

From: §22 on behalf of §47E(d)
 To: §22 <§22@health.gov.au>, §47E(d)
 Cc: §47E(d)
 Subject: Fw: Input required - AG response re Sex Files report [SEC=UNCLASSIFIED]
 Date: Monday, 8 August 2011 3:58:25 PM
 Attachments: [GENDER_IDENTITY - REVIEW - For Government Circulation - How and why federal agencies collect and record sex gender data - June 2011.doc](#)

I apologise for any confusion regarding this request.

We are just seeking to confirm whether PBS data, supplied by Medicare can help PEB identify which PBS items are only being purchased for Males or Females specifically including item numbers.

If so, can we please have that list.

If Medicare data does not contain Male or Female identifying, please let us know as we will have to manually check the PBS schedule.

Many thanks

----- Forwarded by §22 /PBD/Health on 08/08/2011 03:49 PM -----

§47E(d) To §22 /PBD/Health@Health.gov.au, §22 /PBD/Health@Health.gov.au
 Sent by: §22 cc §47E(d) Health@Health.gov.au
 08/08/2011 02:23 PM Subject Fw: Input required - AG response re Sex Files report [SEC=UNCLASSIFIED]

Please see request below, and if possible provide some input by Monday 15 August.

Thank you for your assistance

Kind Regards

§22

----- Forwarded by §22 PBD/Health on 08/08/2011 02:18 PM -----

§47E(d) To §47E(d) Health@Health.gov.au
 Sent by: §22 cc §47E(d) /Health@Health_Gov_Au
 02/08/2011 12:36 PM Subject Fw: Input required - AG response re Sex Files report [SEC=UNCLASSIFIED]

Good afternoon

Could you please review the attached Sex File report and provide any input to the questionnaire. I believe this will be a nil response to the report. However you will be required to provide a response to questions 17.1 and 17.2 which are additional questions regarding the PBS.

It would be appreciated if you could provide your response by **Noon Thursday 18 August**.

Thank you

§22

----- Forwarded by §22 PBD/Health on 02/08/2011 12:32 PM -----

§47E(d) Health@Health_Gov_Au, §47E(d) Health@Health_Gov_Au,
 §47E(d) Health@Health_Gov_Au, §47E(d) Health@Health_gov.au,
 §47E(d) Health@Health_gov.au, §47E(d) Health@Health_Gov_Au,
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 Health@Health_Gov_Au
 To §47E(d) Health@Health_Gov_Au, §47E(d) Health@Health_gov.au,
 §47E(d) Health@Health_gov.au, §47E(d) Health@Health_Gov_Au,
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 §47E(d) Health@Health_Gov_Au, §22 /PHD/Health@Health.gov.au, §47E(d)
 Health@Health_Gov_Au
 Sent by: §22
 02/08/2011 12:26 PM
 Subject Input required - AG response re Sex Files report [SEC=UNCLASSIFIED]

Hi all,

The Gender and Reproductive Health Section of the Population Health Division, is coordinating a Departmental response to the Attorney General's Department response to the review of the Australian Human Rights Commission Sex File report. Your area has been identified as potentially having input to this request. Please read the attached information and complete the questionnaire included in the attachment (including n/a responses). Relevant areas are also requested to address questions 17.1 and 17.2 specifically designed for DoHA in relation to the MBS and PBS.

Please email your consolidated, cleared (minimum AS clearance) to §22, Director of the Gender and Reproductive Health Section, no later than COB Thursday 18 August 2011. Any questions regarding this request can be directed to §22 on extension §22 or §22 @health.gov.au

Kind regards,

§22

Divisional Coordination Officer
 Population Health Division
 Ph: §22

Input to Attorney Generals Review of the Australian Human Rights Commission Sex Files Report

I am writing to seek your assistance with the review into how and why the Australian Government collects and records sex and gender information. In particular, I am seeking your assistance in coordinating a response on behalf of DoHA, including the Australian National Preventative Health Agency and the Australian Organ and Tissue Donation and Transplantation Authority.

The review was an election commitment and is central to the Government's overall approach to the issues raised in the Australian Human Rights Commission's Sex Files report.

The Review:

The attached document (below) contains a series of questions, developed in consultation with members of the sex and/or gender diverse community, which are designed to identify how and why Government agencies collect and record sex/gender information. The document also provides an overview of the aim and scope of the review, as well as relevant background information.

In addition to the questions contained in this document, there are also a number of agency specific questions for DoHA which are listed below.

Timeframe and AGD support:

We appreciate that this is a significant project which requires agencies to critically analyse how and why they collect sex/gender information. We are happy to assist agencies throughout this process, including through face to face meetings to discuss the review, any issues you may have and our broader gender identity work.

If you have any questions, or would like to meet to discuss the review, please do not hesitate to contact §22 or §22. Thanks in advance for your assistance.

Best regards

Matt Hall

Assistant Secretary
 Human Rights Policy Branch
 Attorney-General's Department

Additional Questions for DoHA

The following questions have been specifically designed for DoHA in relation to the Medicare Benefits Schedule/ Pharmaceutical Benefits Scheme:

- Are there benefits or services that are linked to members of one sex only? If so, please provide details (including item numbers).
For example, only people who are female can claim a benefit for a hysterectomy. Similarly, some medicines are only available under the PBS to members of one sex (as they have been registered for a particular purpose with the Therapeutic Goods Administration).
- 17.1 In relation to 17.1, is it possible to provide these benefits or services to members of the other sex?
- 17.2
- If not, why not?
 - If not, could this be changed (ie through updating computer software, systems etc)?

[GENDER IDENTITY - REVIEW - For Government Circulation - How and why federal agencies collect and record sex gender data - June 2011.doc](#)

THIS DOCUMENT HAS BEEN RELEASED UNDER
THE FREEDOM OF INFORMATION ACT 1982 (CTH)
BY THE DEPARTMENT OF HEALTH AND AGED CARE



Review of how and why the Australian Government collects and records sex/gender information

AIM:

To understand how and why Federal Government agencies collect and record sex/gender information, with the aim of agreeing to a Commonwealth approach and developing national guidelines to ensure consistency across Government.

BACKGROUND:

In March 2009, the Australian Human Rights Commission released the *Sex Files* report, which highlights issues faced by sex and/or gender diverse people in Australia regarding the legal recognition of their sex status on government documents. The report's 15 recommendations focus on two key issues:

1. why sex and gender data is collected, and
2. the process for legally changing sex.

The Attorney-General's Department (AGD) understands that Government agencies collect and record sex/gender information about members of the public for a variety of reasons. These could include enabling an administrative departmental decision to be made (such as eligibility for a Centrelink payment or for a visa), to establish identity for security purposes or to obtain statistical data. Currently, there is no consistent Australian Government approach to the collection of sex/gender information.

The legal recognition of change of sex is primarily a matter for the States and Territories as they are responsible for managing their respective Registries of Births, Deaths and Marriages. However, the Commonwealth also has an interest in legal change of sex due to its role in issuing identity documents (ie passports) and its practice of collecting sex/gender information.

During the 2010 election campaign, the Australian Government reiterated its commitment to consider the issues raised by the *Sex Files* report. In particular, the Government committed to undertake a review of how sex/gender information is collected for the purpose of government forms and records. AGD is coordinating the review.

More information about the *Sex Files* report can be found at:
<<http://www.humanrights.gov.au/genderdiversity/index.html>>

TERMINOLOGY:

Sex and gender

The terms 'sex' and 'gender' are often used interchangeably, but they have different meanings. There is no clear consensus about what the definitions should be, although 'sex' is often understood to refer to a person's biological sex, whereas 'gender' generally refers to outward social markers of gender such as dress, mannerisms and name etc. A person's sex and gender are not always the same.

Government agencies collect both sex and gender information. For example, Medicare collects sex information to determine whether a person is eligible for a certain benefit (as benefits are linked to

a person's biological sex). In contrast, most Government agencies collect gender information in relation to employment as a means of measuring gender equality in the workplace. In some instances, it appears that agencies request sex information when in fact what they are really asking for is gender information (and vice-versa).

For the purpose of this review, we are using the term 'sex/gender information' to encompass information about both sex and gender. This review aims to identify which term, or terms, are used by Government agencies, including when and why.

Sex and/or gender diverse

We have used the term 'sex and/or gender diverse' to recognise people who do not fall within traditional binary notions of sex (ie male and female). This term includes people who identify as a different sex or gender to their birth sex, and people who are intersex and identify as either male or female. There are also some intersex people who identify as neither male nor female.

Terminology is sensitive and highly contested – both within the sex and/or gender diverse community and the broader Australian community.

Other terms that are commonly associated with sex and/or gender diverse people include: transgender, transsexual, pansexual, pangendered, androgynous and intergender. Sex and/or gender diverse people are also included under the internationally recognised acronym LGBTI – Lesbian, Gay, Bisexual, Transgender and Intersex.

AGD considers 'sex and/or gender diverse' to be the most appropriate term as it recognises variations in sex and gender, without being overly specific and excluding certain groups. It is also consistent with terminology used by Australian Human Rights Commission.

SCOPE OF REVIEW:

To implement the Government's election commitment, AGD has prepared – in consultation with members of the sex and/or gender diverse community – a series of questions designed to identify how and why Government agencies collect and record sex/gender information.

The community was sent a list of proposed questions earlier this year and asked for their views on whether (a) these were the right questions to ask and (b) if there were any additional questions we should ask. We received detailed feedback from several organisations and individuals, which we have taken into consideration when developing the final list of review questions.

The Review

The review has two parts. Part 1 contains general questions about agencies' policies and practices relating to the collection of sex/gender information as well as the treatment of sex and/or gender diverse people. Part 2 contains a list of specific questions about *each* occasion sex/gender information is requested by agencies.

In addition to the standard review questions, there are also a number of agency specific questions that focus on particular policies, practices or aspects of an agency's work (we will let you know if there are any specific questions for your agency).

Targeted Consultation

In order to ensure the review is as effective and timely as possible, AGD is targeting the main service delivery agencies of the Australian Government. These agencies have the most direct involvement with members of the sex and/or gender diverse community.

We ask that departments and/or agencies nominate a central contact for the review and provide a consolidated response from their department/agency to AGD.

Timeframe

Please send input to sexandgender@ag.gov.au by **19 August 2011**.

Confidentiality

All information that is collected as part of this review will be treated confidentially - unless permission is expressly sought for it to be publically released.

Next Steps

The information collected in this review is expected to inform the development of guidelines to ensure that sex and gender information is collected consistently across government and only where there is a legitimate purpose. In the first instance, these guidelines will apply to federal agencies only. However, AGD also intends to work with the States and Territories to promote a nationally consistent approach to the collection and recording of sex and gender information.

Government agencies will be consulted on the development of any guidelines following this review.

CONTACT DETAILS:

We understand this is a significant project which requires agencies to critically analyse how and why they collect sex/gender information. AGD is able to assist agencies throughout this process, including meeting with agencies to discuss the review and our broader gender identity work.

Please do not hesitate to contact us if you have any questions or concerns, or would like to organise a meeting.

Human Rights Reform Section

Human Rights Policy Branch
Attorney-General's Department
E: sexandgender@ag.gov.au

s22

Director

Human Rights Reform Section

T: s22

E: s22 [@ag.gov.au](mailto:s22@ag.gov.au)

s22

Policy Officer

Human Rights Reform Section

T: s22

E: s22 [@ag.gov.au](mailto:s22@ag.gov.au)

QUESTIONS:**Part 1 - General Questions:**

Please provide as much information as you can in response to the questions below. This can include information about formal and informal policies and programs, as well as any future proposals (noting that all information will be treated confidentially).

To make this process as easy and efficient as possible for agencies, we are happy for input to be in any form, such as copies of policies, briefings, agency letters to members of the sex and/or gender diverse community, staff handbooks, forms etc. If you are unsure about the relevance of a particular policy or program, please send it to us anyway.

We understand that for some questions agencies may have no input.

No.	Question
	<p>Interactions with Sex and/or Gender Diverse Clients: The purpose of these questions is to determine how your agency communicates with members of the sex and/or gender diverse community, and whether your agency has any specific policies or processes in place.</p>
1.1	<p>Do you have an overarching/general policy relating to sex and/or gender diverse clients? If yes, please provide details and a copy of the policy (<i>eg name of policy and reference number and copy of contents</i>)</p>
1.2	<p>How is information about this policy disseminated to staff? (<i>eg training, in policy manuals</i>)</p>
1.3	<p>Do you have a system in place to enable staff to record specific (personal) information about clients, which will assist with future staff-client interactions? <i>For example, AGD is aware that some banks allow staff to record information, such as 'female client has a deep voice', in a notes area of their administrative database.</i></p>
	<p>Queries and complaints: The purpose of these questions is to determine whether your agency has ever received any queries or complaints from members of the public (not just from sex and/or gender diverse people) about how and why you collect sex/gender information.</p>
2.1	<p>Do you have any system, policy or procedure in place that enables you to know if a member of the public has ever questioned a requirement to provide sex/gender information?</p>
2.2	<p>Are you aware of any instances where a member of the public has questioned a requirement to provide sex/gender information? If yes, please provide details – how many queries and on what basis?</p>
2.3	<p>Are you aware of any instances where a member of the public has formally complained about a requirement to provide sex/gender information? In yes, please provide details – how many complaints and on what basis? How was it resolved? (<i>ie resolved internally, or through the Australian Human Rights Commission, Administrative Appeals Tribunal etc</i>)</p>
	<p>Collecting sex/gender information: The purpose of these questions is to determine whether clients need to prove their sex/gender to your agency.</p>

3.1	<p>Do you require clients to identify their sex/gender? If so, when (including how often) and why? <i>For example, does a client need to identify their sex/gender when first applying for a benefit? Do they need to identify their sex/gender more than once (ie on a form and then later through an interview process).</i></p>
3.2	<p>What evidence does a client need to provide to verify their sex/gender? How does your agency collect this evidence? <i>For example, do you ask clients to provide a birth certificate, passport, or other identity document? Or is this information collected through some other means, ie an interview or medical assessment?</i></p>
	<p>Changing sex/gender information: The purpose of these questions is to determine what happens when a client seeks to change their sex/gender information with your agency.</p>
4.1	<p>Can a client change their sex/gender information (including their title 'Mr', 'Ms' etc) in documents and/or records? If yes, what is the process for doing this? <i>Please provide details of any written policy and indicate whether this policy is publicly available.</i></p>
4.2	<p>Does a change of sex/gender information have any implications for the individual in terms of changing their entitlements? If so, how is this information communicated to the client?</p>
4.3	<p>Do you retain details of a client's history of sex/gender change? If so, for what purpose, where is it recorded, who has access to this information and when might it be disclosed?</p>
	<p>Inconsistent sex/gender information: The purpose of these questions is to determine what your agency does when a client is in the process (or has completed) transitioning from one sex/gender to another.</p>
5.1	<p>Do you have a policy or procedure that is followed if inconsistent, changed, conflicting or insufficient sex/gender information is obtained from the client? <i>For example, listed sex/gender does not match physical appearance or title ('Mr', 'Ms' etc), no sex/gender is selected, sex/gender does not match existing records or changes over time, client is unable to verify sex/gender information with written evidence etc.</i></p>
5.2	<p>What action is taken if information received from a client about their sex/gender does not match existing records? <i>For example, do you contact the client and ask for more information, or deny the benefit/service?</i></p>
5.3	<p>What action is taken if inconsistent, changed, conflicting or insufficient sex/gender information is obtained from the client?</p>
5.4	<p>What action is taken if a client requests a title that conflicts with their sex (eg someone whose sex is recorded as male requests the use of the title 'Ms')?</p>
	<p>Privacy: The purpose of these questions is to determine to what degree (if any) a client's sex/gender information is publically available, and/or visible to agency staff. AGD understands that every agency is responsible for protecting the privacy of its clients. However, these questions seek to determine whether there are any specific policies/processes in place for sex and/or gender diverse people.</p>

6	<p>Do you issue any documents, cards etc which list a client's sex/gender and/or title?</p> <p>If so, please provide details (<i>ie name of document/card etc and reference number and details of the information listed</i>)</p>
7.1	<p>Are there specific measures in place to protect the privacy of sex and/or gender diverse clients?</p> <p><i>For example, do you list a client's previous sex/gender on any documents, cards, databases etc? Who has access to this information?</i></p>
<p>Information sharing:</p> <p>The purpose of these questions is to determine whether your agency shares sex/gender information with Federal and/or State and Territory agencies.</p>	
8.1	<p>Do you receive or provide information relating to your clients to any other federal Government agencies (such as sending copies of drivers licences, passports etc)? If so:</p> <ul style="list-style-type: none"> • Why? • Please specify which agencies or departments. • Please specify whether the client's sex/gender is contained in the information that is shared. • Please specify what procedure is followed where the sex/gender of a client has been recorded inconsistently by different agencies.
8.2	<p>Do you receive or provide information relating to your clients to any State and Territory agencies, such as Registries of Birth, Deaths and Marriages? If so:</p> <ul style="list-style-type: none"> • Why? • Please specify which agencies or departments. • Please specify whether the client's sex/gender is contained in the information that is shared. • Please specify what procedure is followed where the sex/gender of a client has been recorded inconsistently by different agencies.

Part 2 - Please provide answers to the following questions, if possible, for each occasion on which sex/gender information is requested:

We would be grateful if you could be as specific as possible when responding to these questions. Once again, input can take any form.

In cases where the process for collecting sex/gender information is the same for more than one occasion, it is only necessary to respond once (ie outline the common approach for these occasions as opposed to providing a response to each occasion). However, we would appreciate, for each question, a list of all occasions where the process is the same.

	<p>The process for collecting sex/gender information: The purpose of these questions is to determine when and how your agency collects sex/gender information.</p>
9	<p>What is the specific occasion or situation when sex/gender information is collected from a client? <i>(Please be as specific as possible – eg ‘application for spouse visa’ rather than ‘visa application’; ‘application for widow pension’ rather than ‘pension application’)</i></p>
10	<p>How is the sex/gender information collected? <i>For example, a form, interview process, application process, survey, questionnaire etc. Please provide details – e.g. name of form and reference number.</i></p>
11	<p>Do your forms use the term ‘sex’ or ‘gender’?</p>
	<p>Reasons for collecting sex/gender information: The purpose of these questions is to determine why your agency collects sex/gender information.</p>
12.1	<p>What is the reason the sex/gender information is collected and recorded? <i>Examples of reasons for collecting sex/gender information could include establishment of identity, for security purposes, to determine a client’s s title (eg ‘Ms’ or ‘Mr’), collection of data for statistical purposes, or where a client’s sex/gender is relevant to a decision to be made.</i></p>
12.2	<p>If the sex/gender information is relevant to a decision to be made, please provide details of the decision and the reason sex/gender is relevant to that decision.</p>
13	<p>What (if any) authority requires you to request sex/gender information? <i>For example, legislation, policy, management directive etc. Please provide as many details as possible, eg name of legislation and relevant section, or name of policy and reference number.</i></p>
	<p>Sex/gender information options: The purpose of these questions is to determine what options are available to clients in terms of recording their sex/gender and title with your agency.</p>
14.1	<p>What options are provided in relation to sex/gender information? <i>For example, choice of male or female, open (ie a box to write in). Please list the options provided in full.</i></p>
14.2	<p>In relation to 14.1, is there an option to provide additional explanatory information?</p>

14.3	<p>Can clients record their sex as something other than male or female, including neither?</p> <ul style="list-style-type: none"> • If so, how are clients made aware that it is an option? • If not, would your existing systems be able to facilitate the collection and storage of such data? <p><i>For example, other options may include intersex, other, indeterminate, neither, choose not to say.</i></p>
15	<p>What options are provided in relation to title? Does it need to match sex/gender?</p> <p><i>For example, 'Mr,' 'Mrs,' 'Ms,' 'Miss' or no title, open (ie a box to write in)</i></p>
16	<p>Is it mandatory for the client to provide sex/gender information? What happens if they don't answer?</p> <p><i>For example, if the form is incomplete it won't be processed, random sex/gender assigned, referral to supervisor etc.</i></p>

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From: §22 on behalf of §47E(d)
 To: §47E
 Cc: §47E(d)
 Subject: Fw: Input required - AG response re Sex Files report [SEC=UNCLASSIFIED]
 Date: Monday, 8 August 2011 3:07:03 PM
 Attachments: GENDER IDENTITY - REVIEW - For Government Circulation - How and why federal agencies collect and record sex gender data - June 2011.doc

Please see request below and suggestion from §22. Please provide us with input to facilitate a response by COB Friday 12th August.

Many thanks

§22
 ----- Forwarded by §22 /PBD/Health on 08/08/2011 03:04 PM -----

§47E(d) Health@Health_gov_au
 Sent by: §22
 08/08/2011 02:49 PM
 cc: §47E(d) Health@Health_Gov_Au
 Subject: Fw: Input required - AG response re Sex Files report [SEC=UNCLASSIFIED]

Hi §22

This has gone around the world and is now back to you. Could you please organise a response from the PBAC Secretariat as per §22 suggestion.

Thank you

§22

§22 PBD/Health
 08/08/2011 02:39 PM
 To: §22 /PBD/Health@Health_gov_au
 cc: §22 PBD/Health@Health_gov_au, §47E(d) Health@Health_gov_au
 Subject: Re: Fw: Input required - AG response re Sex Files report [SEC=UNCLASSIFIED]

This request should be forwarded to the PBAC Secretariat, §22, as they have standard responses to these issues, §22

§22 PBD/Health
 08/08/2011 02:33 PM
 To: §22 /PBD/Health@Health_gov_au
 cc: §22 /PBD/Health@Health_gov_au, §47E(d) Health@Health_Gov_Au
 Subject: Fw: Input required - AG response re Sex Files report [SEC=UNCLASSIFIED]

Hi §22

We have been asked about gender specific PBS items.

Can you advise which items are restricted to males or restricted to females and whether there are any circumstances when they can be provided to the opposite sex?

Thanks

- Are there benefits or services that are linked to members of one sex only? If so, please provide details (including item numbers).
 For example, only people who are female can claim a benefit for a hysterectomy. Similarly, some medicines are only available under the PBS to members of one sex (as they have been registered for a particular purpose with the Therapeutic Goods Administration).
- 17.1 In relation to 17.1, is it possible to provide these benefits or services to members of the other sex?
- 17.2
- If not, why not?
 - If not, could this be changed (ie through updating computer software, systems etc)?

§22
 Director
 Data and Modelling Section
 Pharmaceutical Policy and Analysis Branch
 Ph: 6289 §22

----- Forwarded by §22 /PBD/Health on 08/08/2011 02:27 PM -----

§47E(d) Health@Health_gov_au
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 cc: §47E(d) /Health@Health_gov_au
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Please see request below, and if possible provide some input by Monday 15 August.

Thank you for your assistance

Kind Regards

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§47E(d) Health@Health_gov_au
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 02/08/2011 12:36 PM
 To: §47E(d) Health@Health_gov_au
 cc: §47E(d) Health@Health_Gov_Au
 Subject: Fw: Input required - AG response re Sex Files report [SEC=UNCLASSIFIED]

Good afternoon

Could you please review the attached Sex File report and provide any input to the questionnaire. I believe this will be a nil response to the report. However you will be required to provide a response to questions 17.1 and 17.2 which are additional questions regarding the PBS.

It would be appreciated if you could provide your response by **Noon Thursday 18 August**.

