    | Common list       | Unlisted       | 01.07.1995      | 7            | C2        | N        | Note:(i) In this Group, benefit is only payable where the service has been rendered to a patient who has been referred by an eligible orthodontist. (ii) While benefit is payable for simple extractions performed by a registered dental practitioner, benefit is only payable for surgical extractions and other surgical procedures where the service is rendered by a medical practitioner who is a specialist in the practice of his or her speciality of oral and maxillofacial surgery. CONSULTATIONS INITIAL PROFESSIONAL attendance in a single course of treatment by an eligible oral and maxillofacial surgeon where the patient is referred to the surgeon by an eligible orthodontist (AOS) | 90.4             |             |                   | 67.8             | 76.85           |
| 75153    | Common list       | Unlisted       | 01.07.1995      | 7            | C2        | N        | PROFESSIONAL ATTENDANCE by an eligible oral and maxillofacial surgeon subsequent to the first professional attendance by the surgeon in a single course of treatment where the patient is referred to the surgeon by an eligible orthodontist   | 45.45            |             |                   | 34.1             | 38.65           |
| 75156    | Dental surgery    | Unlisted       | 01.07.1995      | 7            | C2        | N        | PRODUCTION OF DENTAL STUDY MODELS (not being a service associated with a service to which item 75153 applies) prior to provision of a service: (a) to which item 52321, 53212 or 75618 applies; or (b) to which an item in the series 52330 to 52382, 52600 to 52630, 53400 to 53409 or 53415 to 53429 applies; in a single course of treatment if the patient is referred by an eligible orthodontist (AOS)  | 80.55            |             |                   | 60.45            | 68.5            |
| 75200    | Dental surgery    | Unlisted       | 01.12.1991      | 7            | C2        | N        | SIMPLE EXTRACTIONS Removal of tooth or tooth fragment (other than treatment to which item 75400, 75403, 75406, 75409, 75412 or 75415 applies), if the patient is referred by an eligible orthodontist (AD)  | 58.05            |             |                   | 43.55            | 49.35           |
| 75203    | Dental surgery    | Unlisted       | 01.12.1991      | 7            | C2        | N        | REMOVAL OF TOOTH OR TOOTH FRAGMENT under general anaesthesia, if the patient is referred by an eligible orthodontist (AD)   | 87.1             |             |                   | 65.35            | 74.05           |
| 75206    | Dental surgery    | Unlisted       | 01.12.1991      | 7            | C2        | N        | Removal of each additional tooth or tooth fragment at the same attendance at which a service to which item 75200 or 75203 applies is rendered, if the patient is referred by an eligible orthodontist (AD)  | 28.9             |             |                   | 21.7             | 24.6            |
| 75400    | Dental surgery    | Unlisted       | 01.12.1991      | 7            | C2        | N        | SURGICAL EXTRACTIONS Surgical removal of erupted tooth, if the patient is referred by an eligible orthodontist (AOS)  | 174.2            |             |                   | 130.65           | 148.1           |
| 75403    | Dental surgery    | Unlisted       | 01.12.1991      | 7            | C2        | N        | Surgical removal of tooth with soft tissue impaction, if the patient is referred by an eligible orthodontist (AOS)  | 200.1            |             |                   | 150.1            | 170.1           |
| 75406    | Dental surgery    | Unlisted       | 01.12.1991      | 7            | C2        | N        | Surgical removal of tooth with partial bone impaction, if the patient is referred by an eligible orthodontist (AOS)   | 228              |             |                   | 171              | 193.8           |
| 75409    | Dental surgery    | Unlisted       | 01.12.1991      | 7            | C2        | N        | Surgical removal of tooth with complete bone impaction, if the patient is referred by an eligible orthodontist (AOS)  | 258.15           |             |                   | 193.65           | 219.45          |
| 75412    | Dental surgery    | Unlisted       | 01.12.1991      | 7            | C2        | N        | Surgical removal of tooth fragment requiring incision of soft tissue only, if the patient is referred by an eligible orthodontist (AOS)   | 144.2            |             |                   | 108.15           | 122.6           |
| 75415    | Dental surgery    | Unlisted       | 01.12.1991      | 7            | C2        | N        | Surgical removal of tooth fragment requiring removal of bone, if the patient is referred by an eligible orthodontist (AOS)  | 174.2            |             |                   | 130.65           | 148.1           |
| 75600    | Dental surgery    | Unlisted       | 01.12.1991      | 7            | C2        | N        | OTHER SURGICAL PROCEDURES Surgical exposure, stimulation and packing of unerupted tooth, if the patient is referred by an eligible orthodontist (AOS)   | 245.3            |             |                   | 184              | 208.55          |
| 75603    | Dental surgery    | Unlisted       | 01.12.1991      | 7            | C2        | N        | Surgical exposure of unerupted tooth for the purpose of fitting a traction device, if the patient is referred by an eligible orthodontist (AOS)   | 288.35           |             |                   | 216.3            | 245.1           |
| 75606    | Dental surgery    | Unlisted       | 01.12.1991      | 7            | C2        | N        | Surgical repositioning of unerupted tooth, if the patient is referred by an eligible orthodontist (AOS)   | 288.35           |             |                   | 216.3            | 245.1           |
| 75609    | Dental surgery    | Unlisted       | 01.12.1991      | 7            | C2        | N        | Transplantation of tooth bud, if the patient is referred by an eligible orthodontist (AOS)  | 430.45           |             |                   | 322.85           | 365.9           |
| 75612    | Dental surgery    | Unlisted       | 01.07.1995      | 7            | C2        | N        | Surgical procedure for intra oral implantation of osseointegrated fixture (first stage), if the patient is referred by an eligible orthodontist (AOS)   | 532.7            |             |                   | 399.55           | 452.8           |
| 75615    | Dental surgery    | Unlisted       | 01.07.1995      | 7            | C2        | N        | Surgical procedure for fixation of trans mucosal abutment (second stage of osseointegrated implant), if the patient is referred by an eligible orthodontist (AOS)   | 197.2            |             |                   | 147.9            | 167.65          |
| 75618    | Dental surgery    | Unlisted       | 01.07.1995      | 7            | C2        | N        | Provision and fitting of a bite rising appliance or dental splint for the management of temporomandibular joint dysfunction syndrome, if the patient is referred by an eligible orthodontist (AOS)  | 244.85           |             |                   | 183.65           | 208.15          |
| 75621    | Dental surgery    | Unlisted       | 01.07.1995      | 7            | C2        | N        | The provision and fitting of surgical template in conjunction with orthognathic surgical procedures in association with: (a) an item in the series: (i) 45720 to 45754; or (ii) 52342 to 52375; or (b) item 52380 or 52382; if the patient is referred by an eligible orthodontist (AOS)  | 244.85           |             |                   | 183.65           | 208.15          |
| 75800    | Dental surgery    | Unlisted       | 01.12.1991      | 7            | C3        | N        | Note: Benefit is payable for services listed in this Group where they are rendered by a registered dental practitioner CONSULTATIONS ATTENDANCE BY AN ELIGIBLE DENTAL PRACTITIONER involving consultation, preventive treatment and prophylaxis, of not less than 30 minutes' duration each attendance to a maximum of 3 attendances in any period of 12 months   | 87.1             |             |                   | 65.35            | 74.05           |
| 75803    | Dental surgery    | Unlisted       | 01.12.1991      | 7            | C3        | N        | PROSTHODONTIC PROVISION AND FITTING OF ACRYLIC BASE PARTIAL DENTURE, including retainers 1 TOOTH  | 348.65           |             |                   | 261.5            | 296.4           |
| 75806    | Dental surgery    | Unlisted       | 01.12.1991      | 7            | C3        | N        | PROVISION AND FITTING OF ACRYLIC BASE PARTIAL DENTURE, including retainers 2 TEETH  | 408.9            |             |                   | 306.7            | 347.6           |
| 75809    | Dental surgery    | Unlisted       | 01.12.1991      | 7            | C3        | N        | PROVISION AND FITTING OF ACRYLIC BASE PARTIAL DENTURE. including retainers 3 TEETH  | 484.15           |             |                   | 363.15           | 411.55          |
| 75812    | Dental surgery    | Unlisted       | 01.12.1991      | 7            | C3        | N        | PROVISION AND FITTING OF ACRYLIC BASE PARTIAL DENTURE, including retainers 4 TEETH  | 537.9            |             |                   | 403.45           | 457.25          |
| 75815    | Dental surgery    | Unlisted       | 01.12.1991      | 7            | C3        | N        | PROVISION AND FITTING OF ACRYLIC BASE PARTIAL DENTURE, including retainers 5 TO 9 TEETH   | 656.4            |             |                   | 492.3            | 563.2           |
| 75818    | Dental surgery    | Unlisted       | 01.12.1991      | 7            | C3        | N        | PROVISION AND FITTING OF ACRYLIC BASE PARTIAL DENTURE, including retainers 10 TO 12 TEETH   | 774.55           |             |                   | 580.95           | 681.35          |

| MBS Item | Clinical Category            | Procedure Type | Item Start Date | MBS Category | MBS Group | New Item | MBS Description   | MBS Schedule Fee | Derived Fee | Benefit 100% (\$) | Benefit 75% (\$) | Benefit 85 (\$) |
|----------|------------------------------|----------------|-----------------|--------------|-----------|----------|---|------------------|-------------|-------------------|------------------|-----------------|
| 75821    | Dental surgery               | Unlisted       | 01.12.1991      | 7            | C3        | N        | PROVISION AND FITTING OF CAST METAL BASE (cobalt chromium alloy) PARTIAL DENTURE including casting and retainers 1 TOOTH  | 623.95           |             |                   | 468              | 530.75          |
| 75824    | Dental surgery               | Unlisted       | 01.12.1991      | 7            | C3        | N        | PROVISION AND FITTING OF CAST METAL BASE (cobalt chromium alloy) PARTIAL DENTURE including casting and retainers 2 TEETH  | 720.8            |             |                   | 540.6            | 627.6           |
| 75827    | Dental surgery               | Unlisted       | 01.12.1991      | 7            | C3        | N        | PROVISION AND FITTING OF CAST METAL BASE (cobalt chromium alloy) PARTIAL DENTURE including casting and retainers 3 TEETH  | 828.55           |             |                   | 621.45           | 735.35          |
| 75830    | Dental surgery               | Unlisted       | 01.12.1991      | 7            | C3        | N        | PROVISION AND FITTING OF CAST METAL BASE (cobalt chromium alloy) PARTIAL DENTURE including casting and retainers 4 TEETH  | 914.6            |             |                   | 685.95           | 821.4           |
| 75833    | Dental surgery               | Unlisted       | 01.12.1991      | 7            | C3        | N        | PROVISION AND FITTING OF CAST METAL BASE (cobalt chromium alloy) PARTIAL DENTURE including casting and retainers 5 TO 9 TEETH   | 1118.85          |             |                   | 839.15           | 1025.65         |
| 75836    | Dental surgery               | Unlisted       | 01.12.1991      | 7            | C3        | N        | PROVISION AND FITTING OF CAST METAL BASE (cobalt chromium alloy) PARTIAL DENTURE including casting and retainers 10 TO 12 TEETH   | 1280.3           |             |                   | 960.25           | 1187.1          |
| 75839    | Dental surgery               | Unlisted       | 01.12.1991      | 7            | C3        | N        | PROVISION AND FITTING OF RETAINERS not being a service associated with a service to which item 75803, 75806, 75809, 75812, 75815, 75818, 75821, 75824, 75827, 75830, 75833 or 75836 applies each retainer   | 28.9             |             |                   | 21.7             | 24.6            |
| 75842    | Dental surgery               | Unlisted       | 01.12.1991      | 7            | C3        | N        | ADJUSTMENT OF PARTIAL DENTURE not being a service associated with a service to which item 75803, 75806, 75809, 75812, 75815, 75818, 75821, 75824, 75827, 75830, 75833 or 75836 applies  | 43.1             |             |                   | 32.35            | 36.65           |
| 75845    | Dental surgery               | Unlisted       | 01.12.1991      | 7            | C3        | N        | RELINING OF PARTIAL DENTURE by laboratory process and associated fitting  | 215.3            |             |                   | 161.5            | 183.05          |
| 75848    | Dental surgery               | Unlisted       | 01.12.1991      | 7            | C3        | N        | REMODELLING AND FITTING OF PARTIAL DENTURE of more than 4 teeth   | 258.15           |             |                   | 193.65           | 219.45          |
| 75851    | Dental surgery               | Unlisted       | 01.12.1991      | 7            | C3        | N        | REPAIR TO CAST METAL BASE OF PARTIAL DENTURE 1 or more points   | 129.15           |             |                   | 96.9             | 109.8           |
| 75854    | Dental surgery               | Unlisted       | 01.12.1991      | 7            | C3        | N        | ADDITION OF A TOOTH OR TEETH to a partial denture to replace extracted tooth or teeth including taking of necessary impression  | 129.15           |             |                   | 96.9             | 109.8           |
| 75855    | N/A (Not hospital treatment) | Unlisted       | 01.01.2022      | 8            | M1        | N        | A medical service to which an item in this table (other than this item or item 10990, 10991, 10992, 75856, 75857 or 75858) applies if: (a) the service is an unreferral 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 respect of 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 | 12.5             |             |                   |                  | 10.65           |
| 75856    | N/A (Not hospital treatment) | Unlisted       | 01.01.2022      | 8            | M1        | N        | A medical service to which an item in this table (other than this item or item 10990, 10991, 10992, 75855, 75857 or 75858) applies if: (a) the service is an unreferral 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 respect of 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  | 13.3             |             |                   |                  | 11.35           |
| 75857    | N/A (Not hospital treatment) | Unlisted       | 01.01.2022      | 8            | M1        | N        | A medical service to which an item in this table (other than this item or item 10990, 10991, 10992, 75855, 75856 or 75858) applies if: (a) the service is an unreferral 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 respect of 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  | 14.05            |             |                   |                  | 11.95           |
| 75858    | N/A (Not hospital treatment) | Unlisted       | 01.01.2022      | 8            | M1        | N        | A medical service to which an item in this table (other than this item or item 10990, 10991, 10992, 75855, 75856 or 75857) applies if: (a) the service is an unreferral 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 respect of 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  | 14.9             |             |                   |                  | 12.7            |
| 75861    | N/A (Not hospital treatment) | Unlisted       | 01.01.2022      | 6            | P12       | N        | A pathology service to which an item in this table (other than this item or item 74990, 74991, 75862, 75863 or 75864) applies if: (a) the service is an unreferral service; and (b) the service is rendered 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 respect of the fees for: (i) this item; and (ii) the other item in this Schedule applying to the service; and (e) the service is rendered at, or from, a practice location in: (i) a Modified Monash 3 area; or (ii) a Modified Monash 4 area     | 11.75            |             |                   |                  | 10              |
| 75862    | N/A (Not hospital treatment) | Unlisted       | 01.01.2022      | 6            | P12       | N        | A pathology service to which an item in this Schedule (other than this item or item 74990, 74991, 75861, 75863, or 75864) applies if: (a) the service is an unreferral service; and (b) the service is rendered 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 rendered at, or from, a practice location in a Modified Monash 5 area                                       | 12.45            |             |                   |                  | 10.6            |
| 75863    | N/A (Not hospital treatment) | Unlisted       | 01.01.2022      | 6            | P12       | N        | A pathology service to which an item in this Schedule (other than this item or item 74990, 74991, 75861, 75862 or 75864) applies if: (a) the service is an unreferral service; and (b) the service is rendered 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 respect of the fees for: (i) this item; and (ii) the other item in this Schedule applying to the service; and (e) the service is rendered at, or from, a practice location in a Modified Monash 6 area   | 13.2             |             |                   |                  | 11.25           |

| MBS item | Clinical Category             | Procedure Type               | Item Start Date | MBS Category | MBS Group | New Item | MBS Description   | MBS Schedule Fee | Derived Fee | Benefit 100% (\$) | Benefit 75% (\$) | Benefit 85 (\$) |
|----------|-------------------------------|------------------------------|-----------------|--------------|-----------|----------|---|------------------|-------------|-------------------|------------------|-----------------|
| 75864    | N/A (Not hospital treatment)  | Unlisted                     | 01.01.2022      | 6            | P12       | N        | A pathology service to which an item in this Schedule (other than this item or item 74990, 74991, 75861, 75862 or 75863) applies if: (a)the service is an unREFERRED service; and (b)the service is rendered 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 rendered at, or from, a practice location in a Modified Monash 7 area  | 14.5             |             |                   |                  | 12.35           |
| 80000    | N/A (Not hospital treatment)  | Unlisted                     | 01.11.2006      | 8            | M6        | N        | Professional attendance for the purpose of providing psychological assessment and therapy for a mental disorder by a clinical psychologist registered with Medicare Australia as meeting the credentialing requirements for provision of this service, lasting more than 30 minutes but less than 50 minutes, where the patient is referred by a medical practitioner, as part of a GP Mental Health Treatment Plan or as part of a shared care plan; or referred by a medical practitioner (including a general practitioner, but not a specialist or consultant physician) who is managing the patient under a referred psychiatrist assessment and management plan; or referred by a specialist or consultant physician in the practice of his or her field of psychiatry or paediatrics. These therapies are time limited, being deliverable in up to ten planned sessions in a calendar year (including services to which items 283 to 287; 2721 to 2727; 80000 to 80015; 80100 to 80115; 80125 to 80140; 80150 to 80165 apply). (Professional attendance at consulting rooms) | 105.45           |             |                   |                  | 89.65           |
| 80002    | N/A (Not hospital treatment)  | N/A (Not hospital treatment) | 01.03.2023      | 8            | M6        | Y        | Psychological therapy health service provided in consulting rooms by an eligible clinical psychologist to a person other than the patient, if: (a) the service is part of the patient's treatment; (b) the patient has been referred to the eligible clinical psychologist by a referring practitioner; and (c) the service lasts at least 30 minutes but less than 50 minutes  | 105.45           |             |                   |                  | 89.65           |
| 80005    | Hospital psychiatric services | Unlisted                     | 01.11.2006      | 8            | M6        | N        | Professional attendance at a place other than consulting rooms. As per the service requirements outlined for item 80000.  | 131.8            |             |                   |                  | 112.05          |
| 80006    | N/A (Not hospital treatment)  | N/A (Not hospital treatment) | 01.03.2023      | 8            | M6        | Y        | Psychological therapy health service provided at a place other than consulting rooms by an eligible clinical psychologist to a person other than the patient, if: (a) the service is part of the patient's treatment; (b) the patient has been referred to the eligible clinical psychologist by a referring practitioner; and (c) the service lasts at least 30 minutes but less than 50 minutes   | 131.8            |             |                   |                  | 112.05          |
| 80010    | N/A (Not hospital treatment)  | Unlisted                     | 01.11.2006      | 8            | M6        | N        | Professional attendance for the purpose of providing psychological assessment and therapy for a mental disorder by a clinical psychologist registered with Medicare Australia as meeting the credentialing requirements for provision of this service, lasting at least 50 minutes, where the patient is referred by a medical practitioner, as part of a GP Mental Health Treatment Plan or as part of a shared care plan; or referred by a medical practitioner (including a general practitioner, but not a specialist or consultant physician) who is managing the patient under a referred psychiatrist assessment and management plan; or referred by a specialist or consultant physician in the practice of his or her field of psychiatry or paediatrics. These therapies are time limited, being deliverable in up to ten planned sessions in a calendar year (including services to which items 283 to 287; 2721 to 2727; 80000 to 80015; 80100 to 80115; 80125 to 80140; 80150 to 80165 apply). (Professional attendance at consulting rooms)                           | 154.85           |             |                   |                  | 131.65          |
| 80012    | N/A (Not hospital treatment)  | N/A (Not hospital treatment) | 01.03.2023      | 8            | M6        | Y        | Psychological therapy health service provided in consulting rooms by an eligible clinical psychologist to a person other than the patient, if: (a) the service is part of the patient's treatment; (b) the patient has been referred to the eligible clinical psychologist by a referring practitioner; and (c) the service lasts at least 50 minutes   | 154.85           |             |                   |                  | 131.65          |
| 80015    | Hospital psychiatric services | Unlisted                     | 01.11.2006      | 8            | M6        | N        | Professional attendance at a place other than consulting rooms As per the service requirements outlined for item 80010.   | 181.15           |             |                   |                  | 154             |
| 80016    | N/A (Not hospital treatment)  | N/A (Not hospital treatment) | 01.03.2023      | 8            | M6        | Y        | Psychological therapy health service provided at a place other than consulting rooms by an eligible clinical psychologist to a person other than the patient, if: (a) the service is part of the patient's treatment; (b) the patient has been referred to the eligible clinical psychologist by a referring practitioner; and (c) the service lasts at least 50 minutes  | 181.15           |             |                   |                  | 154             |
| 80020    | N/A (Not hospital treatment)  | N/A (Not hospital treatment) | 01.11.2006      | 8            | M6        | N        | Psychological therapy health service provided to a person as part of a group of 4 to 10 patients (but not as an admitted patient of a hospital) by an eligible clinical psychologist if: (a) the person is referred by: (i) a medical practitioner, either as part of a GP Mental Health Treatment Plan, or as part of a psychiatrist assessment and management plan; or (ii)a specialist or consultantphysician specialising in the practice of his or her field of psychiatry; or (iii)a specialist or consultantphysician specialising in the practice of his or her field of paediatrics; and (b) the service is provided in person; and (c) the service is at least 60 minutes duration Further information on the requirements for this item are available in the explanatory notes to this Category.   | 39.3             |             |                   |                  | 33.45           |
| 80021    | N/A (Not hospital treatment)  | N/A (Not hospital treatment) | 01.11.2017      | 8            | M6        | N        | Psychological therapy health service provided to a person as part of a group of 4 to 10 patients (but not as an admitted patient of a hospital) by an eligible clinical psychologist if: (a) the person is referred by: (i) a medical practitioner, either as part of a GP Mental Health Treatment Plan, or as part of a psychiatrist assessment and management plan; or (ii)a specialist or consultantphysician specialising in the practice of his or her field of psychiatry; or (iii)a specialist or consultantphysician specialising in the practice of his or her field of paediatrics; and (b) the attendance is by video conference; and (c) the patient is not an admitted patient; and (d) the patient is located within a telehealth eligible area; and (e) the patient is, at the time of the attendance,at least 15 kilometres by road from the clinical psychologist; and (f)the service is at least 60 minutes duration Further information on the requirements for this item are available in the explanatory notes to this Category.                               | 39.3             |             |                   |                  | 33.45           |

| MBS item | Clinical Category             | Procedure Type               | Item Start Date | MBS Category | MBS Group | New Item | MBS Description   | MBS Schedule Fee | Derived Fee | Benefit 100% (\$) | Benefit 75% (\$) | Benefit 85 (\$) |
|----------|-------------------------------|------------------------------|-----------------|--------------|-----------|----------|---|------------------|-------------|-------------------|------------------|-----------------|
| 80022    | N/A (Not hospital treatment)  | N/A (Not hospital treatment) | 01.11.2022      | 8            | M6        | N        | Psychological therapy health service provided to a person as part of a group of 4 to 10 patients by an eligible clinical psychologist if: (a) the person is referred for a course of treatment by: (i) a medical practitioner, either as part of a GP Mental Health Treatment Plan, or as part of a psychiatrist assessment and management plan; or (ii) a specialist or consultant physician specialising in the practice of his or her field of psychiatry; or (iii) a specialist or consultant physician specialising in the practice of his or her field of paediatrics; and (b) the service is provided in person; and (c) the patient is not an admitted patient; and (d) the service is at least 90 minutes duration Further information on the requirements for this item are available in the explanatory notes to this Category.  | 53.5             |             |                   |                  | 45.5            |
| 80023    | N/A (Not hospital treatment)  | N/A (Not hospital treatment) | 01.11.2022      | 8            | M6        | N        | Psychological therapy health service provided to a person as part of a group of 4 to 10 patients by an eligible clinical psychologist if: (a) the person is referred by: (i) a medical practitioner, either as part of a GP Mental Health Treatment Plan, or as part of a psychiatrist assessment and management plan; or (ii) a specialist or consultant physician specialising in the practice of his or her field of psychiatry; or (iii) a specialist or consultant physician specialising in the practice of his or her field of paediatrics; and (b) the attendance is by video conference; and (c) the patient is not an admitted patient; and (d) the patient is located within a telehealth eligible area; and (e) the patient is, at the time of the attendance, at least 15 kilometres by road from the clinical psychologist; and (f) the service is at least 90 minutes duration Further information on the requirements for this item are available in the explanatory notes to this Category.  | 53.5             |             |                   |                  | 45.5            |
| 80024    | N/A (Not hospital treatment)  | N/A (Not hospital treatment) | 01.11.2022      | 8            | M6        | N        | Psychological therapy health service provided to a person as part of a group of 4 to 10 patients by an eligible clinical psychologist if: (a) the person is referred for a course of treatment by: (i) a medical practitioner, either as part of a GP Mental Health Treatment Plan, or as part of a psychiatrist assessment and management plan; or (ii) a specialist or consultant physician specialising in the practice of his or her field of psychiatry; or (iii) a specialist or consultant physician specialising in the practice of his or her field of paediatrics; and (b) the service is provided in person; and (c) the patient is not an admitted patient; and (d) the service is at least 120 minutes duration Further information on the requirements for this item are available in the explanatory notes to this Category.   | 72.75            |             |                   |                  | 61.85           |
| 80025    | N/A (Not hospital treatment)  | N/A (Not hospital treatment) | 01.11.2022      | 8            | M6        | N        | Psychological therapy health service provided to a person as part of a group of 4 to 10 patients by an eligible clinical psychologist if: (a) the person is referred by: (i) a medical practitioner, either as part of a GP Mental Health Treatment Plan, or as part of a psychiatrist assessment and management plan; or (ii) a specialist or consultant physician specialising in the practice of his or her field of psychiatry; or (iii) a specialist or consultant physician specialising in the practice of his or her field of paediatrics; and (b) the attendance is by video conference; and (c) the patient is not an admitted patient; and (d) the patient is located within a telehealth eligible area; and (e) the patient is, at the time of the attendance, at least 15 kilometres by road from the clinical psychologist; and (f) the service is at least 120 minutes duration Further information on the requirements for this item are available in the explanatory notes to this Category.   | 72.75            |             |                   |                  | 61.85           |
| 80100    | N/A (Not hospital treatment)  | Unlisted                     | 01.11.2006      | 8            | M7        | N        | Professional attendance for the purpose of providing focussed psychological strategies services for an assessed mental disorder by a psychologist registered with Medicare Australia as meeting the credentialing requirements for provision of this service - lasting more than 20 minutes, but not more than 50 minutes - where the patient is referred by a medical practitioner, as part of a GP Mental Health Treatment Plan or as part of a shared care plan; or referred by a medical practitioner (including a general practitioner, but not a specialist or consultant physician) who is managing the patient under a referred psychiatrist assessment and management plan; or referred by a specialist or consultant physician in the practice of his or her field of psychiatry or paediatrics. These therapies are time limited, being deliverable in up to ten planned sessions in a calendar year (including services to which items 283 to 287; 2721 to 2727; 80000 to 80015; 80100 to 80115; 80125 to 80140; 80150 to 80165 apply). (Professional attendance at consulting rooms) | 74.75            |             |                   |                  | 63.55           |
| 80102    | N/A (Not hospital treatment)  | N/A (Not hospital treatment) | 01.03.2023      | 8            | M7        | Y        | Focussed psychological strategies health service provided in consulting rooms by an eligible psychologist to a person other than the patient, if: (a) the service is part of the patient's treatment; (b) the patient has been referred to the eligible psychologist by a referring practitioner; and (c) the service lasts at least 20 minutes but less than 50 minutes  | 74.75            |             |                   |                  | 63.55           |
| 80105    | Hospital psychiatric services | Unlisted                     | 01.11.2006      | 8            | M7        | N        | Professional attendance at a place other than consulting rooms. As per the psychologist service requirements outlined for item 80100.   | 101.65           |             |                   |                  | 86.45           |
| 80106    | N/A (Not hospital treatment)  | N/A (Not hospital treatment) | 01.03.2023      | 8            | M7        | Y        | Focussed psychological strategies health service provided at a place other than consulting rooms by an eligible psychologist to a person other than the patient, if: (a) the service is part of the patient's treatment; (b) the patient has been referred to the eligible psychologist by a referring practitioner; and (c) the service lasts at least 20 minutes but less than 50 minutes   | 101.65           |             |                   |                  | 86.45           |

| MBS item | Clinical Category             | Procedure Type               | Item Start Date | MBS Category | MBS Group | New Item | MBS Description  | MBS Schedule Fee | Derived Fee | Benefit 100% (\$) | Benefit 75% (\$) | Benefit 85 (\$) |
|----------|-------------------------------|------------------------------|-----------------|--------------|-----------|----------|--|------------------|-------------|-------------------|------------------|-----------------|
| 80110    | N/A (Not hospital treatment)  | Unlisted                     | 01.11.2006      | 8            | M7        | N        | Professional attendance for the purpose of providing focussed psychological strategies services for an assessed mental disorder by a psychologist registered with Medicare Australia as meeting the credentialing requirements for provision of this service - lasting more than 50 minutes - where the patient is referred by a medical practitioner, as part of a GP Mental Health Treatment Plan or as part of a shared care plan; or referred by a medical practitioner (including a general practitioner, but not a specialist or consultant physician) who is managing the patient under a referred psychiatrist assessment and management plan; or referred by a specialist or consultant physician in the practice of his or her field of psychiatry or paediatrics. These therapies are time limited, being deliverable in up to ten planned sessions in a calendar year (including services to which items 283 to 287; 2721 to 2727; 80000 to 80015; 80100 to 80115; 80125 to 80140; 80150 to 80165 apply). (Professional attendance at consulting rooms)  | 105.45           |             |                   |                  | 89.65           |
| 80112    | N/A (Not hospital treatment)  | N/A (Not hospital treatment) | 01.03.2023      | 8            | M7        | Y        | Focussed psychological strategies health service provided in consulting rooms by an eligible psychologist to a person other than the patient, if: (a) the service is part of the patient's treatment; (b) the patient has been referred to the eligible psychologist by a referring practitioner; and (c) the service lasts at least 50 minutes  | 105.45           |             |                   |                  | 89.65           |
| 80115    | Hospital psychiatric services | Unlisted                     | 01.11.2006      | 8            | M7        | N        | Professional attendance at a place other than consulting rooms. As per the psychologist service requirements outlined for item 80110.  | 132.45           |             |                   |                  | 112.6           |
| 80116    | N/A (Not hospital treatment)  | N/A (Not hospital treatment) | 01.03.2023      | 8            | M7        | Y        | Focussed psychological strategies health service provided at a place other than consulting rooms by an eligible psychologist to a person other than the patient, if: (a) the service is part of the patient's treatment; (b) the patient has been referred to the eligible psychologist by a referring practitioner; and (c) the service lasts at least 50 minutes   | 132.45           |             |                   |                  | 112.6           |
| 80120    | N/A (Not hospital treatment)  | N/A (Not hospital treatment) | 01.11.2006      | 8            | M7        | N        | Focussed psychological strategies health service provided to a person as part of a group of 4 to 10 patients (but not as an admitted patient of a hospital) by an eligible psychologist if: (a) the person is referred by: (i) a medical practitioner, either as part of a GP Mental Health Treatment Plan, or as part of a psychiatrist assessment and management plan; or (ii) a specialist or consultantphysician specialising in the practice of his or her field of psychiatry; or (iii) a specialist or consultantphysician specialising in the practice of his or her field of paediatrics; and (b) the service is provided in person; and (c) the service is at least 60 minutes duration Further information on the requirements for this item are available in the explanatory notes to this Category.   | 26.9             |             |                   |                  | 22.9            |
| 80121    | N/A (Not hospital treatment)  | N/A (Not hospital treatment) | 01.11.2017      | 8            | M7        | N        | Focussed psychological strategies health service provided to a person as part of a group of 4 to 10 patients (but not as an admitted patient of a hospital) by an eligible psychologist if: (a) the person is referred by: (i) a medical practitioner, either as part of a GP Mental Health Treatment Plan, or as part of a psychiatrist assessment and management plan; or (ii) a specialist or consultantphysician specialising in the practice of his or her field of psychiatry; or (iii) a specialist or consultantphysician specialising in the practice of his or her field of paediatrics; and (b) the attendance is by video conference; and (c) the patient is not an admitted patient; and (d) the patient is located within a telehealth eligible area; and (e) the patient is, at the time of the attendance,at least 15 kilometres by road from the psychologist; and (f)the service is at least 60 minutes duration Further information on the requirements for this item are available in the explanatory notes to this Category.  | 26.9             |             |                   |                  | 22.9            |
| 80122    | N/A (Not hospital treatment)  | N/A (Not hospital treatment) | 01.11.2022      | 8            | M7        | N        | Focussed psychological strategies health service provided to a person as part of a group of 4 to 10 patients by an eligible psychologist if: (a) the person is referred by: (i) a medical practitioner, either as part of a GP Mental Health Treatment Plan, or as part of a psychiatrist assessment and management plan; or (ii) a specialist or consultant physician specialising in the practice of his or her field of psychiatry; or (iii) a specialist or consultant physician specialising in the practice of his or her field of paediatrics; and (b) the service is provided in person; and (c) the patient is not an admitted patient; and (d) the service is at least 90 minutes duration Further information on the requirements for this item are available in the explanatory notes to this Category.  | 36.65            |             |                   |                  | 31.2            |
| 80123    | N/A (Not hospital treatment)  | N/A (Not hospital treatment) | 01.11.2022      | 8            | M7        | N        | Focussed psychological strategies health service provided to a person as part of a group of 4 to 10 by an eligible psychologist if: (a) the person is referred by: (i) a medical practitioner, either as part of a GP Mental Health Treatment Plan, or as part of a psychiatrist assessment and management plan; or (ii) a specialist or consultant physician specialising in the practice of his or her field of psychiatry; or (iii) a specialist or consultant physician specialising in the practice of his or her field of paediatrics; and (b) the attendance is by video conference; and (c) the patient is not an admitted patient; and (d) the patient is located within a telehealth eligible area; and (e) the patient is, at the time of the attendance, at least 15 kilometres by road from the psychologist; and (f) the service is at least 90 minutes duration Further information on the requirements for this item are available in the explanatory notes to this Category.  | 36.65            |             |                   |                  | 31.2            |
| 80125    | N/A (Not hospital treatment)  | Unlisted                     | 01.11.2006      | 8            | M7        | N        | Professional attendance for the purpose of providing focussed psychological strategies services for an assessed mental disorder by an occupational therapist registered with Medicare Australia as meeting the credentialing requirements for provision of this service - lasting more than 20 minutes, but not more than 50 minutes - where the patient is referred by a medical practitioner, as part of a GP Mental Health Treatment Plan or as part of a shared care plan; or referred by a medical practitioner (including a general practitioner, but not a specialist or consultant physician) who is managing the patient under a referred psychiatrist assessment and management plan; or referred by a specialist or consultant physician in the practice of his or her field of psychiatry or paediatrics. These therapies are time limited, being deliverable in up to ten planned sessions in a calendar year (including services to which items 283 to 287; 2721 to 2727; 80000 to 80015; 80100 to 80115; 80125 to 80140; 80150 to 80165 apply). (Professional services at consulting rooms) | 65.85            |             |                   |                  | 56              |

| MBS item | Clinical Category             | Procedure Type               | Item Start Date | MBS Category | MBS Group | New Item | MBS Description  | MBS Schedule Fee | Derived Fee | Benefit 100% (\$) | Benefit 75% (\$) | Benefit 85 (\$) |
|----------|-------------------------------|------------------------------|-----------------|--------------|-----------|----------|--|------------------|-------------|-------------------|------------------|-----------------|
| 80127    | N/A (Not hospital treatment)  | N/A (Not hospital treatment) | 01.11.2022      | 8            | M7        | N        | Focussed psychological strategies health service provided to a person as part of a group of 4 to 10 patients by an eligible psychologist if: (a) the person is referred by: (i) a medical practitioner, either as part of a GP Mental Health Treatment Plan, or as part of a psychiatrist assessment and management plan; or (ii) a specialist or consultant physician specialising in the practice of his or her field of psychiatry; or (iii) a specialist or consultant physician specialising in the practice of his or her field of paediatrics; and (b) the service is provided in person; and (c) the patient is not an admitted patient; and (d) the service is at least 120 minutes duration Further information on the requirements for this item are available in the explanatory notes to this Category.   | 49.8             |             |                   |                  | 42.35           |
| 80128    | N/A (Not hospital treatment)  | N/A (Not hospital treatment) | 01.11.2022      | 8            | M7        | N        | Focussed psychological strategies health service provided to a person as part of a group of 4 to 10 patients by an eligible psychologist if: (a) the person is referred by: (i) a medical practitioner, either as part of a GP Mental Health Treatment Plan, or as part of a psychiatrist assessment and management plan; or (ii) a specialist or consultant physician specialising in the practice of his or her field of psychiatry; or (iii) a specialist or consultant physician specialising in the practice of his or her field of paediatrics; and (b) the attendance is by video conference; and (c) the patient is not an admitted patient; and (d) the patient is located within a telehealth eligible area; and (e) the patient is, at the time of the attendance, at least 15 kilometres by road from the psychologist; and (f) the service is at least 120 minutes duration Further information on the requirements for this item are available in the explanatory notes to this Category.  | 49.8             |             |                   |                  | 42.35           |
| 80129    | N/A (Not hospital treatment)  | N/A (Not hospital treatment) | 01.03.2023      | 8            | M7        | Y        | Focussed psychological strategies health service provided in consulting rooms by an eligible occupational therapist to a person other than the patient, if: (a) the service is part of the patient's treatment; (b) the patient has been referred to the eligible occupational therapist by a referring practitioner; and (c) the service lasts at least 20 minutes but less than 50 minutes   | 65.85            |             |                   |                  | 56              |
| 80130    | Hospital psychiatric services | Unlisted                     | 01.11.2006      | 8            | M7        | N        | Professional attendance at a place other than consulting rooms. As per the occupational therapist service requirements outlined for item 80125.  | 92.7             |             |                   |                  | 78.8            |
| 80131    | N/A (Not hospital treatment)  | N/A (Not hospital treatment) | 01.03.2023      | 8            | M7        | Y        | Focussed psychological strategies health service provided at a place other than consulting rooms by an eligible occupational therapist to a person other than the patient, if: (a) the service is part of the patient's treatment; (b) the patient has been referred to the eligible occupational therapist by a referring practitioner; and (c) the service lasts at least 20 minutes but less than 50 minutes  | 92.7             |             |                   |                  | 78.8            |
| 80135    | N/A (Not hospital treatment)  | Unlisted                     | 01.11.2006      | 8            | M7        | N        | Professional attendance for the purpose of providing focussed psychological strategies services for an assessed mental disorder by an occupational therapist registered with Medicare Australia as meeting the credentialing requirements for provision of this service - lasting more than 50 minutes - where the patient is referred by a medical practitioner, as part of a GP Mental Health Treatment Plan or as part of a shared care plan; or referred by a medical practitioner (including a general practitioner, but not a specialist or consultant physician) who is managing the patient under a referred psychiatrist assessment and management plan; or referred by a specialist or consultant physician in the practice of his or her field of psychiatry or paediatrics. These therapies are time limited, being deliverable in up to ten planned sessions in a calendar year (including services to which items 283 to 287; 2721 to 2727; 80000 to 80015; 80100 to 80115; 80125 to 80140; 80150 to 80165 apply). (Professional attendance at consulting rooms) | 92.95            |             |                   |                  | 79.05           |
| 80137    | N/A (Not hospital treatment)  | N/A (Not hospital treatment) | 01.03.2023      | 8            | M7        | Y        | Focussed psychological strategies health service provided in consulting rooms by an eligible occupational therapist to a person other than the patient, if: (a) the service is part of the patient's treatment; (b) the patient has been referred to the eligible occupational therapist by a referring practitioner; and (c) the service lasts at least 50 minutes  | 92.95            |             |                   |                  | 79.05           |
| 80140    | Hospital psychiatric services | Unlisted                     | 01.11.2006      | 8            | M7        | N        | Professional attendance at a place other than consulting rooms. As per the occupational therapist service requirements outlined for item 80135.  | 119.85           |             |                   |                  | 101.9           |
| 80141    | N/A (Not hospital treatment)  | N/A (Not hospital treatment) | 01.03.2023      | 8            | M7        | Y        | Focussed psychological strategies health service provided at a place other than consulting rooms by an eligible occupational therapist to a person other than the patient, if: (a) the service is part of the patient's treatment; (b) the patient has been referred to the eligible occupational therapist by a referring practitioner; and (c) the service lasts at least 50 minutes   | 119.85           |             |                   |                  | 101.9           |
| 80145    | N/A (Not hospital treatment)  | N/A (Not hospital treatment) | 01.11.2006      | 8            | M7        | N        | Focussed psychological strategies health service provided to a person as part of a group of 4 to 10 patients (but not as an admitted patient of a hospital) by an eligible occupational therapist if: (a) the person is referred by: (i) a medical practitioner, either as part of a GP Mental Health Treatment Plan, or as part of a psychiatrist assessment and management plan; or (ii) a specialist or consultant physician specialising in the practice of his or her field of psychiatry; or (iii) a specialist or consultant physician specialising in the practice of his or her field of paediatrics; and (b) the service is provided in person; and (c) the service is at least 60 minutes duration Further information on the requirements for this item are available in the explanatory notes to this Category.   | 23.6             |             |                   |                  | 20.1            |

