Australian Government Department of Health and Aged Care – Private Health Strategy Branch (PHSB)
Private Health Insurance Classification of MBS Items – 1 July 2024 – as at 27 June 2024 ('the PHI Spreadsheet')

This PHI spreadsheet of 27 June 2024 contains the clinical category and procedure type assignments for each Medicare Benefits Schedule (MBS) item, for hospital insurance purposes, for MBS items commencing 1 July 2024.

The PHI spreadsheet of 27 June 2024 was derived from the MBS XML file published on 19 June 2024.

Final Regulations will be published on the Federal Register of Legislation	Federal Register of Legislation
For information on MBS items, factsheets and MBS XML files, refer to	MBS online - MBS Online
Follow the latest private health insurance circulars for official updates on PHI matters	PHI circulars

PHI assignment terminology

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

The assignment of items of the current Medicare Benefits Schedule against PHI Clinical categories and Procedure types can be accessed on Health's website — Private health insurance clinical category and procedure type resources collection

Clinical categories - standard definitions of hospital services covered under private health insurance — *Private Health Insurance (Complying Product) Rules 2015*; PHI Product Tiers and Clinical Categories

Clinical category - one of the 38 treatment groups of Schedule 5
Common list - Schedule 6, services normally used as treatments in 3 or more clinical categories
Support list - Schedule 7, services normally used to support delivery of other treatments

Procedure Types - for the purposes of accommodation benefits for eligible Hospital treatment — *Private Health Insurance (Benefit Requirements) Rules 2011*

A – procedure normally requires at least part of overnight Hospital treatment
B – procedure normally requires at least part of same-day Hospital treatment
items that normally require Hospital treatment of predominantly the same type, are assigned a single procedure type
a limited number of items normally require a mixed distribution of same-day and overnight Hospital treatment and may be

unlisted – items not assigned a specific procedure type
eg, general anaesthesia item not requiring accommodation in itself but is done in hospital in support of other treatments

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

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

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

#na – indicates Excel calculation or formatting error in cell

Disclaimer

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

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

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

Questions about the PHI spreadsheet or to subscribe for updates, email: PHI@health.gov.au

Questions relating exclusively to interpretation of the MBS items Schedule, email: askmbs@health.gov.au.

MBS Item	Clinical category	Procedure type	Item Start Date	MBS Category	MBS Group	New Item	MBS Description	MBS Schedule Fee	Derived Fee	Benefit 100% ($)	Benefit 75% ($)	Benefit 85% ($)
3	Common list	Type C	01.12.1989	1	A1	N	Professional attendance at consulting rooms (other than a service to which another item applies) by a general practitioner for an obvious problem characterised by the straightforward nature of the task that requires a short patient history and, if required, limited examination and management-each attendance	19.6		19.6		
4	Common list	Type C	01.12.1989	1	A1	N	Professional attendance by a general practitioner (other than attendance at consulting rooms or a residential aged care facility or a service to which another item in the table applies) that requires a short patient history and, if necessary, limited examination and management-an attendance on one or more patients at one place on one occasion-each patient		The fee for item 3, plus $30.00 divided by the number of patients seen, up to a maximum of six patients. For seven or more patients - the fee for item 3 plus $2.40 per patient.			
23	Common list	Type C	01.12.1989	1	A1	N	Professional attendance by a general practitioner at consulting rooms (other than a service to which another item in this Schedule applies), lasting at least 6 minutes and less than 20 minutes and including any of the following that are clinically relevant:(a) taking a patient history;(b) performing a clinical examination;(c) arranging any necessary investigation;(d) implementing a management plan;(e) providing appropriate preventive health care;for one or more health-related issues, with appropriate documentation	42.85		42.85		
24	Common list	Type C	01.12.1989	1	A1	N	Professional attendance by a general practitioner (other than attendance at consulting rooms or a residential aged care facility or a service to which another item in this Schedule applies), lasting at least 6 minutes and less than 20 minutes and including any of the following that are clinically relevant:(a) taking a patient history;(b) performing a clinical examination;(c) arranging any necessary investigation;(d) implementing a management plan;(e) providing appropriate preventive health care;for one or more health-related issues, with appropriate documentation—an attendance on one or more patients at one place on one occasion—each patient		The fee for item 23, plus $30.00 divided by the number of patients seen, up to a maximum of six patients. For seven or more patients - the fee for item 23 plus $2.40 per patient.			
36	Common list	Type C	01.12.1989	1	A1	N	Professional attendance by a general practitioner at consulting rooms (other than a service to which another item in the table applies), lasting at least 20 minutes and including any of the following that are clinically relevant: (a) taking a detailed patient history; (b) performing a clinical examination; (c) arranging any necessary investigation; (d) implementing a management plan; (e) providing appropriate preventive health care; for one or more health-related issues, with appropriate documentation-each attendance	82.9		82.9		
37	Common list	Type C	01.12.1989	1	A1	N	Professional attendance by a general practitioner (other than attendance at consulting rooms or a residential aged care facility or a service to which another item in the table applies), lasting at least 20 minutes and including any of the following that are clinically relevant: (a) taking a detailed patient history; (b) performing a clinical examination; (c) arranging any necessary investigation; (d) implementing a management plan; (e) providing appropriate preventive health care; for one or more health-related issues, with appropriate documentation-an attendance on one or more patients at one place on one occasion-each patient		The fee for item 36, plus $30.00 divided by the number of patients seen, up to a maximum of six patients. For seven or more patients - the fee for item 36 plus $2.40 per patient.			
44	Common list	Type C	01.12.1989	1	A1	N	Professional attendance by a general practitioner at consulting rooms (other than a service to which another item in the table applies), lasting at least 40 minutes and including any of the following that are clinically relevant: (a) taking an extensive patient history; (b) performing a clinical examination; (c) arranging any necessary investigation; (d) implementing a management plan; (e) providing appropriate preventive health care; for one or more health-related issues, with appropriate documentation-each attendance	122.15		122.15		
47	Common list	Type C	01.12.1989	1	A1	N	Professional attendance by a general practitioner (other than attendance at consulting rooms or a residential aged care facility or a service to which another item in the table applies), lasting at least 40 minutes and including any of the following that are clinically relevant: (a) taking an extensive patient history; (b) performing a clinical examination; (c) arranging any necessary investigation; (d) implementing a management plan; (e) providing appropriate preventive health care; for one or more health-related issues, with appropriate documentation-an attendance on one or more patients at one place on one occasion-each patient		The fee for item 44, plus $30.00 divided by the number of patients seen, up to a maximum of six patients. For seven or more patients - the fee for item 44 plus $2.40 per patient.			

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52	Common list	Type C	01.12.1989	1	A2	N	Professional attendance at consulting rooms of not more than 5 minutes in duration (other than a service to which any other item applies)-each attendance, by: (a) a medical practitioner (who is not a general practitioner); or (b) a Group A1 disqualified general practitioner, as defined in the dictionary of the General Medical Services Table (GMST).	11		11		
53	Common list	Type C	01.12.1989	1	A2	N	Professional attendance at consulting rooms of more than 5 minutes in duration but not more than 25 minutes (other than a service to which any other item applies)-each attendance, by: (a) a medical practitioner (who is not a general practitioner); or (b) a Group A1 disqualified general practitioner, as defined in the dictionary of the General Medical Services Table (GMST).	21		21		
54	Common list	Type C	01.12.1989	1	A2	N	Professional attendance at consulting rooms of more than 25 minutes in duration but not more than 45 minutes (other than a service to which any other item applies)-each attendance, by: (a) a medical practitioner (who is not a general practitioner); or (b) a Group A1 disqualified general practitioner, as defined in the dictionary of the General Medical Services Table (GMST).	38		38		
57	Common list	Type C	01.12.1989	1	A2	N	Professional attendance at consulting rooms lasting more than 45 minutes, but not more than 60 minutes (other than a service to which any other item applies) by:(a) a medical practitioner who is not a general practitioner; or(b) a Group A1 disqualified general practitioner	61		61		
58	Common list	Type C	01.12.1989	1	A2	N	Professional attendance (other than an attendance at consulting rooms or a residential aged care facility or a service to which any other item in the table applies), not more than 5 minutes in duration-an attendance on one or more patients at one place on one occasion-each patient, by: (a) a medical practitioner (who is not a general practitioner); or (b) a Group A1 disqualified general practitioner, as defined in the dictionary of the General Medical Services Table (GMST).		An amount equal to $8.50, plus $15.50 divided by the number of patients seen, up to a maximum of six patients. For seven or more patients - an amount equal to $8.50 plus $.70 per patient			
59	Common list	Type C	01.12.1989	1	A2	N	Professional attendance (other than an attendance at consulting rooms or a residential aged care facility or a service to which any other item in the table applies) of more than 5 minutes in duration but not more than 25 minutes-an attendance on one or more patients at one place on one occasion-each patient, by: (a) a medical practitioner (who is not a general practitioner); or (b) a Group A1 disqualified general practitioner, as defined in the dictionary of the General Medical Services Table (GMST).		An amount equal to $16.00, plus $17.50 divided by the number of patients seen, up to a maximum of six patients. For seven or more patients - an amount equal to $16.00 plus $.70 per patient			
60	Common list	Type C	01.12.1989	1	A2	N	Professional attendance (other than an attendance at consulting rooms or a residential aged care facility or a service to which any other item in the table applies) of more than 25 minutes in duration but not more than 45 minutes-an attendance on one or more patients at one place on one occasion-each patient, by: (a) a medical practitioner (who is not a general practitioner); or (b) a Group A1 disqualified general practitioner, as defined in the dictionary of the General Medical Services Table (GMST).		An amount equal to $35.50, plus $15.50 divided by the number of patients seen, up to a maximum of six patients. For seven or more patients - an amount equal to $35.50 plus $.70 per patient			
65	Common list	Type C	01.12.1989	1	A2	N	Professional attendance (other than an attendance at consulting rooms or a residential aged care facility or a service to which any other item in this Schedule applies) lasting more than 45 minutes but not more than 60 minutes —an attendance on one or more patients at one place on one occasion—each patient, by:(a) a medical practitioner who is not a general practitioner; or(b) a Group A1 disqualified general practitioner		An amount equal to $57.50, plus $15.50 divided by the number of patients seen, up to a maximum of six patients. For seven or more patients - an amount equal to $57.50 plus $0.70 per patient			
104	Common list	Type C	01.11.1990	1	A3	N	Professional attendance at consulting rooms or hospital by a specialist in the practice of the specialist's specialty after referral of the patient to the specialist-each attendance, other than a second or subsequent attendance, in a single course of treatment, other than a service to which item 106, 109 or 16401 applies	98.95			74.25	84.15

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105	Common list	Type C	01.11.1990	1	A3	N	Professional attendance by a specialist in the practice of the specialist's specialty following referral of the patient to the specialist-an attendance after the first in a single course of treatment, if that attendance is at consulting rooms or hospital, other than a service to which item 16404 applies	49.75			37.35	42.3
106	Common list	Type C	01.12.1991	1	A3	N	Professional attendance by a specialist in the practice of the specialist's specialty of ophthalmology and following referral of the patient to the specialist-an attendance (other than a second or subsequent attendance in a single course of treatment) at which the only service provided is refraction testing for the issue of a prescription for spectacles or contact lenses, if that attendance is at consulting rooms or hospital (other than a service to which any of items 104, 109 and 10801 to 10816 applies)	82.1			61.6	69.8
107	Common list	Type C	01.11.1990	1	A3	N	Professional attendance by a specialist in the practice of the specialist's specialty following referral of the patient to the specialist-an attendance (other than a second or subsequent attendance in a single course of treatment), if that attendance is at a place other than consulting rooms or hospital	145.15			108.9	123.4
108	Common list	Type C	01.11.1990	1	A3	N	Professional attendance by a specialist in the practice of the specialist's specialty following referral of the patient to the specialist-each attendance after the first in a single course of treatment, if that attendance is at a place other than consulting rooms or hospital	91.9			68.95	78.15
109	Common list	Type C	01.05.2006	1	A3	N	Professional attendance by a specialist in the practice of the specialist's specialty of ophthalmology following referral of the patient to the specialist-an attendance (other than a second or subsequent attendance in a single course of treatment) at which a comprehensive eye examination, including pupil dilation, is performed on: (a) a patient aged 9 years or younger; or (b) a patient aged 14 years or younger with developmental delay; (other than a service to which any of items 104, 106 and 10801 to 10816 applies)	222.95			167.25	189.55
110	Common list	Type C	01.02.1984	1	A4	N	Professional attendance at consulting rooms or hospital, by a consultant physician in the practice of the consultant physician's specialty (other than psychiatry) following referral of the patient to the consultant physician by a referring practitioner-initial attendance in a single course of treatment	174.5			130.9	148.35
111	Common list	Type B Non-band specific	01.11.2017	1	A3	N	Professional attendance at consulting rooms or in hospital by a specialist in the practice of the specialist's specialty following referral of the patient to the specialist by a referring practitioner-an attendance after the first attendance in a single course of treatment, if: (a) during the attendance, the specialist determines the need to perform an operation on the patient that had not otherwise been scheduled; and (b) the specialist subsequently performs the operation on the patient, on the same day; and (c) the operation is a service to which an item in Group T8 applies; and (d) the amount specified in the item in Group T8 as the fee for a service to which that item applies is $341.75 or more For any particular patient, once only on the same day	49.75			37.35	42.3
115	Common list	Type C	01.04.2019	1	A3	N	Professional attendance at consulting rooms or in hospital on a day by a medical practitioner (the attending practitioner) who is a specialist or consultant physician in the practice of the attending practitioner's specialty after referral of the patient to the attending practitioner by a referring practitioner—an attendance after the initial attendance in a single course of treatment, if: (a) the attending practitioner performs a scheduled operation on the patient on the same day; and (b) the operation is a service to which an item in Group T8 applies; and (c) the amount specified in the item in Group T8 as the fee for a service to which that item applies is $341.75 or more; and (d) the attendance is unrelated to the scheduled operation; and (e) it is considered a clinical risk to defer the attendance to a later day For any particular patient, once only on the same day	49.75			37.35	42.3
116	Common list	Type C	01.02.1984	1	A4	N	Professional attendance at consulting rooms or hospital, by a consultant physician in the practice of the consultant physician's specialty (other than psychiatry) following referral of the patient to the consultant physician by a referring practitioner-each attendance (other than a service to which item 119 applies) after the first in a single course of treatment	87.3			65.5	74.25
117	Common list	Type B Non-band specific	01.11.2017	1	A4	N	Professional attendance at consulting rooms or in hospital, by a consultant physician in the practice of the consultant physician's specialty (other than psychiatry) following referral of the patient to the consultant physician by a referring practitioner-an attendance after the first attendance in a single course of treatment, if: (a) the attendance is not a minor attendance; and (b) during the attendance, the consultant physician determines the need to perform an operation on the patient that had not otherwise been scheduled; and (c) the consultant physician subsequently performs the operation on the patient, on the same day; and (d) the operation is a service to which an item in Group T8 applies; and (e) the amount specified in the item in Group T8 as the fee for a service to which that item applies is $341.75 or more For any particular patient, once only on the same day	87.3			65.5	74.25
119	Common list	Type C	22.12.1987	1	A4	N	Professional attendance at consulting rooms or hospital, by a consultant physician in the practice of the consultant physician's specialty (other than psychiatry) following referral of the patient to the consultant physician by a referring practitioner-each minor attendance after the first in a single course of treatment	49.75			37.35	42.3

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120	Common list	Type B Non-band specific	01.11.2017	1	A4	N	Professional attendance at consulting rooms or in hospital by a consultant physician in the practice of the consultant physician's specialty (other than psychiatry) following referral of the patient to the consultant physician by a referring practitioner—minor attendance, if: (a) during the attendance, the consultant physician determines the need to perform an operation on the patient that had not otherwise been scheduled; and (b) the consultant physician subsequently performs the operation on the patient, on the same day; and (c) the operation is a service to which an item in Group T8 applies; and (d) the amount specified in the item in Group T8 as the fee for a service to which that item appliesis $341.75 or more For any particular patient, once only on the same day	49.75			37.35	42.3
122	Common list	Type C	01.02.1984	1	A4	N	Professional attendance at a place other than consulting rooms or hospital, by a consultant physician in the practice of the consultant physician's specialty (other than psychiatry) following referral of the patient to the consultant physician by a referring practitioner-initial attendance in a single course of treatment	211.65			158.75	179.95
123	N/A (Not hospital treatment)	N/A (Not hospital treatment)	01.11.2023	1	A1	N	Professional attendance by a general practitioner at consulting rooms (other than a service to which another item in this Schedule applies), lasting at least 60 minutes and including any of the following that are clinically relevant:(a) taking an extensive patient history;(b) performing a clinical examination;(c) arranging any necessary investigation;(d) implementing a management plan;(e) providing appropriate preventive health care;for one or more health related issues, with appropriate documentation	197.9		197.9		
124	N/A (Not hospital treatment)	N/A (Not hospital treatment)	01.11.2023	1	A1	N	Professional attendance by a general practitioner (other than attendance at consulting rooms or a residential aged care facility or a service to which another item in this Schedule applies), lasting at least 60 minutes and including any of the following that are clinically relevant:(a) taking an extensive patient history;(b) performing a clinical examination;(c) arranging any necessary investigation;(d) implementing a management plan;(e) providing appropriate preventive health care;for one or more health related issues, with appropriate documentation—an attendance on one or more patients at one place on one occasion—each patient		The fee for item 123, plus $30.00 divided by the number of patients seen, up to a maximum of six patients. For seven or more patients - the fee for item 123 plus $2.40 per patient.			
128	Common list	Type C	01.02.1984	1	A4	N	Professional attendance at a place other than consulting rooms or hospital, by a consultant physician in the practice of the consultant physician's specialty (other than psychiatry) following referral of the patient to the consultant physician by a referring practitioner-each attendance (other than a service to which item 131 applies) after the first in a single course of treatment	128.05			96.05	108.85
131	Common list	Type C	22.12.1987	1	A4	N	Professional attendance at a place other than consulting rooms or hospital, by a consultant physician in the practice of the consultant physician's specialty (other than psychiatry) following referral of the patient to the consultant physician by a referring practitioner-each minor attendance after the first in a single course of treatment	92.25			69.2	78.45
132	Common list	Type C	01.11.2007	1	A4	N	Professional attendance by a consultant physician in the practice of the consultant physician's specialty (other than psychiatry) of at least 45 minutes in duration for an initial assessment of a patient with at least 2 morbidities (which may include complex congenital, developmental and behavioural disorders) following referral of the patient to the consultant physician by a referring practitioner, if: (a) an assessment is undertaken that covers: (i) a comprehensive history, including psychosocial history and medication review; and (ii) comprehensive multi or detailed single organ system assessment; and (iii) the formulation of differential diagnoses; and (b) a consultant physician treatment and management plan of significant complexity is prepared and provided to the referring practitioner, which involves: (i) an opinion on diagnosis and risk assessment; and (ii) treatment options and decisions; and (iii) medication recommendations; and (c) an attendance on the patient to which item 110, 116 or 119 applies did not take place on the same day by the same consultant physician; and (d) this item has not applied to an attendance on the patient in the preceding 12 months by the same consultant physician	305.15			228.9	259.4

MBS Item	Clinical category	Procedure type	Item Start Date	MBS Category	MBS Group	New Item	MBS Description	MBS Schedule Fee	Derived Fee	Benefit 100% ($)	Benefit 75% ($)	Benefit 85% ($)
133	Common list	Type C	01.11.2007	1	A4	N	Professional attendance by a consultant physician in the practice of the consultant physician's specialty (other than psychiatry) of at least 20 minutes in duration after the first attendance in a single course of treatment for a review of a patient with at least 2 morbidities (which may include complex congenital, developmental and behavioural disorders) if: (a) a review is undertaken that covers: (i) review of initial presenting problems and results of diagnostic investigations; and (ii) review of responses to treatment and medication plans initiated at time of initial consultation; and (iii) comprehensive multi or detailed single organ system assessment; and (iv) review of original and differential diagnoses; and (b) the modified consultant physician treatment and management plan is provided to the referring practitioner, which involves, if appropriate: (i) a revised opinion on the diagnosis and risk assessment; and (ii) treatment options and decisions; and (iii) revised medication recommendations; and (c) an attendance on the patient to which item 110, 116 or 119 applies did not take place on the same day by the same consultant physician; and (d) item 132 applied to an attendance claimed in the preceding 12 months; and (e) the attendance under this item is claimed by the same consultant physician who claimed item 132 or a locum tenens; and (f) this item has not applied more than twice in any 12 month period	152.8			114.6	129.9
135	Common list	Type C	01.07.2008	1	A29	N	Professional attendance lasting at least 45 minutes by a consultant physician in the practice of the consultant physician's specialty of paediatrics, following referral of the patient to the consultant paediatrician by areferring practitioner, for a patient aged under 25, if the consultant paediatrician: (a) undertakes, or has previously undertaken in prior attendances, a comprehensive assessment in relation to which a diagnosis of a complex neurodevelopmental disorder (such as autism spectrum disorder) is made (if appropriate, using information provided by an eligible allied health provider); and (b) develops a treatment and management plan, which must include: (i) documentation of the confirmed diagnosis; and (ii) findings of any assessments performed for the purposes of formulation of the diagnosis or contribution to the treatment and management plan; and (iii) a risk assessment; and (iv) treatment options (which may include biopsychosocial recommendations); and (c) provides a copy of the treatment and management plan to: (i) thereferring practitioner; and (ii) one or more allied health providers, if appropriate, for the treatment of the patient; (other than attendance on a patient for whom payment has previously been made under this item or item 137, 139, 289, 92140, 92141, 92142 or 92434) Applicable only once per lifetime	305.15			228.9	259.4
137	Common list	Type C	01.07.2011	1	A29	N	Professional attendance lasting at least 45 minutes by a specialist or consultant physician (not including a general practitioner), following referral of the patient to the specialist or consultant physician by a referring practitioner, for a patient aged under 25, if the specialist or consultant physician: (a) undertakes, or has previously undertaken in prior attendances, a comprehensive assessment in relation to which a diagnosis of an eligible disability is made (if appropriate, using information provided by an eligible allied health provider); and (b) develops a treatment and management plan, which must include: (i) documentation of the confirmed diagnosis; and (ii) findings of any assessments performed for the purposes of formulation of the diagnosis or contribution to the treatment and management plan; and (iii) a risk assessment; and (iv) treatment options (which may include biopsychosocial recommendations); and (c) provides a copy of the treatment and management plan to: (i) the referring practitioner; and (ii) one or more allied health providers, if appropriate, for the treatment of the patient; (other than attendance on a patient for whom payment has previously been made under this item or item 135, 139, 289, 92140, 92141, 92142 or 92434) Applicable only once per lifetime	305.15			228.9	259.4
139	Common List	Type C	01.07.2011	1	A29	N	Professional attendance lasting at least 45 minutes, at a place other than a hospital, by a general practitioner (not including a specialist or consultant physician), for a patient aged under 25, if the general practitioner: (a) undertakes, or has previously undertaken in prior attendances, a comprehensive assessment in relation to which a diagnosis of an eligible disability is made (if appropriate, using information provided by an eligible allied health provider); and (b) develops a treatment and management plan, which must include: (i) documentation of the confirmed diagnosis; and (ii) findings of any assessments performed for the purposes of formulation of the diagnosis or contribution to the treatment and management plan; and (iii) a risk assessment; and (iv) treatment options (which may include biopsychosocial recommendations); and (c) provides a copy of the treatment and management plan to one or more allied health providers, if appropriate, for the treatment of the patient; (other than attendance on a patient for whom payment has previously been made under this item or item 135, 137, 289, 92140, 92141, 92142 or 92434) Applicable only once per lifetime	153.25		153.25		

MBS Item	Clinical category	Procedure type	Item Start Date	MBS Category	MBS Group	New Item	MBS Description	MBS Schedule Fee	Derived Fee	Benefit 100% ($)	Benefit 75% ($)	Benefit 85% ($)
141	Common list	Type C	01.11.2007	1	A28	N	Professional attendance of more than 60 minutes in duration at consulting rooms or hospital by a consultant physician or specialist in the practice of the consultant physician's or specialist's specialty of geriatric medicine, if: (a) the patient is at least 65 years old and referred by a medical practitioner practising in general practice (including a general practitioner, but not including a specialist or consultant physician) or a participating nurse practitioner; and (b) the attendance is initiated by the referring practitioner for the provision of a comprehensive assessment and management plan; and (c) during the attendance: (i) the medical, physical, psychological and social aspects of the patient's health are evaluated in detail using appropriately validated assessment tools if indicated (the assessment); and (ii) the patient's various health problems and care needs are identified and prioritised (the formulation); and (iii) a detailed management plan is prepared (the management plan) setting out: (A) the prioritised list of health problems and care needs; and (B) short and longer term management goals; and (C) recommended actions or intervention strategies to be undertaken by the patient's general practitioner or another relevant health care provider that are likely to improve or maintain health status and are readily available and acceptable to the patient and the patient's family and carers; and (iv) the management plan is explained and discussed with the patient and, if appropriate, the patient's family and any carers; and (v) the management plan is communicated in writing to the referring practitioner; and (d) an attendance to which item 104, 105, 107, 108, 110, 116 or 119 applies has not been provided to the patient on the same day by the same practitioner; and (e) an attendance to which this item or item 145 applies has not been provided to the patient by the same practitioner in the preceding 12 months	523.4			392.55	444.9
143	Common list	Type C	01.11.2007	1	A28	N	Professional attendance of more than 30 minutes in duration at consulting rooms or hospital by a consultant physician or specialist in the practice of the consultant physician's or specialist's specialty of geriatric medicine to review a management plan previously prepared by that consultant physician or specialist under item 141 or 145, if: (a) the review is initiated by the referring medical practitioner practising in general practice or a participating nurse practitioner; and (b) during the attendance: (i) the patient's health status is reassessed; and (ii) a management plan prepared under item 141 or 145 is reviewed and revised; and (iii) the revised management plan is explained to the patient and (if appropriate) the patient's family and any carers and communicated in writing to the referring practitioner; and (c) an attendance to which item 104, 105, 107, 108, 110, 116 or 119 applies was not provided to the patient on the same day by the same practitioner; and (d) an attendance to which item 141 or 145 applies has been provided to the patient by the same practitioner in the preceding 12 months; and (e) an attendance to which this item or item 147 applies has not been provided to the patient in the preceding 12 months, unless there has been a significant change in the patient's clinical condition or care circumstances that requires a further review	327.2			245.4	278.15
145	Common list	Type C	01.11.2007	1	A28	N	Professional attendance of more than 60 minutes in duration at a place other than consulting rooms or hospital by a consultant physician or specialist in the practice of the consultant physician's or specialist's specialty of geriatric medicine, if: (a) the patient is at least 65 years old and referred by a medical practitioner practising in general practice (including a general practitioner, but not including a specialist or consultant physician) or a participating nurse practitioner; and (b) the attendance is initiated by the referring practitioner for the provision of a comprehensive assessment and management plan; and (c) during the attendance: (i) the medical, physical, psychological and social aspects of the patient's health are evaluated in detail utilising appropriately validated assessment tools if indicated (the assessment); and (ii) the patient's various health problems and care needs are identified and prioritised (the formulation); and (iii) a detailed management plan is prepared (the management plan) setting out: (A) the prioritised list of health problems and care needs; and (B) short and longer term management goals; and (C) recommended actions or intervention strategies, to be undertaken by the patient's general practitioner or another relevant health care provider that are likely to improve or maintain health status and are readily available and acceptable to the patient, the patient's family and any carers; and (iv) the management plan is explained and discussed with the patient and, if appropriate, the patient's family and any carers; and (v) the management plan is communicated in writing to the referring practitioner; and (d) an attendance to which item 104, 105, 107, 108, 110, 116 or 119 applies has not been provided to the patient on the same day by the same practitioner; and (e) an attendance to which this item or item 141 applies has not been provided to the patient by the same practitioner in the preceding 12 months	634.6				539.45

MBS Item	Clinical category	Procedure type	Item Start Date	MBS Category	MBS Group	New Item	MBS Description	MBS Schedule Fee	Derived Fee	Benefit 100% ($)	Benefit 75% ($)	Benefit 85% ($)
147	Common list	Type C	01.11.2007	1	A28	N	Professional attendance of more than 30 minutes in duration at a place other than consulting rooms or hospital by a consultant physician or specialist in the practice of the consultant physician's or specialist's specialty of geriatric medicine to review a management plan previously prepared by that consultant physician or specialist under items 141 or 145, if: (a) the review is initiated by the referring medical practitioner practising in general practice or a participating nurse practitioner; and (b) during the attendance: (i) the patient's health status is reassessed; and (ii) a management plan that was prepared under item 141 or 145 is reviewed and revised; and (iii) the revised management plan is explained to the patient and (if appropriate) the patient's family and any carers and communicated in writing to the referring practitioner; and (c) an attendance to which item 104, 105, 107, 108, 110, 116 or 119 applies has not been provided to the patient on the same day by the same practitioner; and (d) an attendance to which item 141 or 145 applies has been provided to the patient by the same practitioner in the preceding 12 months; and (e) an attendance to which this item or 143 applies has not been provided by the same practitioner in the preceding 12 months, unless there has been a significant change in the patient's clinical condition or care circumstances that requires a further review	396.7				337.2
151	N/A (Not hospital treatment)	N/A (Not hospital treatment)	01.11.2023	1	A2	N	Professional attendance at consulting rooms lasting more than 60 minutes (other than a service to which any other item applies) by:(a) a medical practitioner who is not a general practitioner; or(b) a Group A1 disqualified general practitioner	98.4		98.4		
160	Common list	Type C	01.02.1984	1	A5	N	Professional attendance by a general practitioner, specialist or consultant physician for a period of not less than 1 hour but less than 2 hours (other than a service to which another item applies) on a patient in imminent danger of death	252.4		252.4	189.3	
161	Common list	Type C	01.02.1984	1	A5	N	Professional attendance by a general practitioner, specialist or consultant physician for a period of not less than 2 hours but less than 3 hours (other than a service to which another item applies) on a patient in imminent danger of death	420.55		420.55	315.45	
162	Common list	Type C	01.02.1984	1	A5	N	Professional attendance by a general practitioner, specialist or consultant physician for a period of not less than 3 hours but less than 4 hours (other than a service to which another item applies) on a patient in imminent danger of death	588.55		588.55	441.45	
163	Common list	Type C	01.02.1984	1	A5	N	Professional attendance by a general practitioner, specialist or consultant physician for a period of not less than 4 hours but less than 5 hours (other than a service to which another item applies) on a patient in imminent danger of death	757.1		757.1	567.85	
164	Common list	Type C	01.02.1984	1	A5	N	Professional attendance by a general practitioner, specialist or consultant physician for a period of 5 hours or more (other than a service to which another item applies) on a patient in imminent danger of death	841.2		841.2	630.9	
165	N/A (Not hospital treatment)	N/A (Not hospital treatment)	01.11.2023	1	A2	N	Professional attendance (other than an attendance at consulting rooms or a residential aged care facility or a service to which any other item in this Schedule applies) lasting more than 60 minutes—an attendance on one or more patients at one place on one occasion—each patient, by:(a) a medical practitioner who is not a general practitioner; or(b) a Group A1 disqualified general practitioner		An amount equal to $88.20, plus $15.50 divided by the number of patients seen, up to a maximum of six patients. For seven or more patients - an amount equal to $88.20 plus $0.70 per patient			
170	Hospital psychiatric services	Type C	01.08.1987	1	A6	N	Professional attendance for the purpose of group therapy of not less than 1 hour in duration given under the direct continuous supervision of a general practitioner, specialist or consultant physician (other than a consultant physician in the practice of the consultant physician's specialty of psychiatry) involving members of a family and persons with close personal relationships with that family-each group of 2 patients	133.95		133.95	100.5	
171	Hospital psychiatric services	Type C	01.08.1987	1	A6	N	Professional attendance for the purpose of group therapy of not less than 1 hour in duration given under the direct continuous supervision of a general practitioner, specialist or consultant physician (other than a consultant physician in the practice of the consultant physician's specialty of psychiatry) involving members of a family and persons with close personal relationships with that family-each group of 3 patients	141.1		141.1	105.85	
172	Hospital psychiatric services	Type C	01.08.1987	1	A6	N	Professional attendance for the purpose of group therapy of not less than 1 hour in duration given under the direct continuous supervision of a general practitioner, specialist or consultant physician (other than a consultant physician in the practice of the consultant physician's specialty of psychiatry) involving members of a family and persons with close personal relationships with that family-each group of 4 or more patients	171.7		171.7	128.8	
177	N/A (Not hospital treatment)	N/A (Not hospital treatment)	01.04.2019	1	A7	N	Professional attendance on a patient who is 30 years of age or overfor a heart health assessment by a prescribed medical practitioner at consulting rooms lasting at least 20 minutes and including: (a) collection of relevant information, including taking a patient history; and (b) a basic physical examination, which must include recording blood pressure and cholesterol; and (c) initiating interventions and referrals as indicated; and (d) implementing a management plan; and (e) providing the patient with preventative health care advice and information.	66.35		66.35		
179	N/A (Not hospital treatment)	N/A (Not hospital treatment)	01.07.2018	1	A7	N	Professional attendance at consulting rooms lasting not more than 5 minutes (other than a service to which any other item applies) by a prescribed medical practitioner in an eligible area—each attendance	15.7		15.7		

MBS Item	Clinical category	Procedure type	Item Start Date	MBS Category	MBS Group	New Item	MBS Description	MBS Schedule Fee	Derived Fee	Benefit 100% ($)	Benefit 75% ($)	Benefit 85% ($)
181	N/A (Not hospital treatment)	N/A (Not hospital treatment)	01.07.2018	1	A7	N	Professional attendance (other than an attendance at consulting rooms or a residential aged care facility or a service to which any other item applies) lasting not more than 5 minutes—an attendance on one or more patients at one place on one occasion by a prescribed medical practitioner in an eligible area—each patient		The fee for item 179, plus $24.00 divided by the number of patients seen, up to a maximum of six patients. For seven or more patients - the fee for item 179 plus $1.90 per patient.			
185	N/A (Not hospital treatment)	N/A (Not hospital treatment)	01.07.2018	1	A7	N	Professional attendance at consulting rooms lasting more than 5 minutes but not more than 25 minutes (other than a service to which any other item applies) by a prescribed medical practitioner in an eligible area—each attendance	34.25		34.25		
187	N/A (Not hospital treatment)	N/A (Not hospital treatment)	01.07.2018	1	A7	N	Professional attendance (other than an attendance at consulting rooms or a residential aged care facility or a service to which any other item applies) lasting more than 5 minutes but not more than 25 minutes—an attendance on one or more patients at one place on one occasion by a prescribed medical practitioner in an eligible area—each patient		The fee for item 185, plus $24.00 divided by the number of patients seen, up to a maximum of six patients. For seven or more patients - the fee for item 185 plus $1.90 per patient.			
189	N/A (Not hospital treatment)	N/A (Not hospital treatment)	01.07.2018	1	A7	N	Professional attendance at consulting rooms lasting more than 25 minutes but not more than 45 minutes (other than a service to which any other applies) by a prescribed medical practitioner in an eligible area—each attendance	66.35		66.35		
191	N/A (Not hospital treatment)	N/A (Not hospital treatment)	01.07.2018	1	A7	N	Professional attendance (other than an attendance at consulting rooms or a residential aged care facility or a service to which any other item applies) lasting more than 25 minutes but not more than 45 minutes—an attendance on one or more patients at one place on one occasion by a prescribed medical practitioner in an eligible area—each patient		The fee for item 189, plus $24.00 divided by the number of patients seen, up to a maximum of six patients. For seven or more patients - the fee for item 189 plus $1.90 per patient.			
193	Common list	Type C	01.11.1998	1	A7	N	Professional attendance by a medical practitioner who holds endorsement of registration for acupuncture with the Medical Board of Australia or is registered by the Chinese Medicine Board of Australia as an acupuncturist, at a place other than a hospital, for treatment lasting less than 20 minutes and including any of the following that are clinically relevant: (a) taking a patient history; (b) performing a clinical examination; (c) arranging any necessary investigation; (d) implementing a management plan; (e) providing appropriate preventive health care; for one or more health-related issues, with appropriate documentation, at which acupuncture is performed by the medical practitioner by the application of stimuli on or through the skin by any means, including any consultation on the same occasion and another attendance on the same day related to the condition for which the acupuncture is performed	42.2		42.2		
195	Common list	Type C	01.11.1998	1	A7	N	Professional attendance by a medical practitioner who holds endorsement of registration for acupuncture with the Medical Board of Australia or is registered by the Chinese Medicine Board of Australia as an acupuncturist, on one or more patients at a hospital, for treatment lasting less than 20 minutes and including any of the following that are clinically relevant: (a) taking a patient history; (b) performing a clinical examination; (c) arranging any necessary investigation; (d) implementing a management plan; (e) providing appropriate preventive health care; for one or more health-related issues, with appropriate documentation, at which acupuncture is performed by the medical practitioner by the application of stimuli on or through the skin by any means, including any consultation on the same occasion and another attendance on the same day related to the condition for which the acupuncture is performed		The fee for item 193, plus $29.60 divided by the number of patients seen, up to a maximum of six patients. For seven or more patients - the fee for item 193 plus $2.35 per patient.			

MBS Item	Clinical category	Procedure type	Item Start Date	MBS Category	MBS Group	New Item	MBS Description	MBS Schedule Fee	Derived Fee	Benefit 100% ($)	Benefit 75% ($)	Benefit 85% ($)
197	Common list	Type C	01.05.2003	1	A7	N	Professional attendance by a medical practitioner who holds endorsement of registration for acupuncture with the Medical Board of Australia or is registered by the Chinese Medicine Board of Australia as an acupuncturist, at a place other than a hospital, for treatment lasting at least 20 minutes and including any of the following that are clinically relevant: (a) taking a detailed patient history; (b) performing a clinical examination; (c) arranging any necessary investigation; (d) implementing a management plan; (e) providing appropriate preventive health care; for one or more health-related issues, with appropriate documentation, at which acupuncture is performed by the medical practitioner by the application of stimuli on or through the skin by any means, including any consultation on the same occasion and another attendance on the same day related to the condition for which the acupuncture is performed	81.7		81.7		
199	Common list	Type C	01.05.2003	1	A7	N	Professional attendance by a medical practitioner who holds endorsement of registration for acupuncture with the Medical Board of Australia or is registered by the Chinese Medicine Board of Australia as an acupuncturist, at a place other than a hospital, for treatment lasting at least 40 minutes and including any of the following that are clinically relevant: (a) taking an extensive patient history; (b) performing a clinical examination; (c) arranging any necessary investigation; (d) implementing a management plan; (e) providing appropriate preventive health care; for one or more health-related issues, with appropriate documentation, at which acupuncture is performed by the medical practitioner by the application of stimuli on or through the skin by any means, including any consultation on the same occasion and another attendance on the same day related to the condition for which the acupuncture is performed	120.25		120.25		
203	N/A (Not hospital treatment)	N/A (Not hospital treatment)	01.07.2018	1	A7	N	Professional attendance at consulting rooms lasting more than 45 minutes but not more than 60 minutes (other than a service to which any other item applies) by a prescribed medical practitioner in an eligible area—each attendance	97.7		97.7		
206	N/A (Not hospital treatment)	N/A (Not hospital treatment)	01.07.2018	1	A7	N	Professional attendance (other than an attendance at consulting rooms or a residential aged care facility or a service to which any other item applies) lasting more than 45 minutes but not more than 60 minutes—an attendance on one or more patients at one place on one occasion by a prescribed medical practitioner in an eligible area—each patient		The fee for item 203, plus $24.00 divided by the number of patients seen, up to a maximum of six patients. For seven or more patients - the fee for item 203 plus $1.90 per patient.			
214	Common list	Unlisted	01.07.2018	1	A7	N	Professional attendance by a prescribed medical practitioner for a period of not less than one hour but less than 2 hours (other than a service to which another item applies) on a patient in imminent danger of death	201.95		201.95	151.5	
215	Common list	Unlisted	01.07.2018	1	A7	N	Professional attendance by a prescribed medical practitioner for a period of not less than 2 hours but less than 3 hours (other than a service to which another item applies) on a patient in imminent danger of death	336.5		336.5	252.4	
218	Common list	Unlisted	01.07.2018	1	A7	N	Professional attendance by a prescribed medical practitioner for a period of not less than 3 hours but less than 4 hours (other than a service to which another item applies) on a patient in imminent danger of death	470.8		470.8	353.1	
219	Common list	Unlisted	01.07.2018	1	A7	N	Professional attendance by a prescribed medical practitioner for a period of not less than 4 hours but less than 5 hours (other than a service to which another item applies) on a patient in imminent danger of death	605.7		605.7	454.3	
220	Common list	Unlisted	01.07.2018	1	A7	N	Professional attendance by a prescribed medical practitioner for a period of 5 hours or more (other than a service to which another item applies) on a patient in imminent danger of death	672.95		672.95	504.75	
221	Common list	Unlisted	01.07.2018	1	A7	N	Professional attendance for the purpose of Group therapy lasting at least one hour given under the direct continuous supervision of a prescribed medical practitioner, involving members of a family and persons with close personal relationships with that family—each Group of 2 patients	107.1		107.1	80.35	
222	Common list	Unlisted	01.07.2018	1	A7	N	Professional attendance for the purpose of Group therapy lasting at least one hour given under the direct continuous supervision of a prescribed medical practitioner, involving members of a family and persons with close personal relationships with that family—each Group of 3 patients	112.9		112.9	84.7	
223	Common list	Unlisted	01.07.2018	1	A7	N	Professional attendance for the purpose of Group therapy lasting at least one hour given under the direct continuous supervision of a prescribed medical practitioner, involving members of a family and persons with close personal relationships with that family—each Group of 4 or more patients	137.35		137.35	103.05	
224	Common list	Unlisted	01.07.2018	1	A7	N	Professional attendance by a prescribed medical practitioner to perform a brief health assessment, lasting not more than 30 minutes and including:(a) collection of relevant information, including taking a patient history; and(b) a basic physical examination; and(c) initiating interventions and referrals as indicated; and(d) providing the patient with preventive health care advice and information	54.1		54.1		

MBS Item	Clinical category	Procedure type	Item Start Date	MBS Category	MBS Group	New Item	MBS Description	MBS Schedule Fee	Derived Fee	Benefit 100% ($)	Benefit 75% ($)	Benefit 85% ($)
225	Common list	Unlisted	01.07.2018	1	A7	N	Professional attendance by a prescribed medical practitioner to perform a standard health assessment, lasting more than 30 minutes but less than 45 minutes, including:(a) detailed information collection, including taking a patient history; and(b) an extensive physical examination; and(c) initiating interventions and referrals as indicated; and(d) providing a preventive health care strategy for the patient	125.7		125.7		
226	Common list	Unlisted	01.07.2018	1	A7	N	Professional attendance by a prescribed medical practitioner to perform a long health assessment, lasting at least 45 minutes but less than 60 minutes, including:(a) comprehensive information collection, including taking a patient history; and(b) an extensive examination of the patient's medical condition and physical function; and(c) initiating interventions and referrals as indicated; and(d) providing a basic preventive health care management plan for the patient	173.4		173.4		
227	Common list	Unlisted	01.07.2018	1	A7	N	Professional attendance by a prescribed medical practitioner to perform a prolonged health assessment, lasting at least 60 minutes, including:(a) comprehensive information collection, including taking a patient history; and(b) an extensive examination of the patient's medical condition, and physical, psychological and social function; and(c) initiating interventions and referrals as indicated; and(d) providing a comprehensive preventive health care management plan for the patient	245		245		
228	Common list	Unlisted	01.07.2018	1	A7	N	Professional attendance by a prescribed medical practitioner at consulting rooms or in a place other than a hospital or a residential aged care facility, for a health assessment of a patient who is of Aboriginal or Torres Strait Islander descent—applicable not more than once in a 9 month period and only if the following items are not applicable within the same 9 month period:(a) item 715;(b) item 92004 or 92011 of the Telehealth and Telephone Determination	193.45		193.45		
229	Common list	Unlisted	01.07.2018	1	A7	N	Attendance by a prescribed medical practitioner, for preparation of a GP management plan for a patient (other than a service associated with a service to which any of items 235 to 240 and 735 to 758 apply)	131.5		131.5	98.65	
230	Common list	Type C	01.07.2018	1	A7	N	Attendance by a prescribed medical practitioner, to coordinate the development of team care arrangements for a patient (other than a service associated with a service to which any of items 235 to 240 and 735 to 758 apply)	104.2		104.2	78.15	
231	Common list	Unlisted	01.07.2018	1	A7	N	Either:(a) contribution to a multidisciplinary care plan, for a patient, prepared by another provider; or(b) contribution to a review of a multidisciplinary care plan, for a patient, prepared by another provider;by a prescribed medical practitioner, other than a service associated with a service to which any of items 235 to 240 and 735 to 758 apply	64.15		64.15	48.15	
232	Common list	Unlisted	01.07.2018	1	A7	N	Either:(a) contribution to a multidisciplinary care plan, for a patient in a residential aged care facility, prepared by that facility, or contribution to a review of a multidisciplinary care plan, for a patient, prepared by such a facility; or(b) contribution to a multidisciplinary care plan, for a patient, prepared by another provider before the patient is discharged from a hospital or contribution to a review of a multidisciplinary care plan, for a patient, prepared by another provider;by a prescribed medical practitioner, other than a service associated with a service to which any of items 235 to 240 and 735 to 758 apply	64.15		64.15	48.15	
233	Common list	Type C	01.07.2018	1	A7	N	Attendance by a prescribed medical practitioner:(a) to review a GP management plan prepared by a medical practitioner (or an associated medical practitioner); or(b) to coordinate a review of team care arrangements which have been coordinated by the medical practitioner (or the associated medical practitioner)	65.65		65.65	49.25	
235	Common list	Type C	01.07.2018	1	A7	N	Attendance by a prescribed medical practitioner, as a member of a multidisciplinary case conference team, to organise and coordinate:(a) a community case conference; or(b) a multidisciplinary case conference in a residential aged care facility; or(c) a multidisciplinary discharge case conference;if the conference lasts for at least 15 minutes but less than 20 minutes, other than a service associated with a service to which any of items 229 to 233 and 721 to 732 apply	64.5		64.5	48.4	
236	Common list	Type C	01.07.2018	1	A7	N	Attendance by a prescribed medical practitioner, as a member of a multidisciplinary case conference team, to organise and coordinate:(a) a community case conference; or(b) a multidisciplinary case conference in a residential aged care facility; or(c) a multidisciplinary discharge case conference;if the conference lasts for at least 20 minutes but less than 40 minutes, other than a service associated with a service to which any of items 229 to 233 and 721 to 732 apply	110.25		110.25	82.7	
237	Common list	Type C	01.07.2018	1	A7	N	Attendance by a prescribed medical practitioner, as a member of a multidisciplinary case conference team, to organise and coordinate:(a) a community case conference; or(b) a multidisciplinary case conference in a residential aged care facility; or(c) a multidisciplinary discharge case conference;if the conference lasts at least 40 minutes, other than a service associated with a service to which any of items 229 to 233 and 721 to 732 apply	183.7		183.7	137.8	
238	Common list	Type C	01.07.2018	1	A7	N	Attendance by a prescribed medical practitioner, as a member of a multidisciplinary case conference team, to participate in:(a) a community case conference; or(b) a multidisciplinary case conference in a residential aged care facility; or(c) a multidisciplinary discharge case conference;if the conference lasts for at least 15 minutes but less than 20 minutes, other than a service associated with a service to which any of items 229 to 233 and 721 to 732 apply	47.35		47.35	35.55	

MBS Item	Clinical category	Procedure type	Item Start Date	MBS Category	MBS Group	New Item	MBS Description	MBS Schedule Fee	Derived Fee	Benefit 100% ($)	Benefit 75% ($)	Benefit 85% ($)
239	Common list	Type C	01.07.2018	1	A7	N	Attendance by a prescribed medical practitioner, as a member of a multidisciplinary case conference team, to participate in:(a) a community case conference; or(b) a multidisciplinary case conference in a residential aged care facility; or(c) a multidisciplinary discharge case conference;if the conference lasts for at least 20 minutes but less than 40 minutes, other than a service associated with a service to any of items 229 to 233 and 721 to 732 apply	81.15		81.15	60.9	
240	Common list	Type C	01.07.2018	1	A7	N	Attendance by a prescribed medical practitioner, as a member of a multidisciplinary case conference team, to participate in:(a) a community case conference; or(b) a multidisciplinary case conference in a residential aged care facility; or(c) a multidisciplinary discharge case conference;if the conference lasts for at least 40 minutes, other than a service associated with a service to which any of items 229 to 233 and 721 to 732 apply	135.05		135.05	101.3	
243	Common list	Unlisted	01.07.2018	1	A7	N	Attendance by a prescribed medical practitioner, as a member of a case conference team, to lead and coordinate a multidisciplinary case conference on a patient with cancer, to develop a multidisciplinary treatment plan, if the case conference lasts at least 10 minutes, with a multidisciplinary team of at least 3 other medical practitioners from different areas of medical practice (which may include general practice), and, in addition, allied health providers	63.15		63.15	47.4	
244	Common list	Unlisted	01.07.2018	1	A7	N	Attendance by a prescribed medical practitioner, as a member of a case conference team, to participate in a multidisciplinary case conference on a patient with cancer, to develop a multidisciplinary treatment plan, if the case conference lasts at least 10 minutes, with a multidisciplinary team of at least 4 medical practitioners from different areas of medical practice (which may include general practice), and, in addition, allied health providers	29.45		29.45	22.1	
245	N/A (Not hospital treatment)	N/A (Not hospital treatment)	01.07.2018	1	A7	N	Participation by a prescribed medical practitioner in a Domiciliary Medication Management Review (DMMR) for a patient living in a community setting, in which the prescribed medical practitioner, with the patient's consent:(a) assesses the patient as:(i) having a chronic medical condition or a complex medication regimen; and(ii) not having the patient's therapeutic goals met; and(b) following that assessment:(i) refers the patient to a community pharmacy or an accredited pharmacist for the DMMR; and(ii) provides relevant clinical information required for the DMMR; and(c) discusses with the reviewing pharmacist the results of the DMMR including suggested medication management strategies; and(d) develops a written medication management plan following discussion with the patient; and(e) provides the written medication management plan to a community pharmacy chosen by the patientFor any particular patient—applicable not more than once in each 12 month period, and only if item 900 does not apply in the same 12 month period, except if there has been a significant change in the patient's condition or medication regimen requiring a new DMMR	141.1		141.1		
249	N/A (Not hospital treatment)	N/A (Not hospital treatment)	01.07.2018	1	A7	N	Participation by a prescribed medical practitioner in a residential medication management review (RMMR) for a patient who is a permanent resident of a residential aged care facility—other than an RMMR for a resident in relation to whom, in the preceding 12 months, this item or item 903 has applied, unless there has been a significant change in the resident's medical condition or medication management plan requiring a new RMMR	96.6		96.6		
272	Common list	Unlisted	01.07.2018	1	A7	N	Professional attendance by a prescribed medical practitioner (who has not undertaken mental health skills training), lasting at least 20 minutes but less than 40 minutes, for the preparation of a GP mental health treatment plan for a patient	65.35		65.35	49.05	
276	Common list	Unlisted	01.07.2018	1	A7	N	Professional attendance by a prescribed medical practitioner (who has not undertaken mental health skills training), lasting at least 40 minutes, for the preparation of a GP mental health treatment plan for a patient	96.2		96.2	72.15	
277	Common list	Unlisted	01.07.2018	1	A7	N	Professional attendance by a prescribed medical practitioner to:(a) review a GP mental health treatment plan which a medical practitioner, or an associated medical practitioner, has prepared; or(b) to review a Psychiatrist Assessment and Management Plan	65.35		65.35	49.05	
279	Common list	Unlisted	01.07.2018	1	A7	N	Professional attendance by a prescribed medical practitioner, in relation to a mental disorder, lasting at least 20 minutes and involving:(a) taking relevant history and identifying the presenting problem (to the extent not previously recorded); and(b) providing treatment and advice; and(c) if appropriate, referral for other services or treatments; and(d) documenting the outcomes of the consultation	65.35		65.35	49.05	
281	Common list	Unlisted	01.07.2018	1	A7	N	Professional attendance by a prescribed medical practitioner (who has undertaken mental health skills training), lasting at least 20 minutes but less than 40 minutes, for the preparation of a GP mental health treatment plan for a patient	82.95		82.95	62.25	
282	Common list	Unlisted	01.07.2018	1	A7	N	Professional attendance by a prescribed medical practitioner (who has undertaken mental health skills training), lasting at least 40 minutes, for the preparation of a GP mental health treatment plan for a patient	122.25		122.25	91.7	
283	N/A (Not hospital treatment)	N/A (Not hospital treatment)	01.07.2018	1	A7	N	Professional attendance at consulting rooms by a prescribed medical practitioner, registered with the Chief Executive Medicare as meeting the credentialling requirements for provision of this service:(a) for providing focussed psychological strategies for mental disorders that have been assessed by a medical practitioner; and(b) lasting at least 30 minutes but less than 40 minutes	84.55		84.55		

MBS Item	Clinical category	Procedure type	Item Start Date	MBS Category	MBS Group	New Item	MBS Description	MBS Schedule Fee	Derived Fee	Benefit 100% ($)	Benefit 75% ($)	Benefit 85% ($)
285	Common list	Type C	01.07.2018	1	A7	N	Professional attendance at a place other than consulting rooms by a prescribed medical practitioner, registered with the Chief Executive Medicare as meeting the credentialling requirements for provision of this service:(a) for providing focussed psychological strategies for mental disorders that have been assessed by a medical practitioner; and(b) lasting at least 30 minutes but less than 40 minutes		The fee for item 283, plus $23.70 divided by the number of patients seen, up to a maximum of six patients. For seven or more patients - the fee for item 283 plus $1.85 per patient.			
286	N/A (Not hospital treatment)	N/A (Not hospital treatment)	01.07.2018	1	A7	N	Professional attendance at consulting rooms by a prescribed medical practitioner, registered with the Chief Executive Medicare as meeting the credentialling requirements for provision of this service:(a) for providing focussed psychological strategies for mental disorders that have been assessed by a medical practitioner; and(b) lasting at least 40 minutes	121		121		
287	Common list	Type C	01.07.2018	1	A7	N	Professional attendance at a place other than consulting rooms by a prescribed medical practitioner, registered with the Chief Executive Medicare as meeting the credentialling requirements for provision of this service:(a) for providing focussed psychological strategies for mental disorders that have been assessed by a medical practitioner; and(b) lasting at least 40 minutes		The fee for item 286, plus $23.70 divided by the number of patients seen, up to a maximum of six patients. For seven or more patients - the fee for item 286 plus $1.85 per patient.			
289	Hospital psychiatric services	Type C	01.07.2008	1	A8	N	Professional attendance lasting at least 45 minutes, by a consultant physician in the practice of the consultant physician's specialty of psychiatry, following referral of the patient to the consultant psychiatrist by areferring practitioner, for a patient aged under 25, if the consultant psychiatrist: (a) undertakes, or has previously undertaken in prior attendances, a comprehensive assessment in relation to which a diagnosis of a complex neurodevelopmental disorder (such as autism spectrum disorder) is made (if appropriate, using information provided by an eligible allied health provider); and (b) develops a treatment and management plan, which must include: (i) documentation of the confirmed diagnosis; and (ii) findings of any assessments performed for the purposes of formulation of the diagnosis or contribution to the treatment and management plan; and (iii) a risk assessment; and (iv) treatment options (which may include biopsychosocial recommendations); and (c) provides a copy of the treatment and management plan to: (i) the referring practitioner; and (ii) one or more allied health providers, if appropriate, for the treatment of the patient; (other than attendance on a patient for whom payment has previously been made under this item or item 135, 137, 139, 92140, 92141, 92142 or 92434) Applicable only once per lifetime	305.15			228.9	259.4
291	Common list	Type C	01.05.2005	1	A8	N	Professional attendance lasting more than 45 minutes at consulting rooms by a consultant physician in the practice of the consultant physician's specialty of psychiatry, if: (a) the attendance follows referral of the patient to the consultant, by a medical practitioner in general practice (including a general practitioner, but not a specialist or consultant physician) or a participating nurse practitioner, for an assessment or management; and (b) during the attendance, the consultant: (i) if it is clinically appropriate to do so—uses an appropriate outcome tool; and (ii) carries out a mental state examination; and (iii) undertakes a comprehensive diagnostic assessment; and (c) the consultant decides that it is clinically appropriate for the patient to be managed by the referring practitioner without ongoing management by the consultant; and (d) within 2 weeks after the attendance, the consultant prepares and gives to the referring practitioner a written report, which includes: (i) the comprehensive diagnostic assessment of the patient; and (ii) a management plan for the patient for the next 12 months that comprehensively evaluates the patient's biopsychosocial factors and makes recommendations to the referring practitioner to manage the patient's ongoing care in a biopsychosocial model; and (e) if clinically appropriate, the consultant explains the diagnostic assessment and management plan, and gives a copy, to: (i) the patient; and (ii) the patient's carer (if any), if the patient agrees; and (f) in the preceding 12 months, a service to which this item or item 92435 applies has not been provided to the patient	523.4				444.9