Thank you

§22

----- Forwarded by §22 PBD/Health on 02/08/2011 12:32 PM -----

§47E(d) /Health@Health_Gov_Au, §47E(d) Health@Health_Gov_Au,
 §47E(d) Health@Health_Gov_Au, §47E(d) /Health@Health_gov_au,
 §47E(d) Health@Health_gov_au, §47E(d) Health@Health_Gov_Au,
 Sent by: §22

REVIEW OF HOW AND WHY THE AUSTRALIAN GOVERNMENT COLLECTS AND RECORDS SEX/GENDER INFORMATION

Consolidated Response by the Department of Health and Ageing (DoHA)

1. Areas/Divisions within DoHA indicating 'nil responses'

- Health Workforce Division
- Acute Care Division
- Mental Health & Drug Treatment Division
- Portfolio Strategies Division

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THE FREEDOM OF INFORMATION ACT 1982 (CTH)
BY THE DEPARTMENT OF HEALTH AND AGED CARE

2. DoHA Specific Questions

17.1	<p>Are there benefits or services that are linked to members of one sex only? If so, please provide details (including item numbers).</p> <p><i>For example, only people who are female can claim a benefit for a hysterectomy. Similarly, some medicines are only available under the PBS to members of one sex (as they have been registered for a particular purpose with the Therapeutic Goods Administration).</i></p>
<p>Pharmaceutical Benefits Division – Policy & Analysis Branch; Pharmaceutical Evaluation Branch</p>	<p>Pharmaceutical Benefits</p> <p>The Pharmaceutical Benefits Scheme (PBS) database does not enable a report to be compiled on medicines listed exclusively for one sex or the other. The PBS is deliberately gender neutral and the use of terms 'male' and 'female' is declining as indication data becomes more specific, although importantly the purpose of the indication information (i.e. restrictions) is to rule out the prescribing of some medicines to some patients. For example, treating doctors would not prescribe progesterone (for luteal (menstrual cycle) phase support) for male patients, or prescribe dutasteride (for the treatment of an enlarged prostate) for female patients.</p> <p>To determine sex specific medicines in the first instance, the following parameters were set:</p> <ol style="list-style-type: none"> 1. determined the number of scripts for each PBS item by gender for 2010/11; 2. determined the male and female percentage of scripts per item; 3. isolated the PBS items where over 95% of the total scripts were for males; 4. isolated the PBS items where over 95% of the total scripts were for females; 5. removed PBS items for which the total scripts for each gender were small in number (approximately less than 200); and 6. produced a list of PBS generic medicines that are "linked" to each gender. <p><u>Attachment A</u> provides a listing of medicines (including their item numbers) available on the PBS for the treatment of one sex patient group.</p>
<p>Medical Benefits Division</p>	<p>Medicare Benefits</p> <p>The <i>Health Insurance Act 1973</i> (the Act) provides that Medicare benefits are payable for clinically relevant professional services rendered by approved practitioners and contained in the Medicare Benefits Schedule (MBS). A clinically relevant service is defined in Section 3(1) of the Act as a service that is generally accepted in the medical, dental or optometrical profession (as the case may be) as being necessary for the appropriate treatment for the patient to whom it is rendered.</p> <p>Generally speaking, items in the Category 3 (Surgical Operations) of the MBS refer to anatomical locations of the body, as well as specifying the surgical procedure.</p> <p>As such, there are services which can only be performed patients who possess the anatomy on which the service is being performed. For example, a hysterectomy can only be performed on persons with a uterus; a radical prostatectomy can only be performed on a person with a prostate.</p>

There are also MBS items which refer to conditions which are gender specific. For example, MBS item 45585 refers to gynaecomastia, which is a condition affecting male mammary glands. In this case, it may be appropriate for Medicare benefits to be payable for services performed on a patient who presents with a gender specific condition, but is not considered to be of the gender to which the condition relates.

For example, if a patient were for legal reasons considered to be a female, but the treating practitioner reasonably determines their condition to be gynecomastia, it may be appropriate for Medicare benefits to be payable. The associated service rendered would need to be considered by the treating practitioner to be clinically relevant and fulfil the requirements of the item descriptor.

While the Department is aware that Medicare Australia flags some Medicare items by sex, these administrative arrangements can be overridden based on the clinical relevance of the service.

Please see [Attachment B](#) for Diagnostic Imaging Items and Pathology Services. It should be noted that not all these items are gender specific. However, by virtue of anatomy, it is assumed that these would only be available to one gender.

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THE FREEDOM OF INFORMATION ACT 1982 (CFR)
BY THE DEPARTMENT OF HEALTH AND AGED CARE

<p>Primary and Ambulatory Care Division – Regional Health Australia</p>	<p>Medical Specialist Outreach Assistance Program-Maternity Services (MSOAP-MS)</p> <p>The aim of the MSOAP–MS measure is to increase and improve access to high quality, safe, evidence-based maternity care for women and their families in rural and remote communities primarily for, but not limited to, the antenatal and postnatal stage of pregnancy.</p> <p>The MSOAP-MS addresses some of the financial disincentives incurred by health professionals providing outreach maternity services. Funds are available for the costs of travel, meals and accommodation, facility fees, administrative support at the outreach location, lease and transport of equipment, telephone support and up-skilling sessions for resident health professionals.</p> <p>Rural Women's GP Service program (RWGPS)</p> <p>The RWGPS program aims to improve access to primary health care services for women in rural and remote Australia, who currently have little or no access to a female GP, by facilitating the travel of female GPs to these communities. The program provides services to over 16,000 patients annually. The RWGPS is a free service and is auspiced by the Royal Flying Doctor Service.</p>
<p>Ageing & Aged Care Division</p>	<p>Aged Care</p> <p>No. There are no benefits or services linked to the sex of the client/resident in relation to Aged Care services.</p>
<p>Population Health Division – Cancer & Palliative Care Branch</p>	<p>BreastScreen Australia and the National Cervical Screening Programs</p> <p>BreastScreen Australia target well women aged 50-69, without symptoms of breast cancer, to offer free screening mammograms. Women aged 40-49 and 70 years and older are also able to attend for screening, if they wish.</p> <p>Cervical screening services for women are primarily provided by general practitioners and other Pap smear providers with funding through the Medicare Benefits Schedule.</p> <p>Cancer Service & Infrastructure Program</p> <p>Women who are permanent residents of Australia have a current Medicare entitlement and who have had a mastectomy as a result of breast cancer are eligible to claim the reimbursement.</p> <p>National Bowel Cancer Screening Program</p> <p>Not applicable</p>

17.2	<p>In relation to 17.1, is it possible to provide these benefits or services to members of the other sex?</p> <ul style="list-style-type: none"> • If not, why not? • If not, could this be changed (ie through updating computer software, systems etc)?
<p>Pharmaceutical Benefits Division – Policy & Analysis Branch; Pharmaceutical Evaluation Branch</p>	<p>Pharmaceutical Benefits</p> <p>The PBS is the Australian Government subsidy program for medicines, and helps to make medicines affordable by limiting the amount paid by the patient. The PBS provides reliable, timely and affordable access to a wide range of medicines for all Australians.</p> <p>The availability of a medicine within Australia is regulated by the Therapeutic Goods Administration (TGA). Before a medicine can be marketed in Australia, it must be included on the Australian Register of Therapeutic Goods. In order to register a new medicine in Australia a sponsor needs to submit an application together with supporting data to the TGA.</p> <p>The application will set out who the medicine is claimed to benefit, and the evidence for its effectiveness and safety. In some cases, the manufacturer has registered their product, and provided evidence, only for the treatment of a specific patient group or sex. The reason that the medicine is not available for the any other condition, including any treatment for patients of the other sex, is generally because the medicine was not TGA-registered for that condition.</p> <p>The Pharmaceutical Benefits Advisory Committee (PBAC) is the independent, expert advisory body that considers applications from companies for PBS listing having regard to the clinical effectiveness and cost-effectiveness (value-for-money) of medicines, in comparison with other treatments.</p> <p>The PBAC is committed to using sound evidence-based principles to decide which products should be subsidised through the PBS and under what circumstances. The same requirements for listing medicines on the PBS are applied in all cases to ensure consistency and fairness in the listing process for all patients.</p> <p>A medicine cannot be listed on the PBS outside its TGA registration, thus the current PBS listing of most medicines in response 17.1 is not discriminatory, but rather reflects the product's registration approved by the TGA and the clinical evidence provided to the PBAC.</p> <p>Companies cannot be compelled to apply for TGA registration or PBS listing, or to expand the scope of an existing listing. However, both the TGA and the PBAC would accept a submission to amend the TGA registration and PBS listing of medicines at any time.</p> <p>The TGA and the PBAC would then be in a position to review any clinical evidence that this medicine is efficacious and cost-effective for the other sex, and make a decision whether to register that medicine on the ARTG for that use, and whether to recommend to the Minister that the Government list that medicine for the other sex on the PBS.</p> <p>There will be some medicines that are TGA-registered for both sexes. However, evidence considered by the PBAC indicated that the medicine is only clinically effective and cost-effective when used by certain patient groups only. This may be based on</p>

	gender, age, severity of condition and other characteristics.
Medical Benefits Division	<p>Medicare Benefits</p> <p>Any changes to the descriptors for items on the MBS, relating to pathology and diagnostic imaging services, would require amendment of the Health Insurance (Pathology Services Table) Regulations, and the Health Insurance (Diagnostic Imaging Services Table) Regulations.</p> <p>There is also a Ministerial direction in place to allow benefits to be paid for routine screening of women for cervical cancer in accordance with the agreed National Policy on Screening for the Prevention of Cervical Cancer.</p>
Primary and Ambulatory Care Division – Regional Health Australia	<p>Medical Specialist Outreach Assistance Program-Maternity Services (MSOAP-MS)</p> <p>Services through the MSOAP-MS are available to pregnant women and their families.</p> <p>Rural Women's GP Service program (RWGPS)</p> <p>The RWGPS is open to all members of the community, including men and children.</p>
Ageing & Aged Care Division	<p>Aged Care</p> <p>This question is Not Applicable. Each person is treated the same regardless of sex in the Aged Care services.</p>
Population Health Division – Cancer & Palliative Care Branch	<p>BreastScreen Australia and the National Cervical Screening Programs</p> <p>The breast and cervical national screening programs have been established for women and do not offer services to men.</p> <p>Cancer Service & Infrastructure Program</p> <p>This program is not available to men.</p> <p>Australian men and women may claim Medicare entitlements for reconstructive surgery, including implants following a mastectomy.</p> <p>National Bowel Cancer Screening Program</p> <p>Not applicable</p>

3. General Questions

No.	Question
	<p>Interactions with Sex and/or Gender Diverse Clients:</p> <p>The purpose of these questions is to determine how your agency communicates with members of the sex and/or gender diverse community, and whether your agency has any specific policies or processes in place.</p>
1.1	<p>Do you have an overarching/general policy relating to sex and/or gender diverse clients?</p> <p>If yes, please provide details and a copy of the policy (<i>eg name of policy and reference number and copy of contents</i>)</p>
Ageing & Aged Care Division	<p>Aged Care</p> <p>No. In relation to the <i>Aged Care Act 1997</i> and Residential Aged Care Facilities/Respite/Community Care, the Department only recognises that each person is equal in the need for care regardless of sex, gender, nationality etc.</p> <p>In regards to the calculation of Fees, Charges and Supplements and Subsidies, again the Department treats people equally since the '<i>Same-Sex Relationships (Equal Treatment in Commonwealth Law – General Law Reform) Act 2008</i>' was implemented in 2009.</p>

THIS DOCUMENT HAS BEEN RELEASED UNDER THE FREEDOM OF INFORMATION ACT 2082 (C114) BY THE DEPARTMENT OF HEALTH AND AGED CARE

<p>Population Health Division – Cancer & Palliative Care Branch</p>	<p>BreastScreen Australia and the National Cervical Screening Programs</p> <p>No, however, the national screening programs, BreastScreen Australia and the National Cervical Screening Program (NCSP), aim to provide accessible and culturally appropriate programs and services for all women including lesbian, gay and bisexual women, Indigenous women and women from culturally and linguistically diverse backgrounds. BreastScreen Australia services are also available to transgender clients who have breast tissue from having had a breast augmentation and/or hormone therapy to enable their breast tissue to develop.</p> <p>BreastScreen Australia and the NCSP are a cost-shared programs of the Australian and state and territory governments. State and territory governments have primary responsibility for the implementation of the programs in their jurisdictions. The Australian Government provides overall co-ordination of policy formulation, national data collection, quality control, monitoring and evaluation.</p> <p>BreastScreen Australia’s aims and objectives of are provided at Attachment C. The NCSP national policy is provided at Attachment D.</p> <p>Further information about the national breast and cervical screening programs is provided at Attachment E.</p> <p>Cancer Services & Infrastructure Program</p> <p>The National External breast Protheses Reimbursement Program provides reimbursement for the cost of external breast protheses to women who are permanent residents of Australia, have a current Medicare entitlement and who have had a mastectomy as a result of breast cancer.</p> <p>Information about the program is available on the Medicare Australia website: www.medicareaustralia.gov.au/public/services/breast-prostheses.</p> <p>National Bowel Cancer Screening Program</p> <p>No</p>
<p>1.2</p>	<p>How is information about this policy disseminated to staff? (<i>eg training, in policy manuals</i>)</p>
<p>Ageing & Aged Care Division</p>	<p>Aged Care</p> <p>Information regarding the changes made as part of the ‘<i>Same-Sex Relationships (Equal Treatment in Commonwealth Law – General Law Reform) Act 2008</i>’ was disseminated via staff training, information brochures and regular emails.</p> <p>Since we do not have an overarching policy relating to sex and/or gender diverse clients we have no information to disseminate.</p>

<p>Population Health Division – Cancer & Palliative Care Branch</p>	<p>BreastScreen Australia and the National Cervical Screening Programs</p> <p>Each state and territory program is responsible for putting policies in place to disseminate information to their staff. However, the national cancer screening program policies are available on the Screening website at www.cancerscreening.gov.au and sourced in relevant publications. This website also provides further information, and resources, relating to each program and links to the state and territory websites.</p> <p>Cancer Services & Infrastructure Program</p> <p>Medicare Australia administers the Program on behalf of the Department of Health and Ageing in accordance with program guidelines.</p> <p>National Bowel Cancer Screening Program</p> <p>Not applicable</p>
<p>1.3</p>	<p>Do you have a system in place to enable staff to record specific (personal) information about clients, which will assist with future staff-client interactions?</p> <p><i>For example, AGD is aware that some banks allow staff to record information, such as 'female client has a deep voice', in a notes area of their administrative database.</i></p>
<p>Ageing & Aged Care Division</p>	<p>Aged Care</p> <p>In the Aged Care Payment System (SPARC) there is a facility to add client notes. However, the use of client notes are not generally utilised to record personal information about clients, it is used to record who made what changes to that clients record and why it was changed. E.g. a change to client's sex/gender information would be made and a client notes added to state that a change was made to the record. See 4.3</p>

<p>Population Health Division – Cancer & Palliative Care Branch</p>	<p>BreastScreen Australia and the National Cervical Screening Programs</p> <p>Personal information is requested by the state and territory screening programs when participants attend for screening. For example, the BreastScreen Australia Program requests that participants complete a consent form prior to screening which seeks information including title, name, address/ contact details, Indigenous status, whether previous screening has been undertaken and relevant medical details. This information is retained for subsequent screening comparison, if required.</p> <p>Cervical screening registers, also known as Pap test registers, operate in each state and territory. Registers keep a confidential record of Pap smear results and provide a valuable, voluntary and confidential backup system.</p> <p>Cancer Services & Infrastructure Program</p> <p>No</p> <p>National Bowel Cancer Screening Program</p> <p>Not applicable</p>
	<p>Queries and complaints:</p> <p>The purpose of these questions is to determine whether your agency has ever received any queries or complaints from members of the public (not just from sex and/or gender diverse people) about how and why you collect sex/gender information.</p>
2.1	<p>Do you have any system, policy or procedure in place that enables you to know if a member of the public has ever questioned a requirement to provide sex/gender information?</p>
Ageing & Aged Care Division	<p>Aged Care</p> <p>No</p>
<p>Population Health Division – Cancer & Palliative Care Branch</p>	<p>BreastScreen Australia and the National Cervical Screening Programs</p> <p>No</p> <p>Cancer Services & Infrastructure Program</p> <p>Yes. Complaints made about the Program are held by Medicare Australia who administers the Program on behalf of the department.</p> <p>National Bowel Cancer Screening Program</p> <p>Not applicable</p>

2.2	<p>Are you aware of any instances where a member of the public has questioned a requirement to provide sex/gender information?</p> <p>If yes, please provide details – how many queries and on what basis?</p>
Ageing & Aged Care Division	<p>Aged Care</p> <p>No</p>
Population Health Division – Cancer & Palliative Care Branch	<p>BreastScreen Australia and the National Cervical Screening Programs</p> <p>No</p> <p>Cancer Services & Infrastructure Program</p> <p>No</p> <p>National Bowel Cancer Screening Program</p> <p>Not applicable</p>
2.3	<p>Are you aware of any instances where a member of the public has formally complained about a requirement to provide sex/gender information?</p> <p>In yes, please provide details – how many complaints and on what basis? How was it resolved? (<i>ie resolved internally, or through the Australian Human Rights Commission, Administrative Appeals Tribunal etc</i>)</p>
Ageing & Aged Care Division	<p>Aged Care</p> <p>No</p>
Population Health Division – Cancer & Palliative Care Branch	<p>BreastScreen Australia and the National Cervical Screening Programs</p> <p>No</p> <p>Cancer Services & Infrastructure Program</p> <p>No</p> <p>National Bowel Cancer Screening Program</p> <p>Not applicable</p>
	<p>Collecting sex/gender information:</p> <p>The purpose of these questions is to determine whether clients need to prove their sex/gender to your agency.</p>

3.1	<p>Do you require clients to identify their sex/gender? If so, when (including how often) and why?</p> <p><i>For example, does a client need to identify their sex/gender when first applying for a benefit? Do they need to identify their sex/gender more than once (ie on a form and then later through an interview process).</i></p>
Ageing & Aged Care Division	<p>Aged Care</p> <p>Yes. Sex/Gender is asked for two reasons, (1) to provide proof of identity; and (2) the Department requests this information for statistical purposes only, <i>i.e. How many females aged 85 and above are currently in Residential Aged Care?</i> See 12.1</p>
Population Health Division – Cancer & Palliative Care Branch	<p>BreastScreen Australia and the National Cervical Screening Programs</p> <p>The breast and cervical screening programs have been established specially for women in a specific age group and do not offer services to men. The BreastScreen Australia consent form does seek information on the participant's title – Ms, Miss, Mrs or other.</p> <p>Information requested and collected through the Pap smear pathology forms is managed at a local level.</p> <p>Cancer Services & Infrastructure Program</p> <p>Identification of the sex/gender of claimants is required as reimbursement for an external breast prosthesis as a result of mastectomy due to breast cancer is available to women.</p> <p>National Bowel Cancer Screening Program</p> <p>The NBCSP uses the Medicare Enrolment File to invite the eligible population to participate in bowel cancer screening, which identifies both male and female.</p>
3.2	<p>What evidence does a client need to provide to verify their sex/gender? How does your agency collect this evidence?</p> <p><i>For example, do you ask clients to provide a birth certificate, passport, or other identity document? Or is this information collected through some other means, ie an interview or medical assessment?</i></p>
Ageing & Aged Care Division	<p>Aged Care</p> <p>No evidence is required</p>
Population Health Division – Cancer & Palliative Care Branch	<p>BreastScreen Australia and the National Cervical Screening Programs</p> <p>Evidence of sex/gender is not required to attend the breast and cervical screening programs.</p> <p>Cancer Services & Infrastructure Program</p>

	<p>Claimants provide their full name and Medicare card number on the Program claim form. Medicare Australia confirm sex/genders on the Medicare system as part of the Program's claim assessment process.</p> <p>National Bowel Cancer Screening Program</p> <p>Not applicable. Medicare Australia would address this.</p>
	<p>Changing sex/gender information:</p> <p>The purpose of these questions is to determine what happens when a client seeks to change their sex/gender information with your agency.</p>
4.1	<p>Can a client change their sex/gender information (including their title 'Mr', 'Ms' etc) in documents and/or records? If yes, what is the process for doing this?</p> <p><i>Please provide details of any written policy and indicate whether this policy is publicly available.</i></p>
Ageing & Aged Care Division	<p>Aged Care</p> <p>Yes, a client can change their sex/gender information with the Department. The client will need to contact the Department directly and request the change in writing. This change will be cross checked with the Department of Human Services (Formally Medicare Australia and Centrelink) and the Department of Veterans' Affairs (DVA) to ensure any sex/gender change will not inadvertently unmatched the client on SPARC.</p> <p>Note: Medicare Australia, now Dept of Human Services administers the Aged Care Payment system on the Departments behalf.</p>
Population Health Division – Cancer & Palliative Care Branch	<p>BreastScreen Australia and the National Cervical Screening Programs</p> <p>Yes, if a woman wishes to change her details, or make an appointment, with the national breast and cervical screening programs she can ring the programs' national numbers (BreastScreen Australia 13 20 50 and NCSP 13 15 56), at the cost of a local call.</p> <p>Cancer Services & Infrastructure Program</p> <p>Claimants can change their sex/gender for Medicare purposes.</p> <p>National Bowel Cancer Screening Program</p> <p>Not applicable</p>
4.2	<p>Does a change of sex/gender information have any implications for the individual in terms of changing their entitlements? If so, how is this information communicated to the client?</p>

Ageing & Aged Care Division	<p>Aged Care</p> <p>No, a change in sex/gender information does not change eligibility for entitlements. However, Centrelink (also now Dept of Human Services) and the Department of Veterans' Affairs (DVA) act as agents for the Aged Care Payment system in gathering and assessing income and assets information on care recipients. These agencies also notify the Aged Care Payment system of changes to the circumstances of the care recipient. If there is a change in sex/gender/name etc from any one of these agencies, the information must be changed on the SPARC system otherwise there will be a conflict of identity and the record will become mismatched.</p> <p>This mismatched record can then request the care recipient to pay a higher rate (up to maximum) to the Aged Care Provider.</p>
Population Health Division – Cancer & Palliative Care Branch	<p>BreastScreen Australia and the National Cervical Screening Programs</p> <p>No</p> <p>Cancer Services & Infrastructure Program</p> <p>Yes. Program information (claim form, fact sheet) states that reimbursement for an external breast prosthesis as a result of mastectomy due to breast cancer is available to women.</p> <p>National Bowel Cancer Screening Program</p> <p>Not applicable</p>
4.3	<p>Do you retain details of a client's history of sex/gender change? If so, for what purpose, where is it recorded, who has access to this information and when might it be disclosed?</p>
Ageing & Aged Care Division	<p>Aged Care</p> <p>On SPARC it is only recorded as their current sex/gender. Only MA Aged Care Operations staff have access to the historical table which is hidden from daily users. The historical information is hidden and in the public screens the information would be overwritten.</p> <p>No information would be disclosed in relation to sex/gender except for letters. i.e. letter address block would now show change from Mr to Ms if this was the applicable change.</p> <p>It is Department standard practice to record a 'client note' when making any change to client details. This client note should include what information has been changed and why it has been changed. See 1.3</p>
Population Health Division –	<p>BreastScreen Australia and the National Cervical Screening Programs</p> <p>As described at 1.3 all women are asked to provide certain details before screening,</p>