| MBS item | Clinical Category             | Procedure Type               | Item Start Date | MBS Category | MBS Group | New Item | MBS Description  | MBS Schedule Fee | Derived Fee | Benefit 100% (\$) | Benefit 75% (\$) | Benefit 85 (\$) |
|----------|-------------------------------|------------------------------|-----------------|--------------|-----------|----------|--|------------------|-------------|-------------------|------------------|-----------------|
| 80146    | N/A (Not hospital treatment)  | N/A (Not hospital treatment) | 01.11.2017      | 8            | M7        | N        | Focussed psychological strategies health service provided to a person as part of a group of 4 to 10 patients (but not as an admitted patient of a hospital) by an eligible occupational therapist if: (a) the person is referred by: (i) a medical practitioner, either as part of a GP Mental Health Treatment Plan, or as part of a psychiatrist assessment and management plan; or (ii) a specialist or consultant physician specialising in the practice of his or her field of psychiatry; or (iii) a specialist or consultant physician specialising in the practice of his or her field of paediatrics; and (b) the attendance is by video conference; and (c) the patient is not an admitted patient; and (d) the patient is located within a telehealth eligible area; and (e) the patient is, at the time of the attendance, at least 15 kilometres by road from the occupational therapist; and (f) the service is at least 60 minutes duration Further information on the requirements for this item are available in the explanatory notes to this Category.                          | 23.6             |             |                   |                  | 20.1            |
| 80147    | N/A (Not hospital treatment)  | N/A (Not hospital treatment) | 01.11.2022      | 8            | M7        | N        | Focussed psychological strategies health service provided to a person as part of a group of 4 to 10 patients by an eligible occupational therapist if: (a) the person is referred by: (i) a medical practitioner, either as part of a GP Mental Health Treatment Plan, or as part of a psychiatrist assessment and management plan; or (ii) a specialist or consultant physician specialising in the practice of his or her field of psychiatry; or (iii) a specialist or consultant physician specialising in the practice of his or her field of paediatrics; and (b) the service is provided in person; and (c) the patient is not an admitted patient; and (d) the service is at least 90 minutes duration Further information on the requirements for this item are available in the explanatory notes to this Category.  | 32.1             |             |                   |                  | 27.3            |
| 80148    | N/A (Not hospital treatment)  | N/A (Not hospital treatment) | 01.11.2022      | 8            | M7        | N        | Focussed psychological strategies health service provided to a person as part of a group of 4 to 10 patients by an eligible occupational therapist if: (a) the person is referred by: (i) a medical practitioner, either as part of a GP Mental Health Treatment Plan, or as part of a psychiatrist assessment and management plan; or (ii) a specialist or consultant physician specialising in the practice of his or her field of psychiatry; or (iii) a specialist or consultant physician specialising in the practice of his or her field of paediatrics; and (b) the attendance is by video conference; and (c) the patient is not an admitted patient; and (d) the patient is located within a telehealth eligible area; and (e) the patient is, at the time of the attendance, at least 15 kilometres by road from the occupational therapist; and (f) the service is at least 90 minutes duration Further information on the requirements for this item are available in the explanatory notes to this Category.   | 32.1             |             |                   |                  | 27.3            |
| 80150    | N/A (Not hospital treatment)  | Unlisted                     | 01.11.2006      | 8            | M7        | N        | Professional attendance for the purpose of providing focussed psychological strategies services for an assessed mental disorder by a social worker registered with Medicare Australia as meeting the credentialing requirements for provision of this service - lasting more than 20 minutes, but not more than 50 minutes - where the patient is referred by a medical practitioner, as part of a GP Mental Health Treatment Plan or as part of a shared care plan; or referred by a medical practitioner (including a general practitioner, but not a specialist or consultant physician) who is managing the patient under a referred psychiatrist assessment and management plan; or referred by a specialist or consultant physician in the practice of his or her field of psychiatry or paediatrics. These therapies are time limited, being deliverable in up to ten planned sessions in a calendar year (including services to which items 283 to 287; 2721 to 2727; 80000 to 80015; 80100 to 80115; 80125 to 80140; 80150 to 80165 apply). (Professional attendance at consulting rooms) | 65.85            |             |                   |                  | 56              |
| 80152    | N/A (Not hospital treatment)  | N/A (Not hospital treatment) | 01.11.2022      | 8            | M7        | N        | Focussed psychological strategies health service provided to a person as part of a group of 4 to 10 patients by an eligible occupational therapist if: (a) the person is referred by: (i) a medical practitioner, either as part of a GP Mental Health Treatment Plan, or as part of a psychiatrist assessment and management plan; or (ii) a specialist or consultant physician specialising in the practice of his or her field of psychiatry; or (iii) a specialist or consultant physician specialising in the practice of his or her field of paediatrics; and (b) the service is provided in person; and (c) the patient is not an admitted patient; and (d) the service is at least 120 minutes duration Further information on the requirements for this item are available in the explanatory notes to this Category.   | 43.7             |             |                   |                  | 37.15           |
| 80153    | N/A (Not hospital treatment)  | N/A (Not hospital treatment) | 01.11.2022      | 8            | M7        | N        | Focussed psychological strategies health service provided to a person as part of a group of 4 to 10 patients by an eligible occupational therapist if: (a) the person is referred by: (i) a medical practitioner, either as part of a GP Mental Health Treatment Plan, or as part of a psychiatrist assessment and management plan; or (ii) a specialist or consultant physician specialising in the practice of his or her field of psychiatry; or (iii) a specialist or consultant physician specialising in the practice of his or her field of paediatrics; and (b) the attendance is by video conference; and (c) the patient is not an admitted patient; and (d) the patient is located within a telehealth eligible area; and (e) the patient is, at the time of the attendance, at least 15 kilometres by road from the occupational therapist; and (f) the service is at least 120 minutes duration Further information on the requirements for this item are available in the explanatory notes to this Category.  | 43.7             |             |                   |                  | 37.15           |
| 80154    | N/A (Not hospital treatment)  | N/A (Not hospital treatment) | 01.03.2023      | 8            | M7        | Y        | Focussed psychological strategies health service provided in consulting rooms by an eligible social worker to a person other than the patient, if: (a) the service is part of the patient's treatment; (b) the patient has been referred to the eligible social worker by a referring practitioner; and (c) the service lasts at least 20 minutes but less than 50 minutes   | 65.85            |             |                   |                  | 56              |
| 80155    | Hospital psychiatric services | Unlisted                     | 01.11.2006      | 8            | M7        | N        | Professional attendance at a place other than consulting rooms. As per the social worker service requirements outlined for item 80150.   | 92.7             |             |                   |                  | 78.8            |

| MBS item | Clinical Category             | Procedure Type               | Item Start Date | MBS Category | MBS Group | New Item | MBS Description  | MBS Schedule Fee | Derived Fee | Benefit 100% (\$) | Benefit 75% (\$) | Benefit 85 (\$) |
|----------|-------------------------------|------------------------------|-----------------|--------------|-----------|----------|--|------------------|-------------|-------------------|------------------|-----------------|
| 80156    | N/A (Not hospital treatment)  | N/A (Not hospital treatment) | 01.03.2023      | 8            | M7        | Y        | Focussed psychological strategies health service provided at a place other than consulting rooms by an eligible social worker to a person other than the patient, if: (a) the service is part of the patient's treatment; (b) the patient has been referred to the eligible social worker by a referring practitioner; and (c) the service lasts at least 20 minutes but less than 50 minutes  | 92.7             |             |                   |                  | 78.8            |
| 80160    | N/A (Not hospital treatment)  | Unlisted                     | 01.11.2006      | 8            | M7        | N        | Professional attendance for the purpose of providing focussed psychological strategies services for an assessed mental disorder by a social worker registered with Medicare Australia as meeting the credentialing requirements for provision of this service - lasting more than 50 minutes - where the patient is referred by a medical practitioner, as part of a GP Mental Health Treatment Plan or as part of a shared care plan; or referred by a medical practitioner (including a general practitioner, but not a specialist or consultant physician) who is managing the patient under a referred psychiatrist assessment and management plan; or referred by a specialist or consultant physician in the practice of his or her field of psychiatry or paediatrics. These therapies are time limited, being deliverable in up to ten planned sessions in a calendar year (including services to which items 283 to 287; 2721 to 2727; 80000 to 80015; 80100 to 80115; 80125 to 80140; 80150 to 80165 apply). (Professional attendance at consulting rooms) | 92.95            |             |                   |                  | 79.05           |
| 80162    | N/A (Not hospital treatment)  | N/A (Not hospital treatment) | 01.03.2023      | 8            | M7        | Y        | Focussed psychological strategies health service provided in consulting rooms by an eligible social worker to a person other than the patient, if: (a) the service is part of the patient's treatment; (b) the patient has been referred to the eligible social worker by a referring practitioner; and (c) the service lasts at least 50 minutes  | 92.95            |             |                   |                  | 79.05           |
| 80165    | Hospital psychiatric services | Unlisted                     | 01.11.2006      | 8            | M7        | N        | Professional attendance at a place other than consulting rooms. As per the social worker service requirements outlined for item 80160.   | 119.85           |             |                   |                  | 101.9           |
| 80166    | N/A (Not hospital treatment)  | N/A (Not hospital treatment) | 01.03.2023      | 8            | M7        | Y        | Focussed psychological strategies health service provided at a place other than consulting rooms by an eligible social worker to a person other than the patient, if: (a) the service is part of the patient's treatment; (b) the patient has been referred to the eligible social worker by a referring practitioner; and (c) the service lasts at least 50 minutes   | 119.85           |             |                   |                  | 101.9           |
| 80170    | N/A (Not hospital treatment)  | N/A (Not hospital treatment) | 01.11.2006      | 8            | M7        | N        | Focussed psychological strategies health service provided to a person as part of a group of 4 to 10 patients (but not as an admitted patient of a hospital) by an eligible social worker if: (a) the person is referred by: (i) a medical practitioner, either as part of a GP Mental Health Treatment Plan, or as part of a psychiatrist assessment and management plan; or (ii) a specialist or consultant physician specialising in the practice of his or her field of psychiatry; or (iii) a specialist or consultant physician specialising in the practice of his or her field of paediatrics; and (b) the service is provided in person; and (c) the service is at least 60 minutes duration Further information on the requirements for this item are available in the explanatory notes to this Category.  | 23.6             |             |                   |                  | 20.1            |
| 80171    | N/A (Not hospital treatment)  | N/A (Not hospital treatment) | 01.11.2017      | 8            | M7        | N        | Focussed psychological strategies health service provided to a person as part of a group of 4 to 10 patients (but not as an admitted patient of a hospital) by an eligible social worker if: (a) the person is referred by: (i) a medical practitioner, either as part of a GP Mental Health Treatment Plan, or as part of a psychiatrist assessment and management plan; or (ii) a specialist or consultant physician specialising in the practice of his or her field of psychiatry; or (iii) a specialist or consultant physician specialising in the practice of his or her field of paediatrics; and (b) the attendance is by video conference; and (c) the patient is not an admitted patient; and (d) the patient is located within a telehealth eligible area; and (e) the patient is, at the time of the attendance, at least 15 kilometres by road from the eligible social worker; and (f) the service is at least 60 minutes duration Further information on the requirements for this item are available in the explanatory notes to this Category.     | 23.6             |             |                   |                  | 20.1            |
| 80172    | N/A (Not hospital treatment)  | N/A (Not hospital treatment) | 01.11.2022      | 8            | M7        | N        | Focussed psychological strategies health service provided to a person as part of a group of 4 to 10 patients by an eligible social worker if: (a) the person is referred by: (i) a medical practitioner, either as part of a GP Mental Health Treatment Plan, or as part of a psychiatrist assessment and management plan; or (ii) a specialist or consultant physician specialising in the practice of his or her field of psychiatry; or (iii) a specialist or consultant physician specialising in the practice of his or her field of paediatrics; and (b) the service is provided in person; and (c) the patient is not an admitted patient; and (d) the service is at least 90 minutes duration Further information on the requirements for this item are available in the explanatory notes to this Category.   | 32.1             |             |                   |                  | 27.3            |
| 80173    | N/A (Not hospital treatment)  | N/A (Not hospital treatment) | 01.11.2022      | 8            | M7        | N        | Focussed psychological strategies health service provided to a person as part of a group of 4 to 10 patients by an eligible social worker if: (a) the person is referred by: (i) a medical practitioner, either as part of a GP Mental Health Treatment Plan, or as part of a psychiatrist assessment and management plan; or (ii) a specialist or consultant physician specialising in the practice of his or her field of psychiatry; or (iii) a specialist or consultant physician specialising in the practice of his or her field of paediatrics; and (b) the attendance is by video conference; and (c) the patient is not an admitted patient; and (d) the patient is located within a telehealth eligible area; and (e) the patient is, at the time of the attendance, at least 15 kilometres by road from the social worker; and (f) the service is at least 90 minutes duration Further information on the requirements for this item are available in the explanatory notes to this Category.   | 32.1             |             |                   |                  | 27.3            |

| MBS item | Clinical Category            | Procedure Type               | Item Start Date | MBS Category | MBS Group | New Item | MBS Description  | MBS Schedule Fee | Derived Fee | Benefit 100% (\$) | Benefit 75% (\$) | Benefit 85 (\$) |
|----------|------------------------------|------------------------------|-----------------|--------------|-----------|----------|--|------------------|-------------|-------------------|------------------|-----------------|
| 80174    | N/A (Not hospital treatment) | N/A (Not hospital treatment) | 01.11.2022      | 8            | M7        | N        | Focussed psychological strategies health service provided to a person as part of a group of 4 to 10 patients by an eligible social worker if: (a) the person is referred by: (i) a medical practitioner, either as part of a GP Mental Health Treatment Plan, or as part of a psychiatrist assessment and management plan; or (ii) a specialist or consultant physician specialising in the practice of his or her field of psychiatry; or (iii) a specialist or consultant physician specialising in the practice of his or her field of paediatrics; and (b) the service is provided in person; and (c) the patient is not an admitted patient; and (d) the service is at least 120 minutes duration Further information on the requirements for this item are available in the explanatory notes to this Category.  | 43.7             |             |                   |                  | 37.15           |
| 80175    | N/A (Not hospital treatment) | N/A (Not hospital treatment) | 01.11.2022      | 8            | M7        | N        | Focussed psychological strategies health service provided to a person as part of a group of 4 to 10 patients by an eligible social worker if: (a) the person is referred by: (i) a medical practitioner, either as part of a GP Mental Health Treatment Plan, or as part of a psychiatrist assessment and management plan; or (ii) a specialist or consultant physician specialising in the practice of his or her field of psychiatry; or (iii) a specialist or consultant physician specialising in the practice of his or her field of paediatrics; and (b) the attendance is by video conference; and (c) the patient is not an admitted patient; and (d) the patient is located within a telehealth eligible area; and (e) the patient is, at the time of the attendance, at least 15 kilometres by road from the social worker; and (f) the service is at least 120 minutes duration Further information on the requirements for this item are available in the explanatory notes to this Category.  | 43.7             |             |                   |                  | 37.15           |
| 81000    | Support list                 | Unlisted                     | 01.11.2006      | 8            | M8        | N        | Provision of a non-directive pregnancy support counselling service to a person who is currently pregnant or who has been pregnant in the preceding 12 months, by an eligible psychologist, where the patient is referred to the psychologist by a medical practitioner (including a general practitioner, but not a specialist or consultant physician), and lasting at least 30 minutes. The service may be used to address any pregnancy related issues for which non-directive counselling is appropriate. This service may be provided by a psychologist who is registered with Medicare Australia as meeting the credentialling requirements for provision of this service.It may not be provided by a psychologist who has a direct pecuniary interest in a health service that has as its primary purpose the provision of services for pregnancy termination. To a maximum of three non-directive pregnancy support counselling services per patient, per pregnancy from any of the following items -81000, 81005, 81010 and 4001                              | 77.3             |             |                   |                  | 65.75           |
| 81005    | Support list                 | Unlisted                     | 01.11.2006      | 8            | M8        | N        | Provision of a non-directive pregnancy support counselling service to a person who is currently pregnant or who has been pregnant in the preceding 12 months, by an eligible social worker, where the patient is referred to the social worker by a medical practitioner (including a general practitioner, but not a specialist or consultant physician), and lasting at least 30 minutes. The service may be used to address any pregnancy related issues for which non-directive counselling is appropriate. This service may be provided by a social worker who is registered with Medicare Australia as meeting the credentialling requirements for provision of this service.It may not be provided by a social worker who has a direct pecuniary interest in a health service that has as its primary purpose the provision of services for pregnancy termination. To a maximum of three non-directive pregnancy support counselling services per patient, per pregnancy from any of the following items -81000, 81005, 81010 and 4001                          | 77.3             |             |                   |                  | 65.75           |
| 81010    | Support list                 | Unlisted                     | 01.11.2006      | 8            | M8        | N        | Provision of a non-directive pregnancy support counselling service to a person who is currently pregnant or who has been pregnant in the preceding 12 months, by an eligible mental health nurse, where the patient is referred to the mental health nurse by a medical practitioner (including a general practitioner, but not a specialist or consultant physician), and lasting at least 30 minutes. The service may be used to address any pregnancy related issues for which non-directive counselling is appropriate. This service may be provided by a mental health nurse who is registered with Medicare Australia as meeting the credentialling requirements for provision of this service.It may not be provided by a mental health nurse who has a direct pecuniary interest in a health service that has as its primary purpose the provision of services for pregnancy termination. To a maximum of three non-directive pregnancy support counselling services per patient, per pregnancy from any of the following items - 81000, 81005, 81010 and 4001 | 77.3             |             |                   |                  | 65.75           |

| MBS Item | Clinical Category            | Procedure Type | Item Start Date | MBS Category | MBS Group | New Item | MBS Description   | MBS Schedule Fee | Derived Fee | Benefit 100% (\$) | Benefit 75% (\$) | Benefit 85 (\$) |
|----------|------------------------------|----------------|-----------------|--------------|-----------|----------|---|------------------|-------------|-------------------|------------------|-----------------|
| 81100    | N/A (Not hospital treatment) | Unlisted       | 01.05.2007      | 8            | M9        | N        | DIABETES EDUCATION SERVICE - ASSESSMENT FOR GROUP SERVICES Diabetes education health service provided to a person by an eligible diabetes educator for the purposes of ASSESSING a person's suitability for group services for the management of type 2 diabetes, including taking a comprehensive patient history, identifying an appropriate group services program based on the patient's needs, and preparing the person for the group services, if: (a)the service is provided to a person who has type 2 diabetes; and (b)the person is being managed by a medical practitioner (including a general practitioner, but not a specialist or consultant physician) under a shared care plan or a GP Management Planor, if the person is a resident of an aged care facility, their medical practitioner has contributed to a multidisciplinary care plan; and (c)the person is referred to an eligible diabetes educator by the medical practitioner using a referral form that has been issued by the Department of Health, or a referral form that contains all the components of the form issued by the Department; and (d)the person is not an admitted patient of a hospital; and (e)the service is provided to the person individually and in person; and (f)the service is of at least 45 minutes duration; and (g)after the service, the eligible diabetes educator gives a written report to the referring medical practitioner mentioned in paragraph (c); and (h)in the case of a service in respect of which a private health insurance benefit is payable - the person who incurred the medical expenses in respect of the service has elected to claim the Medicare benefit in respect of the service, and not the private health insurance benefit. Benefits are payable once only in a calendar year for this or any other Assessment for Group Services item (including services to which items 81100, 81110,81120, 93284, 93286, 93606, 93607 and 93608apply).              | 84.45            |             |                   |                  | 71.8            |
| 81105    | N/A (Not hospital treatment) | Unlisted       | 01.05.2007      | 8            | M9        | N        | DIABETES EDUCATION SERVICE - GROUP SERVICE Diabetes education health service provided to a person by an eligible diabetes educator, as a GROUP SERVICE for the management of type 2 diabetes if: (a) the person has been assessed as suitable for a type 2 diabetes group service under assessment item 81100, 81110, 81120, 93284, 93286, 93606, 93607 or 93608; and (b) the service is provided to a person who is part of a group of between 2 and 12 patients inclusive; and (c) the person is not an admitted patient of a hospital; and (d) the service is provided to a person involving the personal attendance by an eligible diabetes educator; and (e) the service is of at least 60 minutes duration; and (f) after the last service in the group services program provided to the person under items 81105, 81115, 81125, 93285, 93613, 93614 or 93615 the eligible diabetes educator prepares, or contribute to, a written report to be provided to the referring medical practitioner; and (g) an attendance record for the group is maintained by the eligible diabetes educator; and (h) in the case of a service in respect of which a private health insurance benefit is payable - the person who incurred the medical expenses in respect of the service has elected to claim the Medicare benefit in respect of the service, and not the private health insurance benefit; - to a maximum of eight GROUP SERVICES (including services to which items 81105, 81115, 81125, 93285, 93613, 93614 and 93615 apply) in a calendar year.  | 21.05            |             |                   |                  | 17.9            |
| 81110    | N/A (Not hospital treatment) | Unlisted       | 01.05.2007      | 8            | M9        | N        | EXERCISE PHYSIOLOGY SERVICE - ASSESSMENT FOR GROUPSERVICES Exercise physiology health service provided to a person by an eligible exercise physiologist for the purposes of ASSESSING a person's suitability for group services for the management of type 2 diabetes, including taking a comprehensive patient history, identifying an appropriate group services program based on the patient's needs, and preparing the person for the group services, if: (a)the service is provided to a person who has type 2 diabetes; and (b)the person is being managed by a medical practitioner (including a general practitioner, but not a specialist or consultant physician) under a shared care plan or a GP Management Planor, if the person is a resident of an aged care facility, theirmedical practitioner has contributed to a multidisciplinary care plan; and (c)the person is referred to an eligible exercise physiologist by the medical practitioner using a referral form that has been issued by the Department of Health, or a referral form that contains all the components of the form issued by the Department; and (d)the person is not an admitted patient of a hospital; and (e)the service is provided to the person individually and in person; and (f)the service is of at least 45 minutes duration; and (g)after the service, the eligible exercise physiologist gives a written report to the referring medical practitioner mentioned in paragraph (c); and (h)in the case of a service in respect of which a private health insurance benefit is payable - the person who incurred the medical expenses in respect of the service has elected to claim the Medicare benefit in respect of the service, and not the private health insurance benefit. Benefits are payable once only in a calendar year for this or any other Assessment for Group Services item (including services to which items 81100, 81110,81120, 93284, 93286, 93606, 93607 and 93608 apply). | 84.45            |             |                   |                  | 71.8            |

| MBS item | Clinical Category            | Procedure Type | Item Start Date | MBS Category | MBS Group | New Item | MBS Description   | MBS Schedule Fee | Derived Fee | Benefit<br>100% (\$) | Benefit<br>75% (\$) | Benefit<br>85 (\$) |      |
|----------|------------------------------|----------------|-----------------|--------------|-----------|----------|---|------------------|-------------|----------------------|---------------------|--------------------|------|
| 81115    | N/A (Not hospital treatment) | Unlisted       | 01.05.2007      | 8            | M9        | N        | EXERCISE PHYSIOLOGY SERVICE - GROUP SERVICE Exercise physiology health service provided to a person by an eligible exercise physiologist, as a GROUP SERVICE for the management of type 2 diabetes if: (a)the person has been assessed as suitable for a type 2 diabetes group service under assessment item 81100, 81110,81120, 93284, 93286, 93606, 93607 or 93608; and (b) the service is provided to a person who is part of a group of between 2 and 12 patients inclusive; and (c)the person is not an admitted patient of a hospital; and (d) the service is provided to a person involving the personal attendance by an eligible exercise physiologist; and (e) the service is of at least 60 minutes duration; and (f)after the last service in the group services program provided to the person under items 81105, 81115,81125, 93285, 93613, 93614 or93615, the eligible exercise physiologist prepares, or contribute to, a written report to be provided to the referring medical practitioner; and (g) an attendance record for the group is maintained by the eligible exercise physiologist; and (h) in the case of a service in respect of which a private health insurance benefit is payable - the person who incurred the medical expenses in respect of the service has elected to claim the Medicare benefit in respect of the service, and not the private health insurance benefit; - to a maximum of eightGROUP SERVICES (including services to which items 81105, 81115,81125, 93285, 93613, 93614 and 93615apply) in a calendar year.  | 21.05            |             |                      |                     | 17.9               |      |
| 81120    | N/A (Not hospital treatment) | Unlisted       | 01.05.2007      | 8            | M9        | N        | DIETETICS SERVICE - ASSESSMENT FOR GROUP SERVICES Dietetics health service provided to a person by an eligible dietitian for the purposes of ASSESSING a person's suitability for group services for the management of type 2 diabetes, including taking a comprehensive patient history, identifying an appropriate group services program based on the patient's needs, and preparing the person for the group services, if: (a)the service is provided to a person who has type 2 diabetes; and (b)the person is being managed by a medical practitioner (including a general practitioner, but not a specialist or consultant physician) under a shared care plan or a GP Management Planor, if the person is a resident of an aged care facility, their medical practitioner has contributed to a multidisciplinary care plan; and (c)the person is referred to an eligible dietitian by the medical practitioner using a referral form that has been issued by the Department of Health, or a referral form that contains all components of the form issued by the Department; and (d)the person is not an admitted patient of a hospital; and (e)the service is provided to the person individually and in person; and (f)the service is of at least 45 minutes duration; and (g)after the service, the eligible dietitian gives a written report to the referring medical practitioner mentioned in paragraph (c); and (h)in the case of a service in respect of which a private health insurance benefit is payable - the person who incurred the medical expenses in respect of the service has elected to claim the Medicare benefit in respect of the service, and not the private health insurance benefit. Benefits are payable once only in a calendar year for this or any other Assessment for Group Services item (including services to which items 81100, 81110,81120, 93284, 93286, 93606, 93607 and 93608 apply). | 84.45            |             |                      |                     |                    | 71.8 |
| 81125    | N/A (Not hospital treatment) | Unlisted       | 01.05.2007      | 8            | M9        | N        | DIETETICS SERVICE - GROUP SERVICE Dietetics health service provided to a person by an eligible dietitian, as a GROUP SERVICE for the management of type 2 diabetes if: (a)the person has been assessed as suitable for a type 2 diabetes group service under assessment item 81100, 81110,81120, 93284, 93286,93606, 93607 or 93608; and (b) the service is provided to a person who is part of a group of between 2 and 12 patients inclusive; and (c)the person is not an admitted patient of a hospital; and (d) the service is provided to a person involving the personal attendance by an eligible dietitian; and (e) the service is of at least 60 minutes duration; and (f)after the last service in the group services program provided to the person under items 81105, 81115,81125, 93285, 93613, 93614 or93615, the eligible dietitian prepares, or contribute to, a written report to be provided to the referring medical practitioner; and (g) an attendance record for the group is maintained by the eligible dietitian; and (h) in the case of a service in respect of which a private health insurance benefit is payable - the person who incurred the medical expenses in respect of the service has elected to claim the Medicare benefit in respect of the service, and not the private health insurance benefit; - to a maximum of eight GROUP SERVICES (including services to which items 81105, 81115,81125, 93285, 93613, 93614 and 93615 apply) in a calendar year.   | 21.05            |             |                      |                     |                    | 17.9 |
| 81300    | N/A (Not hospital treatment) | Unlisted       | 01.11.2008      | 8            | M11       | N        | ABORIGINAL AND TORRES STRAIT ISLANDER HEALTH SERVICE provided to a person who is of Aboriginal and Torres Strait Islander descent by an eligible Aboriginal health worker or eligible Aboriginal and Torres Strait Islander health practitioner if: (a)either: a medical practitioner has undertaken a health assessment and identified a need for follow-up allied health services; or the person's shared care plan identifies the need for follow-up allied health services; and (b)the person is referred to the eligible Aboriginal health worker or eligible Aboriginal and Torres Strait Islander health practitioner by a medical practitioner using a referral form that has been issued by the Department or a referral form that substantially complies with the form issued by the Department; and (c)the person is not an admitted patient of a hospital; and (d)the service is provided to the person individually and in person; and (e)the service is of at least 20 minutes duration; and (f)after the service, the eligible Aboriginal health worker or eligible Aboriginal and Torres Strait Islander health practitioner gives a written report to the referring medical practitioner mentioned in paragraph (b): (i) if the service is the only service under the referral - in relation to that service; or (ii) if the service is the first or the last service under the referral - in relation to the service; or (iii) if neither subparagraph (i) nor (ii) applies but the service involves matters that the referring medical practitioner would reasonably be expected to be informed of - in relation to those matters - to a maximum of five services (including services to which items 81300 to 81360, 93048, 93061,93546 to 93558 and 93579 to 93593inclusive apply) in a calendar year   | 65.85            |             |                      |                     |                    | 56   |

| MBS item | Clinical Category            | Procedure Type | Item Start Date | MBS Category | MBS Group | New Item | MBS Description   | MBS Schedule Fee | Derived Fee | Benefit<br>100% (\$) | Benefit<br>75% (\$) | Benefit<br>85 (\$) |
|----------|------------------------------|----------------|-----------------|--------------|-----------|----------|---|------------------|-------------|----------------------|---------------------|--------------------|
| 81305    | N/A (Not hospital treatment) | Unlisted       | 01.11.2008      | 8            | M11       | N        | DIABETES EDUCATION HEALTH SERVICE provided to a person who is of Aboriginal or Torres Strait Islander descent by an eligible diabetes educator if: (a)either: a medical practitioner has identified a need for follow-up allied health services; or the person's shared care plan identifies the need for follow-up allied health services; and (b)the person is referred to the eligible diabetes educator by a medical practitioner using a referral form that has been issued by the Department or a referral form that substantially complies with the form issued by the Department; and (c)the person is not an admitted patient of a hospital; and (d)the service is provided to the person individually and in person; and (e)the service is of at least 20 minutes duration; and (f)after the service, the eligible diabetes educator gives a written report to the referring medical practitioner mentioned in paragraph (b): (i) if the service is the only service under the referral - in relation to that service; or (ii) if the service is the first or the last service under the referral - in relation to the service; or (iii) if neither subparagraph (i) nor (ii) applies but the service involves matters that the referring medical practitioner would reasonably be expected to be informed of - in relation to those matters; - to a maximum offive services (including services to which items 81300 to 81360, 93048, 93061, 93546 to 93558 and 93579 to 93593 inclusive apply) in a calendar year   | 65.85            |             |                      |                     | 56                 |
| 81310    | N/A (Not hospital treatment) | Unlisted       | 01.11.2008      | 8            | M11       | N        | AUDIOLOGY HEALTH SERVICE provided to a person who is of Aboriginal or Torres Strait Islander descent by an eligible audiologist if: (a)either: a medical practitioner has undertaken a health assessment and identified a need for follow-up allied health services; or the person's shared care plan identifies the need for follow-up allied health services; and (b)the person is referred to the eligible audiologist by the medical practitioner using a referral form that has been issued by the Department or a referral form that substantially complies with the form issued by the Department; and (c)the person is not an admitted patient of a hospital; and (d)the service is provided to the person individually and in person; and (e)the service is of at least 20 minutes duration; and (f)after the service, the eligible audiologist gives a written report to the referring medical practitioner mentioned in paragraph (b): (i) if the service is the only service under the referral - in relation to that service; or (ii) if the service is the first or the last service under the referral - in relation to the service; or (iii) if neither subparagraph (i) nor (ii) applies but the service involves matters that the referring medicalpractitioner would reasonably be expected to be informed of - in relation to those matters; - to a maximum offive services (including services to which items 81300 to 81360, 93048, 93061, 93546 to 93558 and 93579 to 93593 inclusive apply) in a calendar year  | 65.85            |             |                      |                     | 56                 |
| 81315    | N/A (Not hospital treatment) | Unlisted       | 01.11.2008      | 8            | M11       | N        | EXERCISE PHYSIOLOGY HEALTH SERVICE provided to a person who is of Aboriginal or Torres Strait Islander descent by an eligible exercise physiologist if: (a)either: a medical practitioner has undertaken a health assessment and identified a need for follow-up allied health services; or the person's shared care plan identifies the need for follow-up allied health services; and (b)the person is referred to the eligible exercise physiologist by a medical practitioner using a referral form that has been issued by the Department or a referral form that substantially complies with the form issued by the Department; and (c)the person is not an admitted patient of a hospital; and (d)the service is provided to the person individually and in person; and (e)the service is of at least 20 minutes duration; and (f)after the service, the eligible exercise physiologist gives a written report to the referring medical practitioner mentioned in paragraph (b): (i) if the service is the only service under the referral - in relation to that service; or (ii) if the service is the first or the last service under the referral - in relation to the service; or (iii) if neither subparagraph (i) nor (ii) applies but the service involves matters that the referring medical practitioner would reasonably be expected to be informed of - in relation to those matters; - to a maximum offive services (including services to which items 81300 to 81360, 93048, 93061, 93546 to 93558 and 93579 to 93593 inclusive apply) in a calendar year | 65.85            |             |                      |                     | 56                 |
| 81320    | N/A (Not hospital treatment) | Unlisted       | 01.11.2008      | 8            | M11       | N        | DIETETICS HEALTH SERVICE provided to a person who is of Aboriginal or Torres Strait Islander descent by an eligible dietitian if: (a)either: a medical practitioner has undertaken a health assessment and identified a need for follow-up allied health services; or the person's shared care plan identifies the need for follow-up allied health services; and (b)the person is referred to the eligible dietitian by a medical practitioner using a referral form that has been issued by the Department or a referral form that substantially complies with the form issued by the Department; and (c)the person is not an admitted patient of a hospital; and (d)the service is provided to the person individually and in person; and (e)the service is of at least 20 minutes duration; and (f)after the service, the eligible dietitian gives a written report to the referring medical practitioner mentioned in paragraph (b): (i) if the service is the only service under the referral - in relation to that service; or (ii) if the service is the first or the last service under the referral - in relation to the service; or (iii) if neither subparagraph (i) nor (ii) applies but the service involves matters that the referring medical practitioner would reasonably be expected to be informed of - in relation to those matters - to a maximum offive services (including services to which items 81300 to 81360, 93048, 93061, 93546 to 93558 and 93579 to 93593 inclusive apply) in a calendar year  | 65.85            |             |                      |                     | 56                 |