MBS Item	Clinical category	Procedure type	Item Start Date	MBS Category	MBS Group	New Item	MBS Description	MBS Schedule Fee	Derived Fee	Benefit 100% ($)	Benefit 75% ($)	Benefit 85% ($)
293	Common list	Type C	01.05.2005	1	A8	N	Professional attendance lasting more than 30 minutes, but not more than 45 minutes, at consulting rooms by a consultant physician in the practice of the consultant physician's specialty of psychiatry, if: (a) the patient is being managed by a medical practitioner or a participating nurse practitioner in accordance with a management plan prepared by the consultant in accordance with item 291 or item 92435; and (b) the attendance follows referral of the patient to the consultant, by the medical practitioner or participating nurse practitioner managing the patient, for review of the management plan and the associated comprehensive diagnostic assessment; and (c) during the attendance, the consultant: (i) if it is clinically appropriate to do so—uses an appropriate outcome tool; and (ii) carries out a mental state examination; and (iii) reviews the comprehensive diagnostic assessment and undertakes additional assessment as required; and (iv) reviews the management plan; and (d) within 2 weeks after the attendance, the consultant prepares and gives to the referring practitioner a written report, which includes: (i) the revised comprehensive diagnostic assessment of the patient; and (ii) a revised management plan including updated recommendations to the referring practitioner to manage the patient's ongoing care in a biopsychosocial model; and (e) if clinically appropriate, the consultant explains the diagnostic assessment and management plan, and gives a copy, to: (i) the patient; and (ii) the patient's carer (if any), if the patient agrees; and (f) in the preceding 12 months, a service to which item 291 or item 92435 applies has been provided to the patient; and (g) in the preceding 12 months, a service to which this item or item 92436 applies has not been provided to the patient	327.2				278.15
294	N/A (Not hospital treatment)	N/A (Not hospital treatment)	01.11.2022	1	A8	N	Professional attendance on a patient by a consultant physician practising in the consultant physician's specialty of psychiatry if: (a) the attendance is by video conference; and (b) except for the requirement for the attendance to be at consulting rooms—item 291, 293, 296, 300, 302, 304, 306, 308, 310, 312, 314, 316, 318 or 319 would otherwise apply to the attendance; and (c) the patient is not an admitted patient; and (d) the patient is bulk billed; and (e) the patient: (i) is located: (A) within a Modified Monash 2, 3, 4, 5, 6 or 7 area; and (B) at the time of the attendance—at least 15 km by road from the physician; or (ii) is a care recipient in a residential aged care facility; or (iii) is a patient of: (A) an Aboriginal medical service; or (B) an Aboriginal community controlled health service; for which a direction made under subsection19(2) of the Act applies		50% of the fee for item 291, 293, 296, 300, 302, 304, 306, 308, 310, 312, 314, 316, 318 or 319.			
296	Common list	Type C	01.11.2006	1	A8	N	Professional attendance of more than 45 minutes in duration by a consultant physician in the practice of the consultant physician's speciality of psychiatry following referral of the patient to him or her by a referring practitioner-an attendance at consulting rooms if the patient: (a) is a new patient for this consultant psychiatrist; or (b) has not received a professional attendance from this consultant psychiatrist in the preceding 24 months; other than attendance on a patient in relation to whom this item, or any of items 297, 299, 300, 302, 304, 306, 308, 91827 to 91831, 91837 to 91839 and 92437 has applied in the preceding 24 months	301.05			225.8	255.9
297	Hospital psychiatric services	Type C	01.11.2006	1	A8	N	Professional attendance of more than 45 minutes by a consultant physician in the practice of the consultant physician's speciality of psychiatry following referral of the patient to him or her by a referring practitioner-an attendance at hospital if the patient: (a) is a new patient for this consultant psychiatrist; or (b) has not received a professional attendance from this consultant psychiatrist in the preceding 24 months; other than attendance on a patient in relation to whom this item, or any of items 296, 299, 300, 302, 304, 306, 308, 91827 to 91831, 91837 to 91839 and 92437 has applied in the preceding 24 months (H)	301.05			225.8	
299	Common list	Type C	01.11.2006	1	A8	N	Professional attendance of more than 45 minutes by a consultant physician in the practice of the consultant physician's speciality of psychiatry following referral of the patient to him or her by a referring practitioner-an attendance at a place other than consulting rooms or a hospital if the patient: (a) is a new patient for this consultant psychiatrist; or (b) has not received a professional attendance from this consultant psychiatrist in the preceding 24 months; other than attendance on a patient in relation to whom this item, or any of items 296, 297, 300, 302, 304, 306, 308, 91827 to 91831, 91837 to 91839 and 92437 has applied in the preceding 24 months	359.9				305.95
300	Common list	Type C	01.11.1996	1	A8	N	Professional attendance by a consultant physician in the practice of the consultant physician's specialty of psychiatry following referral of the patient to him or her by a referring practitioner-an attendance of not more than 15 minutes in duration at consulting rooms, if that attendance and another attendance to which any of items 296, 297, 299, 300, 302, 304, 306, 308, 91827 to 91831, 91837 to 91839 and 92437 applies have not exceeded 50 attendances in a calendar year for the patient	50.1			37.6	42.6
301	N/A (Not hospital treatment)	N/A (Not hospital treatment)	01.11.2023	1	A7	N	Professional attendance at consulting rooms lasting more than 60 minutes (other than a service to which any other item in this Schedule applies) by a prescribed medical practitioner in an eligible area—each attendance	158.3		158.3		
302	Common list	Type C	01.11.1996	1	A8	N	Professional attendance by a consultant physician in the practice of the consultant physician's specialty of psychiatry following referral of the patient to him or her by a referring practitioner-an attendance of more than 15 minutes, but not more than 30 minutes, in duration at consulting rooms, if that attendance and another attendance to which any of items 296, 297, 299, 300, 302, 304, 306, 308, 91827 to 91831, 91837 to 91839 and 92437 applies have not exceeded 50 attendances in a calendar year for the patient	100			75	85

MBS Item	Clinical category	Procedure type	Item Start Date	MBS Category	MBS Group	New Item	MBS Description	MBS Schedule Fee	Derived Fee	Benefit 100% ($)	Benefit 75% ($)	Benefit 85% ($)
303	N/A (Not hospital treatment)	N/A (Not hospital treatment)	01.11.2023	1	A7	N	Professional attendance (other than an attendance at consulting rooms or a residential aged care facility or a service to which any other item applies) lasting more than 60 minutes—an attendance on one or more patients at one place on one occasion by a prescribed medical practitioner in an eligible area—each patient		The fee for item 301, plus $24.00 divided by the number of patients seen, up to a maximum of six patients. For seven or more patients - the fee for item 301 plus $1.90 per patient.			
304	Common list	Type C	01.11.1996	1	A8	N	Professional attendance by a consultant physician in the practice of the consultant physician's specialty of psychiatry following referral of the patient to him or her by a referring practitioner-an attendance of more than 30 minutes, but not more than 45 minutes, in duration at consulting rooms), if that attendance and another attendance to which any of items 296, 297, 299, 300, 302, 304, 306, 308, 91827 to 91831, 91837 to 91839 and 92437 applies have not exceeded 50 attendances in a calendar year for the patient	153.9			115.45	130.85
306	Common list	Type C	01.11.1996	1	A8	N	Professional attendance by a consultant physician in the practice of the consultant physician's specialty of psychiatry following referral of the patient to him or her by a referring practitioner-an attendance of more than 45 minutes, but not more than 75 minutes, in duration at consulting rooms, if that attendance and another attendance to which any of items 296, 297, 299, 300, 302, 304, 306, 308, 91827 to 91831, 91837 to 91839 and 92437 applies have not exceeded 50 attendances in a calendar year for the patient	212.4			159.3	180.55
308	Common list	Type C	01.11.1996	1	A8	N	Professional attendance by a consultant physician in the practice of the consultant physician's specialty of psychiatry following referral of the patient to him or her by a referring practitioner-an attendance of more than 75 minutes in duration at consulting rooms), if that attendance and another attendance to which any of items 296, 297, 299, 300, 302, 304, 306, 308, 91827 to 91831, 91837 to 91839 and 92437 applies have not exceeded 50 attendances in a calendar year for the patient	246.5			184.9	209.55
309	N/A (Not hospital treatment)	N/A (Not hospital treatment)	01.03.2023	1	A7	N	Professional attendance at consulting rooms by a prescribed medical practitioner, registered with the Chief Executive Medicare as meeting the credentialling requirements for provision of this service:(a) for providing focussed psychological strategies for assessed mental disorders to a person other than the patient, if the service is part of the patient's treatment; and(b) lasting at least 30 minutes but less than 40 minutes	84.55		84.55		
310	Common list	Type C	01.11.1996	1	A8	N	Professional attendance by a consultant physician in the practice of the consultant physician's specialty of psychiatry following referral of the patient to the consultant physician by a referring practitioner-an attendance of not more than 15 minutes in duration at consulting rooms, if that attendance and another attendance to which any of items 296, 297, 299, 300, 302, 304, 306, 308, 91827 to 91831, 91837 to 91839 and 92437 applies exceed 50 attendances in a calendar year for the patient	24.95			18.75	21.25
311	N/A (Not hospital treatment)	N/A (Not hospital treatment)	01.03.2023	1	A7	N	Professional attendance at a place other than consulting rooms by a prescribed medical practitioner, registered with the Chief Executive Medicare as meeting the credentialling requirements for provision of this service:(a) for providing focussed psychological strategies for assessed mental disorders to a person other than the patient, if the service is part of the patient's treatment; and(b) lasting at least 30 minutes but less than 40 minutes		The fee for item 309, plus $23.70 divided by the number of patients seen, up to a maximum of six patients. For seven or more patients - the fee for item 309 plus $1.85 per patient.			
312	Common list	Type C	01.11.1996	1	A8	N	Professional attendance by a consultant physician in the practice of the consultant physician's specialty of psychiatry following referral of the patient to the consultant physician by a referring practitioner-an attendance of more than 15 minutes, but not more than 30 minutes, in duration at consulting rooms, if that attendance and another attendance to which any of items 296, 297, 299, 300, 302, 304, 306, 308, 91827 to 91831, 91837 to 91839 and 92437 applies exceed 50 attendances in a calendar year for the patient	50.1			37.6	42.6
313	N/A (Not hospital treatment)	N/A (Not hospital treatment)	01.03.2023	1	A7	N	Professional attendance at consulting rooms by a prescribed medical practitioner, registered with the Chief Executive Medicare as meeting the credentialling requirements for provision of this service:(a) for providing focussed psychological strategies for assessed mental disorders to a person other than the patient, if the service is part of the patient's treatment; and(b) lasting at least 40 minutes	121		121		
314	Common list	Type C	01.11.1996	1	A8	N	Professional attendance by a consultant physician in the practice of the consultant physician's specialty of psychiatry following referral of the patient to the consultant physician by a referring practitioner-an attendance of more than 30 minutes, but not more than 45 minutes, in duration at consulting rooms, if that attendance and another attendance to which any of items 296, 297, 299, 300, 302, 304, 306, 308, 91827 to 91831, 91837 to 91839 and 92437 applies exceed 50 attendances in a calendar year for the patient	77.15			57.9	65.6

MBS Item	Clinical category	Procedure type	Item Start Date	MBS Category	MBS Group	New Item	MBS Description	MBS Schedule Fee	Derived Fee	Benefit 100% ($)	Benefit 75% ($)	Benefit 85% ($)
315	N/A (Not hospital treatment)	N/A (Not hospital treatment)	01.03.2023	1	A7	N	Professional attendance at a place other than consulting rooms by a prescribed medical practitioner, registered with the Chief Executive Medicare as meeting the credentialling requirements for provision of this service:(a) for providing focussed psychological strategies for assessed mental disorders to a person other than the patient, if the service is part of the patient's treatment; and(b) lasting at least 40 minutes		The fee for item 313, plus $23.70 divided by the number of patients seen, up to a maximum of six patients. For seven or more patients - the fee for item 313 plus $1.85 per patient.			
316	Common list	Type C	01.11.1996	1	A8	N	Professional attendance by a consultant physician in the practice of the consultant physician's specialty of psychiatry following referral of the patient to the consultant physician by a referring practitioner-an attendance of more than 45 minutes, but not more than 75 minutes, in duration at consulting rooms, if that attendance and another attendance to which any of items 296, 297, 299, 300, 302, 304, 306, 308, 91827 to 91831, 91837 to 91839 and 92437 applies exceed 50 attendances in a calendar year for the patient	106.3			79.75	90.4
318	Common list	Type C	01.11.1996	1	A8	N	Professional attendance by a consultant physician in the practice of the consultant physician's specialty of psychiatry following referral of the patient to the consultant physician by a referring practitioner-an attendance of more than 75 minutes in duration at consulting rooms, if that attendance and another attendance to which any of items 296, 297, 299, 300, 302, 304, 306, 308, 91827 to 91831, 91837 to 91839 and 92437 applies exceed 50 attendances in a calendar year for the patient	123.25			92.45	104.8
319	Common list	Type C	01.01.1997	1	A8	N	Professional attendance by a consultant physician in the practice of the consultant physician's specialty of psychiatry following referral of the patient to the consultant physician by a referring practitioner—an attendance lasting more than 45 minutes at consulting rooms, if: (a) the formulation of the patient's clinical presentation indicates intensive psychotherapy is a clinically appropriate and indicated treatment; and (b) that attendance and another attendance to which any of items 296, 297, 299, 300, 302, 304, 306, 308, 91827 to 91831, 91837 to 91839, 91873 and 92437 applies have not exceeded 160 attendances in a calendar year for the patient	212.4			159.3	180.55
320	Hospital psychiatric services	Type C	01.11.1996	1	A8	N	Professional attendance by a consultant physician in the practice of the consultant physician's specialty of psychiatry following referral of the patient to the consultant physician by a referring practitioner-an attendance of not more than 15 minutes in duration at hospital	50.1			37.6	42.6
322	Hospital psychiatric services	Type C	01.11.1996	1	A8	N	Professional attendance by a consultant physician in the practice of the consultant physician's specialty of psychiatry following referral of the patient to the consultant physician by a referring practitioner-an attendance of more than 15 minutes, but not more than 30 minutes, in duration at hospital	100			75	85
324	Hospital psychiatric services	Type C	01.11.1996	1	A8	N	Professional attendance by a consultant physician in the practice of the consultant physician's specialty of psychiatry following referral of the patient to the consultant physician by a referring practitioner-an attendance of more than 30 minutes, but not more than 45 minutes, in duration at hospital	153.9			115.45	130.85
326	Hospital psychiatric services	Type C	01.11.1996	1	A8	N	Professional attendance by a consultant physician in the practice of the consultant physician's specialty of psychiatry following referral of the patient to the consultant physician by a referring practitioner-an attendance of more than 45 minutes, but not more than 75 minutes, in duration at hospital	212.4			159.3	180.55
328	Hospital psychiatric services	Type C	01.11.1996	1	A8	N	Professional attendance by a consultant physician in the practice of the consultant physician's specialty of psychiatry following referral of the patient to the consultant physician by a referring practitioner-an attendance of more than 75 minutes in duration at hospital	246.5			184.9	209.55
330	Common list	Type C	01.11.1996	1	A8	N	Professional attendance by a consultant physician in the practice of the consultant physician's specialty of psychiatry following referral of the patient to the consultant physician by a referring practitioner-an attendance of not more than 15 minutes in duration if that attendance is at a place other than consulting rooms or hospital	92			69	78.2
332	Common list	Type C	01.11.1996	1	A8	N	Professional attendance by a consultant physician in the practice of the consultant physician's specialty of psychiatry following referral of the patient to the consultant physician by a referring practitioner-an attendance of more than 15 minutes, but not more than 30 minutes, in duration if that attendance is at a place other than consulting rooms or hospital	144.05			108.05	122.45
334	Common list	Type C	01.11.1996	1	A8	N	Professional attendance by a consultant physician in the practice of the consultant physician's specialty of psychiatry following referral of the patient to the consultant physician by a referring practitioner-an attendance of more than 30 minutes, but not more than 45 minutes, in duration if that attendance is at a place other than consulting rooms or hospital	209.95			157.5	178.5
336	Common list	Type C	01.11.1996	1	A8	N	Professional attendance by a consultant physician in the practice of the consultant physician's specialty of psychiatry following referral of the patient to the consultant physician by a referring practitioner-an attendance of more than 45 minutes, but not more than 75 minutes, in duration if that attendance is at a place other than consulting rooms or hospital	254.05			190.55	215.95

MBS Item	Clinical category	Procedure type	Item Start Date	MBS Category	MBS Group	New Item	MBS Description	MBS Schedule Fee	Derived Fee	Benefit 100% ($)	Benefit 75% ($)	Benefit 85% ($)
338	Common list	Type C	01.11.1996	1	A8	N	Professional attendance by a consultant physician in the practice of the consultant physician's specialty of psychiatry following referral of the patient to the consultant physician by a referring practitioner-an attendance of more than 75 minutes in duration if that attendance is at a place other than consulting rooms or hospital	288.55			216.45	245.3
341	Hospital psychiatric services	Type C	01.03.2024	1	A8	N	An interview, lasting not more than 15 minutes, of a person other than the patient when the patient is not in attendance, by a consultant physician in the practice of the consultant physician's specialty of psychiatry following referral of the patient to the consultant physician by a referring practitioner, for the purposes of: (a) initial diagnostic evaluation; or (b) continuing management of the patient; if that service and another service to which this item or any of items 343, 345, 347, 349, 91874 to 91878 and 91882 to 91884 applies have not exceeded 15 services in a calendar year in relation to the patient	50.1			37.6	42.6
342	Hospital psychiatric services	Type C	01.11.1996	1	A8	N	Group psychotherapy (including any associated consultations with a patient taking place on the same occasion and relating to the condition for which group therapy is conducted) of not less than 1 hour in duration given under the continuous direct supervision of a consultant physician in the practice of the consultant physician's specialty of psychiatry, involving a group of 2 to 9 unrelated patients or a family group of more than 3 patients, each of whom is referred to the consultant physician by a referring practitioner-each patient	57			42.75	48.45
343	Hospital psychiatric services	Type C	01.03.2024	1	A8	N	An interview, lasting more than 15 minutes but not more than 30 minutes, of a person other than the patient when the patient is not in attendance, by a consultant physician in the practice of the consultant physician's specialty of psychiatry following referral of the patient to the consultant physician by a referring practitioner, for the purposes of: (a) initial diagnostic evaluation; or (b) continuing management of the patient; if that service and another service to which this item or any of items 341, 345, 347, 349, 91874 to 91878 and 91882 to 91884 applies have not exceeded 15 services in a calendar year in relation to the patient	100			75	85
344	Hospital psychiatric services	Type C	01.11.1996	1	A8	N	Group psychotherapy (including any associated consultations with a patient taking place on the same occasion and relating to the condition for which group therapy is conducted) of not less than 1 hour in duration given under the continuous direct supervision of a consultant physician in the practice of the consultant physician's specialty of psychiatry, involving a family group of 3 patients, each of whom is referred to the consultant physician by a referring practitioner-each patient	75.65			56.75	64.35
345	Hospital psychiatric services	Type C	01.03.2024	1	A8	N	An interview, lasting more than 30 minutes but not more than 45 minutes, of a person other than the patient when the patient is not in attendance, by a consultant physician in the practice of the consultant physician's specialty of psychiatry following referral of the patient to the consultant physician by a referring practitioner, for the purposes of: (a) initial diagnostic evaluation; or (b) continuing management of the patient; if that service and another service to which this item or any of items 341, 343, 347, 349, 91874 to 91878 and 91882 to 91884 applies have not exceeded 15 services in a calendar year in relation to the patient	153.9			115.45	130.85
346	Hospital psychiatric services	Type C	01.11.1996	1	A8	N	Group psychotherapy (including any associated consultations with a patient taking place on the same occasion and relating to the condition for which group therapy is conducted) of not less than 1 hour in duration given under the continuous direct supervision of a consultant physician in the practice of the consultant physician's specialty of psychiatry, involving a family group of 2 patients, each of whom is referred to the consultant physician by a referring practitioner-each patient	111.95			84	95.2
347	Hospital psychiatric services	Type C	01.03.2024	1	A8	N	An interview, lasting more than 45 minutes but not more than 75 minutes, of a person other than the patient when the patient is not in attendance, by a consultant physician in the practice of the consultant physician's specialty of psychiatry following referral of the patient to the consultant physician by a referring practitioner, for the purposes of: (a) initial diagnostic evaluation; or (b) continuing management of the patient; if that service and another service to which this item or any of items 341, 343, 345, 349, 91874 to 91878 and 91882 to 91884 applies have not exceeded 15 services in a calendar year in relation to the patient	212.4			159.3	180.55
349	Hospital psychiatric services	Type C	01.03.2024	1	A8	N	An interview, lasting more than 75 minutes, of a person other than the patient when the patient is not in attendance, by a consultant physician in the practice of the consultant physician's specialty of psychiatry following referral of the patient to the consultant physician by a referring practitioner, for the purposes of: (a) initial diagnostic evaluation; or (b) continuing management of the patient; if that service and another service to which this item or any of items 341, 343, 345, 347, 91874 to 91878 and 91882 to 91884 applies have not exceeded 15 services in a calendar year in relation to the patient	246.5			184.9	209.55
385	Common list	Type C	01.07.1998	1	A12	N	Professional attendance at consulting rooms or hospital by a consultant occupational physician in the practice of the consultant occupational physician's specialty of occupational medicine following referral of the patient to the consultant occupational physician by a referring practitioner-initial attendance in a single course of treatment	98.95			74.25	84.15
386	Common list	Type C	01.07.1998	1	A12	N	Professional attendance at consulting rooms or hospital by a consultant occupational physician in the practice of the consultant occupational physician's specialty of occupational medicine following referral of the patient to the consultant occupational physician by a referring practitioner-each attendance after the first in a single course of treatment	49.75			37.35	42.3

MBS Item	Clinical category	Procedure type	Item Start Date	MBS Category	MBS Group	New Item	MBS Description	MBS Schedule Fee	Derived Fee	Benefit 100% ($)	Benefit 75% ($)	Benefit 85% ($)
387	Common list	Type C	01.07.1998	1	A12	N	Professional attendance at a place other than consulting rooms or hospital by a consultant occupational physician in the practice of the consultant occupational physician's specialty of occupational medicine following referral of the patient to the consultant occupational physician by a referring practitioner-initial attendance in a single course of treatment	145.15			108.9	123.4
388	Common list	Type C	01.07.1998	1	A12	N	Professional attendance at a place other than consulting rooms or hospital by a consultant occupational physician in the practice of the consultant occupational physician's specialty of occupational medicine following referral of the patient to the consultant occupational physician by a referring practitioner-each attendance after the first in a single course of treatment	91.9			68.95	78.15
410	Common list	Type C	01.11.1999	1	A13	N	LEVEL AProfessional attendance at consulting rooms by a public health physician in the practice of his or her specialty of public health medicine for an obvious problem characterised by the straightforward nature of the task that requires a short patient history and, if required, limited examination and management.	22.6			16.95	19.25
411	Common list	Type C	01.11.1999	1	A13	N	LEVEL BProfessional attendance by a public health physician in the practice of his or her specialty of public health medicine at consulting rooms lasting less than 20 minutes, including any of the following that are clinically relevant: a) taking a patient history; b) performing a clinical examination; c) arranging any necessary investigation; d) implementing a management plan; e) providing appropriate preventive health care; in relation to 1 or more health-related issues, with appropriate documentation.	49.4			37.05	42
412	Common list	Type C	01.11.1999	1	A13	N	LEVEL CProfessional attendance by a public health physician in the practice of his or her specialty of public health medicine at consulting rooms lasting at least 20 minutes, including any of the following that are clinically relevant: a) taking a detailed patient history; b) performing a clinical examination; c) arranging any necessary investigation; d) implementing a management plan; e) providing appropriate preventive health care; in relation to 1 or more health-related issues, with appropriate documentation.	95.65			71.75	81.35
413	Common list	Type C	01.11.1999	1	A13	N	LEVEL DProfessional attendance by a public health physician in the practice of his or her specialty of public health medicine at consulting rooms lasting at least 40 minutes, including any of the following that are clinically relevant: a) taking an extensive patient history; b) performing a clinical examination; c) arranging any necessary investigation; d) implementing a management plan; e) providing appropriate preventive health care; in relation to 1 or more health-related issues, with appropriate documentation.	140.8			105.6	119.7
414	Common list	Type C	01.11.1999	1	A13	N	LEVEL AProfessional attendance by a public health physician in the practice of his or her specialty of public health medicine other than at consulting rooms for an obvious problem characterised by the straightforward nature of the task that requires a short patient history and, if required, limited examination and management		The fee for item 410, plus $29.50 divided by the number of patients seen, up to a maximum of six patients. For seven or more patients - the fee for item 410 plus $2.35 per patient.			
415	Common list	Type C	01.11.1999	1	A13	N	LEVEL BProfessional attendance by a public health physician in the practice of his or her specialty of public health medicine other than at consulting rooms, lasting less than 20 minutes, including any of the following that are clinically relevant: a) taking a patient history; b) performing a clinical examination; c) arranging any necessary investigation; d) implementing a management plan; e) providing appropriate preventive health care; in relation to 1 or more health-related issues, with appropriate documentation.		The fee for item 411, plus $29.50 divided by the number of patients seen, up to a maximum of six patients. For seven or more patients - the fee for item 411 plus $2.35 per patient.			
416	Common list	Type C	01.11.1999	1	A13	N	LEVEL CProfessional attendance by a public health physician in the practice of his or her specialty of public health medicine other than at consulting rooms lasting at least 20 minutes, including any of the following that are clinically relevant: a) taking a detailed patient history; b) performing a clinical examination; c) arranging any necessary investigation; d) implementing a management plan; e) providing appropriate preventive health care; in relation to 1 or more health-related issues, with appropriate documentation.		The fee for item 412, plus $29.50 divided by the number of patients seen, up to a maximum of six patients. For seven or more patients - the fee for item 412 plus $2.35 per patient.			

MBS Item	Clinical category	Procedure type	Item Start Date	MBS Category	MBS Group	New Item	MBS Description	MBS Schedule Fee	Derived Fee	Benefit 100% ($)	Benefit 75% ($)	Benefit 85% ($)
417	Common list	Type C	01.11.1999	1	A13	N	LEVEL D Professional attendance by a public health physician in the practice of the public health physician's specialty of public health medicine at other than consulting rooms, lasting at least 40 minutes and including any of the following that are clinically relevant: a)taking an extensive patient history; b)performing a clinical examination; c)arranging any necessary investigation; d)implementing a management plan; e)providing appropriate preventive health care; for one or more health related issues, with appropriate documentation		The fee for item 413, plus $29.50 divided by the number of patients seen, up to a maximum of six patients. For seven or more patients - the fee for item 413 plus $2.35 per patient.			
585	Common list	Unlisted	01.03.2018	1	A11	N	Professional attendance by a general practitioner on one patient on one occasion—each attendance (other than an attendance in unsociable hours) in an after-hours period if: (a) the attendance is requested by the patient or a responsible person in the same unbroken after-hours period; and (b) the patient's medical condition requires urgent assessment; and (c) if the attendance is at consulting rooms—it is necessary for the practitioner to return to, and specially open, the consulting rooms for the attendance	147.9		147.9	110.95	
588	Common list	Unlisted	01.03.2018	1	A11	N	Professional attendance by a medical practitioner (other than a general practitioner) on one patient on one occasion—each attendance (other than an attendance in unsociable hours) in an after-hours period if: (a) the attendance is requested by the patient or a responsible person in the same unbroken after-hours period; and (b) the patient's medical condition requires urgent assessment; and (c) the attendance is in an after-hours rural area; and (d) if the attendance is at consulting rooms—it is necessary for the practitioner to return to, and specially open, the consulting rooms for the attendance	147.9		147.9	110.95	
591	Common list	Unlisted	01.03.2018	1	A11	N	Professional attendance by a medical practitioner (other than a general practitioner) on one patient on one occasion—each attendance (other than an attendance in unsociable hours) in an after-hours period if: (a) the attendance is requested by the patient or a responsible person in the same unbroken after-hours period; and (b) the patient's medical condition requires urgent assessment; and (c) the attendance is not in an after-hours rural area; and (d) if the attendance is at consulting rooms—it is necessary for the practitioner to return to, and specially open, the consulting rooms for the attendance	102.55		102.55	76.95	
594	Common list	Unlisted	01.03.2018	1	A11	N	Professional attendance by a medical practitioner—each additional patient at an attendance that qualifies for item 585, 588 or 591 in relation to the first patient	47.8		47.8	35.85	
599	Common list	Unlisted	01.05.2010	1	A11	N	Professional attendance by a general practitioner on not more than one patient on one occasion—each attendance in unsociable hours if: (a) the attendance is requested by the patient or a responsible person in the same unbroken after-hours period; and (b) the patient's medical condition requires urgent assessment; and (c) if the attendance is at consulting rooms—it is necessary for the practitioner to return to, and specially open, the consulting rooms for the attendance	174.3		174.3	130.75	
600	Common list	Unlisted	01.05.2010	1	A11	N	Professional attendance by a medical practitioner (other than a general practitioner) on not more than one patient on one occasion—each attendance in unsociable hours if: (a) the attendance is requested by the patient or a responsible person in the same unbroken after-hours period; and (b) the patient's medical condition requires urgent assessment; and (c) if the attendance is at consulting rooms—it is necessary for the practitioner to return to, and specially open, the consulting rooms for the attendance	139.3		139.3	104.5	
699	N/A (Not hospital treatment)	N/A (Not hospital treatment)	01.04.2019	1	A14	N	Professional attendance on a patient who is 30 years of age or over for a heart health assessment by a general practitioner at consulting roomslasting at least 20 minutes and including: collection of relevant information, including taking a patient history; and a basic physical examination, which must include recording blood pressure and cholesterol; and initiating interventions and referrals as indicated; and implementing a management plan; and providing the patient with preventative health care advice and information.	82.9		82.9		
701	Common list	Unlisted	01.05.2010	1	A14	N	Professional attendance by a general practitioner to perform a brief health assessment, lasting not more than 30 minutes and including: (a) collection of relevant information, including taking a patient history; and (b) a basic physical examination; and (c) initiating interventions and referrals as indicated; and (d) providing the patient with preventive health care advice and information	67.6		67.6		
703	Common list	Unlisted	01.05.2010	1	A14	N	Professional attendance by a general practitioner to perform a standard health assessment, lasting more than 30 minutes but less than 45 minutes, including: (a) detailed information collection, including taking a patient history; and (b) an extensive physical examination; and (c) initiating interventions and referrals as indicated; and (d) providing a preventive health care strategy for the patient	157.1		157.1		
705	Common list	Unlisted	01.05.2010	1	A14	N	Professional attendance by a general practitioner to perform a long health assessment, lasting at least 45 minutes but less than 60 minutes, including: (a) comprehensive information collection, including taking a patient history; and (b) an extensive examination of the patient's medical condition and physical function; and (c) initiating interventions and referrals as indicated; and (d) providing a basic preventive health care management plan for the patient	216.8		216.8		

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707	Common list	Unlisted	01.05.2010	1	A14	N	Professional attendance by a general practitioner to perform a prolonged health assessment (lasting at least 60 minutes) including: (a) comprehensive information collection, including taking a patient history; and (b) an extensive examination of the patient's medical condition, and physical, psychological and social function; and (c) initiating interventions or referrals as indicated; and (d) providing a comprehensive preventive health care management plan for the patient	306.25		306.25		
715	Common list	Unlisted	01.05.2010	1	A14	N	Professional attendance by a general practitioner at consulting rooms or in another place other than a hospital or residential aged care facility, for a health assessment of a patient who is of Aboriginal or Torres Strait Islander descent-not more than once in a 9 month period	241.85		241.85		
721	Common list	Type C	01.07.2005	1	A15	N	Attendance by a general practitioner for preparation of a GP management plan for a patient (other than a service associated with a service to which any of items 735 to 758 apply)	164.35		164.35	123.3	
723	Common list	Type C	01.07.2005	1	A15	N	Attendance by a general practitioner to coordinate the development of team care arrangements for a patient (other than a service associated with a service to which any of items 735 to 758 apply)	130.25		130.25	97.7	
729	Common list	Type C	01.07.2005	1	A15	N	Contribution by a general practitioner to a multidisciplinary care plan prepared by another provider or a review of a multidisciplinary care plan prepared by another provider (other than a service associated with a service to which any of items 735 to 758 apply)	80.2		80.2		
731	Common list	Type C	01.07.2005	1	A15	N	Contribution by a general practitioner to: (a) a multidisciplinary care plan for a patient in a residential aged care facility, prepared by that facility, or to a review of such a plan prepared by such a facility; or (b) a multidisciplinary care plan prepared for a patient by another provider before the patient is discharged from a hospital, or to a review of such a plan prepared by another provider (other than a service associated with a service to which items 735 to 758 apply)	80.2		80.2		
732	Common list	Type C	01.05.2010	1	A15	N	Attendance by a general practitioner to review or coordinate a review of: (a) a GP management plan prepared by a general practitioner (or an associated general practitioner) to which item 721 applies; or (b) team care arrangements which have been coordinated by the general practitioner (or an associated general practitioner) to which item 723 applies	82.1		82.1	61.6	
733	Common list	Unlisted	01.07.2018	1	A7	N	Professional attendance at consulting rooms of not more than 5 minutes in duration (other than a service to which another item applies) by a prescribed medical practitioner—each attendance	26.4		26.4		
735	Common list	Type C	01.05.2010	1	A15	N	Attendance by a general practitioner, as a member of a multidisciplinary case conference team, to organise and coordinate: (a) a community case conference; or (b) a multidisciplinary case conference in a residential aged care facility; or (c) a multidisciplinary discharge case conference; if the conference lasts for at least 15 minutes, but for less than 20 minutes (other than a service associated with a service to which items 721 to 732 apply)	80.55		80.55	60.45	
737	Common list	Unlisted	01.07.2018	1	A7	N	Professional attendance at consulting rooms of more than 5 minutes in duration but not more than 25 minutes in duration (other than a service to which another item applies) by a prescribed medical practitioner—each attendance	44.6		44.6		
739	Common list	Type C	01.05.2010	1	A15	N	Attendance by a general practitioner, as a member of a multidisciplinary case conference team, to organise and coordinate: (a) a community case conference; or (b) a multidisciplinary case conference in a residential aged care facility; or (c) a multidisciplinary discharge case conference; if the conference lasts for at least 20 minutes, but for less than 40 minutes (other than a service associated with a service to which items 721 to 732 apply)	137.75		137.75	103.35	
741	N/A (Not hospital treatment)	N/A (Not hospital treatment)	01.07.2018	1	A7	N	Professional attendance at consulting rooms of more than 25 minutes in duration but not more than 45 minutes in duration (other than a service to which another item applies) by a prescribed medical practitioner—each attendance	76.55		76.55		
743	Common list	Type C	01.05.2010	1	A15	N	Attendance by a general practitioner, as a member of a multidisciplinary case conference team, to organise and coordinate: (a) a community case conference; or (b) a multidisciplinary case conference in a residential aged care facility; or (c) a multidisciplinary discharge case conference; if the conference lasts for at least 40 minutes (other than a service associated with a service to which items 721 to 732 apply)	229.65		229.65	172.25	
745	N/A (Not hospital treatment)	N/A (Not hospital treatment)	01.07.2018	1	A7	N	Professional attendance at consulting rooms of more than 45 minutes in duration but not more than 60 minutes (other than a service to which another item applies) by a prescribed medical practitioner—each attendance	107.35		107.35		
747	Common list	Type C	01.05.2010	1	A15	N	Attendance by a general practitioner, as a member of a multidisciplinary case conference team, to participate in: (a) a community case conference; or (b) a multidisciplinary case conference in a residential aged care facility; or (c) a multidisciplinary discharge case conference; if the conference lasts for at least 15 minutes, but for less than 20 minutes (other than a service associated with a service to which items 721 to 732 apply)	59.2		59.2	44.4	
750	Common list	Type C	01.05.2010	1	A15	N	Attendance by a general practitioner, as a member of a multidisciplinary case conference team, to participate in: (a) a community case conference; or (b) a multidisciplinary case conference in a residential aged care facility; or (c) a multidisciplinary discharge case conference; if the conference lasts for at least 20 minutes, but for less than 40 minutes (other than a service associated with a service to which items 721 to 732 apply)	101.45		101.45	76.1	

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758	Common list	Type C	01.05.2010	1	A15	N	Attendance by a general practitioner, as a member of a multidisciplinary case conference team, to participate in: (a) a community case conference; or (b) a multidisciplinary case conference in a residential aged care facility; or (c) a multidisciplinary discharge case conference; if the conference lasts for at least 40 minutes (other than a service associated with a service to which items 721 to 732 apply)	168.8		168.8	126.6	
761	N/A (Not hospital treatment)	N/A (Not hospital treatment)	01.07.2018	1	A7	N	Professional attendance by a prescribed medical practitioner (other than attendance at consulting rooms, a hospital or a residential aged care facility or a service to which another item in the table applies), lasting not more than 5 minutes—an attendance on one or more patients on one occasion—each patient		The fee for item 733, plus $23.70 divided by the number of patients seen, up to a maximum of six patients. For seven or more patients - the fee for item 733 plus $1.85 per patient.			
763	N/A (Not hospital treatment)	N/A (Not hospital treatment)	01.07.2018	1	A7	N	Professional attendance by a prescribed medical practitioner (other than attendance at consulting rooms, a hospital or a residential aged care facility or a service to which another item in the table applies), lasting more than 5 minutes, but not more than 25 minutes—an attendance on one or more patients on one occasion—each patient		The fee for item 737, plus $23.70 divided by the number of patients seen, up to a maximum of six patients. For seven or more patients - the fee for item 737 plus $1.85 per patient.			
766	N/A (Not hospital treatment)	N/A (Not hospital treatment)	01.07.2018	1	A7	N	Professional attendance by a prescribed medical practitioner (other than attendance at consulting rooms, a hospital or a residential aged care facility or a service to which another item in the table applies), lasting more than 25 minutes, but not more than 45 minutes—an attendance on one or more patients on one occasion—each patient		The fee for item 741, plus $23.70 divided by the number of patients seen, up to a maximum of six patients. For seven or more patients - the fee for item 741 plus $1.85 per patient.			
769	N/A (Not hospital treatment)	N/A (Not hospital treatment)	01.07.2018	1	A7	N	Professional attendance by a prescribed medical practitioner (other than attendance at consulting rooms, a hospital or a residential aged care facility or a service to which another item in the table applies), lasting more than 45 minutes, but not more than 60 minutes—an attendance on one or more patients on one occasion—each patient.		The fee for item 745, plus $23.70 divided by the number of patients seen, up to a maximum of six patients. For seven or more patients - the fee for item 745 plus $1.85 per patient.			
772	N/A (Not hospital treatment)	N/A (Not hospital treatment)	01.07.2018	1	A7	N	Professional attendance (other than a service to which another item applies) at a residential aged care facility (other than a professional attendance at a self-contained unit) or professional attendance at consulting rooms situated within such a complex if the patient is accommodated in the residential aged care facility (other than accommodation in a self-contained unit) of not more than 5 minutes in duration by a prescribed medical practitioner—an attendance on one or more patients at one residential aged care facility on one occasion—each patient		The fee for item 733, plus $42.60 divided by the number of patients seen, up to a maximum of six patients. For seven or more patients - the fee for item 733 plus $3.00 per patient.			
776	N/A (Not hospital treatment)	N/A (Not hospital treatment)	01.07.2018	1	A7	N	Professional attendance (other than a service to which another item applies) at a residential aged care facility (other than a professional attendance at a self-contained unit) or professional attendance at consulting rooms situated within such a complex if the patient is accommodated in the residential aged care facility (other than accommodation in a self-contained unit) of more than 5 minutes in duration but not more than 25 minutes in duration by a prescribed medical practitioner—an attendance on one or more patients at one residential aged care facility on one occasion—each patient		The fee for item 737, plus $42.60 divided by the number of patients seen, up to a maximum of six patients. For seven or more patients - the fee for item 737 plus $3.00 per patient.			

MBS Item	Clinical category	Procedure type	Item Start Date	MBS Category	MBS Group	New Item	MBS Description	MBS Schedule Fee	Derived Fee	Benefit 100% ($)	Benefit 75% ($)	Benefit 85% ($)
788	N/A (Not hospital treatment)	N/A (Not hospital treatment)	01.07.2018	1	A7	N	Professional attendance (other than a service to which another item applies) at a residential aged care facility (other than a professional attendance at a self-contained unit) or professional attendance at consulting rooms situated within such a complex if the patient is accommodated in the residential aged care facility (other than accommodation in a self-contained unit) of more than 25 minutes in duration but not more than 45 minutes by a prescribed medical practitioner—an attendance on one or more patients at one residential aged care facility on one occasion—each patient		The fee for item 741, plus $42.60 divided by the number of patients seen, up to a maximum of six patients. For seven or more patients - the fee for item 741 plus $3.00 per patient.			
789	N/A (Not hospital treatment)	N/A (Not hospital treatment)	01.07.2018	1	A7	N	Professional attendance (other than a service to which another item applies) at a residential aged care facility (other than a professional attendance at a self-contained unit) or professional attendance at consulting rooms situated within such a complex if the patient is accommodated in the residential aged care facility (other than accommodation in a self-contained unit) of more than 45 minutes but not more than 60 minutes in duration by a prescribed medical practitioner—an attendance on one or more patients at one residential aged care facility on one occasion—each patient		The fee for item 745, plus $42.60 divided by the number of patients seen, up to a maximum of six patients. For seven or more patients - the fee for item 745 plus $3.00 per patient.			
792	N/A (Not hospital treatment)	N/A (Not hospital treatment)	01.07.2018	1	A7	N	Professional attendance at consulting rooms by a prescribed medical practitioner, registered with the Chief Executive Medicare as meeting the credentialling requirements for provision of this service, lasting at least 20 minutes, for the purpose of providing non-directive pregnancy support counselling to a person who:(a) is currently pregnant; or(b) has been pregnant in the 12 months preceding the provision of the first service to which this item, or item 4001, 81000, 81005, 81010, 92136, 92137, 92138, 92139, 93026 or 93029, applies in relation to that pregnancy	69.8		69.8		
820	Common list	Type C	01.05.2002	1	A15	N	Attendance by a consultant physician in the practice of the consultant physician's specialty, as a member of a case conference team, to organise and coordinate a community case conference of at least 15 minutes but less than 30 minutes, with a multidisciplinary team of at least 3 other formal care providers of different disciplines	160.8			120.6	136.7
822	Common list	Type C	01.05.2002	1	A15	N	Attendance by a consultant physician in the practice of the consultant physician's specialty, as a member of a case conference team, to organise and coordinate a community case conference of at least 30 minutes but less than 45 minutes, with a multidisciplinary team of at least 3 other formal care providers of different disciplines	241.35			181.05	205.15
823	Common list	Type C	01.05.2002	1	A15	N	Attendance by a consultant physician in the practice of the consultant physician's specialty, as a member of a case conference team, to organise and coordinate a community case conference of at least 45 minutes, with a multidisciplinary team of at least 3 other formal care providers of different disciplines	321.55			241.2	273.35
825	Common list	Type C	01.05.2002	1	A15	N	Attendance by a consultant physician in the practice of the consultant physician's specialty, as a member of a multidisciplinary case conference team of at least 2 other formal care providers of different disciplines, to participate in a community case conference (other than to organise and coordinate the conference) of at least 15 minutes but less than 30 minutes, with the multidisciplinary case conference team	115.5			86.65	98.2
826	Common list	Type C	01.05.2002	1	A15	N	Attendance by a consultant physician in the practice of the consultant physician's specialty, as a member of a multidisciplinary case conference team of at least 2 other formal care providers of different disciplines, to participate in a community case conference (other than to organise and coordinate the conference) of at least 30 minutes but less than 45 minutes, with the multidisciplinary case conference team	184.25			138.2	156.65
828	Common list	Type C	01.05.2002	1	A15	N	Attendance by a consultant physician in the practice of the consultant physician's specialty, as a member of a multidisciplinary case conference team of at least 2 other formal care providers of different disciplines, to participate in a community case conference (other than to organise and coordinate the conference) of at least 45 minutes, with the multidisciplinary case conference team	252.95			189.75	215.05
830	Common list	Unlisted	01.05.2002	1	A15	N	Attendance by a consultant physician in the practice of the consultant physician's specialty, as a member of a case conference team, to organise and coordinate a discharge case conference of at least 15 minutes but less than 30 minutes, with a multidisciplinary team of at least 3 other formal care providers of different disciplines	160.8			120.6	136.7
832	Common list	Unlisted	01.05.2002	1	A15	N	Attendance by a consultant physician in the practice of the consultant physician's specialty, as a member of a case conference team, to organise and coordinate a discharge case conference of at least 30 minutes but less than 45 minutes, with a multidisciplinary team of at least 3 other formal care providers of different disciplines	241.35			181.05	205.15
834	Common list	Unlisted	01.05.2002	1	A15	N	Attendance by a consultant physician in the practice of the consultant physician's specialty, as a member of a case conference team, to organise and coordinate a discharge case conference of at least 45 minutes, with a multidisciplinary team of at least 3 other formal care providers of different disciplines	321.55			241.2	273.35
835	Common list	Unlisted	01.05.2002	1	A15	N	Attendance by a consultant physician in the practice of the consultant physician's specialty, as a member of a case conference team, to participate in a discharge case conference (other than to organise and coordinate the conference) of at least 15 minutes but less than 30 minutes, with a multidisciplinary team of at least 2 other formal care providers of different disciplines	115.5			86.65	98.2

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837	Common list	Unlisted	01.05.2002	1	A15	N	Attendance by a consultant physician in the practice of the consultant physician's specialty, as a member of a case conference team, to participate in a discharge case conference (other than to organise and coordinate the conference) of at least 30 minutes but less than 45 minutes, with a multidisciplinary team of at least 2 other formal care providers of different disciplines	184.25			138.2	156.65
838	Common list	Unlisted	01.05.2002	1	A15	N	Attendance by a consultant physician in the practice of the consultant physician's specialty, as a member of a case conference team, to participate in a discharge case conference (other than to organise and coordinate the conference) of at least 45 minutes, with a multidisciplinary team of at least 2 other formal care providers of different disciplines	252.95			189.75	215.05
855	Hospital psychiatric services	Type C	01.11.2002	1	A15	N	Attendance by a consultant physician in the practice of the consultant physician's specialty of psychiatry, as a member of a multidisciplinary case conference team of at least 2 other formal care providers of different disciplines, to organise and coordinate a community case conference of at least 15 minutes but less than 30 minutes, with the multidisciplinary case conference team	160.8			120.6	136.7
857	Hospital psychiatric services	Type C	01.11.2002	1	A15	N	Attendance by a consultant physician in the practice of the consultant physician's specialty of psychiatry, as a member of a multidisciplinary case conference team of at least 2 other formal care providers of different disciplines, to organise and coordinate a community case conference of at least 30 minutes but less than 45 minutes, with the multidisciplinary case conference team	241.35			181.05	205.15
858	Hospital psychiatric services	Type C	01.11.2002	1	A15	N	Attendance by a consultant physician in the practice of the consultant physician's specialty of psychiatry, as a member of a multidisciplinary case conference team of at least 2 other formal care providers of different disciplines, to organise and coordinate a community case conference of at least 45 minutes, with the multidisciplinary case conference team	321.55			241.2	273.35
861	Hospital psychiatric services	Unlisted	01.11.2002	1	A15	N	Attendance by a consultant physician in the practice of the consultant physician's specialty of psychiatry, as a member of a case conference team, to organise and coordinate a discharge case conference of at least 15 minutes but less than 30 minutes, with a multidisciplinary team of at least 2 other formal care providers of different disciplines	160.8			120.6	136.7
864	Hospital psychiatric services	Unlisted	01.11.2002	1	A15	N	Attendance by a consultant physician in the practice of the consultant physician's specialty of psychiatry, as a member of a case conference team, to organise and coordinate a discharge case conference of at least 30 minutes but less than 45 minutes, with a multidisciplinary team of at least 2 other formal care providers of different disciplines	241.35			181.05	205.15
866	Hospital psychiatric services	Unlisted	01.11.2002	1	A15	N	Attendance by a consultant physician in the practice of the consultant physician's specialty of psychiatry, as a member of a case conference team, to organise and coordinate a discharge case conference of at least 45 minutes, with a multidisciplinary team of at least 2 other formal care providers of different disciplines	321.55			241.2	273.35
871	Common list	Unlisted	01.11.2006	1	A15	N	Attendance by a general practitioner, specialist or consultant physician as a member of a case conference team, to lead and coordinate a multidisciplinary case conference on a patient with cancer to develop a multidisciplinary treatment plan, if the case conference is of at least 10 minutes, with a multidisciplinary team of at least 3 other medical practitioners from different areas of medical practice (which may include general practice), and, in addition, allied health providers	92.85			69.65	78.95
872	Common list	Unlisted	01.11.2006	1	A15	N	Attendance by a general practitioner, specialist or consultant physician as a member of a case conference team, to participate in a multidisciplinary case conference on a patient with cancer to develop a multidisciplinary treatment plan, if the case conference is of at least 10 minutes, with a multidisciplinary team of at least 4 medical practitioners from different areas of medical practice (which may include general practice), and, in addition, allied health providers	43.25			32.45	36.8
880	Common list	Unlisted	01.05.2006	1	A15	N	Attendance by a specialist, or consultant physician, in the practice of the specialist's or consultant physician's specialty of geriatric or rehabilitation medicine, as a member of a case conference team, to coordinate a case conference of at least 10 minutes but less than 30 minutes-for any particular patient, one attendance only in a 7 day period (other than attendance on the same day as an attendance for which item 832, 834, 835, 837 or 838 was applicable in relation to the patient) (H)	56.25			42.2	
900	Common list	Type C	01.10.2001	1	A17	N	Participation by a general practitioner (not including a specialist or consultant physician) in a Domiciliary Medication Management Review (DMMR) for a patient living in a community setting, in which the general practitioner, with the patient's consent:(a) assesses the patient as:(i) having a chronic medical condition or a complex medication regimen; and(ii) not having their therapeutic goals met; and(b) following that assessment:(i) refers the patient to a community pharmacy or an accredited pharmacist for the DMMR; and(ii) provides relevant clinical information required for the DMMR; and(c) discusses with the reviewing pharmacist the results of the DMMR including suggested medication management strategies; and(d) develops a written medication management plan following discussion with the patient; and(e) provides the written medication management plan to a community pharmacy chosen by the patientFor any particular patient—applicable not more than once in each 12 month period, and only if item 245 does not apply in the same 12 month period, except if there has been a significant change in the patient's condition or medication regimen requiring a new DMMR	176.4		176.4		

MBS Item	Clinical category	Procedure type	Item Start Date	MBS Category	MBS Group	New Item	MBS Description	MBS Schedule Fee	Derived Fee	Benefit 100% ($)	Benefit 75% ($)	Benefit 85% ($)
903	Common list	Type C	01.11.2004	1	A17	N	Participation by a general practitioner (not including a specialist or consultant physician) in a residential medication management review (RMMR) for a patient who is a care recipient in a residential aged care facility—other than an RMMR for a resident in relation to whom, in the preceding 12 months, this item or item 249 has applied, unless there has been a significant change in the resident's medical condition or medication management plan requiring a new RMMR.	120.8		120.8		
930	Common list	Type C	01.07.2023	1	A15	N	Attendance by a general practitioner, as a member of a multidisciplinary case conference team, to organise and coordinate a mental health case conference, if the conference lasts for at least 15 minutes, but for less than 20 minutes	80.55		80.55	60.45	
933	Common list	Type C	01.07.2023	1	A15	N	Attendance by a general practitioner, as a member of a multidisciplinary case conference team, to organise and coordinate a mental health case conference, if the conference lasts for at least 20 minutes, but for less than 40 minutes	137.75		137.75	103.35	
935	Common list	Type C	01.07.2023	1	A15	N	Attendance by a general practitioner, as a member of a multidisciplinary case conference team, to organise and coordinate a mental health case conference, if the conference lasts for at least 40 minutes	229.65		229.65	172.25	
937	Common list	Type C	01.07.2023	1	A15	N	Attendance by a general practitioner, as a member of a multidisciplinary case conference team, to participate in a mental health case conference, if the conference lasts for at least 15 minutes, but for less than 20 minutes	59.2		59.2	44.4	
943	Common list	Type C	01.07.2023	1	A15	N	Attendance by a general practitioner, as a member of a multidisciplinary case conference team, to participate in a mental health case conference, if the conference lasts for at least 20 minutes, but for less than 40 minutes	101.45		101.45	76.1	
945	Common list	Type C	01.07.2023	1	A15	N	Attendance by a general practitioner, as a member of a multidisciplinary case conference team, to participate in a mental health case conference, if the conference lasts for at least 40 minutes	168.8		168.8	126.6	
946	Common list	Type C	01.07.2023	1	A15	N	Attendance by a consultant physician in the practice of the consultant physician's specialty of psychiatry or paediatrics, as a member of a multidisciplinary case conference team, to organise and coordinate a mental health case conference of at least 15 minutes but less than 30 minutes, with the multidisciplinary case conference team	160.8			120.6	136.7
948	Common list	Type C	01.07.2023	1	A15	N	Attendance by a consultant physician in the practice of the consultant physician's specialty of psychiatry or paediatrics, as a member of a multidisciplinary case conference team, to organise and coordinate a mental health case conference of at least 30 minutes but less than 45 minutes, with the multidisciplinary case conference team	241.35			181.05	205.15
959	Common list	Type C	01.07.2023	1	A15	N	Attendance by a consultant physician in the practice of the consultant physician's specialty of psychiatry or paediatrics, as a member of a multidisciplinary case conference team, to organise and coordinate a mental health case conference of at least 45 minutes, with the multidisciplinary case conference team	321.55			241.2	273.35
961	Common list	Type C	01.07.2023	1	A15	N	Attendance by a consultant physician in the practice of the consultant physician's specialty of psychiatry or paediatrics, as a member of a multidisciplinary case conference team, to participate in a mental health case conference of at least 15 minutes but less than 30 minutes, with the multidisciplinary case conference team	115.5			86.65	98.2
962	Common list	Type C	01.07.2023	1	A15	N	Attendance by a consultant physician in the practice of the consultant physician's specialty of psychiatry or paediatrics, as a member of a multidisciplinary case conference team, to participate in a mental health case conference of at least 30 minutes but less than 45 minutes, with the multidisciplinary case conference team	184.25			138.2	156.65
964	Common list	Type C	01.07.2023	1	A15	N	Attendance by a consultant physician in the practice of the consultant physician's specialty of psychiatry or paediatrics, as a member of a multidisciplinary case conference team, to participate in a mental health case conference of at least 45 minutes, with the multidisciplinary case conference team	252.95			189.75	215.05
969	Common list	Type C	01.07.2023	1	A7	N	Attendance by a prescribed medical practitioner, as a member of a multidisciplinary case conference team, to organise and coordinate a mental health case conference if the conference lasts for at least 15 minutes, but for less than 20 minutes	64.5		64.5	48.4	
971	Common list	Type C	01.07.2023	1	A7	N	Attendance by a prescribed medical practitioner, as a member of a multidisciplinary case conference team, to organise and coordinate a mental health case conference if the conference lasts for at least 20 minutes, but for less than 40 minutes	110.25		110.25	82.7	
972	Common list	Type C	01.07.2023	1	A7	N	Attendance by a prescribed medical practitioner, as a member of a multidisciplinary case conference team, to organise and coordinate a mental health case conference if the conference lasts for at least 40 minutes	183.75		183.75	137.85	
973	Common list	Type C	01.07.2023	1	A7	N	Attendance by a prescribed medical practitioner, as a member of a multidisciplinary case conference team, to participate in a mental health case conference if the conference lasts for at least 15 minutes, but for less than 20 minutes	47.35		47.35	35.55	
975	Common list	Type C	01.07.2023	1	A7	N	Attendance by a prescribed medical practitioner, as a member of a multidisciplinary case conference team, to participate in a mental health case conference if the conference lasts for at least 20 minutes, but for less than 40 minutes	81.15		81.15	60.9	
986	Common list	Type C	01.07.2023	1	A7	N	Attendance by a prescribed medical practitioner, as a member of a multidisciplinary case conference team, to participate in a mental health case conference if the conference lasts for at least 40minutes	135.05		135.05	101.3	
2197	N/A (Not hospital treatment)	N/A (Not hospital treatment)	01.11.2023	1	A7	N	Professional attendance at consulting rooms of more than 60 minutes in duration (other than a service to which another item applies) by a prescribed medical practitioner—each attendance.	182.35		182.35		

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2198	N/A (Not hospital treatment)	N/A (Not hospital treatment)	01.11.2023	1	A7	N	Professional attendance by a prescribed medical practitioner (other than attendance at consulting rooms, a hospital or a residential aged care facility or a service to which another item in the table applies), lasting more than 60 minutes—an attendance on one or more patients on one occasion—each patient.		The fee for item 2197, plus $23.70 divided by the number of patients seen, up to a maximum of six patients. For seven or more patients - the fee for item 2197 plus $1.85 per patient.			
2200	N/A (Not hospital treatment)	N/A (Not hospital treatment)	01.11.2023	1	A7	N	Professional attendance (other than a service to which another item applies) at a residential aged care facility (other than a professional attendance at a self-contained unit) or professional attendance at consulting rooms situated within such a complex if the patient is accommodated in the residential aged care facility (other than accommodation in a self-contained unit) of more than 60 minutes in duration by a prescribed medical practitioner—an attendance on one or more patients at one residential aged care facility on one occasion—each patient.		The fee for item 2197, plus $42.60 divided by the number of patients seen, up to a maximum of six patients. For seven or more patients - the fee for item 2197 plus $3.00 per patient.			
2700	Hospital psychiatric services	Unlisted	01.11.2011	1	A20	N	Professional attendance by a general practitioner (including a general practitioner who has not undertaken mental health skills training) of at least 20 minutes but less than 40 minutes in duration for the preparation of a GP mental health treatment plan for a patient	81.7		81.7	61.3	
2701	Hospital psychiatric services	Unlisted	01.11.2011	1	A20	N	Professional attendance by a general practitioner (including a general practitioner who has not undertaken mental health skills training) of at least 40 minutes in duration for the preparation of a GP mental health treatment plan for a patient	120.25		120.25	90.2	
2712	Hospital psychiatric services	Unlisted	01.11.2006	1	A20	N	Professional attendance by a general practitioner to review a GP mental health treatment plan which he or she, or an associated general practitioner has prepared, or to review a Psychiatrist Assessment and Management Plan	81.7		81.7	61.3	
2713	Hospital psychiatric services	Type C	01.11.2006	1	A20	N	Professional attendance by a general practitioner in relation to a mental disorder and of at least 20 minutes in duration, involving taking relevant history and identifying the presenting problem (to the extent not previously recorded), providing treatment and advice and, if appropriate, referral for other services or treatments, and documenting the outcomes of the consultation	81.7		81.7		
2715	Hospital psychiatric services	Unlisted	01.11.2011	1	A20	N	Professional attendance by a general practitioner (including a general practitioner who has undertaken mental health skills training of at least 20 minutes but less than 40 minutes in duration for the preparation of a GP mental health treatment plan for a patient	103.7		103.7	77.8	
2717	Hospital psychiatric services	Unlisted	01.11.2011	1	A20	N	Professional attendance by a general practitioner (including a general practitioner who has undertaken mental health skills training) of at least 40 minutes in duration for the preparation of a GP mental health treatment plan for a patient	152.8		152.8	114.6	
2721	Hospital psychiatric services	Type C	01.11.2002	1	A20	N	Professional attendance at consulting rooms by a general practitioner, for providing focussed psychological strategies for assessed mental disorders by a general practitioner registered with the Chief Executive Medicare as meeting the credentialling requirements for provision of this service, and lasting at least 30 minutes, but less than 40 minutes	105.65		105.65		
2723	Hospital psychiatric services	Type C	01.11.2002	1	A20	N	Professional attendance at a place other than consulting rooms by a general practitioner, for providing focussed psychological strategies for assessed mental disorders by a general practitioner registered with the Chief Executive Medicare as meeting the credentialling requirements for provision of this service, and lasting at least 30 minutes, but less than 40 minutes		The fee for item 2721, plus $29.60 divided by the number of patients seen, up to a maximum of six patients. For seven or more patients - the fee for item 2721 plus $2.35 per patient.			
2725	Hospital psychiatric services	Type C	01.11.2002	1	A20	N	Professional attendance at consulting rooms by a general practitioner, for providing focussed psychological strategies for assessed mental disorders by a general practitioner registered with the Chief Executive Medicare as meeting the credentialling requirements for provision of this service, and lasting at least 40 minutes	151.2		151.2		