<p>Cancer & Palliative Care Branch</p>	<p>however, no specific request is made for sex/gender change information.</p> <p>Cancer Services & Infrastructure Program</p> <p>This information is not sought from claimants. If however, such information was provided by a claimant it would be retained by Medicare Australia, under strict confidentiality provisions, as part of the Program records.</p> <p>National Bowel Cancer Screening Program</p> <p>No</p>
	<p>Inconsistent sex/gender information:</p> <p>The purpose of these questions is to determine what your agency does when a client is in the process (or has completed) transitioning from one sex/gender to another.</p>
<p>5.1</p>	<p>Do you have a policy or procedure that is followed if inconsistent, changed, conflicting or insufficient sex/gender information is obtained from the client?</p> <p><i>For example, listed sex/gender does not match physical appearance or title ('Mr', 'Ms' etc), no sex/gender is selected, sex/gender does not match existing records or changes over time, client is unable to verify sex/gender information with written evidence etc.</i></p>
<p>Ageing & Aged Care Division</p>	<p>Aged Care</p> <p>No we do not have a set policy for this, but for matching purposes sex/gender information needs to match with either Human Services or DVA. The SPARC system is updated to reflect information held by the Department of Human Services and DVA to ensure financial information is correctly matched.</p>
<p>Population Health Division – Cancer & Palliative Care Branch</p>	<p>BreastScreen Australia and the National Cervical Screening Programs</p> <p>No, this issue would be addressed at a state and territory level.</p> <p>Cancer Services & Infrastructure Program</p> <p>Claimants provide their full name and Medicare card number on the Program claim form. Medicare Australia confirms sex/gender on the Medicare system as part of the Program's claim.</p> <p>National Bowel Cancer Screening Program</p> <p>Not applicable</p>
<p>5.2</p>	<p>What action is taken if information received from a client about their sex/gender does not match existing records?</p> <p><i>For example, do you contact the client and ask for more information, or deny the benefit/service?</i></p>

Ageing & Aged Care Division	<p>Aged Care</p> <p>Information would be cross checked with the Department of Human Services and DVA to ensure any sex/gender change will not inadvertently unmatched the client on SPARC. For matching purposes sex/gender information needs to match with either the Department of Human Services or DVA. The SPARC system is updated to reflect information held by the Department of Human Services and DVA to ensure personal information is correctly matched. The client can be advised that the records held by either the Department of Human Services or DVA will need to be updated before the Department can make the appropriate changes to these fields.</p>
Population Health Division – Cancer & Palliative Care Branch	<p>BreastScreen Australia and the National Cervical Screening Programs</p> <p>State and territory cancer screening registers have a matching function where women would be contacted to clarify their details.</p> <p>Cancer Services & Infrastructure Program</p> <p>As above</p> <p>National Bowel Cancer Screening Program</p> <p>Not applicable</p>
5.3	<p>What action is taken if inconsistent, changed, conflicting or insufficient sex/gender information is obtained from the client?</p>
Ageing & Aged Care Division	<p>Aged Care</p> <p>Information would be cross checked with the Department of Human Services and DVA. The SPARC system is updated to reflect information held by the Department of Human Services and DVA to ensure personal information is correctly matched.</p> <p>The ACAP MDS data has the facility to include code 9 – Not stated/Inadequately described</p>
Population Health Division – Cancer & Palliative Care Branch	<p>BreastScreen Australia and the National Cervical Screening Programs</p> <p>State and territory cancer screening registers have a matching function where women would be contacted to clarify their details.</p> <p>Cancer Services & Infrastructure Program</p> <p>As above</p> <p>National Bowel Cancer Screening Program</p> <p>Not applicable</p>

5.4	What action is taken if a client requests a title that conflicts with their sex (eg someone whose sex is recorded as male requests the use of the title 'Ms')?
Ageing & Aged Care Division	<p>Aged Care</p> <p>In SPARC the 'sex' and 'title' are linked. Current system constraints do not allow for them to differ. SPARC will set the client's title based on their 'sex' and their 'marital status'</p> <p>Title is not recorded in the ACAP MDS data</p>
Population Health Division – Cancer & Palliative Care Branch	<p>BreastScreen Australia and the National Cervical Screening Programs</p> <p>State and territory cancer screening registers have a matching function where women would be contacted to clarify their details.</p> <p>Cancer Services & Infrastructure Program</p> <p>As above</p> <p>National Bowel Cancer Screening Program</p> <p>Not applicable</p>
	<p>Privacy:</p> <p>The purpose of these questions is to determine to what degree (if any) a client's sex/gender information is publically available, and/or visible to agency staff. AGD understands that every agency is responsible for protecting the privacy of its clients. However, these questions seek to determine whether there are any specific policies/processes in place for sex and/or gender diverse people.</p>
6	<p>Do you issue any documents, cards etc which list a client's sex/gender and/or title?</p> <p>If so, please provide details (<i>ie name of document/card etc and reference number and details of the information listed</i>)</p>
Ageing & Aged Care Division	<p>Aged Care</p> <p>Yes, fee advice letters are sent to the service provider, resident and the resident's representative. These letters include the resident's title and reference to their sex/gender (i.e. he, she).</p>
Population Health Division – Cancer & Palliative Care Branch	<p>BreastScreen Australia and the National Cervical Screening Programs</p> <p>The national screening programs send invitations/recall/result notices to participants which include name and title details.</p> <p>Cancer Services & Infrastructure Program</p> <p>Program correspondence with claimants may refer to sex/gender, and would usually</p>

	<p>include their title.</p> <p>National Bowel Cancer Screening Program</p> <p>Medicare Australia send out participant letters as part of the Program and use the title (eg Mr, MS etc) that is identified in the Medicare record.</p>
7.1	<p>Are there specific measures in place to protect the privacy of sex and/or gender diverse clients?</p> <p><i>For example, do you list a client's previous sex/gender on any documents, cards, databases etc? Who has access to this information?</i></p>
Ageing & Aged Care Division	<p>Aged Care</p> <p>See 4.3.</p> <p>The same measures that apply to all residents and clients for aged care. The <i>Privacy Act 1988</i>. Any historical information would be on old correspondence to and from the person in question.</p> <p>We comply with all relevant legislation in regard to privacy when handling client's personal information.</p> <p>In ACAP MDS data clients are de-identified.</p>
Population Health Division – Cancer & Palliative Care Branch	<p>BreastScreen Australia and the National Cervical Screening Programs</p> <p>The national screening programs operate under state and territory based privacy legislation, eg BreastScreen Australia operates under strict confidentiality and privacy guidelines.</p> <p>State and territory Pap test registers, keep a confidential record of Pap smear results and provide a valuable, voluntary and confidential backup system. The registers have an important role in data collection and quality control for the NCSP and provide services to Pap smear takers, laboratories and women.</p> <p>Cancer Services & Infrastructure Program</p> <p>All claims under the program are medical in confidence.</p> <p>National Bowel Cancer Screening Program</p> <p>Medicare records are covered by Australian government privacy legislation. The NBCSP Program register lists participant details including gender. Identified data (which includes gender) cannot be released by the register. De-identified gender data can be used for research and data reporting purposes.</p>

	<p>Information sharing:</p> <p>The purpose of these questions is to determine whether your agency shares sex/gender information with Federal and/or State and Territory agencies.</p>
8.1	<p>Do you receive or provide information relating to your clients to any other federal Government agencies (such as sending copies of drivers licences, passports etc)? If so:</p> <ul style="list-style-type: none"> • Why? • Please specify which agencies or departments. • Please specify whether the client's sex/gender is contained in the information that is shared. • Please specify what procedure is followed where the sex/gender of a client has been recorded inconsistently by different agencies.
Ageing & Aged Care Division	<p>Aged Care</p> <p>Yes:</p> <ul style="list-style-type: none"> • Why? Client information is shared to assist in the correct matching of personal information. This ensures that residents make an appropriate contribution towards their cost of care. • Please specify which agencies or departments. The Department of Human Services (formally Medicare Australia and Centrelink) and the Department of Veterans' Affairs. • Please specify whether the client's sex/gender is contained in the information that is shared. Yes the client's sex/gender information is shared for matching purposes. • Please specify what procedure is followed where the sex/gender of a client has been recorded inconsistently by different agencies. Department records are changed to match the Department of Human Services or DVA records to facilitate the correct matching between Departments. <p>ACAP approvals are sent to Medicare so that payments can be made to service providers</p> <p>This includes information about client's sex. Medicare Australia procedures would apply</p>
Population Health Division – Health in Social Policy Branch	<p>The Australian Health Survey collects the ABS standard question on sex in its demographics section. It is coded:</p> <ol style="list-style-type: none"> 1. Male 2. Female 3. Intersex or indeterminate and 4. Not stated/ inadequately described

<p>Population Health Division – Cancer & Palliative Care Branch</p>	<p>BreastScreen Australia and the National Cervical Screening Programs</p> <p>No. However, the state and territory registers provide data to the Australian Institute of Health and Welfare which is funded by the Department to produce annual national screening program monitoring reports. These reports report on state and territory participation, incidence and mortality data which has been de-identified. Gender is not reported as part of the monitoring report.</p> <p>The monitoring reports are available on the AIHW website at www.aihw.gov.au and the Screening website at www.cancerscreening.gov.au .</p> <p>Cancer Services & Infrastructure Program</p> <p>No</p> <p>National Bowel Cancer Screening Program</p> <p>Medicare Australia send information to the AIHW, including the age and sex of participants in the Program, for statistical purposes only so that the Department can monitor participation rates in the Program.</p>
<p>8.2</p>	<p>Do you receive or provide information relating to your clients to any State and Territory agencies, such as Registries of Birth, Deaths and Marriages? If so:</p> <ul style="list-style-type: none"> • Why? • Please specify which agencies or departments. • Please specify whether the client's sex/gender is contained in the information that is shared. • Please specify what procedure is followed where the sex/gender of a client has been recorded inconsistently by different agencies.
<p>Ageing & Aged Care Division</p>	<p>Aged Care</p> <p>No</p>
<p>Population Health Division – Cancer & Palliative Care Branch</p>	<p>BreastScreen Australia and the National Cervical Screening Programs</p> <p>No</p> <p>Cancer Services & Infrastructure Program</p> <p>No</p> <p>National Bowel Cancer Screening Program</p> <p>No</p>

Part 2 - Please provide answers to the following questions, if possible, for each occasion on which sex/gender information is requested:

We would be grateful if you could be as specific as possible when responding to these questions. Once again, input can take any form.

In cases where the process for collecting sex/gender information is the same for more than one occasion, it is only necessary to respond once (ie outline the common approach for these occasions as opposed to providing a response to each occasion). However, we would appreciate, for each question, a list of all occasions where the process is the same.

	<p>The process for collecting sex/gender information:</p> <p>The purpose of these questions is to determine when and how your agency collects sex/gender information.</p>
9	<p>What is the specific occasion or situation when sex/gender information is collected from a client?</p> <p><i>(Please be as specific as possible – eg ‘application for spouse visa’ rather than ‘visa application’; ‘application for widow pension’ rather than ‘pension application’)</i></p>
Ageing & Aged Care Division	<p>Aged Care</p> <ul style="list-style-type: none"> • When ACAT assess client eligibility to enter residential aged care. • When a client enters residential aged care. • Determining client assets for aged care purposes. • Determining self funded retiree’s income information. • Application for aged care assessment
Population Health Division – Healthy Living Branch	<p>2010 Australian National Infant Feeding</p> <p>Information on sex of child was collected during the 2010 Australian National Infant Feeding Survey from a randomly selected sample of mothers/carers of infants and children aged to 24 months. The survey was funded by the Department of Health and Ageing and implemented by the Australian Institute of Health and Welfare (AIHW).</p>
Population Health Division – Cancer & Palliative Care Branch	<p>BreastScreen Australia and the National Cervical Screening Programs</p> <p>A name and title is collected as part of the consent process to participate in the BreastScreen Australia program. The standard Pap smear pathology form also includes a space to record a persons title details.</p> <p>Cancer Services & Infrastructure Program</p> <p>Application process</p> <p>National Bowel Cancer Screening Program</p> <p>Not applicable</p> <p>Sex/gender information is provided from Medicare Enrolment File records.</p>

10	<p>How is the sex/gender information collected?</p> <p><i>For example, a form, interview process, application process, survey, questionnaire etc. Please provide details – e.g. name of form and reference number.</i></p>
Ageing & Aged Care Division	<p>Aged Care</p> <ul style="list-style-type: none"> • ACAT will fill out an 'Aged Care Client Record (ACCR)' form when they assess client eligibility for entry into residential aged care. • Service providers will fill out a 'Resident Entry Record (RER)' form when a resident enters residential aged care. • Clients may fill out a 'Request for an Asset Assessment' form, which the Department of Human Services or DVA will process. • Self funded retiree clients may fill out a 'Helping you with the assessment of your residential aged care fees – SA316' form, which the Department of Human Services or DVA will process. • Interview process.
Population Health Division – Healthy Living Branch	<p>2010 Australian National Infant Feeding</p> <p>The information on sex of child was collected in the AIHW questionnaire titled 'Australian National Infant Feeding Survey 2010'.</p>
Population Health Division – Cancer & Palliative Care Branch	<p>BreastScreen Australia and the National Cervical Screening Programs</p> <p>BreastScreen Australia requests participants complete a consent form which includes title options - 'Mrs', 'Miss', 'Ms' and 'Other'.</p> <p>Pap smears are primarily taken by general practitioners or health worker who would record a patient's details on a pathology request, which is then recorded on a state and territory register.</p> <p>Cancer Services & Infrastructure Program</p> <p>Application process</p> <p>National Bowel Cancer Screening Program</p> <p>Not applicable</p>
11	<p>Do your forms use the term 'sex' or 'gender'?</p>

Ageing & Aged Care Division	<p>Aged Care</p> <p>Yes,</p> <p>ACCR - Gender, RER - Gender, Asset form - Sex, and SA316 form - Sex.</p>
Population Health Division – Cancer & Palliative Care Branch	<p>BreastScreen Australia and the National Cervical Screening Programs</p> <p>No</p> <p>Cancer Services & Infrastructure Program</p> <p>No</p> <p>National Bowel Cancer Screening Program</p> <p>Yes</p> <p>Participant details form is pre-populated with information from the Medicare Enrolment File and includes the term gender.</p>
	<p>Reasons for collecting sex/gender information:</p> <p>The purpose of these questions is to determine why your agency collects sex/gender information.</p>
12.1	<p>What is the reason the sex/gender information is collected and recorded?</p> <p><i>Examples of reasons for collecting sex/gender information could include establishment of identity, for security purposes, to determine a client's s title (eg 'Ms' or 'Mr'), collection of data for statistical purposes, or where a client's sex/gender is relevant to a decision to be made.</i></p>
Ageing & Aged Care Division	<p>Aged Care</p> <p>See 3.1 - Sex/Gender is asked for two reasons, (1) to provide proof of identity; and (2) the Department requests this information for statistical purposes only.</p> <p>Also, to assist with the matching of financial information between The Department, the Department of Human Services and DVA.</p>

<p>Population Health Division – Healthy Living Branch</p>	<p>2010 Australian National Infant Feeding</p> <p>The information on sex was collected to examine how well the distribution of male and female children whose mothers/carers completed the survey reflected the overall Australian distribution of male and female children aged to 24 months. The information collected on sex would also enable an analysis of whether the sex of a child was a factor in infant feeding practices, as suggested by some research.</p>
<p>Population Health Division – Cancer & Palliative Care Branch</p>	<p>BreastScreen Australia and the National Cervical Screening Programs</p> <p>To determine a participants title and for mailing purposes.</p> <p>Cancer Services & Infrastructure Program</p> <p>The reimbursement for an external breast prosthesis as a result of mastectomy due to breast cancer is available to women.</p> <p>National Bowel Cancer Screening Program</p> <p>Statistical purposes only. To ascertain participation rates among men and women in bowel cancer screening.</p>
<p>12.2</p>	<p>If the sex/gender information is relevant to a decision to be made, please provide details of the decision and the reason sex/gender is relevant to that decision.</p>
<p>Ageing & Aged Care Division</p>	<p>Aged Care</p> <p>Sex/Gender does not impact any decisions about how client's fees and charges are set in residential care.</p> <p>Sex/gender is not relevant to ACAT decision</p>
<p>Population Health Division – Healthy Living Branch</p>	<p>2010 Australian National Infant Feeding</p> <p>If sex was found to be a factor in mother's/carer's infant feeding decisions, this information could help target health promotion efforts to encourage recommended infant feeding practices.</p>

<p>Population Health Division – Cancer & Palliative Care Branch</p>	<p>BreastScreen Australia and the National Cervical Screening Programs</p> <p>Not applicable</p> <p>Cancer Services & Infrastructure Program</p> <p>As above</p> <p>National Bowel Cancer Screening Program</p> <p>Not applicable</p>
<p>13</p>	<p>What (if any) authority requires you to request sex/gender information?</p> <p><i>For example, legislation, policy, management directive etc. Please provide as many details as possible, eg name of legislation and relevant section, or name of policy and reference number.</i></p>
<p>Ageing & Aged Care Division</p>	<p>Aged Care</p> <p>No legislation requires that we request sex/gender information from a client, but current system constraints require we ask this questions to assist with matching between departments.</p> <p>Sex/gender information is not required by any authority</p>
<p>Population Health Division – Healthy Living Branch</p>	<p>2010 Australian National Infant Feeding</p> <p>Participation by mothers/carers in the 2010 Australian National Infant Feeding Survey was voluntary. Ethics approval to conduct the survey was obtained by the AIHW. The AIHW operates under the AIHW Act 1987.</p>
<p>Population Health Division – Cancer & Palliative Care Branch</p>	<p>BreastScreen Australia and the National Cervical Screening Programs</p> <p>Not applicable</p> <p>Cancer Services & Infrastructure Program</p> <p>Program policy</p> <p>National Bowel Cancer Screening Program</p> <p>Not applicable</p>
	<p>Sex/gender information options:</p> <p>The purpose of these questions is to determine what options are available to clients in terms of recording their sex/gender and title with your agency.</p>

14.1	<p>What options are provided in relation to sex/gender information?</p> <p><i>For example, choice of male or female, open (ie a box to write in). Please list the options provided in full.</i></p>
Ageing & Aged Care Division	<p>Aged Care</p> <p>The SPARC system has the Sex: only options are either M or F.</p> <p>For ACAP data, options are</p> <ul style="list-style-type: none"> 1 Male 2 Female 9 Not stated/ inadequately described
Population Health Division – Healthy Living Branch	<p>2010 Australian National Infant Feeding</p> <p>Question 3 of the 2010 Australian National Infant Feeding Survey asks 'Is your child male or female?' and provides two response options: male or female.</p>
Population Health Division – Cancer & Palliative Care Branch	<p>BreastScreen Australia and the National Cervical Screening Programs</p> <p>This issue is managed at a state and territory level.</p> <p>Cancer Services & Infrastructure Program</p> <p>Not applicable</p> <p>National Bowel Cancer Screening Program</p> <p>Not applicable</p>
14.2	<p>In relation to 14.1, is there an option to provide additional explanatory information?</p>
Ageing & Aged Care Division	<p>No</p>
Population Health Division – Healthy Living Branch	<p>2010 Australian National Infant Feeding</p> <p>No</p>

<p>Population Health Division – Cancer & Palliative Care Branch</p>	<p>BreastScreen Australia and the National Cervical Screening Programs</p> <p>Yes, to report a person’s title as ‘other – please specify’.</p> <p>Cancer Services & Infrastructure Program</p> <p>Not applicable</p> <p>National Bowel Cancer Screening Program</p> <p>Not applicable</p>
<p>14.3</p>	<p>Can clients record their sex as something other than male or female, including neither?</p> <ul style="list-style-type: none"> • If so, how are clients made aware that it is an option? • If not, would your existing systems be able to facilitate the collection and storage of such data? <p><i>For example, other options may include intersex, other, indeterminate, neither, choose not to say.</i></p>
<p>Ageing & Aged Care Division</p>	<p>Aged Care</p> <p>No</p>
<p>Population Health Division – Healthy Living Branch</p>	<p>2010 Australian National Infant Feeding</p> <p>No [clients cannot record their sex as something other than male or female, incl. neither]</p> <p>Yes [existing systems could be facilitated to collect and store this data]</p>
<p>Population Health Division – Cancer & Palliative Care Branch</p>	<p>BreastScreen Australia and the National Cervical Screening Programs</p> <p>Yes, to report a person’s title as ‘other – please specify’.</p> <p>Cancer Services & Infrastructure Program</p> <p>Not applicable</p> <p>National Bowel Cancer Screening Program</p> <p>Not applicable. Medicare Australia may have a policy in relation to this. The NBCSP utilises the current Medicare Enrolment File.</p>
<p>15</p>	<p>What options are provided in relation to title? Does it need to match sex/gender?</p> <p><i>For example, ‘Mr,’ ‘Mrs,’ ‘Ms,’ ‘Miss’ or no title, open (ie a box to write in)</i></p>

Ageing & Aged Care Division	<p>Aged Care</p> <p>When you enter a person into SPARC, there is no Title field (except for Nominee field which has the Title field). The resident details seem to check the 'sex' and 'marital status' fields and apply the applicable Title. i.e. 'Sex' = Male, 'Marital Status' = Single creates 'Title' of Mr in the automated letters.</p> <p>Some Departmental forms have a blank field for title. Including the 'Appointment of Nominee Form'</p> <p>There is no Title field in ACAP data</p>
Population Health Division – Healthy Living Branch	<p>2010 Australian National Infant Feeding</p> <p>Information on title of the child was not collected as part of the 2010 Australian National Infant Feeding Survey.</p>
Population Health Division – Cancer & Palliative Care Branch	<p>BreastScreen Australia and the National Cervical Screening Programs</p> <p>See response to question 10.</p> <p>Cancer Services & Infrastructure Program</p> <p>Not applicable</p> <p>National Bowel Cancer Screening Program</p> <p>Not applicable</p>
16	<p>Is it mandatory for the client to provide sex/gender information? What happens if they don't answer?</p> <p><i>For example, if the form is incomplete it won't be processed, random sex/gender assigned, referral to supervisor etc.</i></p>

Ageing & Aged Care Division	<p>Aged Care</p> <p>The 'Sex' field within the Aged Care Payment System (SPARC) is a Mandatory field. You are unable to progress with the information upload until the 'Sex' field is completed. Normal process is to return the forms to the ACAT for following up.</p> <p>In ACAP MDS data the value must be one of :</p> <ul style="list-style-type: none"> 1 Male 2 Female 9 Not stated/ inadequately described
Population Health Division – Healthy Living Branch	<p>2010 Australian National Infant Feeding</p> <p>It was not mandatory to provide information on sex as part of the 2010 Australian National Infant Feeding Survey; participation in the survey was completely voluntary.</p>
Population Health Division – Cancer & Palliative Care Branch	<p>BreastScreen Australia and the National Cervical Screening Programs</p> <p>It is not 'mandatory' to provide this information.</p> <p>Cancer Services & Infrastructure Program</p> <p>Not applicable</p> <p>National Bowel Cancer Screening Program</p> <p>Not applicable</p>

Attachment A

MEDICINES AVAILABLE ON THE PBS FOR THE TREATMENT OF ONE SEX PATIENT GROUP**Male**

<i>Medicine</i>	<i>PBS item number</i>	<i>Condition</i>
<u>Bicalutamide</u>	8094B	Prostate cancer
<u>Goserelin acetate and bicalutamide</u>	9064C, 9065D, 9066E	Prostate cancer
<u>Leuprorelin acetate</u>	8707G, 8708H, 8709J, 8859G, 8875D, 8876E, 8877F	Prostate cancer
Dutasteride	5468T	Enlarged prostate
Dutasteride with tamsulosin	5490Y	Enlarged prostate
Flutamide	1417N	Prostate cancer
Testosterone	8098F, 8099G, 8460G, 8619P, 8830R	Androgen deficiency
Testosterone enanthate	2114G	Androgen deficiency
Testosterone esters	2101N	Androgen deficiency
Testosterone undecanoate	2115H, 9004X	Androgen deficiency
Nilutamide	8131Y	Prostate cancer