| MBS item | Clinical Category            | Procedure Type | Item Start Date | MBS Category | MBS Group | New Item | MBS Description   | MBS Schedule Fee | Derived Fee | Benefit 100% (\$) | Benefit 75% (\$) | Benefit 85 (\$) |
|----------|------------------------------|----------------|-----------------|--------------|-----------|----------|---|------------------|-------------|-------------------|------------------|-----------------|
| 81325    | N/A (Not hospital treatment) | Unlisted       | 01.11.2008      | 8            | M11       | N        | MENTAL HEALTH SERVICE provided to a person who is of Aboriginal or Torres Strait Islander descent by an eligible mental health worker if: (a)either: a medical practitioner has undertaken a health assessment and identified a need for follow-up allied health services; or the person's shared care plan identifies the need for follow-up allied health services; and (b)the person is referred to the eligible mental health worker by a medical practitioner using a referral form that has been issued by the Department or a referral form that substantially complies with the form issued by the Department; and (c)the person is not an admitted patient of a hospital; and (d)the service is provided to the person individually and in person; and (e)the service is of at least 20 minutes duration; and (f)after the service, the eligible mental health worker gives a written report to the referring medical practitioner mentioned in paragraph (b): (i) if the service is the only service under the referral - in relation to that service; or (ii) if the service is the first or the last service under the referral - in relation to the service; or (iii) if neither subparagraph (i) nor (ii) applies but the service involves matters that the referring medical practitioner would reasonably be expected to be informed of - in relation to those matters - to a maximum offive services (including services to which items 81300 to 81360, 93048, 93061, 93546 to 93558 and 93579 to 93593 inclusive apply) in a calendar year                    | 65.85            |             |                   |                  | 56              |
| 81330    | N/A (Not hospital treatment) | Unlisted       | 01.11.2008      | 8            | M11       | N        | OCCUPATIONAL THERAPY HEALTH SERVICE provided to a person who is of Aboriginal or Torres Strait Islander descent by an eligible occupational therapist if (a)either: a medical practitioner has undertaken a health assessment and identified a need for follow-up allied health services; or the person's shared care plan identifies the need for follow-up allied health services; and (b)the person is referred to the eligible occupational therapist by a medical practitioner using a referral form that has been issued by the Department or a referral form that substantially complies with the form issued by the Department; and (c)the person is not an admitted patient of a hospital; and (d)the service is provided to the person individually and in person; and (e)the service is of at least 20 minutes duration; and (f)after the service, the eligible occupational therapist gives a written report to the referring medical practitioner mentioned in paragraph (b): (i) if the service is the only service under the referral - in relation to that service; or (ii) if the service is the first or the last service under the referral - in relation to the service; or (iii) if neither subparagraph (i) nor (ii) applies but the service involves matters that the referring medical practitioner would reasonably be expected to be informed of - in relation to those matters - to a maximum offive services (including services to which items 81300 to 81360, 93048, 93061, 93546 to 93558 and 93579 to 93593 inclusive apply) in a calendar year | 65.85            |             |                   |                  | 56              |
| 81335    | N/A (Not hospital treatment) | Unlisted       | 01.11.2008      | 8            | M11       | N        | PHYSIOTHERAPY HEALTH SERVICE provided to a person who is of Aboriginal or Torres Strait Islander descent by an eligible physiotherapist if: (a)either: a medical practitioner has undertaken a health assessment and identified a need for follow-up allied health services; or the person's shared care plan identifies the need for follow-up allied health services; and (b)the person is referred to the eligible physiotherapist by a medical practitioner using a referral form that has been issued by the Department or a referral form that substantially complies with the form issued by the Department; and (c)the person is not an admitted patient of a hospital; and (d)the service is provided to the person individually and in person; and (e)the service is of at least 20 minutes duration; and (f)after the service, the eligible physiotherapist gives a written report to the referring medical practitioner mentioned in paragraph (b): (i) if the service is the only service under the referral - in relation to that service; or (ii) if the service is the first or the last service under the referral - in relation to the service; or (iii) if neither subparagraph (i) nor (ii) applies but the service involves matters that the referring medical practitioner would reasonably be expected to be informed of - in relation to those matters - to a maximum offive services (including services to which items 81300 to 81360, 93048, 93061, 93546 to 93558 and 93579 to 93593inclusive apply) in a calendar year                             | 65.85            |             |                   |                  | 56              |
| 81340    | N/A (Not hospital treatment) | Unlisted       | 01.11.2008      | 8            | M11       | N        | PODIATRY HEALTH SERVICE provided to a person who is of Aboriginal or Torres Strait Islander descent by an eligible podiatrist if: (a)either: a medical practitioner has undertaken a health assessment and identified a need for follow-up allied health services; or the person's shared care plan identifies the need for follow-up allied health services; and (b)the person is referred to the eligible podiatrist by a medical practitioner using a referral form that has been issued by the Department or a referral form that substantially complies with the form issued by the Department; and (c)the person is not an admitted patient of a hospital; and (d)the service is provided to the person individually and in person; and (e)the service is of at least 20 minutes duration; and (f)after the service, the eligible podiatrist gives a written report to the referring medical practitioner mentioned in paragraph (b): (i) if the service is the only service under the referral - in relation to that service; or (ii) if the service is the first or the last service under the referral - in relation to the service; or (iii) if neither subparagraph (i) nor (ii) applies but the service involves matters that the referring medical practitioner would reasonably be expected to be informed of - in relation to those matters - to a maximum offive services (including services to which items 81300 to 81360, 93048, 93061, 93546 to 93558 and 93579 to 93593 inclusive apply) in a calendar year  | 65.85            |             |                   |                  | 56              |

| MBS item | Clinical Category            | Procedure Type | Item Start Date | MBS Category | MBS Group | New Item | MBS Description  | MBS Schedule Fee | Derived Fee | Benefit<br>100% (\$) | Benefit<br>75% (\$) | Benefit<br>85 (\$) |
|----------|------------------------------|----------------|-----------------|--------------|-----------|----------|--|------------------|-------------|----------------------|---------------------|--------------------|
| 81345    | N/A (Not hospital treatment) | Unlisted       | 01.11.2008      | 8            | M11       | N        | CHIROPRACTIC HEALTH SERVICE provided to a person who is of Aboriginal or Torres Strait Islander descent by an eligible chiropractor if: (a)either: a medical practitioner has undertaken a health assessment and identified a need for follow-up allied health services; or the person's shared care plan identifies the need for follow-up allied health services; and (b)the person is referred to the eligible chiropractor by a medical practitioner using a referral form that has been issued by the Department or a referral form that substantially complies with the form issued by the Department; and (c)the person is not an admitted patient of a hospital; and (d)the service is provided to the person individually and in person; and (e)the service is of at least 20 minutes duration; and (f)after the service, the eligible chiropractor gives a written report to the referring medical practitioner mentioned in paragraph (b): (i) if the service is the only service under the referral - in relation to that service; or (ii) if the service is the first or the last service under the referral - in relation to the service; or (iii) if neither subparagraph (i) nor (ii) applies but the service involves matters that the referring medicalpractitioner would reasonably be expected to be informed of - in relation to those matters - to a maximum offive services (including services to which items 81300 to 81360, 93048, 93061, 93546 to 93558 and 93579 to 93593 inclusive apply) in a calendar year                        | 65.85            |             |                      |                     | 56                 |
| 81350    | N/A (Not hospital treatment) | Unlisted       | 01.11.2008      | 8            | M11       | N        | OSTEOPATHY HEALTH SERVICE provided to a person who is of Aboriginal or Torres Strait Islander descent by an eligible osteopath if: (a)either: a medical practitioner has undertaken a health assessment and identified a need for follow-up allied health services; or the person's shared care plan identifies the need for follow-up allied health services; and (b)the person is referred to the eligible osteopath by a medical practitioner using a referral form that has been issued by the Department or a referral form that substantially complies with the form issued by the Department; and (c)the person is not an admitted patient of a hospital; and (d)the service is provided to the person individually and in person; and (e)the service is of at least 20 minutes duration; and (f)after the service, the eligible osteopath gives a written report to the referring medical practitioner mentioned in paragraph (b): (i) if the service is the only service under the referral - in relation to that service; or (ii) if the service is the first or the last service under the referral - in relation to the service; or (iii) if neither subparagraph (i) nor (ii) applies but the service involves matters that the referring medical practitioner would reasonably be expected to be informed of - in relation to those matters - to a maximum offive services (including services to which items 81300 to 81360, 93048, 93061, 93546 to 93558 and 93579 to 93593 inclusive apply) in a calendar year                                  | 65.85            |             |                      |                     | 56                 |
| 81355    | N/A (Not hospital treatment) | Unlisted       | 01.11.2008      | 8            | M11       | N        | PSYCHOLOGY HEALTH SERVICE provided to a person who is of Aboriginal or Torres Strait Islander descent by an eligible psychologist if: (a)either: a medical practitioner has undertaken a health assessment and identified a need for follow-up allied health services; or the person's shared care plan identifies the need for follow-up allied health services; and (b)the person is referred to the eligible psychologist by a medical practitioner using a referral form that has been issued by the Department or a referral form that substantially complies with the form issued by the Department; and (c)the person is not an admitted patient of a hospital; and (d)the service is provided to the person individually and in person; and (e)the service is of at least 20 minutes duration; and (f)after the service, the eligible psychologist gives a written report to the referring medical practitioner mentioned in paragraph (b): (i) if the service is the only service under the referral - in relation to that service; or (ii) if the service is the first or the last service under the referral - in relation to the service; or (iii) if neither subparagraph (i) nor (ii) applies but the service involves matters that the referring medical practitioner would reasonably be expected to be informed of - in relation to those matters - to a maximum offive services (including services to which items 81300 to 81360, 93048, 93061, 93546 to 93558 and 93579 to 93593 inclusive apply) in a calendar year                         | 65.85            |             |                      |                     | 56                 |
| 81360    | N/A (Not hospital treatment) | Unlisted       | 01.11.2008      | 8            | M11       | N        | SPEECH PATHOLOGY HEALTH SERVICE provided to a person who is of Aboriginal or Torres Strait Islander descent by an eligible speech pathologist if: (a)either: a medical practitioner has undertaken a health assessment and identified a need for follow-up allied health services; or the person's shared care plan identifies the need for follow-up allied health services; and (b)the person is referred to the eligible speech pathologist by a medical practitioner using a referral form that has been issued by the Department or a referral form that substantially complies with the form issued by the Department; and (c)the person is not an admitted patient of a hospital; and (d)the service is provided to the person individually and in person; and (e)the service is of at least 20 minutes duration; and (f)after the service, the eligible speech pathologist gives a written report to the referring medical practitioner mentioned in paragraph (b): (i) if the service is the only service under the referral - in relation to that service; or (ii) if the service is the first or the last service under the referral - in relation to the service; or (iii) if neither subparagraph (i) nor (ii) applies but the service involves matters that the referring medical practitioner would reasonably be expected to be informed of - in relation to those matters - to a maximum offive services (including services to which items 81300 to 81360, 93048, 93061, 93546 to 93558 and 93579 to 93593 inclusive apply) in a calendar year | 65.85            |             |                      |                     | 56                 |

| MBS Item | Clinical Category            | Procedure Type               | Item Start Date | MBS Category | MBS Group | New Item | MBS Description   | MBS Schedule Fee | Derived Fee | Benefit 100% (\$) | Benefit 75% (\$) | Benefit 85 (\$) |
|----------|------------------------------|------------------------------|-----------------|--------------|-----------|----------|---|------------------|-------------|-------------------|------------------|-----------------|
| 82000    | N/A (Not hospital treatment) | N/A (Not hospital treatment) | 01.07.2008      | 8            | M10       | N        | Psychology health service provided to a patient aged under 25 years by an eligible psychologist if: (a) the patient was referred by an eligible medical practitioner, or by an eligible allied health practitioner following referral by an eligible medical practitioner, to: (i) assist the eligible medical practitioner with diagnostic formulation where the patient has a suspected complex neurodevelopmental disorder or eligible disability; or (ii) contribute to the patient's treatment and management plan developed by the referring eligible medical practitioner where a complex neurodevelopmental disorder (such as autism spectrum disorder) or eligible disability is confirmed; and (b) the patient is not an admitted patient; and (c) the service is provided to the patient individually and in person; and (d) the service is at least 50 minutes duration Up to 4 services to which this item or any of items 82005, 82010, 82030, 93032, 93033, 93040 or 93041 apply may be provided to the same patient on the same day Further information on the requirements for this item are available in the explanatory notes to this Category                     | 105.45           |             |                   |                  | 89.65           |
| 82001    | N/A (Not hospital treatment) | N/A                          | 01.11.2021      | 8            | M10       | N        | Attendance by an eligible allied health practitioner, as a member of a multidisciplinary case conference team, to participate in a community 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 another item in this Group applies)   | 51.65            |             |                   |                  | 43.95           |
| 82002    | N/A (Not hospital treatment) | N/A                          | 01.11.2021      | 8            | M10       | N        | Attendance by an eligible allied health practitioner, as a member of a multidisciplinary case conference team, to participate in a community 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 another item in this Group applies)   | 88.55            |             |                   |                  | 75.3            |
| 82003    | N/A (Not hospital treatment) | N/A                          | 01.11.2021      | 8            | M10       | N        | Attendance by an eligible allied health practitioner, as a member of a multidisciplinary case conference team, to participate in a community case conference if the conference lasts for at least 40 minutes (other than a service associated with a service to which another item in this Group applies)   | 147.4            |             |                   |                  | 125.3           |
| 82005    | N/A (Not hospital treatment) | N/A (Not hospital treatment) | 01.07.2008      | 8            | M10       | N        | Speech pathology health service provided to a patient aged under 25 years by an eligible speech pathologist if: (a) the patient was referred by an eligible medical practitioner, or by an eligible allied health practitioner following referral by an eligible medical practitioner, to: (i) assist the eligible medical practitioner with diagnostic formulation where the patient has a suspected complex neurodevelopmental disorder or eligible disability; or (ii) contribute to the patient's treatment and management plan developed by the referring eligible medical practitioner where a complex neurodevelopmental disorder (such as autism spectrum disorder) or eligible disability is confirmed; and (b) the patient is not an admitted patient; and (c) the service is provided to the patient individually and in person; and (d) the service is at least 50 minutes duration Up to 4 services to which this item or any of items 82000, 82010, 82030, 93032, 93033, 93040 or 93041 apply may be provided to the same patient on the same day Further information on the requirements for this item are available in the explanatory notes to this Category         | 92.95            |             |                   |                  | 79.05           |
| 82010    | N/A (Not hospital treatment) | N/A (Not hospital treatment) | 01.07.2008      | 8            | M10       | N        | Occupational therapy health service provided to a patient aged under 25 years by an eligible occupational therapist if: (a) the patient was referred by an eligible medical practitioner, or by an eligible allied health practitioner following referral by an eligible medical practitioner, to: (i) assist the eligible medical practitioner with diagnostic formulation where the patient has a suspected complex neurodevelopmental disorder or eligible disability; or (ii) contribute to the patient's treatment and management plan developed by the referring eligible medical practitioner where a complex neurodevelopmental disorder (such as autism spectrum disorder) or eligible disability is confirmed; and (b) the patient is not an admitted patient; and (c) the service is provided to the patient individually and in person; and (d) the service is at least 50 minutes duration Up to 4 services to which this item or any of items 82000, 82005, 82030, 93032, 93033, 93040 or 93041 apply may be provided to the same patient on the same day Further information on the requirements for this item are available in the explanatory notes to this Category | 92.95            |             |                   |                  | 79.05           |
| 82015    | N/A (Not hospital treatment) | N/A (Not hospital treatment) | 01.07.2008      | 8            | M10       | N        | Psychology health service provided to a patient aged under 25 years for the treatment of a diagnosed complex neurodevelopmental disorder (such as autism spectrum disorder) or eligible disability by an eligible psychologist, if: (a) the patient has a treatment and management plan in place and has been referred by an eligible medical practitioner for a course of treatment consistent with that treatment and management plan; and (b) the patient is not an admitted patient; and (c) the service is provided to the patient individually and in person; and (d) the service is at least 30 minutes duration; and (e) on the completion of the course of treatment, the eligible psychologist gives a written report to the referring eligible medical practitioner on assessments (if performed), treatment provided and recommendations on future management of the patient's condition Up to 4 services to which this item or any of items 82020, 82025, 82035, 93035, 93036, 93043 or 93044 apply may be provided to the same patient on the same day Further information on the requirements for this item are available in the explanatory notes to this Category    | 105.45           |             |                   |                  | 89.65           |

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|----------|------------------------------|------------------------------|-----------------|--------------|-----------|----------|--|------------------|-------------|-------------------|------------------|-----------------|
| 82020    | N/A (Not hospital treatment) | N/A (Not hospital treatment) | 01.07.2008      | 8            | M10       | N        | Speech pathology health service provided to a patient aged under 25 years for the treatment of a diagnosed complex neurodevelopmental disorder (such as autism spectrum disorder) or eligible disability by an eligible speech pathologist, if: (a) the patient has a treatment and management plan in place and has been referred by an eligible medical practitioner for a course of treatment consistent with that treatment and management plan; and (b) the patient is not an admitted patient; and (c) the service is provided to the patient individually and in person; and (d) the service is at least 30 minutes duration; and (e) on the completion of the course of treatment, the eligible speech pathologist gives a written report to the referring eligible medical practitioner on assessments (if performed), treatment provided and recommendations on future management of the patient's condition Up to 4 services to which this item or any of items 82015, 82025, 82035, 93035, 93036, 93043 or 93044 apply may be provided to the same patient on the same day Further information on the requirements for this item are available in the explanatory notes to this Category.  | 92.95            |             |                   |                  | 79.05           |
| 82025    | N/A (Not hospital treatment) | N/A (Not hospital treatment) | 01.07.2008      | 8            | M10       | N        | Occupational therapy health service provided to a patient aged under 25 years for the treatment of a diagnosed complex neurodevelopmental disorder (such as autism spectrum disorder) or eligible disability by an eligible occupational therapist, if: (a) the patient has a treatment and management plan in place and has been referred by an eligible medical practitioner for a course of treatment consistent with that treatment and management plan; and (b) the patient is not an admitted patient; and (c) the service is provided to the patient individually and in person; and (d) the service is at least 30 minutes duration; and (e) on the completion of the course of treatment, the eligible occupational therapist gives a written report to the referring eligible medical practitioner on assessments (if performed), treatment provided and recommendations on future management of the patient's condition Up to 4 services to which this item or any of items 82015, 82020, 82035, 93035, 93036, 93043 or 93044 apply may be provided to the same patient on the same day Further information on the requirements for this item are available in the explanatory notes to this Category   | 92.95            |             |                   |                  | 79.05           |
| 82030    | N/A (Not hospital treatment) | N/A (Not hospital treatment) | 01.07.2011      | 8            | M10       | N        | Audiology, optometry, orthoptic or physiotherapy health service provided to a patient aged under 25 years by an eligible audiologist, optometrist, orthoptist or physiotherapist if: (a) the patient was referred by an eligible medical practitioner, or by an eligible allied health practitioner following referral by an eligible medical practitioner, to: (i) assist the eligible medical practitioner with diagnostic formulation where the patient has a suspected complex neurodevelopmental disorder or eligible disability; or (ii) contribute to the patient's treatment and management plan developed by the referring eligible medical practitioner where a complex neurodevelopmental disorder (such as autism spectrum disorder) or eligible disability is confirmed; and (b) the patient is not an admitted patient; and (c) the service is provided to the patient individually and in person; and (d) the service is at least 50 minutes duration Up to 4 services to which this item or any of items 82000, 82005, 82010, 93032, 93033, 93040 or 93041 apply may be provided to the same patient on the same day Further information on the requirements for this item are available in the explanatory notes to this Category   | 92.95            |             |                   |                  | 79.05           |
| 82035    | N/A (Not hospital treatment) | N/A (Not hospital treatment) | 01.07.2011      | 8            | M10       | N        | Audiology, optometry, orthoptic or physiotherapy health service provided to a patient aged under 25 years for the treatment of a diagnosed complex neurodevelopmental disorder (such as autism spectrum disorder) or eligible disability by an eligible audiologist, optometrist, orthoptist or physiotherapist, if: (a) the patient has a treatment and management plan in place and has been referred by an eligible medical practitioner for a course of treatment consistent with that treatment and management plan; and (b) the patient is not an admitted patient; and (c) the service is provided to the patient individually and in person; and (d) the service is at least 30 minutes duration; and (e) on the completion of the course of treatment, the eligible audiologist, optometrist, orthoptist or physiotherapist gives a written report to the referring eligible medical practitioner on assessments (if performed), treatment provided and recommendations on future management of the patient's condition Up to 4 services to which this item or any of items 82015, 82020, 82025, 93035, 93036, 93043 or 93044 apply may be provided to the same patient on the same day Further information on the requirements for this item are available in the explanatory notes to this Category | 92.95            |             |                   |                  | 79.05           |
| 82100    | Pregnancy and birth          | Type C                       | 01.11.2010      | 8            | M13       | N        | Initial antenatal professional attendance by a participating midwife, lasting at least 40 minutes, including all of the following: (a)taking a detailed patient history; (b)performing a comprehensive examination; (c)performing a risk assessment; (d)based on the risk assessment - arranging referral or transfer of the patient's care to an obstetrician; (e)requesting pathology and diagnostic imaging services, when necessary; (f)discussing with the patient the collaborative arrangements for her maternity care and recording the arrangements in the midwife's written records in accordance with section 6 of the Health Insurance Regulations 2018. Payable once only for any pregnancy.  | 56.45            |             |                   |                  | 48              |
| 82105    | Pregnancy and birth          | Type C                       | 01.11.2010      | 8            | M13       | N        | Short antenatal professional attendance by a participating midwife, lasting up to 40 minutes.  | 34.15            |             |                   | 25.65            | 29.05           |
| 82110    | Pregnancy and birth          | Type C                       | 01.11.2010      | 8            | M13       | N        | Long antenatal professional attendance by a participating midwife, lasting at least 40 minutes.  | 56.45            |             |                   | 42.35            | 48              |

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|----------|---------------------|------------------|-----------------|--------------|-----------|----------|--|------------------|-------------|-------------------|------------------|-----------------|
| 82115    | Pregnancy and birth | Type C           | 01.11.2010      | 8            | M13       | N        | Professional attendance by a participating midwife, lasting at least 90 minutes, for assessment and preparation of a maternity care plan for a patient whose pregnancy has progressed beyond 28 weeks, where the participating midwife has had at least 2 antenatal attendances with the patient in the preceding 6 months, if: (a) the patient is not an admitted patient of a hospital; and (b) the participating midwife undertakes a comprehensive assessment of the patient; and (c) the participating midwife develops a written maternity care plan that contains: (i) outcomes of the assessment; and (ii) details of agreed expectations for care during pregnancy, labour and birth; and (iii) details of any health problems or care needs; and (iv) details of collaborative arrangements that apply to the patient; and (v) details of any medication taken by the patient during the pregnancy, and any additional medication that may be required by the patient; and (vi) details of any referrals or requests for pathology services or diagnostic imaging services for the patient during the pregnancy, and any additional referrals or requests that may be required for the patient; and (d) the maternity care plan is explained and agreed with the patient; and (e) the fee does not include any amount for the management of labour and birth; (Includes any antenatal attendance provided on the same occasion) Payable only once for any pregnancy; This item cannot be claimed if items 16590 or 16591 have previously been claimed during a single pregnancy, except in exceptional circumstances | 337.2            |             |                   |                  | 286.65          |
| 82116    | Pregnancy and birth | Type C           | 01.03.2022      | 8            | M13       | N        | Management of labour for up to 6 hours, not including birth, at a place other than a hospital if: (a) the attendance is by the participating midwife who: (i) provided the patient's antenatal care or (ii) is a member of a practice that has provided the patient's antenatal care; and (b) the total attendance time is documented in the patient notes; This item does not apply if birth is performed during the attendance; Only claimable once per pregnancy  | 796.4            |             |                   |                  | 703.2           |
| 82118    | Pregnancy and birth | Type A Obstetric | 01.03.2022      | 8            | M13       | N        | Management of labour for up to 6 hours total attendance, including birth where performed or attendance and immediate post-birth care at an elective caesarean section if: (a) the patient is an admitted patient of a hospital; and (b) the attendance is by the first participating midwife who: (i) assisted or provided the patient's antenatal care; or (ii) is a member of a practice that has provided the patient's antenatal care; and (c) the total attendance time is documented in the patient notes. (Includes all hospital attendances related to the labour by the first participating midwife) Only claimable once per pregnancy; Not being a service associated with a service to which item 82120 applies (H)   | 796.4            |             |                   | 597.3            |                 |
| 82120    | Pregnancy and birth | Type A Obstetric | 01.11.2010      | 8            | M13       | N        | Management of labour between 6 and 12 hours total attendance, including birth where performed, if: (a) the patient is an admitted patient of a hospital; and (b) the attendance is by the first participating midwife who: (i) assisted or provided the patient's antenatal care; or (ii) is a member of a practice that provided the patient's antenatal care; and (c) the total attendance time is documented in the patient notes; (Includes all hospital attendances related to the labour by the first participating midwife) Only claimable once per pregnancy; Not being a service associated with a service to which item 82118 applies (H)  | 1592.8           |             |                   | 1194.6           |                 |
| 82123    | Pregnancy and birth | Type A Obstetric | 01.03.2022      | 8            | M13       | N        | Management of labour for up to 6 hours total attendance, including birth where performed if: (a) the patient is an admitted patient of a hospital; and (b) the attendance is by the second participating midwife who either: (i) assisted or provided the patient's antenatal care; or (ii) is a member of a practice that has provided the patient's antenatal care; and (c) the total attendance time is documented in the patient notes; (Includes all hospital attendances related to the labour by the second participating midwife) Only claimable once per pregnancy; Not being a service associated with a service to which item 82125 applies (H)   | 796.4            |             |                   | 597.3            |                 |
| 82125    | Pregnancy and birth | Type A Obstetric | 01.11.2010      | 8            | M13       | N        | Management of labour between 6 and 12 hours total attendance, including birth where performed, if: (a) the patient is an admitted patient of a hospital; and (b) the attendance is by the second participating midwife who either: (i) assisted or provided the patient's antenatal care; or (ii) is a member of a practice that provided the patient's antenatal care; and (c) the total attendance time is documented in the patient notes; (Includes all hospital attendances related to the labour by the second participating midwife) Only claimable once per pregnancy; Not being a service associated with a service to which item 82123 or 82127 applies (H)  | 1592.8           |             |                   | 1194.6           |                 |
| 82127    | Pregnancy and birth | Type A Obstetric | 01.03.2022      | 8            | M13       | N        | Management of labour for up to 6 hours total attendance, including birth where performed if: (a) the patient is an admitted patient of a hospital; and (b) the attendance is by a third participating midwife who either: (i) assisted or provided the patient's antenatal care; or (ii) is a member of a practice that has provided the patient's antenatal care; and (c) an attendance to which item 82123 applies has been provided by a second participating midwife who is a member of a practice that has provided the patient's antenatal care; and (d) the total attendance time is documented in the patient notes; (Includes all hospital attendances related to the labour by the third participating midwife) Only claimable once per pregnancy; Not being a service associated with a service to which item 82125 applies (H)   | 796.4            |             |                   | 597.3            |                 |
| 82130    | Common list         | Type C           | 01.11.2010      | 8            | M13       | N        | Short Postnatal Attendance Short postnatal professional attendance by a participating midwife, lasting up to 40 minutes, within 6 weeks after birth.   | 56.45            |             |                   | 42.35            | 48              |
| 82135    | Common list         | Type C           | 01.11.2010      | 8            | M13       | N        | Long Postnatal Attendance Long postnatal professional attendance by a participating midwife, lasting at least 40 minutes, within 6 weeks after birth.  | 83               |             |                   | 62.25            | 70.55           |
| 82140    | Common list         | Type C           | 01.11.2010      | 8            | M13       | N        | Six Week Postnatal Attendance Postnatal professional attendance by a participating midwife on a patient not less than 6 weeks but not more than 7 weeks after birth of a baby, including: (a)a comprehensive examination of patient and baby to ensure normal postnatal recovery; and (b)referral of the patient to a general practitioner for the ongoing care of the patient and baby Payable once only for any pregnancy.   | 56.45            |             |                   |                  | 48              |

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|----------|------------------------------|------------------------------|-----------------|--------------|-----------|----------|---|------------------|-------------|-------------------|------------------|-----------------|
| 82200    | Common list                  | Unlisted                     | 01.11.2010      | 8            | M14       | N        | Professional attendance by a participating nurse 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.  | 10.15            |             |                   |                  | 8.65            |
| 82205    | Common list                  | Unlisted                     | 01.11.2010      | 8            | M14       | N        | Professional attendance by a participating nurse practitioner lasting less than 20 minutes and including any of the following: a)taking a history; b)undertaking clinical examination; c)arranging any necessary investigation; d)implementing a management plan; e)providing appropriate preventive health care, for 1 or more health related issues, with appropriate documentation.  | 22.15            |             |                   |                  | 18.85           |
| 82210    | Common list                  | Unlisted                     | 01.11.2010      | 8            | M14       | N        | Professional attendance by a participating nurse practitioner lasting at least 20 minutes and including any of the following: a)taking a detailed history; b)undertaking clinical examination; c)arranging any necessary investigation; d)implementing a management plan; e)providing appropriate preventive health care, for 1 or more health related issues, with appropriate documentation.  | 42               |             |                   |                  | 35.7            |
| 82215    | Common list                  | Unlisted                     | 01.11.2010      | 8            | M14       | N        | Professional attendance by a participating nurse practitioner lasting at least 40 minutes and including any of the following: a)taking an extensive history; b)undertaking clinical examination; c)arranging any necessary investigation; d)implementing a management plan; e)providing appropriate preventive health care, for 1 or more health related issues, with appropriate documentation.  | 61.95            |             |                   |                  | 52.7            |
| 82300    | N/A (Not hospital treatment) | N/A (Not hospital treatment) | 01.11.2012      | 8            | M15       | N        | Audiology health service, consisting of brain stem evoked response audiometry, performed on a patient by an eligible audiologist if: (a) the service is not for the purposes of programming either an auditory implant or the sound processors of an auditory implant; and (b) the service is performed pursuant to a written request made by a medical practitioner to assist in the diagnosis, treatment or management of ear disease or a related disorder in the patient; and (c) the service is not performed for the purpose of a hearing screening; and (d) the patient is not an admitted patient; and (e) the service is performed on the patient individually and in person; and (f) after the service, the eligible audiologist provides a copy of the results of the service performed, together with relevant comments in writing that the eligible audiologist has on those results, to the medical practitioner who requested the service; and (g) a service to which item 11300 applies has not been performed on the patient on the same day This item is subject to sections 9 and 12 | 162.75           |             |                   |                  | 138.35          |
| 82301    | N/A (Not hospital treatment) | N/A (Not hospital treatment) | 01.03.2023      | 8            | M15       | Y        | Audiology health service, consisting of programming an auditory implant or the sound processor of an auditory implant, unilateral, performed on a patient by an eligible audiologist if: (a) the patient is not an admitted patient; and (b) the service is performed on the patient individually and in person; and (c) a service to which item 11302, 11342 or 11345 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 82302 or item 82304 applies on the same day This item is subject to section 9  | 162.75           |             |                   | 122.1            | 138.35          |
| 82302    | N/A (Not hospital treatment) | N/A (Not hospital treatment) | 01.03.2022      | 8            | M15       | N        | Audiology health service by telehealth for programming of an auditory implant, or the sound processor of an auditory implant, unilateral, performed on a patient by an eligible audiologist if: (a) the service is not performed for the purpose of a hearing screening; and (b) a service to which item 11302, 11342 or 11345 applies not been performed on the patient on the same day Applicable up to a total of 4 services to which this item, item 82301 or item 82304 applies on the same day  | 162.75           |             |                   |                  | 138.35          |
| 82304    | N/A (Not hospital treatment) | N/A (Not hospital treatment) | 01.03.2022      | 8            | M15       | N        | Audiology health service by phone for programming of an auditory implant, or the sound processor of an auditory implant, unilateral, performed on a patient by an eligible audiologist if: (a) the service is not performed for the purpose of a hearing screening; and (b) a service to which item 11302, 11342 or 11345 applies not been performed on the patient on the same day Applicable up to a total of 4 services to which this item, item 82301 or item 82302 applies on the same day   | 162.75           |             |                   |                  | 138.35          |
| 82306    | N/A (Not hospital treatment) | N/A (Not hospital treatment) | 01.11.2012      | 8            | M15       | N        | Audiology health service, consisting of non-determinate audiometry performed on a patient by an eligible audiologist if: (a) the service is performed pursuant to a written request made by a medical practitioner to assist in the diagnosis, treatment or management of ear disease or a related disorder in the patient; and (b) the service is not performed for the purpose of a hearing screening; and (c) the patient is not an admitted patient; and (d) the service is performed on the patient individually and in person; and (e) after the service, the eligible audiologist provides a copy of the results of the service performed, together with relevant comments in writing that the eligible audiologist has on those results, to the medical practitioner who requested the service; and (f) a service to which item 11306 applies has not been performed on the patient on the same day This item is subject to sections 9 and 12   | 18.5             |             |                   |                  | 15.75           |
| 82309    | N/A (Not hospital treatment) | N/A (Not hospital treatment) | 01.11.2012      | 8            | M15       | N        | Audiology health service, consisting of an air conduction audiogram performed on a patient by an eligible audiologist if: (a) the service is performed pursuant to a written request made by a medical practitioner to assist in the diagnosis, treatment or management of ear disease or a related disorder in the patient; and (b) the service is not performed for the purpose of a hearing screening; and (c) the patient is not an admitted patient; and (d) the service is performed on the patient individually and in person; and (e) after the service, the eligible audiologist provides a copy of the results of the service performed, together with relevant comments in writing that the eligible audiologist has on those results, to the medical practitioner who requested the service; and (f) a service to which item 11309 applies has not been performed on the patient on the same day This item is subject to sections 9 and 12  | 22.25            |             |                   |                  | 18.95           |

| MBS item | Clinical Category            | Procedure Type               | Item Start Date | MBS Category | MBS Group | New Item | MBS Description  | MBS Schedule Fee | Derived Fee | Benefit 100% (\$) | Benefit 75% (\$) | Benefit 85 (\$) |
|----------|------------------------------|------------------------------|-----------------|--------------|-----------|----------|--|------------------|-------------|-------------------|------------------|-----------------|
| 82312    | N/A (Not hospital treatment) | N/A (Not hospital treatment) | 01.11.2012      | 8            | M15       | N        | Audiology health service, consisting of an air and bone conduction audiogram or air conduction and speech discrimination audiogram performed on a patient by an eligible audiologist if: (a) the service is performed pursuant to a written request made by a medical practitioner to assist in the diagnosis, treatment or management of ear disease or a related disorder in the patient; and (b) the service is not performed for the purpose of a hearing screening; and (c) the patient is not an admitted patient; and (d) the service is performed on the patient individually and in person; and (e) after the service, the eligible audiologist provides a copy of the results of the service performed, together with relevant comments in writing that the eligible audiologist has on those results, to the medical practitioner who requested the service; and (f) a service to which item 11312 applies has not been performed on the patient on the same day This item is subject to sections 9 and 12  | 31.45            |             |                   |                  | 26.75           |
| 82315    | N/A (Not hospital treatment) | N/A (Not hospital treatment) | 01.11.2012      | 8            | M15       | N        | Audiology health service, consisting of an air and bone conduction and speech discrimination audiogram performed on a patient by an eligible audiologist if: (a) the service is performed pursuant to a written request made by a medical practitioner to assist in the diagnosis, treatment or management of ear disease or a related disorder in the patient; and (b) the service is not performed for the purpose of a hearing screening; and (c) the patient is not an admitted patient; and (d) the service is performed on the patient individually and in person; and (e) after the service, the eligible audiologist provides a copy of the results of the service performed, together with relevant comments in writing that the eligible audiologist has on those results, to the medical practitioner who requested the service; and (f) a service to which item 11315 applies has not been performed on the patient on the same day This item is subject to sections 9 and 12  | 41.6             |             |                   |                  | 35.4            |
| 82318    | N/A (Not hospital treatment) | N/A (Not hospital treatment) | 01.11.2012      | 8            | M15       | N        | Audiology health service, consisting of an air and bone conduction and speech discrimination audiogram with other cochlear tests performed on a patient by an eligible audiologist if: (a) the service is performed pursuant to a written request made by a medical practitioner to assist in the diagnosis, treatment or management of ear disease or a related disorder in the patient; and (b) the service is not performed for the purpose of a hearing screening; and (c) the patient is not an admitted patient; and (d) the service is performed on the patient individually and in person; and (e) after the service, the eligible audiologist provides a copy of the results of the service performed, together with relevant comments in writing that the eligible audiologist has on those results, to the medical practitioner who requested the service; and (f) a service to which item 11318 applies has not been performed on the patient on the same day This item is subject to sections 9 and 12  | 51.4             |             |                   |                  | 43.7            |
| 82324    | N/A (Not hospital treatment) | N/A (Not hospital treatment) | 01.11.2012      | 8            | M15       | N        | Audiology health service, consisting of an impedance audiogram involving tympanometry and measurement of static compliance and acoustic reflex performed on a patient by an eligible audiologist if: (a) the service is performed pursuant to a written request made by a medical practitioner to assist in the diagnosis, treatment or management of ear disease or a related disorder in the patient; and (b) the service is not performed for the purpose of a hearing screening; and (c) the patient is not an admitted patient; and (d) the service is performed on the patient individually and in person; and (e) after the service, the eligible audiologist provides a copy of the results of the service performed, together with relevant comments in writing that the eligible audiologist has on those results, to the medical practitioner who requested the service; and (f) a service to which item 11324 applies has not been performed on the patient on the same day This item is subject to sections 9 and 12  | 16.9             |             |                   |                  | 14.4            |
| 82332    | N/A (Not hospital treatment) | N/A (Not hospital treatment) | 01.11.2012      | 8            | M15       | N        | Audiology health service, consisting of an oto-acoustic emission audiometry for the detection of outer hair cell functioning in the cochlear, performed by an eligible audiologist, when middle ear pathology has been excluded, if: (a) the service is performed pursuant to a written request made by a medical practitioner to assist in the diagnosis, treatment or management of ear disease or a related disorder in the patient; and (b) the service is performed: (i) on an infant or child who is at risk of permanent hearing impairment; or (ii) on a patient who is at risk of oto-toxicity due to medications or medical intervention; or (iii) on a patient at risk of noise induced hearing loss; or (iv) to assist in the diagnosis of auditory neuropathy; and (c) the patient is not an admitted patient; and (d) the service is performed on the patient individually and in person; and (e) after the service, the eligible audiologist provides a copy of the results of the service performed, together with relevant comments in writing that the eligible audiologist has on those results, to the medical practitioner who requested the service; and (f) a service to which item 11332 applies has not been performed on the patient on the same day This item is subject to sections 9 and 12 | 49.55            |             |                   |                  | 42.15           |
| 82350    | N/A (Not hospital treatment) | Unlisted                     | 01.11.2019      | 8            | M16       | N        | Dietetics health service provided to an eligible patient by an eligible dietitian if: (a) the service is recommended in the patient's eating disorder treatment and management plan; and (b) the person is not an admitted patient of a hospital; and (c) the service is provided to the person individually and in person; and (d) the service is of at least 20 minutes in duration  | 65.85            |             |                   |                  | 56              |
| 82352    | N/A (Not hospital treatment) | Unlisted                     | 01.11.2019      | 8            | M16       | N        | Eating disorder psychological treatment service provided to an eligible patient in consulting rooms by an eligible clinical psychologist if: (a) the service is recommended in the patient's eating disorder treatment and management plan; and (b) the person is not an admitted patient of a hospital; and (c) the service is provided to the person individually and in person; and (d) the service is at least 30 minutes but less than 50 minutes in duration.  | 105.45           |             |                   |                  | 89.65           |