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2727	Hospital psychiatric services	Type C	01.11.2002	1	A20	N	Professional attendance at a place other than consulting rooms by a general practitioner, for providing focussed psychological strategies for assessed mental disorders by a general practitioner registered with the Chief Executive Medicare as meeting the credentialling requirements for provision of this service, and lasting at least 40 minutes		The fee for item 2725, plus $29.60 divided by the number of patients seen, up to a maximum of six patients. For seven or more patients - the fee for item 2725 plus $2.35 per patient.			
2739	N/A (Not hospital treatment)	N/A (Not hospital treatment)	01.03.2023	1	A20	N	Professional attendance at consulting rooms by a general practitioner (not including a specialist or a consultant physician) registered with the Chief Executive Medicare as meeting the credentialling requirements for provision of this service: (a) for providing focussed psychological strategies to a person other than the patient, if the service is part of the patient's treatment; and (b) lasting at least 30 minutes, but less than 40 minutes	105.65		105.65		
2741	N/A (Not hospital treatment)	N/A (Not hospital treatment)	01.03.2023	1	A20	N	Professional attendance at a place other than consulting rooms by a general practitioner (not including a specialist or a consultant physician) registered with the Chief Executive Medicare as meeting the credentialling requirements for provision of this service: (a) for providing focussed psychological strategies to a person other than the patient, if the service is part of the patient's treatment; and (b) lasting at least 30 minutes, but less than 40 minutes		The fee for item 2739, plus $29.60 divided by the number of patients seen, up to a maximum of six patients. For seven or more patients - the fee for item 2739 plus $2.35 per patient.			
2743	N/A (Not hospital treatment)	N/A (Not hospital treatment)	01.03.2023	1	A20	N	Professional attendance at consulting rooms by a general practitioner (not including a specialist or a consultant physician) registered with the Chief Executive Medicare as meeting the credentialling requirements for provision of this service: (a) for providing focussed psychological strategies to a person other than the patient, if the service is part of the patient's treatment; and (b) lasting at least 40 minutes	151.2		151.2		
2745	N/A (Not hospital treatment)	N/A (Not hospital treatment)	01.03.2023	1	A20	N	Professional attendance at a place other than consulting rooms by a general practitioner (not including a specialist or a consultant physician) registered with the Chief Executive Medicare as meeting the credentialling requirements for provision of this service: (a) for providing focussed psychological strategies to a person other than the patient, if the service is part of the patient's treatment; and (b) lasting at least 40 minutes		The fee for item 2743, plus $29.60 divided by the number of patients seen, up to a maximum of six patients. For seven or more patients - the fee for item 2743 plus $2.35 per patient.			
2801	Common list	Type C	01.05.2006	1	A24	N	Professional attendance at consulting rooms or hospital by a specialist, or consultant physician, in the practice of the specialist's or consultant physician's specialty of pain medicine following referral of the patient to the specialist or consultant physician by a referring practitioner-initial attendance in a single course of treatment	174.5			130.9	148.35
2806	Common list	Type C	01.05.2006	1	A24	N	Professional attendance at consulting rooms or hospital by a specialist, or consultant physician, in the practice of the specialist's or consultant physician's specialty of pain medicine following referral of the patient to the specialist or consultant physician by a referring practitioner-each attendance (other than a service to which item 2814 applies) after the first in a single course of treatment	87.3			65.5	74.25
2814	Common list	Type C	01.05.2006	1	A24	N	Professional attendance at consulting rooms or hospital by a specialist, or consultant physician, in the practice of the specialist's or consultant physician's specialty of pain medicine following referral of the patient to the specialist or consultant physician by a referring practitioner-each minor attendance after the first attendance in a single course of treatment	49.75			37.35	42.3
2824	Common list	Type C	01.05.2006	1	A24	N	Professional attendance at a place other than consulting rooms or hospital by a specialist, or consultant physician, in the practice of the specialist's or consultant physician's specialty of pain medicine following referral of the patient to the specialist or consultant physician by a referring practitioner-initial attendance in a single course of treatment	211.65				179.95
2832	Common list	Type C	01.05.2006	1	A24	N	Professional attendance at a place other than consulting rooms or hospital by a specialist, or consultant physician, in the practice of the specialist's or consultant physician's specialty of pain medicine following referral of the patient to the specialist or consultant physician by a referring practitioner-each attendance (other than a service to which item 2840 applies) after the first in a single course of treatment	128.05				108.85
2840	Common list	Type C	01.05.2006	1	A24	N	Professional attendance at a place other than consulting rooms or hospital by a specialist, or consultant physician, in the practice of the specialist's or consultant physician's specialty of pain medicine following referral of the patient to the specialist or consultant physician by a referring practitioner-each minor attendance after the first attendance in a single course of treatment	92.25				78.45

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2946	Common list	Type C	01.05.2006	1	A24	N	Attendance by a specialist, or consultant physician, in the practice of the specialist's or consultant physician's specialty of pain medicine, as a member of a multidisciplinary case conference team, to organise and coordinate a community case conference of at least 15 minutes but less than 30 minutes	160.8			120.6	136.7
2949	Common list	Type C	01.05.2006	1	A24	N	Attendance by a specialist, or consultant physician, in the practice of the specialist's or consultant physician's specialty of pain medicine, as a member of a multidisciplinary case conference team, to organise and coordinate a community case conference of at least 30 minutes but less than 45 minutes	241.35			181.05	205.15
2954	Common list	Type C	01.05.2006	1	A24	N	Attendance by a specialist, or consultant physician, in the practice of the specialist's or consultant physician's specialty of pain medicine, as a member of a multidisciplinary case conference team, to organise and coordinate a community case conference of at least 45 minutes	321.55			241.2	273.35
2958	Common list	Type C	01.05.2006	1	A24	N	Attendance by a specialist, or consultant physician, in the practice of the specialist's or consultant physician's specialty of pain medicine, as a member of a multidisciplinary case conference team, to participate in a community case conference (other than to organise and coordinate the conference) of at least 15 minutes but less than 30 minutes	115.5			86.65	98.2
2972	Common list	Type C	01.05.2006	1	A24	N	Attendance by a specialist, or consultant physician, in the practice of the specialist's or consultant physician's specialty of pain medicine, as a member of a multidisciplinary case conference team, to participate in a community case conference (other than to organise and coordinate the conference) of at least 30 minutes but less than 45 minutes	184.25			138.2	156.65
2974	Common list	Type C	01.05.2006	1	A24	N	Attendance by a specialist, or consultant physician, in the practice of the specialist's or consultant physician's specialty of pain medicine, as a member of a multidisciplinary case conference team, to participate in a community case conference (other than to organise and coordinate the conference) of at least 45 minutes	252.95			189.75	215.05
2978	Common list	Unlisted	01.05.2006	1	A24	N	Attendance by a specialist, or consultant physician, in the practice of the specialist's or consultant physician's specialty of pain medicine, as a member of a multidisciplinary case conference team, to organise and coordinate a discharge case conference of at least 15 minutes but less than 30 minutes, before the patient is discharged from a hospital (H)	160.8			120.6	136.7
2984	Common list	Unlisted	01.05.2006	1	A24	N	Attendance by a specialist, or consultant physician, in the practice of the specialist's or consultant physician's specialty of pain medicine, as a member of a multidisciplinary case conference team, to organise and coordinate a discharge case conference of at least 30 minutes but less than 45 minutes, before the patient is discharged from a hospital (H)	241.35			181.05	205.15
2988	Common list	Unlisted	01.05.2006	1	A24	N	Attendance by a specialist, or consultant physician, in the practice of the specialist's or consultant physician's specialty of pain medicine, as a member of a multidisciplinary case conference team, to organise and coordinate a discharge case conference of at least 45 minutes, before the patient is discharged from a hospital (H)	321.55			241.2	273.35
2992	Common list	Unlisted	01.05.2006	1	A24	N	Attendance by a specialist, or consultant physician, in the practice of the specialist's or consultant physician's specialty of pain medicine, as a member of a multidisciplinary case conference team, to participate in a discharge case conference (other than to organise and coordinate the conference) of at least 15 minutes but less than 30 minutes, before the patient is discharged from a hospital (H)	115.5			86.65	98.2
2996	Common list	Unlisted	01.05.2006	1	A24	N	Attendance by a specialist, or consultant physician, in the practice of the specialist's or consultant physician's specialty of pain medicine, as a member of a multidisciplinary case conference team, to participate in a discharge case conference (other than to organise and coordinate the conference) of at least 30 minutes but less than 45 minutes, before the patient is discharged from a hospital (H)	184.25			138.2	156.65
3000	Common list	Unlisted	01.05.2006	1	A24	N	Attendance by a specialist, or consultant physician, in the practice of the specialist's or consultant physician's specialty of pain medicine, as a member of a multidisciplinary case conference team, to participate in a discharge case conference (other than to organise and coordinate the conference) of at least 45 minutes, before the patient is discharged from a hospital (H)	252.95			189.75	215.05
3005	Palliative care	Type C	01.05.2006	1	A24	N	Professional attendance at consulting rooms or hospital by a specialist, or consultant physician, in the practice of the specialist's or consultant physician's specialty of palliative medicine following referral of the patient to the specialist or consultant physician by a referring practitioner-initial attendance in a single course of treatment	174.5			130.9	148.35
3010	Palliative care	Type C	01.05.2006	1	A24	N	Professional attendance at consulting rooms or hospital by a specialist, or consultant physician, in the practice of the specialist's or consultant physician's specialty of palliative medicine following referral of the patient to the specialist or consultant physician by a referring practitioner-each attendance (other than a service to which item 3014 applies) after the first in a single course of treatment	87.3			65.5	74.25
3014	Palliative care	Type C	01.05.2006	1	A24	N	Professional attendance at consulting rooms or hospital by a specialist, or consultant physician, in the practice of the specialist's or consultant physician's specialty of palliative medicine following referral of the patient to the specialist or consultant physician by a referring practitioner-each minor attendance after the first attendance in a single course of treatment	49.75			37.35	42.3

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3018	Palliative care	Type C	01.05.2006	1	A24	N	Professional attendance at a place other than consulting rooms or hospital by a specialist, or consultant physician, in the practice of the specialist's or consultant physician's specialty of palliative medicine following referral of the patient to the specialist or consultant physician by a referring practitioner-initial attendance in a single course of treatment	211.65				179.95
3023	Palliative care	Type C	01.05.2006	1	A24	N	Professional attendance at a place other than consulting rooms or hospital by a specialist, or consultant physician, in the practice of the specialist's or consultant physician's specialty of palliative medicine following referral of the patient to the specialist or consultant physician by a referring practitioner-each attendance (other than a service to which item 3028 applies) after the first in a single course of treatment	128.05				108.85
3028	Palliative care	Type C	01.05.2006	1	A24	N	Professional attendance at a place other than consulting rooms or hospital by a specialist, or consultant physician, in the practice of the specialist's or consultant physician's specialty of palliative medicine following referral of the patient to the specialist or consultant physician by a referring practitioner-each minor attendance after the first attendance in a single course of treatment	92.25				78.45
3032	Palliative care	Type C	01.05.2006	1	A24	N	Attendance by a specialist, or consultant physician, in the practice of the specialist's or consultant physician's specialty of palliative medicine, as a member of a multidisciplinary case conference team, to organise and coordinate a community case conference of at least 15 minutes but less than 30 minutes	160.8			120.6	136.7
3040	Palliative care	Type C	01.05.2006	1	A24	N	Attendance by a specialist, or consultant physician, in the practice of the specialist's or consultant physician's specialty of palliative medicine, as a member of a multidisciplinary case conference team, to organise and coordinate a community case conference of at least 30 minutes but less than 45 minutes	241.35			181.05	205.15
3044	Palliative care	Type C	01.05.2006	1	A24	N	Attendance by a specialist, or consultant physician, in the practice of the specialist's or consultant physician's specialty of palliative medicine, as a member of a multidisciplinary case conference team, to organise and coordinate a community case conference of at least 45 minutes	321.55			241.2	273.35
3051	Palliative care	Type C	01.05.2006	1	A24	N	Attendance by a specialist, or consultant physician, in the practice of the specialist's or consultant physician's specialty of palliative medicine, as a member of a multidisciplinary case conference team, to participate in a community case conference (other than to organise and coordinate the conference) of at least 15 minutes but less than 30 minutes	115.5			86.65	98.2
3055	Palliative care	Type C	01.05.2006	1	A24	N	Attendance by a specialist, or consultant physician, in the practice of the specialist's or consultant physician's specialty of palliative medicine, as a member of a multidisciplinary case conference team, to participate in a community case conference (other than to organise and coordinate the conference) of at least 30 minutes but less than 45 minutes, with a multidisciplinary team of at least 2 other formal care providers of different disciplines	184.25			138.2	156.65
3062	Palliative care	Type C	01.05.2006	1	A24	N	Attendance by a specialist, or consultant physician, in the practice of the specialist's or consultant physician's specialty of palliative medicine, as a member of a multidisciplinary case conference team, to participate in a community case conference (other than to organise and coordinate the conference) of at least 45 minutes	252.95			189.75	215.05
3069	Palliative care	Unlisted	01.05.2006	1	A24	N	Attendance by a specialist, or consultant physician, in the practice of the specialist's or consultant physician's specialty of palliative medicine, as a member of a multidisciplinary case conference team, to organise and coordinate a discharge case conference of at least 15 minutes but less than 30 minutes, before the patient is discharged from a hospital (H)	160.8			120.6	136.7
3074	Palliative care	Unlisted	01.05.2006	1	A24	N	Attendance by a specialist, or consultant physician, in the practice of the specialist's or consultant physician's specialty of palliative medicine, as a member of a case conference team, to organise and coordinate a discharge case conference of at least 30 minutes but less than 45 minutes, before the patient is discharged from a hospital (H)	241.35			181.05	205.15
3078	Palliative care	Unlisted	01.05.2006	1	A24	N	Attendance by a specialist, or consultant physician, in the practice of the specialist's or consultant physician's specialty of palliative medicine, as a member of a multidisciplinary case conference team, to organise and coordinate a discharge case conference of at least 45 minutes, before the patient is discharged from a hospital (H)	321.55			241.2	273.35
3083	Palliative care	Unlisted	01.05.2006	1	A24	N	Attendance by a specialist, or consultant physician, in the practice of the specialist's or consultant physician's specialty of palliative medicine, as a member of a case conference team, to participate in a discharge case conference (other than to organise and coordinate the conference) of at least 15 minutes but less than 30 minutes, before the patient is discharged from a hospital (H)	115.5			86.65	98.2
3088	Palliative care	Unlisted	01.05.2006	1	A24	N	Attendance by a specialist, or consultant physician, in the practice of the specialist's or consultant physician's specialty of palliative medicine, as a member of a multidisciplinary case conference team, to participate in a discharge case conference (other than to organise and coordinate the conference) of at least 30 minutes but less than 45 minutes, before the patient is discharged from a hospital (H)	184.25			138.2	156.65
3093	Palliative care	Unlisted	01.05.2006	1	A24	N	Attendance by a specialist, or consultant physician, in the practice of the specialist's or consultant physician's specialty of palliative medicine, as a member of a multidisciplinary case conference team, to participate in a discharge case conference (other than to organise and coordinate the conference) of at least 45 minutes, before the patient is discharged from a hospital (H)	252.95			189.75	215.05

MBS Item	Clinical category	Procedure type	Item Start Date	MBS Category	MBS Group	New Item	MBS Description	MBS Schedule Fee	Derived Fee	Benefit 100% ($)	Benefit 75% ($)	Benefit 85% ($)
4001	Common list	Type C	01.11.2006	1	A27	N	Professional attendance of at least 20 minutes in duration at consulting rooms by a general practitioner who is registered with the Chief Executive Medicare as meeting the credentialing requirements for provision of this service for the purpose of providing non-directive pregnancy support counselling to a patient who: (a) is currently pregnant; or (b) has been pregnant in the 12 months preceding the provision of the first service to which this item or item 81000, 81005 or 81010 applies in relation to that pregnancy Note:For items 81000, 81005 and 81010, see the determination about allied health services under subsection 3C(1) of the Act.	87.25		87.25		
5000	Common list	Type C	01.01.2005	1	A22	N	Professional attendance at consulting rooms (other than a service to which another item applies) by a general practitioner for an obvious problem characterised by the straightforward nature of the task that requires a short patient history and, if required, limited examination and management-each attendance	33		33		
5001	Common list	Type C	01.03.2020	1	A21	N	Professional attendance, on a patient aged 4 years or over but under 75 years old, at a recognised emergency department of a private hospital by a specialist in the practice of the specialist's specialty of emergency medicine involving medical decision making of ordinary complexity	66.85			50.15	56.85
5003	Common list	Type C	01.01.2005	1	A22	N	Professional attendance by a general practitioner (other than attendance at consulting rooms, a hospital or a residential aged care facility or a service to which another item in the table applies) that requires a short patient history and, if necessary, limited examination and management-an attendance on one or more patients on one occasion-each patient		The fee for item 5000, plus $29.60 divided by the number of patients seen, up to a maximum of six patients. For seven or more patients - the fee for item 5000 plus $2.35 per patient.			
5004	Common list	Type C	01.03.2020	1	A21	N	Professional attendance, on a patient aged under 4 years, at a recognised emergency department of a private hospital by a specialist in the practice of the specialist's specialty of emergency medicine involving medical decision-making of ordinary complexity	112.25			84.2	95.45
5010	Common list	Type C	01.01.2005	1	A22	N	Professional attendance (other than a service to which another item applies) at a residential aged care facility (other than a professional attendance at a self-contained unit) or professional attendance at consulting rooms situated within such a complex, if the patient is accommodated in a residential aged care facility (other than accommodation in a self-contained unit) by a general practitioner for an obvious problem characterised by the straightforward nature of the task that requires a short patient history and, if required, limited examination and management-an attendance on one or more patients at one residential aged care facility on one occasion-each patient		The fee for item 5000, plus $53.25 divided by the number of patients seen, up to a maximum of six patients. For seven or more patients - the fee for item 5000 plus $3.80 per patient.			
5011	Common list	Type C	01.03.2020	1	A21	N	Professional attendance, on a patient aged 75 years or over, at a recognised emergency department of a private hospital by a specialist in the practice of the specialist's specialty of emergency medicine involving medical decision-making of ordinary complexity	112.25			84.2	95.45
5012	Common list	Type C	01.03.2020	1	A21	N	Professional attendance, on a patient aged 4 years or over but under 75 years old, at a recognised emergency department of a private hospital by a specialist in the practice of the specialist's specialty of emergency medicine involving medical decision-making of complexity that is more than ordinary but is not high	175.95			132	149.6
5013	Common list	Type C	01.03.2020	1	A21	N	Professional attendance, on a patient aged under 4 years, at a recognised emergency department of a private hospital by a specialist in the practice of the specialist's specialty of emergency medicine involving medical decision-making of complexity that is more than ordinary but is not high	221.35			166.05	188.15
5014	Common list	Type C	01.03.2020	1	A21	N	Professional attendance, on a patient aged 75 years or over, at a recognised emergency department of a private hospital by a specialist in the practice of the specialist's specialty of emergency medicine involving medical decision-making of complexity that is more than ordinary but is not high	221.35			166.05	188.15
5016	Common list	Type C	01.03.2020	1	A21	N	Professional attendance, on a patient aged 4 years or over but under 75 years old, at a recognised emergency department of a private hospital by a specialist in the practice of the specialist's specialty of emergency medicine involving medical decision-making of high complexity	297			222.75	252.45
5017	Common list	Type C	01.03.2020	1	A21	N	Professional attendance, on a patient aged under 4 years, at a recognised emergency department of a private hospital by a specialist in the practice of the specialist's specialty of emergency medicine involving medical decision-making of high complexity	342.5			256.9	291.15
5019	Common list	Type C	01.03.2020	1	A21	N	Professional attendance, on a patient aged 75 years or over, at a recognised emergency department of a private hospital by a specialist in the practice of the specialist's specialty of emergency medicine involving medical decision-making of high complexity	342.5			256.9	291.15

MBS Item	Clinical category	Procedure type	Item Start Date	MBS Category	MBS Group	New Item	MBS Description	MBS Schedule Fee	Derived Fee	Benefit 100% ($)	Benefit 75% ($)	Benefit 85% ($)
5020	Common list	Type C	01.01.2005	1	A22	N	Professional attendance by a general practitioner at consulting rooms (other than a service to which another item in this Schedule applies), lasting at least 6 minutes and less than 20 minutes and including any of the following that are clinically relevant:(a) taking a patient history;(b) performing a clinical examination;(c) arranging any necessary investigation;(d) implementing a management plan;(e) providing appropriate preventive health care;for one or more health-related issues, with appropriate documentation	55.8		55.8		
5021	Common list	Type C	01.03.2020	1	A21	N	Professional attendance, on a patient aged 4 years or over but under 75 years old, at a recognised emergency department of a private hospital by a medical practitioner (except a specialist in the practice of the specialist's specialty of emergency medicine) involving medical decision-making of ordinary complexity	50.1			37.6	42.6
5022	Common list	Type C	01.03.2020	1	A21	N	Professional attendance, on a patient aged under 4 years, at a recognised emergency department of a private hospital by a medical practitioner (except a specialist in the practice of the specialist's specialty of emergency medicine) involving medical decision-making of ordinary complexity	84.2			63.15	71.6
5023	Common list	Type C	01.01.2005	1	A22	N	Professional attendance by a general practitioner (other than attendance at consulting rooms, a hospital or a residential aged care facility or a service to which another item in this Schedule applies), lasting at least 6 minutes and less than 20 minutes and including any of the following that are clinically relevant:(a) taking a patient history;(b) performing a clinical examination;(c) arranging any necessary investigation;(d) implementing a management plan;(e) providing appropriate preventive health care;for one or more health-related issues, with appropriate documentation—an attendance on one or more patients on one occasion—each patient		The fee for item 5020, plus $29.60 divided by the number of patients seen, up to a maximum of six patients. For seven or more patients - the fee for item 5020 plus $2.35 per patient.			
5027	Common list	Type C	01.03.2020	1	A21	N	Professional attendance, on a patient aged 75 years or over,at a recognised emergency department of a private hospital by a medical practitioner (except a specialist in the practice of the specialist's specialty of emergency medicine) involving medical decision-making of ordinary complexity	84.2			63.15	71.6
5028	Common list	Type C	01.01.2005	1	A22	N	Professional attendance by a general practitioner (other than a service to which another item in this Schedule applies), on care recipients in a residential aged care facility, lasting at least 6 minutes and less than 20 minutes and including any of the following that are clinically relevant:(a) taking a patient history;(b) performing a clinical examination;(c) arranging any necessary investigation;(d) implementing a management plan;(e) providing appropriate preventive health care;for one or more health-related issues, with appropriate documentation—an attendance on one or more patients at one residential aged care facility on one occasion—each patient		The fee for item 5020, plus $53.25 divided by the number of patients seen, up to a maximum of six patients. For seven or more patients - the fee for item 5020 plus $3.80 per patient.			
5030	Common list	Type C	01.03.2020	1	A21	N	Professional attendance, on a patient aged 4 years or over but under 75 years old, at a recognised emergency department of a private hospital by a medical practitioner (except a specialist in the practice of the specialist's specialty of emergency medicine) involving medical decision-making of complexity that is more than ordinary but is not high	131.9			98.95	112.15
5031	Common list	Type C	01.03.2020	1	A21	N	Professional attendance, on a patient aged under 4 years,at a recognised emergency department of a private hospital by a medical practitioner (except a specialist in the practice of the specialist's specialty of emergency medicine) involving medical decision-making of complexity that is more than ordinary but is not high	166			124.5	141.1
5032	Common list	Type C	01.03.2020	1	A21	N	Professional attendance, on a patient aged 75 years or over, at a recognised emergency department of a private hospital by a medical practitioner (except a specialist in the practice of the specialist's specialty of emergency medicine) involving medical decision-making of complexity that is more than ordinary but is not high	166			124.5	141.1
5033	Common list	Type C	01.03.2020	1	A21	N	Professional attendance, on a patient 4 years or over but under 75 years old, at a recognised emergency department of a private hospital by a medical practitioner (except a specialist in the practice of the specialist's specialty of emergency medicine) involving medical decision-making of high complexity	222.75			167.1	189.35
5035	Common list	Type C	01.03.2020	1	A21	N	Professional attendance, on a patient aged under 4 years, at a recognised emergency department of a private hospital by a medical practitioner (except a specialist in the practice of the specialist's specialty of emergency medicine) involving medical decision-making of high complexity	256.9			192.7	218.4
5036	Common list	Type C	01.03.2020	1	A21	N	Professional attendance, on a patient aged 75 years or over, at a recognised emergency department of a private hospital by a medical practitioner (except a specialist in the practice of the specialist's specialty of emergency medicine) involving medical decision-making of high complexity	256.9			192.7	218.4

MBS Item	Clinical category	Procedure type	Item Start Date	MBS Category	MBS Group	New Item	MBS Description	MBS Schedule Fee	Derived Fee	Benefit 100% ($)	Benefit 75% ($)	Benefit 85% ($)
5039	Common list	Type C	01.03.2020	1	A21	N	Professional attendance at a recognised emergency department of a private hospital by a specialist in the practice of the specialist's specialty of emergency medicine for preparation of goals of care by the specialist for a gravely ill patient lacking current goals of care if: (a) the specialist takes overall responsibility for the preparation of the goals of care for the patient; and (b) the attendance is the first attendance by the specialist for the preparation of the goals of care for the patient following the presentation of the patient to the emergency department; and (c) the attendance is in conjunction with, or after, an attendance on the patient by the specialist that is described in item 5001, 5004, 5011, 5012, 5013, 5014, 5016, 5017 or 5019	162.3			121.75	138
5040	Common list	Type C	01.01.2005	1	A22	N	Professional attendance by a general practitioner at consulting rooms (other than a service to which another item in the table applies), lasting at least 20 minutes and including any of the following that are clinically relevant: (a) taking a detailed patient history; (b) performing a clinical examination; (c) arranging any necessary investigation; (d) implementing a management plan; (e) providing appropriate preventive health care; for one or more health-related issues, with appropriate documentation-each attendance	95.7		95.7		
5041	Common list	Type C	01.03.2020	1	A21	N	Professional attendance at a recognised emergency department of a private hospital by a specialist in the practice of the specialist's specialty of emergency medicine for preparation of goals of care by the specialist for a gravely ill patient lacking current goals of care if: (a) the specialist takes overall responsibility for the preparation of the goals of care for the patient; and (b) the attendance is the first attendance by the specialist for the preparation of the goals of care for the patient following the presentation of the patient to the emergency department; and (c) the attendance is not in conjunction with, or after, an attendance on the patient by the specialist that is described in item 5001, 5004, 5011, 5012, 5013, 5014, 5016, 5017 or 5019; and (d) the attendance is for at least 60 minutes	305.15			228.9	259.4
5042	Common list	Type C	01.03.2020	1	A21	N	Professional attendance at a recognised emergency department of a private hospital by a medical practitioner (except a specialist in the practice of the specialist's specialty of emergency medicine) for preparation of goals of care by the practitioner for a gravely ill patient lacking current goals of care if: (a) the practitioner takes overall responsibility for the preparation of the goals of care for the patient; and (b) the attendance is the first attendance by the practitioner for the preparation of the goals of care for the patient following the presentation of the patient to the emergency department; and (c) the attendance is in conjunction with, or after, an attendance on the patient by the practitioner that is described in item 5021, 5022, 5027, 5030, 5031, 5032, 5033, 5035 or 5036	121.8			91.35	103.55
5043	Common list	Type C	01.01.2005	1	A22	N	Professional attendance by a general practitioner (other than attendance at consulting rooms, a hospital or a residential aged care facility or a service to which another item in the table applies), lasting at least 20 minutes and including any of the following that are clinically relevant: (a) taking a detailed patient history; (b) performing a clinical examination; (c) arranging any necessary investigation; (d) implementing a management plan; (e) providing appropriate preventive health care; for one or more health-related issues, with appropriate documentation-an attendance on one or more patients on one occasion-each patient		The fee for item 5040, plus $29.60 divided by the number of patients seen, up to a maximum of six patients. For seven or more patients - the fee for item 5040 plus $2.35 per patient.			
5044	Common list	Type C	01.03.2020	1	A21	N	Professional attendance at a recognised emergency department of a private hospital by a medical practitioner (except a specialist in the practice of the specialist's specialty of emergency medicine) for preparation of goals of care by the practitioner for a gravely ill patient lacking current goals of care if: (a) the practitioner takes overall responsibility for the preparation of the goals of care for the patient; and (b) the attendance is the first attendance by the practitioner for the preparation of the goals of care for the patient following the presentation of the patient to the emergency department; and (c) the attendance is not in conjunction with, or after, an attendance on the patient by the practitioner that is described in item 5021, 5022, 5027, 5030, 5031, 5032, 5033, 5035 or 5036; and (d) the attendance is for at least 60 minutes	228.85			171.65	194.55
5049	Common list	Type C	01.01.2005	1	A22	N	Professional attendance by a general practitioner at a residential aged care facility to residents of the facility (other than a service to which another item in the table applies), lasting at least 20 minutes and including any of the following that are clinically relevant: (a) taking a detailed patient history; (b) performing a clinical examination; (c) arranging any necessary investigation; (d) implementing a management plan; (e) providing appropriate preventive health care; for one or more health-related issues, with appropriate documentation-an attendance on one or more patients at one residential aged care facility on one occasion-each patient		The fee for item 5040, plus $53.25 divided by the number of patients seen, up to a maximum of six patients. For seven or more patients - the fee for item 5040 plus $3.80 per patient.			

MBS Item	Clinical category	Procedure type	Item Start Date	MBS Category	MBS Group	New Item	MBS Description	MBS Schedule Fee	Derived Fee	Benefit 100% ($)	Benefit 75% ($)	Benefit 85% ($)
5060	Common list	Type C	01.01.2005	1	A22	N	Professional attendance by a general practitioner at consulting rooms (other than a service to which another item in the table applies), lasting at least 40 minutes and including any of the following that are clinically relevant: (a) taking an extensive patient history; (b) performing a clinical examination; (c) arranging any necessary investigation; (d) implementing a management plan; (e) providing appropriate preventive health care; for one or more health-related issues, with appropriate documentation-each attendance	134.2		134.2		
5063	Common list	Type C	01.01.2005	1	A22	N	Professional attendance by a general practitioner (other than attendance at consulting rooms, a hospital or a residential aged care facility or a service to which another item in the table applies), lasting at least 40 minutes and including any of the following that are clinically relevant: (a) taking an extensive patient history; (b) performing a clinical examination; (c) arranging any necessary investigation; (d) implementing a management plan; (e) providing appropriate preventive health care; for one or more health-related issues, with appropriate documentation-an attendance on one or more patients on one occasion-each patient		The fee for item 5060, plus $29.60 divided by the number of patients seen, up to a maximum of six patients. For seven or more patients - the fee for item 5060 plus $2.35 per patient.			
5067	Common list	Type C	01.01.2005	1	A22	N	Professional attendance by a general practitioner at a residential aged care facility to residents of the facility (other than a service to which another item in the table applies), lasting at least 40 minutes and including any of the following that are clinically relevant: (a) taking an extensive patient history; (b) performing a clinical examination; (c) arranging any necessary investigation; (d) implementing a management plan; (e) providing appropriate preventive health care; for one or more health-related issues, with appropriate documentation-an attendance on one or more patients at one residential aged care facility on one occasion-each patient		The fee for item 5060, plus $53.25 divided by the number of patients seen, up to a maximum of six patients. For seven or more patients - the fee for item 5060 plus $3.80 per patient.			
5071	N/A (Not hospital treatment)	N/A (Not hospital treatment)	01.11.2023	1	A22	N	Professional attendance by a general practitioner at consulting rooms (other than a service to which another item in this Schedule applies), lasting at least 60 minutes and including any of the following that are clinically relevant:(a) taking an extensive patient history;(b) performing a clinical examination;(c) arranging any necessary investigation;(d) implementing a management plan;(e) providing appropriate preventive health care;for one or more health-related issues, with appropriate documentation	227.95		227.95		
5076	N/A (Not hospital treatment)	N/A (Not hospital treatment)	01.11.2023	1	A22	N	Professional attendance by a general practitioner (other than attendance at consulting rooms, a hospital or a residential aged care facility or a service to which another item in this Schedule applies), lasting at least 60 minutes and including any of the following that are clinically relevant:(a) taking an extensive patient history;(b) performing a clinical examination;(c) arranging any necessary investigation;(d) implementing a management plan;(e) providing appropriate preventive health care;for one or more health-related issues, with appropriate documentation—an attendance on one or more patients on one occasion—each patient		The fee for item 5071, plus $29.60 divided by the number of patients seen, up to a maximum of six patients. For seven or more patients - the fee for item 5071 plus $2.35 per patient.			
5077	N/A (Not hospital treatment)	N/A (Not hospital treatment)	01.11.2023	1	A22	N	Professional attendance by a general practitioner, on care recipients in a residential aged care facility, other than a service to which another item in this Schedule applies, lasting at least 60 minutes and including any of the following that are clinically relevant:(a) taking an extensive patient history;(b) performing a clinical examination;(c) arranging any necessary investigation;(d) implementing a management plan;(e) providing appropriate preventive health care;for one or more health-related issues, with appropriate documentation—an attendance on one or more patients at one residential aged care facility on one occasion—each patient		The fee for item 5071, plus $53.25 divided by the number of patients seen, up to a maximum of six patients. For seven or more patients - the fee for item 5071 plus $3.80 per patient.			
5200	Common list	Type C	01.01.2005	1	A23	N	Professional attendance at consulting rooms of not more than 5 minutes in duration (other than a service to which another item applies) by a medical practitioner (other than a general practitioner)-each attendance	21		21		
5203	Common list	Type C	01.01.2005	1	A23	N	Professional attendance at consulting rooms of more than 5 minutes in duration but not more than 25 minutes in duration (other than a service to which another item applies) by a medical practitioner (other than a general practitioner)-each attendance	31		31		
5207	Common list	Type C	01.01.2005	1	A23	N	Professional attendance at consulting rooms of more than 25 minutes in duration but not more than 45 minutes in duration (other than a service to which another item applies) by a medical practitioner (other than a general practitioner)-each attendance	48		48		
5208	Common list	Type C	01.01.2005	1	A23	N	Professional attendance at consulting rooms lasting more than 45 minutes, but not more than 60 minutes, (other than a service to which another item applies) by a medical practitioner (other than a general practitioner)	71		71		
5209	N/A (Not hospital treatment)	N/A (Not hospital treatment)	01.11.2023	1	A23	N	Professional attendance at consulting rooms lasting more than 60 minutes (other than a service to which another item applies) by a medical practitioner (other than a general practitioner)	122.4		122.4		

MBS Item	Clinical category	Procedure type	Item Start Date	MBS Category	MBS Group	New Item	MBS Description	MBS Schedule Fee	Derived Fee	Benefit 100% ($)	Benefit 75% ($)	Benefit 85% ($)
5220	Common list	Type C	01.01.2005	1	A23	N	Professional attendance by a medical practitioner who is not a general practitioner (other than attendance at consulting rooms, a hospital or a residential aged care facility or a service to which another item in the table applies), lasting not more than 5 minutes-an attendance on one or more patients on one occasion-each patient		An amount equal to $18.50, plus $15.50 divided by the number of patients seen, up to a maximum of six patients. For seven or more patients - an amount equal to $18.50 plus $.70 per patient			
5223	Common list	Type C	01.01.2005	1	A23	N	Professional attendance by a medical practitioner who is not a general practitioner (other than attendance at consulting rooms, a hospital or a residential aged care facility or a service to which another item in the table applies), lasting more than 5 minutes, but not more than 25 minutes-an attendance on one or more patients on one occasion-each patient		An amount equal to $26.00, plus $17.50 divided by the number of patients seen, up to a maximum of six patients. For seven or more patients - an amount equal to $26.00 plus $.70 per patient			
5227	Common list	Type C	01.01.2005	1	A23	N	Professional attendance by a medical practitioner who is not a general practitioner (other than attendance at consulting rooms, a hospital or a residential aged care facility or a service to which another item in the table applies), lasting more than 25 minutes, but not more than 45 minutes-an attendance on one or more patients on one occasion-each patient		An amount equal to $45.50, plus $15.50 divided by the number of patients seen, up to a maximum of six patients. For seven or more patients - an amount equal to $45.50 plus $.70 per patient			
5228	Common list	Type C	01.01.2005	1	A23	N	Professional attendance by a medical practitioner who is not a general practitioner (other than attendance at consulting rooms, a hospital or a residential aged care facility or a service to which another item in this Schedule applies), lasting more than 45 minutes, but not more than 60 minutes—an attendance on one or more patients on one occasion—each patient		An amount equal to $67.50, plus $15.50 divided by the number of patients seen, up to a maximum of six patients. For seven or more patients - an amount equal to $67.50 plus $0.70 per patient			
5260	Common list	Type C	01.01.2005	1	A23	N	Professional attendance (other than a service to which another item applies) at a residential aged care facility (other than a professional attendance at a self-contained unit) or professional attendance at consulting rooms situated within such a complex if the patient is accommodated in the residential aged care facility (other than accommodation in a self-contained unit) of not more than 5 minutes in duration by a medical practitioner (other than a general practitioner)-an attendance on one or more patients at one residential aged care facility on one occasion-each patient		An amount equal to $18.50, plus $27.95 divided by the number of patients seen, up to a maximum of six patients. For seven or more patients - an amount equal to $18.50 plus $1.25 per patient			
5261	N/A (Not hospital treatment)	N/A (Not hospital treatment)	01.11.2023	1	A23	N	Professional attendance by a medical practitioner who is not a general practitioner (other than attendance at consulting rooms, a hospital or a residential aged care facility or a service to which another item in this Schedule applies), lasting more than 60 minutes—an attendance on one or more patients on one occasion—each patient		An amount equal to $112.20, plus $15.50 divided by the number of patients seen, up to a maximum of six patients. For seven or more patients - an amount equal to $112.20 plus $0.70 per patient			

MBS Item	Clinical category	Procedure type	Item Start Date	MBS Category	MBS Group	New Item	MBS Description	MBS Schedule Fee	Derived Fee	Benefit 100% ($)	Benefit 75% ($)	Benefit 85% ($)
5262	N/A (Not hospital treatment)	N/A (Not hospital treatment)	01.11.2023	1	A23	N	Professional attendance (other than a service to which another item applies) at a residential aged care facility (other than a professional attendance at a self-contained unit) or professional attendance at consulting rooms situated within such a complex, if the patient is a care recipient at the facility and is not a resident of a self-contained unit, lasting more than 60 minutes by a medical practitioner (other than a general practitioner)—an attendance on one or more patients at one residential aged care facility on one occasion—each patient		An amount equal to $112.20, plus $27.95 divided by the number of patients seen, up to a maximum of six patients. For seven or more patients - an amount equal to $112.20 plus $1.25 per patient			
5263	Common list	Type C	01.01.2005	1	A23	N	Professional attendance (other than a service to which another item applies) at a residential aged care facility (other than a professional attendance at a self-contained unit) or professional attendance at consulting rooms situated within such a complex if the patient is accommodated in the residential aged care facility (other than accommodation in a self-contained unit) of more than 5 minutes in duration but not more than 25 minutes in duration by a medical practitioner (other than a general practitioner)-an attendance on one or more patients at one residential aged care facility on one occasion-each patient		An amount equal to $26.00, plus $31.55 divided by the number of patients seen, up to a maximum of six patients. For seven or more patients - an amount equal to $26.00 plus $1.25 per patient			
5265	Common list	Type C	01.01.2005	1	A23	N	Professional attendance (other than a service to which another item applies) at a residential aged care facility (other than a professional attendance at a self-contained unit) or professional attendance at consulting rooms situated within such a complex if the patient is accommodated in the residential aged care facility (other than accommodation in a self-contained unit) of more than 25 minutes in duration but not more than 45 minutes by a medical practitioner (other than a general practitioner)-an attendance on one or more patients at one residential aged care facility on one occasion-each patient		An amount equal to $45.50, plus $27.95 divided by the number of patients seen, up to a maximum of six patients. For seven or more patients - an amount equal to $45.50 plus $1.25 per patient			
5267	Common list	Type C	01.01.2005	1	A23	N	Professional attendance (other than a service to which another item applies) at a residential aged care facility (other than a professional attendance at a self-contained unit) or professional attendance at consulting rooms situated within such a complex, if the patient is a care recipient in the facility who is not a resident of a self-contained unit, lasting more than 45 minutes, but not more than 60 minutes, by a medical practitioner (other than a general practitioner)—an attendance on one or more patients at one residential aged care facility on one occasion—each patient		An amount equal to $67.50, plus $27.95 divided by the number of patients seen, up to a maximum of six patients. For seven or more patients - an amount equal to $67.50 plus $1.25 per patient			
6007	Brain and nervous system	Type C	01.11.2006	1	A26	N	Professional attendance by a specialist in the practice of neurosurgery following referral of the patient to the specialist-an attendance (other than a second or subsequent attendance in a single course of treatment) at consulting rooms or hospital	149.8			112.35	127.35
6009	Brain and nervous system	Type C	01.11.2006	1	A26	N	Professional attendance by a specialist in the practice of neurosurgery following referral of the patient to the specialist-a minor attendance after the first in a single course of treatment at consulting rooms or hospital	49.75			37.35	42.3
6011	Brain and nervous system	Type C	01.11.2006	1	A26	N	Professional attendance by a specialist in the practice of neurosurgery following referral of the patient to the specialist-an attendance after the first in a single course of treatment, involving an extensive and comprehensive examination, arranging any necessary investigations in relation to one or more complex problems and of more than 15 minutes in duration but not more than 30 minutes in duration at consulting rooms or hospital	98.95			74.25	84.15
6013	Brain and nervous system	Type C	01.11.2006	1	A26	N	Professional attendance by a specialist in the practice of neurosurgery following referral of the patient to the specialist-an attendance after the first in a single course of treatment, involving a detailed and comprehensive examination, arranging any necessary investigations in relation to one or more complex problems and of more than 30 minutes in duration but not more than 45 minutes in duration at consulting rooms or hospital	137.05			102.8	116.5
6015	Brain and nervous system	Type C	01.11.2006	1	A26	N	Professional attendance by a specialist in the practice of neurosurgery following referral of the patient to the specialist-an attendance after the first in a single course of treatment, involving an exhaustive and comprehensive examination, arranging any necessary investigations in relation to one or more complex problems and of more than 45 minutes in duration at consulting rooms or hospital	174.5			130.9	148.35

MBS Item	Clinical category	Procedure type	Item Start Date	MBS Category	MBS Group	New Item	MBS Description	MBS Schedule Fee	Derived Fee	Benefit 100% ($)	Benefit 75% ($)	Benefit 85% ($)
6018	Hospital psychiatric services	Type C	01.11.2016	1	A31	N	Professional attendance by an addiction medicine specialist in the practice of the addiction medicine specialist's specialty following referral of the patient to the addiction medicine specialist by a referring practitioner, if the attendance: (a) includes a comprehensive assessment; and (b) is the first or only time in a single course of treatment that a comprehensive assessment is provided	174.5			130.9	148.35
6019	Hospital psychiatric services	Type C	01.11.2016	1	A31	N	Professional attendance by an addiction medicine specialist in the practice of the addiction medicine specialist's specialty following referral of the patient to the addiction medicine specialist by a referring practitioner, if the attendance is a patient assessment: (a) before or after a comprehensive assessment under item 6018 in a single course of treatment; or (b) that follows an initial assessment under item 6023 in a single course of treatment; or (c) that follows a review under item 6024 in a single course of treatment	87.3			65.5	74.25
6023	Hospital psychiatric services	Type C	01.11.2016	1	A31	N	Professional attendance by an addiction medicine specialist in the practice of the addiction medicine specialist's specialty of at least 45 minutes for an initial assessment of a patient with at least 2 morbidities, following referral of the patient to the addiction medicine specialist by a referring practitioner, if: (a) an assessment is undertaken that covers: (i) a comprehensive history, including psychosocial history and medication review; and (ii) a comprehensive multi or detailed single organ system assessment; and (iii) the formulation of differential diagnoses; and (b) an addiction medicine specialist treatment and management plan of significant complexity that includes the following is prepared and provided to the referring practitioner: (i) an opinion on diagnosis and risk assessment; (ii) treatment options and decisions; (iii) medication recommendations; and (c) an attendance on the patient to which item 104, 105, 110, 116, 119, 132, 133, 6018 or 6019 applies did not take place on the same day by the same addiction medicine specialist; and (d) neither this item nor item 132 has applied to an attendance on the patient in the preceding 12 months by the same addiction medicine specialist	305.15			228.9	259.4
6024	Hospital psychiatric services	Type C	01.11.2016	1	A31	N	Professional attendance by an addiction medicine specialist in the practice of the addiction medicine specialist's specialty of at least 20 minutes, after the first attendance in a single course of treatment for a review of a patient with at least 2 morbidities if: (a) a review is undertaken that covers: (i) review of initial presenting problems and results of diagnostic investigations; and (ii) review of responses to treatment and medication plans initiated at time of initial consultation; and (iii) comprehensive multi or detailed single organ system assessment; and (iv) review of original and differential diagnoses; and (b) the modified addiction medicine specialist treatment and management plan is provided to the referring practitioner, which involves, if appropriate: (i) a revised opinion on diagnosis and risk assessment; and (ii) treatment options and decisions; and (iii) revised medication recommendations; and (c) an attendance on the patient to which item 104, 105, 110, 116, 119, 132, 133, 6018 or 6019 applies did not take place on the same day by the same addiction medicine specialist; and (d) item 6023 applied to an attendance claimed in the preceding 12 months; and (e) the attendance under this item is claimed by the same addiction medicine specialist who claimed item 6023 or by a locum tenens; and (f) this item has not applied more than twice in any 12 month period	152.8			114.6	129.9
6028	Hospital psychiatric services	Type C	01.11.2016	1	A31	N	Group therapy (including any associated consultation with a patient taking place on the same occasion and relating to the condition for which group therapy is conducted) of not less than 1 hour, given under the continuous direct supervision of an addiction medicine specialist in the practice of the addiction medicine specialist's specialty for a group of 2 to 9 unrelated patients, or a family group of more than 2 patients, each of whom is referred to the addiction medicine specialist by a referring practitioner-for each patient	57			42.75	48.45
6029	Hospital psychiatric services	Type C	01.11.2016	1	A31	N	Attendance by an addiction medicine specialist in the practice of the addiction medicine specialist's specialty, as a member of a multidisciplinary case conference team of at least 2 other formal care providers of different disciplines, to organise and coordinate a community case conference of less than 15 minutes, with the multidisciplinary case conference team	49.35			37.05	41.95
6031	Hospital psychiatric services	Type C	01.11.2016	1	A31	N	Attendance by an addiction medicine specialist in the practice of the addiction medicine specialist's specialty, as a member of a multidisciplinary case conference team of at least 2 other formal care providers of different disciplines, to organise and coordinate a community case conference of at least 15 minutes but less than 30 minutes, with the multidisciplinary case conference team	87.3			65.5	74.25
6032	Hospital psychiatric services	Type C	01.11.2016	1	A31	N	Attendance by an addiction medicine specialist in the practice of the addiction medicine specialist's specialty, as a member of a multidisciplinary case conference team of at least 2 other formal care providers of different disciplines, to organise and coordinate a community case conference of at least 30 minutes but less than 45 minutes, with the multidisciplinary case conference team	131.05			98.3	111.4
6034	Hospital psychiatric services	Type C	01.11.2016	1	A31	N	Attendance by an addiction medicine specialist in the practice of the addiction medicine specialist's specialty, as a member of a multidisciplinary case conference team of at least 2 other formal care providers of different disciplines, to organise and coordinate the multidisciplinary case conference of at least 45 minutes, with the multidisciplinary case conference team	174.5			130.9	148.35

MBS Item	Clinical category	Procedure type	Item Start Date	MBS Category	MBS Group	New Item	MBS Description	MBS Schedule Fee	Derived Fee	Benefit 100% ($)	Benefit 75% ($)	Benefit 85% ($)
6035	Hospital psychiatric services	Type C	01.11.2016	1	A31	N	Attendance by an addiction medicine specialist in the practice of the addiction medicine specialist's specialty, as a member of a multidisciplinary case conference team of at least 2 other formal care providers of different disciplines, to participate in a community case conference (other than to organise and coordinate the conference) of less than 15 minutes, with the multidisciplinary case conference team	39.5			29.65	33.6
6037	Hospital psychiatric services	Type C	01.11.2016	1	A31	N	Attendance by an addiction medicine specialist in the practice of the addiction medicine specialist's specialty, as a member of a multidisciplinary case conference team of at least 2 other formal care providers of different disciplines, to participate in a community case conference (other than to organise and coordinate the conference) of at least 15 minutes but less than 30 minutes, with the multidisciplinary case conference team	69.85			52.4	59.4
6038	Hospital psychiatric services	Type C	01.11.2016	1	A31	N	Attendance by an addiction medicine specialist in the practice of the addiction medicine specialist's specialty, as a member of a multidisciplinary case conference team of at least 2 other formal care providers of different disciplines, to participate in a community case conference (other than to organise and coordinate the conference) of at least 30 minutes but less than 45 minutes, with the multidisciplinary case conference team	104.8			78.6	89.1
6042	Hospital psychiatric services	Type C	01.11.2016	1	A31	N	Attendance by an addiction medicine specialist in the practice of the addiction medicine specialist's specialty, as a member of a multidisciplinary case conference team of at least 2 other formal care providers of different disciplines, to participate in a community case conference (other than to organise and coordinate the conference) of at least 45 minutes, with the multidisciplinary case conference team	139.55			104.7	118.65
6051	Common list	Type C	01.11.2016	1	A32	N	Professional attendance by a sexual health medicine specialist in the practice of the sexual health medicine specialist's specialty following referral of the patient to the sexual health medicine specialist by a referring practitioner, if the attendance: (a) includes a comprehensive assessment; and (b) is the first or only time in a single course of treatment that a comprehensive assessment is provided	174.5			130.9	148.35
6052	Common list	Type C	01.11.2016	1	A32	N	Professional attendance by a sexual health medicine specialist in the practice of the sexual health medicine specialist's specialty following referral of the patient to the sexual health medicine specialist by a referring practitioner, if the attendance is a patient assessment: (a) before or after a comprehensive assessment under item 6051 in a single course of treatment; or (b) that follows an initial assessment under item 6057 in a single course of treatment; or (c) that follows a review under item 6058 in a single course of treatment	87.3			65.5	74.25
6057	Common list	Type C	01.11.2016	1	A32	N	Professional attendance by a sexual health medicine specialist in the practice of the sexual health medicine specialist's specialty of at least 45 minutes for an initial assessment of a patient with at least 2 morbidities, following referral of the patient to the sexual health medicine specialist by a referring practitioner, if: (a) an assessment is undertaken that covers: (i) a comprehensive history, including psychosocial history and medication review; and (ii) a comprehensive multi or detailed single organ system assessment; and (iii) the formulation of differential diagnoses; and (b) a sexual health medicine specialist treatment and management plan of significant complexity that includes the following is prepared and provided to the referring practitioner: (i) an opinion on diagnosis and risk assessment; (ii) treatment options and decisions; (iii) medication recommendations; and (c) an attendance on the patient to which item 104, 105, 110, 116, 119, 132, 133, 6051 or 6052 applies did not take place on the same day by the same sexual health medicine specialist; and (d) neither this item nor item 132 has applied to an attendance on the patient in the preceding 12 months by the same sexual health medicine specialist	305.15			228.9	259.4
6058	Common list	Type C	01.11.2016	1	A32	N	Professional attendance by a sexual health medicine specialist in the practice of the sexual health medicine specialist's specialty of at least 20 minutes, after the first attendance in a single course of treatment for a review of a patient with at least 2 morbidities if: (a) a review is undertaken that covers: (i) review of initial presenting problems and results of diagnostic investigations; and (ii) review of responses to treatment and medication plans initiated at time of initial consultation; and (iii) comprehensive multi or detailed single organ system assessment; and (iv) review of original and differential diagnoses; and (b) the modified sexual health medicine specialist treatment and management plan is provided to the referring practitioner, which involves, if appropriate: (i) a revised opinion on diagnosis and risk assessment; and (ii) treatment options and decisions; and (iii) revised medication recommendations; and (c) an attendance on the patient, being an attendance to which item 104, 105, 110, 116, 119, 132, 133, 6051 or 6052 applies did not take place on the same day by the same sexual health medicine specialist; and (d) item 6057 applied to an attendance claimed in the preceding 12 months; and (e) the attendance under this item is claimed by the same sexual health medicine specialist who claimed item 6057 or by a locum tenens; and (f) this item has not applied more than twice in any 12 month period	152.8			114.6	129.9
6062	Common list	Type C	01.11.2016	1	A32	N	Professional attendance at a place other than consulting rooms or a hospital by a sexual health medicine specialist in the practice of the sexual health medicine specialist's specialty following referral of the patient to the sexual health medicine specialist by a referring practitioner-initial attendance in a single course of treatment	211.65				179.95

MBS Item	Clinical category	Procedure type	Item Start Date	MBS Category	MBS Group	New Item	MBS Description	MBS Schedule Fee	Derived Fee	Benefit 100% ($)	Benefit 75% ($)	Benefit 85% ($)
6063	Common list	Type C	01.11.2016	1	A32	N	Professional attendance at a place other than consulting rooms or a hospital by a sexual health medicine specialist in the practice of the sexual health medicine specialist's specialty following referral of the patient to the sexual health medicine specialist by a referring practitioner-each attendance after the attendance under item 6062 in a single course of treatment	128.05				108.85
6064	Common list	Type C	01.11.2016	1	A32	N	Attendance by a sexual health medicine specialist in the practice of the sexual health medicine specialist's specialty, as a member of a multidisciplinary case conference team of at least 2 other formal care providers of different disciplines, to organise and coordinate a community case conference of less than 15 minutes, with the multidisciplinary case conference team	49.35			37.05	41.95
6065	Common list	Type C	01.11.2016	1	A32	N	Attendance by a sexual health medicine specialist in the practice of the sexual health medicine specialist's specialty, as a member of a multidisciplinary case conference team of at least 2 other formal care providers of different disciplines, to organise and coordinate a community case conference of at least 15 minutes but less than 30 minutes, with the multidisciplinary case conference team	87.3			65.5	74.25
6067	Common list	Type C	01.11.2016	1	A32	N	Attendance by a sexual health medicine specialist in the practice of the sexual health medicine specialist's specialty, as a member of a multidisciplinary case conference team of at least 2 other formal care providers of different disciplines, to organise and coordinate a community case conference of at least 30 minutes but less than 45 minutes, with the multidisciplinary case conference team	131.05			98.3	111.4
6068	Common list	Type C	01.11.2016	1	A32	N	Attendance by a sexual health medicine specialist in the practice of the sexual health medicine specialist's specialty, as a member of a multidisciplinary case conference team of at least 2 other formal care providers of different disciplines, to organise and coordinate a community case conference of at least 45 minutes, with the multidisciplinary case conference team	174.5			130.9	148.35
6071	Common list	Type C	01.11.2016	1	A32	N	Attendance by a sexual health medicine specialist in the practice of the sexual health medicine specialist's specialty, as a member of a multidisciplinary case conference team of at least 2 other formal care providers of different disciplines, to participate in a community case conference (other than to organise and coordinate the conference) of less than 15 minutes, with the multidisciplinary case conference team	39.5			29.65	33.6
6072	Common list	Type C	01.11.2016	1	A32	N	Attendance by a sexual health medicine specialist in the practice of the sexual health medicine specialist's specialty, as a member of a multidisciplinary case conference team of at least 2 other formal care providers of different disciplines, to participate in a community case conference (other than to organise and coordinate the conference) of at least 15 minutes but less than 30 minutes, with the multidisciplinary case conference team	69.85			52.4	59.4
6074	Common list	Type C	01.11.2016	1	A32	N	Attendance by a sexual health medicine specialist in the practice of the sexual health medicine specialist's specialty, as a member of a multidisciplinary case conference team of at least 2 other formal care providers of different disciplines, to participate in a community case conference (other than to organise and coordinate the conference) of at least 30 minutes but less than 45 minutes, with the multidisciplinary case conference team	104.8			78.6	89.1
6075	Common list	Type C	01.11.2016	1	A32	N	Attendance by a sexual health medicine specialist in the practice of the sexual health medicine specialist's specialty, as a member of a multidisciplinary case conference team of at least 2 other formal care providers of different disciplines, to participate in a community case conference (other than to organise and coordinate the conference) of at least 45 minutes, with the multidisciplinary case conference team	139.55			104.7	118.65
6080	Heart and Vascular system	Type C	01.11.2017	1	A33	N	Coordination of a TAVI Case Conference by a TAVI Practitioner where the TAVI Case Conference has a duration of 10 minutes or more. (Not payable more than once per patient in a five year period.)	58			43.5	49.3
6081	Heart and Vascular system	Type C	01.11.2017	1	A33	N	Attendance at a TAVI Case Conference by a specialist or consultant physician who does not also perform the service described in item 6080 for the same case conference where the TAVI Case Conference has a duration of 10 minutes or more. (Not payable more than twice per patient in a five year period.)	43.25			32.45	36.8
6082	Heart and Vascular system	Type C	01.07.2021	1	A33	N	Attendance at a TMVr suitability case conference, by a cardiothoracic surgeon or an interventional cardiologist, to coordinate the conference, if: (a) the attendance lasts at least 10 minutes; and (b) the surgeon or cardiologist is accredited by the TMVr accreditation committee to perform the service Applicable once each 5 years	58			43.5	49.3
6084	Heart and Vascular system	Type C	01.07.2021	1	A33	N	Attendance at a TMVr suitability case conference, by a specialist or consultant physician, other than to coordinate the conference, if the attendance lasts at least 10 minutes Applicable once each 5 years	43.25			32.45	36.8
10660	N/A (Not hospital treatment)	N/A (Not hospital treatment)	18.06.2021	1	A44	N	Professional attendance by a general practitioner, if all of the following apply: (a)the service is associated with a service to which item 93644, 93645, 93653 or 93654 applies; (b)the service requires personal attendance by the general practitioner, lasting more than 10 minutes in duration, to provide in-depth clinical advice on the individual risks and benefits associated with receiving a COVID-19 vaccine; (c)one or both of the following is undertaken, where clinically relevant: (i)a detailed patient history; (ii)complex examination and management; (d)the service is bulk-billed	50.35				42.8

MBS Item	Clinical category	Procedure type	Item Start Date	MBS Category	MBS Group	New Item	MBS Description	MBS Schedule Fee	Derived Fee	Benefit 100% ($)	Benefit 75% ($)	Benefit 85% ($)
10661	N/A (Not hospital treatment)	N/A (Not hospital treatment)	18.06.2021	1	A44	N	Professional attendance by a medical practitioner (other than a general practitioner), if all of the following apply: (a) the service is associated with a service to which item 93646, 93647, 93655 or 93656 applies; (b) the service requires personal attendance by the medical practitioner (other than a general practitioner), lasting more than 10 minutes in duration, to provide in-depth clinical advice on the individual risks and benefits associated with receiving a COVID-19 vaccine; (c)one or both of the following is undertaken, where clinically relevant: (i)a detailed patient history; (ii)complex examination and management; (d)the service is bulk-billed	40.3				34.3
10801	Support list	Type C	01.12.1991	1	A9	N	Attendance for the investigation and evaluation of a patient for the fitting of contact lenses, with keratometry and testing with trial lenses and the issue of a prescription-one service in any period of 36 months-patient with myopia of 5.0 dioptres or greater (spherical equivalent) in one eye	140.7			105.55	119.6
10802	Support list	Type C	01.12.1991	1	A9	N	Attendance for the investigation and evaluation of a patient for the fitting of contact lenses, with keratometry and testing with trial lenses and the issue of a prescription-one service in any period of 36 months-patient with manifest hyperopia of 5.0 dioptres or greater (spherical equivalent) in one eye	140.7			105.55	119.6
10803	Support list	Type C	01.12.1991	1	A9	N	Attendance for the investigation and evaluation of a patient for the fitting of contact lenses, with keratometry and testing with trial lenses and the issue of a prescription-one service in any period of 36 months-patient with astigmatism of 3.0 dioptres or greater in one eye	140.7			105.55	119.6
10804	Support list	Type C	01.12.1991	1	A9	N	Attendance for the investigation and evaluation of a patient for the fitting of contact lenses, with keratometry and testing with trial lenses and the issue of a prescription-one service in any period of 36 months-patient with irregular astigmatism in either eye, being a condition the existence of which has been confirmed by keratometric observation, if the maximum visual acuity obtainable with spectacle correction is worse than 0.3 logMAR (6/12) and if that corrected acuity would be improved by an additional 0.1 logMAR by the use of a contact lens	140.7			105.55	119.6
10805	Support list	Type C	01.12.1991	1	A9	N	Attendance for the investigation and evaluation of a patient for the fitting of contact lenses, with keratometry and testing with trial lenses and the issue of a prescription-one service in any period of 36 months-patient with anisometropia of 3.0 dioptres or greater (difference between spherical equivalents)	140.7			105.55	119.6
10806	Support list	Type C	01.12.1991	1	A9	N	Attendance for the investigation and evaluation of a patient for the fitting of contact lenses, with keratometry and testing with trial lenses and the issue of a prescription-one service in any period of 36 months-patient with corrected visual acuity of 0.7 logMAR (6/30) or worse in both eyes and for whom a contact lens is prescribed as part of a telescopic system	140.7			105.55	119.6
10807	Support list	Type C	01.12.1991	1	A9	N	Attendance for the investigation and evaluation of a patient for the fitting of contact lenses, with keratometry and testing with trial lenses and the issue of a prescription-one service in any period of 36 months-patient for whom a wholly or segmentally opaque contact lens is prescribed for the alleviation of dazzle, distortion or diplopia caused by pathological mydriasis, aniridia, coloboma of the iris, pupillary malformation or distortion, significant ocular deformity or corneal opacity-whether congenital, traumatic or surgical in origin	140.7			105.55	119.6
10808	Support list	Type C	01.12.1991	1	A9	N	Attendance for the investigation and evaluation of a patient for the fitting of contact lenses, with keratometry and testing with trial lenses and the issue of a prescription-one service in any period of 36 months-patient who, because of physical deformity, are unable to wear spectacles	140.7			105.55	119.6
10809	Support list	Type C	01.12.1991	1	A9	N	Attendance for the investigation and evaluation of a patient for the fitting of contact lenses, with keratometry and testing with trial lenses and the issue of a prescription-one service in any period of 36 months-patient with a medical or optical condition (other than myopia, hyperopia, astigmatism, anisometropia or a condition to which item 10806, 10807 or 10808 applies) requiring the use of a contact lens for correction, if the condition is specified on the patient's account	140.7			105.55	119.6
10816	Support list	Type C	19.06.1997	1	A9	N	Attendance for the refitting of contact lenses with keratometry and testing with trial lenses and the issue of a prescription, if the patient requires a change in contact lens material or basic lens parameters, other than simple power change, because of a structural or functional change in the eye or an allergic response within 36 months after the fitting of a contact lens to which items 10801 to 10809 apply	140.7			105.55	119.6
10905	Common list	Unlisted	01.11.1997	1	A10	N	REFERRED COMPREHENSIVE INITIAL CONSULTATION Professional attendance of more than 15 minutes duration, being the first in a course of attention, where the patient has been referred by another optometrist who is not associated with the optometrist to whom the patient is referred	76				64.6
10907	Common list	Unlisted	01.11.1997	1	A10	N	COMPREHENSIVE INITIAL CONSULTATION BY ANOTHER PRACTITIONER Professional attendance of more than 15 minutes in duration, being the first in a course of attention if the patient has attended another optometrist for an attendance to which this item or item 10905, 10910, 10911, 10912, 10913, 10914 or 10915 applies, or to which old item 10900 applied: (a) for a patient who is less than 65 years of age-within the previous 36 months; or (b) for a patient who is at least 65 years or age-within the previous 12 months	38.1				32.4