Female

<i>Medicine</i>	<i>PBS item number</i>	<i>Condition</i>
Oestradiol	1742Q, 1743R, 1745W, 8125P, 8126Q, 8140K, 8274L, 8286D, 8311K, 8312L, 8485N, 8486P, 8761D, 8762E, 8763F, 8764G, 8765H	Estrogens (Hormone Replacement Therapy)
<u>Levonorgestrel</u>	2913H, 8633J	Hormonal contraceptives
<u>Levonorgestrel with ethinyloestradiol</u>	1392G, 1394J, 1456P	Hormonal contraceptives
<u>Raloxifene hydrochloride</u>	8363E	Post-menopausal osteoporosis

<u>Strontium ranelate</u>	3036T	Post-menopausal women with osteoporosis
Anastrozole	8179L	Breast cancer in post-menopausal women
<u>Medroxyprogesterone acetate</u>	2316X, 2321E, 2323G, 2722G, 2725K, 2727M, 2728N, 3118D	Progestrogens/ Hormonal contraceptives
Letrozole	8245Y	Breast cancer in post-menopausal women
Tamoxifen citrate	2109B, 2110C	Hormone-dependent breast cancer
<u>Etonogestrel</u>	8487Q	Hormonal contraceptives
<u>Oestradiol valerate</u>	1663M, 1664N	Estrogens (Hormone Replacement Therapy)
<u>Oestradiol and oestradiol with dydrogesterone</u>	8244X	Estrogens and progestrogens (Hormone Replacement Therapy)
<u>Oestradiol and oestradiol with norethisterone acetate</u>	8425K, 8426L	Estrogens and progestrogens (Hormone Replacement Therapy)
<u>Oestradiol with norethisterone acetate</u>	8427M, 8428N	Estrogens and progestrogens (Hormone Replacement Therapy)
Norethisterone	1967M, 2993M	Progestrogens (Hormone Replacement Therapy)
<u>Norethisterone with ethinyloestradiol</u>	2774B, 2775C, 2776D	Hormonal contraceptives
<u>Norethisterone with mestranol</u>	3176E, 3179H	Hormonal contraceptives
<u>Clomiphene citrate</u>	1211R	Patients undergoing in-vitro fertilization
<u>Mefenamic acid</u>	1824B	Menstrual conditions (period pain)
Trastuzumab	6497Y, 9689Y, 9690B, 9691C	Breast cancer
Exemestane	8506Q	Breast cancer in post-menopausal women
<u>NAB paclitaxel</u>	9415M	Breast cancer
<u>Ibandronic acid</u>	5750P, 9357L, 9619G	Bone metastases from breast

		cancer
Denosumab	5457F	Post-menopausal osteoporosis
<u>Follitropin alfa</u>	6431L, 6432M, 6433N, 8713N, 8714P, 8715Q	Patients undergoing in-vitro fertilization
Follitropin beta	6335K, 6336L, 6464F, 8565T, 8566W, 8871X	Patients undergoing in-vitro fertilization
Cetrorelix	9599F	Patients undergoing in-vitro fertilization
<u>Choriogonadotropin alfa</u>	9631X	Patients undergoing in-vitro fertilization
Ganirelix	9583J, 9584K	Patients undergoing in-vitro fertilization
Progesterone	6366C, 9608Q, 9609R	Patients undergoing in-vitro fertilization
<u>Toremifene citrate</u>	8216K	Breast cancer in post-menopausal patients
Lapatinib	9148L	HER 2 breast cancer
Nafarelin acetate	2962X	Treatment of endometriosis
Gestrinone	8015W	Treatment of endometriosis
<u>Topotecan hydrochloride</u>	8199M	Ovarian cancer

THIS DOCUMENT HAS BEEN RELEASED UNDER THE FREEDOM OF INFORMATION ACT (FOIA) (5 U.S.C. 552) BY THE DEPARTMENT OF HEALTH AND HUMAN SERVICES (HHS) FOR THE PURPOSES OF PROMOTING TRANSPARENT AND ACCOUNTABLE CARE.

Attachment B

MEDICARE DIAGNOSTIC IMAGING ITEMS & PATHOLOGY SERVICES

It should be noted that not all these items are gender specific. However, by virtue of anatomy, it is assumed that these would only be available to one gender.

GROUP I1 - ULTRASOUND	
	<p>PELVIS, male, ultrasound scan of, by any or all approaches, but not being a service associated with the service to which an item in Subgroup 4, applies, where:</p> <p>(a) the patient is referred by a medical practitioner for ultrasonic examination not being a service associated with a</p> <p style="padding-left: 40px;">service to which an item in Subgroups 2 or 3 of this Group applies;</p> <p>(b) the referring medical practitioner is not a member of a group of practitioners of which the providing practitioner</p> <p style="padding-left: 40px;">is a member; and</p> <p>(c) the service is not performed with item 55014, 55017, 55036 or 55038 on the same patient within 24 hours (R) (NK)</p> <p><i>(See para DIQ of explanatory notes to this Category)</i></p>
New	
55020	<p>Fee: \$55.65 Benefit: 75% = \$41.75 85% = \$47.35</p>
	<p>PELVIS, male, ultrasound scan of, by any or all approaches, but not being a service associated with the service to which an item in Subgroup 4, applies, where the patient is not referred by a medical practitioner, not being a service associated with a service to which an item in Subgroups 2 or 3 of this Group applies (NR) (NK)</p> <p><i>(See para DIQ of explanatory notes to this Category)</i></p>
New	
55022	<p>Fee: \$18.95 Benefit: 75% = \$14.25 85% = \$16.15</p>
	<p>SCROTUM, ultrasound scan of, where:</p> <p>(a) the patient is referred by a medical practitioner for ultrasonic examination not being a service associated with a</p> <p style="padding-left: 40px;">service to which an item in Subgroups 2 or 3 of this Group applies; and</p> <p>(b) the referring medical practitioner is not a member of a group of practitioners of which the</p>
New	
55023	

	<p>providing practitioner</p> <p>is a member (R) (NK)</p> <p><i>(See para DIQ of explanatory notes to this Category)</i></p> <p>Fee: \$54.75 Benefit: 75% = \$41.10 85% = \$46.55</p>
New 55025	<p>SCROTUM, ultrasound scan of, where the patient is not referred by a medical practitioner, not being a service associated with a service to which an item in Subgroups 2 or 3 of this Group applies (NR) (NK)</p> <p>Fee: \$18.95 Benefit: 75% = \$14.25 85% = \$16.15</p>
55044	<p>PELVIS, male, ultrasound scan of, by any or all approaches, but not being a service associated with the service described in item 55600 or item 55603, where:</p> <p>(a) the patient is referred by a medical practitioner for ultrasonic examination not being a service associated with a</p> <p style="padding-left: 40px;">service to which an item in Subgroups 2 or 3 of this Group applies;</p> <p>(b) the referring medical practitioner is not a member of a group of practitioners of which the providing practitioner</p> <p style="padding-left: 40px;">is a member; and</p> <p>(c) the service is not performed with item 55036 or 55038 on the same patient within 24 hours (R)</p> <p><i>(See para DIQ of explanatory notes to this Category)</i></p> <p>Fee: \$111.30 Benefit: 75% = \$83.50 85% = \$94.65</p>
55045	<p>PELVIS, male, ultrasound scan of, by any or all approaches, but not being a service associated with the service described in item 55600 or item 55603, where the patient is not referred by a medical practitioner, not being a service associated with a service to which an item in Subgroups 2 or 3 of this Group applies (NR)</p> <p><i>(See para DIQ of explanatory notes to this Category)</i></p> <p>Fee: \$37.85 Benefit: 75% = \$28.40 85% = \$32.20</p>
55048	<p>SCROTUM, ultrasound scan of, where:</p> <p>(a) the patient is referred by a medical practitioner for ultrasonic examination not being a service</p>

	<p>associated with a</p> <p>service to which an item in Subgroups 2 or 3 of this Group applies; and</p> <p>(b) the referring medical practitioner is not a member of a group of practitioners of which the providing practitioner</p> <p>is a member (R)</p> <p><i>(See para DIQ of explanatory notes to this Category)</i></p> <p>Fee: \$109.50 Benefit: 75% = \$82.15 85% = \$93.10</p>
55049	<p>SCROTUM, ultrasound scan of, where the patient is not referred by a medical practitioner, not being a service associated with a service to which an item in Subgroups 2 or 3 of this Group applies (NR)</p> <p><i>(See para DIQ of explanatory notes to this Category)</i></p> <p>Fee: \$37.85 Benefit: 75% = \$28.40 85% = \$32.20</p>
Amend 55600	<p>PROSTATE, bladder base and urethra, ultrasound scan of, where performed:</p> <p>(a) personally by a medical practitioner (not being the medical practitioner who assessed the patient as specified in (c)) using a transducer probe or probes that:</p> <p>(i) have a nominal frequency of 7 to 7.5 megahertz or a nominal frequency range which includes frequencies of 7 to 7.5 megahertz; and</p> <p>(ii) can obtain both axial and sagittal scans in 2 planes at right angles; and</p> <p>(b) following a digital rectal examination of the prostate by that medical practitioner; and</p> <p>(c) on a patient who has been assessed by a specialist in urology, radiation oncology or medical oncology or a consultant physician in medical oncology who has:</p> <p>(i) examined the patient in the 60 days prior to the scan; and</p> <p>(ii) recommended the scan for the management of the patient's current prostatic disease (R) (K)</p> <p><i>(See para DIQ of explanatory notes to this Category)</i></p> <p>Fee: \$109.10 Benefit: 75% = \$81.85 85% = \$92.75</p>
New 55601	<p>PROSTATE, bladder base and urethra, ultrasound scan of, where performed:</p> <p>(a) personally by a medical practitioner (not being the medical practitioner who assessed the patient as specified in (c)) using a transducer probe or probes that:</p>

	<p>(i) have a nominal frequency of 7 to 7.5 megahertz or a nominal frequency range which includes frequencies of 7 to 7.5 megahertz; and</p> <p>(ii) can obtain both axial and sagittal scans in 2 planes at right angles; and</p> <p>(b) following a digital rectal examination of the prostate by that medical practitioner; and</p> <p>(c) on a patient who has been assessed by a specialist in urology, radiation oncology or medical oncology or a consultant physician in medical oncology who has:</p> <p>(i) examined the patient in the 60 days prior to the scan; and</p> <p>(ii) recommended the scan for the management of the patient's current prostatic disease (R) (NK)</p> <p><i>(See para DIQ of explanatory notes to this Category)</i></p> <p>Fee: \$54.55 Benefit: 75% = \$40.95 85% = \$46.40</p>
<p>Amend 55603</p>	<p>PROSTATE, bladder base and urethra, ultrasound scan of, where performed:</p> <p>(a) personally by a medical practitioner who undertook the assessment referred to in (c) using a transducer probe or probes that:</p> <p>(i) have a nominal frequency of 7 to 7.5 megahertz or a nominal frequency range which includes frequencies of 7 to 7.5 megahertz; and</p> <p>(ii) can obtain both axial and sagittal scans in 2 planes at right angles; and</p> <p>(b) following a digital rectal examination of the prostate by that medical practitioner; and</p> <p>(c) on a patient who has been assessed by a specialist in urology, radiation oncology or medical oncology or a consultant physician in medical oncology who has:</p> <p>(i) examined the patient in the 60 days prior to the scan; and</p> <p>(ii) recommended the scan for the management of the patient's current prostatic disease (R) (K)</p> <p><i>(See para DIQ of explanatory notes to this Category)</i></p> <p>Fee: \$109.10 Benefit: 75% = \$81.85 85% = \$92.75</p>
<p>New 55604</p>	<p>PROSTATE, bladder base and urethra, ultrasound scan of, where performed:</p> <p>(a) personally by a medical practitioner who undertook the assessment referred to in (c) using a transducer probe or probes that:</p> <p>(i) have a nominal frequency of 7 to 7.5 megahertz or a nominal frequency range which includes frequencies of 7 to 7.5 megahertz; and</p>

<p>(ii) can obtain both axial and sagittal scans in 2 planes at right angles; and</p> <p>(b) following a digital rectal examination of the prostate by that medical practitioner; and</p> <p>(c) on a patient who has been assessed by a specialist in urology, radiation oncology or medical oncology or a consultant physician in medical oncology who has:</p> <p>(i) examined the patient in the 60 days prior to the scan; and</p> <p>(ii) recommended the scan for the management of the patient's current prostatic disease (R) (NK)</p> <p><i>(See para DIQ of explanatory notes to this Category)</i></p>		
Fee: \$54.55	Benefit: 75% = \$40.95	85% = \$46.40

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ULTRASOUND	OBSTETRIC AND GYNAECOLOGICAL
<i>SUBGROUP 5 - OBSTETRIC AND GYNAECOLOGICAL</i>	
55700	<p>PELVIS OR ABDOMEN, pregnancy related or pregnancy complication, ultrasound scan of, by any or all approaches, where:</p> <ul style="list-style-type: none"> (a) the patient is referred by a medical practitioner; and (b) the dating of the pregnancy (as confirmed by ultrasound) is less than 12 weeks of gestation; and (c) the service is not associated with a service to which an item in Subgroup 2 or 3 of this group applies; and (d) the referring practitioner is not a member of a group of practitioners of which the providing practitioner is a member; and (e) one or more of the following conditions are present: <ul style="list-style-type: none"> (i) hyperemesis gravidarum; (ii) diabetes mellitus; (iii) hypertension; (iv) toxæmia of pregnancy; (v) liver or renal disease; (vi) autoimmune disease; (vii) cardiac disease; (viii) alloimmunisation; (ix) maternal infection; (x) inflammatory bowel disease; (xi) bowel stoma; (xii) abdominal wall scarring; (xiii) previous spinal or pelvic trauma or disease; (xiv) drug dependency; (xv) thrombophilia; (xvi) significant maternal obesity;

- (xvii) advanced maternal age;
- (xviii) abdominal pain or mass;
- (xix) uncertain dates;
- (xx) high risk pregnancy;
- (xxi) previous post dates delivery;
- (xxii) previous caesarean section;
- (xxiii) poor obstetric history;
- (xxiv) suspicion of ectopic pregnancy;
- (xxv) risk of miscarriage;
- (xxvi) diminished symptoms of pregnancy;
- (xxvii) suspected or known cervical incompetence;
- (xxviii) suspected or known uterine abnormality;
- (xxix) pregnancy after assisted reproduction;
- (xxx) risk of fetal abnormality (R)

Footnote: For nuchal translucency measurements performed when the pregnancy is dated by a crown rump length of 45 to 84mm, refer to item number 55707 (R). Fee is payable only for item 55700 or item 55707, not both items.

(See para DIQ of explanatory notes to this Category)

Fee: \$60.00 **Benefit:** 75% = \$45.00 85% = \$51.00

Extended Medicare Safety Net Cap: \$31.40

ULTRASOUND	OBSTETRIC AND GYNAECOLOGICAL
<p data-bbox="108 1892 159 1915">New</p> <p data-bbox="108 1951 188 1980">55701</p>	<p data-bbox="209 338 1474 412">PELVIS OR ABDOMEN, pregnancy related or pregnancy complication, ultrasound scan of, by any or all approaches, where:</p> <ul style="list-style-type: none"> <li data-bbox="209 450 943 479">(a) the patient is referred by a medical practitioner; and <li data-bbox="209 517 1461 546">(b) the dating of the pregnancy (as confirmed by ultrasound) is less than 12 weeks of gestation; and <li data-bbox="209 584 1474 658">(c) the service is not associated with a service to which an item in Subgroup 2 or 3 of this group applies; and <li data-bbox="209 696 1474 770">(d) the referring practitioner is not a member of a group of practitioners of which the providing practitioner is a member; and <li data-bbox="209 801 943 831">(e) one or more of the following conditions are present: <ul style="list-style-type: none"> <li data-bbox="309 869 711 898">(i) hyperemesis gravidarum; <li data-bbox="309 936 619 965">(ii) diabetes mellitus; <li data-bbox="309 1003 576 1032">(iii) hypertension; <li data-bbox="309 1070 687 1099">(iv) toxæmia of pregnancy; <li data-bbox="309 1137 663 1167">(v) liver or renal disease; <li data-bbox="309 1205 663 1234">(vi) autoimmune disease; <li data-bbox="309 1272 592 1301">(vii) cardiac disease; <li data-bbox="309 1339 624 1368">(viii) alloimmunisation; <li data-bbox="309 1406 639 1435">(ix) maternal infection; <li data-bbox="309 1473 751 1503">(x) inflammatory bowel disease; <li data-bbox="309 1541 568 1570">(xi) bowel stoma; <li data-bbox="309 1608 695 1637">(xii) abdominal wall scarring; <li data-bbox="309 1675 927 1704">(xiii) previous spinal or pelvic trauma or disease; <li data-bbox="309 1742 624 1771">(xiv) drug dependency; <li data-bbox="309 1809 584 1839">(xv) thrombophilia; <li data-bbox="309 1877 743 1906">(xvi) significant maternal obesity; <li data-bbox="309 1944 695 1973">(xvii) advanced maternal age;

- (xviii) abdominal pain or mass;
- (xix) uncertain dates;
- (xx) high risk pregnancy;
- (xxi) previous post dates delivery;
- (xxii) previous caesarean section;
- (xxiii) poor obstetric history;
- (xxiv) suspicion of ectopic pregnancy;
- (xxv) risk of miscarriage;
- (xxvi) diminished symptoms of pregnancy;
- (xxvii) suspected or known cervical incompetence;
- (xxviii) suspected or known uterine abnormality;
- (xxix) pregnancy after assisted reproduction;
- (xxx) risk of fetal abnormality (R)

Footnote: For nuchal translucency measurements performed when the pregnancy is dated by a crown rump length of 45 to 84mm, refer to item number 55707 or 55714 (R) (NK). Fee is payable only for item 55700 or 55701, or, or item 55707 or 55714, not both items

(See para DIQ of explanatory notes to this Category)

Fee: \$30.00 **Benefit:** 75% = \$22.50 85% = \$25.50

Extended Medicare Safety Net Cap: \$15.70

ULTRASOUND	OBSTETRIC AND GYNAECOLOGICAL
<p data-bbox="108 1921 156 1944">New</p> <p data-bbox="108 1982 188 2011">55702</p>	<p data-bbox="209 342 1474 414">PELVIS OR ABDOMEN, pregnancy related or pregnancy complication, ultrasound scan of, by any or all approaches, where:</p> <ul style="list-style-type: none"> <li data-bbox="209 450 986 479">(a) the patient is not referred by a medical practitioner; and <li data-bbox="209 517 1458 546">(b) the dating of the pregnancy (as confirmed by ultrasound) is less than 12 weeks of gestation; and <li data-bbox="209 584 1474 656">(c) the service is not associated with a service to which an item in Subgroup 2 or 3 of this group applies; and <li data-bbox="209 694 938 723">(d) one or more of the following conditions are present: <ul style="list-style-type: none"> <li data-bbox="309 761 708 790">(i) hyperemesis gravidarum; <li data-bbox="309 828 619 857">(ii) diabetes mellitus; <li data-bbox="309 896 571 925">(iii) hypertension; <li data-bbox="309 963 692 992">(iv) toxæmia of pregnancy; <li data-bbox="309 1030 660 1059">(v) liver or renal disease; <li data-bbox="309 1097 660 1126">(vi) autoimmune disease; <li data-bbox="309 1164 596 1193">(vii) cardiac disease; <li data-bbox="309 1232 628 1261">(viii) alloimmunisation; <li data-bbox="309 1299 628 1328">(ix) maternal infection; <li data-bbox="309 1366 756 1395">(x) inflammatory bowel disease; <li data-bbox="309 1433 564 1462">(xi) bowel stoma; <li data-bbox="309 1500 692 1529">(xii) abdominal wall scarring; <li data-bbox="309 1568 932 1597">(xiii) previous spinal or pelvic trauma or disease; <li data-bbox="309 1635 628 1664">(xiv) drug dependency; <li data-bbox="309 1702 580 1731">(xv) thrombophilia; <li data-bbox="309 1769 740 1798">(xvi) significant maternal obesity; <li data-bbox="309 1836 692 1865">(xvii) advanced maternal age; <li data-bbox="309 1904 692 1933">(xviii) abdominal pain or mass; <li data-bbox="309 1971 596 2000">(xix) uncertain dates;

- (xx) high risk pregnancy;
- (xxi) previous post dates delivery;
- (xxii) previous caesarean section;
- (xxiii) poor obstetric history;
- (xxiv) suspicion of ectopic pregnancy;
- (xxv) risk of miscarriage;
- (xxvi) diminished symptoms of pregnancy;
- (xxvii) suspected or known cervical incompetence;
- (xxviii) suspected or known uterine abnormality;
- (xxix) pregnancy after assisted reproduction;
- (xxx) risk of fetal abnormality (NR)

Footnote: For nuchal translucency measurements performed when the pregnancy is dated by a crown rump length of 45 to 84mm, refer to item number 55708 or 55716 (R) (NK). Fee is payable only for item 55702 or 55703, or, item 55707 or 55714, not both items

(See para DIQ of explanatory notes to this Category)

Fee: \$17.50

Benefit: 75% = \$13.15 85% = \$14.90

Extended Medicare Safety Net Cap: \$7.90

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ULTRASOUND	OBSTETRIC AND GYNAECOLOGICAL
55703	<p>PELVIS OR ABDOMEN, pregnancy related or pregnancy complication, ultrasound scan of, by any or all approaches, where:</p> <ul style="list-style-type: none"> (a) the patient is not referred by a medical practitioner; and (b) the dating of the pregnancy (as confirmed by ultrasound) is less than 12 weeks of gestation; and (c) the service is not associated with a service to which an item in Subgroup 2 or 3 of this group applies; and (d) one or more of the following conditions are present: <ul style="list-style-type: none"> (i) hyperemesis gravidarum; (ii) diabetes mellitus; (iii) hypertension; (iv) toxæmia of pregnancy; (v) liver or renal disease; (vi) autoimmune disease; (vii) cardiac disease; (viii) alloimmunisation; (ix) maternal infection; (x) inflammatory bowel disease; (xi) bowel stoma; (xii) abdominal wall scarring; (xiii) previous spinal or pelvic trauma or disease; (xiv) drug dependency; (xv) thrombophilia; (xvi) significant maternal obesity; (xvii) advanced maternal age; (xviii) abdominal pain or mass; (xix) uncertain dates;

- (xx) high risk pregnancy;
- (xxi) previous post dates delivery;
- (xxii) previous caesarean section;
- (xxiii) poor obstetric history;
- (xxiv) suspicion of ectopic pregnancy;
- (xxv) risk of miscarriage;
- (xxvi) diminished symptoms of pregnancy;
- (xxvii) suspected or known cervical incompetence;
- (xxviii) suspected or known uterine abnormality;
- (xxix) pregnancy after assisted reproduction;
- (xxx) risk of fetal abnormality (NR)

Footnote: For nuchal translucency measurements performed when the pregnancy is dated by a crown rump length of 45 to 84mm, refer to item number 55708 (R). Fee is payable only for item 55703 or item 55707, not both items.