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|----------|------------------------------|----------------|-----------------|--------------|-----------|----------|--|------------------|-------------|-------------------|------------------|-----------------|
| 82354    | N/A (Not hospital treatment) | Unlisted       | 01.11.2019      | 8            | M16       | N        | Eating disorder psychological treatment service provided to an eligible patient at a place other than consulting rooms by an eligible clinical psychologist if: (a) the service is recommended in the patient's eating disorder treatment and management plan; and (b) the person is not an admitted patient of a hospital; and (c) the service is provided to the person individually and in person; and the service is at least 30 minutes but less than 50 minutes in duration.   | 131.8            |             |                   |                  | 112.05          |
| 82355    | N/A (Not hospital treatment) | Unlisted       | 01.11.2019      | 8            | M16       | N        | Eating disorder psychological treatment service provided to an eligible patient in consulting rooms by an eligible clinical psychologist if: (a) the service is recommended in the patient's eating disorder treatment and management plan; and (b) the person is not an admitted patient of a hospital; and (c) the service is provided to the person individually and in person; and (d) the service is at least 50 minutes in duration.   | 154.85           |             |                   |                  | 131.65          |
| 82357    | N/A (Not hospital treatment) | Unlisted       | 01.11.2019      | 8            | M16       | N        | Eating disorder psychological treatment service provided to an eligible patient at a place other than consulting rooms by an eligible clinical psychologist if: (a) the service is recommended in the patient's eating disorder treatment and management plan; and (b) the person is not an admitted patient of a hospital; and (c) the service is provided to the person individually and in person; and (d) the service is at least 50 minutes in duration.  | 181.15           |             |                   |                  | 154             |
| 82358    | N/A (Not hospital treatment) | Unlisted       | 01.11.2019      | 8            | M16       | N        | Eating disorder psychological treatment service provided to an eligible patient as part of a group of 6 to 10 patients by an eligible clinical psychologist if: (a) the service is recommended in the patient's eating disorder treatment and management plan; and (b) the person is not an admitted patient of a hospital; and (c) the service is provided in person; and (d) the service is at least 60 minutes in duration.   | 39.3             |             |                   |                  | 33.45           |
| 82359    | N/A (Not hospital treatment) | Unlisted       | 01.11.2019      | 8            | M16       | N        | Eating disorder psychological treatment service provided to an eligible patient as part of a group of 6 to 10 patients by an eligible clinical psychologist if: (a) the service is recommended in the patient's eating disorder treatment and management plan; and (b) the person is not an admitted patient of a hospital; and (c) the attendance is by video conference; and (d) the patient is located within a telehealth eligible area; and (e) the patient is, at the time of the attendance, at least 15 kilometres by road from the clinical psychologist; and (f) the service is at least 60 minutes in duration. | 39.3             |             |                   |                  | 33.45           |
| 82360    | N/A (Not hospital treatment) | Unlisted       | 01.11.2019      | 8            | M16       | N        | Eating disorder psychological treatment service provided to an eligible patient in consulting rooms by an eligible psychologist if: (a) the service is recommended in the patient's eating disorder treatment and management plan; and (b) the person is not an admitted patient of a hospital; and (c) the service is provided to the person individually and in person; and (d) the service is at least 20 minutes but less than 50 minutes in duration.   | 74.75            |             |                   |                  | 63.55           |
| 82362    | N/A (Not hospital treatment) | Unlisted       | 01.11.2019      | 8            | M16       | N        | Eating disorder psychological treatment service provided to an eligible patient at a place other than consulting rooms by an eligible psychologist if: (a) the service is recommended in the patient's eating disorder treatment and management plan; and (b) the person is not an admitted patient of a hospital; and (c) the service is provided to the person individually and in person; and (d) the service is at least 20 minutes but less than 50 minutes in duration.  | 101.65           |             |                   |                  | 86.45           |
| 82363    | N/A (Not hospital treatment) | Unlisted       | 01.11.2019      | 8            | M16       | N        | Eating disorder psychological treatment service provided to an eligible patient in consulting rooms by an eligible psychologist if: (a) the service is recommended in the patient's eating disorder treatment and management plan; and (b) the person is not an admitted patient of a hospital; and (c) the service is provided to the person individually and in person; and (d) the service is at least 50 minutes in duration.  | 105.45           |             |                   |                  | 89.65           |
| 82365    | N/A (Not hospital treatment) | Unlisted       | 01.11.2019      | 8            | M16       | N        | Eating disorder psychological treatment service provided to an eligible patient at a place other than consulting rooms by an eligible psychologist if: (a) the service is recommended in the patient's eating disorder treatment and management plan; and (b) the person is not an admitted patient of a hospital; and (c) the service is provided to the person individually and in person; and (d) the service is at least 50 minutes in duration.   | 132.45           |             |                   |                  | 112.6           |
| 82366    | N/A (Not hospital treatment) | Unlisted       | 01.11.2019      | 8            | M16       | N        | Eating disorder psychological treatment service provided to an eligible patient as part of a group of 6 to 10 patients by an eligible psychologist if: (a) the service is recommended in the patient's eating disorder treatment and management plan; and (b) the person is not an admitted patient of a hospital; and (c) the service is provided in person; and (d) the service is at least 60 minutes in duration.  | 26.9             |             |                   |                  | 22.9            |
| 82367    | N/A (Not hospital treatment) | Unlisted       | 01.11.2019      | 8            | M16       | N        | Eating disorder psychological treatment service provided to an eligible patient as part of a group of 6 to 10 patients by an eligible psychologist if: (a) the service is recommended in the patient's eating disorder treatment and management plan; and (b) the person is not an admitted patient of a hospital; and (c) the attendance is by video conference; and (d) the patient is located within a telehealth eligible area; and (e) the patient is, at the time of the attendance, at least 15 kilometres by road from the clinical psychologist; and (f) the service is at least 60 minutes in duration.          | 26.9             |             |                   |                  | 22.9            |
| 82368    | N/A (Not hospital treatment) | Unlisted       | 01.11.2019      | 8            | M16       | N        | Eating disorder psychological treatment service provided to an eligible patient in consulting rooms by an eligible occupational therapist if: (a) the service is recommended in the patient's eating disorder treatment and management plan; and (b) the person is not an admitted patient of a hospital; and (c) the service is provided to the person individually and in person; and (d) the service is at least 20 minutes but less than 50 minutes in duration.   | 65.85            |             |                   |                  | 56              |
| 82370    | N/A (Not hospital treatment) | Unlisted       | 01.11.2019      | 8            | M16       | N        | Eating disorder psychological treatment service provided to an eligible patient at a place other than consulting rooms by an eligible occupational therapist if: (a) the service is recommended in the patient's eating disorder treatment and management plan; and (b) the person is not an admitted patient of a hospital; and (c) the service is provided to the person individually and in person; and (d) the service is at least 20 minutes but less than 50 minutes in duration.  | 92.7             |             |                   |                  | 78.8            |

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|----------|------------------------------|----------------|-----------------|--------------|-----------|----------|--|------------------|-------------|-------------------|------------------|-----------------|
| 82371    | N/A (Not hospital treatment) | Unlisted       | 01.11.2019      | 8            | M16       | N        | Eating disorder psychological treatment service provided to an eligible patient in consulting rooms by an eligible occupational therapist if: (a) the service is recommended in the patient's eating disorder treatment and management plan; and (b) the person is not an admitted patient of a hospital; and (c) the service is provided to the person individually and in person; and (d) the service is at least 50 minutes in duration.  | 92.95            |             |                   |                  | 79.05           |
| 82373    | N/A (Not hospital treatment) | Unlisted       | 01.11.2019      | 8            | M16       | N        | Eating disorder psychological treatment service provided to an eligible patient at a place other than consulting rooms by an eligible occupational therapist if: (a) the service is recommended in the patient's eating disorder treatment and management plan; and (b) the person is not an admitted patient of a hospital; and (c) the service is provided to the person individually and in person; and (d) the service is at least 50 minutes in duration.   | 119.85           |             |                   |                  | 101.9           |
| 82374    | N/A (Not hospital treatment) | Unlisted       | 01.11.2019      | 8            | M16       | N        | Eating disorder psychological treatment service provided to an eligible patient as part of a group of 6 to 10 patients by an eligible occupational therapist if: (a) the service is recommended in the patient's eating disorder treatment and management plan; and (b) the person is not an admitted patient of a hospital; and (c) the service is provided in person; and (d) the service is at least 60 minutes in duration   | 23.6             |             |                   |                  | 20.1            |
| 82375    | N/A (Not hospital treatment) | Unlisted       | 01.11.2019      | 8            | M16       | N        | Eating disorder psychological treatment service provided to an eligible patient as part of a group of 6 to 10 patients by an eligible occupational therapist if: (a) the service is recommended in the patient's eating disorder treatment and management plan; and (b) the person is not an admitted patient of a hospital; and (c) the attendance is by video conference; and (d) the patient is located within a telehealth eligible area; and (e) the patient is, at the time of the attendance, at least 15 kilometres by road from the clinical psychologist; and (f) the service is at least 60 minutes in duration.                            | 23.6             |             |                   |                  | 20.1            |
| 82376    | N/A (Not hospital treatment) | Unlisted       | 01.11.2019      | 8            | M16       | N        | Eating disorder psychological treatment service provided to an eligible patient in consulting rooms by an eligible social worker if: (a) the service is recommended in the patient's eating disorder treatment and management plan; and (b) the person is not an admitted patient of a hospital; and (c) the service is provided to the person individually and in person; and (d) the service is at least 20 minutes but less than 50 minutes in duration   | 65.85            |             |                   |                  | 56              |
| 82378    | N/A (Not hospital treatment) | Unlisted       | 01.11.2019      | 8            | M16       | N        | Eating disorder psychological treatment service provided to an eligible patient at a place other than consulting rooms by an eligible social worker if: (a) the service is recommended in the patient's eating disorder treatment and management plan; and (b) the person is not an admitted patient of a hospital; and (c) the service is provided to the person individually and in person; and (d) the service is at least 20 minutes but less than 50 minutes in duration.   | 92.7             |             |                   |                  | 78.8            |
| 82379    | N/A (Not hospital treatment) | Unlisted       | 01.11.2019      | 8            | M16       | N        | Eating disorder psychological treatment service provided to an eligible patient in consulting rooms by an eligible social worker if: (a) the service is recommended in the patient's eating disorder treatment and management plan; and (b) the person is not an admitted patient of a hospital; and (c) the service is provided to the person individually and in person; and (d)the service is at least 50 minutes in duration.  | 92.95            |             |                   |                  | 79.05           |
| 82381    | N/A (Not hospital treatment) | Unlisted       | 01.11.2019      | 8            | M16       | N        | Eating disorder psychological treatment service provided to an eligible patient at a place other than consulting rooms by an eligible social worker if: (a) the service is recommended in the patient's eating disorder treatment and management plan; and (b) the person is not an admitted patient of a hospital; and (c) the service is provided to the person individually and in person; and (d) the service is at least 50 minutes in duration   | 119.85           |             |                   |                  | 101.9           |
| 82382    | N/A (Not hospital treatment) | Unlisted       | 01.11.2019      | 8            | M16       | N        | Eating disorder psychological treatment service provided to a person as part of a group of 6 to 10 patients (but not as an admitted patient of a hospital) by an eligible social worker if: (a) the service is recommended in the patient's eating disorder treatment and management plan; and (b) the person is not an admitted patient of a hospital; and (c) the service is provided in person; and (d) the service is at least 60 minutes in duration.   | 23.6             |             |                   |                  | 20.1            |
| 82383    | N/A (Not hospital treatment) | Unlisted       | 01.11.2019      | 8            | M16       | N        | Eating disorder psychological treatment service provided to a person as part of a group of 6 to 10 patients (but not as an admitted patient of a hospital) by an eligible social worker if: (a) the service is recommended in the patient's eating disorder treatment and management plan; and (b) the person is not an admitted patient of a hospital; and (c) the attendance is by video conference; and (d) the patient is located within a telehealth eligible area; and (e) the patient is, at the time of the attendance, at least 15 kilometres by road from the clinical psychologist; and (f) the service is at least 60 minutes in duration. | 23.6             |             |                   |                  | 20.1            |
| 90001    | N/A (Not hospital treatment) | Unlisted       | 01.03.2019      | 1            | A35       | N        | A flag fall service to which item 2733, 2735, 90020, 90035, 90043, 90051, 93287, 93288, 93400, 93401, 93402, 93403, 93421, 93469 or 93470 applies. For the initial attendance at one residential aged care facility on one occasion, applicable to a maximum of one patient attended on.   | 58.15            |             | 58.15             |                  |                 |
| 90002    | N/A (Not hospital treatment) | Unlisted       | 01.03.2019      | 1            | A35       | N        | A flag fall service to which item 941, 942, 90092, 90093, 90095, 90096, 90183, 90188, 90202, 90212, 93291, 93292, 93431, 93432, 93433, 93434, 93451, 93475 and 93479 applies. For the initial attendance at one residential aged care facility on one occasion, applicable to a maximum of one patient attended on.  | 42.25            |             | 42.25             |                  |                 |
| 90005    | N/A (Not hospital treatment) | Unlisted       | 14.06.2021      | 1            | A35       | N        | A flag fall service to which item 93644, 93645, 93646, 93647, 93653, 93654, 93655, 93656, 93660 or 93661 applies. For the first patient attended during one attendance by a general practitioner or by a medical practitioner (other than a general practitioner) at: (a) one residential aged care facility, or at consulting rooms situated within such a complex, on one occasion; or(b) one residential disability setting facility, or at consulting rooms situated within such a complex, on one occasion; or (c) a person's place of residence (other than a residential aged care facility) on one occasion.                                   | 139              |             |                   |                  | 118.15          |

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|----------|------------------------------|----------------|-----------------|--------------|-----------|----------|---|------------------|-------------|-------------------|------------------|-----------------|
| 90020    | N/A (Not hospital treatment) | Unlisted       | 01.03.2019      | 1            | A35       | N        | 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 accommodated in a residential aged care facility (other than accommodation in a self-contained unit) by a general practitioner for an obvious problem characterised by the straightforward nature of the task that requires a short patient history and, if required, limited examination and management—an attendance on one or more patients at one residential aged care facility on one occasion - each patient. | 18.2             |             | 18.2              |                  |                 |
| 90035    | N/A (Not hospital treatment) | Unlisted       | 01.03.2019      | 1            | A35       | N        | Professional attendance by a general practitioner at a residential aged care facility to residents of the facility (other than a service to which another item in the table 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                              | 39.75            |             | 39.75             |                  |                 |
| 90043    | N/A (Not hospital treatment) | Unlisted       | 01.03.2019      | 1            | A35       | N        | Professional attendance by a general practitioner at a residential aged care facility to residents of the facility (other than a service to which another item in the table 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                      | 76.95            |             | 76.95             |                  |                 |
| 90051    | N/A (Not hospital treatment) | Unlisted       | 01.03.2019      | 1            | A35       | N        | Professional attendance by a general practitioner at a residential aged care facility to residents of the facility (other than a service to which another item in the table 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                    | 113.3            |             | 113.3             |                  |                 |
| 90092    | N/A (Not hospital treatment) | Unlisted       | 01.03.2019      | 1            | A35       | N        | 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 where the patient is accommodated in the residential aged care facility (that is not accommodation in a self-contained unit) of not more than 5 minutes in duration—an attendance on one or more patients at one residential aged care facility on one occasion—each patient, by a medical practitioner who is not a general practitioner.   | 8.5              |             | 8.5               |                  |                 |
| 90093    | N/A (Not hospital treatment) | Unlisted       | 01.03.2019      | 1            | A35       | N        | 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 where the patient is accommodated in the residential aged care facility (that is not accommodation in a self-contained unit) of more than 5 minutes in duration but not more than 25 minutes—an attendance on one or more patients at one residential aged care facility on one occasion—each patient, by a medical practitioner who is not a general practitioner.  | 16               |             | 16                |                  |                 |
| 90095    | N/A (Not hospital treatment) | Unlisted       | 01.03.2019      | 1            | A35       | N        | 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 where the patient is accommodated in the residential aged care facility (that is not accommodation in a self-contained unit) of more than 25 minutes in duration but not more than 45 minutes—an attendance on one or more patients at one residential aged care facility on one occasion—each patient, by a medical practitioner who is not a general practitioner.   | 35.5             |             | 35.5              |                  |                 |
| 90096    | N/A (Not hospital treatment) | Unlisted       | 01.03.2019      | 1            | A35       | N        | 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 where the patient is accommodated in the residential aged care facility (that is not accommodation in a self-contained unit) of more than 45 minutes in duration—an attendance on one or more patients at one residential aged care facility on one occasion—each patient, by a medical practitioner who is not a general practitioner.  | 57.5             |             | 57.5              |                  |                 |
| 90183    | N/A (Not hospital treatment) | Unlisted       | 01.03.2019      | 1            | A35       | N        | 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 where the patient is accommodated in the residential aged care facility (that is not accommodation in a self-contained unit) of not more than 5 minutes in duration—an attendance on one or more patients at one residential aged care facility on one occasion—each patient, by medical practitioner in an eligible area.   | 14.55            |             | 14.55             |                  |                 |
| 90188    | N/A (Not hospital treatment) | Unlisted       | 01.03.2019      | 1            | A35       | N        | 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 where the patient is accommodated in the residential aged care facility (that is not accommodation in a self-contained unit) of more than 5 minutes in duration but not more than 25 minutes—an attendance on one or more patients at one residential aged care facility on one occasion—each patient, by a medical practitioner in an eligible area.  | 31.8             |             | 31.8              |                  |                 |

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|----------|-------------------------------|----------------|-----------------|--------------|-----------|----------|---|------------------|--|-------------------|------------------|-----------------|
| 90202    | N/A (Not hospital treatment)  | Unlisted       | 01.03.2019      | 1            | A35       | N        | 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 where the patient is accommodated in the residential aged care facility (that is not accommodation in a self-contained unit) of more than 25 minutes in duration but not more than 45 minutes—an attendance on one or more patients at one residential aged care facility on one occasion—each patient, by a medical practitioner in an eligible area. | 61.55            |  | 61.55             |                  |                 |
| 90212    | N/A (Not hospital treatment)  | Unlisted       | 01.03.2019      | 1            | A35       | N        | 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 where the patient is accommodated in the residential aged care facility (that is not accommodation in a self-contained unit) of more than 45 minutes in duration—an attendance on one or more patients at one residential aged care facility on one occasion—each patient, by a medical practitioner in an eligible area.                              | 90.65            |  | 90.65             |                  |                 |
| 90250    | Hospital psychiatric services | Unlisted       | 01.11.2019      | 1            | A36       | N        | 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.  | 75.8             |  | 75.8              |                  |                 |
| 90251    | Hospital psychiatric services | Unlisted       | 01.11.2019      | 1            | A36       | N        | Professional attendance by a general practitioner to prepare an eating disorder treatment and management plan, lasting at least 40 minutes  | 111.6            |  | 111.6             |                  |                 |
| 90252    | Hospital psychiatric services | Unlisted       | 01.11.2019      | 1            | A36       | N        | 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.  | 96.25            |  | 96.25             |                  |                 |
| 90253    | Hospital psychiatric services | Unlisted       | 01.11.2019      | 1            | A36       | N        | 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.   | 141.8            |  | 141.8             |                  |                 |
| 90254    | Hospital psychiatric services | Unlisted       | 01.11.2019      | 1            | A36       | N        | 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.  | 60.65            |  | 60.65             |                  |                 |
| 90255    | Hospital psychiatric services | Unlisted       | 01.11.2019      | 1            | A36       | N        | 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.   | 89.3             |  | 89.3              |                  |                 |
| 90256    | Hospital psychiatric services | Unlisted       | 01.11.2019      | 1            | A36       | N        | 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.  | 77               |  | 77                |                  |                 |
| 90257    | Hospital psychiatric services | Unlisted       | 01.11.2019      | 1            | A36       | N        | 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.   | 113.45           |  | 113.45            |                  |                 |
| 90260    | N/A (Not hospital treatment)  | Unlisted       | 01.11.2019      | 1            | A36       | N        | 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   | 485.7            |  |                   |                  | 412.85          |
| 90261    | N/A (Not hospital treatment)  | Unlisted       | 01.11.2019      | 1            | A36       | N        | 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  | 283.2            |  |                   |                  | 240.75          |
| 90264    | Hospital psychiatric services | Unlisted       | 01.11.2019      | 1            | A36       | N        | Professional attendance by a general practitioner to review an eating disorder treatment and management plan.   | 75.8             |  | 75.8              |                  |                 |
| 90265    | Hospital psychiatric services | Unlisted       | 01.11.2019      | 1            | A36       | N        | Professional attendance by a medical practitioner (other than a general practitioner, specialist or consultant physician) to review an eating disorder treatment and management plan.   | 60.65            |  | 60.65             |                  |                 |
| 90266    | N/A (Not hospital treatment)  | Unlisted       | 01.11.2019      | 1            | A36       | N        | 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  | 303.65           |  |                   |                  | 258.15          |
| 90267    | N/A (Not hospital treatment)  | Unlisted       | 01.11.2019      | 1            | A36       | N        | 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   | 141.8            |  |                   |                  | 120.55          |
| 90271    | N/A (Not hospital treatment)  | Unlisted       | 01.11.2019      | 1            | A36       | N        | Professional attendance at consulting rooms by a general practitioner to provide treatment under an eating disorder treatment and management plan, lasting at least 30 minutes but less than 40 minutes.  | 98.05            |  | 98.05             |                  |                 |
| 90272    | Hospital psychiatric services | Unlisted       | 01.11.2019      | 1            | A36       | N        | 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 30 minutes but less than 40 minutes.   |                  | The fee for item 90271, plus \$27.45 divided by the number of patients seen, up to a maximum of six patients. For seven or more patients - the fee for item 90271 plus \$2.15 per patient. |                   |                  |                 |
| 90273    | N/A (Not hospital treatment)  | Unlisted       | 01.11.2019      | 1            | A36       | N        | 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.   | 140.3            |  | 140.3             |                  |                 |

| MBS item | Clinical Category             | Procedure Type               | Item Start Date | MBS Category | MBS Group | New Item | MBS Description  | MBS Schedule Fee | Derived Fee   | Benefit 100% (\$) | Benefit 75% (\$) | Benefit 85 (\$) |
|----------|-------------------------------|------------------------------|-----------------|--------------|-----------|----------|--|------------------|---|-------------------|------------------|-----------------|
| 90274    | Hospital psychiatric services | Unlisted                     | 01.11.2019      | 1            | A36       | N        | 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.   |                  | Derived Fee: The fee for item 90273, plus \$27.45 divided by the number of patients seen, up to a maximum of six patients. For seven or more patients - the fee for item 90273 plus \$2.15 per patient. |                   |                  |                 |
| 90275    | N/A (Not hospital treatment)  | Unlisted                     | 01.11.2019      | 1            | A36       | N        | 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.   | 78.45            |   | 78.45             |                  |                 |
| 90276    | Hospital psychiatric services | Unlisted                     | 01.11.2019      | 1            | A36       | N        | 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.  |                  | Derived Fee: The fee for item 90275, plus \$21.95 divided by the number of patients seen, up to a maximum of six patients. For seven or more patients - the fee for item 90275 plus \$1.75 per patient. |                   |                  |                 |
| 90277    | N/A (Not hospital treatment)  | Unlisted                     | 01.11.2019      | 1            | A36       | N        | 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.  | 112.25           |   | 112.25            |                  |                 |
| 90278    | Hospital psychiatric services | Unlisted                     | 01.11.2019      | 1            | A36       | N        | 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.   |                  | Derived Fee: The fee for item 90277, plus \$21.95 divided by the number of patients seen, up to a maximum of six patients. For seven or more patients - the fee for item 90277 plus \$1.75 per patient. |                   |                  |                 |
| 90300    | Heart and Vascular system     | Unlisted                     | 01.07.2021      | 1            | A37       | N        | 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)   | 909.55           |   |                   | 682.2            |                 |
| 91166    | N/A                           | N/A                          | 13.03.2020      | 8            | M18       | N        | Psychological therapy health service provided by telehealth attendance by an eligible clinical psychologist if: (a) the person is referred by: (i) a medical practitioner, either as part of a GP Mental Health Treatment Plan or as part of a psychiatrist assessment and management plan; or (ii) a specialist or consultant physician specialising in the practice of his or her field of psychiatry; or (iii) a specialist or consultant physician specialising in the practice of his or her field of paediatrics; and (b) the service is provided to the person individually; and (c) at the completion of a course of treatment, the referring medical practitioner reviews the need for a further course of treatment; and (d) on the completion of the course of treatment, the eligible clinical psychologist gives a written report to the referring medical practitioner on assessments carried out, treatment provided and recommendations on future management of the person's condition; and (e) the service is at least 30 minutes but less than 50 minutes duration | 105.45           |   |                   |                  | 89.65           |
| 91167    | N/A                           | N/A                          | 13.03.2020      | 8            | M18       | N        | Psychological therapy health service provided by telehealth attendance by an eligible clinical psychologist if: (a) the person is referred by: (i) a medical practitioner, either as part of a GP Mental Health Treatment Plan or as part of a psychiatrist assessment and management plan; or (ii) a specialist or consultant physician specialising in the practice of his or her field of psychiatry; or (iii) a specialist or consultant physician specialising in the practice of his or her field of paediatrics; and (b) the service is provided to the person individually; and (c) at the completion of a course of treatment, the referring medical practitioner reviews the need for a further course of treatment; and (d) on the completion of the course of treatment, the eligible clinical psychologist gives a written report to the referring medical practitioner on assessments carried out, treatment provided and recommendations on future management of the person's condition; and (e) the service is at least 50 minutes duration                          | 154.85           |   |                   |                  | 131.65          |
| 91168    | N/A (Not hospital treatment)  | N/A (Not hospital treatment) | 01.03.2023      | 8            | M18       | Y        | Telehealth attendance for a psychological therapy health service provided by an eligible clinical psychologist to a person other than the patient, if: (a) the service is part of the patient's treatment; (b) the patient has been referred to the eligible clinical psychologist by a referring practitioner; and (c) the service lasts at least 30 minutes but less than 50 minutes   | 105.45           |   |                   |                  | 89.65           |
| 91169    | N/A                           | N/A                          | 13.03.2020      | 8            | M18       | N        | Focused psychological strategies health service provided by telehealth attendance by an eligible psychologist if: (a) the person is referred by: (i) a medical practitioner, either as part of a GP Mental Health Treatment Plan or as part of a psychiatrist assessment and management plan; or (ii) a specialist or consultant physician specialising in the practice of his or her field of psychiatry; or (iii) a specialist or consultant physician specialising in the practice of his or her field of paediatrics; and (b) the service is provided to the person individually; and (c) at the completion of a course of treatment, the referring medical practitioner reviews the need for a further course of treatment; and (d) on the completion of the course of treatment, the eligible psychologist gives a written report to the referring medical practitioner on assessments carried out, treatment provided and recommendations on future management of the person's condition; and (e) the service is at least 20 minutes but less than 50 minutes duration        | 74.75            |   |                   |                  | 63.55           |

| MBS item | Clinical Category            | Procedure Type               | Item Start Date | MBS Category | MBS Group | New Item | MBS Description  | MBS Schedule Fee | Derived Fee | Benefit 100% (\$) | Benefit 75% (\$) | Benefit 85 (\$) |
|----------|------------------------------|------------------------------|-----------------|--------------|-----------|----------|--|------------------|-------------|-------------------|------------------|-----------------|
| 91170    | N/A                          | N/A                          | 13.03.2020      | 8            | M18       | N        | Focussed psychological strategies health service provided by telehealth attendance by an eligible psychologist if: (a) the person is referred by: (i) a medical practitioner, either as part of a GP Mental Health Treatment Plan or as part of a psychiatrist assessment and management plan; or (ii) a specialist or consultant physician specialising in the practice of his or her field of psychiatry; or (iii) a specialist or consultant physician specialising in the practice of his or her field of paediatrics; and (b) the service is provided to the person individually; and (c) at the completion of a course of treatment, the referring medical practitioner reviews the need for a further course of treatment; and (d) on the completion of the course of treatment, the eligible psychologist gives a written report to the referring medical practitioner on assessments carried out, treatment provided and recommendations on future management of the person's condition; and (e) the service is at least 50 minutes duration  | 105.45           |             |                   |                  | 89.65           |
| 91171    | N/A (Not hospital treatment) | N/A (Not hospital treatment) | 01.03.2023      | 8            | M18       | Y        | Telehealth attendance for a psychological therapy health service provided by an eligible clinical psychologist to a person other than the patient, if: (a) the service is part of the patient's treatment; (b) the patient has been referred to the eligible clinical psychologist by a referring practitioner; and (c) the service lasts at least 50 minutes  | 154.85           |             |                   |                  | 131.65          |
| 91172    | N/A                          | N/A                          | 13.03.2020      | 8            | M18       | N        | Focussed psychological strategies health service provided by telehealth attendance by an eligible occupational therapist if: (a) the person is referred by: (i) a medical practitioner, either as part of a GP Mental Health Treatment Plan or as part of a psychiatrist assessment and management plan; or (ii) a specialist or consultant physician specialising in the practice of his or her field of psychiatry; or (iii) a specialist or consultant physician specialising in the practice of his or her field of paediatrics; and (b) the service is provided to the person individually; and (c) at the completion of a course of treatment, the referring medical practitioner reviews the need for a further course of treatment; and (d) on the completion of the course of treatment, the eligible occupational therapist gives a written report to the referring medical practitioner on assessments carried out, treatment provided and recommendations on future management of the person's condition; and (e) the service is at least 20 minutes but less than 50 minutes duration | 65.85            |             |                   |                  | 56              |
| 91173    | N/A                          | N/A                          | 13.03.2020      | 8            | M18       | N        | Focussed psychological strategies health service provided by telehealth attendance by an eligible occupational therapist if: (a) the person is referred by: (i) a medical practitioner, either as part of a GP Mental Health Treatment Plan or as part of a psychiatrist assessment and management plan; or (ii) a specialist or consultant physician specialising in the practice of his or her field of psychiatry; or (iii) a specialist or consultant physician specialising in the practice of his or her field of paediatrics; and (b) the service is provided to the person individually; and (c) at the completion of a course of treatment, the referring medical practitioner reviews the need for a further course of treatment; and (d) on the completion of the course of treatment, the eligible occupational therapist gives a written report to the referring medical practitioner on assessments carried out, treatment provided and recommendations on future management of the person's condition; and (e) the service is at least 50 minutes in duration                       | 92.95            |             |                   |                  | 79.05           |
| 91174    | N/A (Not hospital treatment) | N/A (Not hospital treatment) | 01.03.2023      | 8            | M18       | Y        | Telehealth attendance for a focussed psychological strategies health service provided by an eligible psychologist to a person other than the patient, if: (a) the service is part of the patient's treatment; (b) the patient has been referred to the eligible psychologist by a referring practitioner; and (c) the service lasts at least 20 minutes but less than 50 minutes   | 74.75            |             |                   |                  | 63.55           |
| 91175    | N/A                          | N/A                          | 13.03.2020      | 8            | M18       | N        | Focussed psychological strategies health service provided by telehealth attendance by an eligible social worker if: (a) the person is referred by: (i) a medical practitioner, either as part of a GP Mental Health Treatment Plan or as part of a psychiatrist assessment and management plan; or (ii) a specialist or consultant physician specialising in the practice of his or her field of psychiatry; or (iii) a specialist or consultant physician specialising in the practice of his or her field of paediatrics; and (b) the service is provided to the person individually; and (c) at the completion of a course of treatment, the referring medical practitioner reviews the need for a further course of treatment; and (d) on the completion of the course of treatment, the eligible social worker gives a written report to the referring medical practitioner on assessments carried out, treatment provided and recommendations on future management of the person's condition; and (e) the service is at least 20 minutes but less than 50 minutes duration                   | 65.85            |             |                   |                  | 56              |
| 91176    | N/A                          | N/A                          | 13.03.2020      | 8            | M18       | N        | Focussed psychological strategies health service provided by telehealth attendance by an eligible social worker if: (a) the person is referred by: (i) a medical practitioner, either as part of a GP Mental Health Treatment Plan or as part of a psychiatrist assessment and management plan; or (ii) a specialist or consultant physician specialising in the practice of his or her field of psychiatry; or (iii) a specialist or consultant physician specialising in the practice of his or her field of paediatrics; and (b) the service is provided to the person individually; and (c) at the completion of a course of treatment, the referring medical practitioner reviews the need for a further course of treatment; and (d) on the completion of the course of treatment, the eligible social worker gives a written report to the referring medical practitioner on assessments carried out, treatment provided and recommendations on future management of the person's condition; and (e) the service is at least 50 minutes duration  | 92.95            |             |                   |                  | 79.05           |
| 91177    | N/A (Not hospital treatment) | N/A (Not hospital treatment) | 01.03.2023      | 8            | M18       | Y        | Telehealth attendance for a focussed psychological strategies health service provided by an eligible psychologist to a person other than the patient, if: (a) the service is part of the patient's treatment; (b) the patient has been referred to the eligible psychologist by a referring practitioner; and (c) the service lasts at least 50 minutes  | 105.45           |             |                   |                  | 89.65           |

| MBS Item | Clinical Category | Procedure Type | Item Start Date | MBS Category | MBS Group | New Item | MBS Description   | MBS Schedule Fee | Derived Fee | Benefit 100% (\$) | Benefit 75% (\$) | Benefit 85 (\$) |
|----------|-------------------|----------------|-----------------|--------------|-----------|----------|---|------------------|-------------|-------------------|------------------|-----------------|
| 91178    | N/A               | N/A            | 13.03.2020      | 8            | M18       | N        | Telehealth attendance by a participating nurse practitioner lasting less than 20 minutes if the attendance includes any of the following that are clinically relevant: (a) taking a short history; (b) arranging any necessary investigation; (c) implementing a management plan; (d) providing appropriate preventive health care.   | 22.15            |             |                   |                  | 18.85           |
| 91179    | N/A               | N/A            | 13.03.2020      | 8            | M18       | N        | Telehealth attendance by a participating nurse practitioner lasting at least 20 minutes if the attendance includes any of the following that are clinically relevant: (a) taking a detailed history; (b) arranging any necessary investigation; (c) implementing a management plan; (d) providing appropriate preventive health care.   | 42               |             |                   |                  | 35.7            |
| 91180    | N/A               | N/A            | 13.03.2020      | 8            | M18       | N        | Telehealth attendance by a participating nurse practitioner lasting at least 40 minutes if the attendance includes any of the following that are clinically relevant: (a) taking an extensive history; (b) arranging any necessary investigation; (c) implementing a management plan; (d) providing appropriate preventive health care.   | 61.95            |             |                   |                  | 52.7            |
| 91181    | N/A               | N/A            | 13.03.2020      | 8            | M18       | N        | Psychological therapy health service provided by phone attendance by an eligible clinical psychologist if: (a) the person is referred by: (i) a medical practitioner, either as part of a GP Mental Health Treatment Plan or as part of a psychiatrist assessment and management plan; or (ii) a specialist or consultant physician specialising in the practice of his or her field of psychiatry; or (iii) a specialist or consultant physician specialising in the practice of his or her field of paediatrics; and (b) the service is provided to the person individually; and (c) at the completion of a course of treatment, the referring medical practitioner reviews the need for a further course of treatment; and (d) on the completion of the course of treatment, the eligible clinical psychologist gives a written report to the referring medical practitioner on assessments carried out, treatment provided and recommendations on future management of the person's condition; and (e) the service is at least 30 minutes but less than 50 minutes duration               | 105.45           |             |                   |                  | 89.65           |
| 91182    | N/A               | N/A            | 13.03.2020      | 8            | M18       | N        | Psychological therapy health service provided by phone attendance by an eligible clinical psychologist if: (a) the person is referred by: (i) a medical practitioner, either as part of a GP Mental Health Treatment Plan or as part of a psychiatrist assessment and management plan; or (ii) a specialist or consultant physician specialising in the practice of his or her field of psychiatry; or (iii) a specialist or consultant physician specialising in the practice of his or her field of paediatrics; and (b) the service is provided to the person individually; and (c) at the completion of a course of treatment, the referring medical practitioner reviews the need for a further course of treatment; and (d) on the completion of the course of treatment, the eligible clinical psychologist gives a written report to the referring medical practitioner on assessments carried out, treatment provided and recommendations on future management of the person's condition; and (e) the service is at least 50 minutes duration  | 154.85           |             |                   |                  | 131.65          |
| 91183    | N/A               | N/A            | 13.03.2020      | 8            | M18       | N        | Focussed psychological strategies health service provided by phone attendance by an eligible psychologist if: (a) the person is referred by: (i) a medical practitioner, either as part of a GP Mental Health Treatment Plan or as part of a psychiatrist assessment and management plan; or (ii) a specialist or consultant physician specialising in the practice of his or her field of psychiatry; or (iii) a specialist or consultant physician specialising in the practice of his or her field of paediatrics; and (b) the service is provided to the person individually; and (c) at the completion of a course of treatment, the referring medical practitioner reviews the need for a further course of treatment; and (d) on the completion of the course of treatment, the eligible psychologist gives a written report to the referring medical practitioner on assessments carried out, treatment provided and recommendations on future management of the person's condition; and (e) the service is at least 20 minutes but less than 50 minutes duration                     | 74.75            |             |                   |                  | 63.55           |
| 91184    | N/A               | N/A            | 13.03.2020      | 8            | M18       | N        | Focussed psychological strategies health service provided by phone attendance by an eligible psychologist if: (a) the person is referred by: (i) a medical practitioner, either as part of a GP Mental Health Treatment Plan or as part of a psychiatrist assessment and management plan; or (ii) a specialist or consultant physician specialising in the practice of his or her field of psychiatry; or (iii) a specialist or consultant physician specialising in the practice of his or her field of paediatrics; and (b) the service is provided to the person individually; and (c) at the completion of a course of treatment, the referring medical practitioner reviews the need for a further course of treatment; and (d) on the completion of the course of treatment, the eligible psychologist gives a written report to the referring medical practitioner on assessments carried out, treatment provided and recommendations on future management of the person's condition; and (e) the service is at least 50 minutes duration  | 105.45           |             |                   |                  | 89.65           |
| 91185    | N/A               | N/A            | 13.03.2020      | 8            | M18       | N        | Focussed psychological strategies health service provided by phone attendance by an eligible occupational therapist if: (a) the person is referred by: (i) a medical practitioner, either as part of a GP Mental Health Treatment Plan or as part of a psychiatrist assessment and management plan; or (ii) a specialist or consultant physician specialising in the practice of his or her field of psychiatry; or (iii) a specialist or consultant physician specialising in the practice of his or her field of paediatrics; and (b) the service is provided to the person individually; and (c) at the completion of a course of treatment, the referring medical practitioner reviews the need for a further course of treatment; and (d) on the completion of the course of treatment, the eligible occupational therapist gives a written report to the referring medical practitioner on assessments carried out, treatment provided and recommendations on future management of the person's condition; and (e) the service is at least 20 minutes but less than 50 minutes duration | 65.85            |             |                   |                  | 56              |