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10910	Common list	Unlisted	01.01.2015	1	A10	N	COMPREHENSIVE INITIAL CONSULTATION - PATIENT IS LESS THAN 65 YEARS OF AGE Professional attendance of more than 15 minutes in duration, being the first in a course of attention, if: (a) the patient is less than 65 years of age; and (b) the patient has not, within the previous 36 months, received a service to which: (i)this item or item 10905, 10907, 10912, 10913, 10914 or 10915 applies; or (ii) old item 10900 applied	76				64.6
10911	Common list	Unlisted	01.01.2015	1	A10	N	COMPREHENSIVE INITIAL CONSULTATION - PATIENT IS AT LEAST 65 YEARS OF AGE Professional attendance of more than 15 minutes in duration, being the first in a course of attention, if: (a) the patient is at least 65 years of age; and (b) the patient has not, within the previous 12 months, received a service to which: (i)this item, or item 10905, 10907, 10910, 10912, 10913, 10914 or 10915 applies; or (ii) old item 10900 applied	76				64.6
10912	Common list	Unlisted	01.11.1997	1	A10	N	OTHER COMPREHENSIVE CONSULTATIONS Professional attendance of more than 15 minutes in duration, being the first in a course of attention, if the patient has suffered a significant change of visual function requiring comprehensive reassessment: (a) for a patient who is less than 65 years of age-within 36 months of an initial consultation to which: (i)this item, or item 10905, 10907, 10910, 10913, 10914 or 10915 at the same practice applies; or (ii) old item 10900 at the same practice applied; or (b) for a patient who is at least 65 years of age-within 12 months of an initial consultation to which: (i)this item, or item 10905, 10907, 10910, 10911, 10913, 10914 or 10915 at the same practice applies; or (ii) old item 10900 at the same practice applied	76				64.6
10913	Common list	Unlisted	01.11.1997	1	A10	N	Professional attendance of more than 15 minutes in duration, being the first in a course of attention, if the patient has new signs or symptoms, unrelated to the earlier course of attention, requiring comprehensive reassessment: (a) for a patient who is less than 65 years of age-within 36 months of an initial consultation to which: (i)this item, or item 10905, 10907, 10910, 10912, 10914 or 10915 at the same practice applies; or (ii) old item 10900 at the same practice applied; or (b) for a patient who is at least 65 years of age-within 12 months of an initial consultation to which: (i)this item, or item 10905, 10907, 10910, 10911, 10912, 10914 or 10915 at the same practice applies; or (ii) old item 10900 at the same practice applied	76				64.6
10914	Common list	Unlisted	01.11.1997	1	A10	N	Professional attendance of more than 15 minutes in duration, being the first in a course of attention, if the patient has a progressive disorder (excluding presbyopia) requiring comprehensive reassessment: (a) for a patient who is less than 65 years of age-within 36 months of an initial consultation to which: (i)this item, or item 10905, 10907, 10910, 10912, 10913 or 10915 applies; or (ii) old item 10900 applied; or (b) for a patient who is at least 65 years of age-within 12 months of an initial consultation to which: (i)this item, or item 10905, 10907, 10910, 10911, 10912, 10913 or 10915 applies; or (ii) old item 10900 applied	76				64.6
10915	Common list	Unlisted	01.11.2003	1	A10	N	Professional attendance of more than 15 minutes duration, being the first in a course of attention involving the examination of the eyes, with the instillation of a mydriatic, of a patient with diabetes mellitus requiring comprehensive reassessment.	76				64.6
10916	Common list	Unlisted	01.11.1997	1	A10	N	BRIEF INITIAL CONSULTATION Professional attendance, being the first in a course of attention, of not more than 15 minutes duration, not being a service associated with a service to which item 10931, 10932, 10933, 10940, 10941, 10942 or 10943 applies	38.1				32.4
10918	Common list	Unlisted	01.11.1997	1	A10	N	SUBSEQUENT CONSULTATION Professional attendance being the second or subsequent in a course of attention not related to the prescription and fitting of contact lenses, not being a service associated with a service to which item 10940 or 10941 applies	38.1				32.4
10921	Common list	Unlisted	01.12.1991	1	A10	N	CONTACT LENSES FOR SPECIFIED CLASSES OF PATIENTS - BULK ITEMS FOR ALL SUBSEQUENT CONSULTATIONS All professional attendances after the first, being those attendances regarded as a single service, in a single course of attention involving the prescription and fitting of contact lenses, being a course of attention for which the first attendance is a service to which: (a)item 10905, 10907, 10910, 10911, 10912, 10913, 10914, 10915 or 10916 applies; or (b) old item 10900 applied Payable once in a period of 36 months for -patients with myopia of 5.0 dioptres or greater (spherical equivalent) in one eye	188.9				160.6
10922	Common list	Unlisted	01.12.1991	1	A10	N	All professional attendances after the first, being those attendances regarded as a single service, in a single course of attention involving the prescription and fitting of contact lenses, being a course of attention for which the first attendance is a service to which: (a) item 10905, 10907, 10910, 10911, 10912, 10913, 10914, 10915 or 10916 applies; or (b) old item 10900 applied Payable once in a period of 36 months for -patients with manifest hyperopia of 5.0 dioptres or greater (spherical equivalent) in one eye	188.9				160.6
10923	Common list	Unlisted	01.12.1991	1	A10	N	All professional attendances after the first, being those attendances regarded as a single service, in a single course of attention involving the prescription and fitting of contact lenses, being a course of attention for which the first attendance is a service to which: (a) item 10905, 10907, 10910, 10911, 10912, 10913, 10914, 10915 or 10916 applies; or (b) old item 10900 applied Payable once in a period of 36 months for -patients with astigmatism of 3.0 dioptres or greater in one eye	188.9				160.6

MBS Item	Clinical category	Procedure type	Item Start Date	MBS Category	MBS Group	New Item	MBS Description	MBS Schedule Fee	Derived Fee	Benefit 100% ($)	Benefit 75% ($)	Benefit 85% ($)
10924	Common list	Unlisted	01.12.1991	1	A10	N	All professional attendances after the first, being those attendances regarded as a single service, in a single course of attention involving the prescription and fitting of contact lenses, being a course of attention for which the first attendance is a service to which: (a) item 10905, 10907, 10910, 10911, 10912, 10913, 10914, 10915 or 10916 applies; or (b) old item 10900 applied Payable once in a period of 36 months for -patients with irregular astigmatism in either eye, being a condition the existence of which has been confirmed by keratometric observation, if the maximum visual acuity obtainable with spectacle correction is worse than 0.3 logMAR (6/12) and if that corrected acuity would be improved by an additional 0.1 logMAR by the use of a contact lens	238.35				202.6
10925	Common list	Unlisted	01.12.1991	1	A10	N	All professional attendances after the first, being those attendances regarded as a single service, in a single course of attention involving the prescription and fitting of contact lenses, being a course of attention for which the first attendance is a service to which: (a) item 10905, 10907, 10910, 10911, 10912, 10913, 10914, 10915 or 10916 applies; or (b) old item 10900 applied Payable once in a period of 36 months for -patients with anisometropia of 3.0 dioptres or greater (difference between spherical equivalents)	188.9				160.6
10926	Common list	Unlisted	01.12.1991	1	A10	N	All professional attendances after the first, being those attendances regarded as a single service, in a single course of attention involving the prescription and fitting of contact lenses, being a course of attention for which the first attendance is a service to which: (a) item 10905, 10907, 10910, 10911, 10912, 10913, 10914, 10915 or 10916 applies; or (b) old item 10900 applied Payable once in a period of 36 months for -patients with corrected visual acuity of 0.7 logMAR (6/30) or worse in both eyes, being patients for whom a contact lens is prescribed as part of a telescopic system	188.9				160.6
10927	Common list	Unlisted	01.12.1991	1	A10	N	All professional attendances after the first, being those attendances regarded as a single service, in a single course of attention involving the prescription and fitting of contact lenses, being a course of attention for which the first attendance is a service to which: (a) item 10905, 10907, 10910, 10911, 10912, 10913, 10914, 10915 or 10916 applies; or (b) old item 10900 applied Payable once in a period of 36 months for -patients for whom a wholly or segmentally opaque contact lens is prescribed for the alleviation of dazzle, distortion or diplopia caused by: i.pathological mydriasis; or ii.aniridia; or iii.coloboma of the iris; or iv.pupillary malformation or distortion; or v.significant ocular deformity or corneal opacity -whether congenital, traumatic or surgical in origin	238.35				202.6
10928	Common list	Unlisted	01.12.1991	1	A10	N	All professional attendances after the first, being those attendances regarded as a single service, in a single course of attention involving the prescription and fitting of contact lenses, being a course of attention for which the first attendance is a service to which: (a) item 10905, 10907, 10910, 10911, 10912, 10913, 10914, 10915 or 10916 applies; or (b) old item 10900 applied Payable once in a period of 36 months for -patients who, because of physical deformity, are unable to wear spectacles	188.9				160.6
10929	Common list	Unlisted	01.12.1991	1	A10	N	All professional attendances after the first, being those attendances regarded as a single service, in a single course of attention involving the prescription and fitting of contact lenses, being a course of attention for which the first attendance is a service to which: (a) item 10905, 10907, 10910, 10911, 10912, 10913, 10914, 10915 or 10916 applies; or (b) old item 10900 applied Payable once in a period of 36 months for -patients who have a medical or optical condition (other than myopia, hyperopia, astigmatism, anisometropia or a condition to which item 10926, 10927 or 10928 applies) requiring the use of a contact lens for correction, if the condition is specified on the patient's account Note: Benefits may not be claimed under Item 10929 where the patient wants the contact lenses for appearance, sporting, work or psychological reasons - see paragraph O6 of explanatory notes to this category.	238.35				202.6
10930	Common list	Unlisted	01.11.1997	1	A10	N	All professional attendances regarded as a single service in a single course of attention involving the prescription and fitting of contact lenses where the patient meets the requirements of an item in the range 10921-10929 and requires a change in contact lens material or basic lens parameters, other than a simple power change, because of a structural or functional change in the eye or an allergic response within 36 months of the fitting of a contact lens covered by item 10921 to 10929	188.9				160.6
10931	Support list	Unlisted	01.11.2005	1	A10	N	DOMICILIARY VISITS An optometric service to which an item in Group A10 of this table (other than this item or item 10916, 10932, 10933, 10940 or 10941) applies (the applicable item) if the service is: a)rendered at a place other than consulting rooms, being at: (i) a patient's home: or (ii) residential aged care facility: or (iii) an institution; and b)performed on one patient at a single location on one occasion, and c)either: (i) bulk-billed in respect of the fees for both: -this item; and -the applicable item; or (ii) not bulk-billed in respect of the fees for both: -this item; and -the applicable item	26.55				22.6
10932	Support list	Unlisted	01.11.2005	1	A10	N	An optometric service to which an item in Group A10 of this table (other than this item or item 10916, 10931, 10933, 10940 or 10941) applies (the applicable item) if the service is: a)rendered at a place other than consulting rooms, being at: (i) a patient's home: or (ii) residential aged care facility: or (iii) an institution; and b)performed on two patients at the same location on one occasion, and c)either: (i) bulk-billed in respect of the fees for both: -this item; and -the applicable item; or (ii) not bulk-billed in respect of the fees for both: -this item; and -the applicable item	13.25				11.3

MBS Item	Clinical category	Procedure type	Item Start Date	MBS Category	MBS Group	New Item	MBS Description	MBS Schedule Fee	Derived Fee	Benefit 100% ($)	Benefit 75% ($)	Benefit 85% ($)
10933	Support list	Unlisted	01.11.2005	1	A10	N	An optometric service to which an item in Group A10 of this table (other than this item or item 10916, 10931, 10932, 10940 or 10941) applies (the applicable item) if the service is: a)rendered at a place other than consulting rooms, being at: (i) a patient's home: or (ii) residential aged care facility: or (iii) an institution; and b)performed on three patients at the same location on one occasion, and c)either: (i) bulk-billed in respect of the fees for both: -this item; and -the applicable item; or (ii) not bulk-billed in respect of the fees for both: -this item; and -the applicable item	8.75				7.45
10940	Support list	Unlisted	01.11.2003	1	A10	N	COMPUTERISED PERIMETRY Full quantitative computerised perimetry (automated absolute static threshold), with bilateral assessment and report, where indicated by the presence of relevant ocular disease or suspected pathology of the visual pathways or brain that: (a) is not a service involving multifocal multi channel objective perimetry; and (b) is performed by an optometrist; not being a service associated with a service to which item 10916, 10918, 10931, 10932 or 10933 applies To a maximum of 2 examinations per patient (including examinations to which item 10941 applies) in any 12 month period.	72.55				61.7
10941	Support list	Unlisted	01.11.2003	1	A10	N	COMPUTERISED PERIMETRY Full quantitative computerised perimetry (automated absolute static threshold) with unilateral assessment and report, where indicated by the presence of relevant ocular disease or suspected pathology of the visual pathways or brain that: (a) is not a service involving multifocal multichannel objective perimetry; and (b) is performed by an optometrist; not being a service associated with a service to which item 10916, 10918 10931, 10932 or 10933 applies To a maximum of 2 examinations per patient (including examinations to which item 10940 applies) in any 12 month period.	43.8				37.25
10942	Support list	Unlisted	01.05.2005	1	A10	N	LOW VISION ASSESSMENT Testing of residual vision to provide optimum visual performance for a patient who has best corrected visual acuity of 6/15 or N.12 or worse in the better eye or a horizontal visual field of less than 120 degrees and within 10 degrees above and below the horizontal midline, involving 1 or more of the following: (a) spectacle correction; (b) determination of contrast sensitivity; (c) determination of glare sensitivity; (d) prescription of magnification aids; not being a service associated with a service to which item 10916, 10921, 10922, 10923, 10924, 10925, 10926, 10927, 10928, 10929 or 10930 applies Not payable more than twice per patient in a 12 month period.	38.1				32.4
10943	Support list	Unlisted	01.11.2005	1	A10	N	CHILDREN'S VISION ASSESSMENT Additional testing to confirm diagnosis of, or establish a treatment regime for, a significant binocular or accommodative dysfunction, in a patient aged 3 to 14 years, including assessment of 1 or more of the following: (a) accommodation; (b) ocular motility; (c) vergences; (d) fusional reserves; (e) cycloplegic refraction; not being a service to which item 10916, 10921, 10922, 10923, 10924, 10925, 10926, 10927, 10928, 10929 or 10930 applies Not to be used for the assessment of learning difficulties or learning disabilities. Not payable more than once per patient in a 12 month period.	38.1				32.4
10944	N/A (Not hospital treatment)	N/A (Not hospital treatment)	01.09.2015	1	A10	N	CORNEA, complete removal of embedded foreign body from - not more than once on the same day by the same practitioner (excluding aftercare) The item is not to be billed on the same occasion as MBS items 10905, 10907, 10910, 10911, 10912, 10913, 10914, 10915, 10916 or 10918. If the embedded foreign body is not completely removed, this item does not apply but item 10916 may apply.	82.2				69.9
10945	N/A (Not hospital treatment)	N/A (Not hospital treatment)	01.09.2015	1	A10	N	A professional attendance of less than 15 minutes (whether or not continuous) by an attending optometrist that requires the provision of clinical support to a patient who: (a)is participating in a video conferencing consultation with a specialist practising in his or her speciality ofophthalmology; and (b)is not an admitted patient	38.1				32.4
10946	N/A (Not hospital treatment)	N/A (Not hospital treatment)	01.09.2015	1	A10	N	A professional attendance of at least 15 minutes (whether or not continuous) by an optometrist providing clinical support to a patient who: (a) is participating in a video conferencing consultation with a specialist practising in the speciality of ophthalmology; and (b) is not an admitted patient	76				64.6
10950	N/A (Not hospital treatment)	N/A (Not hospital treatment)	01.07.2004	8	M3	N	Aboriginal and Torres Strait Islander health service provided to a patient by an eligible Aboriginal health worker or eligible Aboriginal and Torres Strait Islander health practitioner if: (a) the service is provided to a patient who has: (i) a chronic condition; and (ii) complex care needs being managed by a medical practitioner (other than a specialist or consultant physician) under both a GP Management Plan and Team Care Arrangements or, if the patient is a resident of an aged care facility, the patient's medical practitioner has contributed to a multidisciplinary care plan; and (b) the service is recommended in the patient's Team Care Arrangements or multidisciplinary care plan as part of the management of the patient's chronic condition and complex care needs; and (c) the service is of at least 20 minutes duration; to a maximum of 5 services (including any services to which this item or any other item in this Subgroup or item 93000 or 93013 in the Telehealth and Telephone Determination applies) in a calendar year	70.95				60.35

MBS Item	Clinical category	Procedure type	Item Start Date	MBS Category	MBS Group	New Item	MBS Description	MBS Schedule Fee	Derived Fee	Benefit 100% ($)	Benefit 75% ($)	Benefit 85% ($)
10951	N/A (Not hospital treatment)	N/A (Not hospital treatment)	01.11.2004	8	M3	N	Diabetes education health service provided to a patient by an eligible diabetes educator if: (a) the service is provided to a patient who has: (i) a chronic condition; and (ii) complex care needs being managed by a medical practitioner (other than a specialist or consultant physician) under both a GP Management Plan and Team Care Arrangements or, if the patient is a resident of an aged care facility, the patient's medical practitioner has contributed to a multidisciplinary care plan; and (b) the service is recommended in the patient's Team Care Arrangements or multidisciplinary care plan as part of the management of the patient's chronic condition and complex care needs; and (c) the service is of at least 20 minutes duration; to a maximum of 5 services (including any services to which this item or any other item in this Subgroup or item 93000 or 93013 in the Telehealth and Telephone Determination applies) in a calendar year	70.95				60.35
10952	N/A (Not hospital treatment)	N/A (Not hospital treatment)	01.07.2004	8	M3	N	Audiology health service provided to a patient by an eligible audiologist if: (a) the service is provided to a patient who has: (i) a chronic condition; and (ii) complex care needs being managed by a medical practitioner (other than a specialist or consultant physician) under both a GP Management Plan and Team Care Arrangements or, if the patient is a resident of an aged care facility, the patient's medical practitioner has contributed to a multidisciplinary care plan; and (b) the service is recommended in the patient's Team Care Arrangements or multidisciplinary care plan as part of the management of the patient's chronic condition and complex care needs; and (c) the service is of at least 20 minutes duration; to a maximum of 5 services (including any services to which this item or any other item in this Subgroup or item 93000 or 93013 in the Telehealth and Telephone Determination applies) in a calendar year	70.95				60.35
10953	N/A (Not hospital treatment)	N/A (Not hospital treatment)	01.01.2006	8	M3	N	Exercise physiology health service provided to a patient by an eligible exercise physiologist if: (a) the service is provided to a patient who has: (i) a chronic condition; and (ii) complex care needs being managed by a medical practitioner (other than a specialist or consultant physician) under both a GP Management Plan and Team Care Arrangements or, if the patient is a resident of an aged care facility, the patient's medical practitioner has contributed to a multidisciplinary care plan; and (b) the service is recommended in the patient's Team Care Arrangements or multidisciplinary care plan as part of the management of the patient's chronic condition and complex care needs; and (c) the service is of at least 20 minutes duration; to a maximum of 5 services (including any services to which this item or any other item in this Subgroup or items 93000 or 93013 in the Telehealth and Telephone Determination applies) in a calendar year	70.95				60.35
10954	N/A (Not hospital treatment)	N/A (Not hospital treatment)	01.07.2004	8	M3	N	Dietetics health service provided to a patient by an eligible dietitian if: (a) the service is provided to a patient who has: (i) a chronic condition; and (ii) complex care needs being managed by a medical practitioner (other than a specialist or consultant physician) under both a GP Management Plan and Team Care Arrangements or, if the patient is a resident of an aged care facility, the patient's medical practitioner has contributed to a multidisciplinary care plan; and (b) the service is recommended in the patient's Team Care Arrangements or multidisciplinary care plan as part of the management of the patient's chronic condition and complex care needs; and (c) the service is of at least 20 minutes duration; to a maximum of 5 services (including any services to which this item or any other item in this Subgroup or item 93000 or 93013 in the Telehealth and Telephone Determination applies) in a calendar year	70.95				60.35
10955	N/A (Not hospital treatment)	N/A (Not hospital treatment)	01.11.2021	8	M3	N	Attendance by an eligible allied health practitioner, as a member of a multidisciplinary case conference team, to participate in: (a) a community case conference; or (b) a multidisciplinary case conference in a residential aged care facility; if the conference lasts for at least 15 minutes, but for less than 20 minutes (other than a service associated with a service to which another item in this Group applies)	55.65				47.35
10956	N/A (Not hospital treatment)	N/A (Not hospital treatment)	01.07.2004	8	M3	N	Mental health service provided to a patient by an eligible mental health worker if: (a) the service is provided to a patient who has: (i) a chronic condition; and (ii) complex care needs being managed by a medical practitioner (other than a specialist or consultant physician) under both a GP Management Plan and Team Care Arrangements or, if the patient is a resident of an aged care facility, the patient's medical practitioner has contributed to a multidisciplinary care plan; and (b) the service is recommended in the patient's Team Care Arrangements or multidisciplinary care plan as part of the management of the patient's chronic condition and complex care needs; and (c) the service is of at least 20 minutes duration; to a maximum of 5 services (including any services to which this item or any other item in this Subgroup or item 93000 or 93013 in the Telehealth and Telephone Determination applies) in a calendar year	70.95				60.35
10957	N/A (Not hospital treatment)	N/A (Not hospital treatment)	01.11.2021	8	M3	N	Attendance by an eligible allied health practitioner, as a member of a multidisciplinary case conference team, to participate in: (a) a community case conference; or (b) a multidisciplinary case conference in a residential aged care facility; if the conference lasts for at least 20 minutes, but for less than 40 minutes (other than a service associated with a service to which another item in this Group applies)	95.45				81.15

MBS Item	Clinical category	Procedure type	Item Start Date	MBS Category	MBS Group	New Item	MBS Description	MBS Schedule Fee	Derived Fee	Benefit 100% ($)	Benefit 75% ($)	Benefit 85% ($)
10958	N/A (Not hospital treatment)	N/A (Not hospital treatment)	01.07.2004	8	M3	N	Occupational therapy health service provided to a patient by an eligible occupational therapist if: (a) the service is provided to a patient who has: (i) a chronic condition; and (ii) complex care needs being managed by a medical practitioner (other than a specialist or consultant physician) under both a GP Management Plan and Team Care Arrangements or, if the patient is a resident of an aged care facility, the patient's medical practitioner has contributed to a multidisciplinary care plan; and (b) the service is recommended in the patient's Team Care Arrangements or multidisciplinary care plan as part of the management of the patient's chronic condition and complex care needs; and (c) the service is of at least 20 minutes duration; to a maximum of 5 services (including any services to which this item or any other item in this Subgroup or item 93000 or 93013 in the Telehealth and Telephone Determination applies) in a calendar year	70.95				60.35
10959	N/A (Not hospital treatment)	N/A (Not hospital treatment)	01.11.2021	8	M3	N	Attendance by an eligible allied health practitioner, as a member of a multidisciplinary case conference team, to participate in: (a) a community case conference; or (b) a multidisciplinary case conference in a residential aged care facility; if the conference lasts for at least 40 minutes (other than a service associated with a service to which another item in this Group applies)	158.8				135
10960	N/A (Not hospital treatment)	N/A (Not hospital treatment)	01.07.2004	8	M3	N	Physiotherapy health service provided to a patient by an eligible physiotherapist if: (a) the service is provided to a patient who has: (i) a chronic condition; and (ii) complex care needs being managed by a medical practitioner (other than a specialist or consultant physician) under both a GP Management Plan and Team Care Arrangements or, if the patient is a resident of an aged care facility, the patient's medical practitioner has contributed to a multidisciplinary care plan; and (b) the service is recommended in the patient's Team Care Arrangements or multidisciplinary care plan as part of the management of the patient's chronic condition and complex care needs; and (c) the service is of at least 20 minutes duration; to a maximum of 5 services (including any services to which this item or any other item in this Subgroup or item 93000 or 93013 in the Telehealth and Telephone Determination applies) in a calendar year	70.95				60.35
10962	N/A (Not hospital treatment)	N/A (Not hospital treatment)	01.07.2004	8	M3	N	Podiatry health service provided to a patient by an eligible podiatrist if: (a) the service is provided to a patient who has: (i) a chronic condition; and (ii) complex care needs being managed by a medical practitioner (other than a specialist or consultant physician) under both a GP Management Plan and Team Care Arrangements or, if the patient is a resident of an aged care facility, the patient's medical practitioner has contributed to a multidisciplinary care plan; and (b) the service is recommended in the patient's Team Care Arrangements or multidisciplinary care plan as part of the management of the patient's chronic condition and complex care needs; and (c) the service is of at least 20 minutes duration; to a maximum of 5 services (including any services to which this item or any other item in this Subgroup or item 93000 or 93013 in the Telehealth and Telephone Determination applies) in a calendar year	70.95				60.35
10964	N/A (Not hospital treatment)	N/A (Not hospital treatment)	01.07.2004	8	M3	N	Chiropractic health service provided to a patient by an eligible chiropractor if: (a) the service is provided to a patient who has: (i) a chronic condition; and(ii) complex care needs being managed by a medical practitioner (other than a specialist or consultant physician) under both a GP Management Plan and Team Care Arrangements or, if the patient is a resident of an aged care facility, the patient's medical practitioner has contributed to a multidisciplinary care plan; and (b) the service is recommended in the patient's Team Care Arrangements or multidisciplinary care plan as part of the management of the patient's chronic condition and complex care needs; and (c) the service is of at least 20 minutes duration; to a maximum of 5 services (including any services to which this item or any other item in this Subgroup or item 93000 or 93013 in the Telehealth and Telephone Determination applies) in a calendar year	70.95				60.35
10966	N/A (Not hospital treatment)	N/A (Not hospital treatment)	01.07.2004	8	M3	N	Osteopathy health service provided to a patient by an eligible osteopath if: (a) the service is provided to a patient who has: (i) a chronic condition; and (ii) complex care needs being managed by a medical practitioner (other than a specialist or consultant physician) under both a GP Management Plan and Team Care Arrangements or, if the patient is a resident of an aged care facility, the patient's medical practitioner has contributed to a multidisciplinary care plan; and (b) the service is recommended in the patient's Team Care Arrangements or multidisciplinary care plan as part of the management of the patient's chronic condition and complex care needs; and (c) the service is of at least 20 minutes duration; to a maximum of 5 services (including any services to which this item or any other item in this Subgroup or item 93000 or 93013 in the Telehealth and Telephone Determination applies) in a calendar year	70.95				60.35
10968	N/A (Not hospital treatment)	N/A (Not hospital treatment)	01.07.2004	8	M3	N	Psychology health service provided to a patient by an eligible psychologist if: (a) the service is provided to a patient who has: (i) a chronic condition; and (ii) complex care needs being managed by a medical practitioner (other than a specialist or consultant physician) under both a GP Management Plan and Team Care Arrangements or, if the patient is a resident of an aged care facility, the patient's medical practitioner has contributed to a multidisciplinary care plan; and (b) the service is recommended in the patient's Team Care Arrangements or multidisciplinary care plan as part of the management of the patient's chronic condition and complex care needs; and (c) the service is of at least 20 minutes duration; to a maximum of 5 services (including any services to which this item or any other item in this Subgroup or item 93000 or 93013 in the Telehealth and Telephone Determination applies) in a calendar year	70.95				60.35

MBS Item	Clinical category	Procedure type	Item Start Date	MBS Category	MBS Group	New Item	MBS Description	MBS Schedule Fee	Derived Fee	Benefit 100% ($)	Benefit 75% ($)	Benefit 85% ($)
10970	N/A (Not hospital treatment)	N/A (Not hospital treatment)	01.07.2004	8	M3	N	Speech pathology health service provided to a patient by an eligible speech pathologist if: (a) the service is provided to a patient who has: (i) a chronic condition; and (ii) complex care needs being managed by a medical practitioner (other than a specialist or consultant physician) under both a GP Management Plan and Team Care Arrangements or, if the patient is a resident of an aged care facility, the patient's medical practitioner has contributed to a multidisciplinary care plan; and (b) the service is recommended in the patient's Team Care Arrangements or multidisciplinary care plan as part of the management of the patient's chronic condition and complex care needs; and (c) the service is of at least 20 minutes duration; to a maximum of 5 services (including any services to which this item or any other item in this Subgroup or item 93000 or 93013 in the Telehealth and Telephone Determination applies) in a calendar year	70.95				60.35
10983	N/A (Not hospital treatment)	N/A (Not hospital treatment)	01.07.2011	8	M12	N	Attendance by a practice nurse, an Aboriginal health worker or an Aboriginal and Torres Strait Islander health practitioner on behalf of, and under the supervision of, a medical practitioner, to provide clinical support to a patient who: (a)is participating in a video conferencing consultation with a specialist, consultant physician or psychiatrist; and (b)is not an admitted patient	36.95		36.95		
10987	N/A (Not hospital treatment)	N/A (Not hospital treatment)	01.11.2008	8	M12	N	Follow up service provided by a practice nurse or Aboriginal and Torres Strait Islander health practitioner, on behalf of a medical practitioner, for an Indigenous person who has received a health assessment if: a)The service is provided on behalf of and under the supervision of a medical practitioner; and b)the person is not an admitted patient of a hospital; and c)the service is consistent with the needs identified through the health assessment; -to a maximum of 10 services per patient in a calendar year	27.3		27.3		
10988	Support list	Type C	01.05.2006	8	M12	N	Immunisation provided to a person by an Aboriginal and Torres Strait Islander health practitioner if: (a)the immunisation is provided on behalf of, and under the supervision of, a medical practitioner; and (b)the person is not an admitted patient of a hospital.	13.65		13.65		
10989	Support list	Type C	01.05.2006	8	M12	N	Treatment of a person's wound (other than normal aftercare) provided by an Aboriginal and Torres Strait Islander health practitioner if: (a)the treatment is provided on behalf of, and under the supervision of, a medical practitioner; and (b)the person is not an admitted patient of a hospital.	13.65		13.65		
10990	N/A (Not hospital treatment)	N/A (Not hospital treatment)	01.02.2004	8	M1	N	A medical service to which an item in this Schedule (other than this item) applies, if:(a) the service is an unreferred service; and(b) the service is provided to a person who is:(i) under the age of 16; or(ii) a concessional beneficiary; and(c) the person is not an admitted patient of a hospital; and(d) the service is bulk-billed in relation to the fees for:(i) this item; and(ii) any other item in this Schedule applying to the service;other than a service associated with a service:(e) to which another item in this Group applies; or(f) that is a general practice support service; or(g) that is a MyMedicare service	8.4				7.15
10991	N/A (Not hospital treatment)	N/A (Not hospital treatment)	01.05.2004	8	M1	N	A medical service to which an item in this Schedule (other than this item) applies, if:(a) the service is an unreferred service; and(b) the service is provided to a person who is:(i) under the age of 16; or(ii) a concessional beneficiary; and(c) the person is not an admitted patient of a hospital; and(d) the service is bulk-billed in relation to the fees for:(i) this item; and(ii) any other item in this Schedule applying to the service; and(e) the service is provided at, or from, a practice location in a Modified Monash 2 area;other than a service associated with a service:(f) to which another item in this Group applies; or(g) that is a general practice support service; or(h) that is a MyMedicare service	12.7				10.8
10992	N/A (Not hospital treatment)	N/A (Not hospital treatment)	01.01.2005	8	M1	N	A medical service to which: (a) item 585, 588, 591, 594, 599, 600, 5003, 5010, 5220 or 5260 applies; or(b) item 761 or 772 applies (see the Health Insurance (Section 3C General Medical Services – Other Medical Practitioner) Determination 2018); if: (c) the service is an unreferred service; and (d) the service is provided to a person who is under the age of 16 or is a concessional beneficiary; and (e) the personis not an admitted patient of a hospital; and (f) the service is not provided in consulting rooms; and (g) the service is provided in any of the following areas: (i) a Modified Monash 2 area; (ii) a Modified Monash 3 area; (iii) a Modified Monash 4 area; (iv) a Modified Monash 5 area; (v) a Modified Monash 6 area; (vi) a Modified Monash 7 area; and (h) the service is provided by, or on behalf of, a medical practitioner whose practice location is not inan area mentioned in paragraph(g); and (i) the service is bulk billed in relation to the fees for: (i) this item; and (ii) the other item mentioned in paragraph(a) or (b) applying to the service	12.7				10.8
10997	N/A (Not hospital treatment)	N/A (Not hospital treatment)	01.07.2007	8	M12	N	Service provided to a person with a chronic disease by a practice nurse or an Aboriginal and Torres Strait Islander health practitioner if: (a) the service is provided on behalf of and under the supervision of a medical practitioner; and (b) the person is not an admitted patient of a hospital; and (c) the person has a GP Management Plan, Team Care Arrangements or Multidisciplinary Care Plan in place; and (d) the service is consistent with the GP Management Plan, Team Care Arrangements or Multidisciplinary Care Plan to a maximum of 5 services per patient in a calendar year	13.65		13.65		
11000	Support list	Type C	01.12.1991	2	D1	N	ELECTROENCEPHALOGRAPHY, not being a service: (a)associated with a service to which item 11003 or 11009 applies; or (b)involving quantitative topographic mapping using neurometrics or similar devices (Anaes.)	140.25			105.2	119.25

MBS Item	Clinical category	Procedure type	Item Start Date	MBS Category	MBS Group	New Item	MBS Description	MBS Schedule Fee	Derived Fee	Benefit 100% ($)	Benefit 75% ($)	Benefit 85% ($)
11003	Support list	Type C	01.12.1991	2	D1	N	Electroencephalography, prolonged recording lasting at least 3 hours, that requires multi channel recording using: (a) for a service not associated with a service to which an item in Group T8 applies—standard 10 20 electrode placement; or (b) for a service associated with a service to which an item in Group T8 applies—either standard 10 20 electrode placement or a different electrode placement and number of recorded channels; other than a service: (c) associated with a service to which item 11000, 11004 or 11005 applies; or (d) involving quantitative topographic mapping using neurometrics or similar devices.	371			278.25	315.35
11004	Support list	Unlisted	01.11.2003	2	D1	N	Electroencephalography, ambulatory or video, prolonged recording lasting at least 3 hours and up to 24 hours, that requires multi channel recording using standard 10-20 electrode placement, first day, other than a service:(a) associated with a service to which item 11000, 11003 or 11005 applies; or(b) involving quantitative topographic mapping using neurometrics or similar devices.	371			278.25	315.35
11005	Support list	Unlisted	01.11.2003	2	D1	N	Electroencephalography, ambulatory or video, prolonged recording lasting at least 3 hours and up to 24 hours, that requires multi channel recording using standard 10-20 electrode placement, each day after the first day, other than a service:(a) associated with a service to which item 11000, 11003 or 11004 applies; or(b) involving quantitative topographic mapping using neurometrics or similar devices.	371			278.25	315.35
11009	Support list	Unlisted	01.12.1991	2	D1	N	ELECTROCORTICOGRAPHY	371			278.25	315.35
11012	Support list	Type C	01.12.1991	2	D1	N	NEUROMUSCULAR ELECTRODIAGNOSISconduction studies on 1 nerve OR ELECTROMYOGRAPHY of 1 or more muscles using concentric needle electrodes OR both these examinations (not being a service associated with a service to which item 11015 or 11018 applies)	127.55			95.7	108.45
11015	Support list	Type C	01.12.1991	2	D1	N	NEUROMUSCULAR ELECTRODIAGNOSISconduction studies on 2 or 3 nerves with or without electromyography (not being a service associated with a service to which item 11012 or 11018 applies)	170.75			128.1	145.15
11018	Support list	Type C	01.12.1991	2	D1	N	NEUROMUSCULAR ELECTRODIAGNOSISconduction studies on 4 or more nerves with or without electromyography OR recordings from single fibres of nerves and muscles OR both of these examinations (not being a service associated with a service to which item 11012 or 11015 applies)	255.2			191.4	216.95
11021	Support list	Unlisted	01.12.1991	2	D1	N	NEUROMUSCULAR ELECTRODIAGNOSISrepetitive stimulation for study of neuromuscular conduction OR electromyography with quantitative computerised analysis OR both of these examinations	170.75			128.1	145.15
11024	Support list	Type C	01.12.1991	2	D1	N	CENTRAL NERVOUS SYSTEM EVOKED RESPONSES, INVESTIGATION OF, by computerised averaging techniques, not being a service involving quantitative topographic mapping of event-related potentials or multifocal multichannel objective perimetry - 1 or 2 studies	129.7			97.3	110.25
11027	Support list	Type C	01.12.1991	2	D1	N	CENTRAL NERVOUS SYSTEM EVOKED RESPONSES, INVESTIGATION OF, by computerised averaging techniques, not being a service involving quantitative topographic mapping of event-related potentials or multifocal multichannel objective perimetry - 3 or more studies	192.35			144.3	163.5
11200	Support list	Type C	01.12.1991	2	D1	N	PROVOCATIVE TEST OR TESTS FOR OPEN ANGLE GLAUCOMA, including water drinking	46.45			34.85	39.5
11204	Support list	Type C	01.11.2001	2	D1	N	ELECTRORETINOGRAPHY of one or both eyes by computerised averaging techniques, including 3 or more studies performed according to current professional guidelines or standards,performed by or on behalf of a specialist or consultant physician in the practice of his or her speciality.	123.3			92.5	104.85
11205	Support list	Type C	01.11.2001	2	D1	N	ELECTROOCULOGRAPHY of one or both eyes performed according to current professional guidelines or standards, performed by or on behalf of a specialist or consultant physician in the practice of his or her speciality.	123.3			92.5	104.85
11210	Support list	Type C	01.11.2001	2	D1	N	PATTERN ELECTRORETINOGRAPHY of one or both eyes by computerised averaging techniques, including 3 or more studies performed according to current professional guidelines or standards	123.3			92.5	104.85
11211	Support list	Type C	01.11.2001	2	D1	N	DARK ADAPTOMETRY of one or both eyes with a quantitative (log cd/m2) estimation of threshold in log lumens at 45 minutes of dark adaptations	123.3			92.5	104.85
11215	Support list	Type C	01.12.1991	2	D1	N	RETINAL ANGIOGRAPHY, multiple exposures of 1 eye with intravenous dye injection	140.1			105.1	119.1
11218	Support list	Type C	01.12.1991	2	D1	N	RETINAL ANGIOGRAPHY, multiple exposures of both eyes with intravenous dye injection	173.15			129.9	147.2
11219	Support list	Type C	01.11.2016	2	D1	N	Optical coherence tomography for diagnosis of an ocular condition for the treatment of which there is a medication that is: (a) listed on the pharmaceutical benefits scheme; and (b) indicated for intraocular administration Applicable only once in any 12 month period	45.5			34.15	38.7
11220	Support list	Type C	01.12.2016	2	D1	N	OPTICAL COHERENCE TOMOGRAPHY for the assessment of the need for treatment following provision of pharmaceutical benefits scheme-subsidised ocriplasmin. Maximum of one service per eye per lifetime.	45.5			34.15	38.7
11221	Support list	Type C	01.12.1991	2	D1	N	Full quantitative computerised perimetry (automated absolute static threshold), other than a service involving multifocal multichannel objective perimetry, performed by or on behalf of a specialist in the practice of his or her specialty, if indicated by the presence of relevant ocular disease or suspected pathology of the visual pathways or brain with assessment and report, bilateral—to a maximum of 3 examinations (including examinations to which item 11224 applies) in any 12 month period	77.25			57.95	65.7

MBS Item	Clinical category	Procedure type	Item Start Date	MBS Category	MBS Group	New Item	MBS Description	MBS Schedule Fee	Derived Fee	Benefit 100% ($)	Benefit 75% ($)	Benefit 85% ($)
11224	Support list	Type C	01.12.1991	2	D1	N	Full quantitative computerised perimetry (automated absolute static threshold), other than a service involving multifocal multichannel objective perimetry, performed by or on behalf of a specialist in the practice of his or her specialty, if indicated by the presence of relevant ocular disease or suspected pathology of the visual pathways or brain with assessment and report, unilateral—to a maximum of 3 examinations (including examinations to which item 11221 applies) in any 12 month period	46.5			34.9	39.55
11235	Support list	Type C	01.11.1996	2	D1	N	EXAMINATION OF THE EYE BY IMPRESSION CYTOLOGY OF CORNEA for the investigation of ocular surface dysplasia, including the collection of cells, processing and all cytological examinations and preparation of report	139.8			104.85	118.85
11237	Support list	Type C	01.11.2003	2	D1	N	OCULAR CONTENTS, simultaneous ultrasonic echography by both unidimensional and bidimensional techniques, for the diagnosis, monitoring or measurement of choroidal and ciliary body melanomas, retinoblastoma or suspicious naevi or simulating lesions, one eye, not being a service associated with a service to which items in Group I1 of Category 5 apply	92.8			69.6	78.9
11240	Support list	Type C	01.03.1999	2	D1	N	ORBITAL CONTENTS, unidimensional ultrasonic echography or partial coherence interferometry of, for the measurement of one eye prior to lens surgery on that eye, not being a service associated with a service to which items in Group I1 of Category 5 apply.	92.8			69.6	78.9
11241	Support list	Type C	01.11.2001	2	D1	N	ORBITAL CONTENTS, unidimensional ultrasonic echography or partial coherence interferometry of, for bilateral eye measurement prior to lens surgery on both eyes, not being a service associated with a service to which items in Group I1 apply	118.1			88.6	100.4
11242	Support list	Type C	01.11.2001	2	D1	N	ORBITAL CONTENTS, unidimensional ultrasonic echography or partial coherence interferometry of, for the measurement of an eye previously measured and on which lens surgery has been performed, and where further lens surgery is contemplated in that eye, not being a service associated with a service to which items in Group I1 apply	91.3			68.5	77.65
11243	Support list	Type C	01.11.2001	2	D1	N	ORBITAL CONTENTS, unidimensional ultrasonic echography or partial coherence interferometry of, for the measurement of a second eye where surgery for the first eye has resulted in more than 1 dioptre of error or where more than 3 years have elapsed since the surgery for the first eye, not being a service associated with a service to which items in Group I1 apply	91.3			68.5	77.65
11244	Support list	Type C	01.03.2013	2	D1	N	Orbital contents, diagnostic B-scan of, by a specialist practising in his or her speciality of ophthalmology, not being a service associated with a service to which an item in Group I1 of the diagnostic imaging services table applies.	87.7			65.8	74.55
11300	Support list	Type C	01.12.1991	2	D1	N	Brain stem evoked response audiometry, if: (a) the service is not for the purposes of programming either an auditory implant or the sound processor of an auditory implant; and (b) a service to which item 82300 applies has not been performed on the patient on the same day (Anaes.)	219.3			164.5	186.45
11302	Support list	Type C	01.03.2023	2	D1	N	Programming an auditory implant or the sound processor of an auditory implant, unilateral, performed by or on behalf of a medical practitioner, if a service to which item 82301, 82302 or 82304 applies has not been performed on the patient on the same day Applicable up to a total of 4 services to which this item, item 11342 or item 11345 applies on the same day	219.3			164.5	186.45
11303	Support list	Unlisted	01.12.1991	2	D1	N	ELECTROCOCHLEOGRAPHY, extratympanic method, 1 or both ears	219.3			164.5	186.45
11304	Support list	Unlisted	01.11.1994	2	D1	N	ELECTROCOCHLEOGRAPHY, transtympanic membrane insertion technique, 1 or both ears	361.1			270.85	306.95
11306	Support list	Type C	01.12.1991	2	D1	N	Non determinate audiometry, if a service to which item 82306 applies has not been performed on the patient on the same day.	24.95			18.75	21.25
11309	Support list	Type C	01.12.1991	2	D1	N	Audiogram, air conduction, if a service to which item 82309 applies has not been performed on the patient on the same day.	29.95			22.5	25.5
11312	Support list	Type C	01.12.1991	2	D1	N	Audiogram, air and bone conduction or air conduction and speech discrimination, if a service to which item 82312 applies has not been performed on the patient on the same day.	42.3			31.75	36
11315	Support list	Type C	01.12.1991	2	D1	N	Audiogram, air and bone conduction and speech,if a service to which item 82315 applies has not been performed on the patient on the same day	56			42	47.6
11318	Support list	Type C	01.12.1991	2	D1	N	Audiogram, air and bone conduction and speech, with other cochlear tests, if a service to which item 82318 applies has not been performed on the patient on the same day	69.2			51.9	58.85
11324	Support list	Type C	01.12.1991	2	D1	N	Impedance audiogram involving tympanometry and measurement of static compliance and acoustic reflex performed by, or on behalf of, a medical practitioner, if a service to which item 82324 applies has not been performed on the patient on the same day	22.6			16.95	19.25
11332	Support list	Type C	01.05.2000	2	D1	N	Oto-acoustic emission audiometry for the detection of outer hair cell functioning in the cochlea, performed by or on behalf of a specialist or consultant physician, when middle ear pathology has been excluded, if:(a) the service is performed:(i) on an infant or child who is at risk of permanent hearing impairment; or(ii) on an individual who is at risk of oto-toxicity due to medications or medical intervention; or(iii) on an individual at risk of noise induced hearing loss; or(iv) to assist in the diagnosis of auditory neuropathy; and(b) a service to which item 82332 applies has not been performed on the patient on the same day	66.75			50.1	56.75

MBS Item	Clinical category	Procedure type	Item Start Date	MBS Category	MBS Group	New Item	MBS Description	MBS Schedule Fee	Derived Fee	Benefit 100% ($)	Benefit 75% ($)	Benefit 85% ($)
11340	Support list	Type C	01.03.2023	2	D1	N	Investigation of the vestibular function to assist in the diagnosis, treatment or management of a vestibular or related disorder, performed by or on behalf of a medical practitioner: (a) to assess one or more of the following: (i) the organs of the peripheral vestibular system (utricle, saccule, lateral, superior and posterior semicircular canals, and vestibular nerve); (ii) muscular or eye movement responses elicited by vestibular stimulation; (iii) static signs of vestibular dysfunction; (iv) the central ocular motor function; and (b) using up to 2 clinically recognised tests; other than a service associated with a service to which item 11015, 11021, 11024, 11027 or 11205 applies	212.05			159.05	180.25
11341	Support list	Type C	01.03.2023	2	D1	N	Investigation of the vestibular function to assist in the diagnosis, treatment or management of a vestibular or related disorder, performed by or on behalf of a medical practitioner: (a) to assess one or more of the following: (i) the organs of the peripheral vestibular system (utricle, saccule, lateral, superior and posterior semicircular canals, and vestibular nerve); (ii) muscular or eye movement responses elicited by vestibular stimulation; (iii) static signs of vestibular dysfunction; (iv) the central ocular motor function; and (b) using 3 or 4 clinically recognised tests; other than a service associated with a service to which item 11015, 11021, 11024, 11027 or 11205 applies	425.15			318.9	361.4
11342	N/A (Not hospital treatment)	N/A (Not hospital treatment)	01.03.2022	2	D1	N	Programming by telehealth of an auditory implant, or the sound processor of an auditory implant, unilateral, performed by or on behalf of a medical practitioner, if a service to which items 82301, 82302 or 82304 applies has not been performed on the patient on the same day Applicable up to a total of 4 services to which this item, item 11302 or item 11345 applies on the same day	175.4				149.1
11343	Support list	Type C	01.03.2023	2	D1	N	Investigation of the vestibular function to assist in the diagnosis, treatment or management of a vestibular or related disorder, performed by or on behalf of a medical practitioner: (a) to assess one or more of the following: (i) the organs of the peripheral vestibular system (utricle, saccule, lateral, superior and posterior semicircular canals, and vestibular nerve); (ii) muscular or eye movement responses elicited by vestibular stimulation; (iii) static signs of vestibular dysfunction; (iv) the central ocular motor function; and (b) using 5 or more clinically recognised tests; other than a service associated with a service to which item 11015, 11021, 11024, 11027 or 11205 applies	636.05			477.05	540.65
11345	N/A (Not hospital treatment)	N/A (Not hospital treatment)	01.03.2022	2	D1	N	Programming by phone of an auditory implant, or the sound processor of an auditory implant, unilateral, performed by or on behalf of a medical practitioner, if a service to which items 82301, 82302 or 82304 applies has not been performed on the patient on the same day Applicable up to a total of 4 services to which this item, item 11302 or item 11342 applies on the same day	175.4				149.1
11503	Support list	Type C	01.12.1991	2	D1	N	Complex measurement of properties of the respiratory system, including the lungs and respiratory muscles, that is performed: (a) in a respiratory laboratory; and (b) under the supervision of a specialist or consultant physician who is responsible for staff training, supervision, quality assurance and the issuing of written reports on tests performed; and (c) using any of the following tests: (i) measurement of absolute lung volumes by any method; (ii) measurement of carbon monoxide diffusing capacity by any method; (iii) measurement of airway or pulmonary resistance by any method; (iv) inhalation provocation testing, including pre provocation spirometry and the construction of a dose response curve, using a recognised direct or indirect bronchoprovocation agent and post bronchodilator spirometry; (v) provocation testing involving sequential measurement of lung function at baseline and after exposure to specific sensitising agents, including drugs, or occupational asthma triggers; (vi) spirometry performed before and after simple exercise testing undertaken as a provocation test for the investigation of asthma, in premises equipped with resuscitation equipment and personnel trained in Advanced Life Support; (vii) measurement of the strength of inspiratory and expiratory muscles at multiple lung volumes; (viii) simulated altitude test involving exposure to hypoxic gas mixtures and oxygen saturation at rest and/or during exercise with or without an observation of the effect of supplemental oxygen; (ix) calculation of pulmonary or cardiac shunt by measurement of arterial oxygen partial pressure and haemoglobin concentration following the breathing of an inspired oxygen concentration of 100% for a duration of 15 minutes or greater; (x) if the measurement is for the purpose of determining eligibility for pulmonary arterial hypertension medications subsidised under the Pharmaceutical Benefits Scheme or eligibility for the provision of portable oxygen—functional exercise test by any method (including 6 minute walk test and shuttle walk test); each occasion at which one or more tests are performed Not applicable to a service performed in association with a spirometry or sleep study service to which item 11505, 11506, 11507, 11508, 11512, 12203, 12204, 12205, 12207, 12208, 12210, 12213, 12215, 12217 or 12250 applies Not applicable to a service to which item 11507 applies	157.95			118.5	134.3
11505	Support list	Type C	01.11.2018	2	D1	N	Measurement of spirometry, that: (a) involves a permanently recorded tracing, performed before and after inhalation of a bronchodilator; and (b) is performed to confirm diagnosis of: (i) asthma; or (ii) chronic obstructive pulmonary disease (COPD); or (iii) another cause of airflow limitation; each occasion at which 3 or more recordings are made Applicable only once in any 12 month period	46.9			35.2	39.9

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11506	Support list	Type C	01.12.1991	2	D1	N	Measurement of spirometry, that: (a) involves a permanently recorded tracing, performed before and after inhalation of a bronchodilator; and (b) is performed to: (i) confirm diagnosis of chronic obstructive pulmonary disease (COPD); or (ii) assess acute exacerbations of asthma; or (iii) monitor asthma and COPD; or (iv) assess other causes of obstructive lung disease or the presence of restrictive lung disease; each occasion at which recordings are made	23.45			17.6	19.95
11507	Support list	Type C	01.11.2018	2	D1	N	Measurement of spirometry: (a) that includes continuous measurement of the relationship between flow and volume during expiration or during expiration and inspiration, performed before and after inhalation of a bronchodilator; and (b) fractional exhaled nitric oxide (FeNO) concentration in exhaled breath; if: (c) the measurement is performed: (i) under the supervision of a specialist or consultant physician; and (ii) with continuous attendance by a respiratory scientist; and (iii) in a respiratory laboratory equipped to perform complex lung function tests; and (d) a permanently recorded tracing and written report is provided; and (e) 3 or more spirometry recordings are performed unless difficult to achieve for clinical reasons; each occasion at which one or more such tests are performed Not applicable to a service associated with a service to which item 11503 or 11512 applies	114.15			85.65	97.05
11508	Support list	Type C	01.11.2018	2	D1	N	Maximal symptom limited incremental exercise test using a calibrated cycle ergometer or treadmill, if: (a) the test is performed for the evaluation of: (i) breathlessness of uncertain cause from tests performed at rest; or (ii) breathlessness out of proportion with impairment due to known conditions; or (iii) functional status and prognosis in a patient with significant cardiac or pulmonary disease for whom complex procedures such as organ transplantation are considered; or (iv) anaesthetic and perioperative risks in a patient undergoing major surgery who is assessed as substantially above average risk after standard evaluation; and (b) the test has been requested by a specialist or consultant physician following professional attendance on the patient by the specialist or consultant physician; and (c) a respiratory scientist and a medical practitioner are in constant attendance during the test; and (d) the test is performed in a respiratory laboratory equipped with airway management and defibrillator equipment; and (e) there is continuous measurement of at least the following: (i) work rate; (ii) pulse oximetry; (iii) respired oxygen and carbon dioxide partial pressures and respired volumes; (iv) ECG; (v) heart rate and blood pressure; and (f) interpretation and preparation of a permanent report is provided by aspecialist or consultant physician who is also responsible for the supervision of technical staff and quality assurance	331.3			248.5	281.65
11512	Support list	Type C	01.12.1991	2	D1	N	Measurement of spirometry: (a) that includes continuous measurement of the relationship between flow and volume during expiration or during expiration and inspiration, performed before and after inhalation of a bronchodilator; and (b) that is performed with a respiratory scientist in continuous attendance; and (c) that is performed in a respiratory laboratory equipped to perform complex lung function tests; and (d) that is performed under the supervision of a specialist or consultant physician who is responsible for staff training, supervision, quality assurance and the issuing of written reports; and (e) for which a permanently recorded tracing and written report is provided; and (f) for which 3 or more spirometry recordings are performed; each occasion at which one or more such tests are performed Not applicable for a service associated with a service to which item 11503 or 11507 applies	70.4			52.8	59.85
11600	Support list	Unlisted	01.12.1991	2	D1	N	BLOOD PRESSURE MONITORING (central venous, pulmonary arterial, systemic arterial or cardiac intracavity), by indwelling catheter - once only for each type of pressure on any calendar day up to a maximum of 4 pressures (not being a service to which item 13876 applies and where not performed in association with the administration of general anaesthesia)	78.95			59.25	67.15
11602	Support list	Type C	01.11.2003	2	D1	N	Investigation of venous reflux or obstruction in one or more limbs at rest by CW Doppler or pulsed Doppler involving examination at multiple sites along each limb using intermittent limb compression or Valsalva manoeuvres, or both, to detect prograde and retrograde flow, other than a service associated with a service to which item 32500 applies—hard copy trace and written report, the report component of which must be performed by a medical practitioner, maximum of 2 examinations in a 12 month period, not to be used in conjunction with sclerotherapy	65.75			49.35	55.9
11604	Support list	Type C	01.11.2003	2	D1	N	Investigation of chronic venous disease in the upper and lower extremities, one or more limbs, by plethysmography (excluding photoplethysmography)—examination, hard copy trace and written report, not being a service associated with a service to which item 32500 applies	86.2			64.65	73.3
11605	Support list	Type C	01.11.2003	2	D1	N	Investigation of complex chronic lower limb reflux or obstruction, in one or more limbs, by infrared photoplethysmography, during and following exercise to determine surgical intervention or the conservative management of deep venous thrombotic disease—hard copy trace, calculation of 90% recovery time and written report, not being a service associated with a service to which item 32500 applies	86.2			64.65	73.3