(See para DIQ of explanatory notes to this Category)

Fee: \$35.00

Benefit: 75% = \$26.25 85% = \$29.75

Extended Medicare Safety Net Cap: \$15.75

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ULTRASOUND	OBSTETRIC AND GYNAECOLOGICAL
55704	<p>PELVIS OR ABDOMEN, pregnancy related or pregnancy complication, fetal development and anatomy, ultrasound scan of, by any or all approaches, where:</p> <ul style="list-style-type: none"> (a) the patient is referred by a medical practitioner; and (b) the dating of the pregnancy (as confirmed by ultrasound) is 12 to 16 weeks of gestation; and (c) the service is not associated with a service to which an item in Subgroup 2 or 3 of this group applies; and (d) the referring practitioner is not a member of a group of practitioners of which the providing practitioner is a member; <p style="padding-left: 40px;">and</p> <ul style="list-style-type: none"> (e) one or more of the following conditions are present: <ul style="list-style-type: none"> (i) hyperemesis gravidarum; (ii) diabetes mellitus; (iii) hypertension; (iv) toxæmia of pregnancy; (v) liver or renal disease; (vi) autoimmune disease; (vii) cardiac disease; (viii) alloimmunisation; (ix) maternal infection; (x) inflammatory bowel disease; (xi) bowel stoma; (xii) abdominal wall scarring; (xiii) previous spinal or pelvic trauma or disease; (xiv) drug dependency; (xv) thrombophilia; (xvi) significant maternal obesity;

- (xvii) advanced maternal age;
- (xviii) abdominal pain or mass;
- (xix) uncertain dates;
- (xx) high risk pregnancy;
- (xxi) previous post dates delivery;
- (xxii) previous caesarean section;
- (xxiii) poor obstetric history;
- (xxiv) suspicion of ectopic pregnancy;
- (xxv) risk of miscarriage;
- (xxvi) diminished symptoms of pregnancy;
- (xxvii) suspected or known cervical incompetence;
- (xxviii) suspected or known uterine abnormality;
- (xxix) pregnancy after assisted reproduction;
- (xxx) risk of fetal abnormality (R)

Footnote: For nuchal translucency measurements performed when the pregnancy is dated by a crown rump length of 45 to 84mm, refer to item number 55707 (R). Fee is payable only for item 55704 or item 55707, not both items.

(See para DIQ of explanatory notes to this Category)

Fee: \$70.00 **Benefit:** 75% = \$52.50 85% = \$59.50

Extended Medicare Safety Net Cap: \$36.65

ULTRASOUND	OBSTETRIC AND GYNAECOLOGICAL
55705	<p>PELVIS OR ABDOMEN, pregnancy related or pregnancy complication, fetal development and anatomy, ultrasound scan of, by any or all approaches, where:</p> <ul style="list-style-type: none"> (a) the patient is not referred by a medical practitioner; and (b) the dating of the pregnancy (as confirmed by ultrasound) is 12 to 16 weeks of gestation; and (c) the service is not associated with a service to which an item in Subgroup 2 or 3 of this group applies; and (d) one or more of the following conditions are present: <ul style="list-style-type: none"> (i) hyperemesis gravidarum (ii) diabetes mellitus; (iii) hypertension; (iv) toxæmia of pregnancy; (v) liver or renal disease; (vi) autoimmune disease; (vii) cardiac disease; (viii) alloimmunisation; (ix) maternal infection; (x) inflammatory bowel disease; (xi) bowel stoma; (xii) abdominal wall scarring; (xiii) previous spinal or pelvic trauma or disease; (xiv) drug dependency; (xv) thrombophilia; (xvi) significant maternal obesity; (xvii) advanced maternal age; (xviii) abdominal pain or mass; (xix) uncertain dates;

	<ul style="list-style-type: none"> (xx) high risk pregnancy; (xxi) previous post dates delivery; (xxii) previous caesarean section; (xxiii) poor obstetric history; (xxiv) suspicion of ectopic pregnancy; (xxv) risk of miscarriage; (xxvi) diminished symptoms of pregnancy; (xxvii) suspected or known cervical incompetence; (xxviii) suspected or known uterine abnormality; (xxix) pregnancy after assisted reproduction; (xxx) risk of fetal abnormality (NR) <p>Footnote: For nuchal translucency measurements performed when the pregnancy is dated by a crown rump length of 45 to 84mm, refer to item number 55708 (R). Fee is payable only for item 55705 or item 55708, not both items.</p> <p><i>(See para DIQ of explanatory notes to this Category)</i></p> <p>Fee: \$35.00 Benefit: 75% = \$26.25 85% = \$29.75</p> <p>Extended Medicare Safety Net Cap: \$15.75</p>
<p>55706</p>	<p>PELVIS OR ABDOMEN, pregnancy related or pregnancy complication, fetal development and anatomy, ultrasound scan (not exceeding 1 service in any 1 pregnancy) of, by any or all approaches, with measurement of all parameters for dating purposes, where:</p> <ul style="list-style-type: none"> (a) the patient is referred by a medical practitioner; and (b) the dating for the pregnancy (as confirmed by ultrasound) is 17 to 22 weeks of gestation; and (c) the service is not associated with a service to which an item in Subgroup 2 or 3 of this group applies; and (d) the referring practitioner is not a member of a group of practitioners of which the providing practitioner is a member; <p style="padding-left: 40px;">and</p> <ul style="list-style-type: none"> (e) the service is not performed in the same pregnancy as item 55709 (R)

<i>(See para DIQ of explanatory notes to this Category)</i>		
Fee: \$100.00	Benefit: 75% = \$75.00	85% = \$85.00
Extended Medicare Safety Net Cap: \$52.35		

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ULTRASOUND	OBSTETRIC AND GYNAECOLOGICAL
55707	<p>PELVIS OR ABDOMEN, pregnancy related or pregnancy complication, fetal development and anatomy, ultrasound scan (not exceeding 1 service in any 1 pregnancy) of, by any or all approaches, where;</p> <p>(a) the patient is referred by a medical practitioner; and</p> <p>(b) the pregnancy (as confirmed by ultrasound) is dated by a crown rump length of 45 to 84mm; and</p> <p>(c) the service is not associated with a service to which an item in Subgroup 2 or 3 of this group applies; and</p> <p>(d) the referring practitioner is not a member of a group of practitioners of which the providing practitioner is a member;</p> <p>and</p> <p>(e) one or more of the conditions mentioned in subparagraphs (e) (i) to (xxx) of item 55704 are present; and</p> <p>(f) nuchal translucency measurement is performed to assess the risk of fetal abnormality; and</p> <p>(g) the service is not performed with item 55700, 55703, 55704 or 55705 on the same patient within 24 hours (R)</p> <p><i>(See para DIQ of explanatory notes to this Category)</i></p> <p>Fee: \$70.00 Benefit: 75% = \$52.50 85% = \$59.50</p> <p>Extended Medicare Safety Net Cap: \$36.65</p>
55708	<p>PELVIS OR ABDOMEN, pregnancy related or pregnancy complication, fetal development and anatomy, ultrasound scan (not exceeding 1 service in any 1 pregnancy) of, by any or all approaches, where;</p> <p>(a) the patient is not referred by a medical practitioner; and</p> <p>(b) the pregnancy (as confirmed by ultrasound) is dated by a crown rump length of 45 to 84mm; and</p> <p>(c) the service is not associated with a service to which an item in Subgroup 2 or 3 of this group applies; and</p> <p>(d) one or more of the conditions in subparagraphs (e) (i) to (xxx) of item 55704 are present; and</p> <p>(e) nuchal translucency measurement is performed to assess the risk of fetal abnormality; and</p> <p>(f) the service is not performed in conjunction with item 55700, 55703, 55704 or 55705 on the same patient within 24 hours (NR)</p>

	<p><i>(See para DIQ of explanatory notes to this Category)</i></p> <p>Fee: \$35.00 Benefit: 75% = \$26.25 85% = \$29.75</p> <p>Extended Medicare Safety Net Cap: \$15.75</p>
55709	<p>PELVIS OR ABDOMEN, pregnancy related or pregnancy complication, fetal development and anatomy, ultrasound scan (not exceeding 1 service in any 1 pregnancy) of, by any or all approaches, with measurement of all parameters for dating purposes, where:</p> <p>(a) the patient is not referred by a medical practitioner; and</p> <p>(b) the dating of the pregnancy (as confirmed by ultrasound) is 17 to 22 weeks of gestation; and</p> <p>(c) the service is not associated with a service to which an item in Subgroup 2 or 3 of this group applies; and</p> <p>(d) the service is not performed in the same pregnancy as item 55706 (NR)</p> <p><i>(See para DIQ of explanatory notes to this Category)</i></p> <p>Fee: \$38.00 Benefit: 75% = \$28.50 85% = \$32.30</p> <p>Extended Medicare Safety Net Cap: \$20.95</p>

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ULTRASOUND	OBSTETRIC AND GYNAECOLOGICAL
<p data-bbox="108 1892 159 1921">New</p> <p data-bbox="108 1951 193 1980">55710</p>	<p data-bbox="212 338 1469 412">PELVIS OR ABDOMEN, pregnancy related or pregnancy complication, fetal development and anatomy, ultrasound scan of, by any or all approaches, where:</p> <ul style="list-style-type: none"> <li data-bbox="212 450 943 479">(a) the patient is referred by a medical practitioner; and <li data-bbox="212 517 1417 546">(b) the dating of the pregnancy (as confirmed by ultrasound) is 12 to 16 weeks of gestation; and <li data-bbox="212 584 1469 658">(c) the service is not associated with a service to which an item in Subgroup 2 or 3 of this group applies; and <li data-bbox="212 696 1469 770">(d) the referring practitioner is not a member of a group of practitioners of which the providing practitioner is a member; <p data-bbox="308 801 352 831">and</p> <ul style="list-style-type: none"> <li data-bbox="212 869 938 898">(e) one or more of the following conditions are present: <ul style="list-style-type: none"> <li data-bbox="308 936 715 965">(i) hyperemesis gravidarum; <li data-bbox="308 1003 624 1032">(ii) diabetes mellitus; <li data-bbox="308 1070 576 1099">(iii) hypertension; <li data-bbox="308 1137 692 1167">(iv) toxæmia of pregnancy; <li data-bbox="308 1205 667 1234">(v) liver or renal disease; <li data-bbox="308 1272 667 1301">(vi) autoimmune disease; <li data-bbox="308 1339 596 1368">(vii) cardiac disease; <li data-bbox="308 1406 628 1435">(viii) alloimmunisation; <li data-bbox="308 1473 639 1503">(ix) maternal infection; <li data-bbox="308 1541 756 1570">(x) inflammatory bowel disease; <li data-bbox="308 1608 571 1637">(xi) bowel stoma; <li data-bbox="308 1675 699 1704">(xii) abdominal wall scarring; <li data-bbox="308 1742 927 1771">(xiii) previous spinal or pelvic trauma or disease; <li data-bbox="308 1809 628 1839">(xiv) drug dependency; <li data-bbox="308 1877 587 1906">(xv) thrombophilia; <li data-bbox="308 1944 746 1973">(xvi) significant maternal obesity;

- (xvii) advanced maternal age;
- (xviii) abdominal pain or mass;
- (xix) uncertain dates;
- (xx) high risk pregnancy;
- (xxi) previous post dates delivery;
- (xxii) previous caesarean section;
- (xxiii) poor obstetric history;
- (xxiv) suspicion of ectopic pregnancy;
- (xxv) risk of miscarriage;
- (xxvi) diminished symptoms of pregnancy;
- (xxvii) suspected or known cervical incompetence;
- (xxviii) suspected or known uterine abnormality;
- (xxix) pregnancy after assisted reproduction;
- (xxx) risk of fetal abnormality (R)

Footnote: For nuchal translucency measurements performed when the pregnancy is dated by a crown rump length of 45 to 84mm, refer to item 55704 or 55707 (R) (NK). Fee is payable only for item 55704 or 55710, or, item 55707 or 55714, not both items

(See para DIQ of explanatory notes to this Category)

Fee: \$35.00 **Benefit:** 75% = \$26.25 85% = \$29.75

Extended Medicare Safety Net Cap: \$18.35

ULTRASOUND	OBSTETRIC AND GYNAECOLOGICAL
<p data-bbox="108 1921 156 1944">New</p> <p data-bbox="108 1982 188 2011">55711</p>	<p data-bbox="209 342 1471 414">PELVIS OR ABDOMEN, pregnancy related or pregnancy complication, fetal development and anatomy, ultrasound scan of, by any or all approaches, where:</p> <ul style="list-style-type: none"> <li data-bbox="209 450 986 479">(a) the patient is not referred by a medical practitioner; and <li data-bbox="209 517 1417 546">(b) the dating of the pregnancy (as confirmed by ultrasound) is 12 to 16 weeks of gestation; and <li data-bbox="209 584 1471 656">(c) the service is not associated with a service to which an item in Subgroup 2 or 3 of this group applies; and <li data-bbox="209 694 938 723">(d) one or more of the following conditions are present: <ul style="list-style-type: none"> <li data-bbox="309 761 703 790">(i) hyperemesis gravidarum <li data-bbox="309 828 619 857">(ii) diabetes mellitus; <li data-bbox="309 896 571 925">(iii) hypertension; <li data-bbox="309 963 691 992">(iv) toxæmia of pregnancy; <li data-bbox="309 1030 663 1059">(v) liver or renal disease; <li data-bbox="309 1097 663 1126">(vi) autoimmune disease; <li data-bbox="309 1164 595 1193">(vii) cardiac disease; <li data-bbox="309 1232 624 1261">(viii) alloimmunisation; <li data-bbox="309 1299 635 1328">(ix) maternal infection; <li data-bbox="309 1366 754 1395">(x) inflammatory bowel disease; <li data-bbox="309 1433 571 1462">(xi) bowel stoma; <li data-bbox="309 1500 699 1529">(xii) abdominal wall scarring; <li data-bbox="309 1568 927 1597">(xiii) previous spinal or pelvic trauma or disease; <li data-bbox="309 1635 624 1664">(xiv) drug dependency; <li data-bbox="309 1702 587 1731">(xv) thrombophilia; <li data-bbox="309 1769 746 1798">(xvi) significant maternal obesity; <li data-bbox="309 1836 695 1865">(xvii) advanced maternal age; <li data-bbox="309 1904 699 1933">(xviii) abdominal pain or mass; <li data-bbox="309 1971 603 2000">(xix) uncertain dates;

	<p>(xx) high risk pregnancy;</p> <p>(xxi) previous post dates delivery;</p> <p>(xxii) previous caesarean section;</p> <p>(xxiii) poor obstetric history;</p> <p>(xxiv) suspicion of ectopic pregnancy;</p> <p>(xxv) risk of miscarriage;</p> <p>(xxvi) diminished symptoms of pregnancy;</p> <p>(xxvii) suspected or known cervical incompetence;</p> <p>(xxviii) suspected or known uterine abnormality;</p> <p>(xxix) pregnancy after assisted reproduction;</p> <p>(xxx) risk of fetal abnormality (NR)</p> <p>Footnote: For nuchal translucency measurements performed when the pregnancy is dated by a crown rump length of 45 to 84mm, refer to item 55708 or 55716 (R) (NK). Fee is payable only for item 55705 or 55711, or, item 55708 or 55716, not both items</p> <p><i>(See para DIQ of explanatory notes to this Category)</i></p> <p>Fee: \$17.50 Benefit: 75% = \$13.15 85% = \$14.90</p> <p>Extended Medicare Safety Net Cap: \$7.90</p>
55712	<p>PELVIS OR ABDOMEN, pregnancy related or pregnancy complication, fetal development and anatomy, ultrasound scan of, by any or all approaches, with measurement of all parameters for dating purposes, where:</p> <p>(a) the patient is referred by a medical practitioner who is a Member or a Fellow of the Royal Australian and New Zealand College of Obstetricians and Gynaecologists or who has a Diploma of Obstetrics or 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 has obstetric privileges at a non-metropolitan hospital; and</p> <p>(b) the dating of the pregnancy (as confirmed by ultrasound) is 17 to 22 weeks of gestation; and</p> <p>(c) the service is not associated with a service to which an item in Subgroup 2 or 3 of this group applies; and</p> <p>(d) the referring practitioner is not a member of a group of practitioners of which the providing</p>

<p>practitioner is a member;</p> <p>and</p> <p>(e) further examination is clinically indicated in the same pregnancy to which item 55706 or 55709 applies (R)</p> <p><i>(See para DIQ of explanatory notes to this Category)</i></p> <p>Fee: \$115.00 Benefit: 75% = \$86.25 85% = \$97.75</p> <p>Extended Medicare Safety Net Cap: \$62.80</p>
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THIS DOCUMENT HAS BEEN RELEASED UNDER
THE FREEDOM OF INFORMATION ACT 1982 (CTH)
BY THE DEPARTMENT OF HEALTH AND AGED CARE

ULTRASOUND	OBSTETRIC AND GYNAECOLOGICAL
<p>New 55713</p>	<p>PELVIS OR ABDOMEN, pregnancy related or pregnancy complication, fetal development and anatomy, ultrasound scan (not exceeding 1 service in any 1 pregnancy) of, by any or all approaches, with measurement of all parameters for dating purposes, where:</p> <ul style="list-style-type: none"> (a) the patient is referred by a medical practitioner; and (b) the dating for the pregnancy (as confirmed by ultrasound) is 17 to 22 weeks of gestation; and (c) the service is not associated with a service to which an item in Subgroup 2 or 3 of this group applies; and (d) the referring practitioner is not a member of a group of practitioners of which the providing practitioner is a member; and (e) the service is not performed in the same pregnancy as item 55709 or 55717 (R) (NK) <p><i>(See para DIQ of explanatory notes to this Category)</i></p> <p>Fee: \$50.00 Benefit: 75% = \$37.50 85% = \$42.50</p> <p>Extended Medicare Safety Net Cap: \$26.20</p>
<p>New 55714</p>	<p>PELVIS OR ABDOMEN, pregnancy related or pregnancy complication, fetal development and anatomy, ultrasound scan (not exceeding 1 service in any 1 pregnancy) of, by any or all approaches, where;</p> <ul style="list-style-type: none"> (a) the patient is referred by a medical practitioner; and (b) the pregnancy (as confirmed by ultrasound) is dated by a crown rump length of 45 to 84mm; and (c) the service is not associated with a service to which an item in Subgroup 2 or 3 of this group applies; and (d) the referring practitioner is not a member of a group of practitioners of which the providing practitioner is a member; and (e) one or more of the conditions mentioned in subparagraphs (e) (i) to (xxx) of item 55704 or 55710 are present; and (f) nuchal translucency measurement is performed to assess the risk of fetal abnormality; and (g) the service is not performed with item 55700, 55701, 55702, 55703, 55704, 55705, 55710 or 55711 on the same patient within 24 hours (R) (NK) <p><i>(See para DIQ of explanatory notes to this Category)</i></p> <p>Fee: \$35.00 Benefit: 75% = \$26.25 85% = \$29.75</p>

	Extended Medicare Safety Net Cap: \$18.35
	<p>PELVIS OR ABDOMEN, pregnancy related or pregnancy complication, fetal development and anatomy, 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, where:</p> <p>(a) the patient is not referred by a medical practitioner; and</p> <p>(b) the dating of the pregnancy (as confirmed by ultrasound) is 17 to 22 weeks of gestation; and</p> <p>(c) the service is not associated with a service to which an item in Subgroup 2 or 3 of this group applies; and</p> <p>(d) further examination is clinically indicated in the same pregnancy to which item 55706 or 55709 applies (NR)</p> <p><i>(See para DIQ of explanatory notes to this Category)</i></p> <p>Fee: \$40.00 Benefit: 75% = \$30.00 85% = \$34.00</p>
55715	Extended Medicare Safety Net Cap: \$20.95
	<p>PELVIS OR ABDOMEN, pregnancy related or pregnancy complication, fetal development and anatomy, ultrasound scan (not exceeding 1 service in any 1 pregnancy) of, by any or all approaches, where;</p> <p>(a) the patient is not referred by a medical practitioner; and</p> <p>(b) the pregnancy (as confirmed by ultrasound) is dated by a crown rump length of 45 to 84mm; and</p> <p>(c) the service is not associated with a service to which an item in Subgroup 2 or 3 of this group applies; and</p> <p>(d) one or more of the conditions in subparagraphs (e) (i) to (xxx) of item 55704 or 55710 are present; and</p> <p>(e) nuchal translucency measurement is performed to assess the risk of fetal abnormality; and</p> <p>(f) the service is not performed in conjunction with item 55700, 55701, 55702, 55703, 55704, 55705, 55710 or 55711 on the same patient within 24 hours (NR) (NK)</p> <p><i>(See para DIQ of explanatory notes to this Category)</i></p>
New	Fee: \$17.50 Benefit: 75% = \$13.15 85% = \$14.90
55716	Extended Medicare Safety Net Cap: \$7.90
New	

55717	<p>PELVIS OR ABDOMEN, pregnancy related or pregnancy complication, fetal development and anatomy, ultrasound scan (not exceeding 1 service in any 1 pregnancy) of, by any or all approaches, with measurement of all parameters for dating purposes, where:</p> <p>(a) the patient is not referred by a medical practitioner; and</p> <p>(b) the dating of the pregnancy (as confirmed by ultrasound) is 17 to 22 weeks of gestation; and</p> <p>(c) the service is not associated with a service to which an item in Subgroup 2 or 3 of this group applies; and</p> <p>(d) the service is not performed in the same pregnancy as item 55706 or 55713 (NR) (NK)</p> <p><i>(See para DIQ of explanatory notes to this Category)</i></p> <p>Fee: \$19.00 Benefit: 75% = \$14.25 85% = \$16.15</p> <p>Extended Medicare Safety Net Cap: \$10.50</p>
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ULTRASOUND	OBSTETRIC AND GYNAECOLOGICAL
55718	<p>PELVIS OR ABDOMEN, pregnancy related or pregnancy complication, fetal development and anatomy, ultrasound scan (not exceeding 1 service in any 1 pregnancy) of, by any or all approaches, where:</p> <ul style="list-style-type: none"> (a) the patient is referred by a medical practitioner; and (b) the dating of the pregnancy (as confirmed by ultrasound) is after 22 weeks of gestation; and (c) the service is not associated with a service to which an item in Subgroup 2 or 3 of this group applies; and (d) the referring practitioner is not a member of a group of practitioners of which the providing practitioner is a member; <p>and</p> <ul style="list-style-type: none"> (e) the service is not performed in the same pregnancy as item 55723; and (f) one or more of the following conditions are present: <ul style="list-style-type: none"> (i) known or suspected fetal abnormality or fetal cardiac arrhythmia; (ii) fetal anatomy (late booking or incomplete mid-trimester scan); (iii) malpresentation; (iv) cervical assessment; (v) clinical suspicion of amniotic fluid abnormality; (vi) clinical suspicion of placental or umbilical cord abnormality; (vii) previous complicated delivery; (viii) uterine scar assessment; (ix) uterine fibroid; (x) previous fetal death in utero or neonatal death; (xi) antepartum haemorrhage; (xii) clinical suspicion of intrauterine growth retardation; (xiii) clinical suspicion of macrosomia; (xiv) reduced fetal movements; (xv) suspected fetal death;

	<p>(xvi) abnormal cardiotocography;</p> <p>(xvii) prolonged pregnancy;</p> <p>(xviii) premature labour;</p> <p>(xix) fetal infection;</p> <p>(xx) pregnancy after assisted reproduction;</p> <p>(xxi) trauma;</p> <p>(xxii) diabetes mellitus;</p> <p>(xxiii) hypertension;</p> <p>(xxiv) toxæmia of pregnancy;</p> <p>(xxv) liver or renal disease;</p> <p>(xxvi) autoimmune disease;</p> <p>(xxvii) cardiac disease;</p> <p>(xxviii) alloimmunisation;</p> <p>(xxix) maternal infection;</p> <p>(xxx) inflammatory bowel disease;</p> <p>(xxxi) bowel stoma;</p> <p>(xxxii) abdominal wall scarring;</p> <p>(xxxiii) previous spinal or pelvic trauma or disease;</p> <p>(xxxiv) drug dependency;</p> <p>(xxxv) thrombophilia;</p> <p>(xxxvi) significant maternal obesity;</p> <p>(xxxvii) advanced maternal age;</p> <p>(xxxviii) abdominal pain or mass (R)</p> <p><i>(See para DIQ of explanatory notes to this Category)</i></p> <p>Fee: \$100.00 Benefit: 75% = \$75.00 85% = \$85.00</p> <p>Extended Medicare Safety Net Cap: \$52.35</p>
New 55719	<p>PELVIS OR ABDOMEN, pregnancy related or pregnancy complication, fetal development and anatomy,</p>

ultrasound scan of, by any or all approaches, with measurement of all parameters for dating purposes, where:

- (a) the patient is referred by a medical practitioner who is a Member or a Fellow of the Royal Australian and New Zealand College of Obstetricians and Gynaecologists or who has a Diploma of Obstetrics or 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 has obstetric privileges at a non-metropolitan hospital; and
- (b) the dating of the pregnancy (as confirmed by ultrasound) is 17 to 22 weeks of gestation; and
- (c) the service is not associated with a service to which an item in Subgroup 2 or 3 of this group applies; and
- (d) the referring practitioner is not a member of a group of practitioners of which the providing practitioner is a member; and
- (e) further examination is clinically indicated in the same pregnancy to which item 55706, 55709, 55713 or 55717 applies (R) (NK)

(See para DIQ of explanatory notes to this Category)

Fee: \$57.50

Benefit: 75% = \$43.15 85% = \$48.90

Extended Medicare Safety Net Cap: \$31.40

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ULTRASOUND	OBSTETRIC AND GYNAECOLOGICAL
<p>New 55720</p>	<p>PELVIS OR ABDOMEN, pregnancy related or pregnancy complication, fetal development and anatomy, 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, where:</p> <p>(a) the patient is not referred by a medical practitioner; and</p> <p>(b) the dating of the pregnancy (as confirmed by ultrasound) is 17 to 22 weeks of gestation; and</p> <p>(c) the service is not associated with a service to which an item in Subgroup 2 or 3 of this group applies; and</p> <p>(d) further examination is clinically indicated in the same pregnancy to which item 55706, 55709, 55713 or 55717 applies (NR) (NK)</p> <p><i>(See para DIQ of explanatory notes to this Category)</i></p> <p>Fee: \$20.00 Benefit: 75% = \$15.00 85% = \$17.00</p> <p>Extended Medicare Safety Net Cap: \$10.50</p>
<p>55721</p>	<p>PELVIS OR ABDOMEN, pregnancy related or pregnancy complication, fetal development and anatomy, ultrasound scan of by any or all approaches, where:</p> <p>(a) the patient is referred by a medical practitioner who is a Member or a Fellow of the Royal Australian and New Zealand College of Obstetricians and Gynaecologists or who has a Diploma of Obstetrics or has qualifications recognised by the Royal Australian and New Zealand College of Obstetricians and Gynaecologists as being equivalent to a Diploma of obstetrics or has obstetric privileges at a non-metropolitan hospital; and</p> <p>(b) the dating of the pregnancy (as confirmed by ultrasound) is after 22 weeks of gestation; and</p> <p>(c) the service is not associated with a service to which an item in Subgroup 2 or 3 of this group applies; and</p> <p>(d) the referring practitioner is not a member of a group of practitioners of which the providing practitioner is a member; and</p> <p>(e) further examination is clinically indicated in the same pregnancy to which item 55718 or 55723 applies (R)</p> <p><i>(See para DIQ of explanatory notes to this Category)</i></p> <p>Fee: \$115.00 Benefit: 75% = \$86.25 85% = \$97.75</p>

	Extended Medicare Safety Net Cap: \$62.80
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ULTRASOUND	OBSTETRIC AND GYNAECOLOGICAL
<p data-bbox="212 338 1471 412">PELVIS OR ABDOMEN, pregnancy related or pregnancy complication, fetal development and anatomy, ultrasound scan (not exceeding 1 service in any 1 pregnancy) of, by any or all approaches, where:</p> <p data-bbox="212 450 1471 479">(a) the patient is referred by a medical practitioner; and</p> <p data-bbox="212 517 1471 546">(b) the dating of the pregnancy (as confirmed by ultrasound) is after 22 weeks of gestation; and</p> <p data-bbox="212 584 1471 658">(c) the service is not associated with a service to which an item in Subgroup 2 or 3 of this group applies; and</p> <p data-bbox="212 696 1471 770">(d) the referring practitioner is not a member of a group of practitioners of which the providing practitioner is a member;</p> <p data-bbox="212 801 260 831">and</p> <p data-bbox="212 869 1471 898">(e) the service is not performed in the same pregnancy as item 55723 or 55726; and</p> <p data-bbox="212 936 1471 965">(f) one or more of the following conditions are present:</p> <p data-bbox="308 1003 1471 1032">(i) known or suspected fetal abnormality or fetal cardiac arrhythmia;</p> <p data-bbox="308 1070 1471 1099">(ii) fetal anatomy (late booking or incomplete mid-trimester scan);</p> <p data-bbox="308 1137 1471 1167">(iii) malpresentation;</p> <p data-bbox="308 1205 1471 1234">(iv) cervical assessment;</p> <p data-bbox="308 1272 1471 1301">(v) clinical suspicion of amniotic fluid abnormality;</p> <p data-bbox="308 1339 1471 1368">(vi) clinical suspicion of placental or umbilical cord abnormality;</p> <p data-bbox="308 1406 1471 1435">(vii) previous complicated delivery;</p> <p data-bbox="308 1473 1471 1503">(viii) uterine scar assessment;</p> <p data-bbox="308 1541 1471 1570">(ix) uterine fibroid;</p> <p data-bbox="308 1608 1471 1637">(x) previous fetal death in utero or neonatal death;</p> <p data-bbox="308 1675 1471 1704">(xi) antepartum haemorrhage;</p> <p data-bbox="308 1742 1471 1771">(xii) clinical suspicion of intrauterine growth retardation;</p> <p data-bbox="308 1809 1471 1839">(xiii) clinical suspicion of macrosomia;</p> <p data-bbox="108 1899 1471 1906">New</p> <p data-bbox="108 1951 1471 1980">55722</p> <p data-bbox="308 1883 1471 1912">(xiv) reduced fetal movements;</p> <p data-bbox="308 1951 1471 1980">(xv) suspected fetal death;</p>	

- (xvi) abnormal cardiotocography;
- (xvii) prolonged pregnancy;
- (xviii) premature labour;
- (xix) fetal infection;
- (xx) pregnancy after assisted reproduction;
- (xxi) trauma;
- (xxii) diabetes mellitus;
- (xxiii) hypertension;
- (xxiv) toxæmia of pregnancy;
- (xxv) liver or renal disease;
- (xxvi) autoimmune disease;
- (xxvii) cardiac disease;
- (xxviii) alloimmunisation;
- (xxix) maternal infection;
- (xxx) inflammatory bowel disease;
- (xxxi) bowel stoma;
- (xxxii) abdominal wall scarring;
- (xxxiii) previous spinal or pelvic trauma or disease;
- (xxxiv) drug dependency;
- (xxxv) thrombophilia;
- (xxxvi) significant maternal obesity;
- (xxxvii) advanced maternal age;
- (xxxviii) abdominal pain or mass (R) (NK)

(See para DIQ of explanatory notes to this Category)

Fee: \$50.00

Benefit: 75% = \$37.50 85% = \$42.50

Extended Medicare Safety Net Cap: \$26.20

ULTRASOUND	OBSTETRIC AND GYNAECOLOGICAL
55723	<p> PELVIS OR ABDOMEN, pregnancy related or pregnancy complication, fetal development and anatomy, ultrasound scan (not exceeding 1 service in any 1 pregnancy) of, by any or all approaches, where: </p> <ul style="list-style-type: none"> (a) the patient is not referred by a medical practitioner; and (b) the dating of the pregnancy (as confirmed by ultrasound) is after 22 weeks of gestation; and (c) the service is not associated with a service to which an item in Subgroup 2 or 3 of this group applies; and (d) the service is not performed in the same pregnancy as item 55718; and (e) one or more of the following conditions are present: <ul style="list-style-type: none"> (i) known or suspected fetal abnormality or fetal cardiac arrhythmia; (ii) fetal anatomy (late booking or incomplete mid-trimester scan); (iii) malpresentation; (iv) cervical assessment; (v) clinical suspicion of amniotic fluid abnormality; (vi) clinical suspicion of placental or umbilical cord abnormality; (vii) previous complicated delivery; (viii) uterine scar assessment; (ix) uterine fibroid; (x) previous fetal death in utero or neonatal death; (xi) antepartum haemorrhage; (xii) clinical suspicion of intrauterine growth retardation; (xiii) clinical suspicion of macrosomia; (xiv) reduced fetal movements; (xv) suspected fetal death; (xvi) abnormal cardiotocography; (xvii) prolonged pregnancy; (xviii) premature labour;

	<p>(xix) fetal infection;</p> <p>(xx) pregnancy after assisted reproduction;</p> <p>(xxi) trauma;</p> <p>(xxii) diabetes mellitus;</p> <p>(xxiii) hypertension;</p> <p>(xxiv) toxæmia of pregnancy;</p> <p>(xxv) liver or renal disease;</p> <p>(xxvi) autoimmune disease;</p> <p>(xxvii) cardiac disease;</p> <p>(xxviii) alloimmunisation;</p> <p>(xxix) maternal infection;</p> <p>(xxx) inflammatory bowel disease;</p> <p>(xxxi) bowel stoma;</p> <p>(xxxii) abdominal wall scarring;</p> <p>(xxxiii) previous spinal or pelvic trauma or disease;</p> <p>(xxxiv) drug dependency;</p> <p>(xxxv) thrombophilia;</p> <p>(xxxvi) significant maternal obesity;</p> <p>(xxxvii) advanced maternal age;</p> <p>(xxxviii) abdominal pain or mass (NR)</p> <p><i>(See para DIQ of explanatory notes to this Category)</i></p> <p>Fee: \$38.00 Benefit: 75% = \$28.50 85% = \$32.30</p> <p>Extended Medicare Safety Net Cap: \$20.95</p>
<p>New 55724</p>	<p>PELVIS OR ABDOMEN, pregnancy related or pregnancy complication, fetal development and anatomy, ultrasound scan of by any or all approaches, where:</p> <p>(a) the patient is referred by a medical practitioner who is a Member or a Fellow of the Royal Australian and New Zealand College of Obstetricians and Gynaecologists or who has a Diploma of Obstetrics or has qualifications recognised by the Royal Australian and New Zealand College of</p>

<p>Obstetricians and Gynaecologists as being equivalent to a Diploma of obstetrics or has obstetric privileges at a non-metropolitan hospital; and</p> <p>(b) the dating of the pregnancy (as confirmed by ultrasound) is after 22 weeks of gestation; and</p> <p>(c) the service is not associated with a service to which an item in Subgroup 2 or 3 of this group applies; and</p> <p>(d) the referring practitioner is not a member of a group of practitioners of which the providing practitioner is a member; and</p> <p>(e) further examination is clinically indicated in the same pregnancy to which item 55718, 55722, 55723 or 55726 applies (R) NK</p> <p><i>(See para DIQ of explanatory notes to this Category)</i></p> <p>Fee: \$57.50 Benefit: 75% = \$43.15 85% = \$48.90</p> <p>Extended Medicare Safety Net Cap: \$31.40</p>

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ULTRASOUND	OBSTETRIC AND GYNAECOLOGICAL
55725	<p>PELVIS OR ABDOMEN, pregnancy related or pregnancy complication, fetal development and anatomy, 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, where:</p> <ul style="list-style-type: none"> (a) the patient is not referred by a medical practitioner; and (b) the dating of the pregnancy (as confirmed by ultrasound) is after 22 weeks of gestation; and (c) the service is not associated with a service to which an item in Subgroup 2 or 3 of this group applies; and (d) further examination is clinically indicated in the same pregnancy to which item 55718 or 55723 applies (NR) <p><i>(See para DIQ of explanatory notes to this Category)</i></p> <p>Fee: \$40.00 Benefit: 75% = \$30.00 85% = \$34.00</p> <p>Extended Medicare Safety Net Cap: \$20.95</p>
New 55726	<p>PELVIS OR ABDOMEN, pregnancy related or pregnancy complication, fetal development and anatomy, ultrasound scan (not exceeding 1 service in any 1 pregnancy) of, by any or all approaches, where:</p> <ul style="list-style-type: none"> (a) the patient is not referred by a medical practitioner; and (b) the dating of the pregnancy (as confirmed by ultrasound) is after 22 weeks of gestation; and (c) the service is not associated with a service to which an item in Subgroup 2 or 3 of this group applies; and (d) the service is not performed in the same pregnancy as item 55718 or 55722; and (e) one or more of the following conditions are present: <ul style="list-style-type: none"> (i) known or suspected fetal abnormality or fetal cardiac arrhythmia; (ii) fetal anatomy (late booking or incomplete mid-trimester scan); (iii) malpresentation; (iv) cervical assessment; (v) clinical suspicion of amniotic fluid abnormality; (vi) clinical suspicion of placental or umbilical cord abnormality;

(vii)	previous complicated delivery;
(viii)	uterine scar assessment;
(ix)	uterine fibroid;
(x)	previous fetal death in utero or neonatal death;
(xi)	antepartum haemorrhage;
(xii)	clinical suspicion of intrauterine growth retardation;
(xiii)	clinical suspicion of macrosomia;
(xiv)	reduced fetal movements;
(xv)	suspected fetal death;
(xvi)	abnormal cardiotocography;
(xvii)	prolonged pregnancy;
(xviii)	premature labour;
(xix)	fetal infection;
(xx)	pregnancy after assisted reproduction;
(xxi)	trauma;
(xxii)	diabetes mellitus;
(xxiii)	hypertension;
(xxiv)	toxaemia of pregnancy;
(xxv)	liver or renal disease;
(xxvi)	autoimmune disease;
(xxvii)	cardiac disease;
(xxviii)	alloimmunisation;
(xxix)	maternal infection;
(xxx)	inflammatory bowel disease;
(xxxi)	bowel stoma;
(xxxii)	abdominal wall scarring;
(xxxiii)	previous spinal or pelvic trauma or disease;

(xxxiv)	drug dependency;
(xxxv)	thrombophilia;
(xxxvi)	significant maternal obesity;
(xxxvii)	advanced maternal age;
(xxxviii)	abdominal pain or mass (NR) (NK)
<i>(See para DIQ of explanatory notes to this Category)</i>	
Fee: \$19.00	Benefit: 75% = \$14.25 85% = \$16.15
Extended Medicare Safety Net Cap: \$10.50	

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ULTRASOUND	OBSTETRIC AND GYNAECOLOGICAL
<p>New 55727</p>	<p>PELVIS OR ABDOMEN, pregnancy related or pregnancy complication, fetal development and anatomy, 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, where:</p> <p>(a) the patient is not referred by a medical practitioner; and</p> <p>(b) the dating of the pregnancy (as confirmed by ultrasound) is after 22 weeks of gestation; and</p> <p>(c) the service is not associated with a service to which an item in Subgroup 2 or 3 of this group applies; and</p> <p>(d) further examination is clinically indicated in the same pregnancy to which item 55718, 55722, 55723 or 55726 applies (NR) (NK)</p> <p><i>(See para DIQ of explanatory notes to this Category)</i></p> <p>Fee: \$20.00 Benefit: 75% = \$15.00 85% = \$17.00</p> <p>Extended Medicare Safety Net Cap: \$10.50</p>
<p>55729</p>	<p>Duplex scanning involving B mode ultrasound imaging and integrated Doppler flow measurements by spectral analysis of the umbilical artery, and measured assessment of amniotic fluid volume after the 24th week of gestation where the patient is referred by a medical practitioner for this procedure and where there is reason to suspect intrauterine growth retardation or a significant risk of foetal death, not being a service associated with a service to which an item in this Group applies - (R)</p> <p><i>(See para DIQ of explanatory notes to this Category)</i></p> <p>Fee: \$27.25 Benefit: 75% = \$20.45 85% = \$23.20</p> <p>Extended Medicare Safety Net Cap: \$15.75</p>
<p>New 55730</p>	<p>Duplex scanning involving B mode ultrasound imaging and integrated Doppler flow measurements by spectral analysis of the umbilical artery, and measured assessment of amniotic fluid volume after the 24th week of gestation where the patient is referred by a medical practitioner for this procedure and where there is reason to suspect intrauterine growth retardation or a significant risk of foetal death, not being a service associated with a service to which an item in this Group applies (R) (NK)</p> <p><i>(See para DIQ of explanatory notes to this Category)</i></p> <p>Fee: \$13.65 Benefit: 75% = \$10.25 85% = \$11.65</p>

	Extended Medicare Safety Net Cap: \$7.90		
	<p>PELVIS, FEMALE, ultrasound scan of, by any or all approaches, where:</p> <p>(a) the patient is referred by a medical practitioner; and</p> <p>(b) the service is not associated with a service to which an item in Subgroup 2 or 3 of this group applies; and</p> <p>(c) the referring practitioner is not a member of a group of practitioners of which the providing practitioner is a member;</p> <p style="padding-left: 40px;">and</p> <p>(d) the service is not performed with item 55036 or 55038 on the same patient within 24 hours (R)</p> <p><i>(See para DIQ of explanatory notes to this Category)</i></p>		
55731	Fee: \$98.00	Benefit: 75% = \$73.50	85% = \$83.30
	<p>PELVIS, FEMALE, ultrasound scan of, by any or all approaches, where:</p> <p>(a) the patient is referred by a medical practitioner; and</p> <p>(b) the service is not associated with a service to which an item in Subgroup 2 or 3 of this group applies; and</p> <p>(c) the referring practitioner is not a member of a group of practitioners of which the providing practitioner is a member;</p> <p style="padding-left: 40px;">and</p> <p>(d) the service is not performed with item 55014, 55017, 55036 or 55038 on the same patient within 24 hours (R) (NK)</p> <p><i>(See para DIQ of explanatory notes to this Category)</i></p>		
New 55732	Fee: \$49.00	Benefit: 75% = \$36.75	85% = \$41.65
	<p>PELVIS, FEMALE, ultrasound scan of, by any or all approaches, where:</p> <p>(a) the patient is not referred by a medical practitioner; and</p> <p>(b) the service is not associated with a service to which an item in Subgroup 2 or 3 of this group applies (NR)</p> <p><i>(See para DIQ of explanatory notes to this Category)</i></p>		
55733	<i>(See para DIQ of explanatory notes to this Category)</i>		

	Fee: \$35.00	Benefit: 75% = \$26.25	85% = \$29.75
	<p>PELVIS, FEMALE, ultrasound scan of, by any or all approaches, where:</p> <p>(a) the patient is not referred by a medical practitioner; and</p> <p>(b) the service is not associated with a service to which an item in Subgroup 2 or 3 of this group applies (NR) (NK)</p> <p><i>(See para DIQ of explanatory notes to this Category)</i></p>		
New 55734	Fee: \$17.50	Benefit: 75% = \$13.15	85% = \$14.90
	<p>PELVIS, FEMALE, ultrasound scan of, in association with saline infusion of the endometrial cavity, by any or all approaches, where:</p> <p>(a) the patient is referred by a medical practitioner; and</p> <p>(b) the service is not associated with a service to which an item in Subgroup 2 or 3 of this group applies; and</p> <p>(c) the referring medical practitioner is not a member of a group of medical practitioners of which the providing practitioner is a member; and</p> <p>(d) a previous transvaginal ultrasound has revealed an abnormality of the uterus or fallopian tube (R) (NK)</p> <p><i>(See para DIQ of explanatory notes to this Category)</i></p>		
New 55735	Fee: \$63.50	Benefit: 75% = \$47.65	85% = \$54.00

ULTRASOUND	OBSTETRIC AND GYNAECOLOGICAL
55736	<p>PELVIS, FEMALE, ultrasound scan of, in association with saline infusion of the endometrial cavity, by any or all approaches, where:</p> <ul style="list-style-type: none"> (a) the patient is referred by a medical practitioner; and (b) the service is not associated with a service to which an item in Subgroup 2 or 3 of this group applies; and (c) the referring medical practitioner is not a member of a group of medical practitioners of which the providing practitioner is a member; and (d) a previous transvaginal ultrasound has revealed an abnormality of the uterus or fallopian tube (R) <p><i>(See para DIQ of explanatory notes to this Category)</i></p> <p>Fee: \$127.00 Benefit: 75% = \$95.25 85% = \$107.95</p>
New 55737	<p>PELVIS, FEMALE, ultrasound scan of, in association with saline infusion of the endometrial cavity, by any or all approaches, where:</p> <ul style="list-style-type: none"> (a) the patient is not referred by a medical practitioner; and (b) the service is not associated with a service to which an item in Subgroup 2 or 3 of this group applies; and (c) a previous transvaginal ultrasound has revealed an abnormality of the uterus or fallopian tube (NR) (NK) <p><i>(See para DIQ of explanatory notes to this Category)</i></p> <p>Fee: \$28.50 Benefit: 75% = \$21.40 85% = \$24.25</p>
55739	<p>PELVIS, FEMALE, ultrasound scan of, in association with saline infusion of the endometrial cavity, by any or all approaches, where:</p> <ul style="list-style-type: none"> (a) the patient is not referred by a medical practitioner; and (b) the service is not associated with a service to which an item in Subgroup 2 or 3 of this group applies; and (c) a previous transvaginal ultrasound has revealed an abnormality of the uterus or fallopian tube

	(NR) (See para DIQ of explanatory notes to this Category) Fee: \$57.00 Benefit: 75% = \$42.75 85% = \$48.45
55759	<p>PELVIS OR ABDOMEN, pregnancy related or pregnancy complication, fetal development and anatomy, ultrasound scan (not exceeding 1 service in any 1 pregnancy) of, by any or all approaches, with measurement of all parameters for dating purposes, where:</p> <p>(a) the patient is referred by a medical practitioner; and</p> <p>(b) ultrasound of the same pregnancy confirms a multiple pregnancy; and</p> <p>(c) the dating of the pregnancy (as confirmed by ultrasound) is 17 to 22 weeks gestation; and</p> <p>(d) the service is not associated with a service to which an item in Subgroup 2 or 3 of this group applies; and</p> <p>(e) the referring practitioner is not a member of a group of practitioners to which the providing practitioner is a member;</p> <p>and</p> <p>(f) the service is not performed in conjunction with item 55706, 55709, 55712, 55715 or 55762 during the same pregnancy (R)</p> <p>(See para DIQ of explanatory notes to this Category)</p> <p>Fee: \$150.00 Benefit: 75% = \$112.50 85% = \$127.50</p>
New 55760	<p>PELVIS OR ABDOMEN, pregnancy related or pregnancy complication, fetal development and anatomy, ultrasound scan (not exceeding 1 service in any 1 pregnancy) of, by any or all approaches, with measurement of all parameters for dating purposes, where:</p> <p>(a) the patient is referred by a medical practitioner; and</p> <p>(b) ultrasound of the same pregnancy confirms a multiple pregnancy; and</p> <p>(c) the dating of the pregnancy (as confirmed by ultrasound) is 17 to 22 weeks gestation; and</p> <p>(d) the service is not associated with a service to which an item in Subgroup 2 or 3 of this group applies; and</p> <p>(e) the referring practitioner is not a member of a group of practitioners to which the providing practitioner is a member; and</p> <p>(f) the service is not performed in conjunction with item 55706, 55709, 55712, 55713, 55715,</p>