| MBS item | Clinical Category            | Procedure Type               | Item Start Date | MBS Category | MBS Group | New Item | MBS Description   | MBS Schedule Fee | Derived Fee | Benefit 100% (\$) | Benefit 75% (\$) | Benefit 85 (\$) |
|----------|------------------------------|------------------------------|-----------------|--------------|-----------|----------|---|------------------|-------------|-------------------|------------------|-----------------|
| 91186    | N/A                          | N/A                          | 13.03.2020      | 8            | M18       | N        | Focussed psychological strategies health service provided by phone attendance by an eligible occupational therapist if: (a) the person is referred by: (i) a medical practitioner, either as part of a GP Mental Health Treatment Plan or as part of a psychiatrist assessment and management plan; or (ii) a specialist or consultant physician specialising in the practice of his or her field of psychiatry; or (iii) a specialist or consultant physician specialising in the practice of his or her field of paediatrics; and (b) the service is provided to the person individually; and (c) at the completion of a course of treatment, the referring medical practitioner reviews the need for a further course of treatment; and (d) on the completion of the course of treatment, the eligible occupational therapist gives a written report to the referring medical practitioner on assessments carried out, treatment provided and recommendations on future management of the person's condition; and (e) the service is at least 50 minutes in duration     | 92.95            |             |                   |                  | 79.05           |
| 91187    | N/A                          | N/A                          | 13.03.2020      | 8            | M18       | N        | Focussed psychological strategies health service provided by phone attendance by an eligible social worker if: (a) the person is referred by: (i) a medical practitioner, either as part of a GP Mental Health Treatment Plan or as part of a psychiatrist assessment and management plan; or (ii) a specialist or consultant physician specialising in the practice of his or her field of psychiatry; or (iii) a specialist or consultant physician specialising in the practice of his or her field of paediatrics; and (b) the service is provided to the person individually; and (c) at the completion of a course of treatment, the referring medical practitioner reviews the need for a further course of treatment; and (d) on the completion of the course of treatment, the eligible social worker gives a written report to the referring medical practitioner on assessments carried out, treatment provided and recommendations on future management of the person's condition; and (e) the service is at least 20 minutes but less than 50 minutes duration | 65.85            |             |                   |                  | 56              |
| 91188    | N/A                          | N/A                          | 13.03.2020      | 8            | M18       | N        | Focussed psychological strategies health service provided by phone attendance by an eligible social worker if: (a) the person is referred by: (i) a medical practitioner, either as part of a GP Mental Health Treatment Plan or as part of a psychiatrist assessment and management plan; or (ii) a specialist or consultant physician specialising in the practice of his or her field of psychiatry; or (iii) a specialist or consultant physician specialising in the practice of his or her field of paediatrics; and (b) the service is provided to the person individually; and (c) at the completion of a course of treatment, the referring medical practitioner reviews the need for a further course of treatment; and (d) on the completion of the course of treatment, the eligible social worker gives a written report to the referring medical practitioner on assessments carried out, treatment provided and recommendations on future management of the person's condition; and (e) the service is at least 50 minutes duration                          | 92.95            |             |                   |                  | 79.05           |
| 91189    | N/A                          | N/A                          | 13.03.2020      | 8            | M18       | N        | Phone attendance by a participating nurse practitioner lasting less than 20 minutes if the attendance includes any of the following that are clinically relevant: (a) taking a short history; (b) arranging any necessary investigation; (c) implementing a management plan; (d) providing appropriate preventive health care.  | 22.15            |             |                   |                  | 18.85           |
| 91190    | N/A                          | N/A                          | 13.03.2020      | 8            | M18       | N        | Phone attendance by a participating nurse practitioner lasting at least 20 minutes if the attendance includes any of the following that are clinically relevant: (a) taking a detailed history; (b) arranging any necessary investigation; (c) implementing a management plan; (d) providing appropriate preventive health care.  | 42               |             |                   |                  | 35.7            |
| 91191    | N/A                          | N/A                          | 13.03.2020      | 8            | M18       | N        | Phone attendance by a participating nurse practitioner lasting at least 40 minutes if the attendance includes any of the following that are clinically relevant: (a) taking an extensive history; (b) arranging any necessary investigation; (c) implementing a management plan; (d) providing appropriate preventive health care.  | 61.95            |             |                   |                  | 52.7            |
| 91192    | N/A (Not hospital treatment) | Unlisted                     | 13.03.2020      | 8            | M18       | N        | Telehealth attendance by a participating nurse practitioner for an obvious problem characterised by the straightforward nature of the task that requires a short patient history and, if required, limited management.  | 10.15            |             |                   |                  | 8.65            |
| 91193    | N/A (Not hospital treatment) | Unlisted                     | 13.03.2020      | 8            | M18       | N        | Phone attendance by a participating nurse practitioner for an obvious problem characterised by the straightforward nature of the task that requires a short patient history and, if required, limited management.   | 10.15            |             |                   |                  | 8.65            |
| 91194    | N/A (Not hospital treatment) | N/A (Not hospital treatment) | 01.03.2023      | 8            | M18       | Y        | Telehealth attendance for a focussed psychological strategies health service provided by an eligible occupational therapist to a person other than the patient, if: (a) the service is part of the patient's treatment; (b) the patient has been referred to the eligible occupational therapist by a referring practitioner; and (c) the service lasts at least 20 minutes but less than 50 minutes  | 65.85            |             |                   |                  | 56              |
| 91195    | N/A (Not hospital treatment) | N/A (Not hospital treatment) | 01.03.2023      | 8            | M18       | Y        | Telehealth attendance for a focussed psychological strategies health service provided by an eligible occupational therapist to a person other than the patient, if: (a) the service is part of the patient's treatment; (b) the patient has been referred to the eligible occupational therapist by a referring practitioner; and (c) the service lasts at least 50 minutes   | 92.95            |             |                   |                  | 79.05           |
| 91196    | N/A (Not hospital treatment) | N/A (Not hospital treatment) | 01.03.2023      | 8            | M18       | Y        | Telehealth attendance for a focussed psychological strategies health service provided by an eligible social worker to a person other than the patient, if: (a) the service is part of the patient's treatment; (b) the patient has been referred to the eligible social worker by a referring practitioner and (c) the service lasts at least 20 minutes but less than 50 minutes   | 65.85            |             |                   |                  | 56              |
| 91197    | N/A (Not hospital treatment) | N/A (Not hospital treatment) | 01.03.2023      | 8            | M18       | Y        | Telehealth attendance for a focussed psychological strategies health service provided by an eligible social worker to a person other than the patient, if: (a) the service is part of the patient's treatment; (b) the patient has been referred to the eligible social worker by a referring practitioner; and (c) the service lasts at least 50 minutes   | 92.95            |             |                   |                  | 79.05           |

| MBS item | Clinical Category            | Procedure Type               | Item Start Date | MBS Category | MBS Group | New Item | MBS Description   | MBS Schedule Fee | Derived Fee | Benefit 100% (\$) | Benefit 75% (\$) | Benefit 85 (\$) |
|----------|------------------------------|------------------------------|-----------------|--------------|-----------|----------|---|------------------|-------------|-------------------|------------------|-----------------|
| 91198    | N/A (Not hospital treatment) | N/A (Not hospital treatment) | 01.03.2023      | 8            | M18       | Y        | Phone attendance for a psychological therapy health service provided by an eligible clinical psychologist to a person other than the patient, if: (a) the service is part of the patient's treatment; (b) the patient has been referred to the eligible clinical psychologist by a referring practitioner; and (c) the service lasts at least 30 minutes but less than 50 minutes   | 105.45           |             |                   |                  | 89.65           |
| 91199    | N/A (Not hospital treatment) | N/A (Not hospital treatment) | 01.03.2023      | 8            | M18       | Y        | Phone attendance for a psychological therapy health service provided by an eligible clinical psychologist to a person other than the patient, if: (a) the service is part of the patient's treatment; (b) the patient has been referred to the eligible clinical psychologist by a referring practitioner; and (c) the service lasts at least 50 minutes  | 154.85           |             |                   |                  | 131.65          |
| 91200    | N/A (Not hospital treatment) | N/A (Not hospital treatment) | 01.03.2023      | 8            | M18       | Y        | Phone attendance for a focussed psychological strategies health service provided by an eligible psychologist to a person other than the patient, if: (a) the service is part of the patient's treatment; (b) the patient has been referred to the eligible psychologist by a referring practitioner; and (c) the service lasts at least 20 minutes but less than 50 minutes   | 74.75            |             |                   |                  | 63.55           |
| 91201    | N/A (Not hospital treatment) | N/A (Not hospital treatment) | 01.03.2023      | 8            | M18       | Y        | Phone attendance for a focussed psychological strategies health service provided by an eligible psychologist to a person other than the patient, if: (a) the service is part of the patient's treatment; (b) the patient has been referred to the eligible psychologist by a referring practitioner; and (c) the service lasts at least 50 minutes  | 105.45           |             |                   |                  | 89.65           |
| 91202    | N/A (Not hospital treatment) | N/A (Not hospital treatment) | 01.03.2023      | 8            | M18       | Y        | Phone attendance for a focussed psychological strategies health service provided by an eligible occupational therapist to a person other than the patient, if: (a) the service is part of the patient's treatment; (b) the patient has been referred to the eligible occupational therapist by a referring practitioner; and (c) the service lasts at least 20 minutes but less than 50 minutes   | 65.85            |             |                   |                  | 56              |
| 91203    | N/A (Not hospital treatment) | N/A (Not hospital treatment) | 01.03.2023      | 8            | M18       | Y        | Phone attendance for a focussed psychological strategies health service provided by an eligible occupational therapist to a person other than the patient, if: (a) the service is part of the patient's treatment; (b) the patient has been referred to the eligible occupational therapist by a referring practitioner; and (c) the service lasts at least 50 minutes  | 92.95            |             |                   |                  | 79.05           |
| 91204    | N/A (Not hospital treatment) | N/A (Not hospital treatment) | 01.03.2023      | 8            | M18       | Y        | Phone attendance for a focussed psychological strategies health service provided by an eligible social worker to a person other than the patient, if: (a) the service is part of the patient's treatment; (b) the patient has been referred to the eligible social worker by a referring practitioner; and (c) the service lasts at least 20 minutes but less than 50 minutes   | 65.85            |             |                   |                  | 56              |
| 91205    | N/A (Not hospital treatment) | N/A (Not hospital treatment) | 01.03.2023      | 8            | M18       | Y        | Phone attendance for a focussed psychological strategies health service provided by an eligible social worker to a person other than the patient, if: (a) the service is part of the patient's treatment; (b) the patient has been referred to the eligible social worker by a referring practitioner; and (c) the service lasts at least 50 minutes  | 92.95            |             |                   |                  | 79.05           |
| 91211    | N/A (Not hospital treatment) | Unlisted                     | 13.03.2020      | 8            | M19       | N        | Short antenatal telehealth attendance by a participating midwife, lasting up to 40 minutes.   | 34.15            |             |                   |                  | 29.05           |
| 91212    | N/A (Not hospital treatment) | Unlisted                     | 13.03.2020      | 8            | M19       | N        | Long antenatal telehealth attendance by a participating midwife, lasting at least 40 minutes.   | 56.45            |             |                   |                  | 48              |
| 91214    | N/A (Not hospital treatment) | Unlisted                     | 13.03.2020      | 8            | M19       | N        | Short postnatal telehealth attendance by a participating midwife, lasting up to 40 minutes.   | 56.45            |             |                   |                  | 48              |
| 91215    | N/A (Not hospital treatment) | Unlisted                     | 13.03.2020      | 8            | M19       | N        | Long postnatal telehealth attendance by a participating midwife, lasting at least 40 minutes.   | 83               |             |                   | 62.25            | 70.55           |
| 91218    | N/A (Not hospital treatment) | Unlisted                     | 13.03.2020      | 8            | M19       | N        | Short antenatal phone attendance by a participating midwife, lasting up to 40 minutes.  | 34.15            |             |                   |                  | 29.05           |
| 91219    | N/A (Not hospital treatment) | Unlisted                     | 13.03.2020      | 8            | M19       | N        | Long antenatal phone attendance by a participating midwife, lasting at least 40 minutes.  | 56.45            |             |                   | 42.35            | 48              |
| 91221    | N/A (Not hospital treatment) | Unlisted                     | 13.03.2020      | 8            | M19       | N        | Short postnatal phone attendance by a participating midwife, lasting up to 40 minutes.  | 56.45            |             |                   |                  | 48              |
| 91222    | N/A (Not hospital treatment) | Unlisted                     | 13.03.2020      | 8            | M19       | N        | Long postnatal phone attendance by a participating midwife, lasting at least 40 minutes.  | 83               |             |                   |                  | 70.55           |
| 91790    | N/A (Not hospital treatment) | Unlisted                     | 13.03.2020      | 1            | A40       | N        | Telehealth attendance 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 management. NOTE: It is a legislative requirement that this service must be performed by the patient's usual medical practitioner (please see Note AN.1.1 for the definition of 'patient's usual medical practitioner' as some exemptions do apply).   | 18.2             |             | 18.2              |                  |                 |
| 91792    | N/A (Not hospital treatment) | Unlisted                     | 13.03.2020      | 1            | A40       | N        | Telehealth attendance by a medical practitioner of not more than 5 minutes. NOTE: It is a legislative requirement that this service must be performed by the patient's usual medical practitioner (please see Note AN.1.1 for the definition of 'patient's usual medical practitioner' as some exemptions do apply).  | 11               |             | 11                |                  |                 |
| 91794    | N/A (Not hospital treatment) | Unlisted                     | 13.03.2020      | 1            | A40       | N        | Telehealth attendance by a medical practitioner (not including a General Practitioner, Specialist or Consultant Physician), in an eligible area, of not more than 5 minutes. NOTE: It is a legislative requirement that this service must be performed by the patient's usual medical practitioner (please see Note AN.1.1 for the definition of 'patient's usual medical practitioner' as some exemptions do apply).   | 14.55            |             | 14.55             |                  |                 |
| 91800    | N/A (Not hospital treatment) | Unlisted                     | 13.03.2020      | 1            | A40       | N        | Telehealth attendance by a general practitioner lasting less than 20 minutes if the attendance includes any of the following that are clinically relevant: (a) taking a short patient history; (b) arranging any necessary investigation (c) implementing a management plan; (d) providing appropriate preventative health care. NOTE: It is a legislative requirement that this service must be performed by the patient's usual medical practitioner (please see Note AN.1.1 for the definition of 'patient's usual medical practitioner' as some exemptions do apply). | 39.75            |             | 39.75             |                  |                 |

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|----------|------------------------------|----------------|-----------------|--------------|-----------|----------|--|------------------|-------------|-------------------|------------------|-----------------|
| 91801    | N/A (Not hospital treatment) | Unlisted       | 13.03.2020      | 1            | A40       | N        | Telehealth attendance by a general practitioner lasting at least 20 minutes if the attendance includes any of the following that are clinically relevant: (a) taking a detailed patient history; (b) arranging any necessary investigation; (c) implementing a management plan; (d) providing appropriate preventative health care. NOTE: It is a legislative requirement that this service must be performed by the patient's usual medical practitioner (please see Note AN.1.1 for the definition of 'patient's usual medical practitioner' as some exemptions do apply).   | 76.95            |             | 76.95             |                  |                 |
| 91802    | N/A (Not hospital treatment) | Unlisted       | 13.03.2020      | 1            | A40       | N        | Telehealth attendance by a general practitioner lasting at least 40 minutes if the attendance includes any of the following that are clinically relevant: (a) taking an extensive patient history; (b) arranging any necessary investigation; (c) implementing a management plan; (d) providing appropriate preventative health care. NOTE: It is a legislative requirement that this service must be performed by the patient's usual medical practitioner (please see Note AN.1.1 for the definition of 'patient's usual medical practitioner' as some exemptions do apply).   | 113.3            |             | 113.3             |                  |                 |
| 91803    | N/A (Not hospital treatment) | Unlisted       | 13.03.2020      | 1            | A40       | N        | Telehealth attendance by a medical practitioner of more than 5 minutes in duration but not more than 25 minutes if the attendance includes any of the following that are clinically relevant: (a) taking a short patient history; (b) arranging any necessary investigation; (c) implementing a management plan; (d) providing appropriate preventative health care. NOTE: It is a legislative requirement that this service must be performed by the patient's usual medical practitioner (please see Note AN.1.1 for the definition of 'patient's usual medical practitioner' as some exemptions do apply).  | 21               |             | 21                |                  |                 |
| 91804    | N/A (Not hospital treatment) | Unlisted       | 13.03.2020      | 1            | A40       | N        | Telehealth attendance by a medical practitioner of more than 25 minutes in duration but not more than 45 minutes if the attendance includes any of the following that are clinically relevant: (a) taking a detailed patient history; (b) arranging any necessary investigation; (c) implementing a management plan; (d) providing appropriate preventative health care; NOTE: It is a legislative requirement that this service must be performed by the patient's usual medical practitioner (please see Note AN.1.1 for the definition of 'patient's usual medical practitioner' as some exemptions do apply).  | 38               |             | 38                |                  |                 |
| 91805    | N/A (Not hospital treatment) | Unlisted       | 13.03.2020      | 1            | A40       | N        | Telehealth attendance by a medical practitioner of at least 45 minutes in duration if the attendance includes any of the following that are clinically relevant: (a) taking an extensive patient history; (b) arranging any necessary investigation; (c) implementing a management plan; (d) providing appropriate preventative health care. NOTE: It is a legislative requirement that this service must be performed by the patient's usual medical practitioner (please see Note AN.1.1 for the definition of 'patient's usual medical practitioner' as some exemptions do apply).  | 61               |             | 61                |                  |                 |
| 91806    | N/A (Not hospital treatment) | Unlisted       | 13.03.2020      | 1            | A40       | N        | Telehealth attendance by a medical practitioner (not including a General Practitioner, Specialist or Consultant Physician), in an eligible area, of more than 5 minutes in duration but not more than 25 minutes if the attendance includes any of the following that are clinically relevant: (a) taking a short patient history; (b) arranging any necessary investigation; (c) implementing a management plan; (d) providing appropriate preventative health care. NOTE: It is a legislative requirement that this service must be performed by the patient's usual medical practitioner (please see Note AN.1.1 for the definition of 'patient's usual medical practitioner' as some exemptions do apply).     | 31.8             |             | 31.8              |                  |                 |
| 91807    | N/A (Not hospital treatment) | Unlisted       | 13.03.2020      | 1            | A40       | N        | Telehealth attendance by a medical practitioner (not including a General Practitioner, Specialist or Consultant Physician), in an eligible area, of more than 25 minutes in duration but not more than 45 minutes if the attendance includes any of the following that are clinically relevant: (a) taking a detailed patient history; (b) arranging any necessary investigation; (c) implementing a management plan; (d) providing appropriate preventative health care. NOTE: It is a legislative requirement that this service must be performed by the patient's usual medical practitioner (please see Note AN.1.1 for the definition of 'patient's usual medical practitioner' as some exemptions do apply). | 61.55            |             | 61.55             |                  |                 |
| 91808    | N/A (Not hospital treatment) | Unlisted       | 13.03.2020      | 1            | A40       | N        | Telehealth attendance by a medical practitioner (not including a General Practitioner, Specialist or Consultant Physician), in an eligible area, of at least 45 minutes in duration if the attendance includes any of the following that are clinically relevant: (a) taking an extensive patient history; (b) arranging any necessary investigation; (c) implementing a management plan; (d) providing appropriate preventative health care. NOTE: It is a legislative requirement that this service must be performed by the patient's usual medical practitioner (please see Note AN.1.1 for the definition of 'patient's usual medical practitioner' as some exemptions do apply).                             | 90.65            |             | 90.65             |                  |                 |
| 91818    | N/A (Not hospital treatment) | Unlisted       | 13.03.2020      | 1            | A40       | N        | Telehealth attendance by a general practitioner, for the purpose of providing focussed psychological strategies for assessed mental disorders if: (a) the practitioner is registered with the Chief Executive Medicare as meeting the credentialing requirements for provision of this service; and (b) the service lasts at least 30 minutes, but less than 40 minutes.   | 98.05            |             | 98.05             |                  |                 |
| 91819    | N/A (Not hospital treatment) | Unlisted       | 13.03.2020      | 1            | A40       | N        | Telehealth attendance by a general practitioner, for the purpose of providing focussed psychological strategies for assessed mental disorders if: (a) the practitioner is registered with the Chief Executive Medicare as meeting the credentialing requirements for provision of this service; and (b) the service lasts at least 40 minutes.   | 140.3            |             | 140.3             |                  |                 |
| 91820    | N/A (Not hospital treatment) | Unlisted       | 13.03.2020      | 1            | A40       | N        | Telehealth attendance by a medical practitioner (not including a general practitioner, specialist or consultant physician), for the purpose of providing focussed psychological strategies for assessed mental disorders if: (a) the practitioner is registered with the Chief Executive Medicare as meeting the credentialing requirements for provision of this service; and (b) the service lasts at least 30 minutes, but less than 40 minutes.  | 78.45            |             | 78.45             |                  |                 |

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|----------|------------------------------|----------------|-----------------|--------------|-----------|----------|---|------------------|-------------|-------------------|------------------|-----------------|
| 91821    | N/A (Not hospital treatment) | Unlisted       | 13.03.2020      | 1            | A40       | N        | Telehealth attendance by a medical practitioner (not including a general practitioner, specialist or consultant physician), for the purpose of providing focussed psychological strategies for assessed mental disorders if: (a) the practitioner is registered with the Chief Executive Medicare as meeting the credentialing requirements for provision of this service; and (b) the service lasts at least 40 minutes. | 112.25           |             | 112.25            |                  |                 |
| 91822    | N/A (Not hospital treatment) | Unlisted       | 13.03.2020      | 1            | A40       | N        | Telehealth attendance for a person by a specialist in the practice of the specialist's specialty if: (a) the attendance follows referral of the patient to the specialist; and (b) the attendance was of more than 5 minutes in duration. Where the attendance was other than a second or subsequent attendance as part of a single course of treatment.  | 91.8             |             |                   |                  | 78.05           |
| 91823    | N/A (Not hospital treatment) | Unlisted       | 13.03.2020      | 1            | A40       | N        | Telehealth attendance for a person by a specialist in the practice of the specialist's specialty if: (a) the attendance follows referral of the patient to the specialist; and (b) the attendance was of more than 5 minutes in duration. Where the attendance is after the first attendance as part of a single course of treatment.   | 46.15            |             |                   |                  | 39.25           |
| 91824    | N/A (Not hospital treatment) | Unlisted       | 13.03.2020      | 1            | A40       | N        | Telehealth attendance for a person by a consultant physician in the practice of the consultant physician's specialty (other than psychiatry) if: (a) the attendance follows referral of the patient to the specialist; and (b) the attendance was of more than 5 minutes in duration. Where the attendance was other than a second or subsequent attendance as part of a single course of treatment.                      | 161.9            |             |                   |                  | 137.65          |
| 91825    | N/A (Not hospital treatment) | Unlisted       | 13.03.2020      | 1            | A40       | N        | Telehealth attendance for a person by a consultant physician in the practice of the consultant physician's specialty (other than psychiatry) if: (a) the attendance follows referral of the patient to the specialist; and (b) the attendance was of more than 5 minutes in duration. Where the attendance is not a minor attendance after the first as part of a single course of treatment.                             | 81.05            |             |                   |                  | 68.9            |
| 91826    | N/A (Not hospital treatment) | Unlisted       | 13.03.2020      | 1            | A40       | N        | Telehealth attendance for a person by a consultant physician in the practice of the consultant physician's specialty (other than psychiatry) if: (a) the attendance follows referral of the patient to the specialist; and (b) the attendance was of more than 5 minutes in duration. Where the attendance is a minor attendance after the first as part of a single course of treatment.                                 | 46.15            |             |                   |                  | 39.25           |
| 91827    | N/A (Not hospital treatment) | Unlisted       | 13.03.2020      | 1            | A40       | N        | Telehealth attendance for a person by a consultant psychiatrist; if: (a) the attendance follows a referral of the patient to the consultant psychiatrist by a referring practitioner; and (b) the attendance was not more than 15 minutes duration.   | 46.5             |             |                   |                  | 39.55           |
| 91828    | N/A (Not hospital treatment) | Unlisted       | 13.03.2020      | 1            | A40       | N        | Telehealth attendance for a person by a consultant psychiatrist; if: (a) the attendance follows a referral of the patient to the consultant psychiatrist by a referring practitioner; and (b) the attendance was at least 15 minutes, but not more than 30 minutes in duration.   | 92.75            |             |                   |                  | 78.85           |
| 91829    | N/A (Not hospital treatment) | Unlisted       | 13.03.2020      | 1            | A40       | N        | Telehealth attendance for a person by a consultant psychiatrist; if: (a) the attendance follows a referral of the patient to the consultant psychiatrist by a referring practitioner; and (b) the attendance was at least 30 minutes, but not more than 45 minutes in duration.   | 142.8            |             |                   |                  | 121.4           |
| 91830    | N/A (Not hospital treatment) | Unlisted       | 13.03.2020      | 1            | A40       | N        | Telehealth attendance for a person by a consultant psychiatrist; if: (a) the attendance follows a referral of the patient to the consultant psychiatrist by a referring practitioner; and (b) the attendance was at least 45 minutes, but not more than 75 minutes in duration.   | 197.1            |             |                   |                  | 167.55          |
| 91831    | N/A (Not hospital treatment) | Unlisted       | 13.03.2020      | 1            | A40       | N        | Telehealth attendance for a person by a consultant psychiatrist; if: (a) the attendance follows a referral of the patient to the consultant psychiatrist by a referring practitioner; and (b) the attendance was at least 75 minutes in duration.   | 228.7            |             |                   |                  | 194.4           |
| 91833    | N/A (Not hospital treatment) | Unlisted       | 13.03.2020      | 1            | A40       | N        | Phone attendance for a person by a specialist in the practice of the specialist's specialty if: (a) the attendance follows referral of the patient to the specialist; and (b) the attendance was of more than 5 minutes in duration. Where the attendance is after the first attendance as part of a single course of treatment.  | 46.15            |             |                   |                  | 39.25           |
| 91836    | N/A (Not hospital treatment) | Unlisted       | 13.03.2020      | 1            | A40       | N        | Phone attendance for a person by a consultant physician in the practice of the consultant physician's specialty (other than psychiatry) if: (a) the attendance follows referral of the patient to the specialist; and (b) the attendance was of more than 5 minutes in duration. Where the attendance is a minor attendance after the first as part of a single course of treatment.                                      | 46.15            |             |                   |                  | 39.25           |
| 91837    | N/A (Not hospital treatment) | Unlisted       | 13.03.2020      | 1            | A40       | N        | Phone attendance for a person by a consultant psychiatrist; if: (a) the attendance follows a referral of the patient to the consultant psychiatrist by a referring practitioner; and (b) the attendance was not more than 15 minutes duration; Where the attendance is after the first attendance as part of a single course of treatment   | 46.5             |             |                   |                  | 39.55           |
| 91838    | N/A (Not hospital treatment) | Unlisted       | 13.03.2020      | 1            | A40       | N        | Phone attendance for a person by a consultant psychiatrist; if: (a) the attendance follows a referral of the patient to the consultant psychiatrist by a referring practitioner and (b) the attendance was at least 15 minutes, but not more than 30 minutes in duration; Where the attendance is after the first attendance as part of a single course of treatment  | 92.75            |             |                   |                  | 78.85           |
| 91839    | N/A (Not hospital treatment) | Unlisted       | 13.03.2020      | 1            | A40       | N        | Phone attendance for a person by a consultant psychiatrist; if: (a) the attendance follows a referral of the patient to the consultant psychiatrist by a referring practitioner; and (b) the attendance was at least 30 minutes, but not more than 45 minutes in duration Where the attendance is after the first attendance as part of a single course of treatment  | 142.8            |             |                   |                  | 121.4           |
| 91842    | N/A (Not hospital treatment) | Unlisted       | 13.03.2020      | 1            | A40       | N        | Phone attendance by a general practitioner, for the purpose of providing focussed psychological strategies for assessed mental disorders if: (a) the practitioner is registered with the Chief Executive Medicare as meeting the credentialing requirements for provision of this service; and (b) the service lasts at least 30 minutes, but less than 40 minutes.   | 98.05            |             | 98.05             |                  |                 |

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|----------|------------------------------|------------------------------|-----------------|--------------|-----------|----------|--|------------------|-------------|-------------------|------------------|-----------------|
| 91843    | N/A (Not hospital treatment) | Unlisted                     | 13.03.2020      | 1            | A40       | N        | Phone attendance by a general practitioner, for the purpose of providing focussed psychological strategies for assessed mental disorders if: (a) the practitioner is registered with the Chief Executive Medicare as meeting the credentialing requirements for provision of this service; and (b) the service lasts at least 40 minutes.  | 140.3            |             | 140.3             |                  |                 |
| 91844    | N/A (Not hospital treatment) | Unlisted                     | 13.03.2020      | 1            | A40       | N        | Phone attendance by a medical practitioner (not including a General Practitioner, Specialist or Consultant Physician), for the purpose of providing focussed psychological strategies for assessed mental disorders if: (a) the practitioner is registered with the Chief Executive Medicare as meeting the credentialing requirements for provision of this service; and (b) the service lasts at least 30 minutes, but less than 40 minutes.   | 78.45            |             | 78.45             |                  |                 |
| 91845    | N/A (Not hospital treatment) | Unlisted                     | 13.03.2020      | 1            | A40       | N        | Phone attendance by a medical practitioner (not including a General Practitioner, Specialist or Consultant Physician), for the purpose of providing focussed psychological strategies for assessed mental disorders if: (a) the practitioner is registered with the Chief Executive Medicare as meeting the credentialing requirements for provision of this service; and (b) the service lasts at least 40 minutes.   | 112.25           |             | 112.25            |                  |                 |
| 91850    | N/A (Not hospital treatment) | Unlisted                     | 13.03.2020      | 3            | T4        | N        | Antenatal telehealth service provided by a midwife, nurse or an Aboriginal and Torres Strait Islander health practitioner, to a maximum of 10 services per 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.  | 28.8             |             |                   |                  | 24.5            |
| 91851    | N/A (Not hospital treatment) | Unlisted                     | 13.03.2020      | 3            | T4        | N        | Postnatal telehealth attendance by an obstetrician or general practitioner (other than a service to which any other item applies) if: (a) is between 4 and 8 weeks after the birth; and (b) lasts at least 20 minutes in duration; and (c) includes a mental health assessment (including screening for drug and alcohol use and domestic violence) of the patient; and (d) is for a pregnancy in relation to which a service to which item 82140 applies is not provided. Applicable once for a pregnancy   | 75.8             |             |                   |                  | 64.45           |
| 91852    | N/A (Not hospital treatment) | Unlisted                     | 13.03.2020      | 3            | T4        | N        | Postnatal telehealth 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: (a) the attendance is rendered by: (i) a 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, 82140, 91214, 91215, 91221 or 91222 is not provided. Applicable once for a pregnancy | 56.45            |             |                   |                  | 48              |
| 91853    | N/A (Not hospital treatment) | Unlisted                     | 13.03.2020      | 3            | T4        | N        | Antenatal telehealth attendance.   | 49.85            |             |                   |                  | 42.4            |
| 91855    | N/A (Not hospital treatment) | Unlisted                     | 13.03.2020      | 3            | T4        | N        | Antenatal phone service provided by a midwife, nurse or an Aboriginal and Torres Strait Islander health practitioner, to a maximum of 10 services per 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.   | 28.8             |             |                   |                  | 24.5            |
| 91856    | N/A (Not hospital treatment) | Unlisted                     | 13.03.2020      | 3            | T4        | N        | Postnatal phone attendance by an obstetrician or general practitioner (other than a service to which any other item applies) if: (a) is between 4 and 8 weeks after the birth; and (b) lasts at least 20 minutes in duration; and (c) includes a mental health assessment (including screening for drug and alcohol use and domestic violence) of the patient; and (d) is for a pregnancy in relation to which a service to which item 82140 applies is not provided. Applicable once for a pregnancy  | 75.8             |             |                   |                  | 64.45           |
| 91857    | N/A (Not hospital treatment) | Unlisted                     | 13.03.2020      | 3            | T4        | N        | Postnatal phone 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: (a) the attendance is rendered by: (i) a 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, 82140, 91214, 91215, 91221 or 91222 is not provided. Applicable once for a pregnancy       | 56.45            |             |                   |                  | 48              |
| 91858    | N/A (Not hospital treatment) | Unlisted                     | 13.03.2020      | 3            | T4        | N        | Antenatal phone attendance.  | 49.85            |             |                   |                  | 42.4            |
| 91859    | N/A (Not hospital treatment) | N/A (Not hospital treatment) | 01.03.2023      | 1            | A40       | Y        | Telehealth attendance 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 for assessed mental disorders 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            |             | 98.05             |                  |                 |
| 91861    | N/A (Not hospital treatment) | N/A (Not hospital treatment) | 01.03.2023      | 1            | A40       | Y        | Telehealth attendance 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 for assessed mental disorders to a person other than the patient, if the service is part of the patient's treatment; and (b) lasting at least 40 minutes  | 140.3            |             | 140.3             |                  |                 |
| 91862    | N/A (Not hospital treatment) | N/A (Not hospital treatment) | 01.03.2023      | 1            | A40       | Y        | Telehealth attendance by a medical practitioner, registered with the Chief Executive Medicare as meeting the credentialling requirements for provision of this service: (a) for providing focussed psychological strategies for assessed mental disorders 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  | 78.45            |             | 78.45             |                  |                 |

| MBS item | Clinical Category            | Procedure Type               | Item Start Date | MBS Category | MBS Group | New Item | MBS Description  | MBS Schedule Fee | Derived Fee | Benefit 100% (\$) | Benefit 75% (\$) | Benefit 85 (\$) |
|----------|------------------------------|------------------------------|-----------------|--------------|-----------|----------|--|------------------|-------------|-------------------|------------------|-----------------|
| 91863    | N/A (Not hospital treatment) | N/A (Not hospital treatment) | 01.03.2023      | 1            | A40       | Y        | Telehealth attendance by a medical practitioner, registered with the Chief Executive Medicare as meeting the credentialling requirements for provision of this service: (a) for providing focussed psychological strategies for assessed mental disorders to a person other than the patient, if the service is part of the patient's treatment; and (b) lasting at least 40 minutes   | 112.25           |             | 112.25            |                  |                 |
| 91864    | N/A (Not hospital treatment) | N/A (Not hospital treatment) | 01.03.2023      | 1            | A40       | Y        | Phone attendance 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 for assessed mental disorders 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            |             | 98.05             |                  |                 |
| 91865    | N/A (Not hospital treatment) | N/A (Not hospital treatment) | 01.03.2023      | 1            | A40       | Y        | Phone attendance 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 for assessed mental disorders to a person other than the patient, if the service is part of the patient's treatment; and (b) lasting at least 40 minutes   | 140.3            |             | 140.3             |                  |                 |
| 91866    | N/A (Not hospital treatment) | N/A (Not hospital treatment) | 01.03.2023      | 1            | A40       | Y        | Phone attendance by a medical practitioner, registered with the Chief Executive Medicare as meeting the credentialling requirements for provision of this service: (a) for providing focussed psychological strategies for assessed mental disorders 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   | 78.45            |             | 78.45             |                  |                 |
| 91867    | N/A (Not hospital treatment) | N/A (Not hospital treatment) | 01.03.2023      | 1            | A40       | Y        | Phone attendance by a medical practitioner, registered with the Chief Executive Medicare as meeting the credentialling requirements for provision of this service: (a) for providing focussed psychological strategies for assessed mental disorders to a person other than the patient, if the service is part of the patient's treatment; and (b) lasting at least 40 minutes  | 112.25           |             | 112.25            |                  |                 |
| 91890    | N/A (Not hospital treatment) | Unlisted                     | 01.07.2021      | 1            | A40       | N        | Phone attendance by a general practitioner lasting less than 6 minutes for an obvious problem characterised by the straightforward nature of the task that requires a short patient history and, if required, limited management   | 18.2             |             | 18.2              |                  |                 |
| 91891    | N/A (Not hospital treatment) | Unlisted                     | 01.07.2021      | 1            | A40       | N        | Phone attendance by a general practitioner lasting at least 6 minutes if the attendance includes any of the following that are clinically relevant: (a) taking a short patient history; (b) arranging any necessary investigation; (c) implementing a management plan; (d) providing appropriate preventative health care  | 39.75            |             | 39.75             |                  |                 |
| 91892    | N/A (Not hospital treatment) | Unlisted                     | 01.07.2021      | 1            | A40       | N        | Phone attendance by a medical practitioner (not including a general practitioner, specialist or consultant physician) lasting less than 6 minutes for an obvious problem characterised by the straightforward nature of the task that requires a short patient history and, if required, limited management  | 11               |             | 11                |                  |                 |
| 91893    | N/A (Not hospital treatment) | Unlisted                     | 01.07.2021      | 1            | A40       | N        | Phone attendance by a medical practitioner (not including a general practitioner, specialist or consultant physician) lasting at least 6 minutes if the attendance includes any of the following that are clinically relevant: (a) taking a short patient history; (b) arranging any necessary investigation; (c) implementing a management plan; (d) providing appropriate preventative health care   | 21               |             | 21                |                  |                 |
| 91894    | N/A (Not hospital treatment) | Unlisted                     | 01.01.2022      | 1            | A40       | N        | Phone attendance by a general practitioner lasting at least 20 minutes, if: (a) the attendance is performed from a practice location in Modified Monash areas 6 or 7; and (b) the attendance includes any of the following that are clinically relevant: (i) taking a detailed patient history; (ii) arranging any necessary investigation; (iii) implementing a management plan; (iv) providing appropriate preventative health care  | 76.95            |             | 76.95             |                  |                 |
| 91895    | N/A (Not hospital treatment) | Unlisted                     | 01.01.2022      | 1            | A40       | N        | Phone attendance by a medical practitioner (not including a general practitioner, specialist or consultant physician), of more than 25 minutes in duration but not more than 45 minutes, if: (a) the attendance is performed from a practice location in Modified Monash areas 6 or 7; and (b) the attendance includes any of the following that are clinically relevant: (i) taking a detailed patient history; (ii) arranging any necessary investigation; (iii) implementing a management plan; (iv) providing appropriate preventative health care | 61.55            |             | 61.55             |                  |                 |
| 92004    | N/A (Not hospital treatment) | Unlisted                     | 30.03.2020      | 1            | A40       | N        | Telehealth attendance by a general practitioner for a health assessment of a patient - this item or items 93470 or 93479 not more than once in a 9 month period. NOTE: It is a legislative requirement that this service must be performed by the patient's usual medical practitioner (please see Note AN.1.1 for the definition of 'patient's usual medical practitioner' as some exemptions do apply).  | 224.4            |             | 224.4             |                  |                 |
| 92011    | N/A (Not hospital treatment) | Unlisted                     | 30.03.2020      | 1            | A40       | N        | Telehealth attendance by a medical practitioner (not including a general practitioner, specialist or consultant physician), for a health assessment - this item or items 93470 or 93479 not more than once in a 9 month period. NOTE: It is a legislative requirement that this service must be performed by the patient's usual medical practitioner (please see Note AN.1.1 for the definition of 'patient's usual medical practitioner' as some exemptions do apply).   | 179.5            |             | 179.5             |                  |                 |
| 92024    | N/A (Not hospital treatment) | Unlisted                     | 30.03.2020      | 1            | A40       | N        | Telehealth attendance by a general practitioner, 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, items 92074 to 92078 or items 92030 to 92034 apply) NOTE: It is a legislative requirement that this service must be performed by the patient's usual medical practitioner (please see Note AN.1.1 for the definition of 'patient's usual medical practitioner' as some exemptions do apply).  | 152.5            |             | 152.5             |                  |                 |
| 92025    | N/A (Not hospital treatment) | Unlisted                     | 30.03.2020      | 1            | A40       | N        | Telehealth attendance by a general practitioner, 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, items 92074 to 92078 or items 92030 to 92034 apply) NOTE: It is a legislative requirement that this service must be performed by the patient's usual medical practitioner (please see Note AN.1.1 for the definition of 'patient's usual medical practitioner' as some exemptions do apply).  | 120.85           |             | 120.85            |                  |                 |