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11607	Heart and vascular system	Type C	01.11.2021	2	D1	N	Continuous ambulatory blood pressure recording for 24 hours or more for a patient if: (a) the patient has a clinic blood pressure measurement (using a sphygmomanometer or a validated oscillometric blood pressure monitoring device) of either or both of the following measurements: (i) systolic blood pressure greater than or equal to 140 mmHg and less than or equal to 180 mmHg; (ii) diastolic blood pressure greater than or equal to 90 mmHg and less than or equal to 110 mmHg; and (b) the patient has not commenced anti hypertensive therapy; and (c) the recording includes the patient's resting blood pressure; and (d) the recording is conducted using microprocessor based analysis equipment; and (e) the recording is interpreted by a medical practitioner and a report is prepared by the same medical practitioner; and (f) a treatment plan is provided for the patient; and (g) the service: (i) is not provided in association with ambulatory electrocardiogram recording, and (ii) is not associated with a service to which any of the following items apply: (A) 177; (B) 224 to 228; (C) 229 to 244; (D) 699; (E) 701 to 707; (F) 715; (G) 721 to 732; (H) 735 to 758. Applicable only once in any 12 month period	117.3			88	99.75
11610	Support list	Type C	01.11.2003	2	D1	N	MEASUREMENT OF ANKLE: BRACHIAL INDICES AND ARTERIAL WAVEFORM ANALYSIS, measurement of posterior tibial and dorsalis pedis (or toe) and brachial arterial pressures bilaterally using Doppler or plethysmographic techniques, the calculation of ankle (or toe) brachial systolic pressure indices and assessment of arterial waveforms for the evaluation of lower extremity arterial disease, examination, hard copy trace and report.	72.55			54.45	61.7
11611	Support list	Type C	01.11.2003	2	D1	N	MEASUREMENT OF WRIST: BRACHIAL INDICES AND ARTERIAL WAVEFORM ANALYSIS, measurement of radial and ulnar (or finger) and brachial arterial pressures bilaterally using Doppler or plethysmographic techniques, the calculation of the wrist (or finger) brachial systolic pressure indices and assessment of arterial waveforms for the evaluation of upper extremity arterial disease, examination, hard copy trace and report.	72.55			54.45	61.7
11612	Support list	Type C	01.12.1991	2	D1	N	EXERCISE STUDY FOR THE EVALUATION OF LOWER EXTREMITY ARTERIAL DISEASE, measurement of posterior tibial and dorsalis pedis (or toe) and brachial arterial pressures bilaterally using Doppler or plethysmographic techniques, the calculation of ankle (or toe) brachial systolic pressure indices for the evaluation of lower extremity arterial disease at rest and following exercise using a treadmill or bicycle ergometer or other such equipment where the exercise workload is quantifiably documented, examination and report.	128.05			96.05	108.85
11614	Support list	Type C	01.11.2003	2	D1	N	Transcranial doppler, examination of the intracranial arterial circulation using CW Doppler or pulsed Doppler with hard copy recording of waveforms, examination and report, other than a service associated with a service to which item 55280 of the diagnostic imaging services table applies	86.2			64.65	73.3
11615	Support list	Type C	01.12.1991	2	D1	N	MEASUREMENT OF DIGITAL TEMPERATURE, 1 or more digits, (unilateral or bilateral) and report, with hard copy recording of temperature before and for 10 minutes or more after cold stress testing.	86.4			64.8	73.45
11627	Support list	Unlisted	01.12.1991	2	D1	N	PULMONARY ARTERY pressure monitoring during open heart surgery, in apatient under 12 years of age	260.45			195.35	221.4
11704	N/A (Not hospital treatment)	N/A (Not hospital treatment)	01.08.2020	2	D1	N	Twelve lead electrocardiography, trace and formal report, by a specialist or a consultant physician, if the service: (a) is requested by a requesting practitioner; and (b) is not associated with a service to which item 12203, 12204, 12205, 12207, 12208, 12210, 12213, 12215, 12217 or 12250 applies. Note: the following are also requirements of the service: a formal report is completed; and a copy of the formal report is provided to the requesting practitioner; and the service is not provided to the patient as part of an episode of hospital treatment or hospital-substitute treatment; and is not provided in association with an attendance item (Part 2 of the schedule); and the specialist or consultant physician who renders the service does not have a financial relationship with the requesting practitioner.	35.6				30.3
11705	Support list	Type C	01.08.2020	2	D1	N	Twelve lead electrocardiography, formal report only, by a specialist or a consultant physician, if the service: (a) is requested by a requesting practitioner; and (b) is not associated with a service to which item 12203, 12204, 12205, 12207, 12208, 12210, 12213, 12215, 12217 or 12250 applies Applicable not more than twice on the same day Note: the following are also requirements of the service: a formal report is completed; and a copy of the formal report is provided to the requesting practitioner; and the specialist or consultant physician who renders the service does not have a financial relationship with the requesting practitioner.	20.95			15.75	17.85
11707	N/A (Not hospital treatment)	N/A (Not hospital treatment)	01.08.2020	2	D1	N	Twelve lead electrocardiography, trace only, by a medical practitioner, if: (a) the trace: (i) is required to inform clinical decision making; and (ii) is reviewed in a clinically appropriate timeframe to identify potentially serious or life threatening abnormalities; and (iii) does not need to be fully interpreted or reported on; and (b) the service is not associated with a service to which item 12203, 12204, 12205, 12207, 12208, 12210, 12213, 12215, 12217 or 12250 applies Applicable not more than twice on the same day Note: the service is not provided to the patient as part of an episode of: hospital treatment; or hospital-substitute treatment.	20.95				17.85
11713	Support list	Type C	01.07.1992	2	D1	N	SIGNAL AVERAGED ECG RECORDING involving not more than 300 beats, using at least 3 leads with data acquisition at not less than 1000Hz of at least 100 QRS complexes, including analysis, interpretation and report of recording by a specialist physician or consultant physician	79.45			59.6	67.55

MBS Item	Clinical category	Procedure type	Item Start Date	MBS Category	MBS Group	New Item	MBS Description	MBS Schedule Fee	Derived Fee	Benefit 100% ($)	Benefit 75% ($)	Benefit 85% ($)
11714	N/A (Not hospital treatment)	N/A (Not hospital treatment)	01.08.2020	2	D1	N	Twelve lead electrocardiography, trace and clinical note, by a specialist or consultant physician, if the service is not associated with a service to which item 12203, 12204, 12205, 12207, 12208, 12210, 12213, 12215, 12217 or 12250 applies Applicable not more than twice on the same day Note: the service is not provided to the patient as part of an episode of: hospital treatment; or hospital-substitute treatment.	27.6				23.5
11716	N/A (Not hospital treatment)	N/A (Not hospital treatment)	01.08.2020	2	D1	N	Note:the service only applies if the patient meets one or more of the following and the requirements in Note: DR.1.1 Continuous ambulatory electrocardiogram recording for 12 or more hours, by a specialist or consultant physician, if the service: (a) is indicated for the evaluation of any of the following: (i) syncope; (ii) pre syncopal episodes; (iii) palpitations where episodes are occurring more than once a week; (iv) another asymptomatic arrhythmia is suspected with an expected frequency of greater than once a week; (v) surveillance following cardiac surgical procedures that have an established risk of causing dysrhythmia; and (b) utilises a system capable of superimposition and full disclosure printout of at least 12 hours of recorded electrocardiogram data (including resting electrocardiogram and the recording of parameters) and microprocessor based scanning analysis; and (c) includes interpretation and report; and (d) is not provided in association with ambulatory blood pressure monitoring; and (e) is not associated with a service to which item 11704, 11705, 11707, 11714, 11717, 11723, 11735, 12203, 12204, 12205, 12207, 12208, 12210, 12213, 12215, 12217 or 12250 applies Applicable only once in any 4 week period Note: this services does not apply if the patient is being provided with the service as part of an episode of: hospital treatment; or hospital substitute treatment.	190.85				162.25
11717	N/A (Not hospital treatment)	N/A (Not hospital treatment)	01.08.2020	2	D1	N	Note: the service only applies if the patient meets one or more of the following and the requirements in Note: DR.1.1 Ambulatory electrocardiogram monitoring, by a specialist or consultant physician, if the service: (a) utilises a patient activated, single or multiple event memory recording device that: (i) is connected continuously to the patient for between 7 and 30 days; and (ii) is capable of recording for at least 20 seconds prior to each activation and for 15 seconds after each activation; and (b) includes transmission, analysis, interpretation and reporting (including the indication for the investigation); and (c) is for the investigation of recurrent episodes of: unexplained syncope; or palpitation; or other symptoms where a cardiac rhythm disturbance is suspected and where infrequent episodes have occurred; and (d) is not associated with a service to which item 11716, 11723, 11735, 12203, 12204, 12205, 12207, 12208, 12210, 12213, 12215, 12217 or 12250 applies Applicable only once in any 3 month period Note: the service does not apply if the patient is being provided with the service as part of an episode of: hospital treatment; or hospital substitute treatment.	112.15				95.35
11719	Support list	Type C	01.09.2015	2	D1	N	IMPLANTED PACEMAKER (including cardiac resynchronisation pacemaker) REMOTE MONITORING involving reviews (without patient attendance) of arrhythmias, lead and device parameters, if at least one remote review is provided in a 12 month period. Payable only once in any 12 month period	76.05			57.05	64.65
11720	Support list	Type C	01.09.2015	2	D1	N	IMPLANTED PACEMAKER TESTING, with patient attendance, following detection of abnormality by remote monitoring involving electrocardiography, measurement of rate, width and amplitude of stimulus including reprogramming when required, not being a service associated with a service to which item 11721 applies.	76.05			57.05	64.65
11721	Support list	Type C	01.07.1992	2	D1	N	IMPLANTED PACEMAKER TESTING of atrioventricular (AV) sequential, rate responsive, or antitachycardia pacemakers, including reprogramming when required, not being a service associated with a service to which Item 11704, 11719, 11720, 11725 or 11726 applies	79.45			59.6	67.55
11723	N/A (Not hospital treatment)	N/A (Not hospital treatment)	01.08.2020	2	D1	N	Note:the service only applies if the patient meets one or more of the following and the requirements in Note: DR.1.1 Ambulatory electrocardiogram monitoring, by a specialist or consultant physician, if the service: (a) utilises a patient activated, single or multiple event recording, on a memory recording device that: (i) is connected continuously to the patient for up to 7 days; and (ii) is capable of recording for at least 20 seconds prior to each activation and for 15 seconds after each activation; and (b) includes transmission, analysis, interpretation and formal report (including the indication for the investigation); and (c) is for the investigation of recurrent episodes of: (i) unexplained syncope; or (ii) palpitation; or (iii) other symptoms where a cardiac rhythm disturbance is suspected and where infrequent episodes have occurred; and (d) is not associated with a service to which item 11716, 11717, 11735, 12203, 12204, 12205, 12207, 12208, 12210, 12213, 12215, 12217 or 12250 applies Applicable only once in any 3 month period Note: The service does not apply if the patient is an admitted patient.	59.2				50.35
11724	Support list	Type C	01.07.1995	2	D1	N	UP-RIGHT TILT TABLE TESTING for the investigation of syncope of suspected cardiothoracic origin, including blood pressure monitoring, continuous ECG monitoring and the recording of the parameters, and involving an established intravenous line and the continuous attendance of a specialist or consultant physician - on premises equipped with a mechanical respirator and defibrillator	192.35			144.3	163.5
11725	Support list	Type C	01.09.2015	2	D1	N	IMPLANTED DEFIBRILLATOR (including cardiac resynchronisation defibrillator) REMOTE MONITORING involving reviews (without patient attendance) of arrhythmias, lead and device parameters, if at least 2 remote reviews are provided in a 12 month period. Payable only once in any 12 month period	215.9			161.95	183.55

MBS Item	Clinical category	Procedure type	Item Start Date	MBS Category	MBS Group	New Item	MBS Description	MBS Schedule Fee	Derived Fee	Benefit 100% ($)	Benefit 75% ($)	Benefit 85% ($)
11726	Support list	Type C	01.09.2015	2	D1	N	IMPLANTED DEFIBRILLATOR TESTING with patient attendance following detection of abnormality by remote monitoring involving electrocardiography, measurement of rate, width and amplitude of stimulus, not being a service associated with a service to which item 11727 applies.	107.95			81	91.8
11727	Support list	Type C	01.11.2006	2	D1	N	IMPLANTED DEFIBRILLATOR TESTING involving electrocardiography, assessment of pacing and sensing thresholds for pacing and defibrillation electrodes, download and interpretation of stored events and electrograms, including programming when required, not being a service associated with a service to which item 11719, 11720, 11721, 11725 or 11726 applies	107.95			81	91.8
11728	Support list	Type C	01.05.2018	2	D1	N	Implanted loop recording for the investigation of atrial fibrillation if the patient to whom the service is provided has been diagnosed as having had an embolic stroke of undetermined source, including reprogramming when required, retrieval of stored data, analysis, interpretation and report, other than a service to which item 38288 applies For any particular patient—applicable not more than 4 times in any 12 months	39.6			29.7	33.7
11729	Support list	Type C	01.08.2020	2	D1	N	Multi channel electrocardiogram monitoring and recording during exercise (motorised treadmill or cycle ergometer capable of quantifying external workload in watts) or pharmacological stress, if: (a) the patient is 17 years or more; and (b) the patient: (i) has symptoms consistent with cardiac ischemia; or (ii) has other cardiac disease which may be exacerbated by exercise; or (iii) has a first degree relative with suspected heritable arrhythmia; and (c) the monitoring and recording: (i) is not less than 20 minutes; and (ii) includes resting electrocardiogram; and (d) a written report is produced by a medical practitioner that includes interpretation of the monitoring and recording data, commenting on the significance of the data, and the relationship of the data to clinical decision making for the patient in the clinical context; and (e) the service is not a service: (i) provided on the same occasion as a service to which item 11704, 11705, 11707 or 11714 applies; or (ii) performed within 24 months of a service to which item 55141, 55143, 55145, 55146, 61324, 61329, 61345, 61349, 61357, 61394, 61398, 61406, 61410 or 61414 applies Applicable only once in any 24 month period	173.4			130.05	147.4
11730	Support list	Type C	01.08.2020	2	D1	N	Multi channel electrocardiogram monitoring and recording during exercise (motorised treadmill or cycle ergometer capable of quantifying external workload in watts), if: (a) the patient is less than 17 years; and (b) the patient: (i) has symptoms consistent with cardiac ischemia; or (ii) has other cardiac disease which may be exacerbated by exercise; or (iii) has a first degree relative with suspected heritable arrhythmia; and (c) the monitoring and recording: (i) is not less than 20 minutes in duration; and (ii) includes resting electrocardiogram; and (d) a written report is produced by a medical practitioner that includes interpretation of the monitoring and recording data, commenting on the significance of the data, and the relationship of the data to clinical decision making for the patient in the clinical context; and (e) the service is not a service: (i) provided on the same occasion as a service to which item 11704, 11705, 11707 or 11714 applies; or (ii) performed within 24 months of a service to which item 55141, 55143, 55145, 55146, 61324, 61329, 61345, 61349, 61357, 61394, 61398, 61406, 61410 or 61414 applies Applicable only once in any 24 month period	173.4			130.05	147.4
11731	Support list	Type C	01.08.2020	2	D1	N	Implanted electrocardiogram loop recording, by a medical practitioner, including reprogramming (if required), retrieval of stored data, analysis, interpretation and report, if the service is: (a) an investigation for a patient with: (i) cryptogenic stroke; or (ii) recurrent unexplained syncope; and (b) not a service to which item 38285 applies Applicable only once in any 4 week period	39.6			29.7	33.7
11732	Support list	Type C	01.03.2024	2	D1	N	Multi channel electrocardiogram monitoring and recording during exercise (motorised treadmill or cycle ergometer capable of quantifying external workload in watts), performed by a cardiologist with relevant expertise in genetic heart disease, if: (a) the patient is: (i) under investigation or treatment for long QT syndrome, catecholaminergic polymorphic ventricular tachycardia or arrhythmogenic cardiomyopathy; or (ii) a first degree relative of a person with confirmed long QT syndrome, catecholaminergic polymorphic ventricular tachycardia, arrhythmogenic cardiomyopathy or unexplained sudden cardiac death at 40 years of age or younger; and (b) the monitoring and recording: (i) is for at least 20 minutes; and (ii) includes resting electrocardiogram; and (c) the cardiologist produces a report that includes interpretation of the monitoring and recording data (commenting on the significance of the data) and discussion of the relationship of the data to clinical decision making for the patient in the clinical context; and (d) the service is not provided on the same occasion as a service to which item 11704, 11705, 11707, 11714, 11729 or 11730 applies Applicable once per day	173.4			130.05	147.4

MBS Item	Clinical category	Procedure type	Item Start Date	MBS Category	MBS Group	New Item	MBS Description	MBS Schedule Fee	Derived Fee	Benefit 100% ($)	Benefit 75% ($)	Benefit 85% ($)
11735	N/A (Not hospital treatment)	N/A (Not hospital treatment)	15.09.2020	2	D1	N	Note: the service only applies if the patient meets one or more of the following and the requirements in Note: DR.1.1 Continuous ambulatory electrocardiogram recording for 7 days, by a specialist or consultant physician, if the service: (a) utilises intelligent microprocessor based monitoring, with patient triggered recording and symptom reporting capability, real time analysis of electrocardiograms and alerts and daily or live data uploads; and (b) is for the investigation of: (i) episodes of suspected intermittent cardiac arrhythmia or episodes of syncope; or (ii) suspected intermittent cardiac arrhythmia in a patient who has had a previous cerebrovascular accident, is at risk of cerebrovascular accident or has had one or more previous transient ischemic attacks; and (c) includes interpretation and report; and (d) is not a service: (i) provided in association with ambulatory blood pressure monitoring; or (ii) associated with a service to which item 11716, 11717, 11723, 12203, 12204, 12205, 12207, 12208, 12210, 12213, 12215, 12217 or 12250 applies Applicable not more than 4 times in any 12 month period Note:The service does not apply if the patient is an admitted patient.	145.75				123.9
11736	Support List (DI)	Type C	01.11.2022	2	D1	N	Implanted loop recording via remote monitoring (including reprogramming (if required), retrieval of stored data, analysis, interpretation and report), for the investigation of atrial fibrillation, if the service: (a) is provided to a patient who has been diagnosed as having had an embolic stroke of undetermined source; and (b) is not a service to which item 38288 applies Applicable not more than 4 times in any 12 month period	39.6			29.7	33.7
11737	Support List (DI)	Type C	01.11.2022	2	D1	N	Implanted electrocardiogram loop recording via remote monitoring (including reprogramming (if required), retrieval of stored data, analysis, interpretation and report), by a medical practitioner, if the service is: (a) an investigation for a patient with: (i) cryptogenic stroke; or (ii) recurrent unexplained syncope; and (b) not a service to which item 38285 applies Applicable only once in any 4 week period	39.6			29.7	33.7
11800	Digestive system	Type C	01.12.1991	2	D1	N	OESOPHAGEAL MOTILITY TEST, manometric	198.7			149.05	168.9
11801	Digestive system	Type B Band 1	01.09.2015	2	D1	N	CLINICAL ASSESSMENT OF GASTRO-OESOPHAGEAL REFLUX DISEASE that involves 48 hour catheter-free wireless ambulatory oesophageal pH monitoring including administration of the device and associated endoscopy procedure for placement, analysis and interpretation of the data and all attendances for providing the service, if (a)a catheter-based ambulatory oesophageal pH-mnitoring: (i)has been attempted on the patient but failed due to clinical complications, or (ii)is not clinically appropriate for the patient due to anatomical reasons (nasopharyngeal anatomy) preventing the use of catheter-based pH monitoring; and (b)the services is performed by a specialist or consultant physician with endoscopic training that is recognised by The Conjoint Committee for the Recognition of Training in Gastrointestinal Endoscopy. Not in association with another item in Category 2, sub-group 7 (Anaes.)	299.65			224.75	254.75
11810	Digestive system	Type C	01.07.1992	2	D1	N	CLINICAL ASSESSMENT of GASTRO-OESOPHAGEAL REFLUX DISEASE involving 24 hour pH monitoring, including analysis, interpretation and report and including any associated consultation	198.7			149.05	168.9
11820	Gastrointestinal endoscopy	Type C	01.05.2004	2	D1	N	Capsule endoscopy to investigate an episode of obscure gastrointestinal bleeding, using a capsule endoscopy device (including administration of the capsule, associated endoscopy procedure if required for placement, imaging, image reading and interpretation, and all attendances for providing the service on the day the capsule is administered) if: (a) the service is provided to a patient who: (i) has overt gastrointestinal bleeding; or (ii) has gastrointestinal bleeding that is recurrent or persistent, and iron deficiency anaemia that is not due to coeliac disease, and, if the patient also has menorrhagia, has had the menorrhagia considered and managed; and (b)an upper gastrointestinal endoscopy and a colonoscopy have been performed on the patient and have not identified the cause of thebleeding; and (c)the service has not been provided to the same patient on more than 2 occasions in the preceding 12 months; and (d)the service is performed by a specialist or consultant physician with endoscopic training that is recognised by the Conjoint Committee for the Recognitionof Training in Gastrointestinal Endoscopy; and (e)the service is not associated with a service to which item 30680, 30682, 30684 or 30686 applies	1400.5			1050.4	1301.8
11823	Gastrointestinal endoscopy	Type C	01.03.2009	2	D1	N	Capsule endoscopy to conduct small bowel surveillance of a patient diagnosed with Peutz-Jeghers Syndrome, using a capsule endoscopy device approved by the Therapeutic Goods Administration (including administration of the capsule, imaging, image reading and interpretation, and all attendances for providing the service on the day the capsule is administered) if: (a) the service is performed by a specialist or consultant physician with endoscopic training that is recognised by the Conjoint Committee for the Recognition of Training in Gastrointestinal Endoscopy; and (b) the item is performed only once in any 2 year period; and (c) the service is not associated with balloon enteroscopy.	1400.5			1050.4	1301.8
11830	Common list	Type C	01.07.1992	2	D1	N	DIAGNOSIS of ABNORMALITIES of the PELVIC FLOOR involving anal manometry or measurement of anorectal sensation or measurement of the rectosphincteric reflex	212.8			159.6	180.9
11833	Common list	Type C	01.07.1992	2	D1	N	DIAGNOSIS of ABNORMALITIES of the PELVIC FLOOR and sphincter muscles involving electromyography or measurement of pudendal and spinal nerve motor latency	284.45			213.35	241.8
11900	Kidney and bladder	Type C	01.12.1991	2	D1	N	Urine flow study, including peak urine flow measurement, not being a service associated with a service to which item 11912, 11917 or 11919 applies	31.35			23.55	26.65

MBS Item	Clinical category	Procedure type	Item Start Date	MBS Category	MBS Group	New Item	MBS Description	MBS Schedule Fee	Derived Fee	Benefit 100% ($)	Benefit 75% ($)	Benefit 85% ($)
11912	Kidney and bladder	Type C	01.12.1991	2	D1	N	Cystometrography:(a) with measurement of any one or more of the following: (i) urine flow rate; (ii) urethral pressure profile; (iii) urethral sphincter electromyography; and(b) with simultaneous measurement of: (i) rectal pressure; or (ii) stomal or vaginal pressure if rectal pressure is not possible;not being a service associated with a service to which any of items 11012 to 11027, 11900, 11917, 11919 and 36800 or an item in Group I3 of the diagnostic imaging services table applies (Anaes.)	225			168.75	191.25
11917	Kidney and bladder	Type C	01.11.2002	2	D1	N	Cystometrography, in conjunction with real time ultrasound of one or more components of the urinary tract:(a) with measurement of any one or more of the following: (i) urine flow rate; (ii) urethral pressure profile; (iii) urethral sphincter electromyography; and(b) with simultaneous measurement of: (i) rectal pressure; or (ii) stomal or vaginal pressure if rectal pressure is not possible;including all imaging associated with cystometrography, not being a service associated with a service to which any of items 11012 to 11027, 11900, 11912, 11919 and 36800 or an item in Group I3 of the diagnostic imaging services table applies (Anaes.)	488.05			366.05	414.85
11919	Kidney and bladder	Type B Non-band specific	01.05.2003	2	D1	N	CYSTOMETROGRAPHY IN CONJUNCTION WITH CONTRAST MICTURATING CYSTOURETHROGRAPHY, with measurement of any one or more of urine flow rate, urethral pressure profile, rectal pressure, urethral sphincter electromyography, being a service associated with a service to which items 60506 or 60509 applies;other than a service associated with a service to which items 11012-11027, 11900-11917 and 36800 apply (Anaes.)	488.05			366.05	414.85
12000	Common list	Type C	01.12.1991	2	D1	N	Skin prick testing for aeroallergens by a specialist or consultant physician in the practice of the specialist or consultant physician's specialty, including all allergens tested on the same day, not being a service associated with a service to which item 12001, 12002, 12005, 12012, 12017, 12021, 12022 or 12024 applies	44.35			33.3	37.7
12001	Common list	Type C	01.11.2018	2	D1	N	Skin prick testing for aeroallergens, including all allergens tested on the same day, not being a service associated with a service to which item 12000, 12002, 12005, 12012, 12017, 12021, 12022 or 12024 applies. Applicable only once in any 12 month period	44.35			33.3	37.7
12002	Common list	Type C	01.11.2018	2	D1	N	Repeat skin prick testing of a patient for aeroallergens, including all allergens tested on the same day, if: (a) further testing for aeroallergens is indicated in the same 12 month period to which item 12001 applies to a service for the patient; and (b) the service is not associated with a service to which item 12000, 12001, 12005, 12012, 12017, 12021, 12022 or 12024 applies Applicable only once in any 12 month period	44.35			33.3	37.7
12003	Common list	Type C	01.12.1991	2	D1	N	Skin prick testing for food and latex allergens, including all allergens tested on the same day, not being a service associated with a service to which item 12012, 12017, 12021, 12022 or 12024 applies	44.35			33.3	37.7
12004	Common list	Type C	01.11.2018	2	D1	N	Skin testing for medication allergens (antibiotics or non general anaesthetics agents) and venoms (including prick testing and intradermal testing with a number of dilutions), including all allergens tested on the same day, not being a service associated with a service to which item 12012, 12017, 12021, 12022 or 12024 applies	67.05			50.3	57
12005	Common list	Type C	01.11.2018	2	D1	N	Skin testing: (a) performed by or on behalf of a specialist or consultant physician in the practice of the specialist or consultant physician's specialty; and (b) for agents used in the perioperative period (including prick testing and intradermal testing with a number of dilutions), to investigate anaphylaxis in a patient with a history of prior anaphylactic reaction or cardiovascular collapse associated with the administration of an anaesthetic; and (c) including all allergens tested on the same day; and (d) not being a service associated with a service to which item 12000, 12001, 12002, 12003, 12012, 12017, 12021, 12022 or 12024 applies	90.2			67.65	76.7
12012	Skin	Type C	01.11.1995	2	D1	N	Epicutaneous patch testing in the investigation of allergic dermatitis using not more than 25 allergens	23.7			17.8	20.15
12017	Skin	Type C	01.11.2016	2	D1	N	Epicutaneous patch testing in the investigation of allergic dermatitis using more than 25 allergens but not more than 50 allergens	80			60	68
12021	Skin	Type C	01.11.1995	2	D1	N	Epicutaneous patch testing in the investigation of allergic dermatitis, performed by or on behalf of a specialist, or consultant physician, in the practice of his or her specialty, using more than 50 allergens but not more than 75 allergens	131.55			98.7	111.85
12022	Skin	Type C	01.11.2016	2	D1	N	Epicutaneous patch testing in the investigation of allergic dermatitis, performed by or on behalf of a specialist, or consultant physician, in the practice of his or her specialty, using more than 75 allergens but not more than 100 allergens	154.45			115.85	131.3
12024	Skin	Type C	01.11.2016	2	D1	N	Epicutaneous patch testing in the investigation of allergic dermatitis, performed by or on behalf of a specialist, or consultant physician, in the practice of his or her specialty, using more than 100 allergens	176			132	149.6
12200	Support list	Type C	01.12.1991	2	D1	N	COLLECTION OF SPECIMEN OF SWEAT by iontophoresis	42.35			31.8	36

MBS Item	Clinical category	Procedure type	Item Start Date	MBS Category	MBS Group	New Item	MBS Description	MBS Schedule Fee	Derived Fee	Benefit 100% ($)	Benefit 75% ($)	Benefit 85% ($)
12201	Support list	Type C	01.05.2004	2	D1	N	Administration, by a specialist or consultant physician in the practice of the specialist's or consultant physician's specialty, of thyrotropin alfa-rch (recombinant human thyroid-stimulating hormone), and arranging services to which both items 61426 and 66650 apply, for the detection of recurrent well-differentiated thyroid cancer in a patient if: (a) the patient has had a total thyroidectomy and 1 ablative dose of radioactive iodine; and (b) the patient is maintained on thyroid hormone therapy; and (c) the patient is at risk of recurrence; and (d) on at least 1 previous whole body scan or serum thyroglobulin test when withdrawn from thyroid hormone therapy, the patient did not have evidence of well-differentiated thyroid cancer; and (e) either: (i) withdrawal from thyroid hormone therapy resulted in severe psychiatric disturbances when hypothyroid; or (ii) withdrawal is medically contra-indicated because the patient has: (a) unstable coronary artery disease; or (b) hypopituitarism; or (c) a high risk of relapse or exacerbation of a previous severe psychiatric illness applicable once only in a 12 month period	2726.05			2044.55	2627.35
12203	Sleep studies	Unlisted	01.12.1991	2	D1	N	Overnight diagnostic assessment of sleep, for at least 8 hours, for a patient aged 18 years or more, to confirm diagnosis of a sleep disorder, if: (a) either: (i) the patient has been referred by a medical practitioner to a qualified adult sleep medicine practitioner or a consultant respiratory physician who has determined that the patient has a high probability for symptomatic, moderate to severe obstructive sleep apnoea based on a STOP Bang score of3 or more, an OSA50 score of 5 or more or a high risk score on the Berlin Questionnaire, and an Epworth Sleepiness Scale score of 8 or more; or (ii) following professional attendance on the patient (either face to face or by video conference) by a qualified adult sleep medicine practitioner or a consultant respiratory physician, the qualified adult sleep medicine practitioner or consultant respiratory physician determines that assessment is necessary to confirm the diagnosis of a sleep disorder; and (b) the overnight diagnostic assessment is performed to investigate: (i) suspected obstructive sleep apnoea syndrome where the patient is assessed as not suitable for an unattended sleep study; or (ii) suspected central sleep apnoea syndrome; or (iii) suspected sleep hypoventilation syndrome; or (iv) suspected sleep related breathing disorders in association with non respiratory co morbid conditions including heart failure, significant cardiac arrhythmias, neurological disease, acromegaly or hypothyroidism; or (v) unexplained hypersomnolence which is not attributed to inadequate sleep hygiene or environmental factors; or (vi) suspected parasomnia or seizure disorder where clinical diagnosis cannot be established on clinical features alone (including associated atypical features, vigilance behaviours or failure to respond to conventional therapy); or (vii) suspected sleep related movement disorder, where the diagnosis of restless legs syndrome is not evident on clinical assessment; and (c) a sleep technician is in continuous attendance under the supervision of a qualified adult sleep medicine practitioner; and (d) there is continuous monitoring and recording, performed in accordance with current professional guidelines, of the following measures: (i) airflow; (ii) continuous EMG; (iii) anterior tibial EMG; (iv) continuous ECG; (v) continuous EEG; (vi) EOG; (vii) oxygen saturation; (viii) respiratory movement (chest and abdomen); (ix) position; and (e) polygraphic records are: (i) analysed (for assessment of sleep stage, arousals, respiratory events, cardiac abnormalities and limb movements) with manual scoring, or manual correction of	669.85			502.4	571.15
12204	Sleep studies	Unlisted	01.11.2018	2	D1	N	Overnight assessment of positive airway pressure, for at least 8 hours, for a patient aged 18 years or more, if: (a) the necessity for an intervention sleep study is determined by a qualified adult sleep medicine practitioner or consultant respiratory physician where a diagnosis of a sleep related breathing disorder has been made; and (b) the patient has not undergone positive airway pressure therapy in the previous 6 months; and (c) following professional attendance on the patient by a qualified adult sleep medicine practitioner or a consultant respiratory physician (either face to face or by video conference), the qualified adult sleep medicine practitioner or consultant respiratory physician establishes that the sleep related breathing disorder is responsible for the patient's symptoms; and (d) a sleep technician is in continuous attendance under the supervision of a qualified adult sleep medicine practitioner; and (e) there is continuous monitoring and recording, performed in accordance with current professional guidelines, of the following measures: (i) airflow; (ii) continuous EMG; (iii) anterior tibial EMG; (iv) continuous ECG; (v) continuous EEG; (vi) EOG; (vii) oxygen saturation; (viii) respiratory movement; (ix) position; and (f) polygraphic records are: (i) analysed (for assessment of sleep stage, arousals, respiratory events, cardiac abnormalities and limb movements) with manual scoring, or manual correction of computerised scoring in epochs of not more than 1 minute; and (ii) stored for interpretation and preparation of a report; and (g) interpretation and preparation of a permanent report is provided by a qualified adult sleep medicine practitioner with personal direct review of raw data from the original recording of polygraphic data from the patient; and (h) the overnight assessment is not provided to the patient on the same occasion that a service mentioned in any of items 11000, 11003, 11004, 11005, 11503, 11704, 11705, 11707, 11713, 11714, 11716,11717, 11723, 11735or 12250 is provided to the patient Applicable only once in any 12 month period	669.85			502.4	571.15

MBS Item	Clinical category	Procedure type	Item Start Date	MBS Category	MBS Group	New Item	MBS Description	MBS Schedule Fee	Derived Fee	Benefit 100% ($)	Benefit 75% ($)	Benefit 85% ($)
12205	Sleep studies	Unlisted	01.11.2018	2	D1	N	Follow up study for a patient aged 18 years or more with a sleep related breathing disorder, following professional attendance on the patient by a qualified adult sleep medicine practitioner or consultant respiratory physician (either face-to-face or by video conference), if: (a) any of the following subparagraphs applies: (i) there has been a recurrence of symptoms not explained by known or identifiable factors such as inadequate usage of treatment, sleep duration or significant recent illness; (ii) there has been a significant change in weight or changes in co morbid conditions that could affect sleep related breathing disorders, and other means of assessing treatment efficacy (including review of data stored by a therapy device used by the patient) are unavailable or have been equivocal; (iii) the patient has undergone a therapeutic intervention (including, but not limited to, positive airway pressure, upper airway surgery, positional therapy, appropriate oral appliance, weight loss of more than 10% in the previous 6 months or oxygen therapy), and there is either clinical evidence of sub optimal response or uncertainty about control of sleep disordered breathing; and (b) a sleep technician is in continuous attendance under the supervision of a qualified adult sleep medicine practitioner; and (c) there is continuous monitoring and recording, performed in accordance with current professional guidelines, of the following measures: (i) airflow; (ii) continuous EMG; (iii) anterior tibial EMG; (iv) continuous ECG; (v) continuous EEG; (vi) EOG; (vii) oxygen saturation; (viii) respiratory movement (chest and abdomen); (ix) position; and (d) polygraphic records are: (i) analysed (for assessment of sleep stage, arousals, respiratory events, cardiac abnormalities and limb movements) with manual scoring, or manual correction of computerised scoring in epochs of not more than 1 minute; and (ii) stored for interpretation and preparation of a report; and (e) interpretation and preparation of a permanent report is provided by a qualifiedadult sleep medicine practitioner with personal direct review of raw data from the original recording of polygraphic data from the patient; and (f) the follow up study is not provided to the patient on the same occasion that a service mentioned in any of items 11000, 11003, 11004,11005, 11503, 11704, 11705, 11707, 11713, 11714, 11716, 11717, 11723, 11735or 12250 is provided to the patient Applicable only once in any 12 month period	669.85			502.4	571.15
12207	Sleep studies	Unlisted	19.06.1997	2	D1	N	Overnight investigation, for a patient aged 18 years or more, for a sleep related breathing disorder, following professional attendance by a qualified adult sleep medicine practitioner or a consultant respiratory physician (either face to face or by video conference), if: (a) the patient is referred by a medical practitioner; and (b) the necessity for the investigation is determined by a qualified adult sleep medicine practitioner before the investigation; and (c) there is continuous monitoring and recording, in accordance with current professional guidelines, of the following measures: (i) airflow; (ii) continuous EMG; (iii) anterior tibial EMG; (iv) continuous ECG; (v) continuous EEG; (vi) EOG; (vii) oxygen saturation; (viii) respiratory movement (chest and abdomen) (ix) position; and (d) a sleep technician is in continuous attendance under the supervision of a qualified adult sleep medicine practitioner; and (e) polygraphic records are: (i) analysed (for assessment of sleep stage, arousals, respiratory events and assessment of clinically significant alterations in heart rate and limb movement) with manual scoring, or manual correction of computerised scoring in epochs of not more than 1 minute; and (ii) stored for interpretation and preparation of a report; and (f) interpretation and preparation of a permanent report is provided by a qualified adult sleep medicine practitioner with personal direct review of raw data from the original recording of polygraphic data from the patient; and (g) the investigation is not provided to the patient on the same occasion that a service mentioned in any of items 11000, 11003, 11004, 11005, 11503, 11704, 11705, 11707, 11713, 11714, 11716, 11717, 11723, 11735 or 12250 is provided to the patient; and (h) previous studies have demonstrated failure of continuous positive airway pressure or oxygen; and (i) if the patient has severe respiratory failure—a further investigation is indicated in the same 12 month period to which items 12204 and 12205 apply to a service for the patient, for the adjustment or testing, or both, of the effectiveness of a positive pressure ventilatory support device (other than continuous positive airway pressure) in sleep Applicable only once in any 12 month period	669.85			502.4	571.15

MBS Item	Clinical category	Procedure type	Item Start Date	MBS Category	MBS Group	New Item	MBS Description	MBS Schedule Fee	Derived Fee	Benefit 100% ($)	Benefit 75% ($)	Benefit 85% ($)
12208	Sleep studies	Unlisted	01.11.2018	2	D1	N	Overnight investigation, for sleep apnoea for at least 8 hours, for a patient aged 18 years or more, if: (a) a qualified adult sleep medicine practitioner or consultant respiratory physician has determined that the investigation is necessary to confirm the diagnosis of a sleep disorder; and (b) a sleep technician is in continuous attendance under the supervision of a qualified adult sleep medicine practitioner; and (c) there is continuous monitoring and recording, in accordance with current professional guidelines, of the following measures: (i) airflow; (ii) continuous EMG; (iii) anterior tibial EMG; (iv) continuous ECG; (v) continuous EEG; (vi) EOG; (vii) oxygen saturation; (viii) respiratory movement (chest and abdomen); (ix) position; and (d) polygraphic records are: (i) analysed (for assessment of sleep stage, arousals, respiratory events, cardiac abnormalities and limb movements) with manual scoring, or manual correction of computerised scoring in epochs of not more than 1 minute; and (ii) stored for interpretation and preparation of a report; and (e) interpretation and preparation of a permanent report is provided by a qualified adult sleep medicine practitioner with personal direct review of raw data from the original recording of polygraphic data from the patient; and (f) a further investigation is indicated in the same 12 month period to which item 12203 applies to a service for the patient because insufficient sleep was acquired, as evidenced by a sleep efficiency of 25% or less, during the previous investigation to which that item applied; and (g) the investigation is not provided to the patient on the same occasion that a service mentioned in any of items 11000, 11003, 11004, 11005, 11503, 11704, 11705, 11707, 11713, 11714, 11716, 11717, 11723, 11735 or 12250 is provided to the patient Applicable only once in any 12 month period	669.85			502.4	571.15
12210	Sleep studies	Unlisted	01.11.2001	2	D1	N	Overnight paediatric investigation, for at least 8 hours, for a patient less than 12 years of age, if: (a) the patient is referred by a medical practitioner; and (b) the necessity for the investigation is determined by a qualified paediatric sleep medicine practitioner before the investigation; and (c) there is continuous monitoring of oxygen saturation and breathing using a multi channel polygraph, and recordings of the following are made, in accordance with current professional guidelines: (i) airflow; (ii) continuous EMG; (iii) ECG; (iv) EEG (with a minimum of 4 EEG leads or, in selected investigations, a minimum of 6 EEG leads); (v) EOG; (vi) oxygen saturation; (vii) respiratory movement of rib and abdomen (whether movement of rib is recorded separately from, or together with, movement of abdomen); (viii) measurement of carbon dioxide (either end tidal or transcutaneous); and (d) a sleep technician, or registered nurse with sleep technology training, is in continuous attendance under the supervision of a qualified paediatric sleep medicine practitioner; and (e) polygraphic records are: (i) analysed (for assessment of sleep stage, and maturation of sleep indices, arousals, respiratory events and assessment of clinically significant alterations in heart rate and body movement) with manual scoring, or manual correction of computerised scoring in epochs of not more than 1 minute; and (ii) stored for interpretation and preparation of a report; and (f) interpretation and report are provided by a qualified paediatric sleep medicine practitioner based on reviewing the direct original recording of polygraphic data from the patient; and (g) the investigation is not provided to the patient on the same occasion that a service to which item 11704, 11705, 11707, 11714, 11716, 11717, 11723 or 11735 applies is provided to the patient For each particular patient—applicable only in relation to each of the first 3 occasions the investigation is performed in any 12 month period	799.6			599.7	700.9
12213	Sleep studies	Unlisted	01.11.2001	2	D1	N	Overnight paediatric investigation, for at least 8 hours, for a patient aged at least 12 years but less than 18 years, if: (a) the patient is referred by a medical practitioner; and (b) the necessity for the investigation is determined by a qualified sleep medicine practitioner before the investigation; and (c) there is continuous monitoring of oxygen saturation and breathing using a multi channel polygraph, and recordings of the following are made, in accordance with current professional guidelines: (i) airflow; (ii) continuous EMG; (iii) ECG; (iv) EEG (with a minimum of 4 EEG leads or, in selected investigations, a minimum of 6 EEG leads); (v) EOG; (vi) oxygen saturation; (vii) respiratory movement of rib and abdomen (whether movement of rib is recorded separately from, or together with, movement of abdomen); (viii) measurement of carbon dioxide (either end tidal or transcutaneous); and (d) a sleep technician, or registered nurse with sleep technology training, is in continuous attendance under the supervision of a qualified sleep medicine practitioner; and (e) polygraphic records are: (i) analysed (for assessment of sleep stage, and maturation of sleep indices, arousals, respiratory events and assessment of clinically significant alterations in heart rate and body movement) with manual scoring, or manual correction of computerised scoring in epochs of not more than 1 minute; and (ii) stored for interpretation and preparation of a report; and (f) interpretation and report are provided by a qualified sleep medicine practitioner based on reviewing the direct original recording of polygraphic data from the patient; and (g) the investigation is not provided to the patient on the same occasion that a service to which item 11704, 11705, 11707, 11714, 11716, 11717, 11723 or 11735 applies is provided to the patient For each particular patient—applicable only in relation to each of the first 3 occasions the investigation is performed in any 12 month period	720.3			540.25	621.6

MBS Item	Clinical category	Procedure type	Item Start Date	MBS Category	MBS Group	New Item	MBS Description	MBS Schedule Fee	Derived Fee	Benefit 100% ($)	Benefit 75% ($)	Benefit 85% ($)
12215	Sleep studies	Unlisted	01.11.2001	2	D1	N	Overnight paediatric investigation, for at least 8 hours, for a patient less than 12 years of age, if: (a) the patient is referred by a medical practitioner; and (b) the necessity for the investigation is determined by a qualified paediatric sleep medicine practitioner before the investigation; and (c) there is continuous monitoring of oxygen saturation and breathing using a multi channel polygraph, and recordings of the following are made, in accordance with current professional guidelines: (i) airflow; (ii) continuous EMG; (iii) ECG; (iv) EEG (with a minimum of 4 EEG leads or, in selected investigations, a minimum of 6 EEG leads); (v) EOG; (vi) oxygen saturation; (vii) respiratory movement of rib and abdomen (whether movement of rib is recorded separately from, or together with, movement of abdomen); (viii) measurement of carbon dioxide (either end tidal or transcutaneous); and (d) a sleep technician, or registered nurse with sleep technology training, is in continuous attendance under the supervision of a qualified paediatric sleep medicine practitioner; and (e) polygraphic records are: (i) analysed (for assessment of sleep stage, and maturation of sleep indices, arousals, respiratory events and assessment of clinically significant alterations in heart rate and body movement) with manual scoring, or manual correction of computerised scoring in epochs of not more than 1 minute; and (ii) stored for interpretation and preparation of a report; and (f) interpretation and report are provided by a qualified paediatric sleep medicine practitioner based on reviewing the direct original recording of polygraphic data from the patient; and (g) a further investigation is indicated in the same 12 month period to which item 12210 applies to a service for the patient, for a patient using Continuous Positive Airway Pressure (CPAP) or non invasive or invasive ventilation, or supplemental oxygen, in either or both of the following circumstances: (i) there is ongoing hypoxia or hypoventilation on the third study to which item 12210 applied for the patient, and further titration of respiratory support is needed to optimise therapy; (ii) there is clear and significant change in clinical status (for example lung function or functional status) or an intervening treatment that may affect ventilation in the period since the third study to which item 12210 applied for the patient, and repeat study is therefore required to determine the need for or the adequacy of respiratory support; and (h) the investigation is not provided to the patient on the same occasion that a service to which item 11704, 11705, 11707, 11714, 11716, 11717, 11723 or	799.6			599.7	700.9
12217	Sleep studies	Unlisted	01.11.2001	2	D1	N	Overnight paediatric investigation, for at least 8 hours, for a patient aged at least 12 years but less than 18 years, if: (a) the patient is referred by a medical practitioner; and (b) the necessity for the investigation is determined by a qualified sleep medicine practitioner before the investigation; and (c) there is continuous monitoring of oxygen saturation and breathing using a multi channel polygraph, and recordings of the following are made, in accordance with current professional guidelines: (i) airflow; (ii) continuous EMG; (iii) ECG; (iv) EEG (with a minimum of 4 EEG leads or, in selected investigations, a minimum of 6 EEG leads); (v) EOG; (vi) oxygen saturation; (vii) respiratory movement of rib and abdomen (whether movement of rib is recorded separately from, or together with, movement of abdomen); (viii) measurement of carbon dioxide (either end tidal or transcutaneous); and (d) a sleep technician, or registered nurse with sleep technology training, is in continuous attendance under the supervision of a qualified sleep medicine practitioner; and (e) polygraphic records are: (i) analysed (for assessment of sleep stage, and maturation of sleep indices, arousals, respiratory events and assessment of clinically significant alterations in heart rate and body movement) with manual scoring, or manual correction of computerised scoring in epochs of not more than 1 minute; and (ii) stored for interpretation and preparation of a report; and (f) interpretation and report are provided by a qualified sleep medicine practitioner based on reviewing the direct original recording of polygraphic data from the patient; and (g) a further investigation is indicated in the same 12 month period to which item 12213 applies to a service for the patient, for a patient using Continuous Positive Airway Pressure (CPAP) or non invasive or invasive ventilation, or supplemental oxygen, in either or both of the following circumstances: (i) there is ongoing hypoxia or hypoventilation on the third study to which item 12213 applied for the patient, and further titration is needed to optimise therapy; (ii) there is clear and significant change in clinical status (for example lung function or functional status) or an intervening treatment that may affect ventilation in the period since the third study to which item 12213 applied for the patient, and repeat study is therefore required to determine the need for or the adequacy of respiratory support; and (h) the investigation is not provided to the patient on the same occasion that a service to which item 11704, 11705, 11707, 11714, 11716, 11717, 11723 or 11735 applies is	720.3			540.25	621.6

MBS Item	Clinical category	Procedure type	Item Start Date	MBS Category	MBS Group	New Item	MBS Description	MBS Schedule Fee	Derived Fee	Benefit 100% ($)	Benefit 75% ($)	Benefit 85% ($)
12250	Sleep studies	Unlisted	01.10.2008	2	D1	N	Overnight investigation of sleep for at least 8 hours of a patient aged 18 years or more to confirm diagnosis of obstructive sleep apnoea, if: (a) either: (i) the patient has been referred by a medical practitioner to a qualified adult sleep medicine practitioner or a consultant respiratory physician who has determined that the patient has a high probability for symptomatic, moderate to severe obstructive sleep apnoea based on a STOP Bang score of3 or more, an OSA50 score of 5 or more or a high risk score on the Berlin Questionnaire, and an Epworth Sleepiness Scale score of 8 or more; or (ii) following professional attendance on the patient (either face to face or by video conference) by a qualified adult sleep medicine practitioner or a consultant respiratory physician, the qualified adult sleep medicine practitioner or consultant respiratory physician determines that investigation is necessary to confirm the diagnosis of obstructive sleep apnoea; and (b) during a period of sleep, there is continuous monitoring and recording, performed in accordance with current professional guidelines, of the following measures: (i) airflow; (ii) continuous EMG; (iii) continuous ECG; (iv) continuous EEG; (v) EOG; (vi) oxygen saturation; (vii) respiratory effort; and (c) the investigation is performed under the supervision of a qualified adult sleep medicine practitioner; and (d) either: (i) the equipment is applied to the patient by a sleep technician; or (ii) if this is not possible—the reason it is not possible for the sleep technician to apply the equipment to the patient is documented and the patient is given instructions on how to apply the equipment by a sleep technician supported by written instructions; and (e) polygraphic records are: (i) analysed (for assessment of sleep stage, arousals, respiratory events and cardiac abnormalities) with manual scoring, or manual correction of computerised scoring in epochs of not more than 1 minute; and (ii) stored for interpretation and preparation of a report; and (f) interpretation and preparation of a permanent report is provided by a qualified adult sleep medicine practitioner with personal direct review of raw data from the original recording of polygraphic data from the patient; and (g) the investigation is not provided to the patient on the same occasion that a service mentioned in any of items 11000, 11003, 11004, 11005, 11503, 11704, 11705, 11707, 11714, 11716, 11717, 11723, 11735 and 12203 is provided to the patient Applicable only once in any 12 month period	381.95			286.5	324.7
12254	Sleep studies	Unlisted	01.11.2018	2	D1	N	Multiple sleep latency test for the assessment of unexplained hypersomnolence in a patient aged 18 years or more, if: (a) a qualified adult sleep medicine practitioner or neurologist determines that testing is necessary to confirm the diagnosis of a central disorder of hypersomnolence or to determine whether the eligibility criteria under the pharmaceutical benefits scheme for drugs relevant to treat that condition are met; and (b) an overnight diagnostic assessment of sleep is performed for at least 8 hours, with continuous monitoring and recording, in accordance with current professional guidelines, of the following measures: (i) airflow; (ii) continuous EMG; (iii) anterior tibial EMG; (iv) continuous ECG; (v) continuous EEG; (vi) EOG; (vii) oxygen saturation; (viii) respiratory movement (chest and abdomen); (ix) position; and (c) immediately following the overnight investigation a daytime investigation is performed where at least 4 nap periods are conducted, during which there is continuous recording of EEG, EMG, EOG and ECG; and (d) a sleep technician is in continuous attendance under the supervision of a qualified adult sleep medicine practitioner; and (e) polygraphic records are: (i) analysed (for assessment of sleep stage, arousals, respiratory events, cardiac abnormalities and limb movements) with manual scoring, or manual correction of computerised scoring in epochs of not more than 1 minute; and (ii) stored for interpretation and preparation of a report; and (f) interpretation and preparation of a permanent report is provided by a qualified adult sleep medicine practitioner with personal direct review of raw data from the original recording of polygraphic data from the patient; and (g) the diagnostic assessment is not provided to the patient on the same occasion that a service described in item 11003, 12203, 12204, 12205, 12208, 12250 or 12258 is provided to the patient Applicable only once in a 12 month period	1040.85			780.65	942.15
12258	Sleep studies	Unlisted	01.11.2018	2	D1	N	Maintenance of wakefulness test for the assessment of the ability to maintain wakefulness in a patient aged 18 years or more, if: (a) a qualified adult sleep medicine practitioner or neurologist determines that testing is necessary to objectively confirm the ability to maintain wakefulness; and (b) an overnight diagnostic assessment of sleep is performed for at least 8 hours, with continuous monitoring and recording, in accordance with current professional guidelines, of the following measures: (i) airflow; (ii) continuous EMG; (iii) anterior tibial EMG; (iv) continuous ECG; (v) continuous EEG; (vi) EOG; (vii) oxygen saturation; (viii) respiratory movement (chest and abdomen); (ix) position; and (c) immediately following the overnight investigation, a daytime investigation is performed where at least 4 wakefulness trials are conducted, during which there is continuous recording of EEG, EMG, EOG and ECG; and (d) a sleep technician is in continuous attendance under the supervision of a qualified adult sleep medicine practitioner; and (e) polygraphic records are: (i) analysed (for assessment of sleep stage, arousals, respiratory events, cardiac abnormalities and limb movements) with manual scoring, or manual correction of computerised scoring in epochs of not more than 1 minute; and (ii) stored for interpretation and preparation of a report; and (f)interpretation and preparation of a permanent report is provided by a qualified adult sleep medicine practitioner with personal direct review of raw data from the original recording of polygraphic data from the patient; and (g) the diagnostic assessment is not provided to the patient on the same occasion that a service described in item 11003, 12203, 12204, 12205, 12208, 12250 or 12254 is provided to the patient Applicable only once in a 12 month period	1040.85			780.65	942.15

MBS Item	Clinical category	Procedure type	Item Start Date	MBS Category	MBS Group	New Item	MBS Description	MBS Schedule Fee	Derived Fee	Benefit 100% ($)	Benefit 75% ($)	Benefit 85% ($)
12261	Sleep studies	Unlisted	01.11.2018	2	D1	N	Multiple sleep latency test for the assessment of unexplained hypersomnolence in a patient aged at least 12 years but less than 18 years, if: (a) a qualified sleep medicine practitioner determines that testing is necessary to confirm the diagnosis of a central disorder of hypersomnolence or to determine whether the eligibility criteria under the pharmaceutical benefits scheme for drugs relevant to treat that condition are met; and (b) an overnight diagnostic assessment of sleep is performed for at least 8 hours, with continuous monitoring of oxygen saturation and breathing using a multi channel polygraph, and recordings of the following, in accordance with current professional guidelines: (i) airflow; (ii) continuous EMG; (iii) ECG; (iv) EEG (with a minimum of 4 EEG leads or, in selected investigations, a minimum of 6 EEG leads); (v) EOG; (vi) oxygen saturation; (vii) respiratory movement of rib and abdomen (whether movement of rib is recorded separately from, or together with, movement of abdomen); (viii) measurement of carbon dioxide (either end tidal or transcutaneous); and (c) immediately following the overnight investigation, a daytime investigation is performed where at least 4 nap periods are conducted, during which there is continuous recording of EEG, EMG, EOG and ECG; and (d) a sleep technician is in continuous attendance under the supervision of a qualified sleep medicine practitioner; and (e) polygraphic records are: (i) analysed (for assessment of sleep stage, and maturation of sleep indices, arousals, respiratory events and assessment of clinically significant alterations in heart rate and body movement) with manual scoring, or manual correction of computerised scoring in epochs of not more than 1 minute; and (ii) stored for interpretation and preparation of a report; and (f) interpretation and preparation of a permanent report is provided by a qualified sleep medicine practitioner with personal direct review of raw data from the original recording of polygraphic data from the patient; and (g) the diagnostic assessment is not provided to the patient on the same occasion that a service described in item 11003, 12213, 12217 or 12265 is provided to the patient Applicable only once in a 12 month period	1091.4			818.55	992.7
12265	Sleep studies	Unlisted	01.11.2018	2	D1	N	Maintenance of wakefulness test for the assessment of the ability to maintain wakefulness in a patient aged at least 12 years but less than 18 years, if: (a)a qualified sleep medicine practitioner determines that testing to objectively confirm the ability to maintain wakefulness is necessary; and (b) an overnight diagnostic assessment of sleep is performed for at least 8 hours, with continuous monitoring of oxygen saturation and breathing using a multi channel polygraph, and recordings of the following, in accordance with current professional guidelines: (i) airflow; (ii) continuous EMG; (iii) ECG; (iv) EEG (with a minimum of 4 EEG leads or, in selected investigations, a minimum of 6 EEG leads); (v) EOG; (vi) oxygen saturation; (vii) respiratory movement of rib and abdomen (whether movement of rib is recorded separately from, or together with, movement of abdomen); (viii) measurement of carbon dioxide (either end tidal or transcutaneous); and (c)immediately following the overnight investigation, a daytime investigation is performed where at least 4 wakefulness trials are conducted, during which there is continuous recording of EEG, EMG, EOG and ECG; and (d)a sleep technician is in continuous attendance under the supervision of a qualified sleep medicine practitioner; and (e)polygraphic records are: (i)analysed (for assessment of sleep stage, arousals, respiratory events, cardiac abnormalities and limb movements) with manual scoring, or manual correction of computerised scoring in epochs of not more than 1 minute; and (ii) stored for interpretation and preparation of a report; and (f)interpretation and preparation of a permanent report is provided by a qualified sleep medicine practitioner with personal direct review of raw data from the original recording of polygraphic data from the patient; and (g) the diagnostic assessment is not provided to the patient on the same occasion that a service described in item 11003, 12213, 12217 or 12261 is provided to the patient Applicable only once in a 12 month period	1091.4			818.55	992.7

MBS Item	Clinical category	Procedure type	Item Start Date	MBS Category	MBS Group	New Item	MBS Description	MBS Schedule Fee	Derived Fee	Benefit 100% ($)	Benefit 75% ($)	Benefit 85% ($)
12268	Sleep studies	Unlisted	01.11.2018	2	D1	N	Multiple sleep latency test for the assessment of unexplained hypersomnolence for a patient less than 12 years of age, if: (a) a qualified paediatric sleep medicine practitioner determines that testing is necessary to confirm the diagnosis of a central disorder of hypersomnolence or to determine whether the eligibility criteria under the pharmaceutical benefits scheme for drugs relevant to treat that condition are met; and (b) an overnight diagnostic assessment of sleep is performed for at least 8 hours, with continuous monitoring of oxygen saturation and breathing using a multi channel polygraph, and recordings of the following, in accordance with current professional guidelines: (i) airflow; (ii) continuous EMG; (iii) ECG; (iv) EEG (with a minimum of 4 EEG leads or, in selected investigations, a minimum of 6 EEG leads); (v) EOG; (vi) oxygen saturation; (vii) respiratory movement of rib and abdomen (whether movement of rib is recorded separately from, or together with, movement of abdomen); (viii) measurement of carbon dioxide (either end tidal or transcutaneous); and (c)immediately following the overnight investigation, a daytime investigation is performed where at least 4 nap periods are conducted, during which there is continuous recording of EEG, EMG, EOG and ECG; and (d) a sleep technician is in continuous attendance under the supervision of a qualified paediatric sleep medicine practitioner; and (e)polygraphic records are: (i)analysed (for assessment of sleep stage, arousals, respiratory events, cardiac abnormalities and limb movements) with manual scoring, or manual correction of computerised scoring in epochs of not more than 1 minute; and (ii)stored for interpretation and preparation of a report; and (f)interpretation and preparation of a permanent report is provided by a qualified paediatric sleep medicine practitioner with personal direct review of raw data from the original recording of polygraphic data from the patient; and (g) the diagnostic assessment is not provided to the patient on the same occasion that a service described in item 11003, 12210, 12215 or 12272 is provided to the patient Applicable only once in a 12 month period	1170.65			878	1071.95
12272	Sleep studies	Unlisted	01.11.2018	2	D1	N	Maintenance of wakefulness test for the assessment of the ability to maintain wakefulness for a patient less than 12 years of age, if: (a)a qualified paediatric sleep medicine practitioner determines that testing to objectively confirm the ability to maintain wakefulness is necessary; and (b) an overnight diagnostic assessment of sleep is performed for at least 8 hours, with continuous monitoring of oxygen saturation and breathing using a multi channel polygraph, and recordings of the following, in accordance with current professional guidelines: (i) airflow; (ii) continuous EMG; (iii) ECG; (iv) EEG (with a minimum of 4 EEG leads or, in selected investigations, a minimum of 6 EEG leads); (v) EOG; (vi) oxygen saturation; (vii) respiratory movement of rib and abdomen (whether movement of rib is recorded separately from, or together with, movement of abdomen); (viii) measurement of carbon dioxide (either end tidal or transcutaneous); and (c)immediately following the overnight investigation, a daytime investigation is performed where at least 4 wakefulness trials are conducted, during which there is continuous recording of EEG, EMG, EOG and ECG; and (d)a sleep technician is in continuous attendance under the supervision of a qualified paediatric sleep medicine practitioner; and (e) polygraphic records are: (i)analysed (for assessment of sleep stage, arousals, respiratory events, cardiac abnormalities and limb movements) with manual scoring, or manual correction of computerised scoring in epochs of not more than 1 minute; and (ii)stored for interpretation and preparation of a report; and (f)interpretation and preparation of a permanent report is provided by a qualified paediatric sleep medicine practitioner with personal direct review of raw data from the original recording of polygraphic data from the patient; and (g) the diagnostic assessment is not provided to the patient on the same occasion that a service described in item 11003, 12210, 12215 or 12268 is provided to the patient Applicable only once in a 12 month period	1170.65			878	1071.95
12306	Support list	Type C	31.10.1995	2	D1	N	Bone densitometry, using dual energy X ray absorptiometry, involving the measurement of 2 or more sites (including interpretation and reporting), for: (a) confirmation of a presumptive diagnosis of low bone mineral density made on the basis of one or more fractures occurring after minimal trauma; or (b) monitoring of low bone mineral density proven by bone densitometry at least 12 months previously; other than a service associated with a service to which item 12312, 12315 or 12321 applies For any particular patient, once only in a 24 month period	116.65			87.5	99.2
12312	Support list	Type C	31.10.1995	2	D1	N	Bone densitometry, using dual energy X ray absorptiometry, involving the measurement of 2 or more sites (including interpretation and reporting) for diagnosis and monitoring of bone loss associated with one or more of the following: (a) prolonged glucocorticoid therapy; (b) any condition associated with excess glucocorticoid secretion; (c) male hypogonadism; (d) female hypogonadism lasting more than 6 months before the age of 45; other than a service associated with a service to which item 12306, 12315 or 12321 applies For any particular patient, once only in a 12 month period	116.65			87.5	99.2