	<p>55717, 55719, 57721, 55762 or 55763 during the same pregnancy (R) (NK)</p> <p><i>(See para DIQ of explanatory notes to this Category)</i></p> <p>Fee: \$75.00 Benefit: 75% = \$56.25 85% = \$63.75</p>
55762	<p>PELVIS OR ABDOMEN, pregnancy related or pregnancy complication, fetal development and anatomy, ultrasound scan (not exceeding 1 service in any 1 pregnancy) of, by any or all approaches, with measurement of all parameters for dating purposes, where:</p> <p>(a) the patient is not referred by a medical practitioner; and</p> <p>(b) ultrasound of the same pregnancy confirms a multiple pregnancy; and</p> <p>(c) the dating of the pregnancy (as confirmed by ultrasound) is 17 to 22 weeks gestation; and</p> <p>(d) the service is not performed in conjunction with item 55706, 55709, 55712, 55715 or 55759 during the same pregnancy; and</p> <p>(e) the service is not associated with a service to which an item in Subgroups 2 or 3 of this group applies (NR)</p> <p><i>(See para DIQ of explanatory notes to this Category)</i></p> <p>Fee: \$60.00 Benefit: 75% = \$45.00 85% = \$51.00</p> <p>Extended Medicare Safety Net Cap: \$31.40</p>

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ULTRASOUND	OBSTETRIC AND GYNAECOLOGICAL
<p>New 55763</p>	<p>PELVIS OR ABDOMEN, pregnancy related or pregnancy complication, fetal development and anatomy, ultrasound scan (not exceeding 1 service in any 1 pregnancy) of, by any or all approaches, with measurement of all parameters for dating purposes, where:</p> <ul style="list-style-type: none"> (a) the patient is not referred by a medical practitioner; and (b) ultrasound of the same pregnancy confirms a multiple pregnancy; and (c) the dating of the pregnancy (as confirmed by ultrasound) is 17 to 22 weeks gestation; and (d) the service is not performed in conjunction with item 55706, 55709, 55712, 55713, 55715, 55717, 55719, 55720, 55759 or 55760 during the same pregnancy; and (e) the service is not associated with a service to which an item in Subgroups 2 or 3 of this group applies (NR) (NK) <p><i>(See para DIQ of explanatory notes to this Category)</i></p> <p>Fee: \$30.00 Benefit: 75% = \$22.50 85% = \$25.50</p> <p>Extended Medicare Safety Net Cap: \$15.70</p>
<p>55764</p>	<p>PELVIS OR ABDOMEN, pregnancy related or pregnancy complication, fetal development and anatomy, ultrasound scan of, by any or all approaches, with measurement of all parameters for dating purposes, where:</p> <ul style="list-style-type: none"> (a) the patient is referred by a medical practitioner who is a Member or Fellow of the Royal Australian and New Zealand College of Obstetricians and Gynaecologists or who has a Diploma of Obstetrics or has a qualification recognised by the Royal Australian and New Zealand College of Obstetricians and Gynaecologists as equivalent to a Diploma of obstetrics or has obstetric privileges at a non-metropolitan hospital; and (b) ultrasound of the same pregnancy confirms a multiple pregnancy; and (c) the dating of the pregnancy (as confirmed by ultrasound) is 17 to 22 weeks gestation; and (d) the service is not associated with a service to which an item in Subgroup 2 or 3 of this group applies; and (e) the referring practitioner is not a member of a group of practitioners to which the providing practitioner is a member; and (f) further examination is clinically indicated in the same pregnancy to which item 55759 or 55762 has been performed; and

	<p>(g) not performed in conjunction with item 55706, 55709, 55712 or 55715 during the same pregnancy (R)</p> <p><i>(See para DIQ of explanatory notes to this Category)</i></p> <p>Fee: \$160.00 Benefit: 75% = \$120.00 85% = \$136.00</p> <p>Extended Medicare Safety Net Cap: \$83.75</p>
	<p>PELVIS OR ABDOMEN, pregnancy related or pregnancy complication, fetal development and anatomy, ultrasound scan of, by any or all approaches, with measurement of all parameters for dating purposes, where:</p> <p>(a) the patient is referred by a medical practitioner who is a Member or Fellow of the Royal Australian and New Zealand College of Obstetricians and Gynaecologists or who has a Diploma of Obstetrics or has a qualification recognised by the Royal Australian and New Zealand College of Obstetricians and Gynaecologists as equivalent to a Diploma of obstetrics or has obstetric privileges at a non-metropolitan hospital; and</p> <p>(b) ultrasound of the same pregnancy confirms a multiple pregnancy; and</p> <p>(c) the dating of the pregnancy (as confirmed by ultrasound) is 17 to 22 weeks gestation; and</p> <p>(d) the service is not associated with a service to which an item in Subgroup 2 or 3 of this group applies; and</p> <p>(e) the referring practitioner is not a member of a group of practitioners to which the providing practitioner is a member; and</p> <p>(f) further examination is clinically indicated in the same pregnancy to which item 55759, 55760, 55762 or 55763 has been performed; and</p> <p>(g) not performed in conjunction with item 55706, 55709, 55712, 55713, 55715, 55717, 55719 during the same pregnancy (R) (NK)</p> <p><i>(See para DIQ of explanatory notes to this Category)</i></p> <p>Fee: \$80.00 Benefit: 75% = \$60.00 85% = \$68.00</p> <p>Extended Medicare Safety Net Cap: \$41.90</p>
New 55765	<p>PELVIS OR ABDOMEN, pregnancy related or pregnancy complication, fetal development and anatomy, 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, where:</p> <p>(a) the patient is not referred by a medical practitioner; and</p>

- (b) ultrasound of the same pregnancy confirms a multiple pregnancy; and
- (c) the dating of the pregnancy (as confirmed by ultrasound) is 17 to 22 weeks of gestation; and
- (d) the service is not associated with a service to which an item in Subgroup 2 or 3 of this group applies;
- (e) further examination is clinically indicated in the same pregnancy to which item 55759, or 55762 has been performed; and
- (f) not performed in conjunction with item 55706, 55709, 55712 or 55715 during the same pregnancy (NR)

(See para DIQ of explanatory notes to this Category)

Fee: \$65.00 **Benefit:** 75% = \$48.75 85% = \$55.25

Extended Medicare Safety Net Cap: \$31.40

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ULTRASOUND	OBSTETRIC AND GYNAECOLOGICAL
<p>New</p> <p>55767</p>	<p>PELVIS OR ABDOMEN, pregnancy related or pregnancy complication, fetal development and anatomy, 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, where:</p> <p>(a) the patient is not referred by a medical practitioner; and</p> <p>(b) ultrasound of the same pregnancy confirms a multiple pregnancy; and</p> <p>(c) the dating of the pregnancy (as confirmed by ultrasound) is 17 to 22 weeks of gestation; and</p> <p>(d) the service is not associated with a service to which an item in Subgroup 2 or 3 of this group applies;</p> <p>(e) further examination is clinically indicated in the same pregnancy to which item 55759, 55760, 55762 or 55763 has been performed; and</p> <p>(f) not performed in conjunction with item 55706, 55709, 55712, 55713, 55715, 55717, 55719 or 55720 during the same pregnancy (NR) (NK)</p> <p><i>(See para DIQ of explanatory notes to this Category)</i></p> <p>Fee: \$32.50 Benefit: 75% = \$24.40 85% = \$27.65</p> <p>Extended Medicare Safety Net Cap: \$15.70</p>
<p>55768</p>	<p>PELVIS OR ABDOMEN, pregnancy related or pregnancy complication, fetal development and anatomy, ultrasound scan (not exceeding 1 service in any 1 pregnancy) of, by any or all approaches, where:</p> <p>(a) dating of the pregnancy (as confirmed by ultrasound) is after 22 weeks of gestation; and</p> <p>(b) the ultrasound confirms a multiple pregnancy; and</p> <p>(c) the patient is referred by a medical practitioner; and</p> <p>(d) the service is not performed in the same pregnancy as item 55770; and</p> <p>(e) the service is not associated with a service to which an item in Subgroups 2 or 3 of this group applies; and</p> <p>(f) the referring practitioner is not a member of a group of practitioners of which the providing practitioner is a member;</p> <p>and</p> <p>(g) the service is not performed in conjunction with item 55718, 55721, 55723 or 55725 during the</p>

	<p>same pregnancy (R)</p> <p><i>(See para DIQ of explanatory notes to this Category)</i></p> <p>Fee: \$150.00 Benefit: 75% = \$112.50 85% = \$127.50</p> <p>Extended Medicare Safety Net Cap: \$78.55</p>
<p>New</p> <p>55769</p>	<p>PELVIS OR ABDOMEN, pregnancy related or pregnancy complication, fetal development and anatomy, ultrasound scan (not exceeding 1 service in any 1 pregnancy) of, by any or all approaches, where:</p> <p>(a) dating of the pregnancy (as confirmed by ultrasound) is after 22 weeks of gestation; and</p> <p>(b) the ultrasound confirms a multiple pregnancy; and</p> <p>(c) the patient is referred by a medical practitioner or participating nurse practitioner; and</p> <p>(d) the service is not performed in the same pregnancy as item 55770 or 55771; and</p> <p>(e) the service is not associated with a service to which an item in Subgroups 2 or 3 of this group applies; and</p> <p>(f) the referring practitioner is not a member of a group of practitioners of which the providing practitioner is a member;</p> <p> and</p> <p>(g) the service is not performed in conjunction with item 55718, 55721, 55722, 55723, 55724, 55725, 55726 or 55727 during the same pregnancy (R) (NK)</p> <p><i>(See para DIQ of explanatory notes to this Category)</i></p> <p>Fee: \$75.00 Benefit: 75% = \$56.25 85% = \$63.75</p> <p>Extended Medicare Safety Net Cap: \$39.30</p>
55770	<p>PELVIS OR ABDOMEN, pregnancy related or pregnancy complication, fetal development and anatomy, ultrasound scan (not exceeding 1 service in any 1 pregnancy), by any or all approaches, where:</p> <p>(a) dating of the pregnancy as confirmed by ultrasound is after 22 weeks of gestation; and</p> <p>(b) the patient is not referred by a medical practitioner; and</p> <p>(c) the service is not performed in the same pregnancy as item 55768; and</p> <p>(d) the pregnancy as confirmed by ultrasound is a multiple pregnancy; and</p> <p>(e) the service is not associated with a service to which an item in Subgroups 2 or 3 of this group applies; and</p> <p>(f) the service is not performed in conjunction with item 55718, 55721, 55723 or 55725 during the same</p>

	<p>pregnancy (NR)</p> <p><i>(See para DIQ of explanatory notes to this Category)</i></p> <p>Fee: \$60.00 Benefit: 75% = \$45.00 85% = \$51.00</p> <p>Extended Medicare Safety Net Cap: \$31.40</p>
<p>New</p> <p>55771</p>	<p>PELVIS OR ABDOMEN, pregnancy related or pregnancy complication, fetal development and anatomy, ultrasound scan (not exceeding 1 service in any 1 pregnancy), by any or all approaches, where:</p> <p>(a) dating of the pregnancy as confirmed by ultrasound is after 22 weeks of gestation; and</p> <p>(b) the patient is not referred by a medical practitioner; and</p> <p>(c) the service is not performed in the same pregnancy as item 55768 or 55759; and</p> <p>(d) the pregnancy as confirmed by ultrasound is a multiple pregnancy; and</p> <p>(e) the service is not associated with a service to which an item in Subgroups 2 or 3 of this group applies; and</p> <p>(f) the service is not performed in conjunction with item 55718, 55721, 55723, 55724,,55725, 55726 or 55727 during the same pregnancy (NR) (NK)</p> <p><i>(See para DIQ of explanatory notes to this Category)</i></p> <p>Fee: \$30.00 Benefit: 75% = \$22.50 85% = \$25.50</p> <p>Extended Medicare Safety Net Cap: \$15.70</p>

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ULTRASOUND	MUSCULOSKELETAL
55772	<p>PELVIS OR ABDOMEN, pregnancy related or pregnancy complication, fetal development and anatomy, ultrasound scan of, by any or all approaches, where:</p> <p>(a) dating of the pregnancy as confirmed by ultrasound is after 22 weeks of gestation; and</p> <p>(b) the patient is referred by a medical practitioner who is a Member or Fellow of the Royal Australian and New Zealand College of Obstetricians and Gynaecologists or who has a Diploma of Obstetrics or has a qualification recognised by the Royal Australian and New Zealand College of Obstetricians and Gynaecologists as equivalent to a Diploma of obstetrics or has obstetric privileges at a non-metropolitan hospital; and</p> <p>(c) further examination is clinically indicated in the same pregnancy to which item 55768 or 55770 has been performed; and</p> <p>(d) the pregnancy as confirmed by ultrasound is a multiple pregnancy; and</p> <p>(e) the service is not associated with a service to which an item in Subgroups 2 or 3 of this group applies; and</p> <p>(f) the referring practitioner is not a member of a group of practitioners of which the providing practitioner is a member; and</p> <p>(g) the service is not performed in conjunction with item 55718, 55721, 55723 or 55725 during the same pregnancy (R)</p> <p><i>(See para DIQ of explanatory notes to this Category)</i></p> <p>Fee: \$160.00 Benefit: 75% = \$120.00 85% = \$136.00</p> <p>Extended Medicare Safety Net Cap: \$83.75</p>
New 55773	<p>PELVIS OR ABDOMEN, pregnancy related or pregnancy complication, fetal development and anatomy, ultrasound scan of, by any or all approaches, where:</p> <p>(a) dating of the pregnancy as confirmed by ultrasound is after 22 weeks of gestation; and</p> <p>(b) the patient is referred by a medical practitioner who is a Member or Fellow of the Royal Australian and New Zealand College of Obstetricians and Gynaecologists or who has a Diploma of Obstetrics or has a qualification recognised by the Royal Australian and New Zealand College of Obstetricians and Gynaecologists as equivalent to a Diploma of obstetrics or has obstetric privileges at a non-metropolitan hospital; and</p> <p>(c) further examination is clinically indicated in the same pregnancy to which item 55768, 55769, 55770 or 55771 has been performed; and</p>

Member or a Fellow of the Royal Australian and New Zealand College of Obstetricians and Gynaecologists, where:

- (a) dating of the pregnancy as confirmed by ultrasound is after 22 weeks of gestation; and
- (b) the patient is not referred by a medical practitioner; and
- (c) further examination is clinically indicated in the same pregnancy to which item 55768, 55769, 55770 or 5571 has been performed; and
- (d) the pregnancy as confirmed by ultrasound is a multiple pregnancy; and
- (e) the service is not associated with a service to which an item in Subgroups 2 or 3 of this group applies; and
- (f) the service is not performed in conjunction with item 55718, 55721, 55722, 55723, 55724, 55725, 55726 or 55727 during the same pregnancy (NR) (NK)

(See para DIQ of explanatory notes to this Category)

Fee: \$32.50 **Benefit:** 75% = \$24.40 85% = \$27.65

Extended Medicare Safety Net Cap: \$18.35

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DIAGNOSTIC RADIOLOGY		IN CONNECTION WITH PREGNANCY	
59303	<p>MAMMOGRAPHY OF ONE BREAST, if:</p> <p>(a) the patient is referred with a specific request for a unilateral mammogram; and</p> <p>(b) there is reason to suspect the presence of malignancy because of:</p> <p>(i) the past occurrence of breast malignancy in the patient or members of the patient's family;</p> <p>or</p> <p>(ii) symptoms or indications of malignancy found on an examination of the patient by a medical practitioner (R)</p> <p><i>(See para DIQ of explanatory notes to this Category)</i></p>	Fee: \$53.95	Benefit: 75% = \$40.50 85% = \$45.90
New 59304	<p>MAMMOGRAPHY OF ONE BREAST, if:</p> <p>(a) the patient is referred with a specific request for a unilateral mammogram; and</p> <p>(b) there is reason to suspect the presence of malignancy because of:</p> <p>(i) the past occurrence of breast malignancy in the patient or members of the patient's family;</p> <p>or</p> <p>(ii) symptoms or indications of malignancy found on an examination of the patient by a medical practitioner (R) (NK)</p> <p><i>(See para DIQ of explanatory notes to this Category)</i></p>	Fee: \$27.00	Benefit: 75% = \$20.25 85% = \$22.95
59306	<p>MAMMARY DUCTOGRAM (galactography) - 1 breast (R)</p> <p><i>(See para DIQ of explanatory notes to this Category)</i></p>	Fee: \$100.30	Benefit: 75% = \$75.25 85% = \$85.30
New 59307	<p>MAMMARY DUCTOGRAM (galactography) - 1 breast (R) (NK)</p> <p><i>(See para DIQ of explanatory notes to this Category)</i></p>	Fee: \$50.15	Benefit: 75% = \$37.65 85% = \$42.65

	MAMMARY DUCTOGRAM (galactography) - 2 breasts (R) <i>(See para DIQ of explanatory notes to this Category)</i>
59309	Fee: \$200.60 Benefit: 75% = \$150.45 85% = \$170.55
New	MAMMARY DUCTOGRAM (galactography) - 2 breasts (R) (NK) <i>(See para DIQ of explanatory notes to this Category)</i>
59310	Fee: \$100.30 Benefit: 75% = \$75.25 85% = \$85.30
	RADIOGRAPHIC EXAMINATION OF BOTH BREASTS, in conjunction with a surgical procedure on each breast, using interventional techniques - (R) <i>(See para DIQ of explanatory notes to this Category)</i>
59312	Fee: \$87.00 Benefit: 75% = \$65.25 85% = \$73.95
New	RADIOGRAPHIC EXAMINATION OF BOTH BREASTS, in conjunction with a surgical procedure on each breast, using interventional techniques - (R) (NK) <i>(See para DIQ of explanatory notes to this Category)</i>
59313	Fee: \$43.50 Benefit: 75% = \$32.65 85% = \$37.00
	RADIOGRAPHIC EXAMINATION OF 1 BREAST, in conjunction with a surgical procedure using interventional techniques - (R) <i>(See para DIQ of explanatory notes to this Category)</i>
59314	Fee: \$52.50 Benefit: 75% = \$39.40 85% = \$44.65
New	RADIOGRAPHIC EXAMINATION OF 1 BREAST, in conjunction with a surgical procedure using interventional techniques - (R) (NK) <i>(See para DIQ of explanatory notes to this Category)</i>
59315	Fee: \$26.25 Benefit: 75% = \$19.70 85% = \$22.35
59318	

	<p>RADIOGRAPHIC EXAMINATION OF EXCISED BREAST TISSUE to confirm satisfactory excision of 1 or more lesions in 1 breast or both following pre-operative localisation in conjunction with a service under item 31536 - (R)</p> <p><i>(See para DIQ of explanatory notes to this Category)</i></p> <p>Fee: \$47.05 Benefit: 75% = \$35.30 85% = \$40.00</p>
<p>New</p> <p>59319</p>	<p>RADIOGRAPHIC EXAMINATION OF EXCISED BREAST TISSUE to confirm satisfactory excision of 1 or more lesions in 1 breast or both following pre-operative localisation in conjunction with a service under item 31536 - (R) (NK)</p> <p><i>(See para DIQ of explanatory notes to this Category)</i></p> <p>Fee: \$23.55 Benefit: 75% = \$17.70 85% = \$20.05</p>
<p>SUBGROUP 11 - RADIOGRAPHIC EXAMINATION IN CONNECTION WITH PREGNANCY</p>	
<p>59503</p>	<p>PELVIMETRY, not being a service associated with a service to which item 57201 applies (R)</p> <p><i>(See para DIQ of explanatory notes to this Category)</i></p> <p>Fee: \$89.40 Benefit: 75% = \$67.05 85% = \$76.00</p>

GROUP I4 - NUCLEAR MEDICINE IMAGING	
Amend	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) <i>(See para DIQ of explanatory notes to this Category)</i>
61565	Fee: \$953.00 Benefit: 75% = \$714.75 85% = \$881.80
Amend	Whole body FDG PET study, for the further primary staging of patients 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)
61571	Fee: \$953.00 Benefit: 75% = \$714.75 85% = \$881.80
New	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)
61575	Fee: \$953.00 Benefit: 75% = \$714.75 85% = \$881.80

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GROUP I5 - MAGNETIC RESONANCE IMAGING	
63446	<p>- congenital uterine or anorectal abnormality (R) (Contrast) (Anaes.) (See para DIQ of explanatory notes to this Category)</p> <p>Fee: \$403.20 Benefit: 75% = \$302.40 85% = \$342.75</p>
New 63449	<p>- congenital uterine or anorectal abnormality (R) (NK) (Contrast) (Anaes.) (See para DIQ of explanatory notes to this Category)</p> <p>Fee: \$201.60 Benefit: 75% = \$151.20 85% = \$171.40</p>
New 63457	<p>MAGNETIC RESONANCE IMAGING performed under the professional supervision of an eligible provider at an eligible location where the patient is referred by a specialist or by a consultant physician and where:</p> <p>(a) a dedicated breast coil is used; and</p> <p>(b) the request for scan identifies that the woman is asymptomatic and is less than 50 years of age; and</p> <p>(c) the request for scan identifies either:</p> <p style="padding-left: 40px;">(i) that the patient is at high risk of developing breast cancer, due to 1 of the following:</p> <p style="padding-left: 80px;">(A) 3 or more first or second degree relatives on the same side of the family diagnosed with breast or ovarian cancer;</p> <p style="padding-left: 80px;">(B) 2 or more first or second degree relatives on the same side of the family diagnosed with breast or ovarian cancer, if any of the following applies to at least 1 of the relatives:</p> <p style="padding-left: 120px;">- has been diagnosed with bilateral breast cancer;</p> <p style="padding-left: 120px;">- had onset of breast cancer before the age of 40 years;</p> <p style="padding-left: 120px;">- had onset of ovarian cancer before the age of 50 years;</p> <p style="padding-left: 120px;">- has been diagnosed with breast and ovarian cancer, at the same time or at different times;</p> <p style="padding-left: 120px;">- has Ashkenazi Jewish ancestry;</p> <p style="padding-left: 120px;">- is a male relative who has been diagnosed with breast cancer;</p>

(C) 1 first or second degree relative diagnosed with breast cancer at age 45 years or younger, plus another first or second degree relative on the same side of the family with bone or soft tissue sarcoma at age 45 years or younger; or

(ii) that genetic testing has identified the presence of a high risk breast cancer gene mutation.

Scan of both breasts for:

- detection of cancer (R)

NOTE: Benefits are payable on one occasion only in any 12 month period

(NK) (Anaes.)

(See para DIQ of explanatory notes to this Category)

Fee: \$345.00

Benefit: 75% = \$258.75 85% = \$293.25

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THE FREEDOM OF INFORMATION ACT 1982 (CTH)
BY THE DEPARTMENT OF HEALTH AND AGED CARE

MAGNETIC RESONANCE IMAGING		MRI
	<p>MAGNETIC RESONANCE IMAGING performed under the professional supervision of an eligible provider at an eligible location where the patient is referred by a specialist or by a consultant physician and where:</p> <p>(a) a dedicated breast coil is used; and</p> <p>(b) the woman has had an abnormality detected as a result of a service described in item 63464 or 63457 performed in the previous 12 months</p> <p>Scan of both breasts for:</p> <p>- detection of cancer (R)</p> <p>NOTE 1: Benefits are payable on one occasion only in any 12 month period</p> <p>NOTE 2: This item is intended for follow-up imaging of abnormalities diagnosed on a scan described by item 63464 or 63457</p> <p>(NK) (Anaes.)</p> <p><i>(See para DIQ of explanatory notes to this Category)</i></p>	
New 63458	<p>Fee: \$345.00 Benefit: 75% = \$258.75 85% = \$293.25</p>	
63464	<p>MAGNETIC RESONANCE IMAGING performed under the professional supervision of an eligible provider at an eligible location where the patient is referred by a specialist or by a consultant physician and where:</p> <p>(a) a dedicated breast coil is used; and</p> <p>(b) the request for scan identifies that the woman is asymptomatic and is less than 50 years of age; and</p> <p>(c) the request for scan identifies either:</p> <p style="padding-left: 40px;">(i) that the patient is at high risk of developing breast cancer, due to 1 of the following:</p> <p style="padding-left: 80px;">(A) 3 or more first or second degree relatives on the same side of the family diagnosed with breast or ovarian cancer;</p>	

(B) 2 or more first or second degree relatives on the same side of the family diagnosed with breast or ovarian cancer, if any of the following applies to at least 1 of the relatives:

- has been diagnosed with bilateral breast cancer;
- had onset of breast cancer before the age of 40 years;
- had onset of ovarian cancer before the age of 50 years;
- has been diagnosed with breast and ovarian cancer, at the same time or at different times;
- has Ashkenazi Jewish ancestry;
- is a male relative who has been diagnosed with breast cancer;

(C) 1 first or second degree relative diagnosed with breast cancer at age 45 years or younger, plus another first or second degree relative on the same side of the family with bone or soft tissue sarcoma at age 45 years or younger; or

(ii) that genetic testing has identified the presence of a high risk breast cancer gene mutation.