| MBS item | Clinical Category            | Procedure Type | Item Start Date | MBS Category | MBS Group | New Item | MBS Description   | MBS Schedule Fee | Derived Fee | Benefit 100% (\$) | Benefit 75% (\$) | Benefit 85 (\$) |
|----------|------------------------------|----------------|-----------------|--------------|-----------|----------|---|------------------|-------------|-------------------|------------------|-----------------|
| 92026    | N/A (Not hospital treatment) | Unlisted       | 30.03.2020      | 1            | A40       | N        | Telehealth contribution by a general practitioner, 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, items 92074 to 92078 or items 92030 to 92034 apply) NOTE: It is a legislative requirement that this service must be performed by the patient's usual medical practitioner (please see Note AN.1.1 for the definition of 'patient's usual medical practitioner' as some exemptions do apply).   | 74.4             |             | 74.4              |                  |                 |
| 92027    | N/A (Not hospital treatment) | Unlisted       | 30.03.2020      | 1            | A40       | N        | Telehealth contribution by a general practitioner, 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, items 92074 to 92078 or items 92030 to 92034 apply) NOTE: It is a legislative requirement that this service must be performed by the patient's usual medical practitioner (please see Note AN.1.1 for the definition of 'patient's usual medical practitioner' as some exemptions do apply).  | 74.4             |             | 74.4              |                  |                 |
| 92028    | N/A (Not hospital treatment) | Unlisted       | 30.03.2020      | 1            | A40       | N        | Telehealth attendance by a general practitioner 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 of the general medical services table, or item 229 or item 92024 or 92068 applies; or (b) team care arrangements which have been coordinated by the general practitioner (or an associated general practitioner) to which item 723 of the general medical services table, or item 230 or item 92025 or 92069 or items applies NOTE: It is a legislative requirement that this service must be performed by the patient's usual medical practitioner (please see Note AN.1.1 for the definition of 'patient's usual medical practitioner' as some exemptions do apply).   | 76.15            |             | 76.15             |                  |                 |
| 92055    | N/A (Not hospital treatment) | Unlisted       | 30.03.2020      | 1            | A40       | N        | Telehealth attendance by a medical practitioner (not including a general practitioner, 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 of the general medical services table, or items 92074 to 92078 or items 92030 to 92034 or items 235 to 240 in the Health Insurance (Section 3C General Medical Services – Other Medical Practitioner) Determination 2018 apply) NOTE: It is a legislative requirement that this service must be performed by the patient's usual medical practitioner (please see Note AN.1.1 for the definition of 'patient's usual medical practitioner' as some exemptions do apply).   | 122              |             | 122               |                  |                 |
| 92056    | N/A (Not hospital treatment) | Unlisted       | 30.03.2020      | 1            | A40       | N        | Telehealth attendance by a medical practitioner (not including a general practitioner, 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 of the general medical services table, or items 92074 to 92078 or items 92030 to 92034, or items 235 to 240 in the Health Insurance (Section 3C General Medical Services – Other Medical Practitioner) Determination 2018 apply) NOTE: It is a legislative requirement that this service must be performed by the patient's usual medical practitioner (please see Note AN.1.1 for the definition of 'patient's usual medical practitioner' as some exemptions do apply).  | 96.7             |             | 96.7              |                  |                 |
| 92057    | N/A (Not hospital treatment) | Unlisted       | 30.03.2020      | 1            | A40       | N        | Telehealth contribution by a medical practitioner (not including a general practitioner, 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 of the general medical services table, or items 92074 to 92078 or items 92030 to 92034 or items 235 to 240 in the Health Insurance (Section 3C General Medical Services – Other Medical Practitioner) Determination 2018 apply) NOTE: It is a legislative requirement that this service must be performed by the patient's usual medical practitioner (please see Note AN.1.1 for the definition of 'patient's usual medical practitioner' as some exemptions do apply).   | 59.5             |             | 59.5              |                  |                 |
| 92058    | N/A (Not hospital treatment) | Unlisted       | 30.03.2020      | 1            | A40       | N        | Telehealth contribution by a medical practitioner (not including a general practitioner, 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 of the general medical services table, or items 92074 to 92078 or items 92030 to 92034 or items 235 to 240 in the Health Insurance (Section 3C General Medical Services – Other Medical Practitioner) Determination 2018 apply). NOTE: It is a legislative requirement that this service must be performed by the patient's usual medical practitioner (please see Note AN.1.1 for the definition of 'patient's usual medical practitioner' as some exemptions do apply). | 59.5             |             | 59.5              |                  |                 |
| 92059    | N/A (Not hospital treatment) | Unlisted       | 30.03.2020      | 1            | A40       | N        | Telehealth attendance by a medical practitioner (not including a general practitioner, specialist or consultant physician), to review or coordinate a review of: (a) a GP management plan prepared by a medical practitioner (or an associated medical practitioner) to which item 229, 721 or item 229 or item 92024, 92055, 92068 or 92099 applies; or (b) team care arrangements which have been coordinated by the medical practitioner (or an associated medical practitioner) to which item 230, 723, 92025, 92056, 92069 or 92100 applies. NOTE: It is a legislative requirement that this service must be performed by the patient's usual medical practitioner (please see Note AN.1.1 for the definition of 'patient's usual medical practitioner' as some exemptions do apply).  | 60.9             |             | 60.9              |                  |                 |

| MBS item | Clinical Category            | Procedure Type | Item Start Date | MBS Category | MBS Group | New Item | MBS Description  | MBS Schedule Fee | Derived Fee | Benefit 100% (\$) | Benefit 75% (\$) | Benefit 85 (\$) |
|----------|------------------------------|----------------|-----------------|--------------|-----------|----------|--|------------------|-------------|-------------------|------------------|-----------------|
| 92112    | N/A (Not hospital treatment) | Unlisted       | 30.03.2020      | 1            | A40       | N        | Telehealth attendance, by a general practitioner who has not undertaken mental health skills training (and not including a specialist or consultant physician), of at least 20 minutes but less than 40 minutes in duration for the preparation of a GP mental health treatment plan for a patient.  | 75.8             |             | 75.8              |                  |                 |
| 92113    | N/A (Not hospital treatment) | Unlisted       | 30.03.2020      | 1            | A40       | N        | Telehealth attendance, by a general practitioner who has not undertaken mental health skills training (and not including a specialist or consultant physician), of at least 40 minutes in duration for the preparation of a GP mental health treatment plan for a patient.   | 111.6            |             | 111.6             |                  |                 |
| 92114    | N/A (Not hospital treatment) | Unlisted       | 30.03.2020      | 1            | A40       | N        | Telehealth attendance by a general practitioner 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.  | 75.8             |             | 75.8              |                  |                 |
| 92115    | N/A (Not hospital treatment) | Unlisted       | 30.03.2020      | 1            | A40       | N        | Telehealth attendance by a general practitioner in relation to a mental disorder and of at least 20 minutes in duration, 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.  | 75.8             |             | 75.8              |                  |                 |
| 92116    | N/A (Not hospital treatment) | Unlisted       | 30.03.2020      | 1            | A40       | N        | Telehealth attendance, by a general practitioner who has undertaken mental health skills training, of at least 20 minutes but less than 40 minutes in duration for the preparation of a GP mental health treatment plan for a patient.   | 96.25            |             | 96.25             |                  |                 |
| 92117    | N/A (Not hospital treatment) | Unlisted       | 30.03.2020      | 1            | A40       | N        | Telehealth attendance, by a general practitioner who has undertaken mental health skills training, of at least 40 minutes in duration for the preparation of a GP mental health treatment plan for a patient.  | 141.8            |             | 141.8             |                  |                 |
| 92118    | N/A (Not hospital treatment) | Unlisted       | 30.03.2020      | 1            | A40       | N        | Telehealth attendance by a medical practitioner (not including a general practitioner, specialist or consultant physician), who has not undertaken mental health skills training, of at least 20 minutes but less than 40 minutes in duration for the preparation of a GP mental health treatment plan for a patient.  | 60.65            |             | 60.65             |                  |                 |
| 92119    | N/A (Not hospital treatment) | Unlisted       | 30.03.2020      | 1            | A40       | N        | Telehealth attendance by a medical practitioner (not including a general practitioner, specialist or consultant physician), who has not undertaken mental health skills training, of at least 40 minutes in duration for the preparation of a GP mental health treatment plan for a patient.   | 89.3             |             | 89.3              |                  |                 |
| 92120    | N/A (Not hospital treatment) | Unlisted       | 30.03.2020      | 1            | A40       | N        | Telehealth attendance by a medical practitioner (not including a general practitioner, specialist or consultant physician), to review a GP mental health treatment plan which he or she, or an associated medical practitioner has prepared, or to review a Psychiatrist Assessment and Management Plan.   | 60.65            |             | 60.65             |                  |                 |
| 92121    | N/A (Not hospital treatment) | Unlisted       | 30.03.2020      | 1            | A40       | N        | Telehealth attendance by a medical practitioner (not including a general practitioner, specialist or consultant physician), in relation to a mental disorder and of at least 20 minutes in duration, 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.  | 60.65            |             | 60.65             |                  |                 |
| 92122    | N/A (Not hospital treatment) | Unlisted       | 30.03.2020      | 1            | A40       | N        | Telehealth attendance by a medical practitioner, (not including a general practitioner, specialist or consultant physician), who has undertaken mental health skills training, of at least 20 minutes but less than 40 minutes in duration for the preparation of a GP mental health treatment plan for a patient.   | 77               |             | 77                |                  |                 |
| 92123    | N/A (Not hospital treatment) | Unlisted       | 30.03.2020      | 1            | A40       | N        | Telehealth attendance by a medical practitioner, (not including a general practitioner, specialist or consultant physician), who has undertaken mental health skills training, of at least 40 minutes in duration for the preparation of a GP mental health treatment plan for a patient.  | 113.45           |             | 113.45            |                  |                 |
| 92126    | N/A (Not hospital treatment) | Unlisted       | 30.03.2020      | 1            | A40       | N        | Phone attendance by a general practitioner 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.   | 75.8             |             | 75.8              |                  |                 |
| 92127    | N/A (Not hospital treatment) | Unlisted       | 30.03.2020      | 1            | A40       | N        | Phone attendance by a general practitioner in relation to a mental disorder and of at least 20 minutes in duration, 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.   | 75.8             |             | 75.8              |                  |                 |
| 92132    | N/A (Not hospital treatment) | Unlisted       | 30.03.2020      | 1            | A40       | N        | Phone attendance by a medical practitioner (not including a general practitioner, specialist or consultant physician), to review a GP mental health treatment plan which he or she, or an associated medical practitioner has prepared, or to review a Psychiatrist Assessment and Management Plan.  | 60.65            |             | 60.65             |                  |                 |
| 92133    | N/A (Not hospital treatment) | Unlisted       | 30.03.2020      | 1            | A40       | N        | Phone attendance by a medical practitioner (not including a general practitioner, specialist or consultant physician), in relation to a mental disorder and of at least 20 minutes in duration, 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.   | 60.65            |             | 60.65             |                  |                 |
| 92136    | N/A (Not hospital treatment) | Unlisted       | 30.03.2020      | 1            | A40       | N        | Telehealth attendance of at least 20 minutes in duration by a general practitioner who is registered with the Chief Executive Medicare as meeting the credentialing requirements for provision of this service for the purpose of providing non-directive pregnancy support counselling to a person 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 4001 of the general medical services table, or item 792 of the Other Medical Practitioner Determination, or item 81000, 81005 or 81010 of the Allied Health Determination, or item 92137, 92138, 92139, 93026 or 93029 applies in relation to that pregnancy | 81               |             | 81                |                  |                 |

| MBS item | Clinical Category            | Procedure Type               | Item Start Date | MBS Category | MBS Group | New Item | MBS Description  | MBS Schedule Fee | Derived Fee | Benefit 100% (\$) | Benefit 75% (\$) | Benefit 85 (\$) |
|----------|------------------------------|------------------------------|-----------------|--------------|-----------|----------|--|------------------|-------------|-------------------|------------------|-----------------|
| 92137    | N/A (Not hospital treatment) | Unlisted                     | 30.03.2020      | 1            | A40       | N        | Telehealth attendance of at least 20 minutes in duration by a medical practitioner (not including a general practitioner, specialist or consultant physician), who is registered with the Chief Executive Medicare as meeting the credentialing requirements for provision of this service for the purpose of providing non-directive pregnancy support counselling to a person who: (a) is currently pregnant; or (b) been pregnant in the 12 months preceding the provision of the first service to which this item or item 4001 of the general medical services table, or item 792 of the Other Medical Practitioner Determination, or item 81000, 81005 or 81010 of the Allied Health Determination, or item 92136, 92138, 92139, 93026 or 93029 applies in relation to that pregnancy   | 64.8             |             | 64.8              |                  |                 |
| 92138    | N/A (Not hospital treatment) | Unlisted                     | 30.03.2020      | 1            | A40       | N        | Phone attendance of at least 20 minutes in duration by a general practitioner who is registered with the Chief Executive Medicare as meeting the credentialing requirements for provision of this service for the purpose of providing non-directive pregnancy support counselling to a person 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 4001 of the general medical services table, or item 792 of the Other Medical Practitioner Determination, or item 81000, 81005 or 81010 of the Allied Health Determination, or item 92136, 92137, 92139, 93026 or 93029 applies in relation to that pregnancy  | 81               |             | 81                |                  |                 |
| 92139    | N/A (Not hospital treatment) | Unlisted                     | 30.03.2020      | 1            | A40       | N        | Phone attendance of at least 20 minutes in duration by a medical practitioner (not including a general practitioner, specialist or consultant physician), who is registered with the Chief Executive Medicare as meeting the credentialing requirements for provision of this service for the purpose of providing non-directive pregnancy support counselling to a person 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 4001 of the general medical services table, or item 792 of the Other Medical Practitioner Determination, or item 81000, 81005 or 81010 of the Allied Health Determination or item 92136, 92137, 92138, 93026 or 93029 applies in relation to that pregnancy   | 64.8             |             | 64.8              |                  |                 |
| 92140    | N/A (Not hospital treatment) | N/A (Not hospital treatment) | 30.03.2020      | 1            | A40       | N        | Telehealth 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 135, 137, 139, 289, 92141, 92142 or 92434) Applicable only once per lifetime | 283.2            |             |                   |                  | 240.75          |
| 92141    | N/A (Not hospital treatment) | N/A (Not hospital treatment) | 30.03.2020      | 1            | A40       | N        | Telehealth 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, 137, 139, 289, 92140, 92142 or 92434) Applicable only once per lifetime   | 283.2            |             |                   |                  | 240.75          |
| 92142    | N/A (Not hospital treatment) | N/A (Not hospital treatment) | 30.03.2020      | 1            | A40       | N        | Telehealth attendance lasting at least 45 minutes 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, 139, 289, 92140, 92141 or 92434) Applicable only once per lifetime  | 142.2            |             | 142.2             |                  |                 |

| MBS item | Clinical Category            | Procedure Type | Item Start Date | MBS Category | MBS Group | New Item | MBS Description   | MBS Schedule Fee | Derived Fee | Benefit 100% (\$) | Benefit 75% (\$) | Benefit 85 (\$) |
|----------|------------------------------|----------------|-----------------|--------------|-----------|----------|---|------------------|-------------|-------------------|------------------|-----------------|
| 92146    | N/A (Not hospital treatment) | Unlisted       | 30.03.2020      | 1            | A40       | N        | Telehealth attendance by a general practitioner who has not undertaken mental health skills training, of at least 20 minutes but less than 40 minutes in duration for the preparation of a written eating disorder treatment and management plan for an eligible patient, if: (a)the plan includes an opinion on diagnosis of the patient's eating disorder; and (b)the plan includes treatment options and recommendations to manage the patient's condition for the following 12 months; and (c)the plan includes an outline of the referral options to allied health professionals for mental health and dietetic services, and specialists, as appropriate; and (d)the general practitioner offers 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 eating disorder.  | 75.8             |             | 75.8              |                  |                 |
| 92147    | N/A (Not hospital treatment) | Unlisted       | 30.03.2020      | 1            | A40       | N        | Telehealth attendance by a general practitioner who has not undertaken mental health skills training, of at least 40 minutes in duration for the preparation of a written eating disorder treatment and management plan for an eligible patient, if: (a)the plan includes an opinion on diagnosis of the patient's eating disorder; and (b) the plan includes treatment options and recommendations to manage the patient's condition for the following 12 months; and (c) the plan includes an outline of the referral options to allied health professionals for mental health and dietetic services, and specialists, as appropriate; and (d)the general practitioner offers 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 eating disorder.   | 111.6            |             | 111.6             |                  |                 |
| 92148    | N/A (Not hospital treatment) | Unlisted       | 30.03.2020      | 1            | A40       | N        | Telehealth attendance by a general practitioner who has undertaken mental health skills training, of at least 20 minutes but less than 40 minutes in duration for the preparation of a written eating disorder treatment and management plan for an eligible patient, if: (a)the plan includes an opinion on diagnosis of the patient's eating disorder; and (b) the plan includes treatment options and recommendations to manage the patient's condition for the following 12 months; and (c) the plan includes an outline of the referral options to allied health professionals for mental health and dietetic services, and specialists, as appropriate; and (d)the general practitioner offers 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 eating disorder.  | 96.25            |             | 96.25             |                  |                 |
| 92149    | N/A (Not hospital treatment) | Unlisted       | 30.03.2020      | 1            | A40       | N        | Telehealth attendance by a general practitioner who has undertaken mental health skills training, of at least 40 minutes in duration for the preparation of a written eating disorder treatment and management plan for an eligible patient, if: (a) the plan includes an opinion on diagnosis of the patient's eating disorder; and (b)the plan includes treatment options and recommendations to manage the patient's condition for the following 12 months; and (c) the plan includes an outline of the referral options to allied health professionals for mental health and dietetic services, and specialists, as appropriate; and (d) the general practitioner offers 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 eating disorder.  | 141.8            |             | 141.8             |                  |                 |
| 92150    | N/A (Not hospital treatment) | Unlisted       | 30.03.2020      | 1            | A40       | N        | Telehealth attendance by a medical practitioner (not including a general practitioner, specialist or consultant physician) who has not undertaken mental health skills training, of at least 20 minutes but less than 40 minutes in duration for the preparation of a written eating disorder treatment and management plan for an eligible patient, if: (a) the plan includes an opinion on diagnosis of the patient's eating disorder; and (b) the plan includes treatment options and recommendations to manage the patient's condition for the following 12 months; and (c) the plan includes an outline of the referral options to allied health professionals for mental health and dietetic services, and specialists, as appropriate; and (d) the medical practitioner offers 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 eating disorder. | 60.65            |             | 60.65             |                  |                 |
| 92151    | N/A (Not hospital treatment) | Unlisted       | 30.03.2020      | 1            | A40       | N        | Telehealth attendance by a medical practitioner (not including a general practitioner, specialist or consultant physician) who has not undertaken mental health skills training, of at least 40 minutes in duration for the preparation of a written eating disorder treatment and management plan for an eligible patient, if: (a) the plan includes an opinion on diagnosis of the patient's eating disorder; and (b) the plan includes treatment options and recommendations to manage the patient's condition for the following 12 months; and (c) the plan includes an outline of the referral options to allied health professionals for mental health and dietetic services, and specialists, as appropriate; and (d)the medical practitioner offers 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 eating disorder.                           | 89.3             |             | 89.3              |                  |                 |
| 92152    | N/A (Not hospital treatment) | Unlisted       | 30.03.2020      | 1            | A40       | N        | Telehealth attendance by a medical practitioner (not including a general practitioner, specialist or consultant physician) who has undertaken mental health skills training, of at least 20 minutes but less than 40 minutes in duration for the preparation of a written eating disorder treatment and management plan for an eligible patient, if: (a)the plan includes an opinion on diagnosis of the patient's eating disorder; and (b) the plan includes treatment options and recommendations to manage the patient's condition for the following 12 months; and (c) the plan includes an outline of the referral options to allied health professionals for mental health and dietetic services, and specialists, as appropriate; and (d) the medical practitioner offers 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 eating disorder.      | 77               |             | 77                |                  |                 |

| MBS item | Clinical Category            | Procedure Type | Item Start Date | MBS Category | MBS Group | New Item | MBS Description  | MBS Schedule Fee | Derived Fee | Benefit 100% (\$) | Benefit 75% (\$) | Benefit 85 (\$) |
|----------|------------------------------|----------------|-----------------|--------------|-----------|----------|--|------------------|-------------|-------------------|------------------|-----------------|
| 92153    | N/A (Not hospital treatment) | Unlisted       | 30.03.2020      | 1            | A40       | N        | Telehealth attendance by a medical practitioner (not including a general practitioner, specialist or consultant physician) who has undertaken mental health skills training, of at least 40 minutes in duration for the preparation of a written eating disorder treatment and management plan for an eligible patient, if: (a) the plan includes an opinion on diagnosis of the patient's eating disorder; and (b) the plan includes treatment options and recommendations to manage the patient's condition for the following 12 months; and (c) the plan includes an outline of the referral options to allied health professionals for mental health and dietetic services, and specialists, as appropriate; and (d) the medical practitioner offers 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 eating disorder.   | 113.45           |             | 113.45            |                  |                 |
| 92162    | N/A (Not hospital treatment) | Unlisted       | 30.03.2020      | 1            | A40       | N        | Telehealth attendance of at least 45 minutes in duration by a consultant physician in the practice of the consultant physician's specialty of psychiatry for the preparation of an eating disorder treatment and management plan for an eligible patient, if: (a) the patient has been referred by a referring practitioner; and (b) during the attendance, the consultant psychiatrist: (i) uses an outcome tool (if clinically appropriate); and (ii) carries out a mental state examination; and (iii) makes a psychiatric diagnosis; and (c) within 2 weeks after the attendance, the consultant psychiatrist: (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.   | 485.7            |             |                   |                  | 412.85          |
| 92163    | N/A (Not hospital treatment) | Unlisted       | 30.03.2020      | 1            | A40       | N        | Telehealth attendance of at least 45 minutes in duration by a consultant physician in the practice of the consultant physician's specialty of paediatrics for the preparation of an eating disorder treatment and management plan for an eligible patient, if: (a) the patient has been referred by a referring practitioner; and (b) during the attendance, the consultant paediatrician undertakes an assessment 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 diagnoses; and (c) within 2 weeks after the attendance, the consultant paediatrician: (i) prepares a written diagnosis of the patient; and (ii) prepares a written management plan for the patient that involves: (A) an opinion on diagnosis and risk assessment; and (B) treatment options and decisions; and (C) medication recommendations; 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.   | 283.2            |             |                   |                  | 240.75          |
| 92170    | N/A (Not hospital treatment) | Unlisted       | 30.03.2020      | 1            | A40       | N        | Telehealth attendance by a general practitioner to review an eligible patient's eating disorder treatment and management plan prepared by the general practitioner, an associated medical practitioner working in general practice, or a consultant physician practising in the specialty of psychiatry or paediatrics, if: (a) the general practitioner reviews the treatment efficacy of services provided under the eating disorder treatment and management plan, including a discussion with the patient regarding whether the eating disorders psychological treatment and dietetic services are meeting the patient's needs; and (b) modifications are made to the eating disorder treatment and management plan, recorded in writing, including: (i) recommendations to continue with treatment options detailed in the plan; or (ii) recommendations to alter the treatment options detailed in the plan, with the new arrangements documented in the plan; and (c) initiates referrals for a review by a consultant physician practising in the specialty of psychiatry or paediatrics, where appropriate; and (d) the general practitioner offers 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 eating disorder.   | 75.8             |             | 75.8              |                  |                 |
| 92171    | N/A (Not hospital treatment) | Unlisted       | 30.03.2020      | 1            | A40       | N        | Telehealth attendance by a medical practitioner (not including a general practitioner, specialist or consultant physician), to review an eligible patient's eating disorder treatment and management plan prepared by the medical practitioner, an associated medical practitioner working in general practice, or a consultant physician practising in the specialty of psychiatry or paediatrics, if: (a) the medical practitioner reviews the treatment efficacy of services provided under the eating disorder treatment and management plan, including a discussion with the patient regarding whether the eating disorders psychological treatment and dietetic services are meeting the patient's needs; and (b) modifications are made to the eating disorder treatment and management plan, recorded in writing, including: (i) recommendations to continue with treatment options detailed in the plan; or (ii) recommendations to alter the treatment options detailed in the plan, with the new arrangements documented in the plan; and (c) initiates referrals for a review by a consultant physician practising in the specialty of psychiatry or paediatrics, where appropriate; and (d) the medical practitioner offers 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 eating disorder. | 60.65            |             | 60.65             |                  |                 |

| MBS item | Clinical Category            | Procedure Type | Item Start Date | MBS Category | MBS Group | New Item | MBS Description  | MBS Schedule Fee | Derived Fee | Benefit 100% (\$) | Benefit 75% (\$) | Benefit 85 (\$) |
|----------|------------------------------|----------------|-----------------|--------------|-----------|----------|--|------------------|-------------|-------------------|------------------|-----------------|
| 92172    | N/A (Not hospital treatment) | Unlisted       | 30.03.2020      | 1            | A40       | N        | Telehealth attendance of at least 30 minutes in duration by a consultant physician in the practice of the consultant physician's specialty of psychiatry for an eligible patient, if: (a) the consultant psychiatrist reviews the treatment efficacy of services provided under the eating disorder treatment and management plan, including a discussion with the patient regarding whether the eating disorders psychological treatment and dietetic services are meeting the patient's needs; and (b) the patient has been referred by a referring practitioner; and (c) during the attendance, the consultant psychiatrist: (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 eating disorder treatment and management plan; and (d) within 2 weeks after the attendance, the consultant psychiatrist: (i) prepares a written diagnosis of the patient; and (ii) revises the eating disorder treatment and management; 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.  | 303.65           |             |                   |                  | 258.15          |
| 92173    | N/A (Not hospital treatment) | Unlisted       | 30.03.2020      | 1            | A40       | N        | Telehealth attendance of at least 30 minutes in duration by a consultant physician in the practice of the consultant physician's specialty of paediatrics for an eligible patient, if: (a) the consultant paediatrician reviews the treatment efficacy of services provided under the eating disorder treatment and management plan, including a discussion with the patient regarding whether the eating disorders psychological treatment and dietetic services are meeting the patient's needs; and (b) the patient has been referred by a referring practitioner; and (c) during the attendance, the consultant paediatrician: (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 eating disorder treatment and management plan; and (d) within 2 weeks after the attendance, the consultant psychiatrist: (i) prepares a written diagnosis of the patient; and (ii) revises the eating disorder treatment and management; 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.   | 141.8            |             |                   |                  | 120.55          |
| 92176    | N/A (Not hospital treatment) | Unlisted       | 30.03.2020      | 1            | A40       | N        | Phone attendance by a general practitioner to review an eligible patient's eating disorder treatment and management plan prepared by the general practitioner, an associated medical practitioner working in general practice, or a consultant physician practising in the specialty of psychiatry or paediatrics, if: (a) the general practitioner reviews the treatment efficacy of services provided under the eating disorder treatment and management plan, including a discussion with the patient regarding whether the eating disorders psychological treatment and dietetic services are meeting the patient's needs; and (b) modifications are made to the eating disorder treatment and management plan, recorded in writing, including: (i) recommendations to continue with treatment options detailed in the plan; or (ii) recommendations to alter the treatment options detailed in the plan, with the new arrangements documented in the plan; and (c) initiates referrals for a review by a consultant physician practising in the specialty of psychiatry or paediatrics, where appropriate; and (d) the general practitioner offers 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 eating disorder.  | 75.8             |             | 75.8              |                  |                 |
| 92177    | N/A (Not hospital treatment) | Unlisted       | 30.03.2020      | 1            | A40       | N        | Phone attendance by a medical practitioner (not including a general practitioner, specialist or consultant physician) to review an eligible patient's eating disorder treatment and management plan prepared by the medical practitioner, an associated medical practitioner working in general practice, or a consultant physician practising in the specialty of psychiatry or paediatrics, if: (a) the medical practitioner reviews the treatment efficacy of services provided under the eating disorder treatment and management plan, including a discussion with the patient regarding whether the eating disorders psychological treatment and dietetic services are meeting the patient's needs; and (b) modifications are made to the eating disorder treatment and management plan, recorded in writing, including: (i) recommendations to continue with treatment options detailed in the plan; or (ii) recommendations to alter the treatment options detailed in the plan, with the new arrangements documented in the plan; and (c) initiates referrals for a review by a consultant physician practising in the specialty of psychiatry or paediatrics, where appropriate; and (d) the medical practitioner offers 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 eating disorder. | 60.65            |             | 60.65             |                  |                 |
| 92182    | N/A (Not hospital treatment) | Unlisted       | 30.03.2020      | 1            | A40       | N        | Telehealth attendance by a general practitioner, for providing eating disorder psychological treatment services by a general 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 in duration, for an eligible patient if treatment is clinically indicated under an eating disorder treatment and management plan.  | 98.05            |             | 98.05             |                  |                 |
| 92184    | N/A (Not hospital treatment) | Unlisted       | 30.03.2020      | 1            | A40       | N        | Telehealth attendance by a general practitioner, for providing eating disorder psychological treatment services by a general practitioner registered with the Chief Executive Medicare as meeting the credentialling requirements for provision of this service, and lasting at least 40 minutes in duration, for an eligible patient if treatment is clinically indicated under an eating disorder treatment and management plan.   | 140.3            |             | 140.3             |                  |                 |

| MBS item | Clinical Category            | Procedure Type | Item Start Date | MBS Category | MBS Group | New Item | MBS Description   | MBS Schedule Fee | Derived Fee | Benefit 100% (\$) | Benefit 75% (\$) | Benefit 85 (\$) |
|----------|------------------------------|----------------|-----------------|--------------|-----------|----------|---|------------------|-------------|-------------------|------------------|-----------------|
| 92186    | N/A (Not hospital treatment) | Unlisted       | 30.03.2020      | 1            | A40       | N        | Telehealth attendance by a medical practitioner (not including a general practitioner, specialist or consultant physician), for providing eating disorder psychological treatment services 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 in duration, for an eligible patient if treatment is clinically indicated under an eating disorder treatment and management plan.  | 78.45            |             | 78.45             |                  |                 |
| 92188    | N/A (Not hospital treatment) | Unlisted       | 30.03.2020      | 1            | A40       | N        | Telehealth attendance by a medical practitioner (not including a general practitioner, specialist or consultant physician), for providing eating disorder psychological treatment services 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 in duration, for an eligible patient if treatment is clinically indicated under an eating disorder treatment and management plan.   | 112.25           |             | 112.25            |                  |                 |
| 92194    | N/A (Not hospital treatment) | Unlisted       | 30.03.2020      | 1            | A40       | N        | Phone attendance by a general practitioner, for providing eating disorder psychological treatment services by a general 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 in duration, for an eligible patient if treatment is clinically indicated under an eating disorder treatment and management plan.  | 98.05            |             | 98.05             |                  |                 |
| 92196    | N/A (Not hospital treatment) | Unlisted       | 30.03.2020      | 1            | A40       | N        | Phone attendance by a general practitioner, for providing eating disorder psychological treatment services by a general practitioner registered with the Chief Executive Medicare as meeting the credentialling requirements for provision of this service, and lasting at least 40 minutes in duration, for an eligible patient if treatment is clinically indicated under an eating disorder treatment and management plan.   | 140.3            |             | 140.3             |                  |                 |
| 92198    | N/A (Not hospital treatment) | Unlisted       | 30.03.2020      | 1            | A40       | N        | Phone attendance by a medical practitioner (not including a general practitioner, specialist or consultant physician), for providing eating disorder psychological treatment services 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 in duration, for an eligible patient if treatment is clinically indicated under an eating disorder treatment and management plan.   | 78.45            |             | 78.45             |                  |                 |
| 92200    | N/A (Not hospital treatment) | Unlisted       | 30.03.2020      | 1            | A40       | N        | Phone attendance by a medical practitioner (not including a general practitioner, specialist or consultant physician), for providing eating disorder psychological treatment services 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 in duration, for an eligible patient if treatment is clinically indicated under an eating disorder treatment and management plan.  | 112.25           |             | 112.25            |                  |                 |
| 92210    | N/A (Not hospital treatment) | Unlisted       | 30.03.2020      | 1            | A40       | N        | Telehealth attendance by a general practitioner on not more than one patient on one occasion—each attendance in unsociable hours if: (a) the attendance is requested by the patient or a responsible person in the same unbroken after-hours period; and (b) the patient's medical condition requires urgent assessment.  | 161.75           |             | 161.75            |                  |                 |
| 92211    | N/A (Not hospital treatment) | Unlisted       | 30.03.2020      | 1            | A40       | N        | Telehealth attendance by a medical practitioner (other than a general practitioner) on not more than one patient on one occasion—each attendance in unsociable hours if: (a) the attendance is requested by the patient or a responsible person in the same unbroken after-hours period; and (b) the patient's medical condition requires urgent assessment.  | 129.3            |             | 129.3             |                  |                 |
| 92422    | N/A (Not hospital treatment) | Unlisted       | 06.04.2020      | 1            | A40       | N        | Telehealth attendance by a consultant physician in the practice of the consultant physician's specialty (other than psychiatry) of at least 45 minutes in duration 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, 119 of the general medical services table or item 91824, 91825, 91826 or 91836 applies did not take place on the same day by the same consultant physician; and (d) this item, or item 132 of the general medical services table, has not applied to an attendance on the patient in the preceding 12 months by the same consultant physician | 283.2            |             |                   |                  | 240.75          |

| MBS item | Clinical Category            | Procedure Type               | Item Start Date | MBS Category | MBS Group | New Item | MBS Description   | MBS Schedule Fee | Derived Fee | Benefit 100% (\$) | Benefit 75% (\$) | Benefit 85 (\$) |
|----------|------------------------------|------------------------------|-----------------|--------------|-----------|----------|---|------------------|-------------|-------------------|------------------|-----------------|
| 92423    | N/A (Not hospital treatment) | Unlisted                     | 06.04.2020      | 1            | A40       | N        | Telehealth attendance by a consultant physician in the practice of the consultant physician's specialty (other than psychiatry) of at least 20 minutes in duration after the first 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, 119 of the general medical services table or 91824, 91825, 91826 or 91836 applies did not take place on the same day by the same consultant physician; and (d) item 132 of the general medical services table or item 92422 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 of the general medical services table or 92422; and (f) this item, or item 133 of the general medical services table has not applied more than twice in any 12 month period  | 141.8            |             |                   |                  | 120.55          |
| 92434    | N/A (Not hospital treatment) | N/A (Not hospital treatment) | 06.04.2020      | 1            | A40       | N        | Telehealth 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, 289, 92140, 92141 or 92142) Applicable only once per lifetime   | 283.2            |             |                   |                  | 240.75          |
| 92435    | N/A (Not hospital treatment) | Unlisted                     | 06.04.2020      | 1            | A40       | N        | Telehealth attendance of more than 45 minutes in 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 (not including 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; and (e) in the preceding 12 months, a service to which this item or item 291 of the general medical services table applies has not been provided | 485.7            |             |                   |                  | 412.85          |
| 92436    | N/A (Not hospital treatment) | Unlisted                     | 06.04.2020      | 1            | A40       | N        | Telehealth attendance of more than 30 minutes but not more than 45 minutes in duration 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 or 92435; 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 of the general medical services table or 92435 applies has been provided; and (f) in the preceding 12 months, a service to which this item, or item 293 of the general medical services table applies has not been provided  | 303.65           |             |                   |                  | 258.15          |