MBS Item	Clinical category	Procedure type	Item Start Date	MBS Category	MBS Group	New Item	MBS Description	MBS Schedule Fee	Derived Fee	Benefit 100% ($)	Benefit 75% ($)	Benefit 85% ($)
12315	Support list	Type C	31.10.1995	2	D1	N	Bone densitometry, using dual energy X ray absorptiometry, involving the measurement of 2 or more sites (including interpretation and reporting) for diagnosis and monitoring of bone loss associated with one or more of the following conditions: (a) primary hyperparathyroidism; (b) chronic liver disease; (c) chronic renal disease; (d) any proven malabsorptive disorder; (e) rheumatoid arthritis; (f) any condition associated with thyroxine excess; other than a service associated with a service to which item 12306, 12312 or 12321 applies For any particular patient, once only in a 24 monthperiod	116.65			87.5	99.2
12320	Support list	Type C	01.11.2017	2	D1	N	Bone densitometry, using dual energy X ray absorptiometry or quantitative computed tomography, involving the measurement of 2 or more sites (including interpretation and reporting) for measurement of bone mineral density, if:(a) the patient is 70 years of age or over, and (b) either: (i) the patient has not previously had bone densitometry; or (ii) the t-score for the patient's bone mineral density is -1.5 or more; other than a service associated with a service to which item 12306, 12312, 12315, 12321 or 12322 applies For any particular patient, once only in a 5 year period	116.65			87.5	99.2
12321	Support list	Type C	31.10.1995	2	D1	N	Bone densitometry, using dual energy X ray absorptiometry, involving the measurement of 2 or more sites at least 12 months after a significant change in therapy (including interpretation and reporting), for: (a) established low bone mineral density; or (b) confirming a presumptive diagnosis of low bone mineral density made on the basis of one or more fractures occurring after minimal trauma; other than a service associated with a service to which item 12306, 12312 or 12315 applies For any particular patient, once only in a 12 monthperiod	116.65			87.5	99.2
12322	Support list	Type C	01.11.2017	2	D1	N	Bone densitometry, using dual energy X ray absorptiometry or quantitative computed tomography, involving the measurement of 2 or more sites (including interpretation and reporting) for measurement of bone mineral density, if:(a) the patient is 70 years of age or over; and (b) the t score for the patient's bone mineral density is less than 1.5 but more than 2.5; other than a service associated with a service to which item 12306, 12312, 12315, 12320 or 12321 applies For any particular patient, once only in a 2 year period	116.65			87.5	99.2
12325	Support list	Type C	01.11.2016	2	D1	N	Assessment of visual acuity and bilateral retinal photography with a non mydriatic retinal camera, including analysis and reporting of the images for initial or repeat assessment for presence or absence of diabetic retinopathy, in a patient with medically diagnosed diabetes, if: (a)the patient is of Aboriginal and Torres Strait Islander descent; and (b)the assessment is performed by the medical practitioner (other than an optometrist or ophthalmologist) providing the primary glycaemic management of the patient's diabetes; and (c)this item and item 12326 have not applied to the patient in the preceding 12 months; and (d)the patient does not have: (i)an existing diagnosis of diabetic retinopathy; or (ii)visual acuity of less than 6/12 in either eye; or (iii) a difference of more than 2 lines of vision between the 2 eyes at the time of presentation	56.9			42.7	48.4
12326	Support list	Type C	01.11.2016	2	D1	N	Assessment of visual acuity and bilateral retinal photography with a non-mydriatic retinal camera, including analysis and reporting of the images for initial or repeat assessment for presence or absence of diabetic retinopathy, in a patient with medically diagnosed diabetes, if: (a)the assessment is performed by the medical practitioner (other than an optometrist or ophthalmologist) providing the primary glycaemic management of the patient's diabetes; and (b)this item and item 12325 have not applied to the patient in the preceding 24 months; and (c)the patient does not have: (i)an existing diagnosis of diabetic retinopathy; or (ii)visual acuity of less than 6/12 in either eye; or (iii)a difference of more than 2 lines of vision between the 2 eyes at the time of presentation	56.9			42.7	48.4
12500	Support list	Type C	01.12.1991	2	D2	N	BLOOD VOLUME ESTIMATION	246.8			185.1	209.8
12524	Kidney and bladder	Type C	01.12.1991	2	D2	N	RENAL FUNCTION TEST (without imaging procedure)	180.4			135.3	153.35
12527	Kidney and bladder	Type C	01.12.1991	2	D2	N	RENAL FUNCTION TEST (with imaging and at least 2 blood samples)	96.75			72.6	82.25
12533	Support list	Type C	01.07.1995	2	D2	N	CARBON-LABELLED UREA BREATH TEST using oral C-13 or C-14 urea, performed by a specialist or consultant physician, including the measurement of exhaled 13CO2 or 14CO2, for either:- (a)the confirmation of Helicobacter pylori colonisation, OR (b)the monitoring of the success of eradication of Helicobacter pylori in patients with peptic ulcer disease. not being a service to which 66900 applies	96.4			72.3	81.95
13015	Common list	Unlisted	01.11.2001	3	T1	N	HYPERBARIC, OXYGEN THERAPY, for treatment of localised non-neurological soft tissue radiation injuries excluding radiation-induced soft tissue lymphoedema of the arm after treatment for breast cancer, performed in a comprehensive hyperbaric medicine facility, under the supervision of a medical practitioner qualified in hyperbaric medicine, for a period in the hyperbaric chamber of between 1 hour 30 minutes and 3 hours, including any associated attendance.	290.25			217.7	246.75
13020	Common list	Unlisted	01.07.1996	3	T1	N	HYPERBARIC OXYGEN THERAPY, for treatment of decompression illness, gas gangrene, air or gas embolism; diabetic wounds including diabetic gangrene and diabetic foot ulcers; necrotising soft tissue infections including necrotising fasciitis or Fournier's gangrene; or for the prevention and treatment of osteoradionecrosis, performed in a comprehensive hyperbaric medicine facility, under the supervision of a medical practitioner qualified in hyperbaric medicine, for a period in the hyperbaric chamber of between 1 hour 30 minutes and 3 hours, including any associated attendance	294.85			221.15	250.65

MBS Item	Clinical category	Procedure type	Item Start Date	MBS Category	MBS Group	New Item	MBS Description	MBS Schedule Fee	Derived Fee	Benefit 100% ($)	Benefit 75% ($)	Benefit 85% ($)
13025	Common list	Unlisted	01.07.1996	3	T1	N	HYPERBARIC OXYGEN THERAPY for treatment of decompression illness, air or gas embolism, performed in a comprehensive hyperbaric medicine facility, under the supervision of a medical practitioner qualified in hyperbaric medicine, for a period in the hyperbaric chamber greater than 3 hours, including any associated attendance - per hour (or part of an hour)	131.8			98.85	112.05
13030	Common list	Unlisted	01.07.1996	3	T1	N	HYPERBARIC OXYGEN THERAPY performed in a comprehensive hyperbaric medicine facility where the medical practitioner is pressurised in the hyperbaric chamber for the purpose of providing continuous life saving emergency treatment, including any associated attendance - per hour (or part of an hour)	186.15			139.65	158.25
13100	Dialysis for chronic kidney failure	Type B Band 1	01.12.1991	3	T1	N	SUPERVISION IN HOSPITAL by a medical specialist ofhaemodialysis, haemofiltration, haemoperfusion or peritoneal dialysis, including all professional attendances, where the total attendance time on the patient by the supervising medical specialist exceeds 45 minutes in 1 day	155.7			116.8	132.35
13103	Dialysis for chronic kidney failure	Type B Band 1	01.12.1991	3	T1	N	SUPERVISION IN HOSPITAL by a medical specialist ofhaemodialysis, haemofiltration, haemoperfusion or peritoneal dialysis, including all professional attendances, where the total attendance time on the patient by the supervising medical specialist does not exceed 45 minutes in 1 day	81.15			60.9	69
13104	Dialysis for chronic kidney failure	Type C	01.11.2005	3	T1	N	Planning and management of home dialysis (either haemodialysis or peritoneal dialysis), by a consultant physician in the practice of his or her specialty of renal medicine, for a patient with end-stage renal disease, and supervision of that patient on self-administered dialysis, to a maximum of 12 claims per year	168.5				143.25
13105	N/A (Not hospital treatment)	N/A (Not hospital treatment)	01.11.2018	3	T1	N	Haemodialysis for a patient with end stage renal disease if: (a) the service is provided by a registered nurse, an Aboriginal health worker or an Aboriginal and Torres Strait Islander health practitioner on behalf of a medical practitioner; and (b) the service is supervised by the medical practitioner (either in person or remotely); and (c) the patient's care is managed by a nephrologist; and (d) the patient is treated or reviewed by the nephrologist every 3 to 6 months (either in person or remotely); and (e) the patient is not an admitted patient of a hospital; and (f) the service is provided in a Modified Monash 7 area	674.4		674.4		
13106	Dialysis for chronic kidney failure	Unlisted	01.12.1991	3	T1	N	DECLOTTING OF AN ARTERIOVENOUS SHUNT	138.2			103.65	117.5
13109	Dialysis for chronic kidney failure	Unlisted	01.12.1991	3	T1	N	INDWELLING PERITONEAL CATHETER (Tenckhoff or similar) FOR DIALYSISINSERTION AND FIXATION OF (Anaes.)	259.4			194.55	220.5
13110	Dialysis for chronic kidney failure	Type B Non-band specific	01.05.1997	3	T1	N	INDWELLING PERITONEAL CATHETER (Tenckhoff or similar) FOR DIALYSIS , removal of (including catheter cuffs) (Anaes.)	260.3			195.25	221.3
13200	Assisted reproductive services	Type C	01.12.1991	3	T1	N	Assisted reproductive technologies superovulated treatment cycle proceeding to oocyte retrieval, involving the use of drugs to induce superovulation and including quantitative estimation of hormones, ultrasound examinations, all treatment counselling and embryology laboratory services but excluding artificial insemination, transfer of frozen embryos or donated embryos or ova or a service to which item 13201, 13202, 13203 or 13218 applies, being services rendered during one treatment cycle—initial cycle in a single calendar year	3543.85			2657.9	3445.15
13201	Assisted reproductive services	Unlisted	01.01.2010	3	T1	N	Assisted reproductive technologies superovulated treatment cycle proceeding to oocyte retrieval, involving the use of drugs to induce superovulation and including quantitative estimation of hormones, ultrasound examinations, all treatment counselling and embryology laboratory services but excluding artificial insemination, transfer of frozen embryos or donated embryos or ova or a service to which item 13200, 13202, 13203 or 13218 applies, being services rendered during one treatment cycle—each cycle after the first in a single calendar year	3314.9			2486.2	3216.2
13202	Assisted reproductive services	Unlisted	01.01.2010	3	T1	N	Assisted reproductive technologies superovulated treatment cycle that is cancelled before oocyte retrieval, involving the use of drugs to induce superovulation and including quantitative estimation of hormones and ultrasound examinations, but excluding artificial insemination, transfer of frozen embryos or donated embryos or ova or a service to which item 13200, 13201, 13203 or 13218 applies, being services rendered during one treatment cycle	530.35			397.8	450.8
13203	Assisted reproductive services	Type C	01.12.1991	3	T1	N	Ovulation monitoring services for artificial insemination or gonadotrophin, stimulated ovulation induction, including quantitative estimation of hormones and ultrasound examinations, being services rendered during one treatment cycle but excluding a service to which item 13200, 13201, 13202, 13212, 13215 or 13218 applies	554.45			415.85	471.3
13207	Support list	Type C	01.11.2021	3	T1	N	Biopsy of an embryo, from a patient who is eligible for a service described in item 73384 under clause 2.7.3A of the pathology services table (see PR.7.1), for the purpose of providing a sample for pre-implantation genetic testing—applicable to one or more tests performed in one assisted reproductive treatment cycle	125.9			94.45	107.05
13209	Assisted reproductive services	Type C	01.12.1991	3	T1	N	Planning and management of a referred patient by a specialist for the purpose of treatment by assisted reproductive technologies or for artificial insemination—applicable once during a treatment cycle	96.45			72.35	82
13212	Assisted reproductive services	Type A Surgical and Type B Non-band specific	01.12.1991	3	T1	N	Oocyte retrieval for the purpose of assisted reproductive technologies—only if rendered in connection with a service to which item 13200 or 13201 applies (Anaes.)	403.8			302.85	343.25

MBS Item	Clinical category	Procedure type	Item Start Date	MBS Category	MBS Group	New Item	MBS Description	MBS Schedule Fee	Derived Fee	Benefit 100% ($)	Benefit 75% ($)	Benefit 85% ($)
13215	Assisted reproductive services	Type B Non-band specific	01.12.1991	3	T1	N	Transfer of embryos or both ova and sperm to the uterus or fallopian tubes, excluding artificial insemination—only if rendered in connection with a service to which item 13200, 13201 or 13218 applies, being services rendered in one treatment cycle (Anaes.)	126.65			95	107.7
13218	Assisted reproductive services	Type A Surgical	01.12.1991	3	T1	N	Preparation of frozen or donated embryos or donated oocytes for transfer to the uterus or fallopian tubes, by any means and including quantitative estimation of hormones and all treatment counselling but excluding artificial insemination services rendered in one treatment cycle and excluding a service to which item 13200, 13201, 13202, 13203 or 13212 applies (Anaes.)	904			678	805.3
13221	Assisted reproductive services	Type C	01.12.1991	3	T1	N	Preparation of semen for the purpose of artificial insemination—only if rendered in connection with a service to which item 13203 applies	57.85			43.4	49.2
13241	Assisted reproductive services	Type A Surgical and Type B Non-band specific	01.03.2022	3	T1	N	Open surgical testicular sperm retrieval, unilateral, using operating microscope, including the exploration of scrotal contents, with biopsy, for the purposes of intracytoplasmic sperm injection, for male factor infertility, not being a service associated with a service to which item 13218 or 37604 applies (H) (Anaes.)	968.35			726.3	
13251	Assisted reproductive services	Type A Surgical	01.05.2007	3	T1	N	Intracytoplasmic sperm injection for the purpose of assisted reproductive technologies, for male factor infertility, excluding a service to which item 13203 or 13218 applies	476.15			357.15	404.75
13260	Assisted reproductive services	Type C	01.11.2018	3	T1	N	Processing and cryopreservation of semen for fertility preservation treatment before or after completion of gonadotoxic treatment for malignant or non-malignant conditions, in a post-pubertal male in Tanner stages II-V, up to 60 years old, if the patient is referred by a specialist or consultant physician, initial cryopreservation of semen (not including storage) - one of a maximum of two semen collection cycles per patient in a lifetime.	472.75			354.6	401.85
13290	Assisted reproductive services	Type C	01.05.1997	3	T1	N	SEMEN, collection of, from a patient with spinal injuries or medically induced impotence, for the purposes of analysis, storage or assisted reproduction, bya medical practitioner using a vibrator or electro-ejaculation device including catheterisation and drainage of bladder where required	232.6			174.45	197.75
13300	Support list	Unlisted	01.12.1991	3	T1	N	UMBILICAL OR SCALP VEIN CATHETERISATION in a NEONATE with or without infusion; or cannulation of a vein in a neonate	64.85			48.65	55.15
13303	Support list	Unlisted	01.12.1991	3	T1	N	UMBILICAL ARTERY CATHETERISATION with or without infusion	96.15			72.15	81.75
13306	Support list	Unlisted	01.12.1991	3	T1	N	BLOOD TRANSFUSION with venesection and complete replacement of blood, including collection from donor	380.6			285.45	323.55
13309	Support list	Unlisted	01.12.1991	3	T1	N	BLOOD TRANSFUSION with venesection and complete replacement of blood, using blood already collected	324.5			243.4	275.85
13312	Support list	Type C	01.12.1991	3	T1	N	BLOOD for pathology test, collection of, BY FEMORAL OR EXTERNAL JUGULAR VEIN PUNCTURE IN INFANTS	32.4			24.3	27.55
13318	Support list	Type B Non-band specific	01.12.1991	3	T1	N	CENTRAL VEIN CATHETERISATION - by open exposure in a patient under 12 years of age (Anaes.)	259.1			194.35	220.25
13319	Support list	Unlisted	01.05.1997	3	T1	N	CENTRAL VEIN CATHETERISATION in a neonate via peripheral vein (Anaes.)	259.1			194.35	220.25
13400	Heart and vascular system	Type B Non-band specific	01.12.1991	3	T1	N	Restoration of cardiac rhythm by electrical stimulation (cardioversion), other than in the course of cardiac surgery (H) (Anaes.)	110.35			82.8	
13506	Digestive system	Unlisted	01.05.1994	3	T1	N	GASTRO-OESOPHAGEAL balloon intubation, for control of bleeding from gastric oesophageal varices	210.1			157.6	178.6
13700	Blood	Type A Surgical	01.12.1991	3	T1	N	HARVESTING OF HOMOLOGOUS (including allogeneic) or AUTOLOGOUS bone marrow for the purpose of transplantation (Anaes.)	379.75			284.85	322.8
13703	Support list	Unlisted	01.12.1991	3	T1	N	Transfusion of blood including collection from donor, when used for intra-operative normovolaemic haemodilution, other than a service associated with a service to which item 22052 applies	136.1			102.1	115.7
13706	Support list	Type B Band 1	01.12.1991	3	T1	N	TRANSFUSION OF BLOOD or bone marrow already collected	94.9			71.2	80.7
13750	Support list	Type B Non-band specific	01.07.1996	3	T1	N	THERAPEUTIC HAEMAPHERESIS for the removal of plasma or cellular (or both) elements of blood, utilising continuous or intermittent flow techniques; including morphological tests for cell counts and viability studies, if performed; continuous monitoring of vital signs, fluid balance, blood volume and other parameters with continuous registered nurse attendance under the supervision of a consultant physician, not being a service associated with a service to which item 13755 applies - payable once per day	155.7			116.8	132.35
13755	Support list	Type B Non-band specific	01.07.1996	3	T1	N	DONOR HAEMAPHERESIS for the collection of blood products for transfusion, utilising continuous or intermittent flow techniques; including morphological tests for cell counts and viability studies; continuous monitoring of vital signs, fluid balance, blood volume and other parameters; with continuous registered nurse attendance under the supervision of a consultant physician; not being a service associated with a service to which item 13750 applies - payable once per day	155.7			116.8	132.35
13757	Common list	Type B Non-band specific	01.05.1997	3	T1	N	THERAPEUTIC VENESECTION for the management of haemochromatosis, polycythemia vera or porphyria cutanea tarda	83.1			62.35	70.65
13760	Chemotherapy, radiotherapy and immunotherapy for cancer	Unlisted	01.07.1996	3	T1	N	In vitro processing with cryopreservation of bone marrow or peripheral blood, for autologous stem cell transplantation for a patient receiving high dose chemotherapy for management of: (a) aggressive malignancy; or (b) malignancy that has proven refractory to prior treatment	868.8			651.6	770.1

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13761	Common list	Type B Non-band specific	01.03.2022	3	T1	N	Extracorporeal photopheresis for the treatment of chronic graft versus host disease, if: (a) the person is: (i) has received allogeneic haematopoietic stem cell transplantation; and (ii) has been diagnosed with chronic graft versus host disease following the transplantation; and (iii) steroid treatment is clinically unsuitable as the disease is steroid refractory or the person is steroid dependent or steroid intolerant; and (b) the person has not previously received extracorporeal photopheresis treatment; and (c) the service is delivered using an integrated, closed extracorporeal photopheresis system; and (d) the service is provided in combination with the use of methoxsalen that is listed on the Pharmaceutical Benefits Scheme; and (e) the service is provided by, or on behalf of, a specialist or consultant physician who: (i) is practising in the speciality of haematology or oncology; and (ii) has experience with allogeneic bone marrow transplantation. Applicable once per treatment session	2089.4			1567.05	1990.7
13762	Common list	Type B Non-band specific	01.03.2022	3	T1	N	Extracorporeal photopheresis for the treatment of chronic graft versus host disease, if: (a) the person is: (i) has received allogeneic haematopoietic stem cell transplantation; and (ii) has been diagnosed with chronic graft versus host disease following the transplantation; and (iii) steroid treatment is clinically unsuitable as the disease is steroid refractory or the person is steroid dependent or steroid intolerant; and (b) the person has previously received an extracorporeal photopheresis treatment cycle andhad a partial or complete response in at least one organ in response to treatment; and (c) the person requires further extracorporeal photopheresis; and (d) the service is delivered using an integrated, closed extracorporeal photopheresis system; and (e) the service is provided in combination with the use of methoxsalen that is listed on the Pharmaceutical Benefits Scheme; and (f) the service is provided by, or on behalf of, a specialist or consultant physician who: (i) is practising in the speciality of haematology or oncology; and (ii) has experience with allogeneic bone marrow transplantation. Applicable once per treatment session	2089.4			1567.05	1990.7
13815	Support list	Type B Non-band specific	01.07.1993	3	T1	N	Central vein catheterisation, including under ultrasound guidance where clinically appropriate, by percutaneous or open exposure other than a service to which item 13318 applies (Anaes.) No separate ultrasound item is payable with this item. (Anaes.)	129.5			97.15	110.1
13818	Support list	Unlisted	01.07.1993	3	T1	N	RIGHT HEART BALLOON CATHETER, insertion of, including pulmonary wedge pressure and cardiac output measurement (Anaes.)	129.55			97.2	110.15
13830	Support list	Unlisted	01.07.1993	3	T1	N	INTRACRANIAL PRESSURE, monitoring of, by intraventricular or subdural catheter, subarachnoid bolt or similar, by a specialist or consultant physician - each day	85.8			64.35	72.95
13832	Support list	Unlisted	01.03.2020	3	T1	N	Peripheral cannulation, including under ultrasound guidance where clinically appropriate, for veno-arterial cardiopulmonary extracorporeal life support No separate ultrasound item is payable with this item	1004.55			753.45	905.85
13834	Support list	Type A Surgical	01.03.2020	3	T1	N	Veno–arterial cardiopulmonary extracorporeal life support, management of—the first day	562.35			421.8	478
13835	Support list	Unlisted	01.03.2020	3	T1	N	Veno–arterial cardiopulmonary extracorporeal life support, management of—each day after the first	130.8			98.1	111.2
13837	Support list	Type A Surgical	01.03.2020	3	T1	N	Veno-venous pulmonary extracorporeal life support, management of—the first day	562.35			421.8	478
13838	Support list	Unlisted	01.03.2020	3	T1	N	Veno-venous pulmonary extracorporeal life support, management of—each day after the first	130.8			98.1	111.2
13839	Support list	Type C	01.05.1994	3	T1	N	ARTERIAL PUNCTURE and collection of blood for diagnostic purposes	26.3			19.75	22.4
13840	Support list	Unlisted	01.03.2020	3	T1	N	Peripheral cannulation, including under ultrasound guidance where clinically appropriate, for veno-venous pulmonary extracorporeal life support No separate ultrasound item is payable with this item	673.05			504.8	574.35
13842	Support list	Type C	01.05.1994	3	T1	N	Intra-arterial cannulation, including under ultrasound guidance where clinically appropriate, for the purpose of intra-arterial pressure monitoring or arterial blood sampling (or both) No separate ultrasound item is payable with this item	106.55			79.95	90.6
13848	Support list	Unlisted	01.05.1994	3	T1	N	Counterpulsation by intra-aortic balloon-management including associated consultations and monitoring of parameters by means of full haemodynamic assessment and management on several occasions on a day – each day	177.85			133.4	151.2
13851	Support list	Unlisted	01.05.1994	3	T1	N	Ventricular assist device, management of,for a patient admitted to an intensive care unit for implantation of the device or for complications arising from implantation or management of the device - first day	562.35			421.8	478
13854	Support list	Unlisted	01.05.1994	3	T1	N	Ventricular assist device, management of, for a patient admitted to an intensive care unit, including management ofcomplications arising from implantation or management of the device - each day after the first day	130.8			98.1	111.2
13857	Support list	Unlisted	01.11.1994	3	T1	N	AIRWAY ACCESS, ESTABLISHMENT OF AND INITIATION OF MECHANICAL VENTILATION (other than in the context of an anaesthetic for surgery), outside an Intensive Care Unit, for the purpose of subsequent ventilatory support in an Intensive Care Unit	166.8			125.1	141.8
13870	Common list	Unlisted	01.05.1994	3	T1	N	(Note: See para T1.8 of Explanatory Notes to this Category for definition of an Intensive Care Unit) MANAGEMENT of a patient in an Intensive Care Unit by a specialist or consultant physician who is immediately available and exclusively rostered for intensive care - including initial and subsequent attendances, electrocardiographic monitoring, arterial sampling and bladder catheterisation - management on the first day (H)	412.55			309.45	
13873	Common list	Unlisted	01.05.1994	3	T1	N	MANAGEMENT of a patient in an Intensive Care Unit by a specialist or consultant physician who is immediately available and exclusively rostered for intensive care - including all attendances, electrocardiographic monitoring, arterial sampling and bladder catheterisation - management on each day subsequent to the first day (H)	305.95			229.5	

MBS Item	Clinical category	Procedure type	Item Start Date	MBS Category	MBS Group	New Item	MBS Description	MBS Schedule Fee	Derived Fee	Benefit 100% ($)	Benefit 75% ($)	Benefit 85% ($)
13876	Support list	Unlisted	01.05.1994	3	T1	N	CENTRAL VENOUS PRESSURE, pulmonary arterial pressure, systemic arterial pressure or cardiac intracavity pressure, continuous monitoring by indwelling catheter in an intensive care unit and managed by a specialist or consultant physician who is immediately available and exclusively rostered for intensive care - once only for each type of pressure on any calendar day (up to a maximum of 4 pressures) (H)	87.6			65.7	
13881	Support list	Unlisted	01.11.2005	3	T1	N	AIRWAY ACCESS, ESTABLISHMENT OF AND INITIATION OF MECHANICAL VENTILATION, in an Intensive Care Unit, not in association with any anaesthetic service, by a specialist or consultant physician for the purpose of subsequent ventilatory support (H)	166.8			125.1	
13882	Support list	Unlisted	01.05.1994	3	T1	N	VENTILATORY SUPPORT in an Intensive Care Unit, management of, by invasive means, or by non-invasive means where the only alternative to non-invasive ventilatory support would be invasive ventilatory support, by a specialist or consultant physician who is immediately available and exclusively rostered for intensive care, each day (H)	131.3			98.5	
13885	Support list	Unlisted	01.05.1994	3	T1	N	CONTINUOUS ARTERIO VENOUS OR VENO VENOUS HAEMOFILTRATION, in an intensive care unit, management by a specialist or consultant physician who is immediately available and exclusively rostered for intensive care - on the first day (H)	175.05			131.3	
13888	Support list	Unlisted	01.05.1994	3	T1	N	CONTINUOUS ARTERIO VENOUS OR VENO VENOUS HAEMOFILTRATION, in an intensive care unit, management by a specialist or consultant physician who is immediately available and exclusively rostered for intensive care - on each day subsequent to the first day(H)	87.6			65.7	
13899	Support list	Type C	01.03.2020	3	T1	N	Preparation of Goals of Care is provided outside of an intensive care unit. Refer to explanatory note TN.1.11 for further information aboutGoals of Care attendance Professional attendance, outside an intensive care unit, for at least 60 minutes spent in preparation of goals of care for a gravely ill patient lacking current goals of care, by aspecialist in the specialty of intensive care who takes overall responsibility for the preparation of the goals of care for the patient Item 13899 cannot be co-claimed with item 13870 or item 13873 on the same day	305.15			228.9	259.4
13950	Chemotherapy, radiotherapy and immunotherapy for cancer	Type B Band 1	01.11.2020	3	T1	N	Parenteral administration of one or more antineoplastic agents, including agents used in cytotoxic chemotherapy or monoclonal antibody therapy but not agents used in anti-resorptive bone therapy or hormonal therapy, by or on behalf of a specialist or consultant physician—attendance for one or more episodes of administration Note: The fee for item 13950 contains a component which covers the accessing of a long-term drug delivery device. TN.1.27 refers	123.05			92.3	104.6
14050	Skin	Type C	01.12.1991	3	T1	N	UVA or UVB phototherapy administered in a whole body cabinet or hand and foot cabinet including associated consultations other than the initial consultation, if treatment is initiated and supervised by a specialist in the specialty of dermatology Applicable not more than 150 times in a 12 month period	60.15			45.15	51.15
14100	Skin	Type C	01.11.1995	3	T1	N	Laser photocoagulation using laser radiation in the treatment of vascular abnormalities of the head or neck, including any associated consultation, if: (a) the abnormality is visible from 3 metres; and (b) photographic evidence demonstrating the need for this service is documented in the patient notes; to a maximum of 4 sessions (including any sessions to which this item or any of items 14106 to 14118 apply) in any 12 month period (Anaes.)	173.7			130.3	147.65
14106	Skin	Type C	01.11.1995	3	T1	N	Laser photocoagulation using laser radiation in the treatment of vascular malformations, infantile haemangiomas, café au lait macules and naevi of Ota, other than melanocytic naevi (common moles), if the abnormality is visible from 3 metres, including any associated consultation, up to a maximum of 6 sessions (including any sessions to which this item or any of items 14100 to 14118 apply) in any 12 month period—area of treatment less than 150 cm2 (Anaes.)	182.45			136.85	155.1
14115	Skin	Type C	01.11.1995	3	T1	N	Laser photocoagulation using laser radiation in the treatment of vascular malformations, infantile haemangiomas, café au lait macules and naevi of Ota, other than melanocytic naevi (common moles), including any associated consultation, up to a maximum of 6 sessions (including any sessions to which this item or any of items 14100 to 14118 apply) in any 12 month period—area of treatment 150 cm2 to 300 cm2 (Anaes.)	292.2			219.15	248.4
14118	Skin	Type C	01.11.1995	3	T1	N	Laser photocoagulation using laser radiation in the treatment of vascular malformations, infantile haemangiomas, café au lait macules and naevi of Ota, other than melanocytic naevi (common moles), including any associated consultation, up to a maximum of 6 sessions (including any sessions to which this item or any of items 14100 to 14115 apply) in any 12 month period—area of treatment more than 300 cm2 (Anaes.)	371.05			278.3	315.4
14124	Skin	Type C	19.06.1997	3	T1	N	Laser photocoagulation using laser radiation in the treatment of vascular malformations, infantile haemangiomas, café au lait macules and naevi of Ota, other than melanocytic naevi (common moles), including any associated consultation, if: (a) a seventh or subsequent session (including any sessions to which this item or any of items 14100 to 14118 apply) is indicated in a 12 month period commencing on the day of the first session; and (b) photographic evidence demonstrating the need for this service is documented in the patient notes (Anaes.)	173.7			130.3	147.65
14201	Common list	Type C	01.07.2011	3	T1	N	POLY-L-LACTIC ACID, one or more injections of, for the initial session only, for the treatment of severe facial lipoatrophy caused by antiretroviral therapy, when prescribed in accordance with the National Health Act 1953 - once per patient	269.8			202.35	229.35

MBS Item	Clinical category	Procedure type	Item Start Date	MBS Category	MBS Group	New Item	MBS Description	MBS Schedule Fee	Derived Fee	Benefit 100% ($)	Benefit 75% ($)	Benefit 85% ($)
14202	Common list	Type C	01.07.2011	3	T1	N	POLY-L-LACTIC ACID, one or more injections of (subsequent sessions), for the continuation of treatment of severe facial lipoatrophy caused by antiretroviral therapy, when prescribed in accordance with the National Health Act 1953	136.55			102.45	116.1
14203	Assisted reproductive services	Type C	01.12.1991	3	T1	N	HORMONE OR LIVING TISSUE IMPLANTATION, by direct implantation involving incision and suture (Anaes.)	58.25			43.7	49.55
14206	Assisted reproductive services	Type C	01.12.1991	3	T1	N	HORMONE OR LIVING TISSUE IMPLANTATIONby cannula	40.55			30.45	34.5
14212	Digestive system	Unlisted	01.11.1994	3	T1	N	INTUSSUSCEPTION, management of fluid or gas reduction for (Anaes.)	211.05			158.3	179.4
14216	Hospital psychiatric services	Type C	01.11.2021	3	T1	N	Professional attendance on a patient by a psychiatrist, who has undertaken training in Repetitive Transcranial Magnetic Stimulation (rTMS), for treatment mapping for rTMS, if the patient: (a) has not previously received any prior transcranial magnetic stimulation therapy in a public or private setting; and (b) is at least 18 years old; and (c) is diagnosed with a major depressive episode; and (d) has failed to receive satisfactory improvement for the major depressive episode despite the adequate trialling of at least 2 different classes of antidepressant medications, unless contraindicated, and all of the following apply: (i) the patient's adherence to antidepressant treatment has been formally assessed; (ii) the trialling of each antidepressant medication has been at the recommended therapeutic dose for a minimum of 3 weeks; (iii) where clinically appropriate, the treatment has been titrated to the maximum tolerated therapeutic dose; and (e) has undertaken psychological therapy, if clinically appropriate	204.1			153.1	173.5
14217	Hospital psychiatric services	Type C	01.11.2021	3	T1	N	Repetitive Transcranial Magnetic Stimulation (rTMS) treatment of up to 35 services provided by, or on behalf of, a psychiatrist who has undertaken training in rTMS, if the patient has previously received a service under item 14216—each service up to 35 services	175.15			131.4	148.9
14218	Pain management with device	Type B Non-band specific	01.03.1999	3	T1	N	Implanted infusion pump, refilling of reservoir with a therapeutic agent or agents for infusion to the subarachnoid space or accessing the side port to assess catheter patency, with or without pump reprogramming, for the management of chronic pain, including cancer pain	111.6			83.7	94.9
14219	Hospital psychiatric services	Type C	01.11.2021	3	T1	N	Professional attendance on a patient by a psychiatrist, who has undertaken training in Repetitive Transcranial Magnetic Stimulation (rTMS), for treatment mapping for rTMS, if the patient: (a) is at least 18 years old; and (b) is diagnosed with a major depressive episode; and (c) has failed to receive satisfactory improvement for the major depressive episode despite the adequate trialling of at least 2 different classes of antidepressant medications, unless contraindicated, and all of the following apply: (i) the patient's adherence to antidepressant treatment has been formally assessed; (ii) the trialling of each antidepressant medication has been at the recommended therapeutic dose for a minimum of 3 weeks; (iii) where clinically appropriate, the treatment has been titrated to the maximum tolerated therapeutic dose; and (d) has undertaken psychological therapy, if clinically appropriate; and (e) has previously received an initial service under item 14217 and the patient: (i) has relapsed after a remission following the initial service; and (ii) has had a satisfactory clinical response to the service under item 14217 (which has been assessed by a validated major depressive disorder tool at least 4 months after receiving that service)	204.1			153.1	173.5
14220	Hospital psychiatric services	Type C	01.11.2021	3	T1	N	Repetitive Transcranial Magnetic Stimulation (rTMS) treatment of up to 15 services provided by, or on behalf of, a psychiatrist who has undertaken training in rTMS, if the patient has previously received: (a) a service under item 14217 (which was not provided in the previous 4 months); and (b) a service under item 14219 Each service up to 15 services	175.15			131.4	148.9
14221	Chemotherapy, radiotherapy and immunotherapy for cancer	Type C	01.03.1999	3	T1	N	LONG-TERM IMPLANTED DEVICE FOR DELIVERY OF THERAPEUTIC AGENTS, accessing of, not being a service associated with a service to which item 13950 applies	59.8			44.85	50.85
14224	Hospital psychiatric services	Type B Non-band specific	01.03.1999	3	T1	N	Electroconvulsive therapy, with or without the use of stimulus dosing techniques, including any electroencephalographic monitoring and associated consultation (H) (Anaes.)	175.15			131.4	
14227	Brain and nervous system	Type C	01.05.2006	3	T1	N	IMPLANTED INFUSION PUMP, REFILLING of reservoir, with baclofen, for infusion to the subarachnoid or epidural space, with or without re-programming of a programmable pump, for the management of severe chronic spasticity	111.6			83.7	94.9
14234	Brain and nervous system	Type A Surgical	01.11.2020	3	T1	N	Infusion pump or components of an infusion pump, removal or replacement of, and connection to intrathecal or epidural catheter, and loading of reservoir with baclofen, with or without programming of the pump, for the management of severe chronic spasticity (Anaes.)	412.25			309.2	
14237	Brain and nervous system	Type A Surgical	01.11.2020	3	T1	N	Infusion pump or components of an infusion pump, subcutaneous implantation of, and intrathecal or epidural spinal catheter insertion, and connection of pump to catheter, and loading of reservoir with baclofen, with or without programming of the pump, for the management of severe chronic spasticity (Anaes.)	751.75			563.85	
14245	Chemotherapy, radiotherapy and immunotherapy for cancer	Type C	01.11.2006	3	T1	N	IMMUNOMODULATING AGENT, administration of, by intravenous infusion for at least 2 hours duration - payable once only on the same day and where the agent is provided under section 100 of the Pharmaceutical Benefits Scheme	111.6			83.7	94.9

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14247	Chemotherapy, radiotherapy and immunotherapy for cancer	Type B Non-band specific	01.11.2020	3	T1	N	Extracorporeal photopheresis for the treatment of erythrodermic stage III-IVa T4 M0 cutaneous T-cell lymphoma; if the service is provided in the initial six months of treatment; and the service is delivered using an integrated, closed extracorporeal photopheresis system; and the patient is 18 years old or over; and the patient has received prior systemic treatment for this condition and experienced either disease progression or unacceptable toxicity while on this treatment; and the service is provided in combination with the use of Pharmaceutical Benefits Scheme-subsidised methoxsalen; and the service is supervised by a specialist or consultant physician in the speciality of haematology. Applicable once per treatment cycle	2108.25			1581.2	2009.55
14249	Chemotherapy, radiotherapy and immunotherapy for cancer	Type B Non-band specific	01.11.2020	3	T1	N	Extracorporeal photopheresis for the continuing treatment of erythrodermic stage III-IVa T4 M0 cutaneous T-cell lymphoma; if in the preceding 6 months:(i) a service to which item 14247 applies has been provided; and(ii) the patient has demonstrated a response to this service; and(iii)the patient requires further treatment; and the service is delivered using an integrated, closed extracorporeal photopheresis system; and the patient is 18 years old or over; and the service is provided in combination with the use of Pharmaceutical Benefits Scheme-subsidised methoxsalen; and the service is supervised by a specialist or consultant physician in the speciality of haematology. Applicable once per treatment cycle	2108.25			1581.2	2009.55
14255	Support list	Type C	01.03.2020	3	T1	N	Resuscitation of a patient provided for at least 30 minutes but less than 1 hour, by a specialist in the practice of the specialist's specialty of emergency medicine at a recognised emergency department of a private hospital, in conjunction with an attendance on the patient by the specialist described in item 5001, 5004, 5011, 5012, 5013, 5014, 5016, 5017 or 5019 (Anaes.)	169			126.75	143.65
14256	Support list	Type C	01.03.2020	3	T1	N	Resuscitation of a patient provided for at least 1 hour but less than 2 hours, by a specialist in the practice of the specialist's specialty of emergency medicine at a recognised emergency department of a private hospital, in conjunction with an attendance on the patient by the specialist described in item 5001, 5004, 5011, 5012, 5013, 5014, 5016, 5017 or 5019 (Anaes.)	325.05			243.8	276.3
14257	Support list	Type C	01.03.2020	3	T1	N	Resuscitation of a patient provided for at least 2 hours, by a specialist in the practice of the specialist's specialty of emergency medicine at a recognised emergency department of a private hospital, in conjunction with an attendance on the patient by the specialist described in item 5001, 5004, 5011, 5012, 5013, 5014, 5016, 5017 or 5019 (Anaes.)	647.35			485.55	550.25
14258	Support list	Type C	01.03.2020	3	T1	N	Resuscitation of a patient provided for at least 30 minutes but less than 1 hour, by a medical practitioner (except a specialist in the practice of the specialist's specialty of emergency medicine) at a recognised emergency department of a private hospital, in conjunction with an attendance on the patient by the practitioner described in item 5021, 5022, 5027, 5030, 5031, 5032, 5033, 5035 or 5036 (Anaes.)	126.85			95.15	107.85
14259	Support list	Type C	01.03.2020	3	T1	N	Resuscitation of a patient provided for at least 1 hour but less than 2 hours, by a medical practitioner (except a specialist in the practice of the specialist's specialty of emergency medicine) at a recognised emergency department of a private hospital, in conjunction with an attendance on the patient by the practitioner described in item 5021, 5022, 5027, 5030, 5031, 5032, 5033, 5035 or 5036 (Anaes.)	243.8			182.85	207.25
14260	Support list	Type C	01.03.2020	3	T1	N	Resuscitation of a patient provided for at least 2 hours, by a medical practitioner (except a specialist in the practice of the specialist's specialty of emergency medicine) at a recognised emergency department of a private hospital, in conjunction with an attendance on the patient by the practitioner described in item 5021, 5022, 5027, 5030, 5031, 5032, 5033, 5035 or 5036 (Anaes.)	485.5			364.15	412.7
14263	Support list	Type C	01.03.2020	3	T1	N	Minor procedure on a patient by a specialist in the practice of the specialist's specialty of emergency medicine at a recognised emergency department of a private hospital, in conjunction with an attendance on the patient by the specialist described in item 5001, 5004, 5011, 5012, 5013, 5014, 5016, 5017 or 5019 (Anaes.)	59.5			44.65	50.6
14264	Support list	Type C	01.03.2020	3	T1	N	Procedure (except a minor procedure) on a patient by a specialist in the practice of the specialist's specialty of emergency medicine at a recognised emergency department of a private hospital, in conjunction with an attendance on the patient by the specialist described in item 5001, 5004, 5011, 5012, 5013, 5014, 5016, 5017 or 5019 (Anaes.)	133.95			100.5	113.9
14265	Support list	Type C	01.03.2020	3	T1	N	Minor procedure on a patient by a medical practitioner (except a specialist in the practice of the specialist's specialty of emergency medicine) at a recognised emergency department of a private hospital, in conjunction with an attendance on the patient by the practitioner described in item 5021, 5022, 5027, 5030, 5031, 5032, 5033, 5035 or 5036 (Anaes.)	44.6			33.45	37.95
14266	Support list	Type C	01.03.2020	3	T1	N	Procedure (except a minor procedure) on a patient by a medical practitioner (except a specialist in the practice of the specialist's specialty of emergency medicine) at a recognised emergency department of a private hospital, in conjunction with an attendance on the patient by the practitioner described in item 5021, 5022, 5027, 5030, 5031, 5032, 5033, 5035 or 5036 (Anaes.)	100.45			75.35	85.4
14270	Support list	Type C	01.03.2020	3	T1	N	Management, without aftercare, of all fractures and dislocations suffered by a patient that: (a) is provided by a specialist in the practice of the specialist's specialty of emergency medicine in conjunction with an attendance on the patient by the specialist described in item 5001, 5004, 5011, 5012, 5013, 5014, 5016, 5017 or 5019; and (b) occurs at a recognised emergency department of a private hospital (Anaes.)	150.15			112.65	127.65

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14272	Support list	Type C	01.03.2020	3	T1	N	Management, without aftercare, of all fractures and dislocations suffered by a patient that: (a) is provided by a medical practitioner (except a specialist in the practice of the specialist's specialty of emergency medicine) in conjunction with an attendance on the patient by thepractitioner described in item 5021, 5022, 5027, 5030, 5031, 5032, 5033, 5035 or 5036; and (b) occurs at a recognised emergency department of a private hospital (Anaes.)	112.65			84.5	95.8
14277	Support list	Type C	01.03.2020	3	T1	N	Application of chemical or physical restraint of a patient by a specialist in the practice of the specialist's specialty of emergency medicine at a recognised emergency department of a private hospital	169			126.75	143.65
14278	Support list	Type C	01.03.2020	3	T1	N	Application of chemical or physical restraint of a patient by a medical practitioner (except a specialist in the practice of the specialist's specialty of emergency medicine) at a recognised emergency department of a private hospital	126.85			95.15	107.85
14280	Support list	Type C	01.03.2020	3	T1	N	Anaesthesia (whether general anaesthesia or not) of a patient that: (a) is managed by a specialist in the practice of the specialist's specialty of emergency medicine at a recognised emergency department of a private hospital; and (b) occurs in conjunction with an attendance on the patient that is described in item 5001, 5004, 5011, 5012, 5013, 5014, 5016, 5017, 5019, 5021, 5022, 5027, 5030, 5031, 5032, 5033, 5035 or 5036; and (c) is not anaesthesia provided by a specialist anaesthetist to which an item in Group T7 or T10 applies	169			126.75	143.65
14283	Support list	Type C	01.03.2020	3	T1	N	Anaesthesia (whether general anaesthesia or not) of a patient that: (a) is managed by a medical practitioner (except a specialist in the practice of the specialist's specialty of emergency medicine) at a recognised emergency department of a private hospital; and (b) occurs in conjunction with an attendance on the patient that is described in item 5001, 5004, 5011, 5012, 5013, 5014, 5016, 5017, 5019, 5021, 5022, 5027, 5030, 5031, 5032, 5033, 5035 or 5036; and (c) is not anaesthesia provided by a specialist anaesthetist to which an item in Group T7 or T10 applies	126.85			95.15	107.85
14285	Support list	Type C	01.03.2020	3	T1	N	Emergent intubation, airway management or both of a patient that: (a) is managed by a specialist in the practice of the specialist's specialty of emergency medicine at a recognised emergency department of a private hospital; and (b) occurs in conjunction with an attendance on the patient that is described in item 5001, 5004, 5011, 5012, 5013, 5014, 5016, 5017, 5019, 5021, 5022, 5027, 5030, 5031, 5032, 5033, 5035 or 5036; and (c) is not anaesthesia provided by a specialist anaesthetist to which an item in Group T7 or T10 applies	169			126.75	143.65
14288	Support list	Type C	01.03.2020	3	T1	N	Emergent intubation, airway management or both of a patient that: (a) is managed by a medical practitioner (except a specialist in the practice of the specialist's specialty of emergency medicine) at a recognised emergency department of a private hospital; and (b) occurs in conjunction with an attendance on the patient that is described in item 5001, 5004, 5011, 5012, 5013, 5014, 5016, 5017, 5019, 5021, 5022, 5027, 5030, 5031, 5032, 5033, 5035 or 5036; and (c) is not anaesthesia provided by a specialist anaesthetist to which an item in Group T7 or T10 applies	126.85			95.15	107.85
15900	Chemotherapy, radiotherapy and immunotherapy for cancer	Unlisted	01.09.2015	3	T2	N	Breast, malignant tumour, targeted intraoperative radiation therapy, using an Intrabeam® or Xoft® Axxent® device, delivered at the time of breast conserving surgery (partial mastectomy or lumpectomy) for a patient who: (a) is 45 years of age or over; and (b) has a T1 or small T2 (less than or equal to 3 cm in diameter) primary tumour; and (c) has a histologic grade 1 or 2 tumour; and (d) has an oestrogen receptor positive tumour; and (e) has a node negative malignancy; and (f) is suitable for wide local excision of a primary invasive ductal carcinoma that was diagnosed as unifocal on conventional examination and imaging; and (g) has no contra indications to breast irradiation Applicable once per breast per lifetime (H)	284.75			213.6	
15902	Chemotherapy, radiotherapy and immunotherapy for cancer	Type C	01.07.2024	3	T2	Y	Megavoltage planning—level 1.1 Simple complexity single field radiation therapy simulation and dosimetry for treatment planning, without imaging for field setting, if: (a) all of the following apply in relation to the simulation: (i) the simulation is to one site; (ii) localisation is based on clinical mark up and image based simulation is not required; (iii) patient set up and immobilisation techniques are suitable for two dimensional radiation therapy treatment, with wide margins and allowance for movement; and (b) all of the following apply in relation to the dosimetry: (i) the planning process is required to deliver a prescribed dose to a point, either at depth or on the surface of the patient; (ii) based on review and assessment by a radiation oncologist, the planning process does not require the differential of dose between target, organs at risk and normal tissue dose; (iii) delineation of structures is not possible or required, and field borders will delineate the treatment volume; (iv) doses are calculated in reference to a point, either at depth or on the surface of the patient, from tables, charts or data from a treatment planning system Applicable once per course of treatment	725.45			544.1	626.75

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15904	Chemotherapy, radiotherapy and immunotherapy for cancer	Type C	01.07.2024	3	T2	Y	Megavoltage planning—level 1.2 Simple complexity radiation therapy simulation and dosimetry for treatment planning, with imaging for field setting, if: (a) all of the following apply in relation to the simulation: (i) treatment set up and technique specifications are in preparation for two dimensional radiation therapy dose planning; (ii) patient set up and immobilisation techniques are suitable for two dimensional radiation therapy treatment where interfraction reproducibility is required; (iii) imaging datasets are acquired for the relevant region of interest to be planned; and (b) all of the following apply in relation to the dosimetry: (i) the two dimensional planning process is required to calculate dose to a volume, however a dose volume histogram is not required to complete the planning process; (ii) based on review and assessment by a radiation oncologist, the two dimensional planning process is not required to maximise the differential between target dose and normal tissue dose; (iii) the target (which may include gross, clinical and planning targets as a composite structure or field border outline), as defined in the prescription, is rendered as a two dimensional structure as field borders or a volume; (iv) organs at risk are delineated if required, and assessment of dose to these structures is derived from dose point calculations, rather than full calculation and inclusion in a dose volume histogram; (v) dose calculations are calculated using a specialised algorithm, with prescription and plan details approved and recorded with the plan Applicable once per course of treatment	1062.85			797.15	964.15
15906	Chemotherapy, radiotherapy and immunotherapy for cancer	Type C	01.07.2024	3	T2	Y	Megavoltage planning—level 2.1 Three dimensional radiation therapy simulation and dosimetry for treatment planning, without motion management, if: (a) all of the following apply in relation to the simulation: (i) treatment set up and technique specifications are in preparation for three dimensional planning without consideration of motion management; (ii) patient set up and immobilisation techniques are reproducible for treatment; (iii) a high quality dataset is acquired in treatment position for the relevant region of interest to be planned and treated with image verification; and (b) all of the following apply in relation to the dosimetry: (i) the three dimensional planning process is required to calculate dose to three dimensional volume structures and requires a dose volume histogram to complete the planning process; (ii) based on review and assessment by a radiation oncologist, the three dimensional planning process (which must include multi leaf collimator based shaping to achieve target dose conformity and organs at risk avoidance or dose management or reduction) is required to optimise the differential between target dose and normal tissue dose; (iii) the planning target volume is rendered as a three dimensional structure on planning outputs (three dimensional plan review, three planar sections review or dose volume histogram); (iv) organs at risk are delineated, and assessment of dose to these structures is derived from calculation and inclusion in a dose volume histogram Applicable once per course of treatment	1638.7			1229.05	1540
15908	Chemotherapy, radiotherapy and immunotherapy for cancer	Type C	01.07.2024	3	T2	Y	Megavoltage planning—level 2.2 Three dimensional radiation therapy simulation and dosimetry for treatment planning with motion management, if: (a) all of the following apply in relation to the simulation: (i) treatment set up and technique specifications are in preparation for complex three dimensional planning with consideration of motion management; (ii) patient set up and immobilisation techniques are reproducible for treatment; (iii) a high quality three dimensional or four dimensional image volume dataset is acquired in treatment position for the relevant region of interest to be planned and treated with image verification; and (b) all of the following apply in relation to the dosimetry: (i) the three dimensional planning process is required to calculate dose to three dimensional volume structures (which must include structures moving with physiologic processes) and requires a dose volume histogram to complete the planning process; (ii) based on review and assessment by a radiation oncologist, the three dimensional planning process (which must include multi leaf collimator based shaping to achieve target dose conformity and organs at risk avoidance or dose management or reduction) is required to optimise the differential between target dose and normal tissue dose; (iii) the planning target volume is rendered as a three dimensional structure on planning outputs (three dimensional plan review, three planar sections review or dose volume histogram); (iv) organs at risk are delineated, and assessment of dose to these structures is derived from full calculation and inclusion in a dose volume histogram Applicable once per course of treatment	2649.25			1986.95	2550.55

MBS Item	Clinical category	Procedure type	Item Start Date	MBS Category	MBS Group	New Item	MBS Description	MBS Schedule Fee	Derived Fee	Benefit 100% ($)	Benefit 75% ($)	Benefit 85% ($)
15910	Chemotherapy, radiotherapy and immunotherapy for cancer	Type C	01.07.2024	3	T2	Y	Megavoltage planning—level 3.1 Standard intensity modulated radiation therapy (IMRT) simulation and dosimetry for treatment planning, if: (a) all of the following apply in relation to the simulation: (i) treatment set up and technique specifications are in preparation for single dose level IMRT planning without motion management; (ii) patient set up and immobilisation techniques are suitable for image volume data acquisition and reproducible IMRT treatment; (iii) a high quality three dimensional image volume dataset is acquired in treatment position for the relevant region of interest to be planned and treated with image verification; and (b) all of the following apply in relation to the dosimetry: (i) the IMRT planning process is required to calculate dose to a single dose level volume structure and requires a dose volume histogram to complete the planning process; (ii) based on review and assessment by a radiation oncologist, the IMRT planning process optimises the differential between target dose, organs at risk and normal tissue dose; (iii) all relevant gross tumour volumes, clinical target volumes, planning target volumes and organs at risk are rendered as volumes and nominated with planning dose objectives; (iv) organs at risk are nominated as planning dose constraints; (v) dose calculations and dose volume histograms are generated in an inverse planned process using a specialised algorithm, with prescription and plan details approved and recorded with the plan; (vi) a three dimensional image volume dataset is used for the relevant region to be planned and treated with image verification Applicable once per course of treatment	4142.7			3107.05	4044
15912	Chemotherapy, radiotherapy and immunotherapy for cancer	Type C	01.07.2024	3	T2	Y	Megavoltage re planning—level 3.1 Additional dosimetry plan for re planning of standard intensity modulated radiation therapy (IMRT) treatment, if: (a) an initial treatment plan described in item 15910 has been prepared; and (b) treatment adjustments to the initial plan are inadequate to satisfy treatment protocol requirements Applicable once per course of treatment	2071.35			1553.55	1972.65
15914	Chemotherapy, radiotherapy and immunotherapy for cancer	Type C	01.07.2024	3	T2	Y	Megavoltage planning—level 3.2 Complex intensity modulated radiation therapy (IMRT) simulation and dosimetry for treatment planning, if (a) all of the following apply in relation to the simulation: (i) treatment set up and technique specifications are in preparation for multiple dose level IMRT planning or single dose level IMRT planning requiring motion management; (ii) patient set up and immobilisation techniques are suitable for image volume data acquisition and reproducible IMRT treatment; (iii) a high quality three dimensional or four dimensional volume dataset is acquired in treatment position for the relevant region of interest to be planned and treated with image verification; and (b) all of the following apply in relation to the dosimetry: (i) the IMRT planning process is required to calculate dose to multiple dose level volume structures or single dose level volume structures (including structures moving with physiologic processes or requiring precise positioning with respect to beam edges) and requires a dose volume histogram to complete the planning process; (ii) based on review and assessment by a radiation oncologist, the IMRT planning process optimises the differential between target dose, organs at risk and normal tissue dose; (iii) all relevant gross tumour targets, clinical target volumes, planning target volumes, internal target volumes and organs at risk are rendered and nominated with planning dose objectives; (iv) organs at risk are nominated as planning dose constraints; (v) dose calculations and dose volume histograms are generated in an inverse planned process using a specialised algorithm, with prescription and plan details approved and recorded with the plan; (vi) a three dimensional or four dimensional image volume dataset is used for the relevant region to be planned and treated, with image verification for a multiple dose level IMRT planning or single dose level IMRT planning requiring motion management Applicable once per course of treatment	5953.95			4465.5	5855.25
15916	Chemotherapy, radiotherapy and immunotherapy for cancer	Type C	01.07.2024	3	T2	Y	Megavoltage re planning—level 3.2 Additional dosimetry plan for re planning of complex intensity modulated radiation therapy (IMRT) treatment, if: (a) an initial treatment plan described in item 15914 has been prepared; and (b) treatment adjustments to the initial plan are inadequate to satisfy treatment protocol requirements Applicable once per course of treatment	2976.95			2232.75	2878.25
15918	Chemotherapy, radiotherapy and immunotherapy for cancer	Type C	01.07.2024	3	T2	Y	Megavoltage planning—level 4 Intracranial stereotactic radiation therapy (SRT) simulation and dosimetry for treatment planning, if: (a) all of the following apply in relation to the simulation: (i) treatment set up and technique specifications are in preparation for multiple non coplanar, rotational or fixed beam stereotactic delivery; (ii) precise personalised patient set up and immobilisation techniques are suitable for reliable imaging acquisition and reproducible SRT small field and ablative treatments; (iii) a high quality three dimensional image volume dataset is acquired in treatment position for the intracranial lesions to be planned and treated and verified; and (b) all of the following apply in relation to the dosimetry: (i) the planning process is required to calculate dose to single or multiple target structures and requires a dose volume histogram to complete the planning process; (ii) based on review and assessment by a radiation oncologist, the planning process maximises the differential between target dose, organs at risk and normal tissue dose; (iii) all relevant gross tumour volumes, clinical target volumes, planning target volumes and organs at risk are rendered and nominated with planning dose objectives; (iv) organs at risk are nominated as planning dose constraints; (v) dose calculations and dose volume histograms are generated using a validated stereotactic type algorithm, with prescription and plan details approved and recorded with the plan Applicable once per course of treatment	6676			5007	6577.3