Scan of both breasts for:

- detection of cancer (R)

NOTE: Benefits are payable on one occasion only in any 12 month period (Anaes.)

(See para DIQ of explanatory notes to this Category)

Fee: \$690.00

Benefit: 75% = \$517.50 85% = \$618.80

MAGNETIC RESONANCE IMAGING		MRI
	<p>MAGNETIC RESONANCE IMAGING performed under the professional supervision of an eligible provider at an eligible location where the patient is referred by a specialist or by a consultant physician and where:</p> <p>(a) a dedicated breast coil is used; and</p> <p>(b) the woman has had an abnormality detected as a result of a service described in item 63464 performed in the previous 12 months</p> <p>Scan of both breasts for:</p> <p>- detection of cancer (R)</p> <p>NOTE 1: Benefits are payable on one occasion only in any 12 month period</p> <p>NOTE 2: This item is intended for follow-up imaging of abnormalities diagnosed on a scan described by item 63464 (Anaes.) <i>(See para DIQ of explanatory notes to this Category)</i></p>	
63467	Fee: \$690.00	Benefit: 75% = \$517.50 85% = \$618.80
63473	<p>- Pelvis and upper abdomen, in a single examination, for the staging of histologically diagnosed cervical cancer at FIGO stages 1B or greater (R) (Contrast) (Anaes.) <i>(See para DIQ of explanatory notes to this Category)</i></p> <p>Fee: \$627.20 Benefit: 75% = \$470.40 85% = \$556.00</p>	
New 63479	<p>NOTE: Benefits are payable for a service included by Subgroup 20 on one occasion only.</p> <p>MAGNETIC RESONANCE IMAGING performed under the professional supervision of an eligible provider at an eligible location where:</p> <p>(a) the patient is referred by a specialist or by a consultant physician and</p> <p>(b) the request for scan identifies that (i) a histological diagnosis of carcinoma of the cervix has been</p>	

	<p>made and (ii) the patient has been diagnosed with cervical cancer at FIGO stage 1B or greater</p> <p>Scan of:</p> <p>- Pelvis for the staging of histologically diagnosed cervical cancer at FIGO stages 1B or greater (R) (NK) (Contrast) (Anaes.)</p> <p><i>(See para DIQ of explanatory notes to this Category)</i></p> <p>Fee: \$201.60 Benefit: 75% = \$151.20 85% = \$171.40</p>
<p>New</p> <p>63481</p>	<p>- Pelvis and upper abdomen, in a single examination, for the staging of histologically diagnosed cervical cancer at FIGO stages 1B or greater (R) (NK) (Contrast) (Anaes.)</p> <p><i>(See para DIQ of explanatory notes to this Category)</i></p> <p>Fee: \$313.60 Benefit: 75% = \$235.20 85% = \$266.60</p>

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17.1 Are there benefits or services that are linked to members of one sex only? If so, please provide details (including item numbers).

For example, only people who are female can claim a benefit for a hysterectomy. Similarly, some medicines are only available under the PBS to members of one sex (as they have been registered for a particular purpose with the Therapeutic Goods Administration)

PATHOLOGY SERVICES

As at 1 July 2011, with the exception of items 73053 and 73055 that specify that the items are for women, the following items on the PST are for tests that could be considered only relevant for members of one sex.

65162	Examination of a maternal blood film for the presence of fetal red blood cells (Kleihauer test) Fee: \$10.50 Benefit: 75% = \$7.90 85% = \$8.95
65165	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 Fee: \$34.70 Benefit: 75% = \$26.05 85% = \$29.50
65166	A test described in item 65165 if rendered by a receiving APP - 1 or more tests (Item is subject to rule 18) Fee: \$34.70 Benefit: 75% = \$26.05 85% = \$29.50
66517	Quantitation of bile acids in blood in pregnancy. To a maximum of 3 tests in a pregnancy. Fee: \$19.80 Benefit: 75% = \$14.85 85% = \$16.85
66545	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

	<p>(c) (if performed) any test in item 66695</p> <p>Fee: \$15.90 Benefit: 75% = \$11.95 85% = \$13.55</p>
66548	<p>Oral glucose tolerance test in pregnancy for the diagnosis of gestational diabetes that includes:</p> <p>(a) administration of glucose; and</p> <p>(b) at least 3 measurements of blood glucose; and</p> <p>(c) any test in item 66695 (if performed)</p> <p>Fee: \$20.05 Benefit: 75% = \$15.05 85% = \$17.05</p>
66554	<p>Quantitation of glycosylated 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)</p> <p>Fee: \$16.90 Benefit: 75% = \$12.70 85% = \$14.40</p>
66655	<p>Prostate specific antigen - quantitation - 1 of this item in a 12 month period</p> <p>(Item is subject to rule 25)</p> <p>Fee: \$20.30 Benefit: 75% = \$15.25 85% = \$17.30</p>
66656	<p>Prostate specific antigen - quantitation in the monitoring of previously diagnosed prostatic disease (including a test described in item 66655)</p> <p>Fee: \$20.30 Benefit: 75% = \$15.25 85% = \$17.30</p>
66659	<p>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 followup 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</p> <p>(Item is subject to rule 25)</p> <p>Fee: \$37.55 Benefit: 75% = \$28.20 85% = \$31.95</p>
66660	<p>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.</p> <p>(Item is subject to rule 25)</p> <p>Fee: \$37.55 Benefit: 75% = \$28.20 85% = \$31.95</p>

66662	<p>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</p> <p>Fee: \$80.50 Benefit: 75% = \$60.40 85% = \$68.45</p>
66663	<p>A test described in item 66662 if rendered by a receiving APP - 1 or more tests</p> <p>(Item is subject to rule 18)</p> <p>Fee: \$80.50 Benefit: 75% = \$60.40 85% = \$68.45</p>
66743	<p>Quantitation of alpha-fetoprotein in serum or other body fluids during pregnancy except if requested as part of items 66750 or 66751</p> <p>Fee: \$20.25 Benefit: 75% = \$15.20 85% = \$17.25</p>
66749	<p>Amniotic fluid, spectrophotometric examination of, and quantitation of:</p> <p>(a) lecithin/sphingomyelin ratio; or</p> <p>(b) palmitic acid, phosphatidylglycerol or lamellar body phospholipid; or</p> <p>(c) bilirubin, including correction for haemoglobin</p> <p>1 or more tests</p> <p>Fee: \$33.15 Benefit: 75% = \$24.90 85% = \$28.20</p>
66750	<p>Quantitation, in pregnancy, of any two of the following - 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) - to detect foetal abnormality, including a service described in 1 or more of items 73527 and 73529 (if performed) - (Item is subject to rule 25)</p> <p>Fee: \$40.00 Benefit: 75% = \$30.00 85% = \$34.00</p>
66751	<p>Quantitation, in pregnancy, of any three or more tests described in 66750</p> <p>(Item is subject to rule 25)</p> <p>Fee: \$55.60 Benefit: 75% = \$41.70 85% = \$47.30</p>
69405	<p>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:</p> <p>(a) the determination of 1 of the following - rubella immune status, specific syphilis serology, carriage of Hepatitis B, Hepatitis C antibody, HIV antibody and</p> <p>(b) (if performed) a service described in 1 or more of items 69384, 69475, 69478</p>

	<p>and 69481</p> <p><i>(See para P16.7 of explanatory notes to this Category)</i></p> <p>Fee: \$15.75 Benefit: 75% = \$11.85 85% = \$13.40</p>
69408	<p>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:</p> <p>(a) the determination of 2 of the following - rubella immune status, specific syphilis serology, carriage of Hepatitis B, Hepatitis C antibody, HIV antibody and</p> <p>(b) (if performed) a service described in 1 or more of items 69384, 69475, 69478 and 69481</p> <p><i>(See para P16.7 of explanatory notes to this Category)</i></p> <p>Fee: \$29.20 Benefit: 75% = \$21.90 85% = \$24.85</p>
69411	<p>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:</p> <p>(a) the determination of 3 of the following - rubella immune status, specific syphilis serology, carriage of Hepatitis B, Hepatitis C antibody, HIV antibody and</p> <p>(b) (if performed) a service described in 1 or more of items 69384, 69475, 69478 and 69481</p> <p><i>(See para P16.7 of explanatory notes to this Category)</i></p> <p>Fee: \$42.65 Benefit: 75% = \$32.00 85% = \$36.30</p>
69413	<p>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:</p> <p>(a) the determination of 4 of the following - rubella immune status, specific syphilis serology, carriage of Hepatitis B, Hepatitis C antibody, HIV antibody and</p> <p>(b) (if performed) a service described in 1 or more of items 69384, 69475, 69478 and 69481</p> <p><i>(See para P16.7 of explanatory notes to this Category)</i></p> <p>Fee: \$56.10 Benefit: 75% = \$42.10 85% = \$47.70</p>
69415	<p>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:</p>

	<p>(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</p> <p>(b) (if performed) a service described in 1 or more of items 69384, 69475, 69478 and 69481</p> <p><i>(See para P16.7 of explanatory notes to this Category)</i></p> <p>Fee: \$69.55 Benefit: 75% = \$52.20 85% = \$59.15</p>
69418	<p>A test for high risk human papillomaviruses (HPV) in a patient who:</p> <p>as received excisional or ablative treatment for high grade squamous intraepithelial lesions (HSIL) of the cervix within the last two years; or</p> <ul style="list-style-type: none"> - who within the last two years has had a positive HPV test after excisional or ablative treatment for HSIL of the cervix; or - is already undergoing annual cytological review for the follow-up of a previously treated HSIL. <p>- to a maximum of 2 of this item in a 24 month period</p> <p>(Item is subject to rule 25)</p> <p>Fee: \$64.00 Benefit: 75% = \$48.00 85% = \$54.40</p>
69419	<p>A test described in item 69418 if rendered by a receiving APP - 1 test (Item is subject to rule 18 and 25)</p> <p>Fee: \$64.00 Benefit: 75% = \$48.00 85% = \$54.40</p>
73053	<p>Cytology of a smear from cervix where the smear is prepared by direct application of the specimen to a slide, excluding the use of liquid based slide preparation techniques, and the stained smear is microscopically examined by or on behalf of a pathologist - each examination</p> <p>(a) for the detection of precancerous or cancerous changes in women with no symptoms, signs or recent history suggestive of cervical neoplasia, or</p> <p>(b) if a further specimen is taken due to an unsatisfactory smear taken for the purposes of paragraph (a); or</p> <p>(c) if there is inadequate information provided to use item 73055;</p> <p><i>(See para P16.11 of explanatory notes to this Category)</i></p> <p>Fee: \$19.60 Benefit: 75% = \$14.70 85% = \$16.70</p>

73055	<p>Cytology of a smear from cervix, not associated with item 73053, where the smear is prepared by direct application of the specimen to a slide, excluding the use of liquid based slide preparation techniques, and the stained smear is microscopically examined by or on behalf of a pathologist - each test</p> <p>(a) for the management of previously detected abnormalities including precancerous or cancerous conditions; or</p> <p>(b) for the investigation of women with symptoms, signs or recent history suggestive of cervical neoplasia;</p> <p><i>(See para P16.11 of explanatory notes to this Category)</i></p> <p>Fee: \$19.60 Benefit: 75% = \$14.70 85% = \$16.70</p>
73057	<p>Cytology of smears from vagina, not associated with item 73053 or 73055 and not to monitor hormone replacement therapy, where the smear is prepared by direct application of the specimen to a slide, excluding the use of liquid based slide preparation techniques, and the stained smear is microscopically examined by or on behalf of a pathologist - each test</p> <p><i>(See para P16.11 of explanatory notes to this Category)</i></p> <p>Fee: \$19.60 Benefit: 75% = \$14.70 85% = \$16.70</p>
73521	<p>Semen examination for presence of spermatozoa or examination of cervical mucus for spermatozoa (Huhner's test)</p> <p>Fee: \$9.75 Benefit: 75% = \$7.35 85% = \$8.30</p>
73523	<p>Semen examination (other than post-vasectomy semen examination), including:</p> <p>(a) measurement of volume, sperm count and motility; and</p> <p>(b) examination of stained preparations; and</p> <p>(c) morphology; and (if performed)</p> <p>(d) differential count and 1 or more chemical tests;</p> <p>(Item is subject to rule 25)</p> <p>Fee: \$42.05 Benefit: 75% = \$31.55 85% = \$35.75</p>
73525	<p>Sperm antibodies - sperm-penetrating ability - 1 or more tests</p> <p>Fee: \$28.55 Benefit: 75% = \$21.45 85% = \$24.30</p>
73527	<p>Human chorionic gonadotrophin (HCG) - detection in serum or urine by 1 or more methods for diagnosis of pregnancy - 1 or more tests</p> <p>Fee: \$10.05 Benefit: 75% = \$7.55 85% = \$8.55</p>

73529	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 followup of abortion or diagnosis of ectopic pregnancy, including any services performed in item 73527 - 1 test Fee: \$28.85 Benefit: 75% = \$21.65 85% = \$24.55
73801	Semen examination for presence of spermatozoa Fee: \$6.95 Benefit: 75% = \$5.25 85% = \$5.95
73806	Pregnancy test by 1 or more immunochemical methods Fee: \$10.20 Benefit: 75% = \$7.65 85% = \$8.70

CERVICAL AND VAGINAL CYTOLOGY - (ITEMS 73053 TO 73057)

Item 73053 applies to the cytological examination of cervical smears collected from **women** with no symptoms, signs or recent history suggestive of cervical neoplasia as part of routine, biennial examination for the detection of pre-cancerous or cancerous changes. This item also applies to smears repeated due to an unsatisfactory routine smear, or if there is inadequate information provided to use item 73055.

Cytological examinations carried out under item 73053 should be in accordance with the agreed National Policy on Screening for the Prevention of Cervical Cancer. This policy provides for:

- (i) an examination interval of two years for **women** who have no symptoms or history suggestive of abnormal cervical cytology, commencing between the ages of 18 to 20 years, or one to two years after first sexual intercourse, whichever is later; and
- (ii) cessation of cervical smears at 70 years for women who have had two normal results within the last five years. **Women** over 70 who have never been examined, or who request a cervical smear, should be examined.

This policy has been endorsed by the Royal Australian College of General Practitioners, the Royal Australian College of Obstetricians and Gynaecologists, The Royal College of Pathologists of Australasia, the Australian Cancer Society and the National Health and Medical Research Council.

The *Health Insurance Act 1973* excludes payment of Medicare benefits for health screening services except where Ministerial directions have been issued to enable benefits to be paid, such as the Papanicolaou test. As there is now an established policy which has the support of the relevant professional bodies, routine screening in accordance with the policy will be regarded as good medical practice.

BREASTSCREEN AUSTRALIA NATIONAL POLICY

Policy overview

The key agreed national BreastScreen Australia policy statements are:

1. BreastScreen Australia selects women for screening on the basis of age alone. Women aged 40 years and above are eligible. Recruitment strategies will be targeted at women aged 50 - 69 years. The age for screening will be monitored and reviewed as new data become available.
2. The screening interval will be every two years and will be reviewed as new data become available.
3. Screening will be at minimal or no cost to the women, and free of charge to eligible women who would not attend if there were a charge.
4. Comprehensive and easily understood information, emotional support and counselling will be provided as appropriate. Women will be advised of the effectiveness and risks of mammography and on the maintenance of a regime of breast care to reinforce the message that a negative mammographic screen does not preclude a diagnosis of breast cancer prior to the next screening.
5. Screening services will be provided in a manner which is acceptable to women in the target group and in accessible, non-threatening and comfortable environments.
6. General practitioners will be kept informed of the results of screening and of any further work-up required, unless a woman directs otherwise. Although a doctor's referral is not a prerequisite for attendance, a letter from the woman's doctor is welcome.
7. Screening will employ mammography as the initial screening method.
8. All women will be screened with two view mammography. At a subsequent rescreening one view may be used if previous mammograms have indicated that two views are not required.
9. All mammograms will be taken by a radiographer appropriately trained in screening mammography.
10. All mammographic images will be read and reported independently by two or more readers, at least one of whom shall be a radiologist. Both readers must be specially trained in screening mammography and both meet the same performance criteria. Reports will be combined into a single recommendation.
11. The results of screening will be provided promptly and directly to the woman who is the subject of screening in a way which is sensitive to her possible anxiety.
12. Women will be actively involved in decisions about their management, particularly in relation to further assessment and treatment, and written information will be provided.
13. Screening and assessment will be carried out at accredited centres/services.
14. The program will take a woman from screening up to and including histological or cytological diagnosis of breast cancer.
15. Women with histologically or cytologically confirmed breast cancer will be given the option of referral to a treatment clinic specialising in the treatment of screen-detected breast cancer or returning to their nominated general practitioners for referral to an appropriate surgeon.

Key features of BreastScreen Australia

The key features of BreastScreen Australia are:

- A doctor's referral is not required.
- Services are located throughout each Australian state and territory using fixed or mobile services to ensure the program is accessible to all women.
- Recruitment, and reminder systems ensure that women in the target group are screened and re-screened in accordance with program policy. The target group for screening is women aged 50-69 years, but women aged 40-49 years and over 70 years are also eligible to attend.

- Comprehensive, multidisciplinary follow-up assessment services ensure all women with a screen-detected abnormality have appropriate specialist medical assessment to the point of diagnosis and referral to treatment services.
- A comprehensive system of accreditation ensures that all BreastScreen Australia services operate under a common set of standards. Each service is assessed on a regular basis by an independent team, to ensure that the service provided complies with national standards.

Aims and objectives of BreastScreen Australia

Aims

- To ensure that the program is implemented in such a way that significant reductions can be achieved in morbidity and mortality attributable to breast cancer.
- To maximise the early detection of breast cancer in the target population.
- To ensure that screening for breast cancer in Australia is provided in dedicated accredited screening and assessment services as part of BreastScreen Australia.
- To ensure equitable access for women aged 50-69 years to the program.
- To ensure that services are acceptable and appropriate to the needs of the eligible population.
- To achieve high standards of program management, service delivery, monitoring and evaluation and accountability.

Objectives

- To achieve a 70 per cent participation rate in the BreastScreen Australia program by women in the target group (50-69) and access to the program for women aged 40-49 years and 70-79 years.
- To rescreen all women in the program at two-yearly intervals.
- To achieve agreed performance outcomes which minimise recall rates, retake films, invasive procedures, 'false negatives', and 'false positives', and maximise the number of cancers detected, particularly the number of small cancers.
- To refer to appropriate treatment services and collect information about the outcome of treatment.
- To fund, through State Coordination Units, Screening and Assessment Services which are accredited according to agreed National Accreditation Standards and to ensure that those Standards are monitored and reviewed by appropriate national and state and territory Accreditation Committees.
- To recognise the real costs to women of participation in the program and to minimise those costs. This includes the provision of services at minimal or no charge and free to eligible women who would not attend if there was a charge.
- To make information about mammographic screening and BreastScreen Australia available in a variety of easily comprehensible and appropriate forms, to women and health-care providers in particular.
- To achieve patterns of participation in the program which are representative of the socioeconomic, ethnic and cultural profiles of the target population.
- To provide services in accessible, non-threatening and comfortable environments by staff with appropriate expertise, experience and training.
- To provide appropriate service in that: the provision of counselling, education and information is an integral part of the program; sensitive procedures for notification of recall are in place; and the time between the initial screen and assessment is minimised.
- To achieve high levels of participation in the development and management of the program by members of significant professional and client groups.
- To collect and analyse data sufficient to monitor the implementation of the program, to evaluate its effectiveness and efficiency and to provide the basis for future policy and program development decisions.

Attachment D

NATIONAL CERVICAL SCREENING PROGRAM NATIONAL POLICY

The national policy provides consensus guidelines on which women need screening and how often Pap smears should be taken. It states:

1. Routine screening with Pap smears should be carried out every two years for women who have no symptoms or history suggestive of cervical pathology.
2. All women who have ever been sexually active should start having Pap smears between the ages of 18 and 20 years, or one or two years after first having sexual intercourse, whichever is later.
3. Pap smears may cease at the age of 70 years for women who have had two normal Pap smears within the last five years. Women over 70 years who have never had a Pap smear, or who request a Pap smear, should be screened.

This policy applies to women with no symptoms and normal Pap smear results who should be screened every two years. Women with abnormal smear results should be managed in accordance with the National Health and Medical Research Council [Screening to prevent cervical cancer: guidelines for the management of asymptomatic women with screen detected abnormalities.](#)

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THE FREEDOM OF INFORMATION ACT 1982 (CFIA)
BY THE DEPARTMENT OF HEALTH AND AGED CARE

THE NATIONAL BREAST AND CERVICAL SCREENING PROGRAMS

BREASTSCREEN AUSTRALIA

BreastScreen Australia offers free screening mammograms for well women, without symptoms of breast cancer, aged 50-69. Women aged 40-49 and 70 years and older are also able to attend for screening, if they wish.

BreastScreen Australia is a cost-shared program of the Australian and state and territory governments. State and territory governments have primary responsibility for the implementation of the program in their jurisdictions. The Australian Government provides overall co-ordination of policy formulation, national data collection, quality control, monitoring and evaluation.

Every woman who presents for mammography screening at BreastScreen Australia is asked to sign a consent form so that her data can be used for these purposes. BreastScreen Australia operates under strict confidentiality and privacy guidelines.

NATIONAL CERVICAL SCREENING PROGRAM

The National Cervical Screening Program (NCSP) promotes routine screening with Pap smears every two years for women between the ages of 18 (or two years after first sexual intercourse, whichever is later) and 69 years.

The NCSP is also a cost-shared program of the Australian and state and territory governments. State and territory governments have primary responsibility for the implementation of the program in their jurisdictions. The Australian Government provides overall co-ordination of policy formulation, national data collection, quality control, monitoring and evaluation.

NCSP reporting and monitoring has been strengthened by the establishment of cervical screening registers which operate in all states and territories. The registers have a key role in quality assurance by providing back-up reminders to women for routine screening and follow-up of abnormal Pap smears. They also provide clinical information and performance data to medical practitioners and pathology laboratories.

GENERAL INFORMATION

The collection of data in the national breast and cervical program is a high priority, as it enables the monitoring of the efficiency and performance. Data collection also provides a means to ensure that high quality is maintained within the programs. The Australian Government funds the Australian Institute of Health and Welfare to produce annual reports on key program activity, performance and outcome indicators to monitor the achievements of the national screening programs. Information is only reported as total numbers which does not allow identification of data from an individual woman.

Further information about the national screening programs, including access to the AIHW monitoring reports, is available on the Screening website at www.cancerscreening.gov.au.