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|----------|------------------------------|----------------|-----------------|--------------|-----------|----------|---|------------------|-------------|-------------------|------------------|-----------------|
| 92437    | N/A (Not hospital treatment) | Unlisted       | 06.04.2020      | 1            | A40       | N        | Telehealth attendance of more than 45 minutes in duration 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: (a) if the patient: (i) is a new patient for this consultant physician; or (ii) has not received an attendance from this consultant physician in the preceding 24 months; and (b) the patient has not received an attendance under this item, or item 91827 to 91831, 91837 to 91839, 92455 to 92457, or item 296, 297, 299 or 300 to 346 of the general medical services table, in the preceding 24 months | 279.35           |             |                   |                  | 237.45          |
| 92455    | N/A (Not hospital treatment) | Unlisted       | 20.04.2020      | 1            | A40       | N        | Telehealth attendance for 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): (a) of not less than 1 hour in duration; and (b) given under the continuous direct supervision of a consultant physician in the practice of the consultant physician's speciality of psychiatry; and (c) 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  | 52.9             |             |                   |                  | 45              |
| 92456    | N/A (Not hospital treatment) | Unlisted       | 20.04.2020      | 1            | A40       | N        | Telehealth attendance for 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): (a) of not less than 1 hour in duration; and (b) given under the continuous direct supervision of a consultant physician in the practice of the consultant physician's speciality of psychiatry; and (c) involving a family group of 3 patients, each of whom is referred to the consultant physician by a referring practitioner; —each patient  | 70.2             |             |                   |                  | 59.7            |
| 92457    | N/A (Not hospital treatment) | Unlisted       | 20.04.2020      | 1            | A40       | N        | Telehealth attendance for 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): (a) of not less than 1 hour in duration; and (b) given under the continuous direct supervision of a consultant physician in the practice of the consultant physician's speciality of psychiatry; and (c) involving a family group of 2 patients, each of whom is referred to the consultant physician by a referring practitioner; —each patient  | 103.85           |             |                   |                  | 88.3            |
| 92458    | N/A (Not hospital treatment) | Unlisted       | 06.04.2020      | 1            | A40       | N        | Telehealth attendance 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, involving an interview of a person other than the patient of not less than 20 minutes, but less than 45 minutes, in duration, in the course of initial diagnostic evaluation of a patient. .   | 136              |             |                   |                  | 115.6           |
| 92459    | N/A (Not hospital treatment) | Unlisted       | 06.04.2020      | 1            | A40       | N        | Telehealth attendance 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, involving an interview of a person other than the patient of not less than 45 minutes in duration, in the course of initial diagnostic evaluation of a patient.  | 187.75           |             |                   |                  | 159.6           |
| 92460    | N/A (Not hospital treatment) | Unlisted       | 06.04.2020      | 1            | A40       | N        | Telehealth attendance 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, involving an interview of a person other than the patient of not less than 20 minutes in duration, in the course of continuing management of a patient—if that attendance and another attendance to which this item or item 352 of the general medical services table applies have not exceeded 4 in a calendar year for the patient   | 136              |             |                   |                  | 115.6           |
| 92513    | N/A (Not hospital treatment) | Unlisted       | 20.04.2020      | 1            | A40       | N        | Telehealth attendance by a public health physician in the practice of the public health physician's speciality 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 management.  | 21               |             |                   |                  | 17.85           |
| 92514    | N/A (Not hospital treatment) | Unlisted       | 20.04.2020      | 1            | A40       | N        | Telehealth attendance by a public health physician in the practice of the public health physician's speciality of public health medicine, lasting less than 20 minutes and including any of the following that are clinically relevant: (a) taking a patient history; (b) arranging any necessary investigation; (c) implementing a management plan; (d) providing appropriate preventive health care; for one or more health-related issues, with appropriate documentation  | 45.85            |             |                   |                  | 39              |
| 92515    | N/A (Not hospital treatment) | Unlisted       | 20.04.2020      | 1            | A40       | N        | Telehealth attendance by a public health physician in the practice of the public health physician's speciality of public health medicine, lasting at least 20 minutes and including any of the following that are clinically relevant: (a) taking a detailed patient history; (b) arranging any necessary investigation; (c) implementing a management plan; (d) providing appropriate preventive health care; for one or more health-related issues, with appropriate documentation.   | 88.75            |             |                   |                  | 75.45           |
| 92516    | N/A (Not hospital treatment) | Unlisted       | 20.04.2020      | 1            | A40       | N        | Telehealth attendance by a public health physician in the practice of the public health physician's speciality of public health medicine, lasting at least 40 minutes and including any of the following that are clinically relevant: (a) taking an extensive patient history; (b) arranging any necessary investigation; (c) implementing a management plan; (d) providing appropriate preventive health care; for one or more health-related issues, with appropriate documentation.   | 130.65           |             |                   |                  | 111.1           |
| 92521    | N/A (Not hospital treatment) | Unlisted       | 20.04.2020      | 1            | A40       | N        | Phone attendance by a public health physician in the practice of the public health physician's speciality 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 management; Where the attendance is not the first attendance for that particular clinical indication  | 21               |             |                   |                  | 17.85           |

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|----------|------------------------------|----------------|-----------------|--------------|-----------|----------|--|------------------|-------------|-------------------|------------------|-----------------|
| 92522    | N/A (Not hospital treatment) | Unlisted       | 20.04.2020      | 1            | A40       | N        | Phone attendance by a public health physician in the practice of the public health physician's specialty of public health medicine, lasting less than 20 minutes and including any of the following that are clinically relevant: (a) taking a patient history; (b) arranging any necessary investigation; (c) implementing a management plan; (d) providing appropriate preventive health care; for one or more health-related issues, where the attendance is not the first attendance for those particular health-related issues, with appropriate documentation  | 45.85            |             |                   |                  | 39              |
| 92610    | N/A (Not hospital treatment) | Unlisted       | 20.04.2020      | 1            | A40       | N        | Telehealth attendance by a specialist in the practice of neurosurgery following referral of the patient to the specialist (other than a second or subsequent attendance in a single course of treatment).  | 139.05           |             |                   |                  | 118.2           |
| 92611    | N/A (Not hospital treatment) | Unlisted       | 20.04.2020      | 1            | A40       | N        | Telehealth attendance by a specialist in the practice of neurosurgery following referral of the patient to the specialist—a minor attendance after the first in a single course of treatment.  | 46.15            |             |                   |                  | 39.25           |
| 92612    | N/A (Not hospital treatment) | Unlisted       | 20.04.2020      | 1            | A40       | N        | Telehealth attendance by a specialist in the practice of neurosurgery following referral of the patient to the specialist—an attendance after the first in a single course of treatment, involving arranging any necessary investigations in relation to one or more complex problems and of more than 15 minutes in duration but not more than 30 minutes in duration.  | 91.8             |             |                   |                  | 78.05           |
| 92613    | N/A (Not hospital treatment) | Unlisted       | 20.04.2020      | 1            | A40       | N        | Telehealth attendance by a specialist in the practice of neurosurgery following referral of the patient to the specialist—an attendance after the first in a single course of treatment, involving arranging any necessary investigations in relation to one or more complex problems and of more than 30 minutes in duration but not more than 45 minutes in duration.  | 127.15           |             |                   |                  | 108.1           |
| 92614    | N/A (Not hospital treatment) | Unlisted       | 20.04.2020      | 1            | A40       | N        | Telehealth attendance by a specialist in the practice of neurosurgery following referral of the patient to the specialist—an attendance after the first in a single course of treatment, involving arranging any necessary investigations in relation to one or more complex problems and of more than 45 minutes in duration.   | 161.9            |             |                   |                  | 137.65          |
| 92618    | N/A (Not hospital treatment) | Unlisted       | 20.04.2020      | 1            | A40       | N        | Phone attendance by a specialist in the practice of neurosurgery following referral of the patient to the specialist—a minor attendance after the first in a single course of treatment.   | 46.15            |             |                   |                  | 39.25           |
| 92623    | N/A (Not hospital treatment) | Unlisted       | 06.04.2020      | 1            | A40       | N        | Telehealth attendance of more than 60 minutes in duration 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 (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) all relevant 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, 119 of the general medical services table or item, 91822, 91823, 91833, 91824, 91825, 91826 or 91836 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 of the general medical services table applies has not been provided to the patient by the same practitioner in the preceding 12 months | 485.7            |             |                   |                  | 412.85          |
| 92624    | N/A (Not hospital treatment) | Unlisted       | 06.04.2020      | 1            | A40       | N        | Telehealth attendance of more than 30 minutes in duration 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, 92623 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, 92623 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, 119 of the general medical services table or item 91822, 91823, 91833, 91824, 91825, 91826 or 91836 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 of the general medical services table or item 92623 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 of the general medical services table 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   | 303.65           |             |                   |                  | 258.15          |
| 92701    | N/A (Not hospital treatment) | Unlisted       | 22.05.2020      | 1            | A40       | N        | Telehealth 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 the formulation of a written patient management plan documented in the patient notes, and lasting more than 15 minutes (other than a service associated with a service to which any of items 2801 to 3000 of the general medical services table apply)   | 91.8             |             |                   |                  | 78.05           |

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|----------|------------------------------|----------------|-----------------|--------------|-----------|----------|--|------------------|-------------|-------------------|------------------|-----------------|
| 92715    | N/A (Not hospital treatment) | Unlisted       | 01.07.2021      | 1            | A40       | N        | Telehealth attendance for the provision of services related to blood borne viruses, sexual or reproductive health by a general practitioner of not more than 5 minutes if the attendance includes any of the following that are clinically relevant: (a) taking a short patient history; (b) arranging any necessary investigation; (c) implementing a management plan; (d) providing appropriate preventive health care Note: Consultations related to assisted reproductive technology and antenatal care are outside the scope of these items and cannot be rendered under these items.   | 18.2             |             | 18.2              |                  |                 |
| 92716    | N/A (Not hospital treatment) | Unlisted       | 01.07.2021      | 1            | A40       | N        | Telehealth attendance for the provision of services related to blood borne viruses, sexual or reproductive health by a medical practitioner (not including a general practitioner, specialist or consultant physician) of not more than 5 minutes if the attendance includes any of the following that are clinically relevant: (a) taking a short patient history; (b) arranging any necessary investigation; (c) implementing a management plan; (d) providing appropriate preventive health care Note: Consultations related to assisted reproductive technology and antenatal care are outside the scope of these items and cannot be rendered under these items.  | 11               |             | 11                |                  |                 |
| 92717    | N/A (Not hospital treatment) | Unlisted       | 01.07.2021      | 1            | A40       | N        | Telehealth attendance for the provision of services related to blood borne viruses, sexual or reproductive health by a medical practitioner (not including a general practitioner, specialist or consultant physician), in an eligible area, of not more than 5 minutes if the attendance includes any of the following that are clinically relevant: (a) taking a short patient history; (b) arranging any necessary investigation; (c) implementing a management plan; (d) providing appropriate preventive health care Note: Consultations related to assisted reproductive technology and antenatal care are outside the scope of these items and cannot be rendered under these items.  | 14.55            |             | 14.55             |                  |                 |
| 92718    | N/A (Not hospital treatment) | Unlisted       | 01.07.2021      | 1            | A40       | N        | Telehealth attendance for the provision of services related to blood borne viruses, sexual or reproductive health by a general practitioner of more than 5 minutes in duration but not more than 20 minutes if the attendance includes any of the following that are clinically relevant: (a) taking a patient history; (b) arranging any necessary investigation; (c) implementing a management plan; (d) providing appropriate preventive health care Note: Consultations related to assisted reproductive technology and antenatal care are outside the scope of these items and cannot be rendered under these items.  | 39.75            |             | 39.75             |                  |                 |
| 92719    | N/A (Not hospital treatment) | Unlisted       | 01.07.2021      | 1            | A40       | N        | Telehealth attendance for the provision of services related to blood borne viruses, sexual or reproductive health by a medical practitioner (not including a general practitioner, specialist or consultant physician) of more than 5 minutes in duration but not more than 20 minutes if the attendance includes any of the following that are clinically relevant: (a) taking a patient history; (b) arranging any necessary investigation; (c) implementing a management plan; (d) providing appropriate preventive health care Note: Consultations related to assisted reproductive technology and antenatal care are outside the scope of these items and cannot be rendered under these items.                                 | 21               |             | 21                |                  |                 |
| 92720    | N/A (Not hospital treatment) | Unlisted       | 01.07.2021      | 1            | A40       | N        | Telehealth attendance for the provision of services related to blood borne viruses, sexual or reproductive health by a medical practitioner (not including a general practitioner, specialist or consultant physician), in an eligible area, of more than 5 minutes in duration but not more than 20 minutes if the attendance includes any of the following that are clinically relevant: (a) taking a patient history; (b) arranging any necessary investigation; (c) implementing a management plan; (d) providing appropriate preventive health care Note: Consultations related to assisted reproductive technology and antenatal care are outside the scope of these items and cannot be rendered under these items.           | 31.8             |             | 31.8              |                  |                 |
| 92721    | N/A (Not hospital treatment) | Unlisted       | 01.07.2021      | 1            | A40       | N        | Telehealth attendance for the provision of services related to blood borne viruses, sexual or reproductive health by a general practitioner of more than 20 minutes in duration but not more than 40 minutes if the attendance includes any of the following that are clinically relevant: (a) taking a detailed patient history; (b) arranging any necessary investigation; (c) implementing a management plan; (d) providing appropriate preventive health care Note: Consultations related to assisted reproductive technology and antenatal care are outside the scope of these items and cannot be rendered under these items.  | 76.95            |             | 76.95             |                  |                 |
| 92722    | N/A (Not hospital treatment) | Unlisted       | 01.07.2021      | 1            | A40       | N        | Telehealth attendance for the provision of services related to blood borne viruses, sexual or reproductive health by a medical practitioner (not including a general practitioner, specialist or consultant physician) of more than 20 minutes in duration but not more than 40 minutes if the attendance includes any of the following that are clinically relevant: (a) taking a detailed patient history; (b) arranging any necessary investigation; (c) implementing a management plan; (d) providing appropriate preventive health care Note: Consultations related to assisted reproductive technology and antenatal care are outside the scope of these items and cannot be rendered under these items.                       | 38               |             | 38                |                  |                 |
| 92723    | N/A (Not hospital treatment) | Unlisted       | 01.07.2021      | 1            | A40       | N        | Telehealth attendance for the provision of services related to blood borne viruses, sexual or reproductive health by a medical practitioner (not including a general practitioner, specialist or consultant physician), in an eligible area, of more than 20 minutes in duration but not more than 40 minutes if the attendance includes any of the following that are clinically relevant: (a) taking a detailed patient history; (b) arranging any necessary investigation; (c) implementing a management plan; (d) providing appropriate preventive health care Note: Consultations related to assisted reproductive technology and antenatal care are outside the scope of these items and cannot be rendered under these items. | 61.55            |             | 61.55             |                  |                 |

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| 92724    | N/A (Not hospital treatment) | Unlisted       | 01.07.2021      | 1            | A40       | N        | Telehealth attendance for the provision of services related to blood borne viruses, sexual or reproductive health by a general practitioner lasting at least 40 minutes in duration if the attendance includes any of the following that are clinically relevant: (a) taking a detailed patient history; (b) arranging any necessary investigation; (c) implementing a management plan; (d) providing appropriate preventive health care Note:Consultations related to assisted reproductive technology and antenatal care are outside the scope of these items and cannot be rendered under these items.  | 113.3            |             | 113.3             |                  |                 |
| 92725    | N/A (Not hospital treatment) | Unlisted       | 01.07.2021      | 1            | A40       | N        | Telehealth attendance for the provision of services related to blood borne viruses, sexual or reproductive health by a medical practitioner (not including a general practitioner, specialist or consultant physician) lasting at least 40 minutes in duration if the attendance includes any of the following that are clinically relevant: (a) taking an extensive patient history; (b) arranging any necessary investigation; (c) implementing a management plan; (d) providing appropriate preventive health care Note:Consultations related to assisted reproductive technology and antenatal care are outside the scope of these items and cannot be rendered under these items.                               | 61               |             | 61                |                  |                 |
| 92726    | N/A (Not hospital treatment) | Unlisted       | 01.07.2021      | 1            | A40       | N        | Telehealth attendance for the provision of services related to blood borne viruses, sexual or reproductive health by a medical practitioner (not including a general practitioner, specialist or consultant physician), in an eligible area, lasting at least 40 minutes in duration if the attendance includes any of the following that are clinically relevant: (a) taking an extensive patient history; (b) arranging any necessary investigation; (c) implementing a management plan; (d) providing appropriate preventive health care Note:Consultations related to assisted reproductive technology and antenatal care are outside the scope of these items and cannot be rendered under these items.         | 90.65            |             | 90.65             |                  |                 |
| 92731    | N/A (Not hospital treatment) | Unlisted       | 01.07.2021      | 1            | A40       | N        | Phone attendance for the provision of services related to blood borne viruses, sexual or reproductive health by a general practitioner of not more than 5 minutes if the attendance includes any of the following that are clinically relevant: (a) taking a short patient history; (b) arranging any necessary investigation; (c) implementing a management plan; (d) providing appropriate preventive health care Note: Consultations related to assisted reproductive technology and antenatal care are outside the scope of these items and cannot be rendered under these items.  | 18.2             |             | 18.2              |                  |                 |
| 92732    | N/A (Not hospital treatment) | Unlisted       | 01.07.2021      | 1            | A40       | N        | Phone attendance for the provision of services related to blood borne viruses, sexual or reproductive health by a medical practitioner (not including a general practitioner, specialist or consultant physician) of not more than 5 minutes if the attendance includes any of the following that are clinically relevant: (a) taking a short patient history; (b) arranging any necessary investigation; (c) implementing a management plan; (d) providing appropriate preventive health care Note:Consultations related to assisted reproductive technology and antenatal care are outside the scope of these items and cannot be rendered under these items.  | 11               |             | 11                |                  |                 |
| 92733    | N/A (Not hospital treatment) | Unlisted       | 01.07.2021      | 1            | A40       | N        | Phone attendance for the provision of services related to blood borne viruses, sexual or reproductive health by a medical practitioner (not including a general practitioner, specialist or consultant physician), in an eligible area, of not more than 5 minutes if the attendance includes any of the following that are clinically relevant: (a) taking a short patient history; (b) arranging any necessary investigation; (c) implementing a management plan; (d) providing appropriate preventive health care Note:Consultations related to assisted reproductive technology and antenatal care are outside the scope of these items and cannot be rendered under these items.                                | 14.55            |             | 14.55             |                  |                 |
| 92734    | N/A (Not hospital treatment) | Unlisted       | 01.07.2021      | 1            | A40       | N        | Phone attendance for the provision of services related to blood borne viruses, sexual or reproductive health by a general practitioner of more than 5 minutes in duration but not more than 20 minutes if the attendance includes any of the following that are clinically relevant: (a) taking a patient history; (b) arranging any necessary investigation; (c) implementing a management plan; (d) providing appropriate preventive health care Note:Consultations related to assisted reproductive technology and antenatal care are outside the scope of these items and cannot be rendered under these items.  | 39.75            |             | 39.75             |                  |                 |
| 92735    | N/A (Not hospital treatment) | Unlisted       | 01.07.2021      | 1            | A40       | N        | Phone attendance for the provision of services related to blood borne viruses, sexual or reproductive health by a medical practitioner (not including a general practitioner, specialist or consultant physician) of more than 5 minutes in duration but not more than 20 minutes if the attendance includes any of the following that are clinically relevant: (a) taking a patient history; (b) arranging any necessary investigation; (c) implementing a management plan; (d) providing appropriate preventive health care Note:Consultations related to assisted reproductive technology and antenatal care are outside the scope of these items and cannot be rendered under these items.                       | 21               |             | 21                |                  |                 |
| 92736    | N/A (Not hospital treatment) | Unlisted       | 01.07.2021      | 1            | A40       | N        | Phone attendance for the provision of services related to blood borne viruses, sexual or reproductive health by a medical practitioner (not including a general practitioner, specialist or consultant physician), in an eligible area, of more than 5 minutes in duration but not more than 20 minutes if the attendance includes any of the following that are clinically relevant: (a) taking a patient history; (b) arranging any necessary investigation; (c) implementing a management plan; (d) providing appropriate preventive health care Note:Consultations related to assisted reproductive technology and antenatal care are outside the scope of these items and cannot be rendered under these items. | 31.8             |             | 31.8              |                  |                 |

| MBS item | Clinical Category            | Procedure Type | Item Start Date | MBS Category | MBS Group | New Item | MBS Description  | MBS Schedule Fee | Derived Fee | Benefit 100% (\$) | Benefit 75% (\$) | Benefit 85 (\$) |
|----------|------------------------------|----------------|-----------------|--------------|-----------|----------|--|------------------|-------------|-------------------|------------------|-----------------|
| 92737    | N/A (Not hospital treatment) | Unlisted       | 01.07.2021      | 1            | A40       | N        | Phone attendance for the provision of services related to blood borne viruses, sexual or reproductive health by a general practitioner of more than 20 minutes in duration but not more than 40 minutes if the attendance includes any of the following that are clinically relevant: (a) taking a detailed patient history; (b) arranging any necessary investigation; (c) implementing a management plan; (d) providing appropriate preventive health care Note:Consultations related to assisted reproductive technology and antenatal care are outside the scope of these items and cannot be rendered under these items.  | 76.95            |             | 76.95             |                  |                 |
| 92738    | N/A (Not hospital treatment) | Unlisted       | 01.07.2021      | 1            | A40       | N        | Phone attendance for the provision of services related to blood borne viruses, sexual or reproductive health by a medical practitioner (not including a general practitioner, specialist or consultant physician) of more than 20 minutes in duration but not more than 40 minutes if the attendance includes any of the following that are clinically relevant: (a) taking a detailed patient history; (b) arranging any necessary investigation; (c) implementing a management plan; (d) providing appropriate preventive health care Note:Consultations related to assisted reproductive technology and antenatal care are outside the scope of these items and cannot be rendered under these items.   | 38               |             | 38                |                  |                 |
| 92739    | N/A (Not hospital treatment) | Unlisted       | 01.07.2021      | 1            | A40       | N        | Phone attendance for the provision of services related to blood borne viruses, sexual or reproductive health by a medical practitioner (not including a general practitioner, specialist or consultant physician), in an eligible area, of more than 20 minutes in duration but not more than 40 minutes if the attendance includes any of the following that are clinically relevant: (a) taking a detailed patient history; (b) arranging any necessary investigation; (c) implementing a management plan; (d) providing appropriate preventive health care Note:Consultations related to assisted reproductive technology and antenatal care are outside the scope of these items and cannot be rendered under these items.   | 61.55            |             | 61.55             |                  |                 |
| 92740    | N/A (Not hospital treatment) | Unlisted       | 01.07.2021      | 1            | A40       | N        | Phone attendance for the provision of services related to blood borne viruses, sexual or reproductive health by a general practitioner lasting at least 40 minutes in duration if the attendance includes any of the following that are clinically relevant: (a) taking an extensive patient history; (b) arranging any necessary investigation; (c) implementing a management plan; (d) providing appropriate preventive health care Note:Consultations related to assisted reproductive technology and antenatal care are outside the scope of these items and cannot be rendered under these items.   | 113.3            |             | 113.3             |                  |                 |
| 92741    | N/A (Not hospital treatment) | Unlisted       | 01.07.2021      | 1            | A40       | N        | Phone attendance for the provision of services related to blood borne viruses, sexual or reproductive health by a medical practitioner (not including a general practitioner, specialist or consultant physician) lasting at least 40 minutes in duration if the attendance includes any of the following that are clinically relevant: (a) taking an extensive patient history; (b) arranging any necessary investigation; (c) implementing a management plan; (d) providing appropriate preventive health care Note:Consultations related to assisted reproductive technology and antenatal care are outside the scope of these items and cannot be rendered under these items.  | 61               |             | 61                |                  |                 |
| 92742    | N/A (Not hospital treatment) | Unlisted       | 01.07.2021      | 1            | A40       | N        | Phone attendance for the provision of services related to blood borne viruses, sexual or reproductive health by a medical practitioner (not including a general practitioner, specialist or consultant physician), in an eligible area, lasting at least 40 minutes in duration if the attendance includes any of the following that are clinically relevant: (a) taking an extensive patient history; (b) arranging any necessary investigation; (c) implementing a management plan; (d) providing appropriate preventive health care Note:Consultations related to assisted reproductive technology and antenatal care are outside the scope of these items and cannot be rendered under these items.  | 90.65            |             | 90.65             |                  |                 |
| 93000    | N/A (Not hospital treatment) | Unlisted       | 30.03.2020      | 8            | M18       | N        | Telehealth attendance by an eligible allied health practitioner if: (a) the service is provided to a person who has: (i) a chronic condition; and (ii) complex care needs being managed by a medical practitioner (including a general practitioner, but not a specialist or consultant physician) under both a GP Management Plan and Team Care Arrangements or, if the person is a resident of an aged care facility, the person's medical practitioner has contributed to a multidisciplinary care plan; and (b) the service is recommended in the person's Team Care Arrangements or multidisciplinary care plan as part of the management of the person's chronic condition and complex care needs; and (c) the person is referred to the eligible allied health practitioner by the medical practitioner using a referral form that has been issued by the Department or a referral form that contains all the components of the form issued by the Department; and (d) the service is provided to the person individually; and (e) the service is of at least 20 minutes duration; and (f) after the service, the eligible allied health practitioner gives a written report to the referring medical practitioner mentioned in paragraph (c): (i) if the service is the only service under the referral—in relation to that service; or (ii) if the service is the first or last service under the referral—in relation to that service; or (iii) if neither subparagraph (i) nor (ii) applies but the service involves matters that the referring medical practitioner would reasonably expect to be informed of—in relation to those matters; to a maximum of 5 services (including any services to which this item, item 93013 or any item in Part 1 of the Schedule to the Allied Health Determination applies) in a calendar year | 65.85            |             |                   |                  | 56              |

| MBS item | Clinical Category            | Procedure Type               | Item Start Date | MBS Category | MBS Group | New Item | MBS Description   | MBS Schedule Fee | Derived Fee | Benefit 100% (\$) | Benefit 75% (\$) | Benefit 85 (\$) |
|----------|------------------------------|------------------------------|-----------------|--------------|-----------|----------|---|------------------|-------------|-------------------|------------------|-----------------|
| 93013    | N/A (Not hospital treatment) | Unlisted                     | 30.03.2020      | 8            | M18       | N        | Phone attendance by an eligible allied health practitioner if: (a) the service is provided to a person who has: (i) a chronic condition; and (ii) complex care needs being managed by a medical practitioner (including a general practitioner, but not a specialist or consultant physician) under both a GP Management Plan and Team Care Arrangements or, if the person is a resident of an aged care facility, the person's medical practitioner has contributed to a multidisciplinary care plan; and (b) the service is recommended in the person's Team Care Arrangements or multidisciplinary care plan as part of the management of the person's chronic condition and complex care needs; and (c) the person is referred to the eligible allied health practitioner by the medical practitioner using a referral form that has been issued by the Department or a referral form that contains all the components of the form issued by the Department; and (d) the service is provided to the person individually; and (e) the service is of at least 20 minutes duration; and (f) after the service, the eligible allied health practitioner gives a written report to the referring medical practitioner mentioned in paragraph (c): (i) if the service is the only service under the referral—in relation to that service; or (ii) if the service is the first or last service under the referral—in relation to that service; or (iii) if neither subparagraph (i) nor (ii) applies but the service involves matters that the referring medical practitioner would reasonably expect to be informed of—in relation to those matters; to a maximum of 5 services (including any services to which this item, item 93000 or any item in Part 1 of the Schedule to the Allied Health Determination applies) in a calendar year | 65.85            |             |                   |                  | 56              |
| 93026    | N/A (Not hospital treatment) | Unlisted                     | 30.03.2020      | 8            | M18       | N        | Non directive pregnancy support counselling health service provided to a person who is currently pregnant or who has been pregnant in the preceding 12 months by an eligible psychologist, eligible social worker or eligible mental health nurse as a telehealth attendance if: (a) the person is concerned about a current pregnancy or a pregnancy that occurred in the 12 months preceding the provision of the first service; and (b) the person is referred by a medical practitioner who is not a specialist or consultant physician; and (c) the service is provided to the person individually; and (d) the eligible psychologist, eligible social worker or eligible mental health nurse does not have a direct pecuniary interest in a health service that has as its primary purpose the provision of services for pregnancy termination; and (e) the service is at least 30 minutes duration; to a maximum of 3 services (including services to which items 81000, 81005, 81010 in the Allied Health Determination, item 4001 of the general medical services table and item 93029, 92136 and 92138 apply) for each pregnancy. The service may be used to address any pregnancy related issues for which non directive counselling is appropriate  | 77.3             |             |                   |                  | 65.75           |
| 93029    | N/A (Not hospital treatment) | Unlisted                     | 30.03.2020      | 8            | M18       | N        | Non directive pregnancy support counselling health service provided to a person, who is currently pregnant or who has been pregnant in the preceding 12 months by an eligible psychologist, eligible social worker or eligible mental health nurse as a phone attendance if: (a) the person is concerned about a current pregnancy or a pregnancy that occurred in the 12 months preceding the provision of the first service; and (b) the person is referred by a medical practitioner who is not a specialist or consultant physician; and (c) the service is provided to the person individually; and (d) the eligible psychologist, eligible social worker or eligible mental health nurse does not have a direct pecuniary interest in a health service that has as its primary purpose the provision of services for pregnancy termination; and (e) the service is at least 30 minutes duration; to a maximum of 3 services (including services to which items 81000, 81005, 81010 in the Allied Health Determination, item 4001 of the general medical services table and item 93026, 92136 and 92138 apply) for each pregnancy. The service may be used to address any pregnancy related issues for which non directive counselling is appropriate  | 77.3             |             |                   |                  | 65.75           |
| 93032    | N/A (Not hospital treatment) | N/A (Not hospital treatment) | 30.03.2020      | 8            | M18       | N        | Psychology health service provided by telehealth attendance to a patient aged under 25 years by an eligible psychologist if: (a) the patient was referred by an eligible medical practitioner, or by an eligible allied health practitioner following referral by an eligible medical practitioner, to: (i) assist the eligible medical practitioner with diagnostic formulation where the patient has a suspected complex neurodevelopmental disorder or eligible disability; or (ii) contribute to the patient's treatment and management plan developed by the referring eligible medical practitioner where a complex neurodevelopmental disorder (such as autism spectrum disorder) or eligible disability is confirmed; and (b) the service is provided to the patient individually; and (c) the service is at least 50 minutes duration Up to 4 services to which this item or any of items 82000, 82005, 82010, 82030, 93033, 93040 or 93041 apply may be provided to the same patient on the same day Further information on the requirements for this item are available in the explanatory notes to this Category  | 105.45           |             |                   |                  | 89.65           |
| 93033    | N/A (Not hospital treatment) | N/A (Not hospital treatment) | 30.03.2020      | 8            | M18       | N        | Speech pathology, occupational therapy, audiology, optometry, orthoptic or physiotherapy health service provided by telehealth attendance to a patient aged under 25 years by an eligible speech pathologist, occupational therapist, audiologist, optometrist, orthoptist or physiotherapist if: (a) the patient was referred by an eligible medical practitioner, or by an eligible allied health practitioner following referral by an eligible medical practitioner, to: (i) assist the eligible medical practitioner with diagnostic formulation where the patient has a suspected complex neurodevelopmental disorder or eligible disability; or (ii) contribute to the patient's treatment and management plan developed by the referring eligible medical practitioner where a complex neurodevelopmental disorder (such as autism spectrum disorder) or eligible disability is confirmed; and (b) the service is provided to the patient individually; and (c) the service is at least 50 minutes duration Up to 4 services to which this item or any of items 82000, 82005, 82010, 82030, 93032, 93040 or 93041 apply may be provided to the same patient on the same day Further information on the requirements for this item are available in the explanatory notes to this Category   | 92.95            |             |                   |                  | 79.05           |

| MBS item | Clinical Category            | Procedure Type               | Item Start Date | MBS Category | MBS Group | New Item | MBS Description   | MBS Schedule Fee | Derived Fee | Benefit 100% (\$) | Benefit 75% (\$) | Benefit 85 (\$) |
|----------|------------------------------|------------------------------|-----------------|--------------|-----------|----------|---|------------------|-------------|-------------------|------------------|-----------------|
| 93035    | N/A (Not hospital treatment) | N/A (Not hospital treatment) | 30.03.2020      | 8            | M18       | N        | Psychology health service provided by telehealth attendance to a patient aged under 25 years for the treatment of a diagnosed complex neurodevelopmental disorder (such as autism spectrum disorder) or eligible disability by an eligible psychologist, if: (a) the patient has a treatment and management plan in place and has been referred by an eligible medical practitioner for a course of treatment consistent with that treatment and management plan; and (b) the service is provided to the patient individually; and (c) the service is at least 30 minutes duration; and (d) on the completion of the course of treatment, the eligible psychologist gives a written report to the referring eligible medical practitioner on assessments (if performed), treatment provided and recommendations on future management of the patient's condition Up to 4 services to which this item or any of items 82015, 82020, 82025, 82035, 93036, 93043 or 93044 apply may be provided to the same patient on the same day Further information on the requirements for this item are available in the explanatory notes to this Category   | 105.45           |             |                   |                  | 89.65           |
| 93036    | N/A (Not hospital treatment) | N/A (Not hospital treatment) | 30.03.2020      | 8            | M18       | N        | Speech pathology, occupational therapy, audiology, optometry, orthoptic or physiotherapy health service provided by telehealth attendance to a patient aged under 25 years for the treatment of a diagnosed complex neurodevelopmental disorder (such as autism spectrum disorder) or eligible disability by an eligible speech pathologist, occupational therapist, audiologist, optometrist, orthoptist or physiotherapist, if: (a) the patient has a treatment and management plan in place and has been referred by an eligible medical practitioner for a course of treatment consistent with that treatment and management plan; and (b) the service is provided to the patient individually; and (c) the service is at least 30 minutes duration; and (d) on the completion of the course of treatment, the eligible speech pathologist, occupational therapist, audiologist, optometrist, orthoptist or physiotherapist gives a written report to the referring eligible medical practitioner on assessments (if performed), treatment provided and recommendations on future management of the patient's condition Up to 4 services to which this item or any of items 82015, 82020, 82025, 82035, 93035, 93043 or 93044 apply may be provided to the same patient on the same day Further information on the requirements for this item are available in the explanatory notes to this Category | 92.95            |             |                   |                  | 79.05           |
| 93040    | N/A (Not hospital treatment) | N/A (Not hospital treatment) | 30.03.2020      | 8            | M18       | N        | Psychology health service provided by phone attendance to a patient aged under 25 years by an eligible psychologist if: (a) the patient was referred by an eligible medical practitioner, or by an eligible allied health practitioner following referral by an eligible medical practitioner, to: (i) assist the eligible medical practitioner with diagnostic formulation where the patient has a suspected complex neurodevelopmental disorder or eligible disability; or (ii) contribute to the patient's treatment and management plan developed by the referring eligible medical practitioner where a complex neurodevelopmental disorder (such as autism spectrum disorder) or eligible disability is confirmed; and (b) the service is provided to the patient individually; and (c) the service is at least 50 minutes duration Up to 4 services to which this item or any of items 82000, 82005, 82010, 82030, 93032, 93033 or 93041 apply may be provided to the same patient on the same day Further information on the requirements for this item are available in the explanatory notes to this Category   | 105.45           |             |                   |                  | 89.65           |
| 93041    | N/A (Not hospital treatment) | N/A (Not hospital treatment) | 30.03.2020      | 8            | M18       | N        | Speech pathology, occupational therapy, audiology, optometry, orthoptic or physiotherapy health service provided by phone attendance to a patient aged under 25 years by an eligible speech pathologist, occupational therapist, audiologist, optometrist, orthoptist or physiotherapist if: (a) the patient was referred by an eligible medical practitioner, or by an eligible allied health practitioner following referral by an eligible medical practitioner, to: (i) assist the eligible medical practitioner with diagnostic formulation where the patient has a suspected complex neurodevelopmental disorder or eligible disability; or (ii) contribute to the patient's treatment and management plan developed by the referring eligible medical practitioner where a complex neurodevelopmental disorder (such as autism spectrum disorder) or eligible disability is confirmed; and (b) the service is provided to the patient individually; and (c) the service is at least 50 minutes duration Up to 4 services to which this item or any of items 82000, 82005, 82010, 82030, 93032, 93033 or 93040 apply may be provided to the same patient on the same day Further information on the requirements for this item are available in the explanatory notes to this Category  | 92.95            |             |                   |                  | 79.05           |
| 93043    | N/A (Not hospital treatment) | N/A (Not hospital treatment) | 30.03.2020      | 8            | M18       | N        | Psychology health service provided by phone attendance to a patient aged under 25 years for the treatment of a diagnosed complex neurodevelopmental disorder (such as autism spectrum disorder) or eligible disability by an eligible psychologist, if: (a) the patient has a treatment and management plan in place and has been referred by an eligible medical practitioner for a course of treatment consistent with that treatment and management plan; and (b) the service is provided to the patient individually; and (c) the service is at least 30 minutes duration; and (d) on the completion of the course of treatment, the eligible psychologist gives a written report to the referring eligible medical practitioner on assessments (if performed), treatment provided and recommendations on future management of the patient's condition Up to 4 services to which this item or any of items 82015, 82020, 82025, 82035, 93035, 93036 or 93044 apply may be provided to the same patient on the same day Further information on the requirements for this item are available in the explanatory notes to this Category  | 105.45           |             |                   |                  | 89.65           |