MBS Item	Clinical category	Procedure type	Item Start Date	MBS Category	MBS Group	New Item	MBS Description	MBS Schedule Fee	Derived Fee	Benefit 100% ($)	Benefit 75% ($)	Benefit 85% ($)
15920	Chemotherapy, radiotherapy and immunotherapy for cancer	Type C	01.07.2024	3	T2	Y	Megavoltage planning—level 4 Stereotactic body radiation therapy (SBRT) simulation and dosimetry for treatment planning, if: (a) all of the following apply in relation to the simulation: (i) treatment set up and technique specifications are in preparation for inverse planning with multiple non coplanar, rotational or fixed beam stereotactic delivery or intensity modulated radiation therapy (IMRT) stereotactic delivery; (ii) personalised patient set up and immobilisation techniques are suitable for reliable imaging acquisition and reproducible, including techniques to minimise motion of organs at risk and targets; (iii) small field and ablative treatment is used; (iv) a high quality three dimensional or four dimensional image volume dataset is acquired in treatment position for the relevant region of interest to be planned, treated and verified (through daily planar or volumetric image guidance strategies); and (b) all of the following apply in relation to the dosimetry: (i) the planning process is required to calculate dose to single or multiple target structures and requires a dose volume histogram to complete the planning process; (ii) based on review and assessment by a radiation oncologist, the planning process maximises the differential between target dose, organs at risk and normal tissue dose; (iii) all relevant gross tumour volumes, clinical target volumes, planning target volumes and organs at risk are rendered and nominated with planning dose objectives; (iv) organs at risk are nominated as planning dose constraints; (v) dose calculations and dose volume histograms are generated using a validated stereotactic type algorithm, with prescription and plan details approved and recorded with the plan Applicable once per course of treatment	6676			5007	6577.3
15922	Chemotherapy, radiotherapy and immunotherapy for cancer	Type C	01.07.2024	3	T2	Y	Megavoltage re planning—level 4 Additional dosimetry plan for re planning of intracranial stereotactic radiation therapy (SRT) or stereotactic body radiation therapy (SBRT) treatment, if: (a) an initial treatment plan described in item 15918 or 15920 has been prepared; and (b) treatment adjustments to the initial plan are inadequate to satisfy treatment protocol requirements Applicable once per course of treatment	3338.05			2503.55	3239.35
15924	Chemotherapy, radiotherapy and immunotherapy for cancer	Type C	01.07.2024	3	T2	Y	Megavoltage planning—level 5 Specialised radiation therapy simulation and dosimetry for treatment planning, if both of the following apply in relation to the simulation: (a) treatment set up and technique specifications are in preparation for a specialised case with general anaesthetic or sedation supervised by an anaesthetist; (b) a high quality three dimensional or four dimensional image volume dataset is acquired in treatment position for the relevant region of interest to be planned and treated with image verification Applicable once per course of treatment (Anaes.)	7046.3			5284.75	6947.6
15926	Chemotherapy, radiotherapy and immunotherapy for cancer	Type C	01.07.2024	3	T2	Y	Megavoltage planning—level 5 Specialised radiation therapy simulation and dosimetry for treatment planning, if: (a) all of the following apply in relation to the simulation: (i) treatment set up and technique specifications are in preparation for a specialised application such as total skin electron therapy (TSE) or total body irradiation (TBI); (ii) reproducible personalised patient set up and immobilisation techniques are suitable to implement three dimensional radiation therapy, intensity modulated radiation therapy (IMRT) (including multiple non coplanar, rotational or fixed beam treatment delivery) or a specialised total body treatment delivery method; (iii) a specialised dataset of anatomical dimensions is acquired in the treatment position for TSE or TBI; and (b) all of the following apply in relation to the dosimetry: (i) total TSE, TBI, IMRT or multiple non coplanar, rotational or fixed beam treatment is used; (ii) the final dosimetry plan is validated by a radiation therapist and a medical physicist, using quality assurance processes; (iii) the final dosimetry plan is approved, prior to treatment delivery, by a radiation oncologist Applicable once per course of treatment	7046.3			5284.75	6947.6
15928	Chemotherapy, radiotherapy and immunotherapy for cancer	Type C	01.07.2024	3	T2	Y	Megavoltage re planning—level 5 Additional dosimetry plan for re planning of specialised radiation therapy if: (a) an initial treatment plan described in 15924 or 15926 has been prepared; and (b) treatment adjustments to the initial plan are inadequate to satisfy treatment protocol requirements Applicable once per course of treatment (Anaes.)	3523.15			2642.4	3424.45
15930	Chemotherapy, radiotherapy and immunotherapy for cancer	Type C	01.07.2024	3	T2	Y	Megavoltage treatment—level 1.1 Radiation therapy for simple, single field treatment (including electron beam treatments), if: (a) the treatment does not use imaging for field setting; and (b) the treatment is delivered using a device that is included in the Australian Register of Therapeutic Goods; and (c) the treatment is delivered with a one dimensional plan; and (d) a two dimensional single field treatment delivery mode is utilised Applicable once per plan per day	91.25			68.45	77.6
15932	Chemotherapy, radiotherapy and immunotherapy for cancer	Type C	01.07.2024	3	T2	Y	Megavoltage treatment—level 1.2 Radiation therapy and image verification for simple treatment, with imaging for field setting, if: (a) the treatment is delivered using a device that is included in the Australian Register of Therapeutic Goods; and (b) image guided radiation therapy (IGRT) imaging is used to implement a two dimensional plan, and (c) two dimensional treatment is delivered; and (d) image verification decisions and actions are documented in the patient's record Applicable once per plan per day	113.65			85.25	96.65
15934	Chemotherapy, radiotherapy and immunotherapy for cancer	Type C	01.07.2024	3	T2	Y	Megavoltage treatment—level 2.1 Radiation therapy and image verification for three dimensional treatment, without motion management, if: (a) the treatment is delivered using a device that is included in the Australian Register of Therapeutic Goods; and (b) image guided radiation therapy (IGRT) imaging is used to implement a standard three dimensional plan; and (c) three dimensional treatment is delivered; and (d) image verification decisions and actions are documented in the patient's record Applicable once per plan per day	255.95			192	217.6

MBS Item	Clinical category	Procedure type	Item Start Date	MBS Category	MBS Group	New Item	MBS Description	MBS Schedule Fee	Derived Fee	Benefit 100% ($)	Benefit 75% ($)	Benefit 85% ($)
15936	Chemotherapy, radiotherapy and immunotherapy for cancer	Type C	01.07.2024	3	T2	Y	Megavoltage treatment—level 2.2 Radiation therapy and image verification for three dimensional treatment, if: (a) the treatment is delivered using a device that is included in the Australian Register of Therapeutic Goods; and (b) image guided radiation therapy (IGRT) imaging is used to implement a complex three dimensional plan; and (c) complex three dimensional treatment is delivered with management of motion; and (d) image decisions and actions are documented in the patient's record Applicable once per plan per day	278.4			208.8	236.65
15938	Chemotherapy, radiotherapy and immunotherapy for cancer	Type C	01.07.2024	3	T2	Y	Megavoltage treatment—level 3.1 Standard single dose level intensity modulated radiation therapy (IMRT) treatment and image verification, without motion management, if: (a) the treatment is delivered using a device that is included in the Australian Register of Therapeutic Goods; and (b) image guided radiation therapy (IGRT) imaging is used to implement a standard IMRT plan described in item 15910 Applicable once per plan per day	278.4			208.8	236.65
15940	Chemotherapy, radiotherapy and immunotherapy for cancer	Type C	01.07.2024	3	T2	Y	Megavoltage treatment—level 3.2 Complex multiple dose level intensity modulated radiation therapy (IMRT) treatment, or single dose level IMRT treatment requiring motion management, and image verification, if: (a) the treatment is delivered using a device that is included in the Australian Register of Therapeutic Goods; and (b) image guided radiation therapy (IGRT) imaging is used (with motion management functionality if required) to implement a complex IMRT plan described in item 15914; and (c) radiation field positioning requires accurate dose delivery to the target; and (d) image decisions and actions are documented in the patient's record Applicable once per plan per day	306.25			229.7	260.35
15942	Chemotherapy, radiotherapy and immunotherapy for cancer	Type C	01.07.2024	3	T2	Y	Megavoltage treatment—level 4 Intracranial stereotactic radiation therapy treatment and image verification, if: (a) the treatment is delivered using a device that is included in the Australian Register of Therapeutic Goods; and (b) image guided radiation therapy (IGRT) or minimally invasive stereotactic frame localisation is used to implement an intracranial stereotactic treatment plan described in item 15918; and (c) radiation field positioning requires accurate dose delivery to the target; and (d) image decisions and actions are documented in the patient's record Applicable once per day	789.35			592.05	690.65
15944	Chemotherapy, radiotherapy and immunotherapy for cancer	Type C	01.07.2024	3	T2	Y	Megavoltage treatment—level 4 Stereotactic body radiation therapy (SBRT) treatment and image verification, if: (a) the treatment is delivered using a device that is included in the Australian Register of Therapeutic Goods; and (b) image guided radiation therapy (IGRT) is used (with motion management functionality if required) to implement a stereotactic body radiation therapy plan described in item 15920; and (c) radiation field positioning requires accurate dose delivery to the target; and (d) image decisions and actions are documented in the patient's record Applicable once per day	789.35			592.05	690.65
15946	Chemotherapy, radiotherapy and immunotherapy for cancer	Type C	01.07.2024	3	T2	Y	Megavoltage treatment—level 5 Specialised radiation therapy treatment and verification, if: (a) the treatment is delivered using a device that is included in the Australian Register of Therapeutic Goods; and (b) a specialised technique is used with general anaesthetic or sedation supervised by an anaesthetist Applicable once per plan per day	907.75			680.85	809.05
15948	Chemotherapy, radiotherapy and immunotherapy for cancer	Type C	01.07.2024	3	T2	Y	Megavoltage treatment—level 5 Specialised radiation therapy treatment and verification, if: (a) the treatment is delivered using a device that is included in the Australian Register of Therapeutic Goods; and (b) a specialised technique, such as total skin electron therapy (TSE) or total body irradiation (TBI), is used to implement a treatment plan described in item 15926; and (c) image guided radiation therapy (IGRT) is used (with motion management functionality, if required) to implement: (i) three dimensional radiation therapy; or (ii) intensity modulated radiation therapy (IMRT) (including multiple non coplanar, rotational or fixed beam treatment); or (iii) total skin electrons (TSE) where there is individualised treatment Applicable once per day	907.75			680.85	809.05
15950	Chemotherapy, radiotherapy and immunotherapy for cancer	Type C	01.07.2024	3	T2	Y	Kilovoltage planning Simple complexity single field radiation therapy simulation and dosimetry for treatment planning without imaging for field setting, if: (a) both of the following apply in relation to the simulation: (i) localisation is based on clinical mark up and image based simulation is not required; (ii) patient set up and immobilisation techniques are suitable for two dimensional radiation therapy treatment, with wide margins and allowance for movement; and (b) all of the following apply in relation to the dosimetry: (i) the planning process is required to deliver a prescribed dose to a point, either at depth or on the surface of the patient; (ii) based on review and assessment by a radiation oncologist, the planning process does not require the differential of dose between target, organs at risk and normal tissue dose; (iii) delineation of structures is not possible or required, and field borders will delineate the treatment volume; (iv) doses are calculated in reference to a point, either at depth or on the surface of the patient, from tables, charts or data from a treatment planning system Applicable once per course of treatment	203.7			152.8	173.15
15952	Chemotherapy, radiotherapy and immunotherapy for cancer	Type C	01.07.2024	3	T2	Y	Delivery of kilovoltage radiation therapy (50 kV to 500 kV range) to one anatomical site (excluding orbital structures where there is placement of an internal eye shield), other than a service to which item 15954 applies	54.85			41.15	46.65

MBS Item	Clinical category	Procedure type	Item Start Date	MBS Category	MBS Group	New Item	MBS Description	MBS Schedule Fee	Derived Fee	Benefit 100% ($)	Benefit 75% ($)	Benefit 85% ($)
15954	Chemotherapy, radiotherapy and immunotherapy for cancer	Type C	01.07.2024	3	T2	Y	Delivery of kilovoltage radiation therapy (50 kV to 500 kV range) to 2 or more anatomical sites (excluding orbital structures where there is placement of an internal eye shield)		The fee for item 15952 plus for each anatomical site in excess of 1, an amount of $22.00			
15956	Chemotherapy, radiotherapy and immunotherapy for cancer	Type C	01.07.2024	3	T2	Y	Delivery of kilovoltage radiation therapy (50 kV to 500 kV range) to orbital structures where there is placement of an internal eye shield	67.45			50.6	57.35
15958	Chemotherapy, radiotherapy and immunotherapy for cancer	Type C	01.07.2024	3	T2	Y	Simple placement or insertion of any of the following kinds of brachytherapy device, without image guidance: (a) intracavitary vaginal cylinder, vaginal ovoids, vaginal ring or vaginal mould; (b) surface mould or applicator, with catheters fixed to or embedded into mould or applicator, on external surface of body; including the removal of applicators, catheters or needles	106.4			79.8	90.45
15960	Chemotherapy, radiotherapy and immunotherapy for cancer	Type C	01.07.2024	3	T2	Y	Complex construction and manufacture of a personalised brachytherapy applicator or mould, derived from three dimensional image volume datasets, to treat intracavitary, intraoral or intranasal site, including the removal of applicators, catheters or needles	146.8			110.1	124.8
15962	Chemotherapy, radiotherapy and immunotherapy for cancer	Type C	01.07.2024	3	T2	Y	Complex insertion of any of the following kinds of brachytherapy device, with image guidance and if a radiation oncologist is in attendance at the initiation of the service: (a) intrauterine tubes with or without ovoids, ring or cylinder; (b) endocavity applicators; (c) intraluminal catheters for treatment of bronchus, trachea, oesophagus, nasopharynx, bile duct; (d) endovascular catheters for treatment of vessels; including the removal of applicators, catheters or needles (Anaes.)	319.15			239.4	271.3
15964	Chemotherapy, radiotherapy and immunotherapy for cancer	Type C	01.07.2024	3	T2	Y	Complex insertion and removal of hybrid intracavitary and interstitial brachytherapy applicators, or intracavitary and multi catheter applicators, with image guidance and if a radiation oncologist is in attendance at the initiation of the service (Anaes.)	425.6			319.2	361.8
15966	Chemotherapy, radiotherapy and immunotherapy for cancer	Type C	01.07.2024	3	T2	Y	Complex insertion of any of the following kinds of interstitial brachytherapy implants not requiring surgical exposure, with image guidance, and if a radiation oncologist is in attendance during the service: (a) catheters or needles for temporary implants; (b) radioactive sources for permanent implants; (c) breast applicators, single channel and multi channel strut devices; including the removal of applicators, catheters or needles (Anaes.)	531.95			399	452.2
15968	Chemotherapy, radiotherapy and immunotherapy for cancer	Type C	01.07.2024	3	T2	Y	Complex insertion of any of the following interstitial brachytherapy implants requiring surgical exposure (other than a service to which item 15900 applies), if a radiation oncologist is in attendance at the initiation of the service: (a) catheters, needles or applicators to a region requiring surgical exposure; (b) radioactive sources for permanent implants; (c) surface moulds during intraoperative brachytherapy; (d) plastic catheters or stainless steel needles, requiring surgical exposure; including implantation and removal of applicators, catheters or needles (Anaes.)	833.8			625.35	735.1
15970	Chemotherapy, radiotherapy and immunotherapy for cancer	Type C	01.07.2024	3	T2	Y	Simple level dosimetry for brachytherapy plans prescribed to surface or depth from catheter and library plans, if: (a) the planning process is required to deliver a prescribed dose to a three dimensional volume, and relative to a single line or multiple channel delivery applicator; and (b) the planning process does not require the differential of dose between the target, organs at risk and normal tissue dose; and (c) delineation of structures is not required; and (d) dose calculations are performed in reference to the surface or a point at depth (two dimensional plan) from tables, charts or data from a treatment planning system library plan Applicable once per course of treatment	138.35			103.8	117.6
15972	Chemotherapy, radiotherapy and immunotherapy for cancer	Type C	01.07.2024	3	T2	Y	Simple level dosimetry re planning of an initial brachytherapy plan described in item 15970 if treatment adjustments to that initial plan are inadequate to satisfy treatment protocol requirements Applicable once per course of treatment	69.2			51.9	58.85
15974	Chemotherapy, radiotherapy and immunotherapy for cancer	Type C	01.07.2024	3	T2	Y	Intermediate level dosimetry calculated on a volumetric dataset for intracavitary or intraluminal or endocavity applicators, for brachytherapy plans that have three dimensional image datasets acquired as part of simulation, if: (a) the planning process is required to deliver the prescribed dose to a three dimensional volume, and relative to multiple line for channel delivery applicators (excluding interstitial catheters and needles and multi catheter devices); and (b) based on review and assessment by a radiation oncologist, the planning process requires the differential of dose between target, organs at risk and normal tissue dose using avoidance strategies (which include placement of sources and/or dwell times or tissue packing); and (c) delineation of structures is required as part of the planning process to produce a dose volume histogram integral to the avoidance strategies; and (d) dose calculations are performed on a personalised basis, which must include three dimensional dose calculation to target and organ at risk volumes; and (e) dose calculations and the dose volume histogram are approved and recorded with the plan Applicable once per course of treatment	927.75			695.85	829.05

MBS Item	Clinical category	Procedure type	Item Start Date	MBS Category	MBS Group	New Item	MBS Description	MBS Schedule Fee	Derived Fee	Benefit 100% ($)	Benefit 75% ($)	Benefit 85% ($)
15976	Chemotherapy, radiotherapy and immunotherapy for cancer	Type C	01.07.2024	3	T2	Y	Intermediate level dosimetry re planning of an initial brachytherapy plan described in item 15974 if treatment adjustments to that initial plan are inadequate to satisfy treatment protocol requirements Applicable once per course of treatment	463.9			347.95	394.35
15978	Chemotherapy, radiotherapy and immunotherapy for cancer	Type C	01.07.2024	3	T2	Y	Complex level dosimetry for brachytherapy plans that contain multiple needles, catheters or radiation sources, calculated on the three dimensional volumetric dataset, if: (a) the planning process is required to deliver a prescribed dose to a target volume relative to multiple channel delivery applicators, needles or catheters or radiation sources; and (b) based on review and assessment by a radiation oncologist, the planning process requires the differential of doses between the target, organs at risk and normal tissue dose using avoidance strategies (which include the placement of sources and/or dwell times or tissue packing; and (c) delineation of structures is required as part of the planning process, in order to produce a dose volume histogram to review and assess the plan; and (d) dose calculations are performed on a personalised basis, which must include three dimensional dose calculation to target and organ at risk volumes; and (e) dose calculations and the dose volume histogram are approved and recorded with the plan Applicable once per course of treatment	1078.1			808.6	979.4
15980	Chemotherapy, radiotherapy and immunotherapy for cancer	Type C	01.07.2024	3	T2	Y	Complex level dosimetry re planning of an initial brachytherapy plan described in item 15978 if treatment adjustments to the initial plan are inadequate to satisfy treatment protocol requirements Applicable once per course of treatment	539.1			404.35	458.25
15982	Chemotherapy, radiotherapy and immunotherapy for cancer	Type C	01.07.2024	3	T2	Y	Brachytherapy treatment, if: (a) the service is performed by radiation therapists and medical physicists; and (b) a radiation oncologist is in attendance during the service; and (c) the treatment is to implement a brachytherapy treatment plan described in any of items 15970, 15972, 15974, 15976, 15978 and 15980	404.25			303.2	343.65
15984	Chemotherapy, radiotherapy and immunotherapy for cancer	Type C	01.07.2024	3	T2	Y	Verification of position of brachytherapy applicators, needles, catheters or radioactive sources, if: (a) a two dimensional or three dimensional volumetric image set, or a validated in vivo dosimetry measurement, is required to facilitate an adjustment to the applicators, needles, catheters or dosimetry plan; and (b) decisions using the acquired images are based on action algorithms and enacted immediately prior to, or during, treatment, where treatment is preceded by manipulation or adjustment of delivery applicator or adjustment of the dosimetry plan; and (c) the service is associated with a service to which any of the following items apply: (i) items 15958 to 15968; (ii) item 15982	148.95			111.75	126.65
16003	Chemotherapy, radiotherapy and immunotherapy for cancer	Type C	01.12.1991	3	T3	N	Intra-cavitary administration of a therapeutic dose of Yttrium 90 (not including preliminary paracentesis and other than a service to which item 35404, 35406 or 35408 applies or a service associated with selective internal radiation therapy) (Anaes.)	1616.65			1212.5	1517.95
16006	Chemotherapy, radiotherapy and immunotherapy for cancer	Type C	01.12.1991	3	T3	N	Administration of a therapeutic dose of Iodine 131 for thyroid cancer by single dose technique	1089.8			817.35	991.1
16009	Chemotherapy, radiotherapy and immunotherapy for cancer	Type C	01.12.1991	3	T3	N	Administration of a therapeutic dose of Iodine 131 for thyrotoxicosis by single dose technique	527.95			396	448.8
16012	Chemotherapy, radiotherapy and immunotherapy for cancer	Type C	01.12.1991	3	T3	N	Intravenous administration of a therapeutic dose of Phosphorous 32	3032.25			2274.2	2933.55
16015	Chemotherapy, radiotherapy and immunotherapy for cancer	Type C	01.05.1997	3	T3	N	Administration of Strontium 89 forthe relief of bone pain due to skeletal metastases (as indicated by a positive bone scan), if systemic antineoplastic therapy is unavailable or has failed to control the patient's disease and either: a) the disease is poorly controlled by conventional radiotherapy; or b) conventional radiotherapy is inappropriate, due to the wide distribution of sites of bone pain.	4654.45			3490.85	4555.75
16018	Chemotherapy, radiotherapy and immunotherapy for cancer	Type C	22.12.1999	3	T3	N	Administration of153 Sm-lexidronam for the relief of bone pain due to skeletal metastases (as indicated by a positive bone scan), if systemic antineoplastic therapy is unavailable or has failed to control the patient's disease, and: a) the disease is poorly controlled by conventional radiotherapy; or b) conventional radiotherapy is inappropriate, due to the wide distribution of sites of bone pain.	5008.1			3756.1	4909.4
16400	Pregnancy and birth	Type C	01.11.2006	3	T4	N	Antenatal service provided by a practice midwife, nurse or an Aboriginal and Torres Strait Islander health practitioner, applicable 10 times for a pregnancy, if: (a) the service is provided on behalf of, and under the supervision of, a medical practitioner; and (b) the service is provided at, or from, a practice location in a regional, rural or remote area; and (c) the service is not performed in conjunction with another antenatal attendance item in Group T4 for the same patient on the same day by the same practitioner; and (d) the service is not provided for an admitted patient of a hospital or approved day facility	31.05				26.4
16401	Pregnancy and birth	Unlisted	01.01.2010	3	T4	N	Professional attendance at consulting rooms or a hospital by a specialist in the practice of the specialist's specialty of obstetrics after referral of the patient to the specialist—initial attendance in a single course of treatment	97.4			73.05	82.8

MBS Item	Clinical category	Procedure type	Item Start Date	MBS Category	MBS Group	New Item	MBS Description	MBS Schedule Fee	Derived Fee	Benefit 100% ($)	Benefit 75% ($)	Benefit 85% ($)
16404	Pregnancy and birth	Unlisted	01.01.2010	3	T4	N	Professional attendance at consulting rooms or a hospital by a specialist in the practice of the specialist's specialty of obstetrics after referral of the patient to the specialist—an attendance after the initial attendance in a single course of treatment	49			36.75	41.65
16406	Pregnancy and birth	Type A Obstetric	01.11.2010	3	T4	N	Antenatal professional attendance by an obstetrician or general practitioner, as part of a single course of treatment when the patient is referred by a participating midwife Applicable once for a pregnancy	152.65			114.5	129.8
16407	Pregnancy and birth	Type C	01.11.2017	3	T4	N	Postnatal professional attendance (other than a service to which any other item applies) if the attendance: (a) is by an obstetrician or general practitioner; and (b) is in hospital or at consulting rooms; and (c) is between 4 and 8 weeks after the birth; and (d) lasts at least 20 minutes; and (e) includes a mental health assessment (including screening for drug and alcohol use and domestic violence) of the patient; and (f) is for a pregnancy in relation to which a service to which item 82140 applies is not provided Payable once only for a pregnancy	81.7			61.3	69.45
16408	Pregnancy and birth	Type C	01.11.2017	3	T4	N	Postnatal attendance (other than attendance at consulting rooms, a hospital or a residential aged care facility or a service to which any other item applies) if the attendance: (a) is by: (i) a midwife (on behalf of and under the supervision of the medical practitioner who attended the birth); or (ii) an obstetrician; or (iii) a general practitioner; and (b) is between 1 week and 4 weeks after the birth; and (c) lasts at least 20 minutes; and (d) is for a patient who was privately admitted for the birth; and (e) is for a pregnancy in relation to which a service to which item 82130, 82135 or 82140 applies is not provided Payable once only for a pregnancy	60.85				51.75
16500	Pregnancy and birth	Type C	01.12.1991	3	T4	N	Antenatal attendance	53.7			40.3	45.65
16501	Pregnancy and birth	Type C	01.11.2000	3	T4	N	External cephalic version for breech presentation, after 36 weeks, if no contraindication exists, in a unit with facilities for caesarean section, including pre and post version CTG, with or without tocolysis, other than a service to which items 55718 to 55728 and 55768 to 55774 apply—chargeable whether or not the version is successful and limited to a maximum of 2 ECVs per pregnancy	160.1			120.1	136.1
16502	Pregnancy and birth	Type C	01.11.1995	3	T4	N	Polyhydramnios, unstable lie, multiple pregnancy, pregnancy complicated by diabetes or anaemia, threatened premature labour treated by bed rest only or oral medication, requiring admission to hospital—a professional attendance that is not a routine antenatal attendance, applicable once per day	53.7			40.3	45.65
16505	Pregnancy and birth	Type C	01.11.1995	3	T4	N	Threatened abortion, threatened miscarriage or hyperemesis gravidarum, requiring admission to hospital, treatment of—an attendance that is not a routine antenatal attendance	53.7			40.3	45.65
16508	Pregnancy and birth	Type C	01.11.1995	3	T4	N	Pregnancy complicated by acute intercurrent infection, fetal growth restriction, threatened premature labour with ruptured membranes or threatened premature labour treated by intravenous therapy, requiring admission to hospital—professional attendance (other than a service to which item 16533 applies) that is not a routine antenatal attendance, applicable once per day	53.7			40.3	45.65
16509	Pregnancy and birth	Type C	01.11.1995	3	T4	N	Pre eclampsia, eclampsia or antepartum haemorrhage, treatment of—professional attendance (other than a service to which item 16534 applies) that is not a routine antenatal attendance	53.7			40.3	45.65
16511	Pregnancy and birth	Type C	01.11.1995	3	T4	N	Cervix, purse string ligation of (Anaes.)	250.5			187.9	212.95
16512	Pregnancy and birth	Type B Non-band specific	01.11.1995	3	T4	N	Cervix, removal of purse string ligature of (Anaes.)	72.3			54.25	61.5
16514	Pregnancy and birth	Type C	01.11.1995	3	T4	N	Antenatal cardiotocography in the management of high risk pregnancy (not during the course of the confinement)	41.75			31.35	35.5
16515	Pregnancy and birth	Type A Obstetric	01.11.1995	3	T4	N	Management of vaginal birth as an independent procedure, if the patient's care has been transferred by another medical practitioner for management of the birth and the attending medical practitioner has not provided antenatal care to the patient, including all attendances related to the birth (Anaes.)	718.65			539	619.95
16518	Pregnancy and birth	Type A Obstetric	01.11.1995	3	T4	N	Management of labour, incomplete, if the patient's care has been transferred to another medical practitioner for completion of the birth (Anaes.)	513.35			385.05	436.35
16519	Pregnancy and birth	Type A Obstetric	01.11.1995	3	T4	N	Management of labour and birth by any means (including Caesarean section) including post partum care for 5 days (Anaes.)	790.6			592.95	691.9
16520	Pregnancy and birth	Type A Obstetric	01.12.1991	3	T4	N	Caesarean section and post operative care for 7 days, if the patient's care has been transferred by another medical practitioner for management of the confinement and the attending medical practitioner has not provided any of the antenatal care (Anaes.)	718.65			539	619.95

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16522	Pregnancy and birth	Type A Obstetric	01.11.1998	3	T4	N	Management of labour and birth, or birth alone, (including caesarean section), on or after 23 weeks gestation, if in the course of antenatal supervision or intrapartum management one or more of the following conditions is present, including postnatal care for 7 days: (a) fetal loss; (b) multiple pregnancy; (c) antepartum haemorrhage that is: (i) of greater than 200 ml; or (ii) associated with disseminated intravascular coagulation; (d) placenta praevia on ultrasound in the third trimester with the placenta within 2 cm of the internal cervical os; (e) baby with a birth weight less than or equal to 2,500 g; (f) trial of vaginal birth in a patient with uterine scar where there has been a planned vaginal birth after caesarean section; (g) trial of vaginal breech birth where there has been a planned vaginal breech birth; (h) prolonged labour greater than 12 hours with partogram evidence of abnormal cervimetric progress as evidenced by cervical dilatation at less than 1 cm/hr in the active phase of labour (after 3 cm cervical dilatation and effacement until full dilatation of the cervix); (i) acute fetal compromise evidenced by: (i) scalp pH less than 7.15; or (ii) scalp lactate greater than 4.0; (j) acute fetal compromise evidenced by at least one of the following significant cardiotocograph abnormalities: (i) prolonged bradycardia (less than 100 bpm for more than 2 minutes); (ii) absent baseline variability (less than 3 bpm); (iii) sinusoidal pattern; (iv) complicated variable decelerations with reduced (3 to 5 bpm) or absent baseline variability; (v) late decelerations; (k) pregnancy induced hypertension of at least 140/90 mm Hg associated with: (i) at least 2+ proteinuria on urinalysis; or (ii) protein-creatinine ratio greater than 30 mg/mmol; or (iii) platelet count less than 150 x 109/L; or (iv) uric acid greater than 0.36 mmol/L; (l) gestational diabetes mellitus requiring at least daily blood glucose monitoring; (m) mental health disorder (whether arising prior to pregnancy, during pregnancy or postpartum) that is demonstrated by: (i) the patient requiring hospitalisation; or (ii) the patient receiving ongoing care by a psychologist or psychiatrist to treat the symptoms of a mental health disorder; or (iii) the patient having a GP mental health treatment plan; or (iv) the patient having a management plan prepared in accordance with item 291; (n) disclosure or evidence of domestic violence; (o) any of the following conditions either diagnosed pre-pregnancy or evident at the first antenatal visit before 20 weeks gestation: (i) pre-existing hypertension requiring antihypertensive medication prior to pregnancy;	1856.15			1392.15	
16527	Pregnancy and birth	Type A Obstetric	01.11.2010	3	T4	N	Management of vaginal birth, if the patient's care has been transferred by a participating midwife for management of the birth, including all attendances related to the birth Applicable once for a pregnancy (Anaes.)	718.65			539	619.95
16528	Pregnancy and birth	Type A Obstetric	01.11.2010	3	T4	N	Caesarean section and post operative care for 7 days, if the patient's care has been transferred by a participating midwife for management of the birth Applicable once for a pregnancy (Anaes.)	718.65			539	619.95
16530	Miscarriage and termination of pregnancy	Type A Obstetric	01.11.2017	3	T4	N	Management of pregnancy loss, from 14 weeks to 15 weeks and 6 days gestation, other than a service to which item 16531, 35640 or 35643 applies (Anaes.)	437.85			328.4	372.2
16531	Miscarriage and termination of pregnancy	Type A Obstetric	01.11.2017	3	T4	N	Management of pregnancy loss, from 16 weeks to 22 weeks and 6 days gestation, other than a service to which item 16530, 35640 or 35643 applies (Anaes.)	875.7			656.8	
16533	Pregnancy and birth	Type A Obstetric	01.11.2017	3	T4	N	Pregnancy complicated by acute intercurrent infection, fetal growth restriction, threatened premature labour with ruptured membranes or threatened premature labour treated by intravenous therapy, requiring admission to hospital—each professional attendance lasting at least 40 minutes that is not a routine antenatal attendance, to a maximum of 3 services per pregnancy	120.25			90.2	
16534	Pregnancy and birth	Type A Obstetric	01.11.2017	3	T4	N	Pre-eclampsia, eclampsia or antepartum haemorrhage, treatment of—each professional attendance lasting at least 40 minutes that is not a routine antenatal attendance, to a maximum of 3 services per pregnancy	120.25			90.2	
16564	Pregnancy and birth	Unlisted	01.12.1991	3	T4	N	Evacuation of retained products of conception (placenta, membranes or mole) as a complication of confinement, with or without curettage of the uterus, as an independent procedure (Anaes.)	248.35			186.3	211.1
16567	Pregnancy and birth	Type A Surgical	01.12.1991	3	T4	N	Management of postpartum haemorrhage by special measures such as packing of uterus, as an independent procedure (Anaes.)	363.2			272.4	308.75
16570	Pregnancy and birth	Type A Surgical	01.12.1991	3	T4	N	Acute inversion of the uterus, vaginal correction of, as an independent procedure (Anaes.)	474.05			355.55	402.95
16571	Pregnancy and birth	Type A Surgical	01.11.1995	3	T4	N	Cervix, repair of extensive laceration or lacerations (Anaes.)	363.2			272.4	308.75
16573	Pregnancy and birth	Type A Surgical	01.12.1991	3	T4	N	Third degree tear, involving anal sphincter muscles and rectal mucosa, repair of, as an independent procedure (Anaes.)	295.9			221.95	251.55
16590	Pregnancy and birth	Unlisted	01.11.2005	3	T4	N	Planning and management, by a practitioner, of a pregnancy if: (a) the practitioner intends to take primary responsibility for management of the pregnancy and any complications, and to be available for the birth; and (b) the patient intends to be privately admitted for the birth; and (c) the pregnancy has progressed beyond 28 weeks gestation; and (d) the practitioner has maternity privileges at a hospital or birth centre; and (e) the service includes a mental health assessment (including screening for drug and alcohol use and domestic violence) of the patient; and (f) a service to which item 16591 applies is not provided in relation to the same pregnancy Applicable once for a pregnancy	424.65			318.5	361
16591	Pregnancy and birth	Unlisted	01.01.2010	3	T4	N	Planning and management, by a practitioner, of a pregnancy if: (a) the pregnancy has progressed beyond 28 weeks gestation; and (b) the service includes a mental health assessment (including screening for drug and alcohol use and domestic violence) of the patient; and (c) a service to which item 16590 applies is not provided in relation to the same pregnancy Applicable once for a pregnancy	162.5			121.9	138.15

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16600	Pregnancy and birth	Type C	01.07.1995	3	T4	N	Amniocentesis, diagnostic	72.3			54.25	61.5
16603	Pregnancy and birth	Type B Non-band specific	01.07.1995	3	T4	N	Chorionic villus sampling, by any route	138.85			104.15	118.05
16606	Pregnancy and birth	Unlisted	01.07.1995	3	T4	N	Fetal blood sampling, using interventional techniques from umbilical cord or fetus, including fetal neuromuscular blockade and amniocentesis (Anaes.)	277.1			207.85	235.55
16609	Pregnancy and birth	Unlisted	01.07.1995	3	T4	N	Fetal intravascular blood transfusion, using blood already collected, including neuromuscular blockade, amniocentesis and fetal blood sampling (Anaes.)	565.05			423.8	480.3
16612	Pregnancy and birth	Unlisted	01.07.1995	3	T4	N	FOETAL INTRAPERITONEAL BLOOD TRANSFUSION, using blood already collected, including neuromuscular blockade, amniocentesis and foetal blood sampling - not performed in conjunction with a service described in item 16609 (Anaes.)	444.6			333.45	377.95
16615	Pregnancy and birth	Unlisted	01.07.1995	3	T4	N	FOETAL INTRAPERITONEAL BLOOD TRANSFUSION, using blood already collected, including neuromuscular blockade, amniocentesis and foetal blood sampling - performed in conjunction with a service described in item 16609 (Anaes.)	236.8			177.6	201.3
16618	Pregnancy and birth	Type B Non-band specific	01.07.1995	3	T4	N	Amniocentesis, therapeutic, when indicated because of polyhydramnios with at least 500 ml being aspirated	236.8			177.6	201.3
16621	Pregnancy and birth	Unlisted	01.07.1995	3	T4	N	AMNIOINFUSION, for diagnostic or therapeutic purposes in the presence of severe oligohydramnios	236.8			177.6	201.3
16624	Pregnancy and birth	Unlisted	01.07.1995	3	T4	N	Fetal fluid filled cavity, drainage of	340.85			255.65	289.75
16627	Pregnancy and birth	Unlisted	01.07.1995	3	T4	N	Feto amniotic shunt, insertion of, into fetal fluid filled cavity, including neuromuscular blockade and amniocentesis	693.8			520.35	595.1
17610	Support list	Type C	01.11.2006	3	T6	N	ANAESTHETIST, PRE-ANAESTHESIA CONSULTATION (Professional attendance by a medical practitionerin the practice of ANAESTHESIA) -a BRIEF consultation involving a targeted history and limited examination (including the cardio-respiratory system) -AND of not more than 15 minutes s duration, not being a service associated with a service to which items 2801 - 3000 apply	49.75			37.35	42.3
17615	Common list	Type C	01.11.2006	3	T6	N	Professional attendance by a medical practitioner in the practice of anaesthesia for a consultation on a patient undergoing advanced surgery or who has complex medical problems, involving a selective history and an extensive examination of multiple systems and the formulation of a written patient management plan documented in the patient notes - and of more than 15 minutes but not more than 30 minutes duration, not being a service associated with a service to which items 2801 - 3000 applies	98.95			74.25	84.15
17620	Common list	Type C	01.11.2006	3	T6	N	Professional attendance by a medical practitioner in the practice of anaesthesia for a consultation on a patient undergoing advanced surgery or who has complex medical problems involving a detailed history and comprehensive examination of multiple systems and the formulation of a written patient management plan documented in the patient notes - and of more than 30 minutes but not more than 45 minutes duration, not being a service associated with a service to which items 2801 - 3000 apply	137.05			102.8	116.5
17625	Common list	Type C	01.11.2006	3	T6	N	Professional attendance by a medical practitioner in the practice of anaesthesia for a consultation on a patient undergoing advanced surgery or who has complex medical problems involving an exhaustive history and comprehensive examination of multiple systems , the formulation of a written patient management plan following discussion with relevant health care professionals and/or the patient, involving medical planning of high complexity documented in the patient notes - and of more than 45 minutes duration, not being a service associated with a service to which items 2801 - 3000 apply	174.5			130.9	148.35
17640	Common list	Type C	01.11.2006	3	T6	N	ANAESTHETIST, REFERRED CONSULTATION (other than prior to anaesthesia) (Professional attendance by a specialist anaesthetist in the practice of ANAESTHESIA where the patient is referred to him or her) -a BRIEF consultation involving a short history and limited examination -AND of not more than 15 minutesduration, not being a service associated with a service to which items 2801 - 3000 apply	49.75			37.35	42.3
17645	Common list	Type C	01.11.2006	3	T6	N	-a consultation involving a selective history and examination of multiple systems andthe formulation of a written patient management plan -AND of more than 15 minutes but not more than 30 minutes duration, not being a service associated with a service to which items 2801 - 3000 apply.	98.95			74.25	84.15
17650	Common list	Type C	01.11.2006	3	T6	N	-a consultation involving a detailed history and comprehensive examination of multiple systems and the formulation of a written patient management plan -AND of more than 30 minutes but not more than 45 minutes duration, not being a service associated with a service to which items 2801 - 3000 apply	137.05			102.8	116.5
17655	Common list	Type C	01.11.2006	3	T6	N	-a consultation involving an exhaustive history and comprehensive examination of multiple systems andthe formulation of a written patient management plan following discussion with relevant health care professionals and/or the patient, involving medical planning of high complexity, -AND of more than 45 minutes duration, not being a service associated with a service to which items 2801 - 3000 apply.	174.5			130.9	148.35
17680	Support list	Type C	01.11.2006	3	T6	N	ANAESTHETIST, CONSULTATION, OTHER (Professional attendance by an anaesthetist in the practice of ANAESTHESIA) -a consultation immediately prior to the institution of a major regional blockade in a patient in labour, where no previous anaesthesia consultation has occurred, not being a service associated with a service to which items 2801 - 3000 apply.	98.95			74.25	84.15

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17690	Support list	Type C	01.11.2006	3	T6	N	-Where a pre-anaesthesia consultation covered by an itemin the range 17615-17625 is performed in-rooms if: (a) the service is provided to a patient prior to an admitted patient episode of care involving anaesthesia; and (b) the service is not providedto an admitted patient of a hospital; and (c) the service is not provided on the day of admission to hospital for the subsequent episode of care involving anaesthesia services; and (d) the service is of more than 15 minutes duration not being a service associated with a service to which items 2801 - 3000 apply.	45.7			34.3	38.85
18213	Support list	Type C	01.11.1993	3	T7	N	Intravenous regional anaesthesia of limb by retrograde perfusion of local anaesthetic agent	100.95			75.75	85.85
18216	Common list	Type B Non-band specific	01.11.1993	3	T7	N	Intrathecal, combined spinal-epidural or epidural infusion of a therapeutic substance, initial injection or commencement of, including up to 1 hour of continuous attendance by the medical practitioner Applicable once per presentation, per medical practitioner, per complete new procedure (Anaes.)	216.35			162.3	183.9
18219	Common list	Unlisted	01.11.1993	3	T7	N	Intrathecal, combined spinal-epidural or epidural infusion of a therapeutic substance, initial injection or commencement of, if continuous attendance by the medical practitioner extends beyond the first hour (Anaes.)		The fee for item 18216 plus $21.65 for each additional 15 minutes or part thereof beyond the first hour of attendance by the medical practitioner.			
18222	Support list	Unlisted	01.11.1993	3	T7	N	Continuous infusion or injection by catheter of a therapeutic substance (not contrast agent) to maintain regional anaesthesia or analgesia, subsequent injection or revision of, if the period of continuous medical practitioner attendance is 15 minutes or less	42.9			32.2	36.5
18225	Support list	Unlisted	01.11.1993	3	T7	N	Continuous infusion or injection by catheter of a therapeutic substance (not contrast agent) to maintain regional anaesthesia or analgesia, subsequent injection or revision of, if the period of continuous medical practitioner attendance is more than 15 minutes	57			42.75	48.45
18226	Support list	Unlisted	01.11.2002	3	T7	N	Intrathecal, combined spinal-epidural or epidural infusion of a therapeutic substance, initial injection or commencement of, including up to 1 hour of continuous attendance by the medical practitioner, for a patient in labour, where the service is provided in the after hours period, being the period from 8pm to 8am on any weekday, or any time on a Saturday, a Sunday or a public holiday. Applicable once per presentation, per medical practitioner, per complete new procedure	324.45			243.35	275.8
18227	Support list	Unlisted	01.11.2002	3	T7	N	Intrathecal, combined spinal-epidural or epidural infusion of a therapeutic substance, initial injection or commencement of, where continuous attendance by a medical practitioner extends beyond the first hour, for a patient in labour, where the service is provided in the after hours period, being the period from 8pm to 8am on any weekday, or any time on a Saturday, a Sunday or a public holiday.		The fee for item 18226 plus $32.60 for each additional 15 minutes or part there of beyond the first hour of attendance by the medical practitioner.			
18228	Support list	Unlisted	01.11.1993	3	T7	N	Interpleural block, initial injection or commencement of infusion of a therapeutic substance, not in association with a service to which an item in Group T8 applies, unless the nerve block is performed using a targeted percutaneous approach	71.25			53.45	60.6
18230	Support list	Type B Non-band specific	01.11.1993	3	T7	N	Intrathecal or epidural injection of neurolytic substance (not contrast agent) by any route, including transforaminal route (Anaes.)	271.6			203.7	230.9
18232	Support list	Unlisted	01.11.1993	3	T7	N	Intrathecal or epidural injection (including translaminar and transforaminal approaches) of therapeutic substance or substances (anaesthetic, steroid or chemotherapeutic agents):(a) other than a service to which another item in this Group applies; and (b) not in association with a service to which an item in Group T8 applies, unless the nerve block is performed using a targeted percutaneous approach (Anaes.)	216.35			162.3	183.9
18233	Support list	Unlisted	01.11.1993	3	T7	N	EPIDURAL INJECTION of blood for blood patch (Anaes.)	216.35			162.3	183.9
18234	Support list	Unlisted	01.11.1993	3	T7	N	Trigeminal nerve, primary branch (ophthalmic, maxillary or mandibular branches, excluding infraorbital nerve), injection of an anaesthetic agent or steroid, but not in association with a service to which an item in Group T8 applies, unless a targeted percutaneous technique is used (Anaes.)	142.25			106.7	120.95
18236	Support list	Unlisted	01.11.1993	3	T7	N	Trigeminal nerve, peripheral branch (including infraorbital nerve), injection of an anaesthetic agent, but not in association with a service to which an item in Group T8 applies, unless a targeted percutaneous technique is used (Anaes.)	71.25			53.45	60.6
18238	Support list	Unlisted	01.11.1993	3	T7	N	Facial nerve, injection of an anaesthetic agent, other than a service associated with a service to which item 18240 applies, not in association with a service to which an item in Group T8 applies, unless the nerve block is performed using a targeted percutaneous approach	42.9			32.2	36.5
18240	Support list	Unlisted	01.11.1993	3	T7	N	RETROBULBAR OR PERIBULBAR INJECTION of an anaesthetic agent	106.6			79.95	90.65
18242	Support list	Type B Non-band specific	01.11.1993	3	T7	N	GREATER OCCIPITAL NERVE, injection of an anaesthetic agent (Anaes.)	42.9			32.2	36.5

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18244	Support list	Unlisted	01.11.1993	3	T7	N	Vagus nerve, injection of an anaesthetic agent, not in association with a service to which an item in Group T8 applies, unless the nerve block is performed using a targeted percutaneous approach	114.9			86.2	97.7
18248	Support list	Unlisted	01.11.1993	3	T7	N	PHRENIC NERVE, injection of an anaesthetic agent	100.95			75.75	85.85
18250	Support list	Unlisted	01.11.1993	3	T7	N	SPINAL ACCESSORY NERVE, injection of an anaesthetic agent	71.25			53.45	60.6
18252	Support list	Unlisted	01.11.1993	3	T7	N	Cervical plexus, injection of an anaesthetic agent, not in association with a service to which an item in Group T8 applies, unless the nerve block is performed using a targeted percutaneous approach	114.9			86.2	97.7
18254	Support list	Unlisted	01.11.1993	3	T7	N	Brachial plexus, injection of an anaesthetic agent, not in association with a service to which an item in Group T8 applies, unless the nerve block is performed using a targeted percutaneous approach	114.9			86.2	97.7
18256	Support list	Unlisted	01.11.1993	3	T7	N	SUPRASCAPULAR NERVE, injection of an anaesthetic agent	71.25			53.45	60.6
18258	Support list	Unlisted	01.11.1993	3	T7	N	INTERCOSTAL NERVE (single), injection of an anaesthetic agent	71.25			53.45	60.6
18260	Support list	Unlisted	01.11.1993	3	T7	N	INTERCOSTAL NERVES (multiple), injection of an anaesthetic agent	100.95			75.75	85.85
18262	Support list	Unlisted	01.11.1993	3	T7	N	Ilio inguinal, iliohypogastric or genitofemoral nerves, one or more of, injections of an anaesthetic agent, not in association with a service to which an item in Group T8 applies, unless the nerve block is performed using a targeted percutaneous approach (Anaes.)	71.25			53.45	60.6
18264	Common list	Unlisted	01.11.1993	3	T7	N	Pudendal nerve or dorsal nerve (or both), injection of an anaesthetic agent, not in association with a service to which an item in Group T8 applies, unless the nerve block is performed using a targeted percutaneous approach	114.9			86.2	97.7
18266	Support list	Unlisted	01.11.1993	3	T7	N	Ulnar, radial or median nerve, main trunk of, one or more of, injections of an anaesthetic agent, not being associated with a brachial plexus block, not in association with a service to which an item in Group T8 applies, unless the nerve block is performed using a targeted percutaneous approach	71.25			53.45	60.6
18268	Support list	Unlisted	01.11.1993	3	T7	N	OBTURATOR NERVE, injection of an anaesthetic agent	100.95			75.75	85.85
18270	Support list	Unlisted	01.11.1993	3	T7	N	FEMORAL NERVE, injection of an anaesthetic agent	100.95			75.75	85.85
18272	Support list	Unlisted	01.11.1993	3	T7	N	SAPHENOUS, SURAL, POPLITEAL OR POSTERIOR TIBIAL NERVE, MAIN TRUNK OF, 1 or more of, injection of an anaesthetic agent	71.25			53.45	60.6
18276	Support list	Type B Non-band specific	01.11.1993	3	T7	N	PARAVERTEBRAL NERVES, injection of an anaesthetic agent, (multiple levels)	142.25			106.7	120.95
18278	Support list	Unlisted	01.11.1993	3	T7	N	Sciatic nerve, injection of an anaesthetic agent, not in association with a service to which an item in Group T8 applies, unless the nerve block is performed using a targeted percutaneous approach	100.95			75.75	85.85
18280	Pain management	Type B Non-band specific	01.11.1993	3	T7	N	Sphenopalatine ganglion, injection of an anaesthetic agent, not in association with a service to which an item in Group T8 applies, unless the nerve block is performed using a targeted percutaneous approach (Anaes.)	142.25			106.7	120.95
18282	Common list	Unlisted	01.11.1993	3	T7	N	CAROTID SINUS, injection of an anaesthetic agent, as an independent percutaneous procedure	114.9			86.2	97.7
18284	Common list	Type B Non-band specific	01.11.1993	3	T7	N	Cervical or thoracic sympathetic chain, injection of an anaesthetic agent (Anaes.)	168.15			126.15	142.95
18286	Common list	Type B Non-band specific	01.11.1993	3	T7	N	Lumbar or pelvic sympathetic chain, injection of an anaesthetic agent (Anaes.)	168.15			126.15	142.95
18288	Support list	Unlisted	01.11.1993	3	T7	N	Coeliac plexus or splanchnic nerves, injection of an anaesthetic agent, not in association with a service to which an item in Group T8 applies, unless the nerve block is performed using a targeted percutaneous approach (Anaes.)	168.15			126.15	142.95
18290	Common list	Type B Non-band specific	01.11.1993	3	T7	N	Cranial nerve other than trigeminal, destruction by a neurolytic agent under image guidance, other than a service associated with the injection of botulinum toxin (Anaes.)	284.45			213.35	241.8
18292	Common list	Unlisted	01.11.1993	3	T7	N	Nerve branch, destruction by a neurolytic agent under image guidance, other than a service to which another item in this Group applies or a service associated with the injection of botulinum toxin except a service to which item 18354 applies (Anaes.)	142.25			106.7	120.95
18294	Common list	Type B Non-band specific	01.11.1993	3	T7	N	Coeliac plexus or splanchnic nerves, destruction by a neurolytic agent under image guidance (Anaes.)	200.55			150.45	170.5
18296	Common list	Type B Non-band specific	01.11.1993	3	T7	N	Lumbar or pelvic sympathetic chain, destruction by a neurolytic agent under image guidance (Anaes.)	171.5			128.65	145.8
18297	Support list	Unlisted	01.11.2019	3	T7	N	Assistance at the administration of an epidural blood patch (a service to which item 18233 applies) by another medical practitioner	67.6			50.7	57.5
18298	Common list	Type B Non-band specific	01.11.1993	3	T7	N	CERVICAL OR THORACIC SYMPATHETIC CHAIN, destruction by a neurolytic agent (Anaes.)	200.55			150.45	170.5
18350	Bone, joint and muscle	Type C	01.05.2003	3	T11	N	Botulinum Toxin Type A Purified Neurotoxin Complex (Botox), injection of, for the treatment of hemifacial spasm in a patient who is at least 12 years of age, including all such injections on any one day	142.25			106.7	120.95
18351	Bone, joint and muscle	Type C	01.11.2005	3	T11	N	Clostridium Botulinum Type A Toxin-Haemagglutinin Complex (Dysport), injection of, for the treatment of hemifacial spasm in a patient who is at least 18 years of age, including all such injections on any one day	142.25			106.7	120.95
18353	Bone, joint and muscle	Type C	01.04.2015	3	T11	N	Botulinum Toxin Type A Purified Neurotoxin Complex (Botox) or Clostridium Botulinum Type A Toxin-Haemagglutinin Complex (Dysport) or IncobotulinumtoxinA (Xeomin), injection of, for the treatment of cervical dystonia (spasmodic torticollis), including all such injections on any one day	284.45			213.35	241.8

MBS Item	Clinical category	Procedure type	Item Start Date	MBS Category	MBS Group	New Item	MBS Description	MBS Schedule Fee	Derived Fee	Benefit 100% ($)	Benefit 75% ($)	Benefit 85% ($)
18354	Bone, joint and muscle	Type C	01.05.2003	3	T11	N	Botulinum Toxin Type A Purified Neurotixin Complex (Botox) or Clostridium Botulinum Type A Toxin-Haemagglutinin Complex (Dysport), injection of, for the treatment of dynamic equinus foot deformity (including equinovarus and equinovalgus) due to spasticity in an ambulant cerebral palsy patient, if:(a) the patient is at least 2 years of age; and (b) the treatment is for all or any of the muscles subserving one functional activity and supplied by one motor nerve, with a maximum of 4 sets of injections for the patient on any one day (with a maximum of 2 sets of injections for each lower limb), including all injections per set (Anaes.)	142.25			106.7	120.95
18360	Bone, joint and muscle	Type C	01.05.2003	3	T11	N	Botulinum Toxin Type A Purified Neurotoxin Complex (Botox), or Clostridium Botulinum Type A Toxin Haemagglutinin Complex (Dysport),injection of, for the treatment of moderate to severe focal spasticity, if: (a)the patient is at least 18 years of age; and (b)the spasticity is associated with a previously diagnosed neurological disorder; and (c)treatment is provided as: (i)second line therapy when standard treatment for the conditions has failed; or (ii)an adjunct to physical therapy; and (d)the treatment is for all or any of the muscles subserving one functional activity and supplied by one motor nerve, with a maximum of 4 sets of injections for the patient on any one day (with a maximum of 2 sets of injections for each limb), including all injections per set; and (e)the treatment is not provided on the same occasion as a service mentioned in item 18365	142.25			106.7	120.95
18361	Bone, joint and muscle	Type C	01.07.2011	3	T11	N	Clostridium Botulinum Type A Toxin-Haemagglutinin Complex (Dysport) or Botulinum Toxin Type A Purified Neurotoxin Complex (Botox), injection of, for the treatment of moderate to severe upper limb spasticity due to cerebral palsy if: (a) the patient is at least 2 years of age; and (b) the treatment is for all or any of the muscles subserving one functional activity and supplied by one motor nerve, with a maximum of 4 sets of injections for the patient on any one day (with a maximum of 2 sets of injections for each upper limb), including all injections per set (Anaes.)	142.25			106.7	120.95
18362	Skin	Type C	01.05.2003	3	T11	N	Botulinum Toxin type A Purified Neurotoxin Complex (Botox), injection of, for the treatment of severe primary axillary hyperhidrosis, including all injections on any one day, if: (a)the patient is at least 12 years of age; and (b)the patient has been intolerant of, or has not responded to, topical aluminium chloride hexahydrate; and (c)the patient has not had treatment with botulinum toxin within the immediately preceding 4 months; and (d)if the patient has had treatment with botulinum toxin within the previous 12 months - the patient had treatment on no more than 2 separate occasions (Anaes.)	281.05			210.8	238.9
18365	Bone, joint and muscle	Type C	01.04.2015	3	T11	N	Botulinum Toxin Type A Purified Neurotoxin Complex (Botox) or Clostridium Botulinum Type A Toxin-Haemagglutinin Complex (Dysport) or IncobotulinumtoxinA (Xeomin), injection of, for the treatment of moderate to severe spasticity of the upper limb following an acute event,if: (a) the patient is at least 18 years of age; and (b) treatment is provided as: (i)second line therapy when standard treatment for the condition has failed; or (ii) an adjunct to physical therapy; and (c) the patient does not have established severe contracture in the limb that is to be treated; and (d) the treatment is for all or any of the muscles subserving one functional activity and supplied by one motor nerve, with a maximum of 4 sets of injections for the patient on any one day (with a maximum of 2 sets of injections for each upper limb), including all injections per set; and (e) for a patient who has received treatment on 2 previous separate occasions - the patient has responded to the treatment	142.25			106.7	120.95
18366	Eye (not cataracts)	Type C	01.05.2003	3	T11	N	Botulinum Toxin Type A Purified Neurotoxin Complex (Botox), injection of, for the treatment of strabismus, including all such injections on any one day and associated electromyography (Anaes.)	178.2			133.65	151.5
18368	Ear, nose and throat	Type C	01.05.2003	3	T11	N	Botulinum Toxin Type A Purified Neurotoxin Complex (Botox), injection of, for the treatment of spasmodic dysphonia, including all such injections on any one day	304.2			228.15	258.6
18369	Eye (not cataracts)	Type C	01.04.2015	3	T11	N	Clostridium Botulinum Type A Toxin-Haemagglutinin Complex (Dysport) or IncobotulinumtoxinA (Xeomin), injection of, for the treatment of unilateral blepharospasm in a patient who is at least 18 years of age, including all such injections on any one day (Anaes.)	51.3			38.5	43.65
18370	Eye (not cataracts)	Type C	01.05.2003	3	T11	N	Botulinum Toxin Type A Purified Neurotoxin Complex (Botox), injection of, for the treatment of unilateral blepharospasm in a patient who is at least 12 years of age, including all such injections on any one day (Anaes.)	51.3			38.5	43.65
18372	Eye (not cataracts)	Type C	01.11.2006	3	T11	N	Botulinum Toxin Type A Purified Neurotoxin Complex (Botox), injection of, for the treatment of bilateral blepharospasm, in a patient who is at least 12 years of age; including all such injections on any one day (Anaes.)	142.25			106.7	120.95
18374	Eye (not cataracts)	Type C	01.04.2015	3	T11	N	Clostridium Botulinum Type A Toxin-Haemagglutinin Complex (Dysport) or IncobotulinumtoxinA (Xeomin), injection of, for the treatment of bilateral blepharospasm in a patient who is at least 18 years of age, including all such injections on any one day (Anaes.)	142.25			106.7	120.95

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18375	Kidney and bladder	Type B Non-band specific	01.10.2013	3	T11	N	Botulinum Toxin Type A Purified Neurotoxin Complex (Botox), intravesical injection of, with cystoscopy, for the treatment of urinary incontinence, including all such injections on any one day, if: (a) the urinary incontinence is due to neurogenic detrusor overactivity as demonstrated by urodynamic study of a patient with: (i) multiple sclerosis; or (ii) spinal cord injury; or (iii) spina bifida and who is at least 18 years of age; and (b) the patient has urinary incontinence that is inadequately controlled by anti-cholinergic therapy, as manifested by having experienced at least 14 episodes of urinary incontinence per week before commencement of treatment with botulinum toxin type A; and (c) the patient is willing and able to self-catheterise; and (d) the requirements relating to botulinum toxin type A under the Pharmaceutical Benefits Scheme are complied with; and (e) treatment is not provided on the same occasion as a service described in item 104, 105, 110, 116, 119, 11900 or 11919 For each patient - applicable not more than once except if the patient achieves at least a 50% reduction in urinary incontinence episodes from baseline at any time during the period of 6 to 12 weeks after first treatment (Anaes.)	261.9			196.45	
18377	Brain and nervous system	Type C	01.03.2014	3	T11	N	Botulinum Toxin Type A Purified Neurotoxin Complex (Botox), injection of, for the treatment of chronic migraine, including all injections in 1 day, if: (a)the patient is at least 18 years of age; and (b) the patient has experienced an inadequate response, intolerance or contraindication to at least 3 prophylactic migraine medications before commencement of treatment with botulinum toxin, as manifested by an average of 15 or more headache days per month, with at least 8 days of migraine, over a period of at least 6 months, before commencement of treatment with botulinum toxin; and (c)the requirements relating to botulinum toxin type A under the Pharmaceutical Benefits Scheme are complied with For each patient-applicable not more than twice except if the patient achieves and maintains at least a 50% reduction in the number of headache days per month from baseline after 2 treatment cycles (each of 12 weeks duration)	142.25			106.7	120.95
18379	Kidney and bladder	Type B Non-band specific	01.11.2014	3	T11	N	Botulinum Toxin Type A Purified Neurotoxin Complex (Botox), intravesical injection of, with cystoscopy, for the treatment of urinary incontinence, including all such injections on any one day, if: (a)the urinary incontinence is due to idiopathic overactive bladder in a patient: and (b)the patient is at least 18 years of age; and (c)the patient has urinary incontinence that is inadequately controlled by at least 2 alternative anti- cholinergic agents, as manifested by having experienced at least 14 episodes of urinary incontinence per week before commencement of treatment with botulinum toxin; and (d)the patient is willing and able to self-catheterise; and (e)treatment is not provided on the same occasion as a service mentioned in item 104, 105, 110, 116, 119, 11900 or 11919 For each patient-applicable not more than once except if the patient achieves at least a 50% reduction in urinary incontinence episodes from baseline at any time during the period of 6 to 12 weeks after first treatment (H) (Anaes.)	261.9			196.45	
20100	Support list	Unlisted	01.11.2001	3	T10	N	INITIATION OF MANAGEMENT OF ANAESTHESIA for procedures on the skin, subcutaneous tissue, muscles, salivary glands or superficial vessels of the head including biopsy, not being a service to which another item in this Subgroup applies (5 basic units)	112.75			84.6	95.85
20102	Support list	Unlisted	01.11.2001	3	T10	N	INITIATION OF MANAGEMENT OF ANAESTHESIA for plastic repair of cleft lip (6 basic units)	135.3			101.5	115.05
20104	Support list	Unlisted	01.11.2001	3	T10	N	INITIATION OF MANAGEMENT OF ANAESTHESIA for electroconvulsive therapy (4 basic units)	90.2			67.65	76.7
20120	Support list	Unlisted	01.11.2001	3	T10	N	INITIATION OF MANAGEMENT OF ANAESTHESIA for procedures on external, middle or inner ear, including biopsy, not being a service to which another item in this Subgroup applies (5 basic units)	112.75			84.6	95.85
20124	Support list	Unlisted	01.11.2001	3	T10	N	INITIATION OF MANAGEMENT OF ANAESTHESIA for otoscopy (4 basic units)	90.2			67.65	76.7
20140	Support list	Unlisted	01.11.2001	3	T10	N	INITIATION OF MANAGEMENT OF ANAESTHESIA for procedures on eye, not being a service to which another item in this Group applies (5 basic units)	112.75			84.6	95.85
20142	Support list	Unlisted	01.11.2001	3	T10	N	INITIATION OF MANAGEMENT OF ANAESTHESIA for lens surgery (5 basic units)	112.75			84.6	95.85
20143	Support list	Unlisted	01.11.2001	3	T10	N	INITIATION OF MANAGEMENT OF ANAESTHESIA for retinal surgery (6 basic units)	135.3			101.5	115.05
20144	Support list	Unlisted	01.11.2001	3	T10	N	INITIATION OF MANAGEMENT OF ANAESTHESIA for corneal transplant (7 basic units)	157.85			118.4	134.2
20145	Support list	Unlisted	01.11.2001	3	T10	N	INITIATION OF MANAGEMENT OF ANAESTHESIA for vitrectomy (7 basic units)	157.85			118.4	134.2
20146	Support list	Unlisted	01.11.2001	3	T10	N	INITIATION OF MANAGEMENT OF ANAESTHESIA for biopsy of conjunctiva (5 basic units)	112.75			84.6	95.85
20147	Support list	Unlisted	01.07.2008	3	T10	N	INITIATION OF MANAGEMENT OF ANAESTHESIA for squint repair (6 basic units)	135.3			101.5	115.05
20148	Support list	Unlisted	01.11.2001	3	T10	N	INITIATION OF MANAGEMENT OF ANAESTHESIA for ophthalmoscopy (4 basic units)	90.2			67.65	76.7
20160	Support list	Unlisted	01.11.2001	3	T10	N	Initiation of the management of anaesthesia for intranasal or accessory sinuses, not being a service to which another item in this Subgroup applies (6 basic units)	135.3			101.5	115.05
20162	Support list	Unlisted	01.11.2001	3	T10	N	Initiation of the management of anaesthesia for intranasal surgery for malignancy or for intranasal ablation (7 basic units)	157.85			118.4	134.2
20164	Support list	Unlisted	01.11.2001	3	T10	N	INITIATION OF MANAGEMENT OF ANAESTHESIA for biopsy of soft tissue of the nose and accessory sinuses (4 basic units)	90.2			67.65	76.7
20170	Support list	Unlisted	01.11.2001	3	T10	N	INITIATION OF MANAGEMENT OF ANAESTHESIA for intraoral procedures, including biopsy, not being a service to which another item in this Subgroup applies (6 basic units)	135.3			101.5	115.05
20172	Support list	Unlisted	01.11.2001	3	T10	N	INITIATION OF MANAGEMENT OF ANAESTHESIA for repair of cleft palate (7 basic units)	157.85			118.4	134.2

MBS Item	Clinical category	Procedure type	Item Start Date	MBS Category	MBS Group	New Item	MBS Description	MBS Schedule Fee	Derived Fee	Benefit 100% ($)	Benefit 75% ($)	Benefit 85% ($)
20174	Support list	Unlisted	01.11.2001	3	T10	N	INITIATION OF MANAGEMENT OF ANAESTHESIA for excision of retropharyngeal tumour (9 basic units)	202.95			152.25	172.55
20176	Support list	Unlisted	01.11.2001	3	T10	N	INITIATION OF MANAGEMENT OF ANAESTHESIA for radical intraoral surgery (10 basic units)	225.5			169.15	191.7
20190	Support list	Unlisted	01.11.2001	3	T10	N	INITIATION OF MANAGEMENT OF ANAESTHESIA for procedures on facial bones, not being a service to which another item in this Subgroup applies (5 basic units)	112.75			84.6	95.85
20192	Support list	Unlisted	01.11.2001	3	T10	N	INITIATION OF MANAGEMENT OF ANAESTHESIA for extensive surgery on facial bones (including prognathism and extensive facial bone reconstruction) (10 basic units)	225.5			169.15	191.7
20210	Support list	Unlisted	01.11.2001	3	T10	N	INITIATION OF MANAGEMENT OF ANAESTHESIA for intracranial procedures, not being a service to which another item in this Subgroup applies (15 basic units)	338.25			253.7	287.55
20212	Support list	Unlisted	01.11.2001	3	T10	N	INITIATION OF MANAGEMENT OF ANAESTHESIA for subdural taps (5 basic units)	112.75			84.6	95.85
20214	Support list	Unlisted	01.11.2001	3	T10	N	INITIATION OF MANAGEMENT OF ANAESTHESIA for burr holes of the cranium (9 basic units)	202.95			152.25	172.55
20216	Support list	Unlisted	01.11.2001	3	T10	N	INITIATION OF MANAGEMENT OF ANAESTHESIA for intracranial vascular procedures including those for aneurysms or arterio-venous abnormalities (20 basic units)	451			338.25	383.35
20220	Support list	Unlisted	01.11.2001	3	T10	N	INITIATION OF MANAGEMENT OF ANAESTHESIA for spinal fluid shunt procedures (10 basic units)	225.5			169.15	191.7
20222	Support list	Unlisted	01.11.2001	3	T10	N	INITIATION OF MANAGEMENT OF ANAESTHESIA for ablation of an intracranial nerve (6 basic units)	135.3			101.5	115.05
20225	Support list	Unlisted	01.11.2001	3	T10	N	INITIATION OF MANAGEMENT OF ANAESTHESIA for all cranial bone procedures (12 basic units)	270.6			202.95	230.05
20230	Support list	Unlisted	01.07.2008	3	T10	N	INITIATION OF MANAGEMENT OF ANAESTHESIA for microvascular free tissue flap surgery involving the head or face (12 basic units)	270.6			202.95	230.05
20300	Support list	Unlisted	01.11.2001	3	T10	N	INITIATION OF MANAGEMENT OF ANAESTHESIA for procedures on the skin or subcutaneous tissue of the neck not being a service to which another item in this Subgroup applies (5 basic units)	112.75			84.6	95.85
20305	Support list	Unlisted	01.11.2001	3	T10	N	INITIATION OF MANAGEMENT OF ANAESTHESIA for incision and drainage of large haematoma, large abscess, cellulitis or similar lesion or epiglottitis causing life threatening airway obstruction (15 basic units)	338.25			253.7	287.55
20320	Support list	Unlisted	01.11.2001	3	T10	N	INITIATION OF MANAGEMENT OF ANAESTHESIA for procedures on oesophagus, thyroid, larynx, trachea, lymphatic system, muscles, nerves or other deep tissues of the neck, not being a service to which another item in this Subgroup applies (6 basic units)	135.3			101.5	115.05
20321	Support list	Unlisted	01.11.2001	3	T10	N	INITIATION OF MANAGEMENT OF ANAESTHESIA for laryngectomy, hemi laryngectomy, laryngopharyngectomy or pharyngectomy (10 basic units)	225.5			169.15	191.7
20330	Support list	Unlisted	01.11.2001	3	T10	N	INITIATION OF MANAGEMENT OF ANAESTHESIA for laser surgery to the airway (excluding nose and mouth) (8 basic units)	180.4			135.3	153.35
20350	Support list	Unlisted	01.11.2001	3	T10	N	INITIATION OF MANAGEMENT OF ANAESTHESIA for procedures on major vessels of neck, not being a service to which another item in this Subgroup applies (10 basic units)	225.5			169.15	191.7
20352	Support list	Unlisted	01.11.2001	3	T10	N	INITIATION OF MANAGEMENT OF ANAESTHESIA for simple ligation of major vessels of neck (5 basic units)	112.75			84.6	95.85
20355	Support list	Unlisted	01.07.2008	3	T10	N	INITIATION OF MANAGEMENT OF ANAESTHESIA for microvascular free tissue flap surgery involving the neck (12 basic units)	270.6			202.95	230.05
20400	Support list	Unlisted	01.11.2001	3	T10	N	INITIATION OF MANAGEMENT OF ANAESTHESIA for procedures on the skin or subcutaneous tissue of the anterior part of the chest, not being a service to which another item in this Subgroup applies (3 basic units)	67.65			50.75	57.55
20401	Support list	Unlisted	01.11.2001	3	T10	N	INITIATION OF MANAGEMENT OF ANAESTHESIA for procedures on the breast, not being a service to which another item in this Subgroup applies (4 basic units)	90.2			67.65	76.7
20402	Support list	Unlisted	01.11.2001	3	T10	N	Initiation of management of anaesthesia for reconstructive procedures on breast including implant reconstruction and exchange (5 basic units)	112.75			84.6	95.85
20403	Support list	Unlisted	01.11.2001	3	T10	N	Initiation of management of anaesthesia for axillary dissection or sentinel node biopsy (5 basic units)	112.75			84.6	95.85
20404	Support list	Unlisted	01.11.2001	3	T10	N	INITIATION OF MANAGEMENT OF ANAESTHESIA for mastectomy (6 basic units)	135.3			101.5	115.05
20405	Support list	Unlisted	01.11.2001	3	T10	N	INITIATION OF MANAGEMENT OF ANAESTHESIA for reconstructive procedures on the breast using myocutaneous flaps (8 basic units)	180.4			135.3	153.35
20406	Support list	Unlisted	01.11.2001	3	T10	N	INITIATION OF MANAGEMENT OF ANAESTHESIA for radical or modified radical procedures on breast with internal mammary node dissection (13 basic units)	293.15			219.9	249.2
20410	Support list	Unlisted	01.11.2001	3	T10	N	INITIATION OF MANAGEMENT OF ANAESTHESIA for electrical conversion of arrhythmias (4 basic units)	90.2			67.65	76.7
20420	Support list	Unlisted	01.11.2001	3	T10	N	INITIATION OF MANAGEMENT OF ANAESTHESIA for procedures on the skin or subcutaneous tissue of the posterior part of the chest not being a service to which another item in this Subgroup applies (5 basic units)	112.75			84.6	95.85
20440	Support list	Unlisted	01.05.2003	3	T10	N	INITIATION OF MANAGEMENT OF ANAESTHESIA for percutaneous bone marrow biopsy of the sternum (4 basic units)	90.2			67.65	76.7
20450	Support list	Unlisted	01.11.2001	3	T10	N	INITIATION OF MANAGEMENT OF ANAESTHESIA for procedures on clavicle, scapula or sternum, not being a service to which another item in this Subgroup applies (5 basic units)	112.75			84.6	95.85
20452	Support list	Unlisted	01.11.2001	3	T10	N	INITIATION OF MANAGEMENT OF ANAESTHESIA for radical surgery on clavicle, scapula or sternum (6 basic units)	135.3			101.5	115.05
20470	Support list	Unlisted	01.11.2001	3	T10	N	INITIATION OF MANAGEMENT OF ANAESTHESIA for partial rib resection, not being a service to which another item in this Subgroup applies (6 basic units)	135.3			101.5	115.05
20472	Support list	Unlisted	01.11.2001	3	T10	N	INITIATION OF MANAGEMENT OF ANAESTHESIA for thoracoplasty (10 basic units)	225.5			169.15	191.7

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20474	Support list	Unlisted	01.11.2001	3	T10	N	INITIATION OF MANAGEMENT OF ANAESTHESIA for radical procedures on chest wall (13 basic units)	293.15			219.9	249.2
20475	Support list	Unlisted	01.07.2008	3	T10	N	INITIATION OF MANAGEMENT OF ANAESTHESIA for microvascular free tissue flap surgery involving the anterior or posterior thorax (10 basic units)	225.5			169.15	191.7
20500	Support list	Unlisted	01.11.2001	3	T10	N	INITIATION OF MANAGEMENT OF ANAESTHESIA for open procedures on the oesophagus (15 basic units)	338.25			253.7	287.55
20520	Support list	Unlisted	01.11.2001	3	T10	N	INITIATION OF MANAGEMENT OF ANAESTHESIA for all closed chest procedures (including rigid oesophagoscopy or bronchoscopy), not being a service to which another item in this Subgroup applies (6 basic units)	135.3			101.5	115.05
20522	Support list	Unlisted	01.11.2001	3	T10	N	INITIATION OF MANAGEMENT OF ANAESTHESIA for needle biopsy of pleura (4 basic units)	90.2			67.65	76.7
20524	Support list	Unlisted	01.11.2001	3	T10	N	INITIATION OF MANAGEMENT OF ANAESTHESIA for pneumocentesis (4 basic units)	90.2			67.65	76.7
20526	Support list	Unlisted	01.11.2001	3	T10	N	INITIATION OF MANAGEMENT OF ANAESTHESIA for thoracoscopy (10 basic units)	225.5			169.15	191.7
20528	Support list	Unlisted	01.11.2001	3	T10	N	INITIATION OF MANAGEMENT OF ANAESTHESIA for mediastinoscopy (8 basic units)	180.4			135.3	153.35
20540	Support list	Unlisted	01.11.2001	3	T10	N	INITIATION OF MANAGEMENT OF ANAESTHESIA for thoracotomy procedures involving lungs, pleura, diaphragm, or mediastinum, not being a service to which another item in this Subgroup applies (13 basic units)	293.15			219.9	249.2
20542	Support list	Unlisted	01.11.2001	3	T10	N	INITIATION OF MANAGEMENT OF ANAESTHESIA for pulmonary decortication (15 basic units)	338.25			253.7	287.55
20546	Support list	Unlisted	01.11.2001	3	T10	N	INITIATION OF MANAGEMENT OF ANAESTHESIA for pulmonary resection with thoracoplasty (15 basic units)	338.25			253.7	287.55
20548	Support list	Unlisted	01.11.2001	3	T10	N	INITIATION OF MANAGEMENT OF ANAESTHESIA for intrathoracic repair of trauma to trachea and bronchi (15 basic units)	338.25			253.7	287.55
20560	Support list	Unlisted	01.11.2001	3	T10	N	Initiation of the management of anaesthesia for: (a) open procedures on the heart, pericardium or great vessels of the chest; or (b) percutaneous insertion of a valvular prosthesis (20 basic units)	451			338.25	383.35
20600	Support list	Unlisted	01.11.2001	3	T10	N	INITIATION OF MANAGEMENT OF ANAESTHESIA for procedures on cervical spine and/or cord, not being a service to which another item in this Subgroup applies (for myelography and discography see Items 21908 and 21914) (10 basic units)	225.5			169.15	191.7
20604	Support list	Unlisted	01.11.2001	3	T10	N	INITIATION OF MANAGEMENT OF ANAESTHESIA for posterior cervical laminectomy with the patient in the sitting position (13 basic units)	293.15			219.9	249.2
20620	Support list	Unlisted	01.11.2001	3	T10	N	INITIATION OF MANAGEMENT OF ANAESTHESIA for procedures on thoracic spine and/or cord, not being a service to which another item in this Subgroup applies (10 basic units)	225.5			169.15	191.7
20622	Support list	Unlisted	01.11.2001	3	T10	N	INITIATION OF MANAGEMENT OF ANAESTHESIA for thoracolumbar sympathectomy (13 basic units)	293.15			219.9	249.2
20630	Support list	Unlisted	01.11.2001	3	T10	N	INITIATION OF MANAGEMENT OF ANAESTHESIA for procedures in lumbar region, not being a service to which another item in this Subgroup applies (8 basic units)	180.4			135.3	153.35
20632	Support list	Unlisted	01.11.2001	3	T10	N	INITIATION OF MANAGEMENT OF ANAESTHESIA for lumbar sympathectomy (7 basic units)	157.85			118.4	134.2
20634	Support list	Unlisted	01.11.2001	3	T10	N	INITIATION OF MANAGEMENT OF ANAESTHESIA for chemonucleolysis (10 basic units)	225.5			169.15	191.7
20670	Support list	Unlisted	01.11.2001	3	T10	N	INITIATION OF MANAGEMENT OF ANAESTHESIA for extensive spine and/or spinal cord procedures (13 basic units)	293.15			219.9	249.2
20680	Support list	Unlisted	01.11.2001	3	T10	N	INITIATION OF MANAGEMENT OF ANAESTHESIA for manipulation of spine when performed in the operating theatre of a hospital (3 basic units)	67.65			50.75	57.55
20690	Support list	Unlisted	01.11.2001	3	T10	N	INITIATION OF MANAGEMENT OF ANAESTHESIA for percutaneous spinal procedures, not being a service to which another item in this Subgroup applies (5 basic units)	112.75			84.6	95.85
20700	Support list	Unlisted	01.11.2001	3	T10	N	INITIATION OF MANAGEMENT OF ANAESTHESIA for procedures on the skin or subcutaneous tissue of the upper anterior abdominal wall, not being a service to which another item in this Subgroup applies (3 basic units)	67.65			50.75	57.55
20702	Support list	Unlisted	01.11.2001	3	T10	N	INITIATION OF MANAGEMENT OF ANAESTHESIA for percutaneous liver biopsy (4 basic units)	90.2			67.65	76.7
20703	Support list	Unlisted	01.11.2005	3	T10	N	INITIATION OF MANAGEMENT OF ANAESTHESIA for all procedures on the nerves, muscles, tendons and fascia of the upper abdominal wall, not being a service to which another item in this Subgroup applies (4 basic units)	90.2			67.65	76.7
20704	Support list	Unlisted	01.07.2008	3	T10	N	INITIATION OF MANAGEMENT OF ANAESTHESIA for microvascular free tissue flap surgery involving the anterior or posterior upper abdomen (10 basic units)	225.5			169.15	191.7
20706	Support list	Unlisted	01.11.2001	3	T10	N	Initiation of the management of anaesthesia for laparoscopic procedures in the upper abdomen, including laparoscopic cholecystectomy, not being a service to which another item in this Subgroup applies (7 basic units)	157.85			118.4	134.2
20730	Support list	Unlisted	01.11.2001	3	T10	N	INITIATION OF MANAGEMENT OF ANAESTHESIA for procedures on the skin or subcutaneous tissue of the upper posterior abdominal wall, not being a service to which another item in this Subgroup applies (5 basic units)	112.75			84.6	95.85
20740	Support list	Unlisted	01.11.2001	3	T10	N	INITIATION OF MANAGEMENT OF ANAESTHESIA for upper gastrointestinal endoscopic procedures (5 basic units)	112.75			84.6	95.85
20745	Support list	Unlisted	01.11.2001	3	T10	N	Initiation of the management of anaesthesia for any of the following:(a) upper gastrointestinal endoscopic procedures in association with acute gastrointestinal haemorrhage;(b) endoscopic retrograde cholangiopancreatography;(c) upper gastrointestinal endoscopic ultrasound;(d) percutaneous endoscopic gastrostomy;(e) upper gastrointestinal endoscopic mucosal resection of tumour. (7 basic units)	157.85			118.4	134.2
20750	Support list	Unlisted	01.11.2001	3	T10	N	Initiation of the management of anaesthesia for hernia repairs to the upper abdominal wall, other than a service to which another item in this Subgroup applies. (5 basic units)	112.75			84.6	95.85

MBS Item	Clinical category	Procedure type	Item Start Date	MBS Category	MBS Group	New Item	MBS Description	MBS Schedule Fee	Derived Fee	Benefit 100% ($)	Benefit 75% ($)	Benefit 85% ($)
20752	Support list	Unlisted	01.11.2001	3	T10	N	INITIATION OF MANAGEMENT OF ANAESTHESIA for repair of incisional hernia and/or wound dehiscence (6 basic units)	135.3			101.5	115.05
20754	Support list	Unlisted	01.11.2001	3	T10	N	INITIATION OF MANAGEMENT OF ANAESTHESIA for procedures on an omphalocele (7 basic units)	157.85			118.4	134.2
20756	Support list	Unlisted	01.11.2001	3	T10	N	INITIATION OF MANAGEMENT OF ANAESTHESIA for transabdominal repair of diaphragmatic hernia (9 basic units)	202.95			152.25	172.55
20770	Support list	Unlisted	01.11.2001	3	T10	N	INITIATION OF MANAGEMENT OF ANAESTHESIA for procedures on major upper abdominal blood vessels (15 basic units)	338.25			253.7	287.55
20790	Support list	Unlisted	01.11.2001	3	T10	N	Initiation of the management of anaesthesia for procedures within the peritoneal cavity in upper abdomen, including any of the following:(a) open cholecystectomy;(b) gastrectomy;(c) laparoscopically assisted nephrectomy;(d) bowel shunts (8 basic units)	180.4			135.3	153.35
20791	Support list	Unlisted	01.11.2001	3	T10	N	Initiation of the management of anaesthesia for bariatric surgery in a patient with clinically severe obesity (10 basic units)	225.5			169.15	191.7
20792	Support list	Unlisted	01.11.2001	3	T10	N	INITIATION OF MANAGEMENT OF ANAESTHESIA for partial hepatectomy (excluding liver biopsy) (13 basic units)	293.15			219.9	249.2
20793	Support list	Unlisted	01.11.2001	3	T10	N	INITIATION OF MANAGEMENT OF ANAESTHESIA for extended or trisegmental hepatectomy (15 basic units)	338.25			253.7	287.55
20794	Support list	Unlisted	01.11.2001	3	T10	N	INITIATION OF MANAGEMENT OF ANAESTHESIA for pancreatectomy, partial or total (12 basic units)	270.6			202.95	230.05
20798	Support list	Unlisted	01.11.2001	3	T10	N	INITIATION OF MANAGEMENT OF ANAESTHESIA for neuro endocrine tumour removal in the upper abdomen (10 basic units)	225.5			169.15	191.7
20799	Support list	Unlisted	01.11.2002	3	T10	N	INITIATION OF MANAGEMENT OF ANAESTHESIA for percutaneous procedures on an intra-abdominal organ in the upper abdomen (6 basic units)	135.3			101.5	115.05
20800	Support list	Unlisted	01.11.2001	3	T10	N	INITIATION OF MANAGEMENT OF ANAESTHESIA for procedures on the skin or subcutaneous tissue of the lower anterior abdominal walls, not being a service to which another item in this Subgroup applies (3 basic units)	67.65			50.75	57.55
20802	Support list	Unlisted	01.11.2001	3	T10	N	INITIATION OF MANAGEMENT OF ANAESTHESIA for lipectomy of the lower abdomen (5 basic units)	112.75			84.6	95.85
20803	Support list	Unlisted	01.11.2005	3	T10	N	INITIATION OF MANAGEMENT OF ANAESTHESIA for all procedures on the nerves, muscles, tendons and fascia of the lower abdominal wall, not being a service to which another item in this Subgroup applies (4 basic units)	90.2			67.65	76.7
20804	Support list	Unlisted	01.11.2008	3	T10	N	INITIATION OF MANAGEMENT OF ANAESTHESIA for microvascular free tissue flap surgery involving the anterior or posterior lower abdomen (10 basic units)	225.5			169.15	191.7
20806	Support list	Unlisted	01.11.2001	3	T10	N	INITIATION OF MANAGEMENT OF ANAESTHESIA for laparoscopic procedures in the lower abdomen (7 basic units)	157.85			118.4	134.2
20810	Support list	Unlisted	01.11.2001	3	T10	N	INITIATION OF MANAGEMENT OF ANAESTHESIA for lowerintestinal endoscopic procedures (4 basic units)	90.2			67.65	76.7
20815	Support list	Unlisted	01.11.2001	3	T10	N	INITIATION OF MANAGEMENT OF ANAESTHESIA for extracorporeal shock wave lithotripsy to urinary tract (6 basic units)	135.3			101.5	115.05
20820	Support list	Unlisted	01.11.2001	3	T10	N	INITIATION OF MANAGEMENT OF ANAESTHESIA for procedures on the skin, its derivatives or subcutaneous tissue of the lower posterior abdominal wall (5 basic units)	112.75			84.6	95.85
20830	Support list	Unlisted	01.11.2001	3	T10	N	INITIATION OF MANAGEMENT OF ANAESTHESIA for hernia repairs in lower abdomen, not being a service to which another item in this Subgroup applies (4 basic units)	90.2			67.65	76.7
20832	Support list	Unlisted	01.11.2001	3	T10	N	INITIATION OF MANAGEMENT OF ANAESTHESIA for repair of incisional herniae and/or wound dehiscence of the lower abdomen (6 basic units)	135.3			101.5	115.05
20840	Support list	Unlisted	01.11.2001	3	T10	N	Initiation of the management of anaesthesia for all open procedures within the lower abdominal peritoneal cavity, including appendicectomy, not being a service to which another item in this Subgroup applies (6 basic units)	135.3			101.5	115.05
20841	Support list	Unlisted	01.11.2001	3	T10	N	INITIATION OF MANAGEMENT OF ANAESTHESIA for bowel resection, including laparoscopic bowel resection not being a service to which another item in this Subgroup applies (8 basic units)	180.4			135.3	153.35
20842	Support list	Unlisted	01.11.2001	3	T10	N	INITIATION OF MANAGEMENT OF ANAESTHESIA for amniocentesis (4 basic units)	90.2			67.65	76.7
20844	Support list	Unlisted	01.11.2001	3	T10	N	INITIATION OF MANAGEMENT OF ANAESTHESIA for abdominoperineal resection, including pull through procedures, ultra low anterior resection and formation of bowel reservoir (10 basic units)	225.5			169.15	191.7
20845	Support list	Unlisted	01.11.2001	3	T10	N	INITIATION OF MANAGEMENT OF ANAESTHESIA for radical prostatectomy (10 basic units)	225.5			169.15	191.7
20846	Support list	Unlisted	01.11.2001	3	T10	N	INITIATION OF MANAGEMENT OF ANAESTHESIA for radical hysterectomy (10 basic units)	225.5			169.15	191.7
20847	Support list	Unlisted	01.11.2005	3	T10	N	INITIATION OF MANAGEMENT OF ANAESTHESIA for ovarian malignancy (10 basic units)	225.5			169.15	191.7
20848	Support list	Unlisted	01.11.2001	3	T10	N	INITIATION OF MANAGEMENT OF ANAESTHESIA for pelvic exenteration (10 basic units)	225.5			169.15	191.7
20850	Support list	Unlisted	01.11.2001	3	T10	N	INITIATION OF MANAGEMENT OF ANAESTHESIA for Caesarean section (12 basic units)	270.6			202.95	230.05
20855	Support list	Unlisted	01.11.2001	3	T10	N	INITIATION OF MANAGEMENT OF ANAESTHESIA for Caesarean hysterectomy or hysterectomy within 24 hours of birth (15 basic units)	338.25			253.7	287.55
20860	Support list	Unlisted	01.11.2001	3	T10	N	INITIATION OF MANAGEMENT OF ANAESTHESIA for extraperitoneal procedures in lower abdomen, including those on the urinary tract, not being a service to which another item in this Subgroup applies (6 basic units)	135.3			101.5	115.05
20862	Support list	Unlisted	01.11.2001	3	T10	N	INITIATION OF MANAGEMENT OF ANAESTHESIA for renal procedures, including upper 1/3 of ureter (7 basic units)	157.85			118.4	134.2
20863	Support list	Unlisted	01.07.2008	3	T10	N	INITIATION OF MANAGEMENT OF ANAESTHESIA for nephrectomy (10 basic units)	225.5			169.15	191.7
20864	Support list	Unlisted	01.11.2001	3	T10	N	INITIATION OF MANAGEMENT OF ANAESTHESIA for total cystectomy (10 basic units)	225.5			169.15	191.7
20866	Support list	Unlisted	01.11.2001	3	T10	N	INITIATION OF MANAGEMENT OF ANAESTHESIA for adrenalectomy (10 basic units)	225.5			169.15	191.7

MBS Item	Clinical category	Procedure type	Item Start Date	MBS Category	MBS Group	New Item	MBS Description	MBS Schedule Fee	Derived Fee	Benefit 100% ($)	Benefit 75% ($)	Benefit 85% ($)
20867	Support list	Unlisted	01.11.2001	3	T10	N	INITIATION OF MANAGEMENT OF ANAESTHESIA for neuro endocrine tumour removal in the lower abdomen (10 basic units)	225.5			169.15	191.7
20868	Support list	Unlisted	01.11.2001	3	T10	N	INITIATION OF MANAGEMENT OF ANAESTHESIA for renal transplantation (donor or recipient) (10 basic units)	225.5			169.15	191.7
20880	Support list	Unlisted	01.11.2001	3	T10	N	INITIATION OF MANAGEMENT OF ANAESTHESIA for procedures on major lower abdominal vessels, not being a service to which another item in this subgroup applies (15 basic units)	338.25			253.7	287.55
20882	Support list	Unlisted	01.11.2001	3	T10	N	INITIATION OF MANAGEMENT OF ANAESTHESIA for inferior vena cava ligation (10 basic units)	225.5			169.15	191.7
20884	Support list	Unlisted	01.11.2001	3	T10	N	INITIATION OF MANAGEMENT OF ANAESTHESIA for percutaneous umbrella insertion (5 basic units)	112.75			84.6	95.85
20886	Support list	Unlisted	01.11.2002	3	T10	N	INITIATION OF MANAGEMENT OF ANAESTHESIA for percutaneous procedures on an intra-abdominal organ in the lower abdomen (6 basic units)	135.3			101.5	115.05
20900	Support list	Unlisted	01.11.2001	3	T10	N	INITIATION OF MANAGEMENT OF ANAESTHESIA for procedures on the skin or subcutaneous tissue of the perineum not being a service to which another item in this Subgroup applies (3 basic units)	67.65			50.75	57.55
20902	Support list	Unlisted	01.11.2001	3	T10	N	Initiation of the management of anaesthesia for anorectal procedures (including surgical haemorrhoidectomy, but not banding of haemorrhoids) (4 basic units)	90.2			67.65	76.7
20904	Support list	Unlisted	01.11.2001	3	T10	N	INITIATION OF MANAGEMENT OF ANAESTHESIA for radical perineal procedures including radical perineal prostatectomy or radical vulvectomy (7 basic units)	157.85			118.4	134.2
20905	Support list	Unlisted	01.07.2008	3	T10	N	INITIATION OF MANAGEMENT OF ANAESTHESIA for microvascular free tissue flap surgery involving the perineum (10 basic units)	225.5			169.15	191.7
20906	Support list	Unlisted	01.11.2001	3	T10	N	INITIATION OF MANAGEMENT OF ANAESTHESIA for vulvectomy (4 basic units)	90.2			67.65	76.7
20910	Support list	Unlisted	01.11.2001	3	T10	N	INITIATION OF MANAGEMENT OF ANAESTHESIA for transurethral procedures (including urethrocystoscopy), not being a service to which another item in this Subgroup applies (4 basic units)	90.2			67.65	76.7
20911	Support list	Unlisted	01.07.2008	3	T10	N	INITIATION OF MANAGEMENT OF ANAESTHESIA for endoscopic ureteroscopic surgery including laser procedures (5 basic units)	112.75			84.6	95.85
20912	Support list	Unlisted	01.11.2001	3	T10	N	INITIATION OF MANAGEMENT OF ANAESTHESIA for transurethral resection of bladder tumour(s) (5 basic units)	112.75			84.6	95.85
20914	Support list	Unlisted	01.11.2001	3	T10	N	INITIATION OF MANAGEMENT OF ANAESTHESIA for transurethral resection of prostate (7 basic units)	157.85			118.4	134.2
20916	Support list	Unlisted	01.11.2001	3	T10	N	INITIATION OF MANAGEMENT OF ANAESTHESIA for bleeding post-transurethral resection (7 basic units)	157.85			118.4	134.2
20920	Support list	Unlisted	01.11.2001	3	T10	N	Initiation of management of anaesthesia for procedures on external genitalia, not being a service to which another item in this Subgroup applies. (4 basic units)	90.2			67.65	76.7
20924	Support list	Unlisted	01.11.2001	3	T10	N	INITIATION OF MANAGEMENT OF ANAESTHESIA for procedures on undescended testis, unilateral or bilateral (4 basic units)	90.2			67.65	76.7
20926	Support list	Unlisted	01.11.2001	3	T10	N	INITIATION OF MANAGEMENT OF ANAESTHESIA for radical orchidectomy, inguinal approach (4 basic units)	90.2			67.65	76.7
20928	Support list	Unlisted	01.11.2001	3	T10	N	INITIATION OF MANAGEMENT OF ANAESTHESIA for radical orchidectomy, abdominal approach (6 basic units)	135.3			101.5	115.05
20930	Support list	Unlisted	01.11.2001	3	T10	N	INITIATION OF MANAGEMENT OF ANAESTHESIA for orchiopexy, unilateral or bilateral (4 basic units)	90.2			67.65	76.7
20932	Support list	Unlisted	01.11.2001	3	T10	N	INITIATION OF MANAGEMENT OF ANAESTHESIA for complete amputation of penis (4 basic units)	90.2			67.65	76.7
20934	Support list	Unlisted	01.11.2001	3	T10	N	INITIATION OF MANAGEMENT OF ANAESTHESIA for complete amputation of penis with bilateral inguinal lymphadenectomy (6 basic units)	135.3			101.5	115.05
20936	Support list	Unlisted	01.11.2001	3	T10	N	INITIATION OF MANAGEMENT OF ANAESTHESIA for complete amputation of penis with bilateral inguinal and iliac lymphadenectomy (8 basic units)	180.4			135.3	153.35
20938	Support list	Unlisted	01.11.2001	3	T10	N	INITIATION OF MANAGEMENT OF ANAESTHESIA for insertion of penile prosthesis (4 basic units)	90.2			67.65	76.7
20940	Support list	Unlisted	01.11.2001	3	T10	N	INITIATION OF MANAGEMENT OF ANAESTHESIA for per vagina and vaginal procedures (including biopsy of vagina, cervix or endometrium), not being a service to which another item in this Subgroup applies (4 basic units)	90.2			67.65	76.7
20942	Support list	Unlisted	01.11.2001	3	T10	N	INITIATION OF MANAGEMENT OF ANAESTHESIA for vaginal procedures including repair operations and urinary incontinence procedures (perineal) (5 basic units)	112.75			84.6	95.85
20943	Support list	Unlisted	01.11.2001	3	T10	N	INITIATION OF MANAGEMENT OF ANAESTHESIA for transvaginal assisted reproductive services (4 basic units)	90.2			67.65	76.7
20944	Support list	Unlisted	01.11.2001	3	T10	N	INITIATION OF MANAGEMENT OF ANAESTHESIA for vaginal hysterectomy (6 basic units)	135.3			101.5	115.05
20946	Support list	Unlisted	01.11.2001	3	T10	N	INITIATION OF MANAGEMENT OF ANAESTHESIA for vaginal birth (8 basic units)	180.4			135.3	153.35
20948	Support list	Unlisted	01.11.2001	3	T10	N	INITIATION OF MANAGEMENT OF ANAESTHESIA for purse string ligation of cervix, or removal of purse string ligature (4 basic units)	90.2			67.65	76.7
20950	Support list	Unlisted	01.11.2001	3	T10	N	INITIATION OF MANAGEMENT OF ANAESTHESIA for culdoscopy (5 basic units)	112.75			84.6	95.85
20952	Support list	Unlisted	01.11.2001	3	T10	N	INITIATION OF MANAGEMENT OF ANAESTHESIA for hysteroscopy (4 basic units)	90.2			67.65	76.7
20954	Support list	Unlisted	01.11.2001	3	T10	N	INITIATION OF MANAGEMENT OF ANAESTHESIA for correction of inverted uterus (10 basic units)	225.5			169.15	191.7
20956	Support list	Unlisted	01.05.2002	3	T10	N	INITIATION OF MANAGEMENT OF ANAESTHESIA for evacuation of retained products of conception, as a complication of confinement (4 basic units)	90.2			67.65	76.7
20958	Support list	Unlisted	01.05.2002	3	T10	N	INITIATION OF MANAGEMENT OF ANAESTHESIA for manual removal of retained placenta or for repair of vaginal or perineal tear following birth (5 basic units)	112.75			84.6	95.85

MBS Item	Clinical category	Procedure type	Item Start Date	MBS Category	MBS Group	New Item	MBS Description	MBS Schedule Fee	Derived Fee	Benefit 100% ($)	Benefit 75% ($)	Benefit 85% ($)
20960	Support list	Unlisted	01.05.2002	3	T10	N	INITIATION OF MANAGEMENT OF ANAESTHESIA for vaginal procedures in the management of post partum haemorrhage (blood loss > 500mls) (7 basic units)	157.85			118.4	134.2
21100	Support list	Unlisted	01.11.2001	3	T10	N	INITIATION OF MANAGEMENT OF ANAESTHESIA for procedures on the skin or subcutaneous tissue of the anterior pelvic region (anterior to iliac crest), except external genitalia (3 basic units)	67.65			50.75	57.55
21110	Support list	Unlisted	01.11.2001	3	T10	N	INITIATION OF MANAGEMENT OF ANAESTHESIA for procedures on the skin, its derivatives or subcutaneous tissue of the pelvic region (posterior to iliac crest), except perineum (5 basic units)	112.75			84.6	95.85
21112	Support list	Unlisted	01.05.2003	3	T10	N	INITIATION OF MANAGEMENT OF ANAESTHESIA for percutaneous bone marrow biopsy of the anterior iliac crest (4 basic units)	90.2			67.65	76.7
21114	Support list	Unlisted	01.05.2003	3	T10	N	INITIATION OF MANAGEMENT OF ANAESTHESIA for percutaneous bone marrow biopsy of the posterior iliac crest (5 basic units)	112.75			84.6	95.85
21116	Support list	Unlisted	01.05.2003	3	T10	N	INITIATION OF MANAGEMENT OF ANAESTHESIA for percutaneous bone marrow harvesting from the pelvis (6 basic units)	135.3			101.5	115.05
21120	Support list	Unlisted	01.11.2001	3	T10	N	INITIATION OF MANAGEMENT OF ANAESTHESIA for procedures on the bony pelvis (6 basic units)	135.3			101.5	115.05
21130	Support list	Unlisted	01.11.2001	3	T10	N	INITIATION OF MANAGEMENT OF ANAESTHESIA for body cast application or revision when performed in the operating theatre of a hospital (3 basic units)	67.65			50.75	57.55
21140	Support list	Unlisted	01.11.2001	3	T10	N	INITIATION OF MANAGEMENT OF ANAESTHESIA for interpelviabdominal (hind-quarter) amputation (15 basic units)	338.25			253.7	287.55
21150	Support list	Unlisted	01.11.2001	3	T10	N	INITIATION OF MANAGEMENT OF ANAESTHESIA for radical procedures for tumour of the pelvis, except hind-quarter amputation (10 basic units)	225.5			169.15	191.7
21155	Support list	Unlisted	01.07.2008	3	T10	N	INITIATION OF MANAGEMENT OF ANAESTHESIA for microvascular free tissue flap surgery involving the anterior or posterior pelvis (10 basic units)	225.5			169.15	191.7
21160	Support list	Unlisted	01.11.2001	3	T10	N	INITIATION OF MANAGEMENT OF ANAESTHESIA for closed procedures involving symphysis pubis or sacroiliac joint when performed in the operating theatre of a hospital (4 basic units)	90.2			67.65	76.7
21170	Support list	Unlisted	01.11.2001	3	T10	N	INITIATION OF MANAGEMENT OF ANAESTHESIA for open procedures involving symphysis pubis or sacroiliac joint (8 basic units)	180.4			135.3	153.35
21195	Support list	Unlisted	01.11.2001	3	T10	N	INITIATION OF MANAGEMENT OF ANAESTHESIA for procedures on the skin or subcutaneous tissue of the upper leg (3 basic units)	67.65			50.75	57.55
21199	Support list	Unlisted	01.11.2001	3	T10	N	INITIATION OF MANAGEMENT OF ANAESTHESIA for procedures on nerves, muscles, tendons, fascia or bursae of the upper leg (4 basic units)	90.2			67.65	76.7
21200	Support list	Unlisted	01.11.2001	3	T10	N	INITIATION OF MANAGEMENT OF ANAESTHESIA for closed procedures involving hip joint when performed in the operating theatre of a hospital (4 basic units)	90.2			67.65	76.7
21202	Support list	Unlisted	01.11.2001	3	T10	N	INITIATION OF MANAGEMENT OF ANAESTHESIA for arthroscopic procedures of the hip joint (4 basic units)	90.2			67.65	76.7
21210	Support list	Unlisted	01.11.2001	3	T10	N	INITIATION OF MANAGEMENT OF ANAESTHESIA for open procedures involving hip joint, not being a service to which another item in this Subgroup applies (6 basic units)	135.3			101.5	115.05
21212	Support list	Unlisted	01.11.2001	3	T10	N	INITIATION OF MANAGEMENT OF ANAESTHESIA for hip disarticulation (10 basic units)	225.5			169.15	191.7
21214	Support list	Unlisted	01.11.2001	3	T10	N	Initiation of management of anaesthesia for primary total hip replacement. (10 basic units)	225.5			169.15	191.7
21215	Support list	Unlisted	01.03.2022	3	T10	N	Initiation of management of anaesthesia for revision total hip replacement (15 basic units)	338.25			253.7	287.55
21216	Support list	Unlisted	01.11.2005	3	T10	N	INITIATION OF MANAGEMENT OF ANAESTHESIA for bilateral total hip replacement (14 basic units)	315.7			236.8	268.35
21220	Support list	Unlisted	01.11.2001	3	T10	N	INITIATION OF MANAGEMENT OF ANAESTHESIA for closed procedures involving upper 2/3 of femur when performed in the operating theatre of a hospital (4 basic units)	90.2			67.65	76.7
21230	Support list	Unlisted	01.11.2001	3	T10	N	INITIATION OF MANAGEMENT OF ANAESTHESIA for open procedures involving upper 2/3 of femur, not being a service to which another item in this Subgroup applies (6 basic units)	135.3			101.5	115.05
21232	Support list	Unlisted	01.11.2001	3	T10	N	INITIATION OF MANAGEMENT OF ANAESTHESIA for above knee amputation (5 basic units)	112.75			84.6	95.85
21234	Support list	Unlisted	01.11.2001	3	T10	N	INITIATION OF MANAGEMENT OF ANAESTHESIA for radical resection of the upper 2/3 of femur (8 basic units)	180.4			135.3	153.35
21260	Support list	Unlisted	01.11.2001	3	T10	N	INITIATION OF MANAGEMENT OF ANAESTHESIA for procedures involving veins of upper leg, including exploration (4 basic units)	90.2			67.65	76.7
21270	Support list	Unlisted	01.11.2001	3	T10	N	INITIATION OF MANAGEMENT OF ANAESTHESIA for procedures involving arteries of upper leg, including bypass graft, not being a service to which another item in this Subgroup applies (8 basic units)	180.4			135.3	153.35
21272	Support list	Unlisted	01.11.2001	3	T10	N	INITIATION OF MANAGEMENT OF ANAESTHESIA for femoral artery ligation (4 basic units)	90.2			67.65	76.7
21274	Support list	Unlisted	01.11.2001	3	T10	N	INITIATION OF MANAGEMENT OF ANAESTHESIA for femoral artery embolectomy (6 basic units)	135.3			101.5	115.05
21275	Support list	Unlisted	01.07.2008	3	T10	N	INITIATION OF MANAGEMENT OF ANAESTHESIA for microvascular free tissue flap surgery involving the upper leg (10 basic units)	225.5			169.15	191.7
21280	Support list	Unlisted	01.11.2001	3	T10	N	INITIATION OF MANAGEMENT OF ANAESTHESIA for microsurgical reimplantation of upper leg (15 basic units)	338.25			253.7	287.55
21300	Support list	Unlisted	01.11.2001	3	T10	N	INITIATION OF MANAGEMENT OF ANAESTHESIA for procedures on the skin or subcutaneous tissue of the knee and/or popliteal area (3 basic units)	67.65			50.75	57.55
21321	Support list	Unlisted	01.11.2001	3	T10	N	INITIATION OF MANAGEMENT OF ANAESTHESIA for procedures on nerves, muscles, tendons, fascia or bursae of knee and/or popliteal area (4 basic units)	90.2			67.65	76.7

MBS Item	Clinical category	Procedure type	Item Start Date	MBS Category	MBS Group	New Item	MBS Description	MBS Schedule Fee	Derived Fee	Benefit 100% ($)	Benefit 75% ($)	Benefit 85% ($)
21340	Support list	Unlisted	01.11.2001	3	T10	N	INITIATION OF MANAGEMENT OF ANAESTHESIA for closed procedures on lower 1/3 of femur when performed in the operating theatre of a hospital (4 basic units)	90.2			67.65	76.7
21360	Support list	Unlisted	01.11.2001	3	T10	N	INITIATION OF MANAGEMENT OF ANAESTHESIA for open procedures on lower 1/3 of femur (5 basic units)	112.75			84.6	95.85
21380	Support list	Unlisted	01.11.2001	3	T10	N	INITIATION OF MANAGEMENT OF ANAESTHESIA for closed procedures on knee joint when performed in the operating theatre of a hospital (3 basic units)	67.65			50.75	57.55
21382	Support list	Unlisted	01.11.2001	3	T10	N	INITIATION OF MANAGEMENT OF ANAESTHESIA for arthroscopic procedures of knee joint (4 basic units)	90.2			67.65	76.7
21390	Support list	Unlisted	01.11.2001	3	T10	N	INITIATION OF MANAGEMENT OF ANAESTHESIA for closed procedures on upper ends of tibia, fibula, and/or patella when performed in the operating theatre of a hospital (3 basic units)	67.65			50.75	57.55
21392	Support list	Unlisted	01.11.2001	3	T10	N	INITIATION OF MANAGEMENT OF ANAESTHESIA for open procedures on upper ends of tibia, fibula, and/or patella (4 basic units)	90.2			67.65	76.7
21400	Support list	Unlisted	01.11.2001	3	T10	N	INITIATION OF MANAGEMENT OF ANAESTHESIA for open procedures on knee joint, not being a service to which another item in this Subgroup applies (4 basic units)	90.2			67.65	76.7
21402	Support list	Unlisted	01.11.2001	3	T10	N	INITIATION OF MANAGEMENT OF ANAESTHESIA for knee replacement (7 basic units)	157.85			118.4	134.2
21403	Support list	Unlisted	01.11.2001	3	T10	N	INITIATION OF MANAGEMENT OF ANAESTHESIA for bilateral knee replacement (10 basic units)	225.5			169.15	191.7
21404	Support list	Unlisted	01.11.2001	3	T10	N	INITIATION OF MANAGEMENT OF ANAESTHESIA for disarticulation of knee (5 basic units)	112.75			84.6	95.85
21420	Support list	Unlisted	01.11.2001	3	T10	N	INITIATION OF MANAGEMENT OF ANAESTHESIA for cast application, removal, or repair involving knee joint, undertaken in a hospital (3 basic units)	67.65			50.75	57.55
21430	Support list	Unlisted	01.11.2001	3	T10	N	INITIATION OF MANAGEMENT OF ANAESTHESIA for procedures on veins of knee or popliteal area, not being a service to which another item in this Subgroup applies (4 basic units)	90.2			67.65	76.7
21432	Support list	Unlisted	01.11.2001	3	T10	N	INITIATION OF MANAGEMENT OF ANAESTHESIA for repair of arteriovenous fistula of knee or popliteal area (5 basic units)	112.75			84.6	95.85
21440	Support list	Unlisted	01.11.2001	3	T10	N	INITIATION OF MANAGEMENT OF ANAESTHESIA for procedures on arteries of knee or popliteal area, not being a service to which another item in this Subgroup applies (8 basic units)	180.4			135.3	153.35
21445	Support list	Unlisted	01.07.2008	3	T10	N	INITIATION OF MANAGEMENT OF ANAESTHESIA for microvascular free tissue flap surgery involving the knee and/or popliteal area (10 basic units)	225.5			169.15	191.7
21460	Support list	Unlisted	01.11.2001	3	T10	N	INITIATION OF MANAGEMENT OF ANAESTHESIA for procedures on the skin or subcutaneous tissue of lower leg, ankle, or foot (3 basic units)	67.65			50.75	57.55
21461	Support list	Unlisted	01.11.2001	3	T10	N	INITIATION OF MANAGEMENT OF ANAESTHESIA for procedures on nerves, muscles, tendons, or fascia of lower leg, ankle, or foot, not being a service to which another item in this Subgroup applies (4 basic units)	90.2			67.65	76.7
21462	Support list	Unlisted	01.11.2001	3	T10	N	INITIATION OF MANAGEMENT OF ANAESTHESIA for closed procedures on lower leg, ankle, or foot (3 basic units)	67.65			50.75	57.55
21464	Support list	Unlisted	01.11.2001	3	T10	N	INITIATION OF MANAGEMENT OF ANAESTHESIA for arthroscopic procedure of ankle joint (4 basic units)	90.2			67.65	76.7
21472	Support list	Unlisted	01.11.2001	3	T10	N	INITIATION OF MANAGEMENT OF ANAESTHESIA for repair of Achilles tendon (5 basic units)	112.75			84.6	95.85
21474	Support list	Unlisted	01.11.2001	3	T10	N	INITIATION OF MANAGEMENT OF ANAESTHESIA for gastrocnemius recession (5 basic units)	112.75			84.6	95.85
21480	Support list	Unlisted	01.11.2001	3	T10	N	INITIATION OF MANAGEMENT OF ANAESTHESIA for open procedures on bones of lower leg, ankle, or foot, including amputation, not being a service to which another item in this Subgroup applies (4 basic units)	90.2			67.65	76.7
21482	Support list	Unlisted	01.11.2001	3	T10	N	INITIATION OF MANAGEMENT OF ANAESTHESIA for radical resection of bone involving lower leg, ankle or foot (5 basic units)	112.75			84.6	95.85
21484	Support list	Unlisted	01.11.2001	3	T10	N	INITIATION OF MANAGEMENT OF ANAESTHESIA for osteotomy or osteoplasty of tibia or fibula (5 basic units)	112.75			84.6	95.85
21486	Support list	Unlisted	01.11.2001	3	T10	N	INITIATION OF MANAGEMENT OF ANAESTHESIA for total ankle replacement (7 basic units)	157.85			118.4	134.2
21490	Support list	Unlisted	01.11.2001	3	T10	N	INITIATION OF MANAGEMENT OF ANAESTHESIA for lower leg cast application, removal or repair, undertaken in a hospital (3 basic units)	67.65			50.75	57.55
21500	Support list	Unlisted	01.11.2001	3	T10	N	INITIATION OF MANAGEMENT OF ANAESTHESIA for procedures on arteries of lower leg, including bypass graft, not being a service to which another item in this Subgroup applies (8 basic units)	180.4			135.3	153.35
21502	Support list	Unlisted	01.11.2001	3	T10	N	INITIATION OF MANAGEMENT OF ANAESTHESIA for embolectomy of the lower leg (6 basic units)	135.3			101.5	115.05
21520	Support list	Unlisted	01.11.2001	3	T10	N	INITIATION OF MANAGEMENT OF ANAESTHESIA for procedures on veins of lower leg, not being a service to which another item in this Subgroup applies (4 basic units)	90.2			67.65	76.7
21522	Support list	Unlisted	01.11.2001	3	T10	N	INITIATION OF MANAGEMENT OF ANAESTHESIA for venous thrombectomy of the lower leg (5 basic units)	112.75			84.6	95.85
21530	Support list	Unlisted	01.11.2001	3	T10	N	INITIATION OF MANAGEMENT OF ANAESTHESIA for microsurgical reimplantation of lower leg, ankle or foot (15 basic units)	338.25			253.7	287.55
21532	Support list	Unlisted	01.11.2001	3	T10	N	INITIATION OF MANAGEMENT OF ANAESTHESIA for microsurgical reimplantation of toe (8 basic units)	180.4			135.3	153.35
21535	Support list	Unlisted	01.07.2008	3	T10	N	INITIATION OF MANAGEMENT OF ANAESTHESIA for microvascular free tissue flap surgery involving the lower leg (10 basic units)	225.5			169.15	191.7
21600	Support list	Unlisted	01.11.2001	3	T10	N	INITIATION OF MANAGEMENT OF ANAESTHESIA for procedures on the skin or subcutaneous tissue of the shoulder or axilla (3 basic units)	67.65			50.75	57.55

MBS Item	Clinical category	Procedure type	Item Start Date	MBS Category	MBS Group	New Item	MBS Description	MBS Schedule Fee	Derived Fee	Benefit 100% ($)	Benefit 75% ($)	Benefit 85% ($)
21610	Support list	Unlisted	01.11.2001	3	T10	N	INITIATION OF MANAGEMENT OF ANAESTHESIA for procedures on nerves, muscles, tendons, fascia or bursae of shoulder or axilla including axillary dissection (5 basic units)	112.75			84.6	95.85
21620	Support list	Unlisted	01.11.2001	3	T10	N	INITIATION OF MANAGEMENT OF ANAESTHESIA for closed procedures on humeral head and neck, sternoclavicular joint, acromioclavicular joint, or shoulder joint when performed in the operating theatre of a hospital (4 basic units)	90.2			67.65	76.7
21622	Support list	Unlisted	01.11.2001	3	T10	N	INITIATION OF MANAGEMENT OF ANAESTHESIA for arthroscopic procedures of shoulder joint (5 basic units)	112.75			84.6	95.85
21630	Support list	Unlisted	01.11.2001	3	T10	N	INITIATION OF MANAGEMENT OF ANAESTHESIA for open procedures on humeral head and neck, sternoclavicular joint, acromioclavicular joint orshoulder joint, not being a service to which another item in this Subgroup applies (5 basic units)	112.75			84.6	95.85
21632	Support list	Unlisted	01.11.2001	3	T10	N	INITIATION OF MANAGEMENT OF ANAESTHESIA for radical resection involving humeral head and neck, sternoclavicular joint, acromioclavicular joint or shoulder joint (6 basic units)	135.3			101.5	115.05
21634	Support list	Unlisted	01.11.2001	3	T10	N	INITIATION OF MANAGEMENT OF ANAESTHESIA for shoulder disarticulation (9 basic units)	202.95			152.25	172.55
21636	Support list	Unlisted	01.11.2001	3	T10	N	INITIATION OF MANAGEMENT OF ANAESTHESIA for interthoracoscapular (forequarter) amputation (15 basic units)	338.25			253.7	287.55
21638	Support list	Unlisted	01.11.2001	3	T10	N	INITIATION OF MANAGEMENT OF ANAESTHESIA for total shoulder replacement (10 basic units)	225.5			169.15	191.7
21650	Support list	Unlisted	01.11.2001	3	T10	N	INITIATION OF MANAGEMENT OF ANAESTHESIA for procedures on arteries of shoulder or axilla, not being a service to which another item in this Subgroup applies (8 basic units)	180.4			135.3	153.35
21652	Support list	Unlisted	01.11.2001	3	T10	N	INITIATION OF MANAGEMENT OF ANAESTHESIA for procedures for axillary-brachial aneurysm (10 basic units)	225.5			169.15	191.7
21654	Support list	Unlisted	01.11.2001	3	T10	N	INITIATION OF MANAGEMENT OF ANAESTHESIA for bypass graft of arteries of shoulder or axilla (8 basic units)	180.4			135.3	153.35
21656	Support list	Unlisted	01.11.2001	3	T10	N	INITIATION OF MANAGEMENT OF ANAESTHESIA for axillary-femoral bypass graft (10 basic units)	225.5			169.15	191.7
21670	Support list	Unlisted	01.11.2001	3	T10	N	INITIATION OF MANAGEMENT OF ANAESTHESIA for procedures on veins of shoulder or axilla (4 basic units)	90.2			67.65	76.7
21680	Support list	Unlisted	01.11.2001	3	T10	N	INITIATION OF MANAGEMENT OF ANAESTHESIA for shoulder cast application, removal or repair, not being a service to which another item in this Subgroup applies, when undertaken in a hospital (3 basic units)	67.65			50.75	57.55
21682	Support list	Unlisted	01.11.2001	3	T10	N	INITIATION OF MANAGEMENT OF ANAESTHESIA for shoulder spica application when undertaken in a hospital (4 basic units)	90.2			67.65	76.7
21685	Support list	Unlisted	01.07.2008	3	T10	N	INITIATION OF MANAGEMENT OF ANAESTHESIA for microvascular free tissue flap surgery involving the shoulder or the axilla (10 basic units)	225.5			169.15	191.7
21700	Support list	Unlisted	01.11.2001	3	T10	N	INITIATION OF MANAGEMENT OF ANAESTHESIA for procedures on the skin or subcutaneous tissue of the upper arm or elbow (3 basic units)	67.65			50.75	57.55
21710	Support list	Unlisted	01.11.2001	3	T10	N	INITIATION OF MANAGEMENT OF ANAESTHESIA for procedures on nerves, muscles, tendons, fascia or bursae of upper arm or elbow, not being a service to which another item in this Subgroup applies (4 basic units)	90.2			67.65	76.7
21712	Support list	Unlisted	01.11.2001	3	T10	N	INITIATION OF MANAGEMENT OF ANAESTHESIA for open tenotomy of the upper arm orelbow (5 basic units)	112.75			84.6	95.85
21714	Support list	Unlisted	01.11.2001	3	T10	N	INITIATION OF MANAGEMENT OF ANAESTHESIA for tenoplasty of the upper arm orelbow (5 basic units)	112.75			84.6	95.85
21716	Support list	Unlisted	01.11.2001	3	T10	N	INITIATION OF MANAGEMENT OF ANAESTHESIA for tenodesis for rupture of long tendon of biceps (5 basic units)	112.75			84.6	95.85
21730	Support list	Unlisted	01.11.2001	3	T10	N	INITIATION OF MANAGEMENT OF ANAESTHESIA for closed procedures on the upper arm orelbow when performed in the operating theatre of a hospital (3 basic units)	67.65			50.75	57.55
21732	Support list	Unlisted	01.11.2001	3	T10	N	INITIATION OF MANAGEMENT OF ANAESTHESIA for arthroscopic procedures of elbow joint (4 basic units)	90.2			67.65	76.7
21740	Support list	Unlisted	01.11.2001	3	T10	N	INITIATION OF MANAGEMENT OF ANAESTHESIA for open procedures on the upper arm or elbow, not being a service to which another item in this Subgroup applies (5 basic units)	112.75			84.6	95.85
21756	Support list	Unlisted	01.11.2001	3	T10	N	INITIATION OF MANAGEMENT OF ANAESTHESIA for radical procedures on the upper arm or elbow (6 basic units)	135.3			101.5	115.05
21760	Support list	Unlisted	01.11.2001	3	T10	N	INITIATION OF MANAGEMENT OF ANAESTHESIA for total elbow replacement (7 basic units)	157.85			118.4	134.2
21770	Support list	Unlisted	01.11.2001	3	T10	N	INITIATION OF MANAGEMENT OF ANAESTHESIA for procedures on arteries of upper arm, not being a service to which another item in this Subgroup applies (8 basic units)	180.4			135.3	153.35
21772	Support list	Unlisted	01.11.2001	3	T10	N	INITIATION OF MANAGEMENT OF ANAESTHESIA for embolectomy of arteries of the upper arm (6 basic units)	135.3			101.5	115.05
21780	Support list	Unlisted	01.11.2001	3	T10	N	INITIATION OF MANAGEMENT OF ANAESTHESIA for procedures on veins of upper arm, not being a service to which another item in this Subgroup applies (4 basic units)	90.2			67.65	76.7
21785	Support list	Unlisted	01.07.2008	3	T10	N	INITIATION OF MANAGEMENT OF ANAESTHESIA for microvascular free tissue flap surgery involving the upper arm or elbow (10 basic units)	225.5			169.15	191.7
21790	Support list	Unlisted	01.11.2001	3	T10	N	INITIATION OF MANAGEMENT OF ANAESTHESIA for microsurgical reimplantation of upper arm (15 basic units)	338.25			253.7	287.55
21800	Support list	Unlisted	01.11.2001	3	T10	N	INITIATION OF MANAGEMENT OF ANAESTHESIA for procedures on the skin or subcutaneous tissue of the forearm, wrist or hand (3 basic units)	67.65			50.75	57.55