| MBS item | Clinical Category            | Procedure Type               | Item Start Date | MBS Category | MBS Group | New Item | MBS Description  | MBS Schedule Fee | Derived Fee | Benefit<br>100% (\$) | Benefit<br>75% (\$) | Benefit<br>85 (\$) |
|----------|------------------------------|------------------------------|-----------------|--------------|-----------|----------|--|------------------|-------------|----------------------|---------------------|--------------------|
| 93044    | N/A (Not hospital treatment) | N/A (Not hospital treatment) | 30.03.2020      | 8            | M18       | N        | Speech pathology, occupational therapy, audiology, optometry, orthoptic or physiotherapy health service provided by phone attendance to a patient aged under 25 years for the treatment of a diagnosed complex neurodevelopmental disorder (such as autism spectrum disorder) or eligible disability by an eligible speech pathologist, occupational therapist, audiologist, optometrist, orthoptist or physiotherapist, if: (a) the patient has a treatment and management plan in place and has been referred by an eligible medical practitioner for a course of treatment consistent with that treatment and management plan; and (b) the service is provided to the patient individually; and (c) the service is at least 30 minutes duration; and (d) on the completion of the course of treatment, the eligible speech pathologist, occupational therapist, audiologist, optometrist, orthoptist or physiotherapist gives a written report to the referring eligible medical practitioner on assessments (if performed), treatment provided and recommendations on future management of the patient's condition Up to 4 services to which this item or any of items 82015, 82020, 82025, 82035, 93035, 93036 or 93043 apply may be provided to the same patient on the same day Further information on the requirements for this item are available in the explanatory notes to this Category | 92.95            |             |                      |                     | 79.05              |
| 93048    | N/A (Not hospital treatment) | Unlisted                     | 30.03.2020      | 8            | M18       | N        | Telehealth attendance provided to a person who is of Aboriginal or Torres Strait Islander descent by an eligible allied health practitioner if: (a) a medical practitioner has undertaken a health assessment and identified a need for follow-up allied health services; and (b) the person is referred to the eligible allied health practitioner by a medical practitioner using a referral form issued by the Department or a referral form that contains all the components of the form issued by the Department; and (c) the service is provided to the person individually; and (d) the service is of at least 20 minutes duration; and (e) after the service, the eligible allied health practitioner gives a written report to the referring medical practitioner mentioned in paragraph (b): (i) if the service is the only service under the referral—in relation to that service; or (ii) if the service is the first or the last service under the referral—in relation to that service; or (iii) if neither subparagraph (i) nor (ii) applies but the service involves matters that the referring medical practitioner would reasonably expect to be informed of—in relation to those matters; to a maximum of 5 services (including any services to which this item or 93061 or any item in Part 6 of Schedule 2 to the Allied Health Determination applies) in a calendar year       | 65.85            |             |                      | 49.4                | 56                 |
| 93061    | N/A (Not hospital treatment) | Unlisted                     | 30.03.2020      | 8            | M18       | N        | Phone attendance provided to a person who is of Aboriginal or Torres Strait Islander descent by an eligible allied health practitioner if: (a) a medical practitioner has undertaken a health assessment and identified a need for follow-up allied health services; and (b) the person is referred to the eligible allied health practitioner by a medical practitioner using a referral form issued by the Department or a referral form that contains all the components of the form issued by the Department; and (c) the service is provided to the person individually; and (d) the service is of at least 20 minutes duration; and (e) after the service, the eligible allied health practitioner gives a written report to the referring medical practitioner mentioned in paragraph (b): (i) if the service is the only service under the referral—in relation to that service; or (ii) if the service is the first or the last service under the referral—in relation to that service; or (iii) if neither subparagraph (i) nor (ii) applies but the service involves matters that the referring medical practitioner would reasonably expect to be informed of—in relation to those matters; to a maximum of 5 services (including any services to which this item or item 93060 or any item in Part 6 of Schedule 2 to the Allied Health Determination applies) in a calendar year       | 65.85            |             |                      |                     | 56                 |
| 93074    | N/A (Not hospital treatment) | Unlisted                     | 30.03.2020      | 8            | M18       | N        | Dietetics health service provided by telehealth attendance to an eligible patient by an eligible dietitian: (a) the service is recommended in the patient's eating disorder treatment and management plan; and (b) the service is provided to the patient individually; and (c) the service is of at least 20 minutes in duration.   | 65.85            |             |                      |                     | 56                 |
| 93076    | N/A (Not hospital treatment) | Unlisted                     | 30.03.2020      | 8            | M18       | N        | Eating disorder psychological treatment service provided by telehealth attendance to an eligible patient by an eligible clinical psychologist if: (a) the service is recommended in the patient's eating disorder treatment and management plan; and (b) the service is provided to the patient individually; and (c) the service is at least 30 minutes but less than 50 minutes in duration.   | 105.45           |             |                      |                     | 89.65              |
| 93079    | N/A (Not hospital treatment) | Unlisted                     | 30.03.2020      | 8            | M18       | N        | Eating disorder psychological treatment service provided by telehealth attendance to an eligible patient by an eligible clinical psychologist if: (a) the service is recommended in the patient's eating disorder treatment and management plan; and (b) the service is provided to the patient individually; and (c) the service is at least 50 minutes in duration.  | 154.85           |             |                      |                     | 131.65             |
| 93084    | N/A (Not hospital treatment) | Unlisted                     | 30.03.2020      | 8            | M18       | N        | Eating disorder psychological treatment service provided by telehealth attendance to an eligible patient by an eligible psychologist if: (a) the service is recommended in the patient's eating disorder treatment and management plan; and (b) the service is provided to the patient individually; and (c) the service is at least 20 minutes but less than 50 minutes in duration.  | 74.75            |             |                      |                     | 63.55              |
| 93087    | N/A (Not hospital treatment) | Unlisted                     | 30.03.2020      | 8            | M18       | N        | Eating disorder psychological treatment service provided by telehealth attendance to an eligible patient by an eligible psychologist if: (a) the service is recommended in the patient's eating disorder treatment and management plan; and (b) the service is provided to the patient individually; and (c) the service is at least 50 minutes in duration.   | 105.45           |             |                      |                     | 89.65              |
| 93092    | N/A (Not hospital treatment) | Unlisted                     | 30.03.2020      | 8            | M18       | N        | Eating disorder psychological treatment service provided by telehealth attendance to an eligible patient by an eligible occupational therapist if: (a) the service is recommended in the patient's eating disorder treatment and management plan; and (b) the service is provided to the patient individually person; and (c) the service is at least 20 minutes but less than 50 minutes in duration.   | 65.85            |             |                      |                     | 56                 |

| MBS item | Clinical Category            | Procedure Type | Item Start Date | MBS Category | MBS Group | New Item | MBS Description  | MBS Schedule Fee | Derived Fee | Benefit 100% (\$) | Benefit 75% (\$) | Benefit 85 (\$) |
|----------|------------------------------|----------------|-----------------|--------------|-----------|----------|--|------------------|-------------|-------------------|------------------|-----------------|
| 93095    | N/A (Not hospital treatment) | Unlisted       | 30.03.2020      | 8            | M18       | N        | Eating disorder psychological treatment service provided by telehealth attendance to an eligible patient by an eligible occupational therapist if: (a) the service is recommended in the patient's eating disorder treatment and management plan; and (b) the service is provided to the patient individually; and (c) the service is at least 50 minutes in duration.   | 92.95            |             |                   |                  | 79.05           |
| 93100    | N/A (Not hospital treatment) | Unlisted       | 30.03.2020      | 8            | M18       | N        | Eating disorder psychological treatment service provided by telehealth attendance to an eligible patient by an eligible social worker if: (a) the service is recommended in the patient's eating disorder treatment and management plan; and (b) the service is provided to the patient individually; and (c) the service is at least 20 minutes but less than 50 minutes in duration.   | 65.85            |             |                   |                  | 56              |
| 93103    | N/A (Not hospital treatment) | Unlisted       | 30.03.2020      | 8            | M18       | N        | Eating disorder psychological treatment service provided by telehealth attendance to an eligible patient by an eligible social worker if: (a) the service is recommended in the patient's eating disorder treatment and management plan; and (b) the service is provided to the patient individually; and (c) the service is at least 50 minutes in duration.  | 92.95            |             |                   |                  | 79.05           |
| 93108    | N/A (Not hospital treatment) | Unlisted       | 30.03.2020      | 8            | M18       | N        | Dietetics health service provided by phone attendance to an eligible patient by an eligible dietitian: (a) the service is recommended in the patient's eating disorder treatment and management plan; and (b) the service is provided to the patient individually; and (c) the service is of at least 20 minutes in duration.  | 65.85            |             |                   |                  | 56              |
| 93110    | N/A (Not hospital treatment) | Unlisted       | 30.03.2020      | 8            | M18       | N        | Eating disorder psychological treatment service provided by phone attendance to an eligible patient by an eligible clinical psychologist if: (a) the service is recommended in the patient's eating disorder treatment and management plan; and (b) the service is provided to the patient individually; and (c) the service is at least 30 minutes but less than 50 minutes in duration.  | 105.45           |             |                   |                  | 89.65           |
| 93113    | N/A (Not hospital treatment) | Unlisted       | 30.03.2020      | 8            | M18       | N        | Eating disorder psychological treatment service provided by phone attendance to an eligible patient by an eligible clinical psychologist if: (a) the service is recommended in the patient's eating disorder treatment and management plan; and (b) the service is provided to the patient individually; and (c) the service is at least 50 minutes in duration.   | 154.85           |             |                   |                  | 131.65          |
| 93118    | N/A (Not hospital treatment) | Unlisted       | 30.03.2020      | 8            | M18       | N        | Eating disorder psychological treatment service provided by phone attendance to an eligible patient by an eligible psychologist if: (a) the service is recommended in the patient's eating disorder treatment and management plan; and (b) the service is provided to the patient individually; and (c) the service is at least 20 minutes but less than 50 minutes in duration.   | 74.75            |             |                   |                  | 63.55           |
| 93121    | N/A (Not hospital treatment) | Unlisted       | 30.03.2020      | 8            | M18       | N        | Eating disorder psychological treatment service provided by phone attendance to an eligible patient by an eligible psychologist if: (a) the service is recommended in the patient's eating disorder treatment and management plan; and (b) the service is provided to the patient individually; and (c) the service is at least 50 minutes in duration.  | 105.45           |             |                   |                  | 89.65           |
| 93126    | N/A (Not hospital treatment) | Unlisted       | 30.03.2020      | 8            | M18       | N        | Eating disorder psychological treatment service provided by phone attendance to an eligible patient by an eligible occupational therapist if: (a) the service is recommended in the patient's eating disorder treatment and management plan; and (b) the service is provided to the patient individually person; and (c) the service is at least 20 minutes but less than 50 minutes in duration.                                | 65.85            |             |                   |                  | 56              |
| 93129    | N/A (Not hospital treatment) | Unlisted       | 30.03.2020      | 8            | M18       | N        | Eating disorder psychological treatment service provided by phone attendance to an eligible patient by an eligible occupational therapist if: (a) the service is recommended in the patient's eating disorder treatment and management plan; and (b) the service is provided to the patient individually; and (c) the service is at least 50 minutes in duration.  | 92.95            |             |                   |                  | 79.05           |
| 93134    | N/A (Not hospital treatment) | Unlisted       | 30.03.2020      | 8            | M18       | N        | Eating disorder psychological treatment service provided by phone attendance to an eligible patient by an eligible social worker if: (a) the service is recommended in the patient's eating disorder treatment and management plan; and (b) the service is provided to the patient individually; and (c) the service is at least 20 minutes but less than 50 minutes in duration.  | 65.85            |             |                   |                  | 56              |
| 93137    | N/A (Not hospital treatment) | Unlisted       | 30.03.2020      | 8            | M18       | N        | Eating disorder psychological treatment service provided by phone attendance to an eligible patient by an eligible social worker if: (a) the service is recommended in the patient's eating disorder treatment and management plan; and (b) the service is provided to the patient individually; and (c) the service is at least 50 minutes in duration.   | 92.95            |             |                   |                  | 79.05           |
| 93200    | N/A (Not hospital treatment) | Unlisted       | 20.04.2020      | 8            | M18       | N        | Follow-up telehealth attendance 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 service is consistent with the needs identified through the health assessment.         | 29.8             |             |                   |                  | 25.35           |
| 93201    | N/A (Not hospital treatment) | Unlisted       | 20.04.2020      | 8            | M18       | N        | Telehealth attendance provided by a practice nurse or an Aboriginal and Torres Strait Islander health practitioner to a person with a chronic disease if: (a) the service is provided on behalf of and under the supervision of a medical practitioner; and (b) 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. | 14.95            |             |                   |                  | 12.75           |
| 93202    | N/A (Not hospital treatment) | Unlisted       | 20.04.2020      | 8            | M18       | N        | Follow-up phone attendance 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 service is consistent with the needs identified through the health assessment.              | 29.8             |             |                   |                  | 25.35           |
| 93203    | N/A (Not hospital treatment) | Unlisted       | 20.04.2020      | 8            | M18       | N        | Phone attendance provided by a practice nurse or an Aboriginal and Torres Strait Islander health practitioner to a person with a chronic disease if: (a) the service is provided on behalf of and under the supervision of a medical practitioner; and (b) 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.      | 14.95            |             |                   |                  | 12.75           |

| MBS Item | Clinical Category            | Procedure Type | Item Start Date | MBS Category | MBS Group | New Item | MBS Description  | MBS Schedule Fee | Derived Fee | Benefit<br>100% (\$) | Benefit<br>75% (\$) | Benefit<br>85 (\$) |
|----------|------------------------------|----------------|-----------------|--------------|-----------|----------|--|------------------|-------------|----------------------|---------------------|--------------------|
| 93284    | N/A (Not hospital treatment) | Unlisted       | 22.05.2020      | 8            | M18       | N        | Telehealth attendance by an eligible dietitian to provide a dietetics health service to a person for assessing the person's suitability for group services for the management of type 2 diabetes, including taking a comprehensive patient history, identifying an appropriate group services program based on the patient's needs and preparing the person for the group services if: (a) the person has type 2 diabetes; and (b) the person is being managed by a medical practitioner (including a general practitioner, but not a specialist or consultant physician) under a GP management plan or, if the person is a resident of an aged care facility, the person's medical practitioner has contributed to a multidisciplinary care plan; and (c) the person is referred to an eligible dietitian by the medical practitioner using a referral form that has been issued by the Department, or a referral form that contains all the components of the form issued by the Department; and (d) the service is provided to the person individually; and (e) the service is of at least 45 minutes duration; and (f) after the service, the eligible dietitian gives a written report to the referring medical practitioner mentioned in paragraph (c); payable once in a calendar year for this or any other assessment for group services item (including services to which this item, item 92386, or items 81100, 81110 and 81120 of the Allied Health Determination apply) | 84.45            |             |                      |                     | 71.8               |
| 93285    | N/A (Not hospital treatment) | Unlisted       | 22.05.2020      | 8            | M18       | N        | Telehealth attendance by an eligible dietitian to provide a dietetics health service, as a group service for the management of type 2 diabetes if: (a) the person has been assessed as suitable for a type 2 diabetes group service under assessment items 81100, 81110 or 81120 of the Allied Health Determination or items 93284 or 93286; and (b) the service is provided to a person who is part of a group of between 2 and 12 patients; and (c) the service is of at least 60 minutes duration; and (d) after the last service in the group services program provided to the person under this item or items 81105, 81115 or 81125 of the Allied Health Determination, the eligible dietitian prepares, or contributes to, a written report to be provided to the referring medical practitioner; and (e) an attendance record for the group is maintained by the eligible dietitian; to a maximum of 8 group services in a calendar year (including services to which this item or items 81105, 81115 and 81125 of the Allied Health Determination apply)   | 21.05            |             |                      |                     | 17.9               |
| 93286    | N/A (Not hospital treatment) | Unlisted       | 22.05.2020      | 8            | M18       | N        | Phone attendance by an eligible dietitian to provide a dietetics health service to a person for assessing the person's suitability for group services for the management of type 2 diabetes, including taking a comprehensive patient history, identifying an appropriate group services program based on the patient's needs and preparing the person for the group services if: (a) the person has type 2 diabetes; and (b) the person is being managed by a medical practitioner (including a general practitioner, but not a specialist or consultant physician) under a GP management plan or, if the person is a resident of an aged care facility, the person's medical practitioner has contributed to a multidisciplinary care plan; and (c) the person is referred to an eligible dietitian by the medical practitioner using a referral form that has been issued by the Department, or a referral form that contains all the components of the form issued by the Department; and (d) the service is provided to the person individually; and (e) the service is of at least 45 minutes duration; and (f) after the service, the eligible dietitian gives a written report to the referring medical practitioner mentioned in paragraph (c); payable once in a calendar year for this or any other assessment for group services item (including services to which this item, item 92384, or in items 81100, 81110 and 81120 of the Allied Health Determination apply)   | 84.45            |             |                      |                     | 71.8               |
| 93644    | N/A                          | N/A            | 26.02.2021      | 1            | A44       | N        | Professional attendance by a general practitioner for the purpose of assessing a patient's suitability for a COVID-19 vaccine if all of the following apply:(a) one or both of the following is undertaken, where clinically relevant: (i) a short patient history; (ii) limited examination and management;(b) the service is bulk-billed;(c) the service is provided at, or from, a practice location in a Modified Monash 1 area  | 41.25            |             |                      |                     | 35.1               |
| 93645    | N/A                          | N/A            | 26.02.2021      | 1            | A44       | N        | Professional attendance by a general practitioner for the purpose of assessing a patient's suitability for a COVID-19 vaccine if all of the following apply:(a) one or both of the following is undertaken, where clinically relevant: (i) a short patient history; (ii) limited examination and management;(b) the service is bulk-billed;(c) the service is provided at, or from, a practice location in: (i) a Modified Monash 2 area; or (ii) a Modified Monash 3 area; or (iii) a Modified Monash 4 area; or (iv) a Modified Monash 5 area; or (v) a Modified Monash 6 area; or (vi) a Modified Monash 7 area   | 45.25            |             |                      |                     | 38.5               |
| 93646    | N/A                          | N/A            | 26.02.2021      | 1            | A44       | N        | Professional attendance by a medical practitioner (other than a general practitioner) for the purpose of assessing a patient's suitability for a COVID-19 vaccine if all of the following apply:(a) one or both of the following is undertaken, where clinically relevant: (i) a short patient history; (ii) limited examination and management;(b) the service is bulk-billed;(c) the service is provided at, or from, a practice location in a Modified Monash 1 area  | 33.1             |             |                      |                     | 28.15              |
| 93647    | N/A                          | N/A            | 26.02.2021      | 1            | A44       | N        | Professional attendance by a medical practitioner (other than a general practitioner) for the purpose of assessing a patient's suitability for a COVID-19 vaccine if all of the following apply:(a) one or both of the following is undertaken, where clinically relevant: (i) a short patient history; (ii) limited examination and management;(b) the service is bulk-billed;(c) the service is provided at, or from, a practice location in: (i) a Modified Monash 2 area; or (ii) a Modified Monash 3 area; or (iii) a Modified Monash 4 area; or (iv) a Modified Monash 5 area; or (v) a Modified Monash 6 area; or (vi) a Modified Monash 7 area   | 40.95            |             |                      |                     | 34.85              |

| MBS item | Clinical Category            | Procedure Type               | Item Start Date | MBS Category | MBS Group | New Item | MBS Description  | MBS Schedule Fee | Derived Fee | Benefit 100% (\$) | Benefit 75% (\$) | Benefit 85 (\$) |
|----------|------------------------------|------------------------------|-----------------|--------------|-----------|----------|--|------------------|-------------|-------------------|------------------|-----------------|
| 93653    | N/A                          | N/A                          | 26.02.2021      | 1            | A44       | N        | Professional attendance by a general practitioner for the purpose of assessing a patient's suitability for a COVID-19 vaccine if all of the following apply: (a) one or both of the following is undertaken, where clinically relevant: (i) a short patient history; (ii) limited examination and management; (b) the service is bulk-billed; (c) the service is provided at, or from, a practice location in a Modified Monash 1 area; (d) the service is rendered in an after-hours period   | 55.95            |             |                   |                  | 47.6            |
| 93654    | N/A                          | N/A                          | 26.02.2021      | 1            | A44       | N        | Professional attendance by a general practitioner for the purpose of assessing a patient's suitability for a dose of a COVID-19 vaccine if all of the following apply: (a) one or both of the following is undertaken, where clinically relevant: (i) a short patient history; (ii) limited examination and management; (b) the service is bulk-billed; (c) the service is provided at, or from, a practice location in: (i) a Modified Monash 2 area; or (ii) a Modified Monash 3 area; or (iii) a Modified Monash 4 area; or (iv) a Modified Monash 5 area; or (v) a Modified Monash 6 area; or (vi) a Modified Monash 7 area; (d) the service is rendered in an after-hours period  | 59.9             |             |                   |                  | 50.95           |
| 93655    | N/A                          | N/A                          | 26.02.2021      | 1            | A44       | N        | Professional attendance by a medical practitioner (other than a general practitioner) for the purpose of assessing a patient's suitability for a COVID-19 vaccine if all of the following apply: (a) one or both of the following is undertaken, where clinically relevant: (i) a short patient history; (ii) limited examination and management; (b) the service is bulk-billed; (c) the service is provided at, or from, a practice location in a Modified Monash 1 area; (d) the service is rendered in an after-hours period   | 45.1             |             |                   |                  | 38.35           |
| 93656    | N/A                          | N/A                          | 26.02.2021      | 1            | A44       | N        | Professional attendance by a medical practitioner (other than a general practitioner) for the purpose of assessing a patient's suitability for a COVID-19 vaccine if all of the following apply: (a) one or both of the following is undertaken, where clinically relevant: (i) a short patient history; (ii) limited examination and management; (b) the service is bulk-billed; (c) the service is provided at, or from, a practice location in: (i) a Modified Monash 2 area; or (ii) a Modified Monash 3 area; or (iii) a Modified Monash 4 area; or (iv) a Modified Monash 5 area; or (v) a Modified Monash 6 area; or (vi) a Modified Monash 7 area; (d) the service is rendered in an after-hours period  | 52.65            |             |                   |                  | 44.8            |
| 93660    | N/A                          | Unlisted                     | 01.01.2022      | 1            | A44       | N        | Attendance by a relevant health professional on behalf of a medical practitioner for the purpose of assessing a patient's suitability for a dose of a COVID-19 vaccine if all of the following apply: (a) one or both of the following is undertaken, where clinically relevant: (i) a short patient history; (ii) limited examination and management; (b) the service is bulk-billed; (c) the service is not provided at a practice location; and (d) the service is provided from a practice location in a Modified Monash 1 area  | 25.1             |             |                   |                  | 21.35           |
| 93661    | N/A                          | Unlisted                     | 01.01.2022      | 1            | A44       | N        | Attendance by a relevant health professional on behalf of a medical practitioner for the purpose of assessing a patient's suitability for a dose of a COVID-19 vaccine if all of the following apply: (a) one or both of the following is undertaken, where clinically relevant: (i) a short patient history; (ii) limited examination and management; (b) the service is bulk-billed; (c) the service is not provided at a practice location; and (d) the service is provided from a practice location in: (i) a Modified Monash 2 area; or (ii) a Modified Monash 3 area; or (iii) a Modified Monash 4 area; or (iv) a Modified Monash 5 area; or (v) a Modified Monash 6 area; or (vi) a Modified Monash 7 area   | 28.65            |             |                   |                  | 24.4            |
| 93680    | N/A (Not hospital treatment) | N/A (Not hospital treatment) | 21.07.2021      | 1            | A45       | N        | Professional attendance for nicotine and smoking cessation counselling, care and advice by a general practitioner at consulting rooms lasting less than 20 minutes and must include any of the following: (a) taking a patient history, aimed at identifying disease risk factors attributable to nicotine use and smoking dependence, and/or identifying barriers and enablers to cessation; and (b) completing an assessment of the patient's nicotine dependence, including where clinically appropriate a basic physical examination; and (c) initiating interventions and referrals for the cessation of nicotine, if required; and (d) implementing a management plan for appropriate treatment; and (e) providing the patient with nicotine and smoking cessation advice and information, including modifiable lifestyle factors; with appropriate documentation  | 39.75            |             | 39.75             |                  |                 |
| 93681    | N/A (Not hospital treatment) | N/A (Not hospital treatment) | 21.07.2021      | 1            | A45       | N        | Professional attendance for nicotine and smoking cessation counselling, care and advice by a medical practitioner (not including a general practitioner, specialist or consultant physician) at consulting rooms lasting less than 20 minutes and must include any of the following: (a) taking a patient history, aimed at identifying disease risk factors attributable to nicotine use and smoking dependence, and/or identifying barriers and enablers to cessation; and (b) completing an assessment of the patient's nicotine dependence, including where clinically appropriate a basic physical examination; and (c) initiating interventions and referrals for the cessation of nicotine, if required; and (d) implementing a management plan for appropriate treatment; and (e) providing the patient with nicotine and smoking cessation advice and information, including modifiable lifestyle factors; with appropriate documentation                       | 21               |             | 21                |                  |                 |
| 93682    | N/A (Not hospital treatment) | N/A (Not hospital treatment) | 21.07.2021      | 1            | A45       | N        | Professional attendance for nicotine and smoking cessation counselling, care and advice by a medical practitioner (not including a general practitioner, specialist or consultant physician) at consulting rooms, in an eligible area, lasting less than 20 minutes and must include any of the following: (a) taking a patient history, aimed at identifying disease risk factors attributable to nicotine use and smoking dependence, and/or identifying barriers and enablers to cessation; and (b) completing an assessment of the patient's nicotine dependence, including where clinically appropriate a basic physical examination; and (c) initiating interventions and referrals for the cessation of nicotine, if required; and (d) implementing a management plan for appropriate treatment; and (e) providing the patient with nicotine and smoking cessation advice and information, including modifiable lifestyle factors; with appropriate documentation | 31.8             |             | 31.8              |                  |                 |

| MBS Item | Clinical Category            | Procedure Type               | Item Start Date | MBS Category | MBS Group | New Item | MBS Description  | MBS Schedule Fee | Derived Fee | Benefit 100% (\$) | Benefit 75% (\$) | Benefit 85 (\$) |
|----------|------------------------------|------------------------------|-----------------|--------------|-----------|----------|--|------------------|-------------|-------------------|------------------|-----------------|
| 93683    | N/A (Not hospital treatment) | N/A (Not hospital treatment) | 21.07.2021      | 1            | A45       | N        | Professional attendance for nicotine and smoking cessation counselling, care and advice by a general practitioner at consulting rooms lasting at least 20 minutes and must include any of the following: (a) taking a patient history, aimed at identifying disease risk factors attributable to nicotine use and smoking dependence, and/or identifying barriers and enablers to cessation; and (b) completing an assessment of the patient's nicotine dependence, including where clinically appropriate a basic physical examination; and (c) initiating interventions and referrals for the cessation of nicotine, if required; and (d) implementing a management plan for appropriate treatment; and (e) providing the patient with nicotine and smoking cessation advice and information, including modifiable lifestyle factors; with appropriate documentation   | 76.95            |             | 76.95             |                  |                 |
| 93684    | N/A (Not hospital treatment) | N/A (Not hospital treatment) | 21.07.2021      | 1            | A45       | N        | Professional attendance for nicotine and smoking cessation counselling, care and advice by a medical practitioner (not including a general practitioner, specialist or consultant physician) at consulting rooms lasting at least 20 minutes and must include any of the following: (a) taking a patient history, aimed at identifying disease risk factors attributable to nicotine use and smoking dependence, and/or identifying barriers and enablers to cessation; and (b) completing an assessment of the patient's nicotine dependence, including where clinically appropriate a basic physical examination; and (c) initiating interventions and referrals for the cessation of nicotine, if required; and (d) implementing a management plan for appropriate treatment; and (e) providing the patient with nicotine and smoking cessation advice and information, including modifiable lifestyle factors; with appropriate documentation                        | 38               |             | 38                |                  |                 |
| 93685    | N/A (Not hospital treatment) | N/A (Not hospital treatment) | 21.07.2021      | 1            | A45       | N        | Professional attendance for nicotine and smoking cessation counselling, care and advice by a medical practitioner (not including a general practitioner, specialist or consultant physician) at consulting rooms, in an eligible area, lasting at least 20 minutes and must include any of the following: (a) taking a patient history, aimed at identifying disease risk factors attributable to nicotine use and smoking dependence, and/or identifying barriers and enablers to cessation; and (b) completing an assessment of the patient's nicotine dependence, including where clinically appropriate a basic physical examination; and (c) initiating interventions and referrals for the cessation of nicotine, if required; and (d) implementing a management plan for appropriate treatment; and (e) providing the patient with nicotine and smoking cessation advice and information, including modifiable lifestyle factors; with appropriate documentation. | 61.55            |             | 61.55             |                  |                 |
| 93690    | N/A (Not hospital treatment) | N/A (Not hospital treatment) | 21.07.2021      | 1            | A45       | N        | Telehealth attendance for nicotine and smoking cessation counselling, care and advice by a general practitioner lasting less than 20 minutes and must include any of the following: (a) taking a patient history, aimed at identifying disease risk factors attributable to nicotine use and smoking dependence, and/or identifying barriers and enablers to cessation; and (b) completing an assessment of the patient's nicotine dependence, including where clinically appropriate a basic physical examination; and (c) initiating interventions and referrals for the cessation of nicotine, if required; and (d) implementing a management plan for appropriate treatment; and (e) providing the patient with nicotine and smoking cessation advice and information, including modifiable lifestyle factors; with appropriate documentation.   | 39.75            |             | 39.75             |                  |                 |
| 93691    | N/A (Not hospital treatment) | N/A (Not hospital treatment) | 21.07.2021      | 1            | A45       | N        | Telehealth attendance for nicotine and smoking cessation counselling, care and advice by a medical practitioner (not including a general practitioner, specialist or consultant physician) lasting less than 20 minutes and must include any of the following: (a) taking a patient history, aimed at identifying disease risk factors attributable to nicotine use and smoking dependence, and/or identifying barriers and enablers to cessation; and (b) completing an assessment of the patient's nicotine dependence, including where clinically appropriate a basic physical examination; and (c) initiating interventions and referrals for the cessation of nicotine, if required; and (d) implementing a management plan for appropriate treatment; and (e) providing the patient with nicotine and smoking cessation advice and information, including modifiable lifestyle factors; with appropriate documentation.  | 21               |             | 21                |                  |                 |
| 93692    | N/A (Not hospital treatment) | N/A (Not hospital treatment) | 21.07.2021      | 1            | A45       | N        | Telehealth attendance for nicotine and smoking cessation counselling, care and advice by a medical practitioner (not including a general practitioner, specialist or consultant physician), in an eligible area, lasting less than 20 minutes and must include any of the following: (a) taking a patient history, aimed at identifying disease risk factors attributable to nicotine use and smoking dependence, and/or identifying barriers and enablers to cessation; and (b) completing an assessment of the patient's nicotine dependence, including where clinically appropriate a basic physical examination; and (c) initiating interventions and referrals for the cessation of nicotine, if required; and (d) implementing a management plan for appropriate treatment; and (e) providing the patient with nicotine and smoking cessation advice and information, including modifiable lifestyle factors; with appropriate documentation.                      | 31.8             |             | 31.8              |                  |                 |
| 93693    | N/A (Not hospital treatment) | N/A (Not hospital treatment) | 21.07.2021      | 1            | A45       | N        | Telehealth attendance for nicotine and smoking cessation counselling, care and advice by a general practitioner lasting at least 20 minutes and must include any of the following: (a) taking a patient history, aimed at identifying disease risk factors attributable to nicotine use and smoking dependence, and/or identifying barriers and enablers to cessation; and (b) completing an assessment of the patient's nicotine dependence, including where clinically appropriate a basic physical examination; and (c) initiating interventions and referrals for the cessation of nicotine, if required; and (d) implementing a management plan for appropriate treatment; and (e) providing the patient with nicotine and smoking cessation advice and information, including modifiable lifestyle factors; with appropriate documentation.  | 76.95            |             | 76.95             |                  |                 |

| MBS item | Clinical Category            | Procedure Type               | Item Start Date | MBS Category | MBS Group | New Item | MBS Description  | MBS Schedule Fee | Derived Fee | Benefit 100% (\$) | Benefit 75% (\$) | Benefit 85 (\$) |
|----------|------------------------------|------------------------------|-----------------|--------------|-----------|----------|--|------------------|-------------|-------------------|------------------|-----------------|
| 93694    | N/A (Not hospital treatment) | N/A (Not hospital treatment) | 21.07.2021      | 1            | A45       | N        | Telehealth attendance for nicotine and smoking cessation counselling, care and advice by a medical practitioner (not including a general practitioner, specialist or consultant physician) lasting at least 20 minutes and must include any of the following: (a) taking a patient history, aimed at identifying disease risk factors attributable to nicotine use and smoking dependence, and/or identifying barriers and enablers to cessation; and (b) completing an assessment of the patient's nicotine dependence, including where clinically appropriate a basic physical examination; and (c) initiating interventions and referrals for the cessation of nicotine, if required; and (d) implementing a management plan for appropriate treatment; and (e) providing the patient with nicotine and smoking cessation advice and information, including modifiable lifestyle factors; with appropriate documentation.                       | 38               |             | 38                |                  |                 |
| 93695    | N/A (Not hospital treatment) | N/A (Not hospital treatment) | 21.07.2021      | 1            | A45       | N        | Telehealth attendance for nicotine and smoking cessation counselling, care and advice by a medical practitioner (not including a general practitioner, specialist or consultant physician), in an eligible area, lasting at least 20 minutes and must include any of the following: (a) taking a patient history, aimed at identifying disease risk factors attributable to nicotine use and smoking dependence, and/or identifying barriers and enablers to cessation; and (b) completing an assessment of the patient's nicotine dependence, including where clinically appropriate a basic physical examination; and (c) initiating interventions and referrals for the cessation of nicotine, if required; and (d) implementing a management plan for appropriate treatment; and (e) providing the patient with nicotine and smoking cessation advice and information, including modifiable lifestyle factors; with appropriate documentation. | 61.55            |             | 61.55             |                  |                 |
| 93700    | N/A (Not hospital treatment) | N/A (Not hospital treatment) | 21.07.2021      | 1            | A45       | N        | Phone attendance for nicotine and smoking cessation counselling, care and advice by a general practitioner lasting less than 20 minutes and must include any of the following: (a) taking a patient history, aimed at identifying disease risk factors attributable to nicotine use and smoking dependence, and/or identifying barriers and enablers to cessation; and (b) completing an assessment of the patient's nicotine dependence, including where clinically appropriate a basic physical examination; and (c) initiating interventions and referrals for the cessation of nicotine, if required; and (d) implementing a management plan for appropriate treatment; and (e) providing the patient with nicotine and smoking cessation advice and information, including modifiable lifestyle factors; with appropriate documentation.  | 39.75            |             | 39.75             |                  |                 |
| 93701    | N/A (Not hospital treatment) | N/A (Not hospital treatment) | 21.07.2021      | 1            | A45       | N        | Phone attendance for nicotine and smoking cessation counselling, care and advice by a medical practitioner (not including a general practitioner, specialist or consultant physician) lasting less than 20 minutes and must include any of the following: (a) taking a patient history, aimed at identifying disease risk factors attributable to nicotine use and smoking dependence, and/or identifying barriers and enablers to cessation; and (b) completing an assessment of the patient's nicotine dependence, including where clinically appropriate a basic physical examination; and (c) initiating interventions and referrals for the cessation of nicotine, if required; and (d) implementing a management plan for appropriate treatment; and (e) providing the patient with nicotine and smoking cessation advice and information, including modifiable lifestyle factors; with appropriate documentation.                           | 21               |             | 21                |                  |                 |
| 93702    | N/A (Not hospital treatment) | N/A (Not hospital treatment) | 21.07.2021      | 1            | A45       | N        | Phone attendance for nicotine and smoking cessation counselling, care and advice by a medical practitioner (not including a general practitioner, specialist or consultant physician), in an eligible area, lasting less than 20 minutes and must include any of the following: (a) taking a patient history, aimed at identifying disease risk factors attributable to nicotine use and smoking dependence, and/or identifying barriers and enablers to cessation; and (b) completing an assessment of the patient's nicotine dependence, including where clinically appropriate a basic physical examination; and (c) initiating interventions and referrals for the cessation of nicotine, if required; and (d) implementing a management plan for appropriate treatment; and (e) providing the patient with nicotine and smoking cessation advice and information, including modifiable lifestyle factors; with appropriate documentation.     | 31.8             |             | 31.8              |                  |                 |
| 93703    | N/A (Not hospital treatment) | N/A (Not hospital treatment) | 21.07.2021      | 1            | A45       | N        | Phone attendance for nicotine and smoking cessation counselling, care and advice by a general practitioner lasting at least 20 minutes and must include any of the following: (a) taking a patient history, aimed at identifying disease risk factors attributable to nicotine use and smoking dependence, and/or identifying barriers and enablers to cessation; and (b) completing an assessment of the patient's nicotine dependence, including where clinically appropriate a basic physical examination; and (c) initiating interventions and referrals for the cessation of nicotine, if required; and (d) implementing a management plan for appropriate treatment; and (e) providing the patient with nicotine and smoking cessation advice and information, including modifiable lifestyle factors; with appropriate documentation.   | 76.95            |             | 76.95             |                  |                 |
| 93704    | N/A (Not hospital treatment) | N/A (Not hospital treatment) | 21.07.2021      | 1            | A45       | N        | Phone attendance for nicotine and smoking cessation counselling, care and advice by a medical practitioner (not including a general practitioner, specialist or consultant physician) lasting at least 20 minutes and must include any of the following: (a) taking a patient history, aimed at identifying disease risk factors attributable to nicotine use and smoking dependence, and/or identifying barriers and enablers to cessation; and (b) completing an assessment of the patient's nicotine dependence, including where clinically appropriate a basic physical examination; and (c) initiating interventions and referrals for the cessation of nicotine, if required; and (d) implementing a management plan for appropriate treatment; and (e) providing the patient with nicotine and smoking cessation advice and information, including modifiable lifestyle factors; with appropriate documentation.                            | 38               |             | 38                |                  |                 |

| MBS item | Clinical Category            | Procedure Type               | Item Start Date | MBS Category | MBS Group | New Item | MBS Description   | MBS Schedule Fee | Derived Fee | Benefit 100% (\$) | Benefit 75% (\$) | Benefit 85 (\$) |
|----------|------------------------------|------------------------------|-----------------|--------------|-----------|----------|---|------------------|-------------|-------------------|------------------|-----------------|
| 93705    | N/A (Not hospital treatment) | N/A (Not hospital treatment) | 21.07.2021      | 1            | A45       | N        | Phone attendance for nicotine and smoking cessation counselling, care and advice by a medical practitioner (not including a general practitioner, specialist or consultant physician), in an eligible area, lasting at least 20 minutes and must include any of the following: (a) taking a patient history, aimed at identifying disease risk factors attributable to nicotine use and smoking dependence, and/or identifying barriers and enablers to cessation; and (b) completing an assessment of the patient's nicotine dependence, including where clinically appropriate a basic physical examination; and (c) initiating interventions and referrals for the cessation of nicotine, if required; and (d) implementing a management plan for appropriate treatment; and (e) providing the patient with nicotine and smoking cessation advice and information, including modifiable lifestyle factors; with appropriate documentation. | 61.55            |             | 61.55             |                  |                 |
| 93716    | N/A (Not hospital treatment) | N/A (Not hospital treatment) | 19.07.2022      | 1            | A46       | N        | Phone attendance by a general practitioner lasting at least 20 minutes for the assessment and management of a person with COVID-19 infection of recent onset, for the purposes of determining the patient's eligibility for receiving a COVID-19 oral antiviral treatment, where the service includes any of the following that are clinically relevant: (a) taking a detailed patient history;(b) arranging any necessary investigation;(c) implementing a management plan, including follow up arrangements;(d) providing any necessary treatment, including prescribing a COVID-19 oral antiviral treatment;(e) providing appropriate preventive health care for one or more related issues; with appropriate documentation  | 90.5             |             |                   |                  | 76.95           |
| 93717    | N/A (Not hospital treatment) | N/A (Not hospital treatment) | 19.07.2022      | 1            | A46       | N        | Phone attendance by a medical practitioner (other than a general practitioner) lasting at least 25 minutes for the assessment and management of a person with COVID-19 infection of recent onset, for the purposes of determining the patient's eligibility for receiving a COVID-19 oral antiviral treatment, where the service includes any of the following that are clinically relevant: (a) taking a detailed patient history;(b) arranging any necessary investigation;(c) implementing a management plan, including follow up arrangements;(d) providing any necessary treatment, including prescribing a COVID-19 oral antiviral treatment;(e)providing appropriate preventive health care for one or more related issues; with appropriate documentation   | 44.7             |             |                   |                  | 38              |